

**NEW LONDON PLANNING BOARD
REGULAR MEETING & PUBLIC HEARING
SEPTEMBER 12, 2006**

MEMBERS PRESENT: Tom Cottrill (Vice-Chairman), Sue Ellen Andrews, Dale Conly, Sue Clough
(Selectmen's Representative), Ken McWilliams (Planner),
ABSENT: Karen Ebel (Chairman), Celeste Cook, Jeff Hollinger

Vice-Chairman Tom Cottrill called the **MEETING TO ORDER** at 7:35 PM.

I. ROBERT EWING – Final Major Subdivision & Annexation (Tax Map 96, Lots 15 & 15-4)

Charles Hirshberg (CLD Consulting Engineers) briefly reviewed that the proposed subdivision and annexation involved two land parcels, one containing 98 acres and one containing 6.5 acres. He said that on the 98 acre parcel, his client wanted to create a two-acre lot with frontage and access off Main Street and a 23-acre lot with frontage on Balsam Acres Road. He advised that Balsam Acres Road would be extended along an existing right-of-way to a hammerhead that would be constructed. He said that municipal water and sewer would also be extended. Mr. Hirshberg stated that the project was considered to be a major subdivision due to the road frontage.

Mr. Hirshberg advised that the Sewer Department, Water Precinct, and Road Agent had reviewed and approved the plans. He said that there had been a site walk approximately a month previously to determine if there was a house site available without crossing any wetlands. He stated that the site walk revealed approximately four acres of buildable area. He advised that Zoning Administrator Peter Stanley and PB member Sue Clough, and abutters Dolores and Robert Bausch (209 Squires Lane) had joined him in the site walk. Ken McWilliams reported that there were no outstanding issues raised at the meeting with municipal department heads. PB member Clough thanked Mr. Hirshberg for accompanying and advising the PB subcommittee on the site visit.

Abutter James Lightfoot (39 Squires Lane) asked for clarification regarding the 400 square feet of wetlands located behind the Gundy lot. He said that a steel girder crossing, a bridge construction, had appeared in the wetland area. He asked if abutters should have known and if a building permit should have been required for the structure. He opined that the bridge met the definition of a "structure" according to the zoning regulations.

Mr. Hirshberg replied that originally a wetland crossing had been proposed; however, Mr. Ewing had decided to bridge the wetlands rather than dig up the area. He advised that the trend was not to disturb wetland areas, and to accomplish this either by bridging or by other means. Vice-Chair Cottrill asked where the bridge was located. Mr. Hirshberg replied that it was in the area of Mr. Ewing's driveway. Abutter Lightfoot said there were two piers, perhaps, with a steel beam. He described the location and pointed it out on the plan displayed. PB member Andrews asked if a driveway permit was needed. Zoning Administrator Stanley responded that Mr. Ewing had a driveway permit; however, he should have had a building permit for the construction of the bridge. He confirmed that the bridge did meet the definition of a "structure" as set forth in the Zoning Ordinance.

PB member Andrews requested, and received, guidance in regard to matching the maps presented and the zones involved. Ms Andrews had questions about the frontage, the bridge, what was part of which lot, and whether any of the property was in the ARR zone. Mr. Hirshberg advised that the property was in the R-1, R-2, and ARR districts; therefore, the more restrictive rules would apply. Vice-Chair Cottrill asked if there was a driveway permit issue. Ken McWilliams replied that Mr. Ewing already had a driveway permit from the NH Department of Transportation (DOT). He advised that Mr. Ewing had applied to the NH Department of Transportation for an additional driveway permit; however, that request had been denied as access was already available.

Abutter John Holton (51 & 65 Squires Lane) asked how the PB could approve a plan with a violation apparent, e.g., the bridge built without the proper permit. Zoning Administrator Stanley replied that the two issues must be decided separately; they could not be combined. He said that town counsel had advised that one is a zoning issue and the other is a subdivision issue. He stated that town counsel had advised that the two issues must be

decided separately and that a zoning violation could not be used to delay subdivision approval. PB member Andrews suggested that the PB could approve the subdivision contingent upon resolution of the zoning issue. Zoning Administrator Stanley reiterated that the issues must be decided separately.

Abutter Dolores Bausch asked about the proposed extension of Balsam Acres Road and asked who would bear the expense involved. Ken McWilliams replied that the road would be extended to a newly constructed hammerhead, as shown on the plan displayed, at the expense of the subdivider/developer.

Vice-Chair Cottrill asked Mr. McWilliams if any issues had been identified in the meeting with municipal department heads. Mr. McWilliams replied that the amount of security needed and the manner of providing the security had yet to be determined. Vice-Chair Cottrill asked how the estimate is usually determined. Mr. McWilliams advised that usually the developer submits an estimate to be reviewed by Town Road Agent Richard Lee.

It was **MOVED** (Conly) and **SECONDED** (Clough) **THAT THE FINAL MAJOR SUBDIVISION AND ANNEXATION OF TAX MAP 96, LOTS 15 & 15-4 BE APPROVED AS PRESENTED, SUBJECT TO SECURITY BEING PROVIDED BY THE SUBDIVIDER AND APPROVED BY THE PLANNING BOARD. THE MOTION WAS APPROVED UNANIMOUSLY.**

II. AUSTIN EATON –Final Certificate of Performance: Great Pines & Release of the \$3,000 Letter of Credit
(Tax Map 58, Lot 27)

Ken McWilliams advised that Austin Eaton had requested that consideration of the item be rescheduled for the September 26, 2006 meeting of the PB.

III. NEW LONDON HOSPITAL – Concept Site Plan Review
(Tax Map 72, Lots 16 & 17 and Tax Map 59, Lot 4)

New London Hospital was represented by Bruce King (CEO), Laurie Underwood, Todd French (Facilities), Martin L. Risley, P.E. (Clough Harbour & Associates, LLP), and Stephen Clayman (Lavallee/Brensinger Architects).

Bruce King advised that New London Hospital was considering possible expansion and renovation. He stated that following several financially challenging years, the hospital was now finishing its third year “in the black”. The strategic plan is now focusing on four primary needs: (1) Medical-surgical service now has 21 rooms housed in a wing built in 1958 with few private rooms and shared bathing facilities. Mr. King said that the hospital would like to add eight new rooms and renovate 13 others so that all rooms would be private and have private bathing facilities. (2) Out-patient oncology, the coumadin® clinic, the sleep lab, and cardiology are all now using the multi-use space, formerly the maternity area. The hospital would like to expand its specialty services and provide them with better space. (3) The medical services building has a front portion that is 35 years old and a rear section that is 17 years old. Mr. King advised that the front part has many issues and is dysfunctional. He said that it was a candidate for razing. In keeping with the hospital’s emphasis on the delivery of medical services, the plan would locate a building attached to the hospital to eliminate external crossing to the hospital for ancillary services. (4) Pediatrics and physical therapy services would be brought back to the hospital campus, and administrative services would be moved out of the hospital into the renovated rear of the medical services building. Mr. King advised that the objectives had been approved by the Dartmouth Alliance, of which New London Hospital is a part. He explained that the hospital would be required to file with the State of New Hampshire for a Certificate of Need prior to November 1, when the application window will close for this year. Mr. King said that the hospital was working on planning and financing.

In summary, Mr. King advised that the renovations and expansion would be patient oriented. All rooms would be private. There would be a “docking station” to provide internal access to the mobile MRI equipment. He reiterated the plan includes an expansion of specialty services. Approximately 60 parking spaces would be added. Pediatrics and physical therapy would be brought back to the campus. Mr. King said that the hospital is

now engaged in enhancing physician retention through improved clinical tools, such as the implementation of computerized medical records, and would like to provide improved space. He estimated the total cost to be \$20 million.

Martin Risley (Clough Harbour & Associates, LLP) displayed plans for the proposed expansion and renovations and provided orientation for the PB. He identified the Institutional Zone boundary, as well as the Commercial Zone and Residential Zone boundaries. Ken McWilliams pointed out the wetlands. Mr. Risley explained the color coding of wetlands on the map displayed. He described the entrances proposed for various constituencies.

Vice-Chair Cottrill asked where the employees would park. Bruce King responded that employee parking would be scattered depending upon where they worked. He pointed out the area that would be reserved for patient and visitor parking. Mr. Cottrill asked if the hospital mandated where employees must park. Mr. King replied that it did not. Mr. Cottrill asked where the mobile MRI equipment would park. Mr. King showed possible locations on the north and on the west. Mr. Cottrill asked where parking for the administration and medical-surgical services would be located. Mr. King indicated various locations. Vice-Chair Cottrill inquired about the area for patient and day care parking. Mr. King replied that the area was mainly (60%) for employees and community members. Mr. Cottrill asked how large the day care program was. Mr. King replied that there were 48 infants and toddlers.

Mr. Risley advised that a portion of the medical building would be torn down. He demonstrated the existing access points and the poor sight distances. He said that currently the setbacks were 10 feet and the building encroached on five feet. He said that the hospital lot was subject to 25-foot setbacks; however, the paving encroached on approximately 12 feet in the front and five feet on the sides.

Mr. Risley opined that the proposed relocation of driveways would improve sight distances. He envisioned that patients would use one driveway, employees would use a second driveway, and the MRI unit would use the third. He stated that the main entrance would be moved to the new building. Mr. Risley explained that the MRI technology comes with doors only on the curb side and must enter from the front. He proposed a gravel drive to allow the truck to position the MRI trailer at the loading dock and leave it there, while the truck would park elsewhere. Vice Chair Cottrill asked why not pave the road. Mr. Risley replied that a gravel perimeter road would save the cost of paving and allow for future expansion, plus discourage use by others. In response to a question from the PB about how often the MRI truck would use the gravel road, Mr. Risley advised that the MRI unit was on campus three times every two weeks.

Mr. Risley advised that the proposed addition would displace 96 parking spaces. He said that the plan was designed to create as much parking as possible. He advised that there would be 59 more spaces than now exist, largely within the footprint of the existing campus. He demonstrated the areas to be converted. He said that the number of handicapped accessible spaces would be doubled. Mr. Risley pointed out the proposed new paving and the existing paving. He advised that the proposal reclaimed the displaced 96 spaces and added 59 spaces. He pointed out various areas on the plan, including the location of emergency parking and employee parking.

PB member Andrews asked if the wetland depiction was correct. Zoning Administrator Peter Stanley responded affirmatively. He also advised that the setback requirements applied to structures. He advised that currently there were five-foot setbacks for parking in the Commercial Zone and no parking setbacks in the hospital institutional zone. He emphasized that new regulations could be adopted prior to PB approval of the hospital's proposed site plan, and the hospital would then have to meet the new requirements or apply to the Zoning Board of Adjustment (ZBA) for a waiver. Mr. Risley said that the hospital might have to request a waiver for the driveway. Zoning Administrator Stanley replied only for one driveway.

Mr. Risley advised that the plan held to the existing line of paving; therefore it would not be increasing the encroachment on the setbacks. He said that the hospital wanted to get a sense of the PB for the proposal. PB member Clough said that there had been discussion about an existing trail system having the option to exist via County Road. Mr. King pointed out the existing trail exit on hospital grounds. He and Laurie Underwood pointed out the location of the power lines on the plans.

PB member Clough asked if the Visiting Nurses' Association would be included in the hospital campus. She also asked what would be happening with the Clough Center rooms. Mr. King responded that the VNA was a separate non-profit entity with which the hospital has a good clinical and administrative relationship; however, they are not part of the hospital. The VNA corporation and governance is independent, and there are neither plans nor interest to incorporate the VNA in the hospital campus. Mr. King advised that the Clough Center, the operating rooms, and other recently improved areas were not included in the plan presented. Mr. King interpreted "recent" as being within 15 years.

Mr. King advised that the proposed building would be a two-storied edifice, except in the area of the eight new patient rooms, where it would be only one storey. He said that the new entrance would capture all traffic for purposes of registration and direction whereas now people enter from various points. He explained who and what would be located where in the proposed plan. He said that the former obstetrical area was now multi-purpose. Vice-Chair Cottrill asked where pediatrics would be located. Mr. King replied that pediatrics would be located on the ground level of what would remain of the medical building. He added that the upstairs, with the exception of the condominium owned by Dr. Barban, would be occupied by administrative services. Mr. King advised that John Galligan, chair of the hospital's planning committee, was present in the audience.

PB member Andrews asked if all patient rooms would be private and wondered how insurance companies would respond to that. Mr. King responded affirmatively. He advised that the trend today is to make all rooms private for many reasons, e.g., compliance with privacy regulations, infection control, non-compatible illnesses or recovery patterns, etc.

Mr. Risley reviewed the setback requirements in the Hospital Institutional Zone and the Commercial Zone. He asked if the requirements would present any problems for the proposed parking layout. Zoning Administrator Stanley replied that there would be no problems now; however, he cautioned that the regulations were currently undergoing review. He also advised that the setback is measured from the property boundary line, not from the zone boundary line.

Mr. Risley advised that the hospital proposed 9'x 18' parking spaces with curbs and with 26-foot aisles. He explained that the bumpers would hang over the curb to accommodate parking spaces shorter than the 20-foot depth required by the regulations. Mr. Risley advised that the sidewalks would be six feet wide, so there would be no problems with the bumpers overhanging in those areas. He said that the hospital could eliminate green space to gain additional parking area, if the PB had problems with the 18-foot depth. PB member Andrews asked what size car the parking had been designed to accommodate. Zoning Administrator Stanley replied that the design was based on compact car size. He opined that snow removal would be problematic and expensive. Ms Andrews said that she didn't always park with her car wheels right at the curb.

Vice-Chair Cottrill asked if there had been any calculation of the number of parking spaces that would be required based on the proposed changes. Ken McWilliams responded in the negative. He said that the number required was a different issue from the number that the design could provide.

Vice-Chair Cottrill questioned the pedestrian movement through the parking areas. He said that along County Road the property abuts the residential zone, and he recommended that the hospital try to move traffic toward Newport Road and away from the residences. He also said that he saw more traffic conflict zones within the overall plan by having the center drive as the main access point, which separates the hospital from most of the parking. He said that the center drive would take more auto traffic along with use by vehicles like the MRI semi-truck. Mr. Cottrill suggested directing the traffic flow along the perimeter of the property similar to the practice at Dartmouth-Hitchcock. PB member Clough noted that the plan was for employees to use the entrance along Colonial Plaza. She said that employees would not constantly be entering and exiting, as in patient parking, so the shorter spaces might work for employees. Vice-Chair Cottrill said he would like to see the number of conflict zones reduced, especially with the relocation of medical offices and the likely increase in traffic on the center drive due those arriving/departing for hourly appointments. He suggested that some improvement could be made with a perimeter drive and a more pedestrian-friendly campus. PB member Clough said that she would like to have green space to break up the paving expanse. Vice-Chair Cottrill asked

where the deliveries would go. Bruce King pointed out the area in the back, accessed by the center drive. He said the new entrance would drive the plan. Vice-Chair Cottrill said that having emergency vehicles entering via the busiest (center) drive was a point of conflict. Mr. Risley opined that segregating employees would reduce some of the conflicts. PB member Clough asked if many people used the “drop-off” feature at the main entrance. Mr. King responded affirmatively. PB member Conly spoke strongly in favor of retaining the “drop-off” feature in any new plan and cited his personal experience with its use.

Mr. Risley asked if the PB would require a parking plan and traffic study. Ken McWilliams pointed out that the plan presented backs into how many parking spaces the site could accommodate. He advised that it would be necessary to determine how many spaces would be required. In response to a question from the PB, Mr. King advised that the proposal provided for five new offices for doctors in anticipation of future needs. In regard to a traffic study, Mr. McWilliams advised that the hospital was proposing significant expansion, more specialty services, and the return to campus of pediatrics and physical therapy, and the impact of those changes needed to be assessed. PB member Andrews suggested that the traffic entering off County Road would also increase. Mr. Risley responded that he did not believe the traffic would increase. Ms Andrews said that she was more concerned about on-site traffic circulation than the increase in traffic off County Road.

Mr. King advised that the hospital does have a curb cut off Newport Road. Vice-Chair Cottrill suggested that it might be an option to consider for employee traffic. PB member Clough and Zoning Administrator Stanley were convinced a proposed round-about would be a positive change. Mr. Stanley noted that the curb cut off Newport Road would be in the commercial zone and, therefore, provided more possibilities. He said that it would be necessary to cross a wetland, but permits could be obtained to cross wetlands for a driveway. Zoning Administrator Stanley said that the hospital was proposing to consolidate existing services and bring others back to the campus which would increase traffic. He opined that the PB needed to look at the entire hospital property, not just what was there now. Vice-Chair Cottrill said that having direct access to Newport Road would help to ease the County Road burden. PB member Clough suggested that the employees might not like being pushed further out. Ken McWilliams opined that the edges of the property were good spots to use for parking, as they could not be used for building. Zoning Administrator Stanley briefly discussed irregularities existing in other areas of the property.

Mr. Risley reported that the hospital had met with municipal department heads. He advised that the storm-water issues still had to be discussed. He reported that the Fire Department wanted closer access with fire lanes that were closer to the buildings, as well as one or two new hydrants. The Fire Department had also expressed concern regarding the proximity of the proposed building to County Road. Ken McWilliams added that the Fire Department would require the hospital to install a sprinkler system in the new building and to move forward with the gradual “sprinklering” of the older portion of the complex. The Zoning Administrator had raised the issue of signage regarding the failure of the ordinance to meet the needs of institutions, e.g., the hospital (or the college). He advised that it might be necessary to seek Variances from the ZBA. Vice-Chair Cottrill asked about plans for low-impact, dark-sky lighting. Mr. Risley deferred to the architect for discussion of the design.

Stephen Clayman (Lavallee/Brensinger Architects) advised that the building shape was driven by where expansion could happen and based on how patient movement flows. He said that the design was intended to reduce patient stress. He pointed out that visitors to the campus would immediately see the main entrance and then the emergency entrance. He opined that the circular drive was very welcoming. Mr. Clayman advised that the locations of various services were established by patient traffic. He said that he had tried to break up the façade along County Road in order to soften the impact on the residential area and to diminish the size of the building. Vice-Chair Cottrill asked what the total length along County Road would be. Mr. Clayman replied that the length would be approximately 140-150 feet or more. He said that windows and clapboard materials would be used to further break up the visual impact.

Zoning Administrator Stanley suggested putting in a mansard or something to break up the brick wall along County Road. He pointed out that there would be only a 25-foot setback. PB member Conly suggested using landscaping. Mr. Clayman replied that the plan was to have a fairly substantial overhang and to use detail in the brick. Vice-Chair Cottrill asked Mr. Clayman about the height of the building along the 25-foot setback. Mr.

Clayman replied that the height would be about 28 feet and that the design needed to balance blending with the town style with the service provided. Hospital CEO Bruce King advised that they had discussed at length the need to blend with the neighborhood. Vice-Chair Cottrill emphasized that need, as the two nearest residences would be facing a huge brick wall. PB member Andrews pointed out that the hospital was situated in an institutional district. Vice-Chair Cottrill said that currently the hospital building was set back from the road, but expanding to within 25 feet of the road would necessitate softening the impact with details like a mansard roof, clapboard siding, and New England/New London detail. He opined that additional setback would make a difference, as in the case of the college or the middle school.

PB member Conly opined that the balancing of form and function was the reason for having architects involved in the expansion design. PB members Andrews and Clough expressed appreciation for the hospital's presentation of its expansion plans.

IV. PLANNING BOARD BUDGET 2006 AND 2007

Discussion of the PB budgets was deferred until September 26.

V. MASTER PLAN

Discussion of the Master Plan was deferred until September 26.

VI. SITE PLAN REVIEW REGULATIONS

Discussion of the Site Plan Review Regulations and the Driveway Regulations was deferred until September 26.

The **MEETING** was **ADJOURNED** at **9:35 PM**.

Respectfully submitted,
Judith P. Condict, Recording Secretary
New London Planning Board

DATE APPROVED _____

VICE-CHAIRMAN _____