



# Oregon

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## Department of Land Conservation and Development

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November 18, 2002

Ms. Cynthia Pappas  
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Hand Delivered on 11/18/02

Attention: Greg Mott  
Colin Stephens

**Subject: Peace Health / Map amendments to Metro Plan, Gateway Refinement Plan (GRP)  
On 33.0 acres in McKenzie-Gateway MDR Site / Text amendments to the GRP  
Local Files: 2002-08-224, 2002-08-243, 2002-08-244  
State Files: Springfield PAPAs 0012-02, 0014-02, 0015-02**

Dear Cynthia:

Thank you very much for the opportunity to comment on Peace Health's proposed plan amendments in the Gateway area. There should be no doubt in anyone's mind that the current proposal by Peace Health is the most important post-acknowledgement plan amendment that the Eugene-Springfield metropolitan area has considered in recent years, or will be considered in the foreseeable future. The scale, scope and location of the Peace Health proposal are of critical importance to comprehensive planning for the metropolitan area. It is critical that any decision to enable Peace Health to construct a new major hospital and the development of related facilities and other services, be based on a comprehensive understanding of all impacts and mitigations up front in the local planning process. Under Statewide Planning Goal 2, the proposal by Peace Health is considered a "major revision".

The plan amendments under review by the department consist of the following:

1. Amend the Metro Plan diagram by redesignating 33 acres from Medium Density Residential (MDR) to Community Commercial (CC) in the northwesterly portion of the so-called McKenzie-Gateway MDR Site (MDR Site), as identified in the Gateway Refinement Plan (GRP). (Local File: 2002-08-224 amended by 2002-08-244).
2. Amend various Gateway Refinement Plan policies and implementation measures to enable subsequent plan amendments that would allow construction of a new major hospital and related development, and amend the GRP map to show the area subject to the Metro Plan amendment as Community Commercial/Mixed Use Commercial. (Local File: 2002-08-243).

## **I. General comments**

Peace Health is proposing that development in the MDR Site be enabled by a series of staged and sequential planning amendments.<sup>(1)</sup> The amendments now under review appear to address only the minimum that is needed to enable the next sequence of plan amendments. The department understands that the next sequence of plan amendments would include submittal of a master plan (under Article 37 of the Springfield Development Code), which would include rezoning of a yet unspecified amount of land, currently designated as MDR in the Metro Plan and GRP, from a Medium Density Residential district to the city's Medical Services (MS) district.

The importance of a well-resolved and thoughtful planning decision for future expansion of Peace Health is critically important to the Eugene-Springfield metropolitan community. There should be no doubt that Peace Health needs to expand as it out grows its existing Hillyard Street campus in downtown Eugene. A comprehensive health care provider such as Peace Health typically grows as a product of population growth in its service region and changes in its demographic character.

A major hospital facility such as Peace Health provides a community wide service and any significant proposal for relocation must be viewed as a community wide event. Even though Peace Health has presented part of its reason for choosing the MDR site to be for the "wellness" aspects that come with greater aesthetic amenities and open space design, the fact is that other community and social interest must interact with site selection and design. Many of these issues are embedded in the framework of the Metro Plan.

In recent years, the City of Springfield has moved deliberately to promote both economic development and to begin setting the stage for more compact, value-added development through new growth management strategies. For example, the city's recently acknowledged Commercial Lands Study directly links redevelopment, infill and TransPlan's nodal development policies and strategies to resolving shortfalls in its commercial lands inventory. The city is has been active in developing mixed-use plans for various nodes and key redevelopment areas, such as its downtown and the Glenwood district. Just over a year ago, the Springfield City Council demonstrated its resolve in denying a commercial redesignation application for an auto-oriented big box development (Home Depot, Inc.) by supporting maintenance of its Marcola employment node as called out in TransPlan and the Metro Plan. Presently, the city is preparing nodal plans for six areas, including for TransPlan nodes located in the GRP, which includes the MDR site.

With this said, the department believes its is essential that any Peace Health proposal be viewed and specifically planned as a nodal center, whether in the MDR site or ultimately elsewhere in the community. Peace Health is proposing to relocate a community wide service that will very likely be the largest employment generator in the Eugene-Springfield area during the life of the current Metro Plan and its components, such as the GRP and TransPlan. Besides inducing high levels of employment, the proposal will induce a significant relocation of client needs to an edge location in the metropolitan planning area. Already, many of Peace Health's employment and client base utilize transit services which are readily available at the centralized and well-connected Hillyard Street campus in downtown Eugene. At this point in our review, its is not clear to the department how moving the major operations of Peace Health to an edge location in the metropolitan area will facilitate meeting community planning

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1. Peace Health's application narrative states that it controls 160 acres of the 185 acre MDR site. (Peace Health, 9/20/02, p. 4).

objectives found in the current versions of TransPlan, the GRP and Springfield's Commercial Lands Study. We expect the department will report to the Land Conservation and Development Commission at its December, 2002 meeting, that how the city and the metropolitan region resolves Peace Health's expansion needs will be bellwether to the success of many of the area's framework land use policies, including, but not limited to meeting its commitment in TransPlan to reduce reliance upon the automobile.

Finally, the department expects that there will be a number of alternatives and/or amendments proposed by staff, the applicant and others during review of the current Peace Health's proposal. For example, city staff has already proposed several significant policy amendments to the GRP that we only partially address in these comments. Therefore, we will view the comments in this letter our initial and general response to a variety of issues raised by Peace Health's proposal. We will reserve right to provide subsequent comments as the project undoubtedly matures and is amended during public review.

## **II. Compliance with Statewide Planning Goals, Statutes and Regulations**

This section provides a considerable range of comments and observations made by the department during its review of Peace Health's proposed amendments to the Metro Plan and GRP. It is organized by applicable Statewide Planning Goals. However, many of the comments and issues we raise affect multiple Goals and interrelated issues. Comments that address specific proposals to amend policies and actions of the GRP may also address interrelated issues that affect multiple Goals.

### **1. Goal 1 – Citizen Involvement**

As noted above, the plan amendments proposed by Peace Health are considered a major revision under Goal 2. This is particularly true for the GRP, which was originally co-adopted by the city and Lane County in 1992, along with related Metro Plan amendments that were adopted by the City of Eugene.

Goal 1 states that a "citizen involvement program shall be appropriate to the scale of the planning effort. The program shall provide for continuity of citizen participation and of information that enables citizens to identify and comprehend the issues."

The citizen involvement program for the GRP is thoroughly described in the plan starting on page 2. (GRP, p. 2). The Peace Health application proposes a significant amendment to the Metro Plan land use diagram and changes more than twenty (20) policies and/or implementation measures in the existing GRP. Some of the policy amendments are very significant and would result in enabling a significant change to the basic character of the planned land uses which are adopted in the GRP.

Our general comments have characterized the community wide importance of any decision on the Peace Health application at the MDR Site. For citizens to meaningfully identify and comprehend the issues that result from the Peace Health application, it is critical that the city maximize citizen involvement during the entire Peace Health review process. The first paragraph of our general comments has described the Peace Health application process as "a series of staged and sequential planning amendments." This sort of process, without a front-end comprehensive plan analysis and more complete understanding of the whole development approval action, may make full compliance with Goal 1 most tedious, at best.

We suggest that the city, since it's the initiator of the Peace Health application, should undertake a serious review of what would be the most appropriate level of citizen involvement in this particular case.(2) There are a number of alternatives, but the major tenet of Goal 1 needs to be fulfilled. One suggestion of the department would be to withhold all legislative approvals until the "whole of the action" can be fully reviewed by the public and the city's decision-makers. If we understand the process correctly, this would mean that a completed master plan under Springfield Development Code (SDC) Article 37 would be publicly reviewed before any final adoption of enabling legislative planning amendments.

## 2. Goal 2 – Land Use Planning

Our general comments have already characterized the Peace Health application as a major revision to the Metro Plan and its component GRP under Goal 2. Goal 2 also requires that land use plans identify issues and problems, inventories and other factual information under statewide planning law, and evaluate alternative courses of action and ultimate policy choices.

Since the Peace Health proposal involves a major revision of policy and implementation measures, the city will need to clearly identify how these Goal 2 requirements are met, at the same allowing adequate citizen involvement as describe in the above paragraphs concerning Goal 1. Based upon the department's review of the Peace Health application, we do not yet understand how this Goal 2 requirement is to be fulfilled. The application does not identify or provide enough supportive analysis and text to justify why a major change is needed to the Metro Plan and its component GRP. While the application proposes specific amendments to the text of many GPR policies and implementation measures, its does not provide any specificity of other text and technical changes that must be amended into the GRP and its supporting Technical Supplement to support the proposed amendment under the Goal 2 standard.(3)

Most important to the community wide and metropolitan discussion, the application does not provide an analysis of alternative courses of action and policy choices that may be more suitable to the community and metropolitan area, as a whole, particularly with respect to achieving compliance with local and state planning goals and adopted targets. We discuss this matter further in our comments under Goals 9, 10, 12 and 14, and else where below.

Goal 2 requires that a community's land use actions be consistent with the comprehensive plan. The plan's implementation measures shall also be consistent with the plan. The plan, itself, must be maintained as internally consistent in order for its implementation to also be consistent. While the Peace Health application recommends numerous amendments to policies and implementation measures of the GRP, along with lengthy narratives in support of their recommended changes, we can not find where amendments are made to other text and analysis that also needs to be amended in the GRP and its Technical Supplement.

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2. Initiation of amendment to a refinement plan is governed by SDC, Article 8, Section 8.010.

3. Gateway Refinement Plan: Technical Supplement, April, 1991.

If the city intends to amend its plans to accommodate all or part of the Peace Health application, it will be important to clearly spell out what is to be added and what is to be deleted, so that the plans remain consistent, both internally and with other Metro Plan components. Under Goals 1 and 2, the public should be given ample opportunity to review and comment on the full range of text and analytical/technical amendments needed to support changes to the GRP policies and implementing measures.

The Peace Health application argues that its proposal does not trigger co-adoption by the City of Eugene because there are no regional impacts resulting from the project. However, we argue differently in these comments. While the department will choose not to directly intervene on the co-adoption issue at this time during the City of Springfield's and City of Eugene's own deliberations, the matter whether the Peace Health proposal has regional impacts on the Metro Plan that call for co-adoption needs to be carefully weighted by all local jurisdictions, given the importance of this proposal to the region. As we have already stated, any final solution to Peace Health's expansion needs must be fully resolved to meet all community wide planning framework plans, policies and measures.

#### **Proposed GRP amendments:**

**GRP Residential Element Policy 13.0 -** Peace Health proposes clean up language to recognize the city's master plan process. However, as we say throughout our comments, the city should not rely on the Springfield Development Code's master plan process where questions and analysis remain that are properly the realm of the comprehensive plan analysis and policy.

**GRP Residential Element Implementation Action 13.1 –** Staff recommends deleting the measure which contained reference for more local citizen involvement for development of a “conceptual development plan” for the MDR Site than we understand has occurred from the city-initiated Peace Health proposal. We refer back to our above comments under Goals 1 and 2.

**GRP Residential Element Implementation Action 13.2 –** Peace Health's application requests deleting the measure and replacing it with new language that upgrades the professional staff list for preparing a master plan for the MDR Site. The special attention provided in the existing GRP to planning for the MDR Site suggests to the department that planning in this edge location is very complicated. This means that the questions facing the Metro Plan and its components, including the GRP, in light of Peace Health's proposal, are also unusually complicated. Our general comments, along with comments under Goals 1 and 2 also address the importance of this proposal to the community and to maintaining high standards for amending the Metro Plan and its components.

**GRP Residential Element Implementation Action 13.3 –** This Peace Health proposed measure provides an amendment that requires all development in the MDR Site to be consistent with an approved master plan. We have commented above, about the appropriate relationship between amending the comprehensive plan and implementing it through the city's land use regulations. (Also see related comments on GRP Residential Implementation Action 12.1, below).

**GRP Residential Element Implementation Action 13.3 –** Peace Health proposes a list of development issues that would be included in a master plan, although its not clear from the language what master plan is affected, or where, except that it is somewhere in the GRP area. We are concerned that this proposed

measure may be used to limit full examination of issues, and recommend a more comprehensive and “whole of the action” approach. If the city has not, or can not resolve issues we have raised concerning needed amendments and analysis to support comprehensive plan issues for the Metro Plan and its components, we suggest further reconsideration of Actions 13.3 and 13.5. We note that Action 13.5 provides for a master plan for only the Peace Health property while other GRP amendment proposals provide for a master plan for the entire MDR Site. Once again, we must point out the importance of getting a compliance comprehensive plan proposal completed and adopted before enabling actions through the SDC that do not have clear support from the Metro Plan and its components.

### 3. Goals 5 and 6 – Natural Resources and Air and Water Quality

The Peace Health proposal and MDR Site is located on and adjacent to high quality riparian habitat and wildlife habitat that parallels the McKenzie River and its flood way. The city is currently developing remaining Goal 5 inventories with its metropolitan partners under periodic review. By direction of Periodic Review Order 1416 dated July 1, 2002, and clarified by the department’s letter dated November 5, 2002, the city is expected to have adopted its Goal 5 inventories for riparian, wetlands and upland habitat on or before June 30, 2003.<sup>(4)</sup> While Peace Health has indicated that it intends to protect Goal 5 resources at the MDR Site, the plan amendment does not provide those assurances at this time.

Therefore, we must currently view the MDR Site as not yet in compliance with Goal 5, even though the city’s current periodic review work program calls for completing Goal 5 work on or before June 30, 2003. The June 30, 2003 Goal 5 deadline was established by the department when it provided a maximum one-year extension in Order 1416.

Under Goal 6, the proposal will have to demonstrate compliance with the federal Clean Water Act’s Phase II non-point water quality requirements. The federal requirements apply to cities with population greater than 50,000, but under 100,000. Phase I requirements apply to cities over 100,000 in population.

### 4. Goal 7 – Flood Hazards

Portions of the MDR Site are in the McKenzie River floodway and floodplain. The city has adopted floodway and floodplain regulations. Location of a major hospital should be in a highly accessible location to handle on going medical emergencies as well as day-to-day medical services for citizens in the community. A major hospital, like police, fire and critical public works facilities, needs to be located so that it is free of natural hazards during emergencies caused by floods, slides and earthquakes. In providing safe locations for such key community facilities and emergency services, the relationship between State Planning Goals needs to be taken into account.

#### A. 500-year flood plain and design issues for mixed use and transit supportive land uses

It is DLCD’s understanding that the MDR Site proposed for the new Peace Health hospital is in a mapped 500 hundred year floodplain. The Federal Emergency Management Agency (FEMA) regulations relating to the National Flood Insurance Program do not impose direct requirements on

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4. Both Periodic Review Order 1416 and the department related November 5, 2002 letter are on file at the department.

construction or other development activities within the 500-year floodplain, however certain factors need to be considered in reviewing this project.

Communities adopt floodplain management regulations that meet minimum FEMA standards and in exchange, residents of that community are eligible for coverage under the National Flood Insurance Program. Springfield, Eugene and Lane County all have adopted regulations that meet or exceed the minimum requirements to comply with the National Flood Insurance Program.

In addition to minimum floodplain management standards, FEMA's regulations (44 CFR 60.22 (a) state that "The flood plain management regulations adopted by a community for flood-prone areas should: (1) Permit only that development in flood-prone areas which is appropriate in light of the probability of flood damage and the need to reduce flood losses, is an acceptable social and economic use of the land in relation to the hazards involved and does not increase the danger to human life; (2) Prohibit non-essential or improper installation of public utilities and public facilities in flood-prone communities. Because of the importance of this hospital to the community, it is imperative that it is designed to ensure that flood risks are minimized and that access is available to and from the facility even during flood events.

Actions affecting floodplains that use federal funds are also subject to federal Executive Order 11988 and associated federal regulations. While we do not know if federal funds will be used in this project, these requirements are fairly extensive.

The EO 11988 requirements apply in the 500 year floodplain to "critical actions" including "hospitals and nursing homes, and housing for the elderly which are likely to contain occupants who may not be sufficiently mobile to avoid the loss of life or injury during flood and storm events." (44 CFR 9.4). The Executive Order requires that such actions go through an additional review that includes:

1. Determining if the action is in a 500 year floodplain
2. Notification of the public
3. Evaluation of alternatives to locating the activity in the floodplain
4. Identification of the range of impacts associated with the modification of the floodplain
5. Minimization of the potential adverse impacts to the floodplain;
6. Re-evaluation of project based on the floodplain impacts and alternative.
7. If floodplain development is determined to be the only practicable alternative, provide the public with a public finding and explanation of the decision.

If Peace Health must provide additional project design to establish any facilities in a 500 year floodplain, it will be important to understand how such actions might affect other proposed land use activities and transportation outcomes that are called out in policies and implementation measures of the Metro Plan and its components. For example, if actions to assure 500-year floodplain protection require elevating roadways, how will transit and pedestrian-oriented planning efforts be designed to work efficiently. Such issues would be particularly important to the design of nodal development and Bus Rapid Transit systems that are contemplated to serve the MDR site in the Metro Plan and its components. This issue needs to be identified up front in the comprehensive planning process. If no use of federal funds is contemplated by Peace Health, then what other issues should be evaluated by the community if a major hospital is locating in a 500-year floodway.

## 5. Goal 8 – Recreation Needs

### Proposed GRP amendment:

GRP Residential Element Action 12.4 – This measure is proposed by staff in response to Peace Health’s proposal to amend Residential Element Policy 12.0 to eliminate McKenzie River public access requirements. (See related under Goal 10 discussion). However, this staff proposal is also deficient because it applies only in case MUC zoning is applied adjacent to the McKenzie River or its riparian corridor. If any other zone district is proposed, then there would be no obligation to provide public access to the River. While amendments to GRP Residential Implementation Action 13.4 states that a master plan shall address access to the McKenzie River, it does not require such access. This measure acts as a developer incentive to not provide MUC zoning along the River. It is a significant change to the Metro Plan and its component GRP.

## 6. Goal 9 – Economic Development

The Peace Health application proposes a 33.0 acre Metro Plan land use redesignation from MDR to Commercial which triggers the applicability requirement in the Goal 9 rule. The city’s notice did not provide an analysis that is consistent with meeting this Goal 9 requirement.

Under the Goal 9 rule, any plan amendment to change plan designations of lands in excess of two acres to or from commercial or industrial use must address all applicable planning requirements and also demonstrate that the proposed amendment is consistent with elements of the Metro Plan, GRP and other comprehensive plan components which address the requirements of the rule; or amend the comprehensive plan(s) to explain the amendment through specified requirements of the rule. (OAR 660-009-0010(4)). The Metro Plan is obligated under Goal 9 to prepare, adopt and maintain an economic opportunities analysis which defines and balances citywide, metropolitan and regional level assessments of economic opportunities. (OAR 660-009-0015). (5) Under the Goal 9 applicability standard, significant economic development proposals, such as that of Peace Health, must assess if there is need to change the city’s balance of economic development lands which is now supported by the Metro Plan’s adopted economic opportunities analysis.

### Proposed GRP amendments:

GRP Residential Element Policy 12.0 – The Peace Health proposal significantly changes the intent of this policy. The current policy directs development of neighborhood commercial development within

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5. ORS 660-009-0015 (Economic Opportunities Analysis) requires that cities and counties review, and as necessary, amend comprehensive plans to provide the information described in the section. Specified topics include 1) review of national, state and local trends, 2) site requirements, 3) inventory of industrial and commercial lands and 4) assessment of community economic development potential. The city must also have industrial and commercial development policies stating the economic development objectives for the planning area. (OAR 660-009-0020). Also, the city’s comprehensive plan must designate lands for industrial and commercial uses pursuant to ORS 660-009-0025. The effort necessary to comply with OAR 660-009-0015 through OAR 660-009-0025 will vary depending upon the size of the jurisdiction, the detail of previous economic development planning efforts, and the extent of new information on local, state and national trends. A jurisdiction’s planning effort is adequate if it uses the best available or readily collectable information to respond to the requirements of the rule. (OAR 660-009-0010(4)).



the MDR Site that is consistent with serving the needs of future residents in this residentially designated area (on the Metro Plan and GRP land use maps). Like the Peace Health proposal for Residential Element Goal 2, the proposal elevates the application of certain elements of the Metro Plan, which effectively demotes the applicability of other element. A policy which treats applicable Metro Plan elements unequally will lead to the potential of internal plan conflict. (See related under Goal 10 discussion). Further, the Peace Health proposal deletes provisions “to promote limited public or semi public access to and view of the McKenzie River. (See related comments above under Goal 8 discussion). And furthermore, Peace Health proposes to delete language that links the balancing of commercial scale to services specifically intended to meet needs of future residents in this area. This policy opens the door a development scheme that does not maintain balance between Goal 9 commercial and industrial employment and housing. We are not sure how these changes are consistent with the Metro Plan and its components.

GRP Residential Implementation Action 12.1 – Peace Health proposes deleting and rewriting the measure to allow the city’s Master Plan process to guide the location and amount of commercial redesignation and rezoning in the GRP and the Metro Plan. First, one should read this proposed amendment as new policy and not an implementation measure. The proposal essentially allows the SDC, which is an implementing land use ordinance under state law, to be used to define redesignations of land uses that are appropriate only in the Metro Plan comprehensive planning process. We believe this policy circumvents the city’s obligation to do comprehensive planning in advance, and then, only after meeting this obligation, to provide for regulations that implement the comprehensive plan.

The change between deleting the current language in Action 12.1 and Peace Health’s proposed language provides a good example of the risks such proposed language has to the continued integrity of the comprehensive plan process. Where the current language specifically limits commercial development in the MDR Site to that which is appropriate to needs of future residents of the area, the Peace Health proposal is open ended, with no supporting analysis or limits, or Goal 9 analysis. We do not understand how such “floating” of the future location of a major hospital site and the amount of commercial land is consistent with state law, the Metro Plan or its components, particularly in an area which is characterized as MDR in the Metro Plan. To adopt such a scheme is significant to implementation of the Metro Plan and its components, and it should be formally reviewed by all regional partners.

GRP Residential Element Implementation Action 12.7 – The Peace Health application proposes to direct the size and location of a 33.0 acre mix use commercial “designation” in the master plan. (See related under above Goal 9 discussion). Again, supporting analysis is needed in the GRP, and enabling of this action needs to be reflected in the Metro Plan, as proposed specifically in Peace Health’s original application notice to the department. Also, the Goal 9 rule’s applicability section is triggered by this and related commercial land amendments. Springfield staff proposed combining this proposed measure with Action 12.1.

GRP Residential Element Implementation Action 13.6 – The Peace Health application proposes that any master plan application within the MDR Site that is submitted prior to the city’s completion of its nodal development planning obligations in the same area, simply identify the area where nodal development is likely to occur. However, the Peace Health proposed exempts having any area which is to be zoned in the MS district from also being in a nodal planned area. It is our understanding that Peace Health will propose that its new hospital complex be in the MS district. The department’s comments are very clear; that locating a new major hospital facility is key to successful nodal development in the metropolitan

area. We reiterate one of our core concerns from review of the Peace Health application: The GRP needs to provide text and analysis which clearly explains what is the planning expectation in the MDR Site. Such text and analysis needs to fully engage the Metro Plan and its components. To rely on the SDC's master plan process without adequate comprehensive planning at the Metro Plan level is not appropriate under Goals 1 and 2, and raises the risks that lead to compliance questions over how the proposal has met other planning obligations.

GRP Commercial Element Policy 5.0 and Implementation Action 5.1 – This Peace Health proposed policy amendment deletes the requirement that any commercial uses in the MDR Site be commensurate with the residential needs of the area. It directs that nodal development be located east of Game Farm Road, which would place nodal development to the extreme westerly portion of the MDR Site. The Peace Health proposal further stipulates that this nodal development site has been specifically identified in TransPlan. We can not find such reference in TransPlan. Node 7B is an generally mapped in TransPlan.

This proposed Peace Health policy amendment significantly changes the intent and scope of the adopted GRP policy. The current policy, along with various GRP actions, sets a balance between the amount of land to be reserved for neighborhood commercial land uses and the needs of future residents in the MDR Site. (See related comments under GRP Residential Element Goal 2, GRP Residential Element Policy 12.0, GRP Residential Implementation Actions 12.1, 12.6 and 13.6 and Commercial Element Implementation Action 5.1). The proposed policy is provided without a comprehensive plan analysis, including, but not limited to an analysis of how the policy would or would not support TransPlan's nodal development objectives and how it might show or not show demonstrable progress towards meeting TransPlan measures meant to reduce reliance upon the automobile. (6) The policy also appears to circumvent work the city is presently undertaking to identify and adopt nodal development areas at six TransPlan nodal sites in the city. (See TGM Grant No. 2L-01).

Peace Health then proposes to rewrite Implementation Action 5.1 to delete any comprehensive planning relationship between the amount of commercial uses and amount of MDR development in the MDR Site. Instead, the amendment defers determination of the appropriate amount of commercial land and uses to a determination to be made through the city's master plan process. (Please refer to related comments on the relationship between maintaining the comprehensive plan in advance of any master planning.).

## 7. Goal 10 – Housing

Peace Health controls approximately 160 acres of the 185 acre MDR Site. The Metro Plan's Housing Element establishes the MDR land use designation with a density range to be greater than 10 through 20 units per gross acre. Such density could translate to over 14.28 units per net acre through 28.56 units per net acre, depending on each jurisdictions implementation measures and land use and development codes. (Metro Plan Housing Element, Policy 8, p.20 (1999)).

With 160 acres under its control, more than 1,600 and up to 3,200 residential units could be expected if all the Peace Health controlled land were unconstrained and developed to the densities allowed in the

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6. The MDR Site is identified as a potential residential node in TransPlan (Node 7B).

Metro Plan land use diagram. However, portions of the McKenzie River floodway and floodplain are delineated on the Peace Health property. We would anticipate that any Goal 5 riparian protections would be similar to the delineated floodway/floodplain. We are not aware of a wetlands impact on the property at this time. The GRP calls for a small neighborhood commercial center at the MDR Site, which we would expect to be located on the Peace Health property. Also, in such urban settings where efficient land use and transportation planning is expected (per the Goal 12 rule and Goal 14), it is acceptable to deduct approximately 20 percent of the unconstrained buildable land for roads, other public easements and parks from the gross available acreage to determine net developable acreage. A higher deduction would suggest a more auto oriented urban form is contemplated. About one acre of the 160 Peace Health controlled property is zoned Low Density Residential.

In Peace Health's application narrative, 800 units of MDR housing are proposed. (Peace Health, 9/20/02, p. 15). Peace Health's Metro Plan amendment to redesignate 33.0 acres from MDR to CC would leave 126 acres in the MDR designation. Developed at minimum MDR gross density, this acreage would account for 1,260 units. Developed at maximum MDR gross density, this remaining acreage would account for 2,520 units. The Peace Health narrative argues that the Metro Plan "allows for about 32% of the MDR area to be used for auxiliary non-residential uses." The narrative then cites a Metro Plan description of auxiliary uses that might be expected in the MDR designation. Utilizing a non-residential build factor of 32% would provide for a minimum of 856 units ( $126\text{ac} \times 10\text{du/ac} \times 0.68 = 856$  units), if only remaining MDR lands (126 acres) are accounted for needed housing after appropriate Metro Plan redesignation of 33.0 acres from MDR to CC. Using Peace Health's assumptions, the upper limit of the MDR density range would account for 1,714 units for 126 acres. Assuming that all of Peace Health's MDR designated lands are accountable for meeting Metro Plan housing needs, then the same assumptions would be applied to 159 acres and yield from 1,081 to 2,162 units. It is clear from this discussion that the Peace Health application has provided the lowest possible denominator to each of its needed housing calculations.

A major revision to the Metro Plan's Housing Element was locally adopted and acknowledged in 1999. Known as the Residential Land and Housing Study, we refer to this Metro Plan policy document as the "Metro Housing Element" or "Housing Element". The 1987 Metro housing element was largely amended by the 1999 revision. Included in that revision was a new analysis of non-residential uses and a change in the description of typical uses that might be expected. The 1999 Housing Element provided an assumption that, "in the aggregate, non-residential land uses consume approximately 32 percent of buildable residential land based on staff analysis. These non-residential uses include churches, day care centers, parks, streets schools, neighborhood commercial, etc." (Metro Housing Element, Finding 7, p. 16). The term "auxiliary uses" is not used in the 1999 Element. There is no evidence that major commercial or office uses, which best describe the hospital facilities that Peace Health proposes, are considered in Finding 7. Nowhere in the Housing Element does one encounter a policy which would authorize using the 32 percent non-residential reduction factor as a basis for determining needed housing at a particular site. Finding 7 is simply an assumption built into the housing supply and demand analysis for the aggregate analysis of the Metro Plan buildable lands inventory and has no bearing or authority for a particular site in the metropolitan area. If the Metro Plan intended for the 32 percent non-residential factor to be used to determine the amount of housing at a particular site, it would need to direct this in a policy or implementing measure.

The Housing Element also is able to show that there is enough buildable land for a 20-year supply starting in 1999. If land consumption is assumed to be even over the 20-year period, this would mean

that the Metro Plan presently has enough buildable land to last until 2019, if the rate of development continues to occur as projected in the Housing Element. (Metro Plan Housing Element, Finding 4, p.13). This means that today, the Eugene-Springfield could have only a 17-year supply of buildable land in its current inventory. This would suggest that it is very important to maintain the current residential land inventory, while, at the same time looking for ways to increase the intensity of residential building in the metropolitan area. The Peace Health proposal appears to move the metropolitan area in the other direction. This is a significant regional issue for the Metro Plan.

Also important to the Metro Plan discussion is how a significant loss of MDR land might be off set and mitigated so that enabling a Peace Health expansion at the MDR Site does not cause premature impact on the supply of buildable land, which leads to a premature need to study urban growth expansion.

The Housing Element calls for development of a monitoring system to measure rates of land consumption on an annual basis. (Metro Plan Housing Element, Policy 5, p. 17). A monitoring system was developed by the Lane Council of Governments following the 1999 adoption of the Housing Element, however, its has not been maintained annually by the cities. Therefore, there is no available data to monitor progress on meeting Housing Element planning assumptions and density targets. If Peace Health is proposing to reduce the buildable lands inventory, then the city will need to evaluate the impact on maintaining the Metro Plan inventory, including, but not limited to an analysis of alternative actions to mitigate lost buildable lands. The city's Goal 10 analysis will need to be coordinated with the Goal 9 analysis. (See related comments under Goal 9 discussion).

Housing Element Policy 10, which we discuss in greater detail below, is supported by Measure 12, which states:

"Amend the Metro Plan diagram to increase the supply of medium-density residential and high-density residential in selected locations in the metro area, and to more appropriately locate medium-density residential and high-density residential to be consistent with transportation-land use efficiencies." (Housing Element, p. 21).

Policy 10, combined with Measure 12, provide a very different policy and planning outcome than provided for in the Peace Health application. Implementation of TransPlan nodal development policies and adopted measures to reduce reliance on the automobile are clearly interrelated with Policy 10 and Measure 12. The Peace Health application does not provide an adequate assessment of how it is consistent with this planning framework.

Housing Element Measure 17 calls for resolving conflicts between zoning and Metro Plan designation. (Metro Housing Element, p. 22). We believe this Metro Plan statement is comprehensive, and should apply to how Peace Health may be proposing to use the city's Medical Services (MS) zone district in the MDR Site, among other Goal 9 and 10 concerns that we have raised.

Use of the MS district in an area where questions are raised about the balance between Goal 9 and Goal 10 lands and compliance with the Goal 9 rule appears to be the kind of issue contemplated by Housing Element Measure 17. Springfield adopted its MS district in 1989 and it has never been utilized. Eugene formed a similar district at approximately the same time, and that city is now actively searching for hospital sites in its jurisdiction. The recent activities of the region's hospitals and cities suggest that

there may be need to update the Metro Plan's economic opportunities analysis and implementing land use regulations regarding siting of hospital facilities in the area. The department is likely to provide subsequent comments on this issue as review of the Peace Health application continues.

The Peace Health application has provided no analysis of how Housing Element policies and measures for affordable housing are to be met when they are proposing a significant reduction of needed housing in a MDR designation.

The State's has available a housing model that can assess needed housing, including affordable housing needs, pursuant to Goal 10 for any Oregon community. The model is also ideal for assessing needed housing impacts from major plan amendments such as Peace Health. The housing model was developed by the Oregon Housing and Community Services Department, with consultation of the department, to assist communities as they address Goal 10 housing issues during plan revisions, updates and amendments. The department would encourage the city to consider utilizing the model as it considers how to balance employment and housing needs in the GRP area. We have provided additional comments on the issue of employment/housing balance below.

#### Proposed GRP amendments:

GRP Residential Element Goal 2 – The applicant's proposes a text amendment which adds a clause to allow "appropriate mix of uses consistent with the Transportation and Residential elements of the Metro Plan." The text of the GRP needs to discuss what is meant by "appropriate". Under Peace Health's application, such language simply does not provide the precision needed to understand all the potential impacts on the Statewide Planning Goals, the Metro Plan, including the GRP and other plan components. It appears to set the stage for allowing what should be in the realm of comprehensive planning to the realm of "master planning" under provisions of the SDC. Furthermore, there are other critically interrelated elements in the Metro Plan, such as for economic development, environmental resources, environmental design, public facilities and other elements that become demoted by the Peace Health proposal. Such language raises concern that the GRP policies are being constructed to be consistent with only certain and specified policies of the Metro Plan. If so, that would make the GRP inconsistent with the Metro Plan. See our discussion related to Metro Plan Residential Policy 10 (formerly Residential Policy 30), which requires links and balances for housing and economic development in areas such as the MDR Site. Also, Metro Housing Element Policy 34 requires coordination of local residential land use and housing planning with other elements of the Metro Plan, to ensure consistency among policies. (Metro Housing Element, p. 35).

GRP Residential Element Implementation Action 12.6 – Peace Health proposes a new measure that specifically enables use of the SDC's Medical Services (MS) zone district. (See related under Goal 9 discussions relating to commercial lands). We have discussed issues with the MS district, above. The new measure also ties the ultimate amount of housing to the range for the MDR land use designation in the Metro Plan and GRP. We have discussed this issue already under our Goal 10 comments.

GRP Residential Implementation Action 15.1 – Peace Health proposes modification of this measure to allow for inclusion of mix use zoning to enable needed housing in the GRP. We believe amendment to be proper, but taken with all the other unanswered comprehensive planning issues that the Peace Health application proposes to defer to the SDC master planning process. The proposed amendment does not provide an answer to issues that are core to Goal 9 and 10 compliance.

GRP Residential Element Policy 19.0 – This proposed policy is added and is implemented by GRP Residential Implementation Actions 15.1 and 16.3. See the above comments on Action 15.1.

## 8. Goal 11 – Public Facilities

Comments on Goal 11 are related to transportation issues, which are covered below. The department reserves the right to provide Goal 11-related comments if additional information and issues arise during review.

## 9. Goal 12 - Transportation

### A. Adequacy of Planned Transportation System

The Transportation Planning Rule (TPR) requires local governments to evaluate the adequacy of the planned transportation system to support the planned land uses. (OAR 660-012-0060). The applicant has submitted a Traffic Impact Analysis (TIA) dated September 20, 2002. This analysis concludes that the proposed land use changes will significantly affect the transportation system at one intersection (Pioneer Parkway at eastbound Highway 126 ramps). (TIA, p. 48). The TIA proposes to mitigate this significant impact by modifying the lane configuration of this intersection. We have several comments on the TIA:

#### a. Trip Generation from Existing Land Use Designations

The TIA compares and contrasts the trip generation from the existing and proposed land use designations to evaluate the impacts on the transportation system. The TIA includes detailed information on the trip generation from the proposed land uses. (TIA, Table 2, p. 24). However, the TIA does not include detailed information on the trip generation from the existing land use designations. We believe this information is necessary in order to evaluate the reasonableness and accuracy of the analysis in the TIA.

#### b. Mitigation of Significant Impacts to Pioneer Parkway at Hwy. 126 Ramps

As mentioned above, the TIA has found that the proposed land uses will create a significant impact at the Pioneer Parkway/Hwy. 126 ramps. The TIA states that this impact can be mitigated by modifying the lane configuration at this intersection. In support of this proposal, the TIA states:

“TransPlan does contain a ‘Future’ project to improve the interchange of Highway 126 and Pioneer Parkway, as outlined previously. TransPlan indicates that ‘Future’ projects are those that are identified as needed in the future but are not included in the planning horizon financially constrained plan. TransPlan asserts that such programs may be constructed within the planning horizon should funding become available. Therefore, if Peace Health contributes funds to widen the eastbound on-ramp, a part of the interchange project could be constructed within the planning horizon.” (TIA, p. 49).

We agree that TransPlan includes a “Future” project to modify the Highway 126/Pioneer Parkway/Q Street interchange. This is listed as project 727, and the estimated cost is \$15 million. (TIA Chapter 3, p. 31). However, we believe TransPlan must be amended to move this project from the “Future” category to be included in the financially constrained list of projects before the city can rely on this “Future” project to satisfy the OAR 660-012-0060 requirements. The city may rely on existing and planned facilities to satisfy OAR 660-012-0060. However, Project 727 is not considered to be part of the “system of planned transportation facilities” identified in TransPlan as that term is used in the TPR. (OAR 660-012-0020(3)(b)). TransPlan identifies “Future” projects as follows:

“Future (beyond 20 years) projects are not planned for construction during the 20-year planning period. These project are not part of the financially constrained plan. However, these projects could be implemented earlier if additional funding is identified.”

According to TransPlan, “future” projects are “not planned” during the 20-year period. The purpose of the financially constrained list of projects is to plan and provide for transportation projects in a coordinated manner. It would not be reasonable for local governments to independently implement projects on the “Future” list without proper coordination and amendments to TransPlan, since this would result in a haphazard approach to the provision of facilities, as well as the potential diversion of funds away from the financially-constrained projects in favor of the “Future” projects. The local governments in the region have agreed on a listing and general phasing of planned facilities through a coordinated approach in TransPlan. To the extent the city and applicant have identified a funding source for all or a portion of Project 727, it would be reasonable and essential for the city to first seek an amendment to TransPlan before relying on this project to satisfy –0060. As part of amending TransPlan, the jurisdictions should determine whether it would be appropriate for the city and applicant to fund only a portion of Project 727, as has been proposed by the applicant.

## **B. Regional Impact**

As noted in the application materials, the Metro Plan indicates that a regional impact is found if a Metro Plan amendment requires an amendment to a jointly adopted functional plan. (Application at p. 3, Metro Plan at IV-3). As noted above, the proposed amendment will create a significant impact on a regional transportation facility, which in turn will require an amendment to TransPlan in order to mitigate that impact. Since TransPlan is a jointly adopted functional plan, the proposed plan amendment creates a regional impact.

## **C. Limitations on Land Use and/or Trip Generation**

The TIA has evaluated the impacts of a “reasonable worst-case level of development.” (TIA, p. 19, 24). The TIA does not include any information on how these projected land uses compare to that would be authorized by the proposed land use designations. Although the applicant may only desire to construct the list of planned land uses in Table 2, p. 24, it is possible that a considerable amount of additional development could be authorized. This additional development could generate more traffic and greater impacts to the transportation system than the TIA has evaluated. One method of avoiding these potential impacts is to limit the allowed land uses and/or trip generation to ensure consistency with the performance standards of the planned transportation facilities. The city has an obligation to either (a) evaluate the potential impacts associated with the maximum development that would be authorized by

the proposed land use designations; or (b) adopt limitations on authorized land uses and/or associated trip generation.

#### **D. Consistency of I-5/Beltline Interchange Assumptions with TransPlan and Environmental Assessment**

The TIA assumes that the proposed modifications to the I-5/Beltline interchange will be constructed by the Year 2018. The TIA states that Alternative 3 from the ongoing Environmental Assessment will be the alternative selected and constructed. It is our understanding that the Beltline Decision Team selected a preferred alternative on November 14, 2002, and that through the project development process, the selected alternative may have been modified or expanded in scope to the point that it is no longer clear whether the selected alternative is equivalent to Project 606 that is included in the financially-constrained TransPlan. In addition, it is unclear whether the assumptions in the TIA are consistent with the preferred alternative selected by the Beltline Decision Team. We understand this is an iterative process. However, the city can only rely on those projects that are part of an acknowledged plan for the purposes of complying with OAR 660-012-0060. To the extent projects that are not part of an acknowledged plan are necessary to support the proposed plan amendments, the affected plans will need to be modified. In order to demonstrate consistency between TransPlan, the Environmental Assessment, and the TIA, the city will need to adopt findings demonstrating:

- a) that the alternative selected through the Environmental Assessment process for the I-5/Beltline project is the equivalent of Project 606 in TransPlan in terms of scope and costs;
- b) that the alternative selected through the Environmental Assessment process is consistent with the assumptions in the applicant's TIA; and
- c) that the planned transportation system, as defined in TransPlan and the ongoing Environmental Assessment, is adequate to support to the applicant's proposed land use changes.

To the extent these findings cannot be developed, it will be necessary to amend TransPlan to more clearly define the cope and costs for Project 606 to ensure consistency between TransPlan and the assumptions underlying this proposed amendment.

#### **E. Trip Cap and Shift in Mode Splits**

We understand that the Oregon Department of Transportation (ODOT) will be proposing, based on its own modeling related to the I-5/Beltline project, a cap on trips generated by the Peace Health proposal. This trip cap is contemplated as part of the solution to compliance with OAR 660-0012-060.

However, while the department supports a trip cap approach, there are other equally critical transportation planning and policy issues that need to be addressed under the Peace Health proposal. In our opening comments, we point out how Peace Health is clearly the kind of development that is intended to be in a nodal area. A critical component of success of a nodal development is its ability to demonstrably reduce reliance upon the automobile in a manner that is consistent with the alternative measures that have been locally adopted into TransPlan and further adopted by the LCDC.

What needs to be resolved before any legislative approvals of the Peace Health proposal occurs, is the potential for a trip cap to adversely impact the ability of a Peace Health node to induce enough shift from auto reliance to other modes such as transit, bicycle and pedestrian. The urban form and amount of



parking allowed in any adoption of all or part of a Peace Health proposal will be critical to the proposal's ability to simultaneously demonstrate significant mode shift, nodal character and enough support for high service levels (10 minute service) for transit without bumping into a cap on new trip generation from new development. A key theorem to maximizing urban efficiency is to always remember that urban form follows parking. More parking means less mode shift which means less transit which means more reliance on the auto and more incentive to produce development which is non-nodal development.

It is unclear at this point how transit services will be developed and maintained, both for a new Peace Health complex at the urban edge, and for the community as a whole, as demands of Peace Health's buildout affect the capacity and capability of the Lane Transit District in other areas of the metropolitan community. As part of the planning needed to better understand the impacts and mitigations for this proposal, an analysis needs to be conducted to assure that the services of the Lane Transit District are not adversely impacted in other key community areas if new unmitigated demands result from Peace Health's development in the MDR Site.

It will be therefore very important to included with any enabling of the Peace Health proposal, a clear set of analyses and policy pathways that assure that there will be adequate mode shift away from automobile reliance so that a trip cap does not threaten to block development that would be lead to more intense land use to support elements that make up a large-scale employment/residential node. Innovate approaches and tools unique to the Eugene-Springfield area will be needed, in our view, to properly link these interrelated planning needs. For example, any new regional facility such as proposed by Peace Health should be subject to strict transportation demand management requirements. In this case an implementation tool is readily available and, it would seem very feasible to form a transportation demand management district as part of any overall or "whole of the action" project approval.

#### Proposed GRP amendments:

GRP Residential Element Implementation Action 12.5 – The Peace Health application adds this implementation measure to specify mixed use zoning under SDC Article 40 in the MDR Site. This Action appears to restrict use of the city's Nodal Development Overlay District (NDO, SDC Article 40) without any comprehensive planning analysis. With the open ended amendment proposals for how commercial designations and zoning is to be managed at the GRP's MDR Site, a comprehensive analysis needs to be conducted for the appropriate level and use of mixed use zoning in the MDR Site, particularly since it is defined as a residential node in TransPlan. (See related under Goals 9 and 10 discussions).

GRP Residential Element Implementation Action 13.7 – Staff has recommended adding this measure to cause any master plan application in the MDR Site to be subject to a cap on the number of trips generated by new development in the area. We have provided comments on a proposed trip cap, above.

#### 10. Goal 13 – Energy Conservation

The Peace Health application needs to show that the development enabled by adoption of its proposed will provide demonstrable gains in energy conservation, particularly with regard to urban and site design and with regard to transportation issues. (See OAR 660-012-0000).

## 11. Goal 14 - Urbanization

The city will need to demonstrate that enabling a major regional hospital facility in an edge area of the Metro Plan is consistent with Goal 14's Factor 4; namely to maximize urban efficiency.

### III. The Gateway Refinement Plan and Maintaining Internal Balance between Employment and Housing

A major land use thesis found in the GRP scheme of land use is the interrelationship a semblance of balance between manufacturing jobs, housing needs and supporting commercial activities. In 1992, the MDR Site was the largest remaining vacant medium density site in the city, and the GRP deliberately provides opportunity for appropriately scaled and located commercial development based on its proximity to housing and transit. (GRP Technical Supplement, p. III-1). Furthermore, the vacant MDR Site, along with adjacent low density residential designations to its west, are meant to provide balance for expected jobs created in the Mackenzie-Gateway SLI Site to the immediate north of the MDR Site.

According to the GRP's Technical Supplement, the relationship between the SLI and MDR Sites is describe as follows:

"Because remaining vacant lands appropriate for MDR designation in the downtown area were inadequate to meet the projected metro area needs, other regions within the metro area were designated MDR, particularly where there would be good access to the street network and transit system (existing and planned), and where large areas of shopping, employment, and services (existing and planned), where nearby. This is reflected in Metro Plan policy 30 (p. III-A-7), "Encourage higher density residential development near industrial and commercial centers throughout the metropolitan area." "[emphasis added]. (GRP Technical Supplement, p. II-4). (7)

Maintaining internal balance between the location of higher density housing types and industrial and commercial centers is even more important today with adoption of supportive policies in the Metro Plan's housing element, TransPlan, and the Springfield Commercial Lands Study. And it will be important to assure that balance is maintained through whatever the final the outcome is in enabling Peace Health's expansion needs. Thus, in keeping with the theme and policies of the above Metro Plan and its component policies, the department believes Peace Health is faced with two general alternative paths if it wishes to locate a hospital in the MDR Site.

First, Peace Health would maintain the intensity and scale implied by its current hospital and commercial lands proposal. But in keeping with the need to balance the proposal's added commercial and service jobs with needed housing in the GRP area, it would propose significantly more residential

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7. Metro Plan Residential Element Policy 30, which was acknowledged with the Plan's 1987 update, has been replaced with Policy 10 as a result of the 1999 acknowledged revisions resulting from the Metropolitan Area Housing and Residential Lands Study. Policy 10 states: "Generally locate higher density residential development near employment or commercial services, in relationship to major transportation systems or within transportation-efficient nodes." (Residential Land and Housing Study, 1999, p. 20). We view Policy 30 and Policy 10 to have the same practical policy meaning for the Metro Plan, its components and implementing actions, including land use codes.

density on the MDR Site. This approach would involve both significant changes to the Metro Plan land use diagram and GRP text, policies and diagram, as well as zoning which would be internally consistent with the Metro Plan and its components. Noteworthy of this approach would be its increased ability to help demonstrate compliance with TransPlan's alternative measures, significantly increase mode shift through increased integration of land use and transit, all which provide a way to amend to the GRP in a manner that continues to maintain balance between job creating development and needed housing at this edge location within the Eugene-Springfield metropolitan UGB. This approach also increases the life of the current UGB and is highly consistent with Goal 14's Factor 4. (8)

Second, Peace Health could decide that it does not want to maintain needed housing balance with added commercial and service jobs created by its proposal, but choose to downsize the job creating side of its proposal to meet the intent of Metro Plan policy. It may be that only the so-called "wellness" components to Peace Health's facilities plans would remain as proposals at the MDR Site. In this case, Peace Health would likely have to look to other sites in the Eugene-Springfield metropolitan area for locating remaining facilities that are needed over the long term.

The city needs to provide an analysis that evaluates such alternative courses of action and ultimate policy choices. (See related comments under Goals 1 and 2).

While the above comments are extensive, the department is clearly supportive of finding a solution to Peace Health's obvious expansion needs. However, there are still significant issues facing Peace Health's proposal to expand at Gateway Refinement Plan's MDR Site which need to be resolved through the comprehensive planning process (Metro Plan and its components) before submittal of a master plan under the regulatory process (Springfield Development Code) of land use law. The department stands ready to work with the city and other interests in finding a community wide solution to hospital expansion needs for the Eugene-Springfield metropolitan community. A final solution should be driven and accepted by the community. The issue of hospital siting is a multigenerational decision, having life far beyond any locally adopted comprehensive plan. This makes this decision very different than any other controversial planning decisions faced in recent memory in the Eugene-Springfield metropolitan area.

The department very much appreciates the courtesy and professionalism of your staff in working with all parties during review of this important regional proposal. As noted, we expect continuing correspondence with you, your staff and decision-makers throughout this and subsequent review processes. If you have any questions, please do not hesitate to call me at 503/373.0050 ext. 224.

Sincerely,



Mark Radabaugh  
Willamette Valley Urban Representative

Attachments: A. Gateway Refinement Plan Diagram, 1992

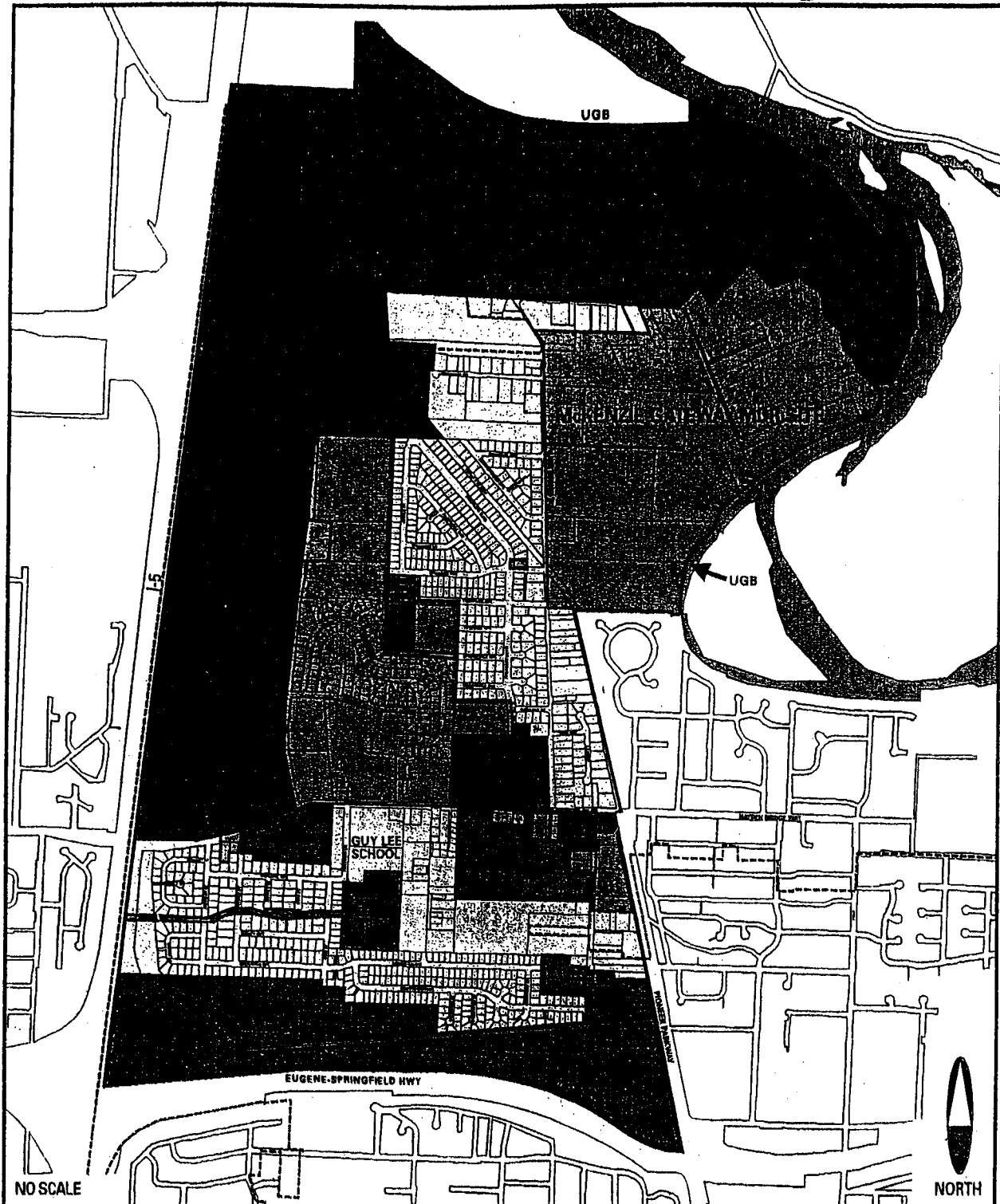
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8. Goal 14, Factor 4 states that there shall be "maximum efficiency of land uses within and on the fringe of the existing urban area."

C: Mike Kelly, City of Springfield  
Jim Carlson, City of Eugene  
Bill Van Vactor, Lane County  
Ken Hamm, Lane Transit District  
Jan Childs, City of Eugene  
Kent Howe, Lane County  
Ollie Snowden, Lane County  
Stefano Viggiano, Lane Transit District  
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Alan Yordy, Peace Health, Eugene  
Jim Werfelman, Peace Health, Eugene  
Phil Farrington, Peace Health, Eugene  
Steve Pfeiffer, Perkins Coie, Portland  
Mike Robinson, Perkins Coie, Portland  
DLCD (Beier, Curcio, Cortright, Hinman, Jacobson, Knight, Russo)  
DLCD PAPA files: (French)  
DLCD PR files: E/S Metro administrative (Wolf)

:PeaceHealthPAPA012.02A112

# Gateway Refinement Plan Diagram



— Refinement Plan Boundary

- - - Springfield City Limits

SLI Special Light Industrial

LMI Light-Medium Industrial

Mixed Use: LMI/CC

CC Community Commercial

NC Neighborhood Commercial

GO General Office

HDR High Density Residential

MOR Mod. Density Residential

LDR Low Density Residential

POS Parks & Open Space

SPRINGFIELD



Refinement Plan and Diagram final adoption: November 8, 1992.