

**City of Kelowna
Regular Council Meeting
AGENDA**



Monday, June 23, 2014
8:30 am
Knox Mountain Meeting Room (#4A)
City Hall, 1435 Water Street

	Pages
1. Call to Order	
2. Confirmation of Minutes Regular AM Meeting - June 16, 2014	3 - 4
3. Reports	
3.1 Hospital Area Plan - Phase 1 To consider the Official Community Plan (OCP) land use designations and introduction of a new Health District 3 (HD3) zone to the Zoning Bylaw to complete Phase 1 of the Hospital Area Plan that will guide future development opportunities in the transition area while protecting the integrity of the established neighbourhoods surrounding Kelowna General Hospital (KGH).	30 m 5 - 33
3.2 Sister Cities Progress Report To provide Council with an update regarding discussions with current sister city organizations about a possible new Council Policy pertaining to City of Kelowna sister city relationships.	15 m 34 - 36
3.3 Rotary Light Display Partnership Update To update Council on a partnership with the Capri Rotary Club of Kelowna regarding a seasonal light display in downtown Kelowna.	10 m 37 - 39
3.4 YLW Human Resources Business Plan 2014	30 m 40 - 50

To obtain Council's approval to amend the City of Kelowna International Airport's 2014 Budget to allow for the addition of required personnel as outlined in the form attached as Appendix 'A' to the Report of the Airport Director dated June 9, 2014,

4. Resolution Closing the Meeting to the Public

THAT this meeting be closed to the public to Section 90(1) (a) and 90(2) (d) of the Community Charter for Council to deal with matters relating to the following:

- Position Appointment; and
- Enactment that excludes the public

5. Adjourn to Closed Session

6. Reconvene to Open Session

7. Issues Arising from Correspondence & Community Concerns

7.1 Mayor Gray, re: Issues Arising from Correspondence

30 m

8. Termination



**City of Kelowna
Regular Council Meeting
Minutes**

Date: Monday, June 16, 2014
 Location: Knox Mountain Meeting Room (#4A)
 City Hall, 1435 Water Street

Members Present Mayor Walter Gray and Councillors Colin Basran, Andre Blanleil, Maxine DeHart, Gail Given, Robert Hobson*, Mohini Singh, Luke Stack and Gerry Zimmermann

Staff Present City Manager, Ron Mattiussi*; Deputy City Clerk, Karen Needham; Deputy City Manager, Paul Macklem; Divisional Director, Corporate & Protective Services Division, Rob Mayne*; Divisional Director, Infrastructure, John Vos*; Capital Assets & Investments Manager, Joel Shaw*; Divisional Director, Human Resources & Corporate Performance, Stu Leatherdale*; Financial Services Manager, Keith Grayston*; Financial Services Director, Genelle Davidson*; and Council Recording Secretary, Arlene McClelland

1. Call to Order

Mayor Gray called the meeting to order at 10:04 a.m.

2. Confirmation of Minutes

Moved By Councillor Stack/Seconded By Councillor Zimmermann

R419/14/06/16 THAT the Minutes of the Regular AM Meeting of June 9, 2014 be confirmed as circulated.

Carried

3. Resolution Closing the Meeting to the Public

Moved By Councillor Blanleil/Seconded By Councillor Given

R420/14/06/16 THAT this meeting be closed to the public pursuant to Section 90(1) (k) and 90(2) (b) of the Community Charter for Council to deal with matters relating to the following:

- Provision of a Municipal Service; and
- Negotiations with other Levels of Government

Carried

4. **Adjourn to Closed Session**

The meeting adjourned to a closed session at 10:04 a.m.

5. **Reconvene to Open Session**

The meeting reconvened to an open session at 11:32 a.m.

6. **Issues Arising from Correspondence & Community Concerns**

6.1. **Mayor Gray, re: Issues Arising from Correspondence**

6.1.1 Deputy City Clerk, re: Regular Meeting September 10, 2013

Deputy City Clerk;

- Advised that a member of the public who submitted correspondence for the September 10, 2013 meeting was listed as a Letter of Opposition when it was to be a Letter of Clarification.

Moved By Councillor Given/Seconded By Councillor DeHart

R421/14/06/16 THAT the minutes of the Regular Meeting of September 10, 2013 be amended.

Carried

6.1.2 Councillor Stack, re: Rotary Club - Christmas Light Display

Councillor Stack:

- Advised that the Rotary Club was looking for the City's participation.

Deputy City Manager:

- A report is being reviewed by staff and will be provided to Council on June 23, 2014.

6.1.3 Divisional Director, Human Resources & Corporate Performance, re: Remuneration

Divisional Director, Human Resources & Corporate Performance

- Advised that the Annual Report will be released next week and provided an overview of remuneration report.
- Responded to questions from Council.

7. **Termination**

The meeting was declared terminated at 11:46 a.m.

Mayor

/acm



Deputy City Clerk

REPORT TO COUNCIL



Date: 6/23/2014
RIM No. 1200-70
To: City Manager
From: Danielle Noble-Brandt, Department Manager, Policy & Planning
Subject: Hospital Area Plan (Phase 1)
Report Prepared by: Laura Bentley

1.0 Recommendation

THAT Council receives for information the report from the Policy & Planning Department Manager, dated June 23, 2014, with respect to the Hospital Area Plan (Phase 1);

AND THAT Council directs staff to proceed with the preparation of the corresponding bylaws to support the Hospital Area Plan as outlined in the report from the Policy & Planning Department Manager dated June 23, 2014.

2.0 Purpose

To consider the Official Community Plan (OCP) land use designations and introduction of a new Health District 3 (HD3) zone to the Zoning Bylaw to complete Phase 1 of the Hospital Area Plan that will guide future development opportunities in the transition area while protecting the integrity of the established neighbourhoods surrounding Kelowna General Hospital (KGH).

3.0 Policy & Planning

Land Use Designation and Interface Considerations

This planning exercise was initiated in response to the impact of KGH activities on the surrounding residential neighbourhood, particularly concerning building interface, emergency access and parking. The Centennial Building, associated helipad and Emergency Department, as well as the new parking lot on the north side of Royal Avenue are all necessary operational improvements; however, they have impacted livability for area residents and present a challenging interface. Additionally, the parkades on the south side of the KGH campus have resulted in interface concerns with adjacent properties along Christleton Avenue, which are separated by only a lane. The areas both north and south of KGH present an opportunity for low-impact health services uses to create a transitional zone between KGH and the established residential neighbourhoods.

Growth Objective

As outlined in the OCP, the Health District designation is intended for development that is supportive of KGH or other health administration operations, health education, patient services or care facility operation, within the current boundary east of Pandosy Street. The long term goal is to direct complimentary health services uses to this area with eventual connectivity to the

Cottonwoods Care Centre. The purpose of this Phase 1 Hospital Area Interface planning exercise is to review uses and boundaries for the blocks immediately north and south of the KGH campus and to establish *permanent* interface boundaries. The goal is to preserve the integrity of the adjacent residential areas while allowing a transitional use and building form that is compatible with the established residential character, with more intensive uses and developments concentrated east of Pandosy Street.

Purpose of the HD3 Zone

The purpose of the Health District 3 (HD3) - Health Services Transitional zone (see Attachment 1) is to provide a transitional zone, including supportive and low-impact health services uses, from the KGH campus to the established residential neighbourhoods to the north and south. This zone would allow for small-scale health services that are generally compatible with residential land uses and building form, which will be capable of being located in a neighbourhood setting. Building design shall reflect the scale and context of nearby residential areas, including the Abbott Street Heritage Conservation Area Development Guidelines for those properties on Royal Avenue and Pandosy Street.

The goals of the new HD3 zone are to:

- Preserve the integrity of the neighbourhood and heritage conservation area;
- Consider complementary uses to the hospital that can be sensitively located adjacent to residential uses;
- Determine compatible building heights for residential and health services buildings;
- Create building design guidelines that are sensitive to the Abbott Street HCA;
- Encourage density in the Health District east of Pandosy Street (HD2 zone).

Public Consultation Process and Input

The Phase 1 study area is bounded by Glenwood Avenue to the north, Pandosy Street to the east, the properties on the south side of Christleton Avenue to the south (inclusive of those properties), and Abbott Street to the west. A survey was delivered to property owners in this area in February 2014 to gather feedback regarding the potential boundary for the HD3 zone along with the specific land use regulations. Property owners were also invited to a neighbourhood meeting in April 2014 to further discuss and refine the proposed regulations. Staff considered public and stakeholder input when evaluating a final boundary recommendation for the designation and zoning regulations.

Through the consultation process, some property owners requested the health district designation be applied to properties on the north side of Christleton Avenue to ease the interface issues they are experiencing and restrict permitted land uses to appropriate transitional uses. Recognizing the interface concerns residents are experiencing, staff have now included this area in the boundary recommendation to ensure the interface areas are considered permanent and reduce any future speculation.

Boundary Recommendation

The recommended boundary for the HD3 zone consists of an area to the north of KGH and an area to the south of KGH as described below and shown in Attachment 2 (Map 1).

- North portion: Lane between Royal Avenue and Glenwood Avenue to the north (including two properties fronting on Pandosy Street immediately north of Royal Avenue), Pandosy Street to the east, Royal Avenue to the south, and Long Street to the west.

- South portion: Lane between Christleton Avenue and KGH to the north, Pandosy Street to the east, Christleton Avenue to the south, and the lane connecting Christleton Avenue to Rose Avenue to the west.

Staff originally proposed to include all five properties fronting on Pandosy Street between Glenwood Avenue and Royal Avenue as part of the designation, with the lane to Glenwood Avenue as the boundary. These properties would be an appropriate location for transitional uses as they front onto a major collector and are directly across from the proposed Collett Manor development (also proposed as 'Health District' should it move forward for final approval). During the public consultation, the area Residents' Associations (FRAHCAS, KSAN and KLOCNA) and three individual respondents indicated a strong preference for the northern boundary of the proposed Health District area north of KGH to exclude the three properties on Pandosy Street immediately south of Glenwood Avenue, instead extending the boundary from the lane between Royal Avenue and Glenwood Avenue. They expressed concerns with access from the narrow rear lane and the need to limit the encroachment of non-residential uses in the neighbourhood. Furthermore, the inclusion of the Christleton Avenue properties in the recommended Health District designation presents additional opportunities for health services uses to locate in transitional areas near KGH. Respecting the public sentiment, and the addition of the Christleton Avenue properties in the proposed boundary, staff excluded the northern three properties from the Health District boundary. The southern two properties are recommended for inclusion since they directly back onto the new Royal Avenue KGH parking lot.

Notably, the KGH parking lot along Royal Avenue has intentionally been excluded from the Health District designation boundary, as this parcel is legally hooked to the KGH parent parcel and zoned P1. This zone requires the Institutional designation, which it currently is designated. For the purposes of the Health District designation, this block will function as one contiguous interface, but for the interpretation of the Health District boundary, the parking lot will remain Institutional to match the current zoning.

By limiting the extent of the HD3 zone, the additional impact to the residential neighbourhoods is anticipated to be minimized, which is of particular importance in the Abbott Street HCA. The OCP designation boundary is intended to be permanent, with no opportunity for properties outside of the boundary to be considered for the HD3 zone. This will assist with maintaining the integrity of the residential neighbourhoods and the Abbott Street HCA while allowing for transitional buffer zones between residential uses and KGH. Other health services uses will be directed to the Health District east of Pandosy Street. This is consistent with IH campus planning which identifies a tendency towards more intensive use of the existing lands as opposed to incremental, geographical growth to the north or south.

4.0 Background

4.1 Study Process

Staff presented reports to Council on July 29, 2013 and December 16, 2013 seeking direction to proceed with the Hospital Area Planning exercise intended to resolve transitional land use issues in neighbourhoods adjacent to KGH (north and south).

Major steps in the study process to date have included:

- July 29, 2013: Council support to proceed with the Hospital Area Planning exercise, including meeting with Interior Health (IH);
- September 20, 2013: Staff meeting with IH to discuss neighbourhood interface issues and intent for IH-owned properties;

- December 16, 2013: Council update and support received to proceed with Phase 1 of the study;
- February 2014: Resident survey regarding the proposed HD3 zone and boundaries;
- February 25, 2014: Staff meeting with Interior Health to discuss KGH Campus Planning vision and growth strategy;
- March 3, 2014: Meeting with Kelowna Planning Director of the BC Cancer Clinic to discuss future planning needs of this facility;
- April 9, 2014: Neighbourhood Public Open House meeting to gather additional input on the details of the proposed HD3 zone and boundaries; and
- April 10, 2014: Residents' Association Meeting (FRAHCAS, KSAN and KLOCNA Associations) to discuss the merits of the proposed boundaries and HD3 zone.

Staff have been in consultation with stakeholders and affected property owners throughout the study and have taken into the consideration their suggestions to define the boundaries and land use regulations of the HD3 zone.

4.2 Review of Best Practices

Staff conducted a review of best practices and zoning guidelines for similar hospital campuses that are surrounded primarily by residential uses. The hospitals considered were Vancouver General Hospital (Vancouver, BC), City Hospital (Saskatoon, SK) and the Children's and Women's Health Centre of British Columbia (Vancouver, BC). These hospitals are in neighbourhoods of low-density residential, multi-residential and/or local commercial uses with building heights ranging from one and two storey residential and office buildings to high-rise residential buildings. The Children's and Women's Health Centre of British Columbia is most similar to KGH in its relationship to the surrounding residential area, with a local road acting as the separation between the hospital campus and the surrounding low-density residential area. Based on this review, the uses that were ultimately considered for the recommended HD3 zone are scaled back in terms of built form and use to be site-specific and context sensitive.

4.3 Interior Health

On September 20, 2013, staff met with IH representatives to discuss interface issues and to identify IH-owned properties and their intentions for future use.

IH acknowledged that development on their properties on Christleton Avenue would likely need to be of a nature that complemented the single family residential uses of the surrounding properties, although they do not currently have plans or funding to expand on these properties. Parking remains an important concern for IH, but there are currently no plans for parking expansion. However, Staff reinforced that future parking for this area will be encouraged to be in the Health District area east of Pandosy Street. A more comprehensive review of parking demands, once the buildings currently under construction are completed and in operation, would be beneficial.

In follow-up to the September 2013 meeting, Staff met with IH representatives on February 25, 2014 to further discuss the future use of properties, parking needs and the status of the KGH Master Plan.

IH indicated they are focusing land acquisitions in the area east of Pandosy Street between Royal Avenue and Rose Avenue. With a current parking shortage of 275 spaces, IH intends to use the west side of Speer Street for parking in the future. IH is currently holding the five properties they own on Christleton Avenue and does not anticipate acquiring more properties in this area.

Further expansion at KGH is expected in terms of employee growth, rather than building expansion and the focus will be on re-tasking existing space rather than adding new space. The Heart and Surgical Centre will be the last building constructed as part of the current expansion program with completion expected in fall 2015. Additional office space is needed, but can be located off-site from KGH.

4.4 Neighbourhood Associations

Friends and Residents of the Abbott Street Heritage Conservation Area Society (FRAHCAS) and Kelowna South-Central Association of Neighbourhoods (KSAN)

Part of the Hospital Area Plan study area is within the Abbott Street HCA and the Friends and Residents of the Abbott Street Heritage Conservation Area Society (FRAHCAS) provided a letter¹ dated June 5, 2013 stating their preliminary position on the study. FRAHCAS presented several options which staff considered to address the interface, traffic and parking issues that are increasingly impacting residents' quality of life.

Recognizing the need for the new parking lot on Royal Avenue to serve the KGH Emergency Department, FRAHCAS requested long-term assurance of surface only parking by way of covenant or a buffer zone (HD3). They proposed the zoning allow for daytime commercial uses that are sensitive to the residential heritage look and feel of the surrounding neighbourhood.

FRAHCAS also suggested the following regarding the parking lot: enforced Resident Parking Only on Royal Avenue, Glenwood Avenue and Long Street between Royal Avenue and Glenwood Avenue; closure of the lane used by pedestrians between Royal Avenue and the rear lane; and implementation of design details to minimize negative impacts to area residents as a result of the parking lot. The existing Resident Parking Only zone along Royal Avenue and the timed parking restrictions will remain in effect at this time; however, no additional Resident Parking Only areas will be established. The lane from Royal Avenue to the rear lane has been removed as part of the parking lot construction, and IH's parking lot design plans incorporate several features to minimize impacts to nearby residents.

Royal Avenue currently forms the southern boundary of the Abbott Street HCA. FRAHCAS proposed adjusting the HCA boundary between Long Street and Pandosy Street to the rear lane between Royal Avenue and Glenwood Avenue to allow for a buffer from hospital operations. They indicated this option is supported by the Kelowna South-Central Association of Neighbourhoods (KSAN) and IH as well.

FRAHCAS proposed moving the heritage house at 434 Royal Avenue to City Park to be used as a tea house, similar to that in Vancouver's Stanley Park. The house has since been demolished in preparation for the parking lot since no one came forward to move the structure.

Following the public consultation in April 2014, FRAHCAS and KSAN provided a joint letter² dated April 12, 2014 with some additional considerations for the Hospital Area Plan. They generally support the proposed form and character details of the HD3 zone, including a building height limit of two and a half storeys, with an option for three storeys only where there is a need for surface parking with two storeys above. They stated the need to provide adequate parking to keep vehicles from parking on residential roads.

FRAHCAS and KSAN expressed their support for the inclusion of the north side of Christleton Avenue in the Hospital Area Planning exercise and the HD3 zone to provide guidance for future

¹ See Attachment 4

² See Attachment 5

development and give property owners certainty and permanency about allowed uses in the area. Notably, they remain firm to fielding health-related commercial interests outside of the HD3 boundary and to be directed to the HD2 zone east of Pandosy Street. This direction already established in the OCP will allow a concentration of uses to be established, and to allow sequential growth east as the area builds out and provides the long-term land use connection to the Cottonwoods site.

KLO Central Neighbourhood Association (KLOCNA)

The KLO Central Neighborhood Association (KLOCNA) provided a letter³ dated April 16, 2014 indicating their support for the HD3 zone along Royal Avenue from Long Street to Pandosy Street, with the rear lane as the northern boundary. They generally support the form and character guidelines as well as principle and secondary uses allowed in this zone. KLOCNA suggested the maximum building height be three storeys to allow for surface parking, consistent with other buildings on Royal Avenue and Pandosy Street. They also recommended that all structural facades be required to meet the general form and character bylaws of surrounding neighbourhoods.

KLOCNA encourages clearly defined uses and boundaries for each of the Health District zones to allow for coordinated, long-term planning in the area, including parking and transit improvements.

4.5 Public Consultation

In February 2014 residents within the Phase 1 study area were sent a survey that was available both online and in hard copy to be sent back to the City. This survey was to gauge neighbourhood opinion on possible boundaries for the HD3 zone, as well as determine compatible land uses and regulations for this unique interface.

Of approximately 90 household surveys that were sent, 42 responses were received. The following is an overview of the feedback:

- The majority of respondents support locating health services uses east of Pandosy Street, and there is modest support for locating HD3 uses within small areas both to the north and south of the hospital;
- The majority of respondents support the following uses in the HD3 zone: bed & breakfasts (88%), low-density housing (78%), health services (75%), minor home-based businesses (70%), carriage houses (69%), supportive housing (64%) and lodging house (57%);
- The majority of respondents agree that the maximum height of new housing, and any potential buildings in the area, should remain at two and a half storeys;
- The majority of respondents (80%) support mixed-use buildings;
- The majority of respondents do not support reduced parking requirements; and
- The majority of respondents support design guidelines in the proposed HD3 zone.

In follow-up to the survey, a neighbourhood meeting was held at City Hall on April 9, 2014. There were 28 residents in attendance at this meeting, and through an informal poll the majority of attendees support a boundary for the new HD3 zone that includes the block of houses adjacent to the new parking lot on Royal Avenue, and the houses immediately abutting the hospital along the north side of Christleton Avenue. Attendees indicated their support for a clearly defined

³ See Attachment 6

boundary to prevent health services uses from expanding further into the residential area. Attendees generally agreed that the proposed built form of the draft zone were appropriate.

4.6 Abbott Street Heritage Conservation Area

The properties along Royal Avenue and Pandosy Street that are recommended for inclusion in the HD3 zone boundary are currently part of the Abbott Street HCA, and the property at 2178 Pandosy Street is on the Heritage Register. As described in Section 4.4, FRAHCAS and KSAN stated their support for a boundary change to remove the subject properties from the Abbott Street HCA. Staff consulted with the Community Heritage Committee (CHC) to seek their opinion on the proposed boundary change. It was generally agreed that removing these properties from the HCA would set a dangerous precedent for additional properties to be removed in the future and adjacent properties could be impacted by future development that does not follow heritage design guidelines. Staff recommend maintaining the existing boundary of the Abbott Street HCA at this time.

4.7 Neighborhood Park

Staff considered residents' requests for a park in the study area as a buffer from KGH activities and the parking lot on Royal Avenue. One option examined was to create an urban park at the base of Long Street immediately north of Royal Avenue, restricting vehicular access between the two roads. This park could create a neighbourhood amenity and buffer from KGH while maintaining pedestrian and cycling access between Royal Avenue and the area to the north. By restricting through traffic at this location, vehicles would be directed to Pandosy Street.

Review of this option presented several concerns related to traffic flow and emergency access to KGH. The intersection of Royal Avenue and Pandosy Street is not currently signalized and left turn movements from Royal Avenue can be difficult due to traffic volumes on Pandosy Street. A signalized intersection at this location has been approved and will assist with traffic flow. Ambulances often use Long Street to access the KGH Emergency Department when Pandosy Street is experiencing high traffic volumes. With restricted access at Long Street, emergency and other vehicles could experience additional delays or use Abbott Street as an alternate route, creating an undesirable situation given the goal of moving traffic east of this area.

The creation of an urban park at this location is not recommended at this time due to the traffic issues and safety concerns for emergency vehicles. This option can be considered in the future once the intersection of Royal Avenue and Pandosy Street is signalized and Royal Avenue is realigned with access through to Richter Street.

4.8 Infrastructure and Servicing

Some transportation infrastructure improvements are needed to facilitate the development of health services uses in the proposed health district designation area. IH is completing urbanization of Royal Avenue; therefore further significant road upgrades are not anticipated for these select few properties. A Traffic Impact Review was completed to identify improvements required along Christleton Avenue and surrounding road network. Recommendations include eventual realignment of the east end of the lane north of Christleton Avenue to Rose Avenue, and upgrading Christleton Avenue to a full urbanized standard.

Improvement costs will be shared among the properties on the north of Christleton Avenue within the health district designation as they redevelop. The cash levy will be applied as property owners apply to rezone to HD3 to allow for low-impact health services uses. Based on an average property size of 800m², the *estimated* average cost to property owners for these upgrades is \$20,500, which includes full frontage improvements. (Additional details are provided in Attachment 7: Development Engineering Memorandum).

5.0 Current Development Policies

5.1 Kelowna Official Community Plan (OCP)

OCP Objective 5.20 (Policy 4) - Achieve high quality urban design and appropriate land uses.

OCP Objective 5.32 (Policy 9) - Ensure the development of institutional facilities meets the needs of residents.

OCP Objective 9.2 (Policy 4) - Identify and conserve heritage resources.

6.0 Future Phase 2

Phase 2 of the Hospital Area Planning exercise will address the larger Health District east of Pandosy Street and consider longer-term KGH Master Plan activities. The proposed boundary for Phase 2 is Glenwood Avenue to the north, Richter Street to the east, Christleton Avenue to the south and Pandosy Street to the west. This area is currently part of the Health District with the exception of the portion between Royal Avenue and Glenwood Avenue; this section being considered for inclusion in the Health District because of its proximity to the hospital and related uses as well as the proposed Collett Manor development at the corner of Pandosy Street and Royal Avenue.

The intent of Phase 2 is to focus hospital related uses in this area and explore methods to encourage sensitive transition to surrounding land uses. This will include a review of the HD2 Zone land use regulations in the Zoning Bylaw, in consultation with stakeholders and property owners. Revisions may be recommended based on this review and servicing implications will be determined based on potential development in the area.

One of the significant issues related to the hospital interface is parking, and the ongoing Parking Management Strategy will help inform Hospital Area Planning. Working within the framework of the Parking Management Strategy, Phase 2 will evaluate future parking requirements within the Health District boundary and may include provisions for future surface or structured parking.

The timing of Phase 2 should coincide with the Parking Management Strategy study in this area and possible campus parking planning by IH, creating a coordinated approach. The start of Phase 2 will be determined based on the progress of the Parking Management Strategy.

Internal Circulation:

Divisional Director, Community Planning & Real Estate
Divisional Director, Communications & Information Services
Manager, Urban Planning
Manager, Development Engineering
Manager, Transportation & Mobility
Senior Communications Consultant, Communications & Information Services

Financial/Budgetary Considerations:

Phase 2 of the Hospital Area Planning exercise will require budget and will be determined once a coordinated Parking Management process has been finalized.

Personnel Implications:

The Hospital Area Planning exercise to date has been conducted using existing staff resources.

External Agency/Public Comments:

Area residents and property owners have been involved in the Hospital Area Planning exercise, as per the study area in Attachment 2 (Map 1). The neighbourhood associations (KSAN, KLOCNA and FRAHCAS) were also consulted and submitted letters stating their position on the Hospital Area Planning exercise.

Communications Comments:

Phase 2 of the project will reach a broader group of residents and stakeholders interested in the future of development in the area. Property owners, business owners, neighbourhood associations and IH will be consulted during the study and stakeholder engagement may include one-on-one meetings, group workshops and neighbourhood meetings to gather input. A consultation plan will be prepared at the outset of Phase 2.

Alternate Recommendation:

An alternate recommendation for Phase 1 of the Hospital Area Plan is to accept only the area north of the hospital for inclusion in the HD3 zone boundary, as shown in Attachment 3 (Map 2). These properties are experiencing significant and immediate interface issues with KGH and the new parking lot, therefore the new zoning should not be delayed in this location. Some of the property owners to the south of the hospital have expressed similar interface issues with the parking structures on the south side of the KGH campus; however, traffic and access concerns present a constraint for the development of these properties. However, through the public consultation process, property owners on Christleton Avenue indicated a mixed level of support to proceed with the Health District designation, as many owners cited that this block has a very well established residential feel and that multiple investments have been made that enhance the livability of this block with carriage houses abutting the lane.

An additional alternate recommendation is to include all of the properties on Pandosy Street between Royal Avenue and Glenwood Avenue in the HD3 zone boundary, as shown on Attachment 3 (Map 2). These properties would be suitable for transitional health services uses since they are located on a major collector and are directly across from the proposed Collett Manor development.

Considerations not applicable to this report:

Legal/Statutory Authority
Legal/Statutory Procedural Requirements

Submitted by:

D. Noble-Brandt, Department Manager, Policy & Planning

Approved for inclusion:



D. Gilchrist, Divisional Director of Community Planning and Real Estate

Attachments:

- Attachment 1: Draft Health District 3 Zone
- Attachment 2: Map 1 - Hospital Area Plan Phase 1 Proposed Health District Interface
- Attachment 3: Map 2 - Hospital Area Plan Phase 1 Alternate Proposed Health District Interface

Attachment 4: FRAHCAS Position Letter, June 5, 2013
Attachment 5: FRAHCAS and KSAN Position Letter, April 12, 2014
Attachment 6: KLOCNA Position Letter, April 16, 2014
Attachment 7: Development Engineering Memorandum

cc: Divisional Director, Community Planning & Real Estate
Divisional Director, Communications & Information Services
Manager, Urban Planning
Manager, Development Engineering
Manager, Transportation & Mobility
Senior Communications Consultant, Communications & Information Services

Section 17 - Health District Zone

17.3 HD3 -Health Services Transitional

17.3.1 Purpose

The purpose is to provide a transitional zone, including supportive and low-impact health service uses, from the Kelowna General Hospital campus to the established residential neighbourhood to the north and south. For those parcels identified on the boundary map, this zone will allow for small-scale health services that are generally compatible with residential land uses and capable of being located in a neighbourhood setting. Building design should reflect the scale and context of nearby residential areas as established in the *Abbott Street & Marshall Street Heritage Conservation Areas Development Guidelines*.

MAP - **Boundary to be determined.**

17.3.2 Principal Uses

17.3.2.1 The principal uses in this zone are:

- (a) boarding or lodging house
- (b) group home, minor
- (c) health services, minor
- (d) health services, major
- (e) single detached housing
- (f) supportive housing, minor
- (g) two dwelling housing

17.3.2.2 The secondary uses in this zone are:

- (a) bed & breakfast home
- (b) carriage house
- (c) home based business, minor
- (d) secondary suite

17.3.3 Subdivision Regulations

- (a) The minimum lot width is 13.0m.
- (b) The minimum lot depth is 30.0m.
- (c) The minimum lot area is 490m².
- (d) The maximum lot area is 1700m².

17.3.4 Development Regulations

- (a) The maximum floor area ratio is 0.4.
- (b) The maximum site coverage is 50% and together with driveways and parking areas, shall not exceed 60%.

- (c) The maximum building height is the lesser of 9.5m or 2 ½ storeys, except it is 4.5m for accessory buildings.
Where parking spaces are provided totally beneath habitable space of a principal building providing that in all cases, the parking spaces are screened from street frontage view, the maximum building height is the lesser of 10m or 3 storeys, except it is 4.5m for accessory buildings.
- (d) The minimum front yard is 4.5m.
- (e) The minimum side yard is 2.0m for a 1 or 1 ½ storey portion of a building and 2.3m for a 2, 2 ½ or 3 storey portion of a building.
- (f) The minimum rear yard is 6.0m except it is 1.5m for accessory buildings.

17.3.6 Other Regulations

- (a) In addition to the regulations listed in this section, other regulations apply. These include the general development regulations of Section 6, the landscaping and fencing regulations of Section 7, the parking and loading regulations of Section 8 (except as specified by section 1.6 of this zone), and the specific use regulations of Section 9 of Zoning Bylaw No. 8000.
- (b) Level 2 landscape buffers are required for the side yards and Level 3 landscape buffers are required in the front and rear yard setback areas.
- (c) Vehicle-oriented or drive through services are not permitted in this zone.
- (d) All vehicle access must be from the rear lane, where a lane is present.
- (e) One non-illuminated Identification sign, as defined in the City of Kelowna Sign Bylaw No. 8235, which meets the following conditions is permitted per lot:
 - i. 0.23m² maximum area;
 - ii. Placed within, flat against or hanging from the building;
 - iii. For lots fronting on Pandosy Street, signs of this size and dimension may be hung from a free-standing post; and
 - iv. The sign must be of high-quality materials in heritage colours, and consistent with the architectural style of the building.
 One non-illuminated Free-standing sign, as defined in the City of Kelowna Sign Bylaw No. 8235, which meets the following conditions is permitted per lot:
 - v. 1.0m² maximum area;
 - vi. Maximum 1.5m above height measured from sidewalk elevation;
 - vii. Minimum 1.0m setback from front property line; and
 - viii. The sign must be of high-quality materials in heritage colours, and consistent with the architectural style of the building.
- (f) The maximum height of fences or landscape screening located in a front yard is 1.0m.

17.3.7 Design Guidelines

The *Abbott Street & Marshall Street Heritage Conservation Areas Development Guidelines* form the basis of the Design Guidelines for those parcels within the Abbott Street Heritage Conservation Area. The following base guidelines shall apply in addition to the Intensive Residential Development Permit Guidelines:

- (a) Maintain the established front yard setback by placing additions and new constructions within 10% of the adjacent or average building setback.
- (b) Rear setbacks may vary from the established pattern, within the limits of the Zoning Bylaw, to accommodate additions to the residential building footprint.

- (c) Secondary suites over garages are encouraged to draw architectural design inspiration from the principal residence.
- (d) The massing of auxiliary buildings should be subordinate to the massing of the principal structure.
- (e) New construction or additions to existing structures are encouraged to maintain the established massing of the streetscape.
- (f) Larger buildings should use architectural design techniques to reduce the apparent massing and emulate the established neighbouring building massing.
- (g) Established block face building spacing, foundation height, proportion, wall to window/door ratio and setbacks of adjacent development are to be considered with new development or additions to existing buildings.
- (h) Roof form complexity, roof line silhouette, and the use of secondary elements (dormers, gables, chimneys, etc.) shall be consistent with the building style.
- (i) Low maintenance materials, of similar design to traditional materials, may be used for buildings not being restored to period authenticity.
- (j) Main entrances should be prominent from the street and are encouraged to adhere to the pattern of the established architectural style.
- (k) Door and window shape, sash design, trim, casements, and sills are encouraged of similar finish for the established architectural style.
- (l) Front steps leading to the principal entrance are encouraged to be constructed in a style and of materials consistent with the established architectural style of the building.

Section 2 - Interpretation

New definitions:

HEALTH SERVICES, MAJOR means a **development** used for the provision of physical or mental **health services** on an out-patient basis. Services may be of a preventative, diagnostic, treatment, therapeutic, rehabilitative or counseling nature. Typical **uses** include, but are not limited to, medical and dental **offices**, chiropractors, massage therapists and acupuncture clinics, health clinics, and counseling services.

SUPPORTIVE HOUSING, MINOR means housing consisting of a maximum of six dwellings with support services on-site. These may or may not include collective dining facilities, laundry facilities, counseling, educational services, homemaking, and transportation. Supportive Housing, Minor may qualify as **Special Needs Housing**.

SUPPORTIVE HOUSING, MAJOR means housing consisting of seven or more dwellings with support services on-site. These may or may not include collective dining facilities, laundry facilities, counseling, educational services, homemaking, and transportation. Supportive Housing, Major may qualify as **Special Needs Housing**.

Table 8.1 - Parking Schedule - AMENDED

Commercial	
Health Services, Major and Minor	5 per 100m ² , except on parcels less than 1700m ² in area the required parking spaces shall be 4 per 100m ² .

Section 7 - Landscaping and Screening

7.6 Minimum Landscape Buffers (AMENDED)

7.6.1 Landscape buffers, of a design as shown on the **Minimum Landscape Buffer Treatment Drawings (Levels 2 through 5)**, the front yard, side yards, and rear yard depending upon the zone as indicated by **Table 7.1 - Minimum Landscape Buffer Treatment Level Schedule**, are as follows:

- (a) **Level 1:** no specific guidelines for the design of the landscape buffer;
- (b) **Level 2:** a minimum 2.0m landscape buffer is required to separate uses from adjacent properties and will consist of a low-lying vegetative buffer where no trees or continuous opaque barrier is required. - **NEW**
- (c) **Level 3:** a minimum 3.0 m landscape buffer is required to separate uses from adjacent properties and will consist of a vegetative buffer where no continuous opaque barrier is required;
- (d) **Level 4:** a minimum 3.0 m landscape buffer is required to separate uses from adjacent properties and will consist of a vegetative buffer or a continuous opaque barrier;
- (e) **Level 5:** a minimum 3.0 m landscape buffer is required to separate uses from adjacent properties and will consist of coniferous tree species or native vegetation to provide a continuous opaque screen for parking areas; and
- (f) **Level 6:** a landscape buffer is required for all land **abutting ALR** land where non-farm uses exist. The minimum buffer shall be 3.0m wide and include an opaque barrier immediately adjacent to the boundary(s) abutting the **ALR** on the urban side of the property. This standard may be replaced or modified as a result of conditions of a decision by the **Land Reserve Commission**. The buffer area shall not be included in the required setback for **Rural and Urban Residential zones**.

Official Community Plan

Chapter 4: Future Land Use

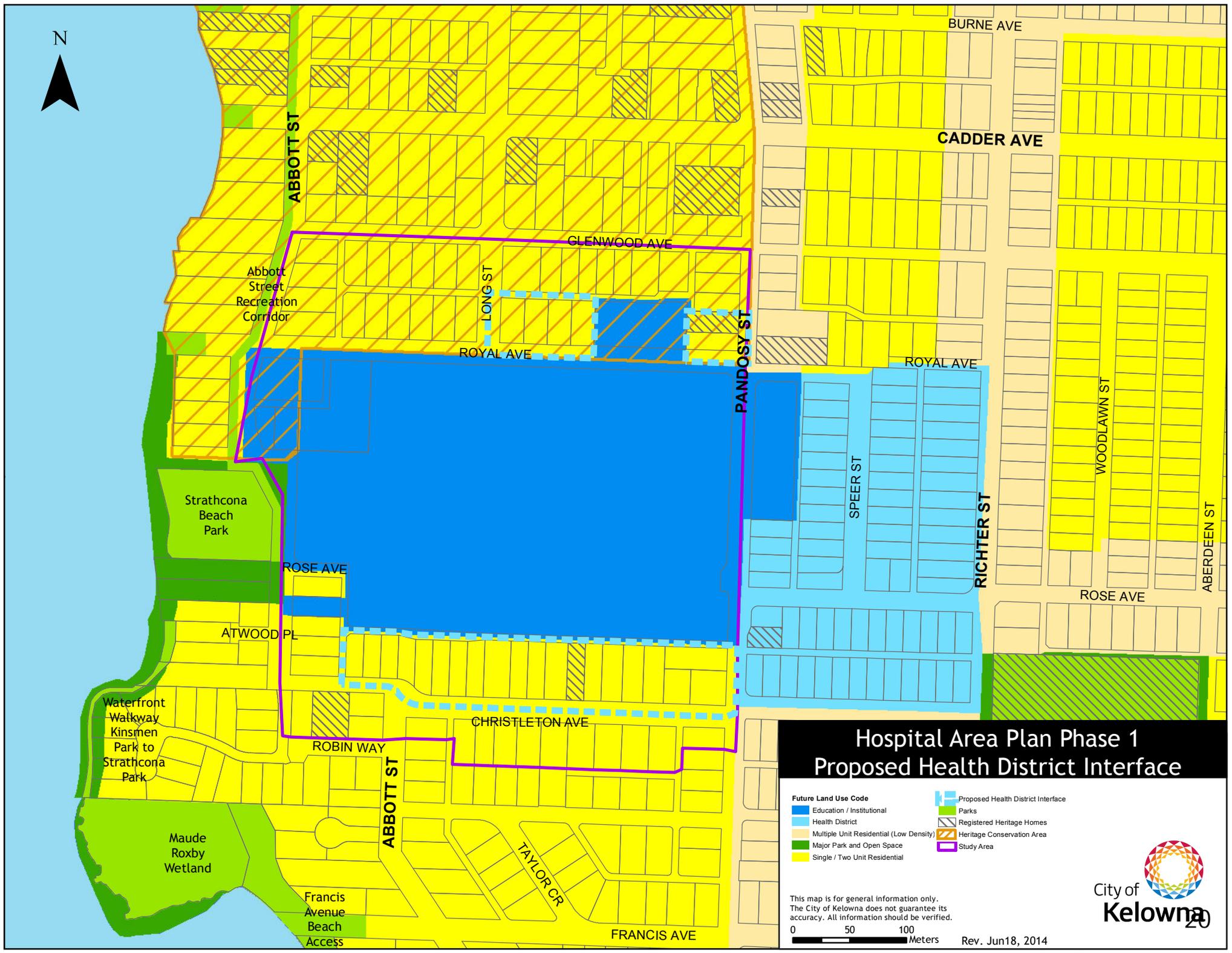
Health District (HLTH)

To integrate uses in support of the regional KGH campus both physically and functionally with the surrounding communities and to provide a moderating transition in scale from a major institutional centre to adjacent established residential areas that incorporate heritage components. This designation is to encompass development that supports the operations of the Kelowna General Hospital or other health administration, health education, patient services or care facility operation. Other uses may include multiple unit residential uses consistent with the RM3, RM4 or RM5 zones of the Zoning Bylaw. Limited health and service related commercial uses as defined by the Zoning Bylaw may be supported.

The health district west of Pandosy Street is a transitional area from the Kelowna General Hospital campus to the surrounding residential neighbourhoods. Any properties west of

Pandosy Street that are designated health district are limited to the HD3 - Hospital and Health Services Transitional zone of the Zoning Bylaw. The embedded guidelines are intended to ensure that the design of individual developments is compatible with the overall neighborhood context, adjacent established and future residential neighborhoods of this area.

DRAFT



Hospital Area Plan Phase 1 Proposed Health District Interface

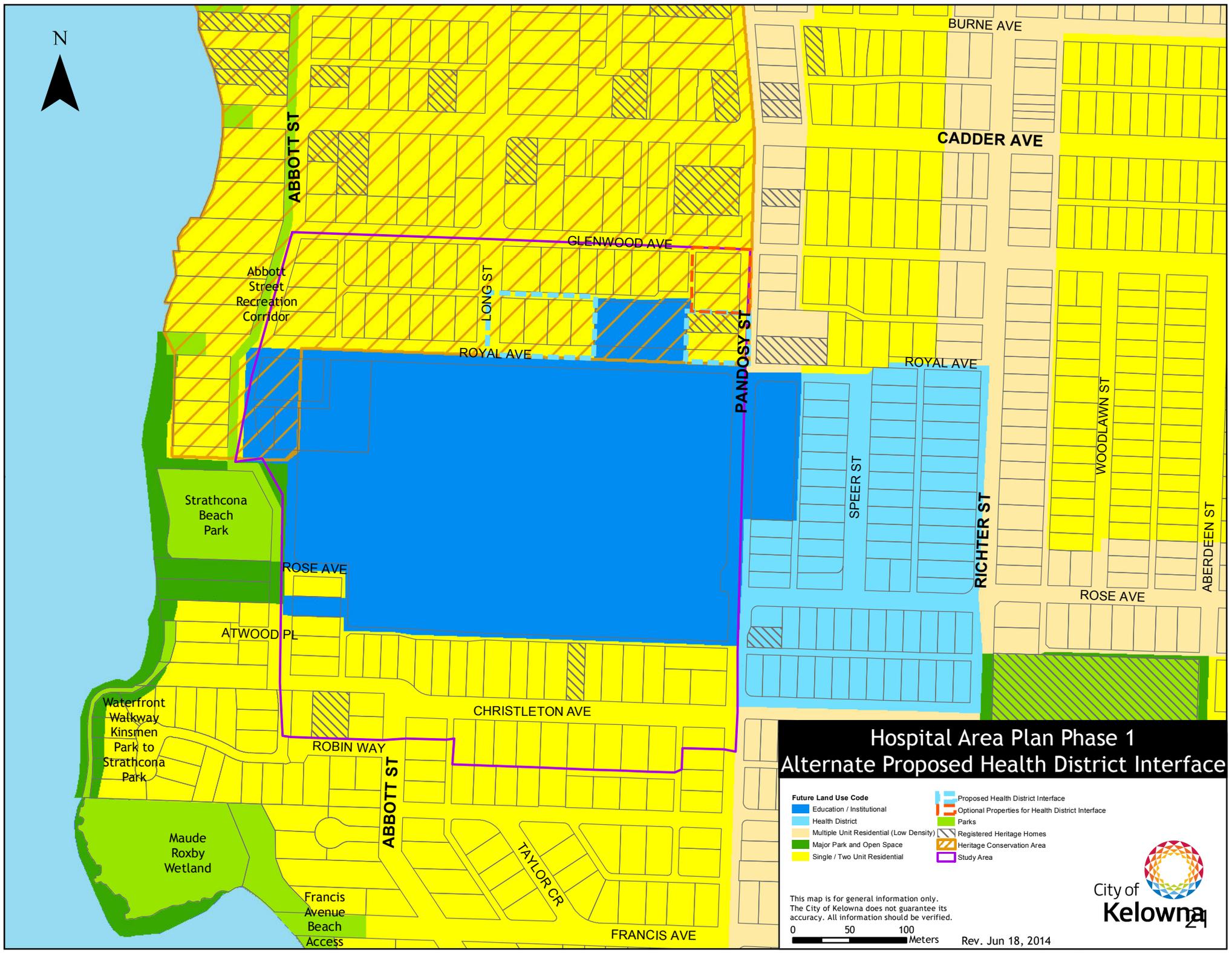
- | | |
|---|------------------------------------|
| Education / Institutional | Proposed Health District Interface |
| Health District | Parks |
| Multiple Unit Residential (Low Density) | Registered Heritage Homes |
| Major Park and Open Space | Heritage Conservation Area |
| Single / Two Unit Residential | Study Area |

This map is for general information only.
The City of Kelowna does not guarantee its
accuracy. All information should be verified.



Rev. Jun18, 2014





Hospital Area Plan Phase 1 Alternate Proposed Health District Interface

- | | |
|---|---|
| Education / Institutional | Proposed Health District Interface |
| Health District | Optional Properties for Health District Interface |
| Multiple Unit Residential (Low Density) | Parks |
| Major Park and Open Space | Registered Heritage Homes |
| Single / Two Unit Residential | Heritage Conservation Area |
| | Study Area |

This map is for general information only.
The City of Kelowna does not guarantee its
accuracy. All information should be verified.



Rev. Jun 18, 2014



June 5, 2013

To: **Shelley Gambacourt**, Acting Director, Policy & Planning
Alec Warrender, Land Use Planner
Land Use Management Department

From: James Avery, Pres. FRAHCAS

Subject: “VOX POPULI” / **THREE INTER-RELATED PROPOSALS :**

- Heritage Area Boundary Review
- Z13-0015: Interior Health Association (IHA) Emergency Parking Lot
- OCP/HAP13-0004: 434 Royal Ave., move or demolition request

All of these very serious items relate to the documented interface issues pursuant to expansion in operations by Interior Health and as such all three suggest the need for concurrent consideration. It is the intent of this writer to both document and openly share our findings with those most interested in and directly responsible for these considerations.

On January 28 of this year Council passed a resolution asking City staff to prepare a report examining the interface issues resulting from expanded operations of Kelowna General Hospital. That the Interior Health Association (IHA) has a mandate to address the ever growing demands for medical services both within our community and beyond is understood. This expansion however has severely impacted the quality of life once enjoyed by residential homes in this immediate area of KGH. Particularly affected are those homes along Royal Ave. in close proximity to the emergency operations. Inevitably the economic significance of KGH operations both present day and pending has already and will increasingly spawn commercial development interest in this area. This point is duly noted in my correspondence with Mayor Walter Gray (File No. 0700-40).

The challenge then for all concerned and particularly for those of executive decision is to find the most appropriate compromise that balances the needs of IHA's expanded footprint with sensitivity to the quality of life impact for any and all residences caught up in this interface. At stake is the integrity of the Heritage Conservation Area, a unique and prized City of Kelowna asset for residents and non-residents alike.

The "buffer zone" concept tabled in January by Brian Anderson, Chair of the Community Heritage Committee (CHC) was initially received by most with some misgivings. This is understandable given the implications. It is only with months of assessment and considerable testimonials from affected residents that this proposal is now received with a sense of practicality.

This practicality flows from acceptance that the dramatic increase in traffic into this area and related parking issues on residential streets supports IHA's interest in a parking lot to accommodate ER staff and patients, as well as a broader consideration of the impact to the residential quality of life in this immediate area*.

** residents located on Royal Ave. and Glenwood Ave as well as Pandosy St. and Long St..*

PROPOSED KGH EMERGENCY PARKING LOT

Much of the input that informs this document culminated in a facilitated dialogue on April 23 with these residents deemed most affected by the proposed IHA parking lot. The convention of affording some weight to the thoughts of those most immediately affected in such a situation is well established. Moreover these individuals have been experiencing the interface issues most intimately and were highly motivated to finding practical resolutions for same.

As the facilitator of these discussions I was struck with the patience of each attendee to fully hear and understand the diverse positions ranging from those committed to gaining back some residential quality of life along side those equally committed to leaving.

I wish to share for your consideration the items prepared by this amazing group. Please note that each item documented was passed by consensus (i.e., this is not merely a list of individual requests but a list of items discussed and adopted by way of consensus). **Moreover many of these items are intended to compliment one another (i.e., they should be considered in concert with one another as opposed to being considered severally).**

A prime example of this point is to note that their acceptance of the proposed IHA ground level parking lot is contingent upon the following:

* Long term assurance of a surface only parking lot by way of a covenant or preferably by way of a unique "buffer zone" code. We propose HD3 could be created and used not only in this area but may be an applicable option for other points of interface between IHA and established residential areas. The HD3 code proposed would allow for daytime only commercial operations within repurposed existing residences or new builds, limit new buildings to 2 1/2 stories as is currently the case, ensure new buildings design and landscaping would be sensitive to a residential heritage look and feel. Most importantly it is vital that surface parking only is a feature of any/all developments within the "buffer zone". If a prospective commercial buyer in this "buffer zone" was afforded HD2 or other zoning that allowed for a parking facility beyond surface parking, the proposed covenant with IHA could be deemed prejudicial. This alone supports the notion of a unique HD3 buffer zone that stipulates surface parking only for all development (i.e., prejudice towards none).

* Robustly enforced Resident Only Parking (RPO) on the Royal Ave., Glenwood Ave., and Long Street to Glenwood Ave..

* Closure of a walkway that currently fosters pedestrian traffic between Glenwood Ave., and Royal Ave.. (It is understood and supported that IHA will want to acquire this same walkway to integrate their 3 lots for the proposed parking lot).

* Various design details of the parking lot (as per attached). These details and any variances required are intended to minimize negative impacts to residents in the immediately defined area with respect to aesthetics, noise, lighting, traffic flow, pedestrian traffic through yards, littering, smoking, ... IHA has integrated many of these requests into the proposal most recently submitted to City Planning.

Again, the comprehensive scope and depth of thought provided by this group of residents is most impressive. If IHA is afforded approval of the proposed parking lot without ROP or without enforcement of ROP, it will be most embarrassing for all concerned to see ongoing parking issues on these immediate streets along side an empty parking lot. IHA will require many years to amortize the \$3 million plus in land and construction cost of a surface parking lot. Thus ROP enforcement will be crucial to their investment return as well. Support for the need of ROP as an effective solution in this area is also apparent in the recently published report by Urban Systems on traffic and parking issues within the City of Kelowna.

PROPOSED HERITAGE CONSERVATION AREA (SOUTHERN BOUNDARY)

These residents also gave serious consideration to determining the scope of the "buffer zone" commensurate with the concentration of interface issues. Whereas the Emergency operation of KGH is the principal core of the interface issues it is accepted that the proposed "buffer zone" would also run on Royal Ave. from Pandosy St. to Long St. with the new boundary for the Heritage Conservation Area defaulting to the back lane that runs behind these lots. This position also respects those residents who reside on Royal Ave. between Long St. and Abbott St. who have not experienced the interface issues to the same degree and would choose to remain RU1 residential.

As indicated, it is the thoughtful list of considerations itemized by residents (see attached document) that has served to inform both FRAHCAS (Friends and Residents of the Abbott Street Conservation Society) and the broader neighbourhood society (KSAN). We jointly stand in support of the consensus reached by these residents.

I have met regularly with Doug Levell, Realestate Services Manager, and David Fowler, Project Manager, et al., from IHA. Each of the aforementioned has stated their general support for this consensus driven process and the resultant positions expressed. I also met with Brian Anderson post the committee hearing of May 2 wherein he indicated support of the back lane behind Royal Ave. as the natural choice as a revised southern

boundary of the Heritage Conservation Area. I will continue to seek support beyond the publishing of this position paper.

HAP13-0004 / 434 ROYAL AVE DISPOSITION

As this address represents a registered heritage home situated on one of the 3 lots that IHA is intending to develop as a surface parking lot, its disposition must also be considered and determined concurrent with the above proposals. In this regard I have had multiple discussions with Doug Levell, Realestate Services Mgr., IHA. We (FRAHCAS) have put forward the notion that failing an interested party who would purchase this historic home outright and relocate same to a residential lot, it could potentially serve as basis of a commercial “tea house” in Kelowna City Park (similar to the very popular Tea House Restaurant located in Stanley Park, Vancouver). It has been suggested that IHA would contribute an amount equal to potential demolition costs towards the overall cost of relocation. Our local historian and board member, Marietta Lightbody has reminded us of past building relocations using a barge by way of Okanagan Lake (including the Eldorado Hotel). It is at the very least conceivable that this home could be barged to City Park for the above repurposing. It would create an historic event and a public relations event at the same time.

In closing I hope that I have fulfilled my objective of preparing a position paper that reflects political consensus among various parties involved with these three pending matters: Heritage Boundary Review and Proposed Parking Lot for KGH Emergency and disposition of the registered heritage home (434 Royal Ave.). I respectfully submit for your due consideration on all counts.

Sincerely,

James Avery
FRAHCAS President
1850 Abbott Street, Kelowna
V1Y 1B5

CC: Mayor and City Council
Community Heritage Committee
Birte Decloux, Community Sustainability Div./Land Use Mgmt. Dept.
Doug Levell, Realestate Serv. Mgr., IHA
David Fowler, Project Mgr., IHA
FRAHCAS board members
KSAN board members
Residents Affected

April 12, 2014

To: Danielle Noble-Brandt
Dept. Manager, Policy & Planning
cc: Lindsey Ganczar - Planner II
Janine Taylor - Community Engagement Advisor
Board Members of KSAN
Board Members of FRAHCAS

Subject: **FRAHCAS/KSAN Position Summary**
Health District Study
Stakeholder Meeting at City Hall (April 10)

Dear Danielle,

Let us express once again our gratitude for the apparent thoughtfulness with which your team has undertaken the challenge of this matter. We appreciate fully the opportunity to participate in a dialogue intended to broaden our mutual understandings.

It is the purpose of this letter to summarize and document the shared position of FRAHCAS/KSAN. For the most part our position is contained in the formal Position Paper of June 5, 2013 and so this document may be considered an addendum to it. The elements of our joint position were arrived at by way of consensus of residents and it is gratifying to hear that this consensus position was upheld by residents in their survey responses as well as your Resident Meeting of April 9 at City Hall.

SECTION 17 - HEALTH DISTRICT ZONE PARAMETERS:

Clearly your team has developed well reasoned parameters for HD3 as a transition zone within the Hospital District including the application of the Abbott Street and Marshall Street Heritage Conservation Area design guidelines. This attention to detail and sensitivity to the nature of development permitted is further evident in the minimum and maximum lot sizing/dimensions, massing percentages, setbacks, landscaping buffers, and of course the itemized principal and secondary uses applicable to HD3 zoning. Our initial perusal of these proposed items finds general acceptance and nothing inconsistent with the intended transition character sought for this zone. Our current reservations and thoughts are limited and follow below. More may follow once we more fully digest these details however we extend our compliments to you and your team for the obvious due diligence inherent in their work.

BUILDING HEIGHT/ONSITE PARKING:

FRAHCAS/KSAN would like to support the prevailing consensus for an HD3 building height limit of 2 1/2 stories. That said, the notion you put forward that an additional 1/2 story (3 stories total) could allow for ground level parking on site with 2 stories of space above is worthy of consideration particularly in the context of the caveat that variance requests for same are likely. Moreover these variance requests could invite additional undoing of the proposed HD3 zoning parameters. We appreciate greatly your mention of this caveat.

Residents in the area will be highly sensitive to additional demand for parking on residential streets. There may be a reasonable compromise position whereby 2 1/2 stories is the prescribed height limit with a 3 story limit ONLY allowed for a building design that dedicates the surface level of the building to parking. This proviso trades 1/2 additional story height for dedicated parking stalls intended to keep vehicles off residential streets. We would not want to support a 3 story height limit without the parking proviso assurance however.

PROPOSED HERITAGE AREA BOUNDARY CHANGES:

With respect to the proposed boundary changes to allow for HD3 zoning, taking homes out of the Abbott Heritage Conservation Area, we hold to our Position Paper parameters that consider only those homes situated on Royal Ave. between Pandosy and Long Streets. It is my understanding from you that a consensus of residents also reaffirmed this position at your April 9 meeting. We acknowledge that the City of Kelowna must address traffic issues both current and future that will involve properties in the area of Royal Avenue and along Pandosy Street. To date the City's plan with respect to this has not formed part of our discussion and this aspect has been set aside (perhaps for Phase II). Of course we invite the opportunity to participate on a broader discussion when all appropriate parties are ready to do so.

DISPOSITION OF CHRISTLETON AVENUE:

With respect to the question to include or defer Christleton Avenue for consideration of HD3, it must be acknowledged that 2 distinct camps exist (one for no change and the other favours HD3). I should point out to you that residents on Royal Avenue began with a similar polarizing stance. It was stated that the rationale (in part) to defer HD3 designation related to potential traffic flow issues as Christleton Avenue does not intersect cleanly with Pandosy Street in a way that would allow for a proper intersection as well as limitations of the rear lane. You will recall this led our discussion to consider the notion of blocking off Christleton Avenue at Pandosy Street and the possible benefits of eliminating an intersection along Pandosy Street. Obviously this thought prompts the need for further discussion and consideration by various departments and stakeholders.

On this same matter, we believe there is an emotional burden overhanging those Christleton Avenue residents both for and against the application of HD3 zoning in not knowing if or when the rezoning might eventuate. If it is determined that this street of residents will inevitably experience the impact of KGH growth and related activities in a way that will diminish residential desirability then perhaps it makes sense to apply the HD3 zone now.

There is a shortfall of parking available to meet current demand of KGH employees that currently numbers in the hundreds of spaces. This does not even take into account the exponential growth in demand that is pending once the expanded towers are staffed, additional patients added and of course the multiple of visitors per patient added to the equation. It is speculated that Interior Health Authority may intend the lots they currently hold in this area be rezoned for parkade(s). This would certainly impact residents in the area.

Rezoning Christleton Avenue to HD3 at this time allows owners of property to act from a place of knowing as opposed to an impending or overhanging possibility. Moreover failure to apply HD3 at this time leaves the door open for properties to change hands with the same conflicting positions and interests mentioned above. Commercial interests will undoubtedly acquire RU1 properties and increasingly advocate for HD3 status (perhaps HD2 or other) on a piecemeal basis. One additional reason for doing so now in this scenario is that HD3 (as proposed in Section 17 - Health District Zone) reflects uses that have been duly considered as transitional between the hospital proper (HD1) and residential communities to the north and south. We subscribe to the position that it is best to apply these limitations to the immediate area around the hospital concurrently so as to avoid requests that would not otherwise comply with the proposed HD3.

Let's make it clear for all (residents, speculators, City staff, City Council alike). In this way commercial interests beyond the defined limitations of HD3 can then be directed to the designated HD2 area east of Pandosy Street.

Thank you for this opportunity to share our thoughts.

Sincerely,

Concur:

James Avery
FRAHCAS President

Debby Helf
KSAN President

KLOCNA
KLO Central
Neighbourhood Association



April 16, 2014

Lindsey Ganczar
Planner II
Policy and Planning
City Hall
1435 Water Street,
Kelowna, BC V1Y 1J4

Re: Hospital Area Plan HD3 Zoning

Dear Lindsey,

Thank you for the opportunity to provide feedback along with other neighbourhood associations regarding the proposed changes to the zoning bylaws related to the Kelowna General Hospital area.

We support the creation of a transitional zone (HD3) from the Kelowna General Hospital campus to the established residential neighbourhood to the north that would include supportive and low-impact health services. Ideally we would suggest that this northern area include the properties on the north side of Royal from Long to Pandosy using the east-west alleyway as the northern boundary. (See attached map)

The Association, in principle, supports the form and character guidelines and the principal and secondary uses outlined for the proposed HD3 zone. However, we would recommend that the maximum building height be changed from 2 ^{1/2} storeys to 3 storeys to facilitate ground floor parking. This height limit would be consistent with the 3 story building heights on Royal Avenue and Pandosy Street. We would also recommend that all structural facades of buildings constructed under HD3 bylaw be required to meet the general form and character bylaws of the surrounding neighborhoods. This would mean that laneway and driveway accessed ground floor parking areas would also have to be compatible with the general form and character of the immediately adjacent neighbourhood.

In order to make the new structures compatible with the surrounding neighborhoods we support the proposed maximum lot area for consolidation of 1700 m². We also support the inclusion of detailed and rigorous form and character regulations for any new structures constructed in the new HD3 zone. These regulations should include provisions for permeable fencing and prominent entrances. We would also request a requirement for covenants to be placed on title covering the compulsory Level 2 & 3 landscape buffers located in the setback areas of each new complex or structure initiated under this bylaw. The covenants would ensure that these landscape buffers are properly maintained and that they remain compatible with the adjacent neighborhoods throughout the life of the associated structures.

The Association recommends that the HD3 zoning bylaw is presented to Council within the auspices of a larger Comprehensive Development Bylaw that would include the existing HD1 and HD2 Bylaws. The benefits of doing this are:

- The development boundaries of the Hospital Zone, as roughly outlined on the accompanying map, would be clearly defined:
 - HD1 -the hospital zone that includes the existing campus, the auxiliary building to the east of Pandosy, and the Royal parking lot.
 - HD2 – the planned development area to the east of Pandosy
 - HD3 – the areas described immediately north of the hospital campus.
- The preamble and purpose of the Comprehensive Development Zoning Bylaw would clearly define the land uses acceptable within

- the entire zone and would dissuade applications for fast food outlets or drive-through pharmacies in the area.
- The clearly defined comprehensive zone would encourage coordinated, long-term planning for parking and transit improvements.
 - The well-defined development of the zone would stabilize and encourage the current medical support offices existing or being developed in the Pandosy Village neighbourhood.
 - Coordination of the overall form and character of the area could be established along with the establishment of coordinated transition and buffer zones.
 - Future residential and commercial development in the designated areas in the south and south-east of the Pandosy and Mission areas would be forced to recognize and offer solutions to any further traffic congestion and transit problems that would develop within the Pandosy/Richter transportation corridor.

The KLOCNA thanks you for allowing us to be involved in the development of this important bylaw. KLOCNA appreciates the opportunity to participate in neighbourhood planning discussions and sincerely hopes that this type of involvement continues throughout the process of the further redevelopment of the Pandosy corridor and the surrounding areas.

Yours truly,

O. J. (John) Mardall
Vice President, KLO Central Neighbourhood Association
#6 – 3775 Springbrook Road,
Kelowna, BC, V1W 4A3
mardall@telus.net
250-762-4792

CITY OF KELOWNA
MEMORANDUM

Date: June 12, 2014
File No.: Christleton Avenue
To: Policy & Planning (LB)
From: Development Engineering Manager(SM)
Subject: Proposed Hospital District HD3; Christleton Ave & Royal Ave

Development Engineering has the following comments associated with Transportation Issues (TIS) pertaining to this application.

1. Royal Avenue

- (a) As part of the IHA Rezoning Application Z11-0015 and Z13-0015 the transportation improvements to Royal Ave will complete the full urbanization of Royal Avenue therefore no further upgrades would be necessary related to the proposed HD3 zone.

2. Christleton Avenue

- (a) The Traffic Impact Review completed in May, 2014 identified the following improvements required to facilitate the proposed HD3 zone;
- Realignment of east end Christleton Laneway to Rose Ave
 - Upgrade of Christleton Avenue to a full urbanized standard
- (b) The combined estimated cost of these improvements is \$410,000.00 of which will be cost shared among the 20 properties within the proposed HD3 zone. The cost share will be determined using a land area calculation for the square meter unit cash levy. The total land mass area for Christleton Ave properties is 16,006 square meters (3.96 acres) therefore the Christleton Ave cash levy per square meter cost is \$25.62 complete with an annual rate of inflation increase until such time that enough funding is collected to complete construction. This cash levy does include full frontage improvements including sidewalk, curb and gutter, storm drainage system, boulevard landscaping, pavement fillet and re-location or adjustment of existing utility appurtenances if required to accommodate the upgrading construction but does not include deep service utility or shallow utility upgrades as may be required.
- (c) The development site access to the on-site parking on these lots will be from the rear lane which will trigger the dedication of approximately 1.6m of road right of way and pavement construction for a commercial standard width laneway.
- (d) The on-site parking should include stalls for both staff and visitors which meets the needs on the proposed development.
- (e) The east end of Christleton Avenue Laneway at the intersection of the lane and Pandosy Street will be restricted to right in/right out movements only. This restriction will remain as an interim measure until such time as a turnaround can be created at this location and the lane closed off at Pandosy Street with the potential to redirect traffic to Rose Avenue.

A handwritten signature in black ink, appearing to read 'Steve Muenz', is written over a horizontal line. The signature is somewhat stylized and overlaps the text below.

Steve Muenz, P. Eng.
Development Engineering Manager
SS

Report to Council



Date: June 23, 2014
File: 0705-61
To: City Manager
From: Sandra Kochan, Cultural Services Manager and
Lorna Gunn, Grants and Partnerships Manager
Subject: 2014 06 23 Sister Cities Progress ReportFINAL

Recommendation:

THAT Council receives for information the report dated June 23, 2014 from the Cultural Services Manager and the Grants and Partnerships Manager regarding consultations with the Kelowna-Kasugai Sister City Association and the Kelowna-Veendam Sister City Association about a proposed new Council Policy pertaining to City of Kelowna sister city relationships;

AND THAT Council directs staff to bring forward a report regarding a proposed new Sister City policy.

Purpose:

To provide Council with an update regarding discussions with current sister city organizations about a possible new Council Policy pertaining to City of Kelowna sister city relationships.

Background:

On December 9, 2013 staff informed Council about the status of current sister city relationships between the City of Kelowna and Kasugai (Japan), Veendam (The Netherlands) and District of Senanga (Zambia). Staff also provided information about how the current Sister City Council Policy 355 might be updated to provide more clarity and consistency in the formation and management of sister city relationships in the future.

Staff were directed to meet with the local sister city organizations about the possible new policy direction, obtain their feedback, and provide an update report to Council. Council also directed the discontinuance of the sister city relationship with Senanga.

On April 29 and May 7, 2014, staff met with representatives of the Kelowna-Kasugai Sister City Association and the Kelowna-Veendam Sister City Association respectively.

During the meetings, staff gathered information from each group about their history and current activities and shared information about a possible new policy direction. The response from the organizations can be summarized as follows:

- They continue to be passionate about what they do but are concerned about the future and how they can get new and younger people involved;
- They would like to build more profile and connections in the community but feel that their capacity is already stretched;
- Both groups support the idea of a new policy and tools such as a Sponsor Agreement which will provide more clarity about roles and responsibilities and lines of communication between their organizations and the City;
- Their preference is to continue with current funding arrangements but they appreciate an opportunity to apply for a larger grant if needed to support special projects.

Based on this feedback, staff recommend that existing Policy 355 be replaced by a new policy which would govern both current and new Sister City relationships. Transition arrangements for current relationships would be included in the new policy.

A new policy approach improves:

- Alignment - principles and criteria will describe why and how a Sister City relationship can be beneficial to the City of Kelowna and the community. Proposed relationships can be assessed to determine if they are aligned with the City's objectives and basic criteria which characterize a sister city relationship. Some types of relationships may, for example, be best handled through economic development linkages rather than a sister city relationship which accommodates a more holistic range of connection.
- Consistency - all Sister City relationships will be on the same footing, and funding arrangements for Sister City relationships will be more consistent with corporate granting practices and procedures.
- Fairness - the policy provides an objective, transparent process for the establishment and management of a Sister City relationship.
- Accountability - Sponsor Agreements between the City of Kelowna and local sister city organizations will clarify roles and responsibilities in the Sister City relationship. Organizations will have a better understanding of how and when City staff can assist, and reporting from organizations will be more consistent and informative.

Aside from policy direction, there is a need for more connectivity between the work of the sister city organizations and other community organizations which may have shared objectives or ideas. There are, for example, many opportunities for cultural exchange which can be facilitated through the City's larger cultural organizations, as evidenced by this year's Asian Heritage Month performance by the Okanagan Symphony featuring musicians from Kasugai. Staff will continue to enable these connections whenever possible.

Internal Circulation:

Director, Active Living & Culture
 Advisor, Community Communications
 City Clerk

Existing Policy:

Council Policy 355 - Sister City Funding

Financial/Budgetary Considerations:

Pursuant to current Policy 355, two separate base budget allocations have been provided through Council contingency to support Sister City activities:

- a) Operating (\$2,500 annually with carryovers) - used for expenses related to hosting Sister City delegations when they come to Kelowna, and to purchase gifts to be given by Kelowna delegations when they visit sister cities. The Policy specifically provides that these funds will not be used for any travel expenses; and
- b) Grant expense (\$7,500 annually) - to be divided equally between the three existing Sister City organizations. These funds are to be matched by the organizations, and used to support their administrative functions and projects. Funding is accessed by written request with documentation verifying that matching requirements have been met. The Policy does not contain any provisions relating to review, reporting or accountability measures. There is no requirement to demonstrate financial need.

Based on feedback provided by current sister city organizations, a new policy could provide a continuation of existing funding arrangements, with an option for an organization to apply for a larger Arts, Culture & Heritage grant in any given year.

If a larger grant is awarded, the organization may forego its base budget allocation for that year if the purpose of the grant funding duplicates the purpose of base budget support. In this event the organization would be eligible to have base budget support reinstated in the following year.

Access to an increased grant may enable special arts, culture and heritage initiatives such as exhibitions, performances or artist exchanges which may not be possible within current base budget funding.

Staff will provide recommendations regarding the disposition of the \$2,500 base budget allocation dedicated to the now-discontinued Senanga sister city relationship.

Personnel Implications:

Currently the Grants and Partnerships Manager is the liaison with local sister city organizations and Council appointees.

Upon approval of the proposed new Sister City Policy, responsibility for the Policy and liaison will move to the Cultural Services Branch.

Considerations not applicable to this report:

- Legal/Statutory Authority
- Legal/Statutory Procedural Requirements
- Communications Comments: Alternate Recommendation
- External Agency/Public Comments

Submitted by:

S. Kochan, Cultural Services Manager and L. Gunn, Grants & Partnerships Manager

Approved for inclusion:  Jim Gabriel, Director, Active Living & Culture

cc: Director, Active Living & Culture
 Advisor, Community Communications
 City Clerk

Report to Council



Date: 6/17/2014
File: 1620-15
To: City Manager
From: Ian Wilson, Park Services Manager
Subject: Rotary Light Display partnership update 2014

Recommendation:

THAT Council receive for information the June 17, 2014 report of the Park Services Manager regarding a downtown seasonal light display in partnership with the Capri Rotary Club of Kelowna;

AND THAT up to \$6,000 in funding for the event be drawn from the Partners in Parks funding that was carried over into 2014, to help pay for operational costs on a one-time basis.

Purpose:

To update Council on a partnership with the Capri Rotary Club of Kelowna regarding a seasonal light display in downtown Kelowna.

Background:

A large seasonal light display, previously set up at a private residence in West Kelowna for 13 seasons, was donated to the Kelowna Capri Rotary Club in early 2013. The display was set up by the Rotary Club at Kerry Park in December of 2013 with the intention of raising funds for community projects.

In June, 2013, Kelowna City Council approved up to \$15,000 on a one-time basis, to help pay for electrical upgrades and operational costs not covered by sponsorship. The project got a late start in 2013, as initially it did not appear that electrical permits would be received, however the display was granted exemptions by the BC Safety Authority and went up on December 9, 2013. Perhaps due to the late start, the \$2,150 in donations received on-site were lower than the \$3,000 collected in previous years, however a few individuals in the community also collected money on behalf of Rotary to help fund the display.

Capri Rotary Club recently wrote a letter to the City indicating their intention to put up the display again in 2014, and requested additional funding to cover operational expenses, as well as \$20,000 in sponsorship funding. A City staff person was also requested to help monitor the display.

Last year, approximately \$9,000 out of the \$15,000 approved by Council was spent on electrical upgrades, fencing and other direct costs in Kerry Park. The remaining \$6,000 was carried over and is available to help pay for operational costs this year. This should be sufficient, as fewer electrical upgrades are planned for 2014. Staff recommend that the remaining \$6,000 funding left from 2013 be used to help cover operating costs in 2014, such as fencing, security and electrical upgrades.

In 2013, City staff and a contractor (Houle Electric) provided some call-out support for issues with the display. Staff who maintain the ice at Stuart Park also helped to turn the power on and off each day. Staff recommend that the same level of on-call support be provided in 2014, rather than a dedicated City staff person for monitoring the display.

Staff do not support providing a \$20,000 grant. There is currently no additional budget available for this project in the Partners in Parks account.

Internal Circulation:

Lisa Houle, Communications
Terry Barton, Infrastructure
George King, Finance

Financial/Budgetary Considerations:

\$6,000 in existing funding (carried over from 2013) from the Partners in Parks account would be allocated to the project.

Considerations not applicable to this report:

Legal/Statutory Authority:

Legal/Statutory Procedural Requirements:

Existing Policy:

Personnel Implications:

External Agency/Public Comments:

Communications Comments:

Alternate Recommendation:

Submitted by:



Ian Wilson, Park Services Manager

Approved for inclusion



Joe Creron, Divisional Director, Civic Operations

Report to Council



Date: 6/9/2014
File: 0610-53
To: City Manager
From: Sam Samaddar, Airport Director
Subject: 2014-06-09 Report YLW Human Resources Business Plan 2014

Recommendation:

THAT Council receives, for information, the Report of the Airport Director dated June 9, 2014.

AND THAT Council approves an amendment to the City of Kelowna International Airport's 2014 Budget to increase expenditures by \$63,600 to allow for the addition of a Business Development and Community Relations Specialist position and a .5 full-time equivalent Operations Clerk position as provided in Appendix "A" attached, with funding from increased landing fee revenue as a result of additional air service to and from Kelowna International Airport.

Purpose:

To obtain Council's approval to amend the City of Kelowna International Airport's 2014 Budget to allow for the addition of required personnel as outlined in the form attached as Appendix "A" to the Report of the Airport Director dated June 9, 2014.

Background:

From 2003 to 2013 passenger traffic has grown by 74% with a compounded annual growth rate of 5.7%, with 2013 being yet another record year. In North America seat capacity in 2013 only grew by 1% compared to 14% at YLW. If YLW's passenger traffic continued to grow at the medium range forecasted in the 2025 Master Plan, we would be on target to reach the goal of 1.6 million passengers in 2015. However, the growth rate for the last 12 months has been 6%, with the first four months of 2014 showing a growth rate of 7.4%. If this pattern continues, YLW's passenger traffic would reach 1.6 million passengers by the end of 2014.

There are direct challenges associated with growth including a need for increased coordination with stakeholders, a growing complexity and number of confidential negotiations and agreements, and the requirement for constant vigilance in air service and business development. In addition, YLW is also dealing with significant downloading from federal regulators which greatly increases the duty of care in record keeping, level of inspections and procedural responsibilities. This has placed significant demands on personnel.

With this in mind and in order to support YLW's goal of becoming the BEST mid-sized airport in North America, a proactive decision was taken to complete an organizational review that commenced in May of 2013. This process took longer than anticipated and showed that with an internal reorganization of duties, the work could be accomplished with the addition of a Business Development and Community Relations Specialist, and a .5 FTE clerical position.

YLW plays a key role in facilitating the growth of trade and tourism between the Thompson Okanagan Region, British Columbia, the rest of Canada and the world. It is vital that we ensure a staffing level that will allow us to compete in a quickly changing and very dynamic business environment.

Financial/Budgetary Considerations:

The cost of salaries and benefits for the additional staffing for 7 months in 2014 is estimated at \$63,600 and \$112,800 for 2015. The 1st quarter financial reports for the airport show revenue in excess of budget of \$360,000.

Communications Comments:

The Marketing and Communications portion of this plan has been reviewed by the Communications and Information Services Division Director.

Human Resources:

The full plan has been reviewed with the Human Resources Department.

Considerations not applicable to this report:

Internal Circulation: N/A

Legal/Statutory Authority: N/A

Legal/Statutory Procedural Requirements: N/A

Personnel Implications: N/A

Existing Policy: N/A

External Agency/Public Comments: N/A

Alternate Recommendation: N/A

Submitted by:



S. Samaddar, Airport Director

Approved for inclusion:



Paul Macklem, Deputy City Manager

Attachments: 2014-06-09 YLW Human Resources Business Plan 2014

cc: Stu Leatherdale, Human Resources & Corporate Performance Div. Director
Carla Weaden, Communications & Information Services Div. Director



Appendix "A"
Council Human Resources Presentation
June 9th, 2014

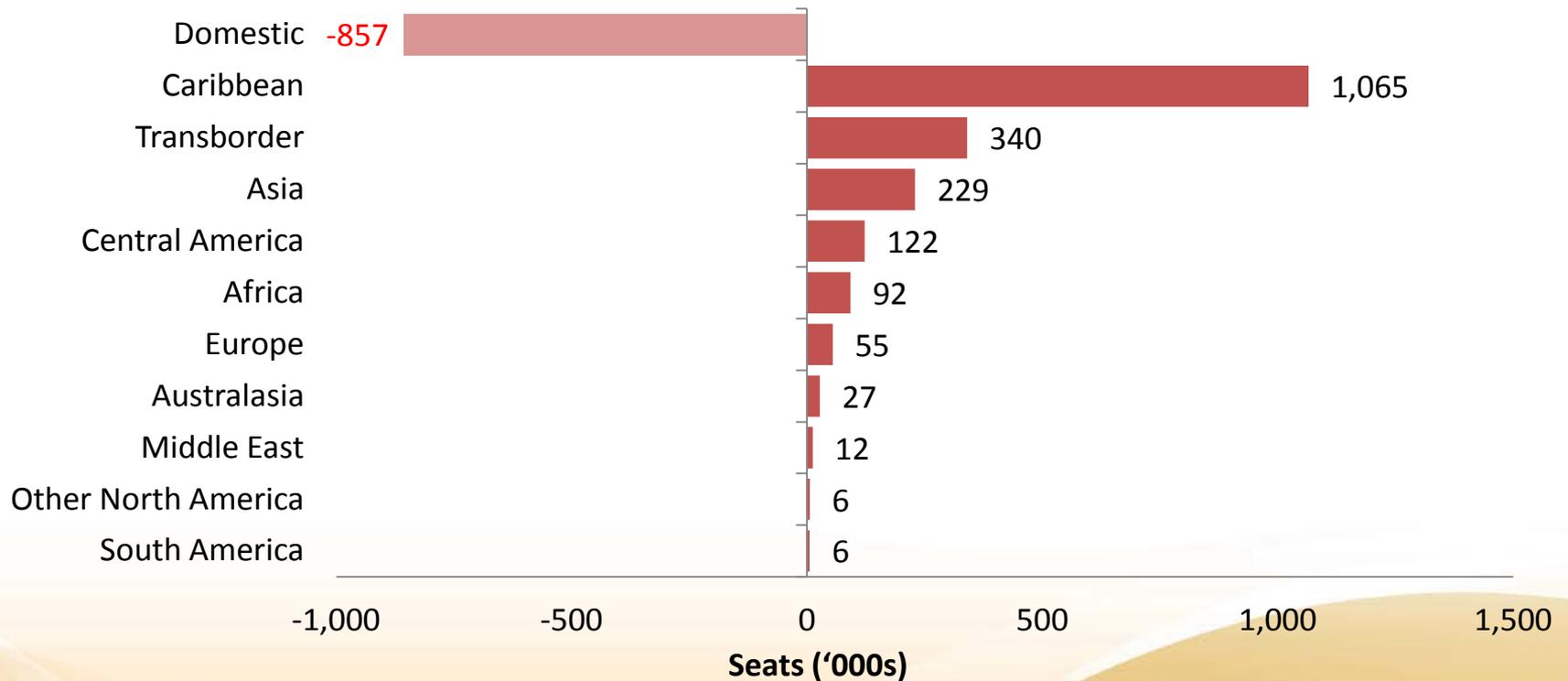
HISTORICAL PASSENGER STATISTICS YLW



SEAT CAPACITY GROWTH WORLDWIDE 2012 - 2013

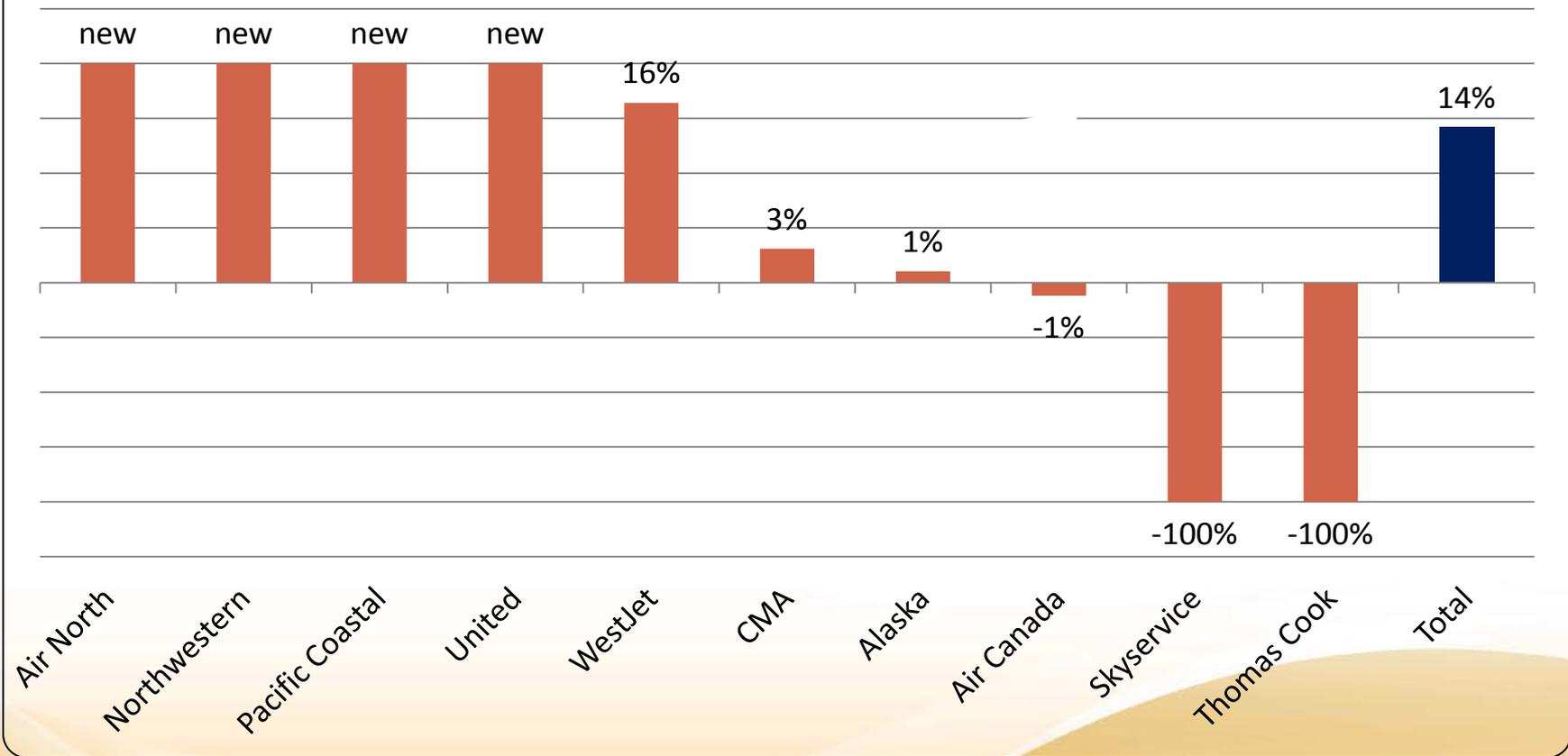
Seat Capacity Growth 2012-2013 by Region

In 2013, seat capacity increased by 1%.



SEAT CAPACITY YLW

2007 vs. 2013 Capacity Growth



2014 YLW PAX STATS

Monthly Difference (2014 to 2013)				
Month	2014	2013	Diff	% Diff
January	135,422	127,799	7,623	5.96%
February	136,094	125,439	10,655	8.49%
March	141,392	133,511	7,881	5.90%
April	122,064	111,346	10,718	9.63%
May		113,976		
June		117,104		
July		133,792		
August		143,555		
September		119,804		
October		123,356		
November		117,151		
December		136,145		
Year to Date Difference (2014 to 2013)				
Month	2014	2013	Diff	% Diff
January	135,422	127,799	7,623	5.96%
February	271,516	253,238	18,278	7.22%
March	412,098	386,749	26,159	6.76%
April	534,977	498,095	36,882	7.40%
May		612,071		
June		729,175		
July		862,967		
August		1,006,522		
September		1,126,326		
October		1,249,682		
November		1,366,833		
December		1,503,288		

HUMAN RESOURCES PLAN

- ▶ Evaluation was undertaken in 2013, including developing a comprehensive succession planning program
- ▶ Management Team participated in this process through:
 - ▶ Interview process
 - ▶ Homework organization plan on the future of YLW
 - ▶ Individual succession training plan
 - ▶ Maintain the low cost model approach



FTE ADDITIONS

▶ Business Development and Community Relations Specialist

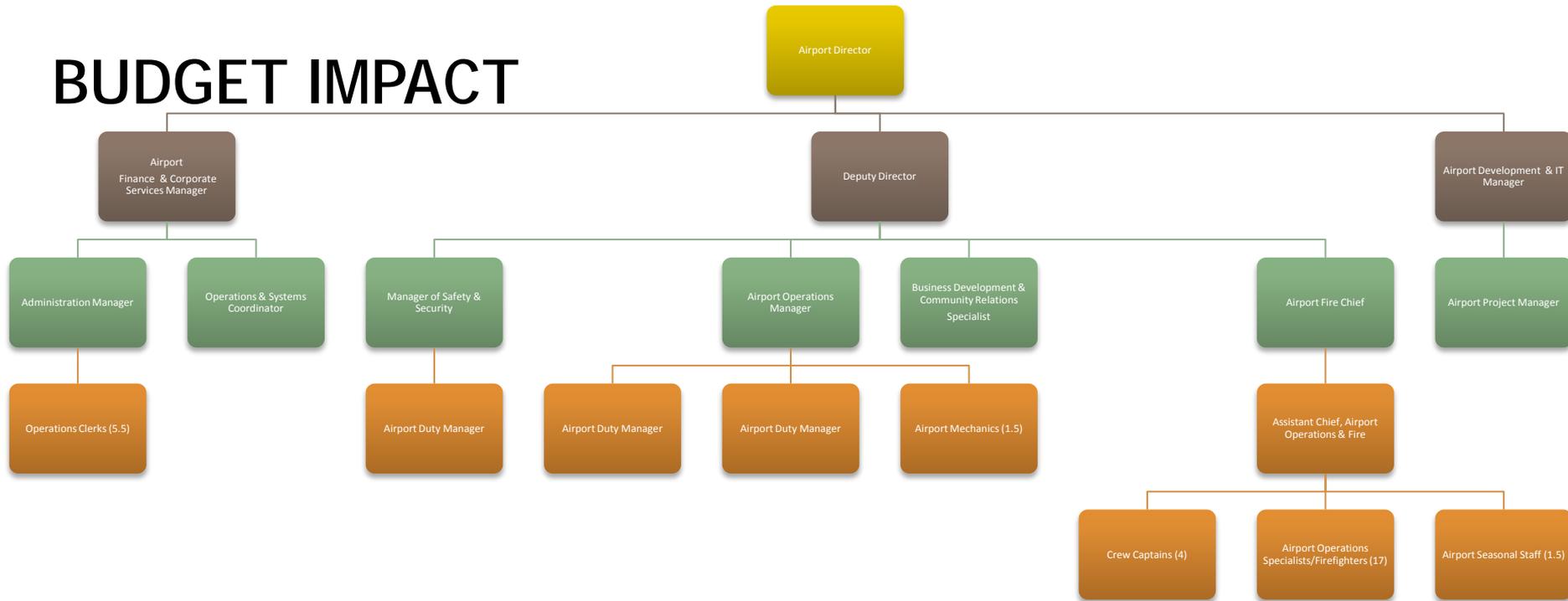
- ▶ Separates the role of Airport Communications from Business Development and Community Relations
- ▶ Key Considerations;
 - ▶ Plays a key role in facilitating the growth of trade and tourism in the region
 - ▶ Ensures that we pay attention to both the communications and business development/marketing portfolios
 - ▶ Supports the key objectives of air service retention and growth which drive the region's economy
 - ▶ Allows us to better deliver services to the YLW campus and our business partners

FTE ADDITIONS

▶ Operations Clerk

- ▶ Addition of 0.5 of an FTE to the budget
- ▶ Airport Operations Clerk portfolio rotates thru 5 key functional areas (Reception, Pass Control, Accounts payable, Accounts receivable, Record keeping)
- ▶ Key considerations;
 - ▶ Addresses work volume challenges associated with the growth and complexity of the business
 - ▶ Greater federal regulatory development with increased downloading in terms of duty of care, record keeping, auditing, procedural responsibilities

BUDGET IMPACT



Salary Differential Calculations

Airport Operations Clerk
- Step 5

Airport Business Development and Community Relations Specialist
- Band 3- used emp. current salary plus
2014 est. inc. of 2% plus 5% inc. for new
position

	2014	* Add.	Est. 2015
FTE	Salary	Benefits	Full Year
0.5	\$ 21,200	\$ 3,600	\$ 24,800
1	\$ 67,400	\$ 16,800	\$ 84,200
	\$ 63,600	\$ 3,800	\$ 112,800.00

2014	* Add.	Est. 2015
Cost 7 Mo.	Est 2015	Budget 12 Mo.
\$ 14,500	\$ 900	\$ 25,700.00
\$ 49,100	\$ 2,900	\$ 87,100.00

* for 2015 calculation an additional 3.5% was added to account for any salary & benefits increase