

Section 5.5 PARKING





5.5 PARKING

This section evaluates the impacts of the proposed project in regards to parking at the project site. This analysis summarizes the findings of the *Parking Study Report, Henry Mayo Newhall Memorial Hospital Master Plan (Parking Study Report)* prepared by Linscott, Law & Greenspan (LLG), dated May 19, 2008. For a detailed discussion of assumptions, calculations, and conclusions utilized in the parking analysis, refer to the *Parking Study Report* included in its entirety in Appendix K of this EIR.

5.5.1 ENVIRONMENTAL SETTING

EXISTING PARKING CONDITIONS

The existing Henry Mayo Newhall Memorial Hospital (HMNMH) campus is located on a 30.4-acre site within the City of Santa Clarita, at 23845 McBean Parkway. Refer to Section 3.0, Project Description, for a detailed description of existing conditions at the site.

As part of the *Parking Study Report* prepared for the proposed project, existing parking conditions at the project site were extensively inventoried for parking provisions, types and restrictions (typically by intended user group and designated by signage and/or pavement markings). As indicated on *Exhibit 5.5-1, Existing Parking Layout*, there are 12 parking space designation types (quotation marks indicate actual sign legends), and seven types of curb parking characteristics.

Table 5.5-1, Existing Parking Supply, summarizes the number of marked spaces in each category. *Table 5.5-1* distinguishes between actual marked spaces in parking lots, space equivalency for drop off areas (these are located near the hospital main entry, and sometimes used for short-term parking), and “on-street” spaces along the curb of the internal ring road of the site. Where parking spaces are not explicitly marked along these curbs, the space count is estimated at 22 feet per vehicle. Based upon the comprehensive inventory of on-site spaces in service during the November 2007 field studies, the existing parking supply for the HMNMH totals 1,114 spaces, consisting of 968 spaces in surface lots, and 146 “on-street” spaces along the internal circulation roadways of the site.

It is not unusual for space counts in large campus settings like that of the HMNMH Master Plan site to vary with time and among inventory sources. The City in previously released environmental documents has used an existing condition of 972 surface lot spaces for the site. In LLG’s recent field study, they noted a small number of what had been and would likely be again parking spaces that were out of service due to construction activities. From LLG’s field review, they concluded that four spaces from the City’s prior reported inventory of 972 surface lot spaces are temporarily not in service (these are located in a small lot southwest of the ambulance entrance), but would be again once current construction activity ends, thus reconciling the variation between the City-reported total of 972 surface lot spaces and the 968 surface lot spaces inventoried by LLG.



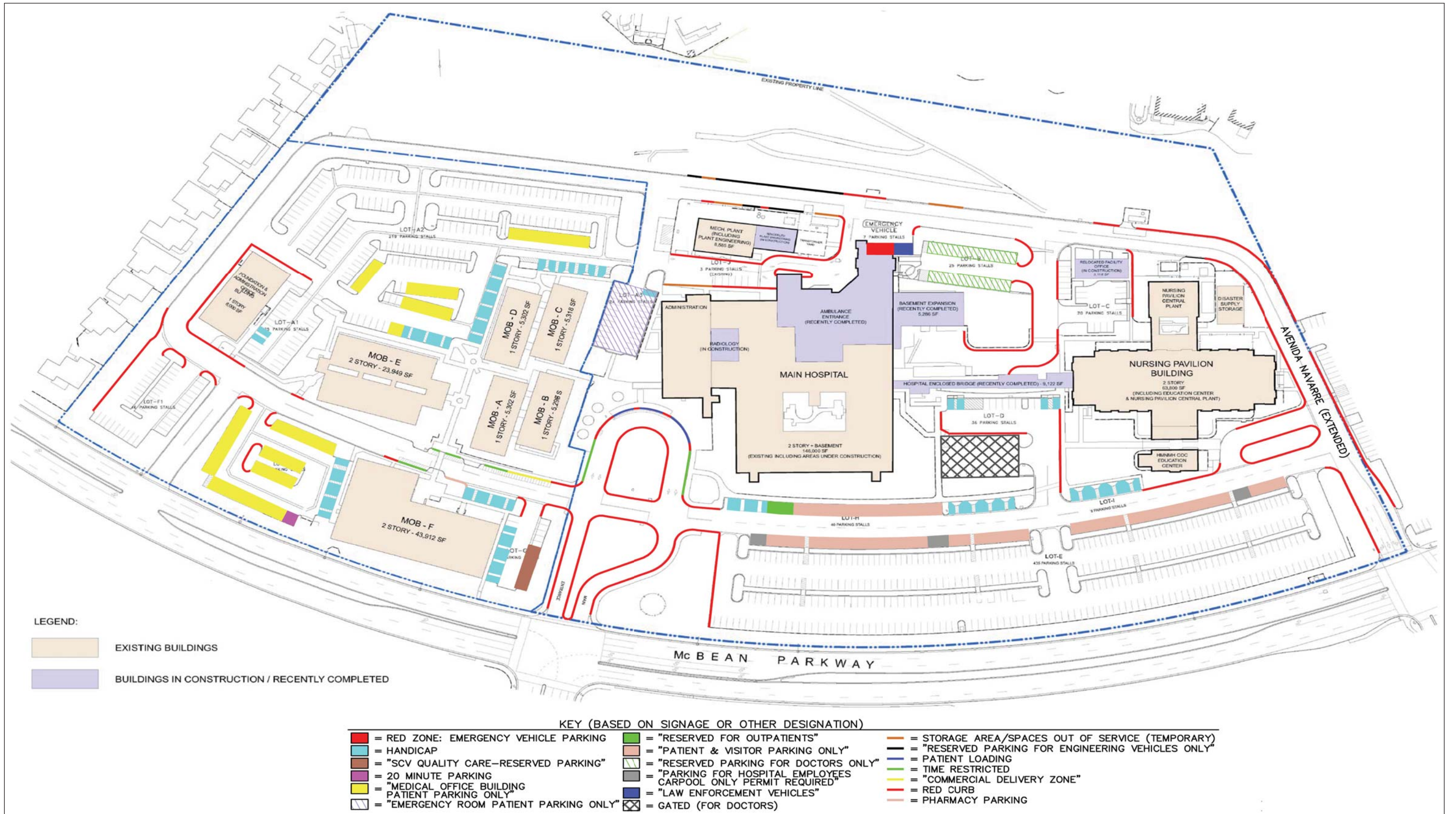
**Table 5.5-1
Existing Parking Supply**

| Category ¹ | Parking Inventory | | |
|--|-------------------|------------|--------------|
| | Curb | Lots | Total |
| SURFACE LOTS – MARKED SPACES | | | |
| Unrestricted | | | |
| Regular | | 583 | 583 |
| Handicap | | 74 | 74 |
| Subtotal | | 657 | 657 |
| Restricted | | | |
| Medical Office Patients | | 88 | 88 |
| "SVC Quality Care – Reserved Parking" | | 8 | 8 |
| "Patient and Visitor Parking Only" | | 102 | 102 |
| "Reserved for Outpatients" | | 4 | 4 |
| 20 Minute Parking | | 2 | 2 |
| "Reserved Parking for Doctors Only" | | 28 | 28 |
| Gated (For Doctors) | | 23 | 23 |
| "Parking for Hospital Employees Carpool Only Permit Required" | | 11 | 11 |
| "Emergency Room Patient Parking Only" | | 22 | 22 |
| Red Zone: Emergency Vehicle Parking | | 4 | 4 |
| "Law Enforcement Vehicles" | | 3 | 3 |
| Subtotal | | 295 | 295 |
| SURFACE LOTS – UNMARKED SPACES | | | |
| Drop-Off | | 16 | 16 |
| Subtotal | | 16 | 16 |
| Subtotal Surface Lots | | 968 | 968 |
| "ON-STREET" PARKING² | | | |
| Regular | 113 | | 113 |
| Yellow ("Commercial Delivery Zone") | 3 | | 3 |
| Green (Time Restricted) | 11 | | 11 |
| White (No Other Signage/Marking) | 4 | | 4 |
| Pharmacy 20 Minute | 2 | | 2 |
| "Reserved Parking for Engineering Vehicles Only" | 13 | | 13 |
| Subtotal | 146 | | |
| TOTAL FOR PROJECT SITE | 146 | 968 | 1,114 |
| Source: <i>Parking Study Report, Henry Mayo Newhall Memorial Hospital</i> , Linscott, Law & Greenspan, May 19, 2008. | | | |
| ¹ Based on signage or other designation. | | | |
| ² Estimated at 22 feet per curb space. | | | |
| Note: Date of supply inventory was November 4, 2007. | | | |

EXISTING PARKING DEMAND

Parking Demand Surveys

In order to determine the existing parking demand characteristics of the HMNMH, parking utilization surveys were performed on-site at various times throughout the days of Wednesday, November 7, 2007 and Thursday, November 8, 2007. Based on conversations with HMNMH representatives, Wednesdays and Thursdays were determined to be the most likely days to capture peak week-long representative data for hospital and medical office building (MOB) activity. Data provided by HMNMH indicate that November 7 and 8, 2007 were average to slightly greater than average when compared to annual averages for inpatient, outpatient, and emergency patients/visits to the facility.



Source: Linscott Law and Greenspan; May 9, 2008.

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For the purposes of the parking utilization surveys, the HMNMH project site was divided into six subareas (i.e., “zones”); refer to Exhibit 5.5-2, *Parking Subareas*. All vehicles parked within each of the six subareas of the site (both in surface lots [whether in a marked space or not] and in “on-street” parking) were counted at the top of every hour, beginning at 6:00 AM and ending at 8:00 PM. Table 5.5-2, *Observed Parking Demand vs. Existing Supply*, provides a comparison of demand observed during the utilization surveys versus existing on-site parking supply on an hour-by-hour basis.

As shown in Table 5.5-2, observed parking demand throughout the site was consistently greater on Wednesday versus Thursday. The peak occurred at 11:00 AM on Wednesday with a site-wide parking demand of 1,051 spaces (921 in lots and 130 at the curb). Peak demand on Thursday (occurring at 11:00 AM, totaling 1,004 spaces) was approximately five percent less than Wednesday. With the exception of the 7:00 AM survey period, all Thursday demand values were higher than Wednesday on an hour-by-hour basis.

Table 5.5-2 also shows that the observed peak represented an overall 94 percent parking occupancy (calculated as a peak demand of 1,051 spaces versus a supply of 1,114 spaces), and resulted in a 63 space observed space surplus for the site.

Figure 3-3 in Appendix K translates the parking demand values of Table 5.5-2 to parking profiles for both Wednesday and Thursday by time-of-day, and compares those demands to a supply line at 1,114 spaces. The left margin of Figure 3-3 identifies the scale for actual demand (vehicles parked), while the right margin provides a scale for expressing observed demand as a percent of total supply. From Figure 3-3, it is evident that the mid- to late-morning hours have the greatest relative demand of the day, and on the day identified for this study, Wednesday, ran at greater than 90 percent of supply. Observed demand at mid-day and into the mid-afternoon hours fell just below 90 percent on the same peak day.

Additional details regarding the survey results for the site by sub-area and for the combination of sub-areas that make up each zone are provided in Tables B-1 through B-14 in Appendix K. Table B-13 presents a detailed site-wide breakout of inventory by space type and the observed parking demand in each of those space groupings by time-of-day.

As part of the parking utilization survey, the following characteristics were noted:

- ◆ Peak demand conditions are characterized by parking occupancies of 94 percent or greater in Zones 1, 2, 3, and 6. Demand in Zones 4 and 5 peaks at 68 percent. The demand variations among zones result from a combination of factors, including proximity to on-foot destination, space designations/allocations, and availability of attendant-assisted parking (the latter is provided in Zones 1 and 6 during potential peak demand periods, thus adding incrementally to the marked supply in those zones due attendant processing and staging of some arriving vehicles).
- ◆ Regardless of location, spaces explicitly reserved by signage for patients-only parking are fully occupied (100 percent) at peak times. Many other designated space groupings, ranging in size from a few to about 20 spaces, are also full.

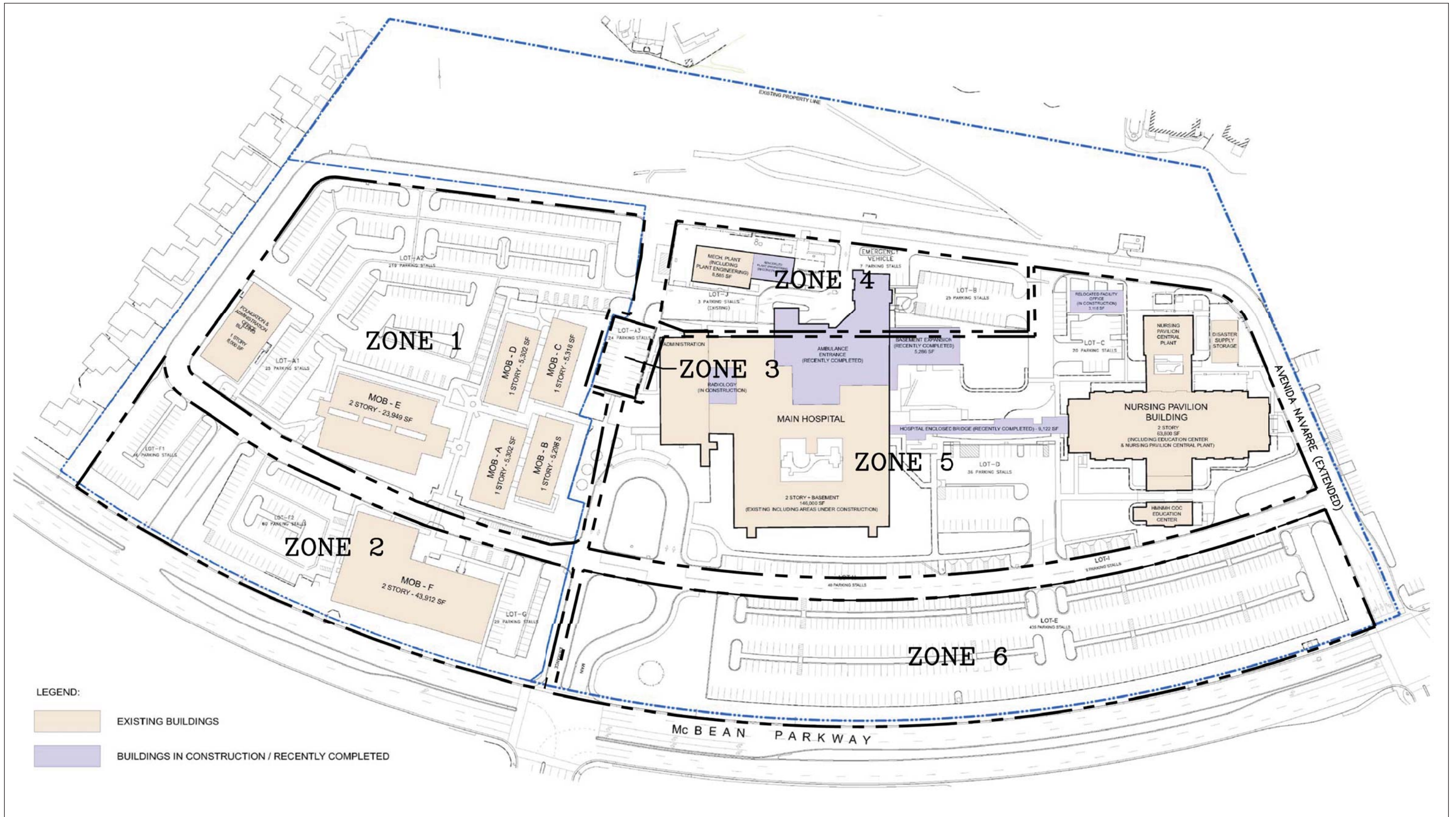


**Table 5.5-2
Observed Parking Demand vs. Existing Supply**

| Time | Wednesday (11/07/07) | | | Thursday (11/08/07) | | |
|---------------------------------------|----------------------|------|---------------|---------------------|------|--------|
| | HMNMH (Zones 1-6) | | Total | HMNMH (Zones 1-6) | | Total |
| | Curb | Lots | | Curb | Lots | |
| 6:00 AM | 45 | 173 | <i>218</i> | 42 | 143 | 185 |
| 7:00 AM | 71 | 337 | 408 | 65 | 382 | 447 |
| 8:00 AM | 95 | 687 | <i>782</i> | 91 | 678 | 769 |
| 9:00 AM | 121 | 895 | <i>1,016</i> | 119 | 839 | 958 |
| 10:00 AM | 130 | 910 | <i>1,040</i> | 118 | 850 | 968 |
| 11:00 AM | 130 | 921* | <i>1,051*</i> | 121* | 883* | 1,004* |
| 12:00 PM | 131* | 844 | <i>975</i> | 113 | 846 | 959 |
| 1:00 PM | 130 | 850 | <i>980</i> | 108 | 789 | 897 |
| 2:00 PM | 112 | 859 | <i>971</i> | 105 | 788 | 893 |
| 3:00 PM | 110 | 839 | <i>949</i> | 104 | 765 | 869 |
| 4:00 PM | 82 | 697 | <i>779</i> | 77 | 625 | 702 |
| 5:00 PM | 73 | 465 | <i>538</i> | 64 | 455 | 519 |
| 6:00 PM | 67 | 395 | <i>462</i> | 55 | 358 | 413 |
| 7:00 PM | 55 | 382 | <i>437</i> | 38 | 278 | 316 |
| 8:00 PM | 28 | 231 | <i>259</i> | 21 | 167 | 188 |
| Peak Demand | 131 | 921 | 1,051 | 121 | 883 | 1,004 |
| Supply | 146 | 968 | 1,114 | 146 | 968 | 1,114 |
| Percent Occupancy | 90% | 95% | 94% | 83% | 91% | 90% |
| Surplus (+) or Deficiency (-) | +15 | +47 | +63 | +25 | +85 | +110 |
| Peak Day (Wednesday, 11/07/07) | | | | | | |
| Peak Demand | 131 | 921 | 1,051 | | | |
| Supply | 146 | 968 | 1,114 | | | |
| Percent Occupancy | 90% | 95% | 94% | | | |
| Surplus (+) or Deficiency (-) | +15 | +47 | +63 | | | |

Source: *Parking Study Report, Henry Mayo Newhall Memorial Hospital*, Linscott, Law & Greenspan, May 19, 2008.
* Corresponds to peak demand.
Text in italics corresponds to peak demand for the two-day survey.

- ◆ At the peak, the 633 “regular” (otherwise unrestricted) spaces have a combined occupancy of 103 percent. The overage demand occurs entirely in Zone 6, and is facilitated by attendant-assisted parking operations. During peak demand times, attendants will take a visitor’s vehicle and stage that vehicle in an aisle until a marked space becomes available. This adds to the functional supply within the Zone 6 lot during those peak times.
- ◆ Among the least used spaces by category, the 74 handicap spaces on the site have a peak demand of 48 vehicles, for a 65 percent occupancy level. Provision of these spaces is required by both State and Federal law, and thus their supply amount cannot be adjusted or rebalanced. The 35 percent surplus (26 spaces) in the handicap category, when combined with other site demand characteristics, tends to improve the overall parking occupancy percentage. Without handicap demand or spaces included, the site parking occupancy grows to 96 percent, versus the 94 percent indicated within *Table 5.5-2*.
- ◆ It is clear that “on-street” curb spaces play an important role in the parking balance at the site. These clearly are not spaces of last resort, and their use ramps up early in the day, indicated by a demand of 95 spaces at 8:00 AM and 121 spaces at 9:00 AM, versus a day-long peak of 131 spaces.



Source: Linscott Law and Greenspan; May 19, 2008.

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Existing Parking Influencers

Ambulatory Care Center/Valencia Medical Office Building

The Ambulatory Care Center (ACC) and the Valencia Medical Office Building (MOB) exist on a separate parcel to the north of the project site (north of Avenida Navarre). These buildings are not a part of the existing HMNMH project site, but are potential existing parking influencers of demand for the proposed project. On that basis, the *Parking Study Report* included an analysis of the ACC/Valencia MOB site concurrently with the HMNMH.

The ACC/Valencia MOB includes a total of 306 spaces, with 302 of these being marked spaces, and four spaces attributed to curb loading spaces. The loading zone adjoining the north side of the Valencia MOB is utilized for valet parking operations. Figure 3-5 and Table 3-3 in Appendix K summarizes the existing conditions for the ACC/Valencia MOB site. Table 3-4 in Appendix K presents the parking demand versus supply summary for the ACC/Valencia MOB site; the data for Table 3-4 can be found in Tables B-16 and B-16 in Appendix K.

Similar to the HMNMH, the peak total parking demand of 306 spaces was observed on the Wednesday survey day, which represents a 100 percent occupancy condition for parking provisions on the ACC/Valencia MOB site. The peak demand occurred at 10:00 AM, but was nearly the same at both 9:00 AM and 11:00 AM.

The data in Table 3-4 in Appendix K suggests that some ACC/Valencia MOB parking demand may be displaced elsewhere during the peak parking demand periods of that site. Qualitative observations suggest this displacement resurfaces as an element of parking demand in Zone 6 of the HMNMH project site. On that basis, observations were made of the on-foot crossing activity between the two sites at Avenida Navarre (extended). These consisted of pedestrian counts compiled by direction. With medical facilities on both sides of the crossing, an on-foot interaction between the two can be expected, so that any crossing of the intervening roadway cannot automatically be presumed to be parking related. On the other hand, the subset of those crossings between the ACC/Valencia MOB site and the HMNMH Zone 6 parking lot can be attributed to visitors to the northern site “poaching” parking spaces within the southern site (HMNMH Zone 6).

The pedestrian survey process revealed that poaching within Zone 6 of the HMNMH peaked in the range of 10 to 15 parking spaces, in the middle to late morning hours, falling to less than 10 during the noon hour. On that basis, it was determined that the peak parking demand at the HMNMH (1,051 spaces during the 11:00 AM hour) included an estimated 15 parkers attributable to the ACC/Valencia MOB site. The data for the pedestrian surveys is provided in Tables 3-5 and 3-6 in Appendix K.

Construction Parkers

During the November 7-8, 2007 parking utilization surveys conducted at the project site, HMNMH staff identified a range of construction activities occurring on-site. These construction activities required parking for construction workers, which could represent a parking influencer under this analysis. HMNMH staff reported a total of 40 construction workers among various on-going projects whose parking demand was included in the reported field study values. This population



could be converted on a one-for-one basis to parking demand. However, so as not to potentially over-estimate the impacts of construction worker parking, this *Parking Study Report* utilized a 0.75 conversion multiplier, which results in an assumption of 30 spaces attributable to construction worker parking.

Express Bus “Park and Ride” Activity

Express/commuter bus service for the project area is supported by stops along McBean Parkway near the project site (refer to Table 3-7 in Appendix K for the bus service schedule). A total of 23 outbound buses pass by the site, with outbound service all typically in the 5:00 AM to 8:00 AM period. Field review during the November 7-8, 2007 parking utilization surveys revealed little if any interaction between the express/commuter bus service and HMNMH site parking. A review of field data for Zones 2 and 6 within the HMNMH site, including where early morning parkers cluster in the lots, suggest that only a few (less than five) possible parkers park at the site in order to utilize bus services. Given their relative magnitude, these parkers can generally be ignored as a possible adjustment factor for site parking.

Hospital Employee Commuting Characteristics

As part of the *Parking Study Report*, hospital employee commuting characteristics (e.g., ridesharing or use of alternative transportation) were identified as a potential influencer on parking demand at the project site. HMNMH recently made its 2008 filing under Rule 2202 to the South Coast Air Quality Management District (SCAQMD). That filing (dated March 12, 2008) included employee survey results regarding existing employee travel patterns compiled for the week of February 4 through 8, 2008. The results of the survey noted the following:

- ◆ Only 2.6 percent of the surveyed employees report to the site by means other than conventional private vehicle. These include the alternative modes of bus, walking, and telecommuting.
- ◆ In contrast, 97.4 percent of the surveyed employees travel to the site by conventional private auto.
- ◆ Of these commuters traveling by private vehicle, 95 percent do so by driving alone.
- ◆ Among all conventional private auto commuters, the actual calculated average vehicle occupancy is 1.06 persons per vehicle.
- ◆ For all commuters, regardless of mode, the composite vehicle occupancy is 1.09 persons per vehicle.

The above results reveal very little use of alternative travel modes or ridesharing by hospital employees. As noted within the *Parking Study Report*, this trend results in a very high parking ratio for hospital employees (roughly 0.92 spaces per peak shift employee, calculated as 1 space/1.09 employees). This characteristic suggests significant opportunities for ride share improvements in the future, which in turn could serve to reduce the parking needs of the site for hospital employees. However, the future demand calculations of the *Parking Study Report* do not presume increases in



ridesharing/alternative transportation, and instead, reflect a continuation of current employee travel mode and parking characteristics.

Adjusted Parking Demand “Design Value”

Parking facilities with occupancy levels of 90 to 95 percent or more are typically considered “nearly full” or “full.” Therefore, it is common practice to increase actual parking demand values by a contingency factor to account for day-to-day variations as well as convenience/circulation for parkers. The latter consideration avoids the circumstance where the “last parker” must search most of the site to find the “last space.” A supply of 5 to 10 percent in excess of expected peak demand contributes to parking convenience and an overall parking equilibrium. In the case of the HMNMH site, a calculated “design value” resulting from the *Parking Study Report* analysis of existing peak conditions can yield a preferred sizing for the existing parking supply at the site that may vary from the actual provisions.

It should be noted that there are two potential “existing” scenarios to be considered. The first of these is based on development conditions at the time of the field studies conducted on November 7-8, 2007. The second scenario reflects the pending addition of four beds in the Nursing Pavilion, plus remodeling improvements associated with the Radiology Outpatient and Facilities Building. These adjustments carry an additional combined code requirement of 20 spaces. That 20-space requirement has been added to the November 2007 design value, developed below, as part of a May 2008 existing conditions scenario.

Besides the contingency factor described above, the actual demand data are subject to other adjustments based on site conditions at the time of the survey. As such, the space components of the “design value” demand associated with current site buildings and development, using a more aggressive contingency of 10 percent, are as follows in Table 5.5-3, *Parking Demand “Design Value” (2007/2008)*.

**Table 5.5-3
Parking Demand “Design Value” (2007/2008)**

| Time Period | Spaces |
|--|--------|
| November 2007 | |
| Actual peak demand | 1,051 |
| Less construction vehicles | 30 |
| Less Park and Ride vehicles | 0 |
| Less ACC/Valencia MOB parking intrusion | 15 |
| Net actual peak demand | 1,006 |
| Add 10 percent contingency | 101 |
| Existing site parking “design value” | 1,107 |
| Variation from inventoried existing @ 1,114 (supply exceeds “design value” by 7spaces) | -7 |
| May 2008 | |
| Add space requirements for recent construction | +20 |
| Adjusted “design value” | 1,127 |
| Variation from inventoried existing @ 1,114 (“design value” exceeds supply by 13 spaces) | 13 |



Based on the information provided above, if the existing site were to be constructed based on November 2007 conditions, a suggested parking supply recommendation would total 1,107 spaces. Such a supply is consistent with actual observed demands at the site, the presence of construction parkers (30 vehicles) at the time of the survey that will eventually be removed from the site, and the presence of parking “poachers” from the ACC/Valencia MOB site. While the latter may be problematic for their total exclusion, if the poaching continued to occur, the effects would be accounted for by the site contingency factor.

Based on the May 2008 scenario, the “design value” equals 1,127 spaces. The actual supply is 13 spaces less than “design value,” noting that the latter incorporates a 10 percent contingency factor over the November field study values. With a net actual demand of 1,026 spaces for the projected May 2008 condition, the resulting contingency is approximately 8.6 percent (calculated as $\{1,114 - [1,006 + 20]\} / 1,026$). Given the attendant assisted parking operations on the site, the variation between 8.6 percent and a suggested target of 10 percent is not considered significant.

CITY PARKING REQUIREMENTS

The *Parking Study Report* also includes a section (Section 4.0) that reviews the City of Santa Clarita’s parking requirements for medical office buildings and hospital-related parking ratios with 39 other jurisdictions. Table 4-1 in Appendix K concludes that the City of Santa Clarita’s parking requirements for hospital and medical office building are among the most conservative of the sample surveyed, with the City of Santa Clarita requirements ranking in the top ten percent. A detailed description of the comparison is provided within Appendix K.

5.5.2 SIGNIFICANCE THRESHOLD CRITERIA

CITY OF SANTA CLARITA LOCAL CEQA GUIDELINES

The City of Santa Clarita Local CEQA Guidelines (Resolution 05-38) adopted on April 26, 2005, as well as the City’s General Plan and Municipal Code serve as the basis for identifying thresholds determining the significance of the environmental effects of a projects. Where thresholds are not specifically identified, the Initial Study checklist contained in Appendix A of this EIR relating to parking has been utilized to formulate additional significance criteria in this section. Accordingly, a project may create a significant environmental impact if the following occurs:

- ◆ Parking demand exceeds Municipal Code-required parking capacity.

In addition to the threshold criteria noted above, the standards noted below will be used to determine whether the proposed project will be providing sufficient parking to comply with the *Municipal Code*.

CITY OF SANTA CLARITA MUNICIPAL CODE – CHAPTER 17.18, PARKING STANDARDS

The City of Santa Clarita *Municipal Code* (Chapter 17.18, Parking Standards) provides off-street parking requirements for a range of land uses within the City. More specifically, Chapter 17.18.130 requires the following number of spaces for MOB and hospital uses:



- ◆ Medical Office Building: 1 space per 200 square feet; and
- ◆ Hospital: 2 spaces per each licensed bed; plus 1 space per 400 square feet of outpatient clinic, laboratories, pharmacies and similar uses established in conjunction with the hospital. A minimum of 25 percent of parking should be designated for employees.

The proposed HMNMH Master Plan has been evaluated based on the standards described above. Mitigation measures are recommended for potentially significant impacts. If a potentially significant impact cannot be reduced to a less than significant level through the application of mitigation, it is categorized as a significant unavoidable impact.

5.5.3 IMPACTS AND MITIGATION MEASURES

SHORT-TERM CONSTRUCTION PARKING

Level of Significance Prior to Mitigation: Potentially Significant Impact.

Impact Analysis: The proposed Master Plan would be built out over a 15-year period, with the medical office buildings, Inpatient Building, and parking structures being constructed at various times throughout that time period. The construction of the on-site structures could impact on-site parking as parking would be needed for construction crews, on-site tenants, and visitors. In order to ensure sufficient quantity on the project site to meet projected needs during the construction period, mitigation has been proposed to address parking specifically for the construction period. Therefore, with implementation of Mitigation Measure PRK1, impacts related to providing adequate parking during construction would be less than significant.

Mitigation Measures:

PRK1 To maximize the on-site parking for non-construction uses, the project applicant shall prepare and implement a Parking Management Plan during the construction phases of the project. The Plan may include provisions for: 1) no construction worker parking on-site, and 2) off-site parking at an existing facility or facilities with a parking surplus, with a shuttle system, or other similar transportation method to and from the hospital campus. The Plan shall be approved by the Director of Community Development prior to the issuance of any building permit included in the HMNMH Master Plan, which is identified in Section 3.0, Project Description, of this EIR.

Level of Significance After Mitigation: Less Than Significant Impact.

LONG-TERM OPERATIONAL PARKING

Level of Significance Prior to Mitigation: Potentially Significant Impact.



Impact Analysis:

Parking Demand

Methodology

Given the project includes hospital as well as medical office building parking components on the site, the application of City *Municipal Code* parking requirements to each component constitutes a “model” or “formula” for determining the City-required parking supply of the site for each increment of Master Plan development. The results of that calculation further represent a benchmark, particularly for the full Master Plan of development, against which the parking demand field study results can be compared for validation of Code-required parking. This constitutes the approach taken in this analysis.

City code ratios most commonly use physical attributes of the project description that are discernable from a review of project plans, in this case primarily hospital bed totals and medical office building square footage, as the basis of projecting parking space needs. The peer review compilation of Table 4-1 in Appendix K reveals these parameters to be a common basis for projection, noting further that some jurisdictions also use employee totals when making code parking calculations for hospitals. It is worth noting that none of the code requirements of Table 4-1 in Appendix K are based upon classification of the driver.

Field Study Parking Demand Versus Code Existing Conditions

Table 5.5-4, Field Study Parking Demand Versus City Code (Existing Development), sorts observed peak parking demand at the site to the two basic categories of medical office and hospital buildings. From *Table 5.5-4*, existing peak parking demand on the site for the medical office building (including the Foundation Building) uses was isolated to total 442 spaces, versus a Code requirement for those existing uses of 470 spaces (refer to Table 4-2 in Appendix K). Actual demand at the peak was therefore 94 percent of the predicted needed supply as calculated by Code. The Code ratio thus provides for essentially a six percent contingency factor (equivalent to an operational surplus), even at peak demand times. The City’s Code ratio for medical office building would result in greater operational surpluses, to varying degrees, for medical office building components during other times of the peak day and other days of the week.

Also from *Table 5.5-4*, actual peak parking demands for the hospital buildings equate to about 126 percent of their theoretical code requirement based on the November 2007 development description of the site. Because all administrative, service and support elements of the hospital would not grow proportionately with the bed increases brought on line by the addition of the Inpatient Building, this is illustrated in the next subsection of this report to be only a near-term condition.



**Table 5.5-4
Field Study Parking Demand Versus City Code (Existing Development)**

| Description | Site Wide (Spaces) | Allocation | |
|--|--------------------|--------------------------|-----------------------|
| | | Medical Office Buildings | Hospital Buildings |
| Actual Demand (Spaces) | 1,051 | 442 ¹ | 609 ² |
| Less Construction Vehicles | 30 | -- | 30 |
| Less Park and Ride Vehicles | -- | 0 | 0 |
| Less ACC/Valencia MOB Intrusion | 15 | 0 | 15 |
| Net Actual Peak Demand (Spaces) | 1,006 | 442 | 564 |
| November 2007 Existing Facilities | | 95,316 SF | 217 Beds ⁴ |
| Code Requirements for November 2007 Existing Facilities ³ | 930 | 470 | 460 |
| Existing Peak Demand as a Percentage of Code | 108% | 94% | 126% |

1. Zone 1 at 300 spaces plus Zone 2 at 159 spaces less 1/2 of the 34 spaces at regular curb in Zone 1 at 7:00 AM.
 2. Balance of Site Wide demand (1,051 – 442 = 609 spaces).
 3. From Table 4-2 in Appendix K using City Code ratios and adjusting to the November 2007 existing facilities description.
 4. At time of LLG November 2007 parking demand studies, hospital bed totaled 217 (121 beds at Main Hospital and 96 beds at Nursing Pavilion. Section 3.0, Project Description, of this EIR references the existing condition at 221 beds.

Code-Required Parking

The proposed project would result in an increased demand for parking due to the construction of new medical office buildings and hospital facilities. However, the proposed project is conditioned to ensure that sufficient parking is provided at each stage of construction to meet *Municipal Code* requirements. The information provided below analyzes the proposed project’s ability to accommodate increased parking demand and consistency with City requirements for parking.

Based on existing City standards, the proposed project would be required to provide 2,190 parking spaces in order to comply with the *Municipal Code* (Chapter 17.18, Parking Standards). Required parking spaces per each proposed component of the Master Plan are shown in Table 5.5-5, City Code Parking Calculation Summary.

As shown within Table 5.5-5, the proposed project would include 2,231 spaces in order to comply with the City’s *Municipal Code* and meet anticipated parking demand for proposed Master Plan operations. The proposed 2,231 parking spaces would be provided by four parking structures with at least one subterranean level and surface parking. Table 5.5-6, Proposed Master Plan Parking Provisions, provides a detail of proposed parking facilities and capacities. Parking Structure 1 (PS1) would be located along McBean Parkway within the northeastern corner of the project site, PS2 and PS3 would be located within the southwestern corner of the project site, and PS4 would be located along McBean Parkway at the Orchard Village Road intersection. Proposed parking improvements would be constructed in concert with the anticipated phasing schedule for Master Plan facilities, which are detailed in Section 5.4, Traffic, and in the Development Agreement, to ensure that adequate parking is available during each phase and the proposed project is in compliance with the City’s *Municipal Code*. Implementation of the parking structures would be timed with construction of primary MOB or hospital facilities.



Table 5.5-5
City Code Parking Calculation Summary

| Description | Parking Ratio | Existing | | Total Master Plan | |
|--|--|-----------|----------------------|-------------------|----------------------|
| | | Basis | Requirement (Spaces) | Basis | Requirement (Spaces) |
| MEDICAL BUILDINGS | | | | | |
| MOB A-F | 5.0 spaces/1,000 SF | 87,316 SF | 438 | NC | 438 |
| Foundation | 4.0 spaces/1,000 SF | 8,000 SF | 32 | -8,000 SF | |
| MOB 1 | 5.0 spaces/1,000 SF | | | +77,600 SF | 388 |
| MOB 2 | 5.0 spaces/1,000 SF | | | +58,000 SF | 290 |
| MOB 3 | 5.0 spaces/1,000 SF | | | +58,000 SF | 290 |
| Subtotal | | 95,316 SF | 470 | +185,600 SF | 1,406 |
| HOSPITAL BUILDINGS | | | | | |
| Main Hospital | 2.0 spaces/bed | 121 beds | 242 | +18 beds | 278 |
| Nursing Pavilion | 2.0 spaces/bed | 100 beds | 200 | +9 beds | 218 |
| Emergency | 2.5 spaces/1,000 SF | 5,518 SF | 18 | NC | 18 |
| Radiology Outpatient | 2.5 spaces/1,000 SF | 5,857 SF | 15 | NC | 15 |
| Facility Building | Office - 4.0 spaces/1,000 SF Warehouse - 1.0 spaces/1,000SF | 3,118 SF | 5 | NC | 5 |
| Inpatient Building - Inpatient | 2.0 spaces/bed | | | +120 beds | 240 |
| Inpatient Building - Outpatient | 2.5 spaces/1,000 SF | | | +4,000 SF | 10 |
| Subtotal | | | 480 | | 784 |
| TOTAL REQUIREMENT | | | 950 | | 2,190 |
| SUPPLY | | | 1,114 | | 2,231 |
| SURPLUS (+)/DEFICIENCY (-) | | | +164 | | +41 |
| Source: <i>Parking Study Report, Henry Mayo Newhall Memorial Hospital</i> , Linscott, Law & Greenspan, May 19, 2008. NC = No Change SF = Square Feet | | | | | |



In addition to the mitigation measures recommended, the Parking Study Report included several other operational measures for the project applicant to consider to further improve the long-term on-site parking operations:

- ◆ Consider ongoing application of operational measures that encourage increases in average vehicle occupancy and reduced parking demand (transit and other mode promotion, rideshare participation) as well as enhance available supply (assisted and/or valet parking).
- ◆ Consider installation of differential parking counters in new structured parking. These count systems are capable of providing “real time” parking space availability information to arriving traffic, and also providing summary reports for analysis of parking characteristics and trends.

In conclusion, the proposed project would be required to provide 2,190 spaces, and would provide 2,231. This would result in a surplus of 41 parking spaces. Thus, the proposed Master Plan would be in compliance with City requirements for parking, and impacts would be less than significant in this regard upon implementation of the mitigation measure.

**Table 5.5-6
Proposed Master Plan Parking Provisions**

| Description | Spaces Provided |
|--|-----------------|
| PS 1 with Subterranean Level | 750 |
| PS 2 with Subterranean Level | 579 |
| PS 3 with Subterranean Level | 278 |
| PS 4 with Subterranean Levels | 316 |
| Surface (general) | 253 |
| Surface (for physicians – gated) | 48 |
| Surface (for emergency vehicles) | 7 |
| TOTAL PARKING PROVIDED | 2,231 |
| Source: <i>Parking Study Report, Henry Mayo Newhall Memorial Hospital</i> , Linscott, Law & Greenspan, May 19, 2008. PS = Parking Structure | |

Mitigation Measure:

PRK2 As part of the plan review process for each phase of Master Plan buildout, the City of Santa Clarita shall ensure that the project applicant accompanies each development phase with adequate parking, in compliance with the City’s *Municipal Code*.

Level of Significance After Mitigation: Less Than Significant Impact.

5.5.4 CUMULATIVE IMPACTS AND MITIGATION MEASURES

Level of Significance Prior to Mitigation: Less Than Significant Impact.



Impact Analysis: The cumulative projects identified in Section 4.0 would not increase parking demand within the project parking study area. The individual development projects would be required to provide on-site parking in accordance with the City's *Municipal Code*. Therefore, increased parking demand at public on-street or off-street parking spaces would not occur with development of the cumulative projects. Additionally, implementation of the proposed project would result in adequate parking for the HMNMMH project site. Therefore, the proposed project would not contribute to cumulatively considerable parking impacts.

Mitigation Measures: No mitigation measures are required.

Level of Significance After Mitigation: Less Than Significant Impact.

5.5.5 SIGNIFICANT UNAVOIDABLE IMPACTS

With imposition of the mitigation measures, implementation of the proposed project would meet the City of Santa Clarita's requirements for parking and would result in less than significant impacts. No significant unavoidable parking impacts would result from implementation of the Henry Mayo Newhall Memorial Hospital Master Plan.