



MEETING MINUTES

Planning & Zoning Commission

Thursday, March 18, 2021

CALL TO ORDER

Ms. Call, Chair, called the meeting to order at 6:30 p.m. and noted that due to the pandemic, the City of Dublin is currently holding public meetings online and live streaming to YouTube. The meeting live-stream can be accessed at the City's website. Public comments on the cases are welcome. To submit any questions or comments during the meeting, please use the form under the streaming video on the City's website. Questions and comments will be relayed to the Commission by the meeting moderator. Please provide a valid name and address when submitting comments. The City desires to accommodate public participation to the greatest extent possible.

PLEDGE OF ALLEGIANCE

Ms. Call led the Pledge of Allegiance.

ROLL CALL

Commission members present: Mark Supelak, Jane Fox, Warren Fishman, Lance Schneier, Rebecca Call
Commission members absent: Kristina Kennedy, Leo Grimes [excused]
Staff members present: Jennifer Rauch, Nichole Martin, Thaddeus Boggs, Tammy Noble

ACCEPTANCE OF DOCUMENTS AND APPROVAL OF MINUTES

Mr. Fishman moved, Mr. Supelak seconded acceptance of the documents into the record and approval of the minutes of February 18 and March 4, 2021 as submitted.

Vote: Mr. Supelak, yes; Mr. Schneier, yes; Ms. Call, yes; Mr. Fishman, yes; Ms. Fox, yes.

[Motion approved 5-0]

Ms. Call stated that the Planning and Zoning Commission is an advisory board to City Council when rezoning and platting of property are under consideration. In such cases, City Council will receive recommendations from the Commission. In other cases, the Commission has the final decision-making responsibility. Anyone who intends to address the Commission on administrative cases must be sworn in.

Ms. Call noted that no cases were eligible for the Consent Agenda this evening.

Mr. Boggs noted that because there were no cases on the agenda that were quasi-judicial, there was no need to swear in witnesses.

CASES

1. Specialty Hospitals, 21-009ADMC, Administrative Request - Code Amendment

A request for a review of draft language, based on the Commission's direction at its February 18, 2021 meeting for the addition of provisions to the Zoning Code for Specialty Hospitals.

Staff Presentation

Ms. Noble stated this is a proposal for a Code amendment to include Specialty Hospitals. Recently, the Commission requested staff create a new use classification in the City's Zoning Code for Specialty Hospitals. This request was based on a growing trend within the medical industry for uses specializing in specific medical needs to meet the increasing needs of communities for specialized care. The goal is to identify a definition for a zoning classification for a use between the medical office and hospital zoning classifications, which already exist in the City's Zoning Code. Currently, the City's Zoning Code categorizes all of these uses uniformly under a "Hospital" use, a general land use zoning classification that covers a range of general medical needs. Hospitals are a Permitted Use within the Suburban Office District and several of the Bridge Street zoning districts [zoning map shown]. Suburban Office Districts typically are located adjacent to major arterials.

Draft language for Specialty Hospitals was considered at an Informal Review discussion at the February 18, 2021 Planning and Zoning Commission (PZC) meeting. The discussion identified open space and security needs and licensing requirements. Commission consensus was that the definition should not require 7 days of in-patient care. The Commission also requested staff to look at the current uses, identify the needs of the uses, and use those types of needs to draft the definition. Staff looked at previous cases reviewed by the Commission and other proposals that had not progressed to the Commission. They used that information to create the following revised definition:

SPECIALTY HOSPITALS. A care facility focused on one or more concentrated areas of medical care and includes overnight care of patients. The use includes a restricted range of services that diagnose, care and treat patients with physical or mental illnesses or disorders, or recovery from elective procedures or treatments, and includes intensive residential treatment programs, inpatient physical or occupational rehabilitation programs, substance abuse programs, or addiction programs.

In terms of process, it has been identified as a Conditional Use within the Suburban Office District with the following Use Specific Standards:

- (a) The facility shall be located on a site that is a minimum of three acres in size.
- (b) The facility shall be limited to 9,500 square feet per acre in size, unless otherwise approved by the Planning and Zoning Commission.
- (c) The facility shall be located a minimum of 500 feet from any residential district or use.
- (d) Outdoor recreation areas shall be located to the side or rear of the principal structure and shall be enclosed with a fence. Fences are permitted to be up to six feet in height and be 100% opaque.
- (e) Meets lighting standards of the City of Dublin Zoning Code to minimize light trespass.
- (f) The facility shall meet the minimum parking requirements of the City of Dublin Zoning Code, unless otherwise approved by the Planning and Zoning Commission.

Commission input is requested regarding:

- 1) Licensing requirements. Is it the Commission's intent that this element be part of the definition?
- 2) The proposed definition includes a density maximum density per acre; should there be a maximum per property (example: 50,000 square feet) to prevent overly large buildings.
- 3) Currently, the proposed language limits Specialty Hospitals to the Suburban Office District, but should it also be permitted in the Bridge Street District, in which hospitals currently are permitted?
- 4) Additionally, would the Commission support the requirement of a Conditional Use within a third district?

Commission Discussion

Ms. Fox inquired the difference in resident care between specialty hospitals, hospitals, and ambulatory care facilities. Would the OSU ambulatory care facility fall under the Specialty Hospital definition?

Ms. Noble stated that one significant difference in the definitions for those different facilities is their size. The proposed definition includes a 9,500 square foot/acre definition. Licensing, overnight stays, and admittance requirements are also key distinctions.

Ms. Fox stated that the City has numerous rehabilitation hospitals, which could fit the Specialty Hospital definition, although they may not meet the three acres or patient stay requirements. There are 24-hour urgent care facilities that offer overnight observation. She believes there is a need for more distinction regarding intensity, hours of operation and number of patients.

Ms. Call suggested that the Commission comment on the proposed definition, point-by-point.

- *"The use includes a restricted range of services"*

Ms. Call stated that she likes the above distinction.

- *"diagnose, care and treat patients with physical or mental illnesses or disorders."*

Ms. Call stated that this part of the description could limit the permitted zoning district.

Mr. Schneier inquired if the intent was that a Specialty Hospital should perform all three functions. For instance, a rehab hospital does not diagnose, so it would not meet this definition. Perhaps the description should use "or" rather than "and".

Ms. Call responded that she would prefer "and/or."

- *"includes intensive residential treatment programs, inpatient physical or occupational rehabilitation programs, substance abuse programs, or addiction programs."*

Ms. Call inquired if this should include Alzheimer's care, and if so are the Use Specific Standards correct.

Ms. Fox stated that each of the different care facilities require different site considerations, i.e. fencing versus perimeter security. The definition should differentiate between a rehabilitation facility that handles elective surgeries versus long-term care facilities, such as Heartland, Dublin Rehabilitation Hospital and Dublin Springs, which are different types of care facilities requiring a different type of land use planning. She does not believe the proposed definition addresses this adequately.

Mr. Schneier stated that the current language requires a fence for any outdoor recreation area. He has some concerns about the fence element, including height and opacity. Does the Commission have the authority to require certain kinds of security, as appropriate? If that is a level of discretion the Commission wants, should it be codified?

Mr. Boggs stated that in addition to these specific development standards for this Conditional Use, there would be the general conditions.

Discussion continued regarding required enclosures versus permitted enclosures.

Mr. Boggs stated that it would be appropriate to require an enclosure or an alternative security plan for an outdoor recreation area. He would discourage prescribing fences for some types of care and not others without statistical backing for doing so. For example, outdoor spaces for memory care patients should have some type of security. Any requirements for different types of care should be based on data-driven study. That is the reason the language was drafted to permit an applicant to propose the type of fencing they believe they needed.

Ms. Call inquired if (d) meets the intent.

Mr. Boggs responded that, as written, (d) requires a fence if there is an outdoor area, and it would be up to the applicant to determine the nature of that fence. He is comfortable with that language. However, there are some types of care, such as physical rehabilitation, that would want to connect to an adjacent trail system. Perhaps a gate in the fence could be provided, or they could request a variance from the fencing requirement. It may be possible to revise the language somewhat; however, his concern is treating different users differently without data-driven evidence.

Ms. Call inquired if in (d), the proposed language, "Fences are permitted to be up to six feet in height and be 100% opaque" reads correctly.

Mr. Boggs suggested that the word "may" be inserted to read, "may be 100% opaque."

Mr. Schneier stated that he agrees with the addition of "may" for clarity. The Board does not want to use the Code to discriminate in regards to security, without evidence. The applicant should know the needs of their particular use. He would prefer to eliminate the second sentence in (d).

Ms. Fox stated that unfortunately, that would require fences for rehabilitation hospitals. For comparison purposes, she read language from a similar set of standards used by another entity: "a perimeter security plan is required and shall address at a minimum vehicular and pedestrian access to/from the site, parking areas and lighting." That language provides flexibility to determine the needs of a particular Specialty Hospital. The key term is perimeter security. It could also include language that: "the diagnosis and treatment of patients with specific categories of medical or psychiatric illnesses or disorders, which include substance abuse, mental/psychiatric disorders," would require a stronger perimeter security plan.

Mr. Supelak expressed a preference for a "perimeter security plan," rather than fence.

Ms. Noble stated that staff's preference was to avoid requiring certain things, but provide latitude for those facilities that might have a security need, such as memory care facilities. It was not intended to be a "shall" but a "may" provision.

Mr. Boggs reiterated the need to avoid treating different types of facilities differently with data-driven evidence. He suggested retaining the fence requirement, but adding an "unless" the applicant demonstrated that type of care did not require a fence. In that case, there would be a record in place for that decision.

[Discussion continued regarding fences and security.]

Mr. Supelak suggested making security a separate category that requires the applicant to provide a security plan with the application that demonstrates security measures appropriate for that use. The fence requirement could be deleted entirely.

Ms. Call referred to the language provided by Ms. Fox and inquired legal opinion regarding separating those facilities that would have security needs that other specialty hospitals would not.

Mr. Boggs responded that he has not seen language that he would be comfortable using that groups certain types of facilities that have a perceived security need separate from other hospitals that may have a similar number of beds, physical footprint, hours of operation, etc. He has not observed this type of distinction made in other Codes in a manner with which he has been satisfied.

Ms. Noble inquired if it could be handled on a case-by-case basis. The language would state only that outdoor recreation areas needed to be located to the side or the rear of the building. The applicant would need to meet the current Code requirement for fences, which is 4 feet. As a Conditional Use, a variance to Code could be requested.

Mr. Boggs stated that he would need to consider that further.

Ms. Call stated that it could be coupled with a requirement that a security plan be presented with the application.

Mr. Boggs stated that it would not be a development standard but an item accompanying a Conditional Use application for the use.

Ms. Fox stated that she would prefer to request a perimeter security plan. In the two or three Codes she reviewed, there was a carve-out for mental illness, substance abuse and addiction rehabilitation hospitals, because those patients require more security. It recognizes the different needs of this segment of the health care community. In comparison, orthopedic or elective surgery would need outdoor exercise areas, and provisions could be made for that. It is not discriminatory, but ensures the safety of the patients is addressed in both the comings and goings. A perimeter security plan is also necessary to prevent outsiders from harming patients.

Ms. Call suggested adding a provision for both an emergency plan and a security plan; the plans would differ for the different types of care.

Mr. Boggs stated that he would prefer that language, as it would request the information, but permit the applicant to provide what is appropriate for their use. It avoids a prescriptive development standard. It would be preferable to have a Conditional Use application that solicits the appropriate security information from the

applicant. The Commission would then approve the Conditional Use based on the review criteria. He would have no objection to the proposed language.

- *The proposed definition includes a density maximum density per acre. Should there be a maximum per property (example: 50,000 square feet) to prevent overly large buildings?*

Commission members were supportive of a maximum density per acre, dependent upon staff's research and recommendation.

- *The proposed language limits Specialty Hospitals to the Suburban Office District, but should they also be permitted in the Bridge Street District, where hospitals currently are permitted?*

Ms. Call requested the map of the available sites within the proposed zoning district be shown. She noted that she would have concerns with the site in the southeast part of the City, due to the adjacent properties.

Ms. Rauch clarified that the site is south of Rings Road.

Ms. Call stated she has no issues with the sites within the Frantz Road corridor.

Mr. Fishman stated that in the coming years, Conditional Use requests for re-use of empty office buildings should be anticipated. It would be difficult to address those requests unless there are restrictions in place.

Mr. Supelak inquired if the 500-foot setback between a Specialty Hospital and residential is sufficient. If the setback is large enough, it would deem some sites unusable.

Ms. Fox stated that the 500-foot setback is frequently used; it is a standard block length. It is also important to ensure the intensity is appropriate adjacent to residential neighborhoods. She believes the size of the building should be limited. Some of the sites on the map might not exceed three acres, so this use may not be possible on some of the Suburban Office District sites.

Ms. Rauch responded that staff could beta test those sites before bringing the map back for the next review.

Ms. Call requested additional information on potential redevelopment of the sites and any potential sites within the Bridge Street District.

Ms. Noble pointed out that the Bridge Street District sites were not part of staff's recommendation.

Mr. Supelak noted that meeting the 500-foot setback requirement would be difficult in that district.

- *Should a licensing requirement be part of the definition?*

Ms. Fox stated that she would recommend including a state or professional licensing requirement. There are some risks with privately owned rehabilitation facilities that have no licensing, and are able to require self-pay reimbursement. It is not advisable for any rehab patient to receive care that has no professional licensing oversight.

Ms. Call stated that her objection is not to licensing itself, but rather to licensed hospitals. Many of these treatment facilities are licensed care/treatment facilities, but they do not meet the definition of a licensed hospital. She has no objection to requiring licensure from perhaps a state professional entity, but she is uncomfortable with a licensed hospital.

Mr. Fishman expressed agreement that it must be a credible, licensing authority. Some types of facilities own their own licensing sources. It would need to be a governmental license, although not, perhaps, a hospital license.

Ms. Call stated that she does not believe the Commission has sufficient information at this time on professional licensures. Perhaps this could be added to the list of items to bring back for future discussion.

Mr. Boggs stated that technically, hospitals are not licensed in the State of Ohio, although they must be registered. There is presently a proposal in the State budget to require hospital licensure. Meanwhile, many specialty accreditations are out there. It may be possible to identify a government-sanctioned licensure or registration, or in the alternative, an accreditation with a nationally-recognized, third party, independent non-profit.

Ms. Call requested staff to conduct research on the appropriate, recommended language, and the reason for it.

Ms. Call inquired if there were further input on the other questions.

Mr. Schneier recommended that for symmetry purposes, the reference to "unless otherwise" be used or removed consistently in subsections (a) through (f), if the intent is to treat them the same.

Ms. Noble responded that with (f) parking, the desire was to identify parameters, but they were unable to do so. She believes the reference could be removed, as a case-by-case review would suffice.

Mr. Boggs stated that staff would require the applicant to demonstrate what was needed or the reason the reason the required ratio was not needed.

Ms. Call inquired if the language could state, "that the facility shall meet the minimum parking requirements of the City Zoning Code."

Mr. Boggs responded that his inclination would be to leave the words, "unless otherwise approved." The assumption is that we begin with the statement that the facility must meet the ratio required for a hospital or demonstrate why they should not do so.

Ms. Call stated that (f) could require a parking plan be provided with the application for review.

Ms. Fox expressed agreement of the proposed revision of (f), and eliminate the use of "unless otherwise approved." In letter (b), which relates to size, a suggestion that there could be other options for consideration should be avoided.

[Commission members were supportive of the recommended revisions.]

The list of requested revisions was reviewed for clarity.

Staff will make the requested revisions for future Commission consideration.

Public Comment

No public comments were received on the case.

2. Garage Conversions, 21-010ADMC, Administrative Request - Code Amendment

A request for review and recommendation to City Council to amend Zoning Code Section 153.074 to address the conversion of garages into habitable spaces in residential zoning districts.

Staff Presentation

Ms. Noble stated that City Council directed Planning and the Law Director's office to draft a Zoning Code modification to address proposals for residential structures for conversion of attached garage space into habitable space. Because of these conversions, vehicular storage space was lost. A draft amendment was considered by the Commission at their February 18, 2021 meeting, on which there was significant discussion. The Code modification allowed attached garages to be converted to habitable space if there was an existing garage on site that was comparable in size to the garage being converted, or if a new garage of a comparable size could be constructed on the site. The Commission believed that could be overly restrictive and recommended the Code amendment focus on the impacts of the conversion, including loss of storage space and aesthetic considerations. Legal counsel recommends that in order to address City Council's direction, the proposed amendment be considered further and perhaps be modified in a manner with which the Commission would be comfortable. If this is not possible, staff will work on a revision to the draft.

Public Comment

No public comments were received on the case.

Commission Discussion

Mr. Supelak stated that he has no concerns with the proposed Code amendment.

Mr. Fishman stated that he has visited some residential communities in neighboring jurisdictions and observed garage conversions and their impact on the neighborhood. Most of the conversions were not attractive, and due to the size of the lots, there was no opportunity to construct a replacement garage. We do not want that situation replicated within our neighborhoods. His objection to conversions of attached garages is the elimination of enclosed parking space, resulting in vehicles being parked in the driveway and on the street. Currently, the proposed Code does not require that the replacement garage be in place when the attached garage is converted; it could happen at some future time, which in many cases, would never occur.

Mr. Schneier agreed that there was a need to stipulate a timeframe for a garage replacement. He has also suggested some language revisions to staff that would improve clarity but not change the meaning.

Ms. Noble responded that she appreciated his proposed revisions to the definition for clarity purposes (displayed suggested revisions).

Ms. Fox inquired where the driveways of the residences lead in the conversions Mr. Fishman observed.

Mr. Fishman responded that the driveways lead directly to the side of house, where a garage opening no longer existed. In Dublin, development text often requires the homes to have at a minimum, a 2-car garage. The intent is that vehicles would be stored internally at night. One reason that conversions are considered is that it is more economical than building onto a house; so it can be assumed that for economic reasons, homeowners also would not construct an additional garage, unless required to do so.

Ms. Call stated that she has concerns with (a), which states that if there is existing garage space on the lot, the attached garage may be converted. However, if that additional garage has only one space, it is insufficient, and the vehicles will be parked on the street. She would recommend the language be revised to: "(a) another garage exists on the property that is of commensurate size to the garage being converted, or (b) another garage is constructed on the property that is of commensurate size...."

Commission members were supportive of the proposed change.

Ms. Call stated that the Commission's concerns were (1) aesthetics of the garage conversion, and (2) decreasing the amount of on-premise parking resulting in vehicles being parked on the public street, thereby, impacting the neighborhood.

Ms. Fox stated that with the proposed changes, the remaining issue for her would be the driveways.

Ms. Rauch stated that with a front-loaded garage, the driveway is required to be commensurate with the size of the garage door. Per Code, if there is no longer a garage with a garage door, a driveway is not permitted in the front yard.

Ms. Fox inquired if the garage space were being used for storage, a workout room or a hobby, but the space was not heated/cool, it would be considered habitable space.

Staff responded that it would not be considered habitable.

Mr. Boggs stated that the Building Code contains specific parameters that determine what is habitable vs. uninhabitable, such as heating/cooling, means of egress and ventilation.

Ms. Fox stated that she is comfortable with the proposed language.

Ms. Noble inquired about the timeframe preferred.

Ms. Call stated that the additional garage space must already be in place or constructed before the conversion would be permitted.

Mr. Fishman noted that they could have a permit for the conversion but not receive an occupancy permit until the second garage was built.

Mr. Fishman moved, Mr. Supelak seconded a recommendation of approval of an amendment to Zoning Code 153.074, ACCESSORY USES AND STRUCTURES, (B), that:

- 5) Garages converted to habitable space. Attached garages in all residential zoning districts may convert existing garage space into habitable living space if:

- a. Another garage exists on the property that is commensurate in size to the size being converted, or
- b. Another garage is constructed on the property, which is commensurate in size to the garage being converted.

Ms. Fox, yes; Mr. Supelak, yes; Mr. Schneier, yes; Mr. Fishman, yes; Ms. Call, yes.
[Motion approved 5-0]

3. Technology Flex, 21-011ADMC, Administrative Request - Code Amendment

A request for review and recommendation to City Council to amend Zoning Code Section 153.044 to modify permitted uses in the Technology Flex District related to Motor Vehicle Repair – Major.

Staff Presentation

Ms. Noble stated that this is a proposal for a Code amendment to modify the permitted uses in the Technology Flex District related to Motor Vehicle Repair – Major. Tech Flex Districts are typically located outside of I-270, positioned along major roadways, are quite visible, and have a negative impact on adjacent properties. This has raised a question as to whether Major Automotive Repair businesses should continue to be permitted in this district, or if they should be removed from this zoning classification. The Commission reviewed a proposed amendment at their February 18, 2021 meeting and had no objections to the proposed language. Staff recommends approval of the proposed amendment.

Public Comment

No public comments were received on the case.

Commission Discussion

Commission members had no objection to the proposed Code amendment.

Mr. Supelak moved, Mr. Fishman seconded a recommendation to Council for approval of an amendment to Zoning Code Section 153.044 to modify uses in the Technology Flex District related to Motor Vehicle Repair – Major.

Mr. Schneier, yes; Ms. Fox, yes; Ms. Call, yes; Mr. Supelak, yes; Mr. Fishman, yes.
[Motion approved 5-0]

4. 6077 & 6101 Avery Road Rezoning, 21-020Z - Rezoning

A request for review and recommendation to City Council for a rezoning of two, City-owned parcels: one from Suburban Office and Institutional District, and one from Neighborhood Commercial District (WTWP) to the Technology Flex District. The parcels are located west of Avery Road intersection with Irelan Place.

Case Presentation

Ms. Rauch stated this is a request to rezone two parcels, 6077 and 6101 Avery Road, respectively approximately .90-acre and .43-acre in size, to align with the established surrounding Technology Flex District zoning. The parcels are located west of the Avery Road intersection with Irelan Place. Both parcels currently are vacant. The northernmost parcel, 6101 Avery Road, is zoned SO, Suburban Office and Institutional District. The southernmost parcel, 6077 Avery Road, is zoned NC, Neighborhood Commercial District (Washington Township). The Tech Flex District is intended to provide a wide range of uses for research, office and clean manufacturing. Both parcels are owned by the City of Dublin. The Future Land Use Map of the Community Plan designates the northernmost parcel as Parks and Open Space and the southernmost parcel as Neighborhood Office and Institutional. The uses in this area are consistent with the Tech Flex District. At this

time, the City has no plans to use the northernmost parcel as parkland. This area is within the Avery Road Corridor Area Plan. The proposed rezoning would lend to a cohesive corridor with coordinated development standards. Staff has reviewed this request against the applicable criteria and recommends approval.

Public Comment

No public comments were received on the case.

Commission Discussion

Ms. Fox inquired about the residential property on the west side of the pond, which is approximately 150 feet from the corner of the southernmost property. What is the required minimum setback?

Ms. Rauch stated that the setback would be based on the height of the building.

Ms. Call stated that per the Tech Flex Code, it is 15 feet for a building height of 15 feet; if it is greater than 15 but less than 29 feet, then 20 feet would be the required minimum setback. Required side and rear setbacks for principal and accessory structures shall in no case be less than 25 feet from any residential zoning district.

Ms. Fox inquired if screening requirements would apply.

Ms. Rauch responded affirmatively.

Commission members had no further questions.

Mr. Fishman moved, Mr. Schneier seconded a recommendation of approval of the proposed rezoning to City Council.

Ms. Fox, yes; Mr. Fishman, yes; Ms. Call, yes; Mr. Supelak, yes; Mr. Schneier, yes.

[Motion approved 5-0]

GOAL SETTING

Staff Presentation

Ms. Rauch stated that following the Commission's March 4 discussion and recommendations for 2021 education and training topics, staff prioritized the recommended topics for the year by quarter, based on available resources. The training will begin in the second quarter 2021 with a refresher from Legal related to legal items of interest for the boards and commissions; use of the Community Plan; CIP and Planning project updates; and City initiatives. In the third quarter, education topics will include housing trends, innovative ideas in design, placemaking, and other items that contribute to updating residential development standards or policy. In the fourth quarter, education will include a look into the efforts and challenges of our regional partners and the potential opportunity for a collaborative design process. She inquired if Commissioners were satisfied with the prioritization of the topics or had further recommendations.

Ms. Noble stated that the intent was to begin with the more accessible topics and research for professional experts within the area of architecture to provide training later in 2021.

Commission Discussion

Ms. Call stated that the only item she would recommend re-prioritizing is placemaking. Moving that topic item forward from the third quarter to the second quarter would be beneficial due to the type of applications the Commission likely will be reviewing at this time of year.

Ms. Fox recommended that the item Mr. Boggs referred to in the previous meeting, comprehensive plan overview, be included. She agrees with the suggestion to move up the placemaking topic. In the future, it is likely Commission meetings will be livestreamed for the public. This list can be used for education webinars for future Commissioners. She would recommend retaining these topics within the PZC shared folder for future use.

Ms. Noble noted that input is also being solicited from the ARB and BZA in the interest of developing a holistic training program.

Ms. Rauch noted that there might be future opportunity to cover some topics within a joint Board and Commission meeting, as collaborative discussions are beneficial.

2035 PLAN

Staff Presentation

Ms. Rauch stated that development of a 2035 Framework Plan is a Council goal adopted in 2020. After establishing a visionary framework, the vision would be incorporated into the Community Plan, the CIP and Parks and Recreation planning. Council's four committees will each focus on one of the four themes of quality of life, infrastructure, economics, and land use. Input from experts, staff, Board and Commission members and the public also will be incorporated. When completed, the 2035 Framework Plan will be adopted for future implementation.

Ms. Noble stated that essentially, this will be establishing a Vision Statement for the community.

Ms. Fox stated that the committee meetings are public meetings. She would encourage Commission members to attend any on which they might have an interest. They could also watch the virtual meetings and submit comments. The input of PZC, in particular, should be included in developing the 2035 Plan. Commission members will have valuable input in regard to land planning and quality of life. She encourages their participation throughout the process.

Ms. Rauch stated that staff would share the committee meeting schedule, but there will be separate input opportunities.

COMMUNICATIONS

- Board and Commission Recognition

In response to Ms. Call's inquiry, Ms. Fox stated that Council formally recognizes outgoing Board and Commission members. Due to the pandemic, that has become more difficult to arrange, but formal recognition will be scheduled.

Ms. Call noted that in her previous service with another municipality, a street sign with the individual's name and years of service was provided to outgoing members.

Mr. Fishman noted that the City has a sign shop and can make its own signs.

Ms. Call stated that she asks due to the Commission's appreciation of the service provided by outgoing PZC member, Kristina Kennedy. She enjoyed working alongside Ms. Kennedy the past three years.

- The next regular meeting of PZC is scheduled for 6:30 p.m., Thursday, April 1, 2021.

The meeting was adjourned at 9:10 p.m.

Rebecca Call

Chair, Planning and Zoning Commission

Judith K. Beal

Assistant Clerk of Council