

Minutes  
Hospital and Neighborhood Committee Meeting  
Tuesday, August 10, 2010

In a regular session, Tuesday, August 10, 2010 at 7:00 p.m. in the Public Service Building, 900 S. Marshall, Marshall, MI the Hospital and Neighborhood Committee Meeting was called to order by Chairman Ken Jendryka.

Members Present: Rob Covert, Dave Deppe, Holly Harden, Nick Metzger, Jim Pardoe, Jennifer Rupp, Ginger Williams and Chairman Ken Jendryka.

Members Absent: John LaPietra, Dave Ryan and Mark O'Connell

**MOTION** by Pardoe, supported by Metzger, to approve the minutes of the July 13, 2010 regular meeting with the following changes:

- Date changed from Wednesday, July 13, 2010 to Tuesday, July 13, 2010
- First paragraph after the second sentence added: *Chairman Jendryka asked that each member of the committee introduce themselves with their name and address and reaffirm their interest in serving on the committee. He read the goal, "Provide a plan to accommodate hospital expansion that is satisfactory to the Community and the Hospital", and asked each member if they agree with the goal and would work together to achieve it.*
- Second paragraph after third sentence added: *Mayor Smith stated the committee's report would be reviewed and voted on by the City Council and then be sent to the Planning Commission for codification.*
- Changed the "problems" to "issues" under the heading *Identification and examination of problems.*
- The third bullet on page 1, deleted "non" from "non-vibrant".
- The sixth bullet on page 1 added the word "of" to read Impact on/of Historical Landmark District.

On a voice vote; **Motion Approved.**

Chairman Jendryka discussed the presentations for this evening's agenda and stated that he would like to have a complete list of issues to work on by the end of September's meeting.

Natalie Huestis, Director of Community Services, discussed the planning and zoning regulations for the City of Marshall. In her power point presentation, she went over zoning uses and districts, zoning ordinances, Special Land Use processes, site plans and processes for site plans, variances and how the Zoning Board of Appeals Board Members hear and vote on variance requests. Ms. Huestis discussed the City of Marshall's Master Plan and how it is created and used as an overall picture for future planning purposes.

Committee members asked questions regarding the Master Plan and why the hospital's growth is not included in the Master Plan. It was stated that the hospital is an individual business while the Master Plan is intended to serve and plan for the City as a "whole". There would not be a growth boundary for a particular business in the Master Plan. The Master Plan is strategic and serves as an explanation of what the city wants to accomplish. The Master Plan could however, have specific goals listed regarding health care in the community.

Susan Collins, Chairperson of The National Historic Land Mark District, gave a power point presentation on how Marshall's Historic Landmark District came to fruition. She stated that in 1991 the National Parks Service

granted Marshall a Historic Landmark District based solely on the integrity and density of its historic buildings. Ms. Collins stated that the NHLD is a function of the city. The original study committee was appointed by Mayor Schroeder and the committee is supposed to make a report to City Council on a bi-annual basis. It has nothing to whatsoever to do with the Historical Society. It didn't then and it doesn't now. There are currently over 800 buildings in the district. Ms. Collins stated that Marshall is the largest Historic Landmark District, based on its size, in the country. She stated that Marshall's Downtown is the spine of the district; it would be a benefit for all for the hospital or any other business to re-use the contributing buildings instead of moving them or tearing them down. She stated that the Brooks Rupture Building is a great example of an adaptive re-use building by the hospital. Ms. Collins stated that if a contributing home is moved it will no longer be contributing to the district as a home needs to be on a certain property for 50 years to be eligible to be a contributing structure. Ms. Collins stated she would search for rules regarding moved structures. Currently there are 3 homes she needs to report to the National Parks Service that have been moved from the district. She stated that adaptive re-use is the best solution to keep the Landmark District intact. It was agreed no multi-structure NHLD has ever been de-designated.

Discussion was made regarding what criteria would put Marshall's Landmark District on a watch list by the National Parks Service. Ms. Collins stated she would look into what the criteria would be. Council Liaison Dyer commented that there is nothing in the National Park Service rules on historic districts that addresses moving structures, and cautioned that claims regarding the District need to be based on the facts of the National Park Service rules and regulations, not on fear and speculation. He also noted that the last letter from the National Park Service regarding the condition of the District was positive. During further discussion regarding the tax credits available, Ms. Collins stated that tax incentives for residential structures are not available, since a local ordinance would be required and Marshall does not have one. It was noted that a vote on a local ordinance had failed three times previously as Marshall voters don't favor the restrictions such ordinances place upon property owners.

Planning Commissioners Banfield, Collins, Davis and Mengel talked about how the planning commission works and what information is brought to them. Committee members submitted questions that were answered by the planning commissioners. Questions and answers are listed:

1. If I recall correctly, when the HCHSD was developed, it was not tremendously easy to find many comparable types of zoning districts. I think Chelsea had one. What more/newer information do we have now on how other communities have tried to live with their hospitals through zoning? (And are there any examples of communities trying other types of approaches not related to zoning as such? Do all of them rely on putting all their health-care eggs in one basket?)

*Commissioner Banfield stated that no there is no new information regarding the HCHSD. He further stated that the district does not extend down the streets surrounding the hospital. If the hospital needs to add on, the only way would be to develop into the surrounding districts.*

2. What has been done to improve the process of scrutinizing any future use variances (whether requested by the hospital or anybody else)?

*Commissioner Mengel stated that the ZBA follows strict criteria for approving variances. He stated that the Michigan Planning and Enabling Act guide book is used and the process follows the ordinance and state law.*

3. Can a master plan be developed that identifies an "ideal" Healthcare District, within the current area of the hospital, which would evolve over time as the neighborhoods change so the Healthcare District can be "completed" over say a 50 year period of time?

*This question was asked previously. Again, the Master Plan is a complete overall picture of the entire district.*

4. Can a master plan be developed that identifies an "ideal" National Historic Landmark District for Marshall and what structures would be contributing and which would not be contributing?

*This question was asked previously. Again, the Master Plan is a complete overall picture of the entire district.*

5. Can the above two plans be "merged" to give guidance and direction to future expansion with minimal conflict to both districts?

*Commissioner Banfield answered questions 3, 4 and 5 together. He stated that when the master plan was in planning stages, during work sessions, the hospital did not give a lot of input regarding any future expansions. Mr. Banfield further stated that if a plan can be put together with how the hospital plans to expand, then we can try to work to make all future planning and zoning districts compatible. Planning Commission members also confirmed that Master Plan is a reference for further growth in general, not a prescriptive document that must be rigidly followed.*

6. Is control over ordinances such as building height restrictions, street elimination, etc. locally controlled or controlled by federal, state or county ordinances.

*Commissioner Banfield stated that Marshall's ordinances are controlled by the city, except for Michigan Avenue or MDOT roads. They fall under the county and state ordinances.*

7. How much do the federal, state and county governments influence local municipal planning and zoning?

*Commissioner Banfield stated that we all work together.*

8. How often does the local "Master Plan" for Marshall go thru an independent review to confirm the "locals" haven't strayed from reasonable judgment in developing areas like the National Historic Landmark District and the Healthcare District and the conflict the two may create?

*Commissioners stated that the Master Plan is reviewed on a 2- year basis and to the general rule is that a Master Plan is good for approximately 20 years.*

Planning Commissioners agreed that the community needs to be flexible. Commissioner Banfield stated that after the committee agrees on where and how the hospital can expand, the Planning Commissioners and City Council will work together to see the committee's plan through.

Chairman Jendryka agreed that the Planning Commission members will be added to September's meeting agenda.

Adjourn

Meeting was adjourned at 10:25 p.m.

Submitted by:

*Colleen Webb*