

**GFI-HCMC Task Force  
Monday April 7, 2008 5-6:30pm  
Whittier Alliance Office**

**Attendees:** Mike Harristhal (HCMC), Gary Nyberg (HGA), Marcy Tollefson (Washburn Center for Children), Deb Sweetland (HCMC), Brian Foster (resident), Barb Lickness (resident), Paul Jablonski (business owner), Amanda Arnold (City Planner), Jo Ann Musumeci (Whittier representative to the Midtown Greenway Coalition), Tim Springer (Midtown Greenway Coalition)

**Staff:** Marian Biehn, Karin Knudsen

**Marian Biehn** opened the meeting with **introductions**. M. Biehn noted the agenda for review, and asked for additions or changes. The meeting agenda was okayed. The background materials (including the summary of the March 19 meeting of the GFI-HCMC Task Force, and the GFI site discussion of February 21, 2008) were noted and an opportunity to review the materials was given. M. Biehn turned the meeting over to **Mike Harristhal (HCMC)**.

**Report from HCMC and Design Update:**

**M. Harristhal (HCMC)** commented that there was good input from the last meeting, and said there were **three necessary items for the project to move forward**. He noted that: 1. a deal with the seller needs to be advanced; 2. questions concerning environmental hazards on the site need to be addressed; and 3. there needs to be continued discussions with the City and the neighborhood to address their needs and concerns in accordance with the vision of the development.

Harristhal noted that **input from the last task force meeting** was brought to the hospital board, including the question of funding for structured parking. He reported that the board said there will be no additional funding designated for that purpose, and that the total budget of 30 million was fixed. The issue of the long-term development of the site, and the potential for structured parking in a later site-development plan was brought up, but further discussion about the issue of structured parking was moved to later in the meeting.

M. Biehn raised the question of **due diligence**-is the process proceeding with the probable outcome of HCMC buying the site. **Deb Sweetland (HCMC)** noted that the **Phase I Environmental Impact Survey (EIS)** of the lot has been completed, and that no major problems were discovered. The survey did uncover that the site does have some "suspicious concentrations" (possible fuel spills from a previous use of the property). Sweetland mentioned that they have launched Phase II EIS, which will be more in-depth (and will cost additional funds) and is to be completed April 14. On/by April 23, they will make recommendations to the hospital board regarding those findings. B. Lickness raised the question of the availability of the Phase I and Phase II EIS to the Whittier Alliance and residents of the neighborhood should the sale of the property not go through; Sweetland said she will check to see if the records would remain confidential or if they could become public. Sweetland noted that, in general, the due diligence of the site is good, and that the earnest money for the site has been put down. A resident raised the question of the availability and timeline for a full design for the site, and it was noted that following the **April 23 meeting of the hospital board**, there will be some drawings available but not a full design.

**Amanda Arnold** addressed the **issue of rezoning** the site. It is currently zoned for industrial use, and could potentially be rezoned for commercial use. The city hasn't committed to rezoning the site, in part because most of the decisions are made at the planning commission panel and there hasn't been a rezoning application. She noted that the staff member responsible for the recommendation will be City Planner **Becca Ferrar**.

A resident raised the **issue of parking**, and noted that it would be advantageous have the clinic on one side and save the Nicollet side of the lot for parking and retail. **A. Arnold** noted that the general code does not support parking on Nicollet, in part because of current restrictions on parking on all major streets. She noted that on **April 17**, the **planning commission** will go the committee as a whole. **M. Biehn** asked if there will be opportunities for the Whittier Alliance (WA), on behalf of neighborhood residents, businesses, and property owners, to offer collaborative scenarios (WA-HCMC) that serve the **neighborhood needs and concerns**. D. Sweetland noted that they will take the preliminary plans to the meeting on the 17<sup>th</sup>; the outcome of the meeting that afternoon will help determine the decision on the 23<sup>rd</sup>.

The **issue of the site design** (variances, parking, setbacks, length of building, and location of the front door) was raised for discussion. **G. Nyberg (HGA)** said that the goal was to maximize the development on Nicollet, while keeping in mind the pedestrian overlay applies to the whole square block. Considering Nicollet, he remarked that to have parking on the side that is less pedestrian-active is a plan that is well accepted in approaches to urban planning. Having the entry points on Nicollet and 28<sup>th</sup> would qualify that conjunction as an “active corner.” As to the building itself, he noted that the square footage and layout are not finalized. A resident also raised the preference of putting the bulk of the building on Blaisdell; as well as the question of the 30 million financing for the project and if the hospital would be willing to spend more.

Based on the **pedestrian overlay** which applies to this site, a resident raised the question of the proposed design in terms of entry points, length of façade, and the use of setbacks in the site design. **M. Biehn** suggested that a more pedestrian friendly entry to the site design might be to have the entrance at Nicollet be a walkthrough at the corner to make the entrance more of a focal point for those approaching from the Nicollet side and an invitation for those parking in the lot behind the building to access Nicollet. The 2<sup>nd</sup> level could be all glass to create a break in mass and offer visual dynamic. It was noted that the current design offers a façade along Nicollet that is estimated at 120 linear feet, and that such a design is contrary to the pedestrian overlay. It was suggested that **reorganizing the footprint of the building**—moving some of the linear footage from the Nicollet side to the side on 28<sup>th</sup> (and effectively making the building more symmetrical rather than the proposed L-shaped design)—might be a good compromise. It was noted that the site will need variances no matter the proposal. The issue of the **square footage** was raised, and **Nyberg** noted that 60 thousand square feet is the size of the proposal. He also remarked that idea for the future development of the site (re: future vertical expansion) was unresolved.

The **issue of car traffic flow** into the clinic, and **location of entryways** into the site were raised. It was suggested that moving the Metro Transit bus stop on 28<sup>th</sup> to the corner would make it easier for pedestrians to cross the street to the clinic. The possibility of a drop-off point for vehicles at the same site was also suggested.

**J. Musumeci** and **T. Springer** of the **Midtown Greenway Coalition** raised the **issue of the clinic’s location in relation to the Midtown Greenway**. They commented on the proposed design based on the idea of future access the Greenway, the idea of community health and encouraging the use of the Greenway by clinic employees and visitors, and the idea of a building design that recognizes the Greenway side as a viable access point to the building. They noted that the current proposal focused on traffic from Nicollet and 28<sup>th</sup>, rather than potential entrance and use from the Greenway. It was suggested that having a dual entry zone (as proposed earlier in the discussion) would help to acknowledge both entryways into the building.

**Springer** also remarked that the **Midtown Greenway Coalition advocates** using the carwash land at 29<sup>th</sup> and Nicollet for entrance from the Greenway to the clinic. He also noted that the Coalition would prefer parking that is interior to the block, the use of permeable paving, and sustainable native landscaping. **G. Nyberg** noted the additional cost of structured parking would be prohibitive, and is not included in the current plans for this space. **Springer** suggested that maybe the best idea is not to develop the lot such that the decisions of this development preclude later use (for retail, or to meet pedestrian needs, or for a change in the parking site plan). It was noted this site presents HCMC with a challenge to be visionary in the development of their building to accommodate future development, maximize the asset of the Greenway and to think outside the design box of typical development.

It was asked if the clinic employees have been surveyed regarding their **transportation** needs and expected use. **M. Harristhal** (HCMC) noted that between HCMC, the physicians, and their associates, there are 150 people who work there, with 80-90 on-site at any given time. Most of the employees do drive; and they estimate that maybe 25-30% of their patients do not drive to reach the clinic.

A resident raised the **issue of the inclusion of space for alternative medicines** and suggested an add-on of 5-6 thousand square feet for use as such. **G. Nyberg** noted that 60,000 square feet (as proposed) would be the limit of what can be developed on the site.

**Next Steps:**

**HGA-HCMC:** Complete EIS  
Meeting April 17 Committee of the Whole 4:30, at City Hall Rm 319  
The HCMC Board Meeting April 23

**GFI-HCMC Task Force:**

Continue working with HCMC and HGA on the design development and site placement of the clinic building to affect the best outcome for site usage looking to possible future retail and structured parking as well as Clinic growth.

Work with HCMC and Hennepin County to create criteria and possible RFP for future development and structure parking on the site and reaching to the Greenway.

**Preferences of Task Force:**

Keep entrance at corner of Nicollet and 28<sup>th</sup> St.  
Shift Clinic building façade to 28<sup>th</sup> St reducing the linear footage along Nicollet  
Further exploration of building in footings for structured parking  
No curb cut along Nicollet  
Revisit comments from previous meeting with other design and placement issues  
(basement, footings for vertical growth, community space, etc)

Summary notes prepared by Karin Knudsen