UNC HEALTH CARE SYSTEM

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Eastowne SUP Medical Office Building (MOB) Public Comments and Questions

September 19, 2018

Public Comments and Questions

The following comments and questions were received after the June Public Hearing, and include questions received at the August 22nd Open House. Questions received since August 30, 2018 are labeled with an asterisk.

Topics

- Building Height and Feel
- Traffic Impact Analysis
- Stormwater and Resource Conservation District
- Buffers
- Alternative Transportation
- Fire Access
- Master Plan
- Miscellaneous

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Building Height & Feel

1. Please don't allow OI3 without a height cap. Better to keep at OI2.

Staff Response: A stipulation has been added to Revised Resolution A limiting the height to 90 feet as measured from finished floor elevation.

***1. We believe that excessive building height would adversely affect the gateway character we wish to achieve in this location. Therefore we support capping the height for this building and parcel at 90' or shorter. Should the applicant feel that 15' floor heights are needed, they have the option of building a 75' building (5 floors x 15') that is deeper or wider to accommodate the applicant's needs.**

Applicant Response: We have agreed to cap height at 90' inclusive of roof top mechanical/electrical equipment.

2. The building sits rather high along the tree buffer. While I recognize digging into rock is expensive, a geotechnical analysis may reveal there is not as much rock there as believed.

Staff Response: A geotechnical analysis has been performed, and it has been determined that it would be difficult and expensive to set the building further into the ground.

3. There are lots of woods around here, and the existing campus blends in better and deals better with birds and wildlife. Tall buildings tend to wipe out lots of birds.

Staff Response: The applicant could put ultrasonic sensors on the building to push birds away, but we don't really know how the birds will react. Using more clear glass will also help, rather than using reflective glass.

4. If you're limiting height to 90', are you giving up operational space?

Staff Response: The best case scenario is 15' floor heights, but the applicant is using 14' heights instead. Additionally, small fans and mechanical equipment will be located on the roof within the 90' limit on height. Air cooled chillers are located at ground level within a screened, single-story utility building.

5. The road facing front of the parking deck should be designed in a staggered fashion (each successive floor be stepped back a bit) so that planters for

vegetation can be installed on that side of the deck to reduce the visual impact of such a large and tall structure.

Staff Response: This comment has been shared with the applicant. A response would be expected as part of a Landscape Plan during Final Plans review.

6. Are there any considerations regarding the relationship of the building to the existing apartments across the street?

Staff Response: Simon George from UNC went in person to discuss the project and show renderings. The main feedback was questions asking when the “decrepit old buildings” would be demolished, and some assurance that the new development will not impact the main entrance and exit for the apartments. The main entrance and exit will not be changed in any way as a result of the proposed development.

7. Does the SUP provide for traffic analysis that is based on current conditions, applicant data and a single building as opposed to one that considers the more dense 300,000+ square feet of medical office space that is, clearly, planned for this parcel and its single entrance.

Staff Response in Consultation with TIA Traffic Engineer: This application is only for the first building, and the traffic analysis only considers what is put forward in the application. However, the applicant has committed to performing a follow-up traffic study after 1 year to determine if the data and methodology that were used is correct. The verified/revised data will be used to calculate traffic impacts in the upcoming Master Plan for the full site.

8. Route 15-501 is already burdened with traffic. A parking garage built for 1100 vehicles when added to the Wegman's traffic across the street may undo UNC's goal of creating more assessable health care and cause nightmares for commuters.

Staff Response in Consultation with TIA Traffic Engineer: The Traffic Impact Analysis found that the anticipated traffic does not significantly impair any intersections, with the most severe change being an additional delay of 10 seconds at the Eastowne Dr. intersection. Similarly, it is anticipated that moving these facilities to Eastowne Dr. will reduce the amount of traffic Downtown and on-campus.

9. The issue of traffic created by this development as well as the redevelopment of the SECU site and Wegmans, in my opinion, should be considered holistically. It is unrealistic to look at just the impact of the UNC site development in a vacuum. The following are some thoughts on the traffic impact analysis and actions that should be taken to better reflect true traffic conditions.

Staff Response in Consultation with TIA Traffic Engineer: The TIA includes growth of traffic in the area as a percentage in its calculation, even if the specific traffic from adjacent project is not included. This is based on regional anticipated growth. However, it does include the improvements required by the Wegmans development.

10. The initial TIA was issued in April 2018 and was based on traffic counts from March 20, 2018.

Staff Response in Consultation with TIA Traffic Engineer: The initial draft TIA was completed with a different set of assumptions than what matches the current Applicant SUP application. Further discussions with Town staff and the Applicant in June 2018 provided updated direction to revise assumptions related to the site plan, assumed land uses for trip generation and methodology to understand the net impact of the site above "no-build" conditions where the existing facilities would be fully utilized.

11. Existing traffic volumes from two UNC Health Care site driveways were collected during each peak hour as part of intersection counts to adjacent minor streets or private driveways. These data appear not to have been used to determine existing site trip generation.

Staff Response in Consultation with TIA Traffic Engineer: That is true, there is no information available on square footage or number of employees actually in operation on the date counts were collected. Without certainty to that data, there is no clear way count data could be used to establish accurate trip generation, regardless if all driveway movements were counted or not. Field observation during the time of the counts noted that the existing facilities were mostly vacant, so the decision was made not to attempt to derive existing trip generation from the mostly vacant facilities.

12. Consultant Used ITE code for office rather than Medical Office, thus underestimating traffic. Council requested that traffic study be corrected. In the revised HNTB TIA dated June 2018 no additional counts were performed.

Staff Response in Consultation with TIA Traffic Engineer: No additional counts were necessary. Count data is not typically taken during the summer months in Chapel Hill due to UNC and Chapel Hill schools not being in full session.

13. UNC Health Care provided a new narrative to the Planning Commission dated 8-16-18 noted as: *Eastowne SUP Medical Office Building Responses to Town Council* (UNC Presentation). From that narrative, the following emerges related to traffic issues:

> **On page 5 of the UNC Presentation it notes there will be 229 employees relocated from Chapel Hill and 82 employees relocated from Durham resulting in an actual total of 311 employees. In the June TIA (Table 5) and repeated in the UNC Presentation (page 47) it shows that the consultant used 255 employees in their calculation. Therefore, the traffic numbers are based on an estimate that is 21 % ((311-255 = 56)/255= 21%) lower than expected number of employees.**

Staff Response in Consultation with TIA Traffic Engineer: Applicant provided a maximum employee number of 255 for use in the trip generation process of the revised TIA in June 2018. The assertion above is misstated – the 82 employees relocated are part of the 229 total employees. The revised maximum number of employees currently being considered (229) is actually lower than the 255 estimated in the revised TIA.

14. On page 2 of the June TIA, the analysis again reduced the AM peak entering by 85 and peak PM exit deduction of 75 for the demolished buildings

vs the actual of 11 and 12. This methodology reduced the traffic for the demolition by 47% (85/178) and 48% (75/154) when it should have been only a reduction of 6% (11/178) and 8% (12/154).

Staff Response in Consultation with TIA Traffic Engineer: To clarify the table and its purpose – the top row shows the total trips generated by the new UNC Health Care MOB facility. The existing site, if fully occupied and still in operation in the 2021 future analysis year, would be expected to generate the numbers of trips shown in the second row of data. This is what was being analyzed in the 2021 No-Build Scenario. The "net" numbers of trips shown in the 3rd row are the expected additional number of trips that are generated by the new medical clinic facilities above what would be generated by the fully occupied existing administrative office buildings. The 2021 Build Scenario includes full impacts from the total number of trips (top row) of the proposed new facility. In summary – no "deductions" are being made to the total number of trips generated by the new facility. This study also did not take any trip reductions for transit, bicycles, pedestrians or the fact that not all these trips to the site will be "newly" created and would rather be a redistribution of existing trips made to UNC Health Care facilities on UNC Main Campus.

15. On page 23 of the June TIA, the long-term impact analysis assumes 15-501 will be a six Lane road. The Metropolitan Transportation Plan (MTP) through 2045 plan does not include widening of this stretch of 15/501. No additional recommendations for mitigation were made although the TIA noted that "long term improvements may be necessary."

Staff Response in Consultation with TIA Traffic Engineer: NCDOT is in the process of studying the US 15-501 corridor in the area (STIP U-5304F), which include "corridor capacity improvements" which may include improvements such as widening, additional turn lanes and access management enhancements. The ultimate goal would be to improve the daily capacity of the facility, which is shown in the long-range estimates in Table 11 of the TIA report. The travel demand model that this data set was taken from has the US 15-501 corridor in the project study area coded as a six-lane facility, though as stated above, the actual U-5304F project may or may not include widening to six lanes.

16. The traffic analysis was based on 255 employees rather than an actual of 311 employees resulting in an underestimate by 21%.

Staff Response in Consultation with TIA Traffic Engineer: See previous response (#13) to this issue.

17. Actual current driveway data counts were not used when calculating offsets for demolition of existing buildings resulting in a 47-48% reduction in

net impact when it should have been 6-8% based on the actual counts. The existing buildings were largely empty in March 2018.

Staff Response in Consultation with TIA Traffic Engineer: See previous response (#11) to this issue.

18. Only the short-term impacts were addressed in the mitigation measures and assumptions included that others would pay for the widening of 15/501 to six lanes, but no such plan exists through 2045. It also anticipated impacts to other roads within Eastowne.

Staff Response in Consultation with TIA Traffic Engineer: See previous response (#15) to this issue. In addition to local improvements proposed by both the Wegmans and UNC Health Care TIAs, NCDOT is studying additional improvements to the US 15-501 corridor. The NCDOT improvements are not included in the short-term analysis for this study, but were accounted for in the long-term analysis.

19. The TIA averaged models for Medical Office and Medical-Dental offices even though the UNC Presentation indicated no dental offices are planned in this facility. While small, this resulted in another 3% reduction in estimated daily traffic that was not warranted.

Staff Response in Consultation with TIA Traffic Engineer: No dental offices are planned – one of the ITE land use codes utilized for the study, called "Medical-Dental Office Buildings", includes facilities that could include either type of usage. The study also considered another land use code with characteristics similar to the proposed UNC Health Care Eastowne project, called "Medical Clinic". After careful review of the estimated trips by both the Medical-Dental office build and Medical Clinic land use codes, engineering judgement was applied to average the two sets of data as they showed reasonably close correlation in the estimated data sets.

20. The Traffic Analysis should be redone using appropriate number of employees and actual driveway counts.

Staff Response in Consultation with TIA Traffic Engineer: The current June 2018 TIA was done using a conservatively high number of employees and as stated in previous responses, actual estimated driveway counts were analyzed from full utilization of the existing facilities in the 2021 No-Build Scenario.

21. When was the traffic study performed?

Staff Response in Consultation with TIA Traffic Engineer: 2017 to 2018.

22. What can be done (a more detailed analysis evaluating future scenarios?) to assure that the neighbors are not adversely impacted? Might UNC be asked to place a traffic mitigation bond with the City to mitigate any unanticipated impacts?

Staff Response: The applicant could be asked to provide a traffic mitigation bond, however this is not a request typically made of developments such as this, and might not meet a rational nexus test.

23. Will there be a traffic study of Manning Drive after staffing of new building to learn if fewer auto trips actually go into campus?

Staff Response: This is not currently proposed, but could be asked of the applicant. However, development of the site is not contingent upon traffic impacts to Manning Drive.

24. Your analysis shows that a Level of Service D or better will be maintained. What areas are LOS D? Shouldn't we strive for better than D?

Staff Response in Consultation with TIA Traffic Engineer: Level of Service (LOS) D is the threshold beyond which NCDOT and Chapel Hill would require improvements to be made at any given intersection. LOS D means that a typical vehicle will be able to move through the intersection within one light cycle (or 35-55 seconds). Sage Rd is the intersection in question, which is already at the threshold for LOS D. Improvements beyond LOS D would require significant improvements to 15-501, potentially widening it to as many as 10 lanes.

*24. We are deeply concerned about the potential traffic impacts of this project and believe that the town has a responsibility to look more closely at the impacts identified in the TIA. For instance, we believe that reliance on an average Level of Service (LOS) fails to identify the need for mitigations at Sage Road where modeling of traffic throughout the day (A.M., Noon and P.M. peak) demonstrate an "F" LOS based on numbers for only one building. (Table 9 in the TIA). In fact, the consultant mentions that problems occur now at that intersection and acknowledges that no mitigation has been recommended.

The current Eastowne TIA covers such a short time period, such limited geography and uses such questionable assumptions (e.g., UNCHC buildings were assumed to be large offices, not huge patient treatment centers because the data in the traffic highway standards only cover clinics 1/4 the size of the ones UNCHC plans) that the output is essentially useless for actual transportation planning.

Traffic Impact Analysis

The Town needs modeling to plan for 2020 traffic impacts along Fordham Highway since 90% of the greater EF (Blue Hill) development will have occurred, yet at best only 10% of the required traffic mitigation identified in the EF 2030 modeling will have been implemented. Coupled with the traffic consequences of Wegman's and all of the other new dense development (Greenfield, Hillstone, Fordham Apartments, Tar Heel Lodging, and Park Apartments) along 15-501, the resulting traffic congestion will make this entrance corridor into a huge parking lot. The Town government has a responsibility to the residents to prevent this undesirable outcome.

Applicant Response: We will defer to Staff for response to this concern.

Staff Response in Consultation with TIA Traffic Engineer: The Town's threshold for requiring additional improvements is determined by whether or not traffic from a new development will worsen the average of all movements at an intersection below a Level of Service (LOS) D. It is not uncommon for intersections along high volume roadways like 15-501 to have some side street delays (LOS F movements). This is because the traffic moving along 15-501 is prioritized, meaning it has longer green lights as compared to side streets like Sage Road. The Wegmans-related improvements at Sage Road and Lakeview Drive will improve the functionality of those intersections, and as a result traffic from the Eastowne project will not require any additional improvements at these intersections.

Regarding the assumptions for the TIA, the traffic consultant followed Town and DOT standards. For more information about the consultant's methodology, see question #25 from the Town Council Concerns and Responses document.

For more information about the future of the 15-501 corridor, see also the answers to questions #15 and #18. Additionally, the applicant has committed to doing a long-term build-out scenario for the Master Planning process that includes the remainder of the Eastowne property and the future of the SECU and Gateway sites.

25. What is the capacity of the parking garage?

Staff Response: Depends on the final square footage number, but is between 1100-1200 stalls.

*25. The scale of the parking deck is undesirably large. Please verify the size and compare this proposed structure to the current hospital parking deck. We applaud the applicant's agreement to keep the parking deck out of the RCD, but we remain concerned about the traffic and aesthetic impacts that will result from such a large structure near residences. At this point, additional information and clarification is necessary before council votes on this plan.

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Traffic Impact Analysis

According to the applicant, the capacity of the parking deck is "between 1,100 and 1,200 stalls" which makes us wonder how a deck for 1,100 – 1,200 cars can be evaluated and approved based on a TIA for only one building? The applicant's desire to maintain the same number of spaces in their deck is resulting in a 6 – 6 ½ story, 78' parking deck. Unless TIA numbers demonstrate that placement of the deck works here, we encourage approval of a smaller, shorter deck. Placement of a deck directly on the road is not desirable and we support the recommendations of town boards for retaining existing setbacks or wrapping the deck with building. Please specify the number of spaces allowed, as opposed to leaving the number open ended.

Applicant Response: We understand this is a recent change but please allow us the opportunity to explain the reason for the change. The need for a 1,100 stall parking deck Day 1 is not due to the use of this MOB but due to constructability constraints. Since we have reduced the footprint, expansion vertically or horizontally will cause significant challenges for patient and staff safety and convenience. For example, shutting down elevators for months to expand them vertically is not feasible. Furthermore, OSHA would require several floors of the structure to be shut down during the vertical construction while cranes install the additional structure above the existing parking. At that point and for 5-6 months, there would not be adequate parking for patients or staff. Finally, the incremental cost to expand the deck after initial construction is significantly greater and does not align with UNC Health Care's mission to provide affordable health care.

To address the concern regarding the TIA, please consider that the size of the parking structure has no impact on the TIA. The medical office building use generates the need for parking and the square footage and intended use of the medical office building is not changing from our proposals submitted to the Town. As previously stated, the need to build the entire deck Day 1 is to maintain parking for both office buildings once the Master Plan is reviewed with the Town and Community and a subsequent SUP is approved for MOB 2.

As a note, we have had several discussions with the neighboring apartment complex and they have no concerns with the proposed project other than entrance restrictions to their property. The revised site plan, that keeps the garage out of the RCD, pushes our entrance further from their single entry point which provides better movements for their staff and tenants.

Finally, we have committed to an as-built trip generation study 1 year after project completion and if the trip generation is greater than the TIA max trip generation analysis, the TIA will be redone and if any improvements required, UNC Heath Care will make the changes dictated in the revised study. This commitment demonstrates UNC Health Care's commitment to the community and its patients regarding traffic in this area.

26. Is the only LOS D signal at Sage Rd? After the Wegmans improvements, will it still be at D?

Staff Response in Consultation with TIA Traffic Engineer: Yes on both accounts.

27. Is your study aware of the 100+ apartments going up nearby? And other apartment projects in the area?

Staff Response in Consultation with TIA Traffic Engineer: The study accounts for regional growth as yearly percentage in the background data.

28. Does this traffic study include Glen Lennox, Ephesus Fordham, and other projects?

Staff Response in Consultation with TIA Traffic Engineer: Not specifically between now and 2021. Region-wide traffic is grown by a percentage, and uses major trip generators like Wegmans.

29. What is the amount and percent of impervious surface being proposed? Has the stormwater staff reviewed this project?

Staff Response: The site currently has 183,032 sq. ft. of impervious surface, and the redevelopment will reduce that number to 173,373 sq. ft. Stormwater staff has reviewed the project and urged the applicant to consider redevelopment outside of the RCD. In response, the applicant has revised the plans and now proposes to remove existing drive aisles, two buildings and all parking with the exception of 5 accessible parking spaces for Building 500, a reduction of 7,782 square feet of impervious surface.

30. It appears that the site will be entirely regraded and the buildings raised. What provision for storm water have been make so the adjacent trees are not damaged? Has the stormwater staff worked with UNC on a plan to ensure run-off and pooling do not affect the tree buffer? In the face of significant up-zoning and possible plans to put a road through the RCD, why doesn't the staff request stricter standards and require use of innovative stormwater best management practices?

Staff Response: Stormwater ponding due to new grading is not anticipated, nor is associated damage to trees anticipated. Town Stormwater staff typically encourages the use of LID or green infrastructure on site and plans above the minimum criteria for stormwater treatment.

31. It is beyond the applicant's responsibility to fully develop a comprehensive, sitewide stormwater management plan because redevelopment projects are not required to treat impacts from existing impervious surface and thus do not typically provide as much treatment as a greenfield development. This is a flaw in the current ordinance which should be corrected by the Town Council. In the interim, UNC should, as a gesture of goodwill, thoroughly evaluate stormwater management for the site and present a comprehensive overall plan that deals with the existing application and proposed future construction.

Staff Response: Stormwater staff agrees with the assessment that the current ordinance could be improved.

32. The request for an up-zoning and SUP may well provide the Council some leeway in requesting additional stormwater design data. If that is possible, staff should request that before a final application is received.

Staff Response: It is correct that Stormwater staff does not have the ability to require additional data beyond the current requirements. If the Council requires additional design data of the applicant as part of this process, staff recommends that it would be in the form of an overall stormwater management plan that meets current ordinance

criteria for all redeveloped impervious footprints on site as if it all were new impervious.

***32. Environmental stewardship is an important, long-standing interest for both the Town and UNC. It is important that the hard-fought advances that each of our organizations is making are not erased as this site develops. Therefore:**

We support the resolution, issued by the Stormwater Advisory Board, calling on UNC Health to abide by the Jordan Lake Water Rules and we urge staff to negotiate for that to be included as a stipulation.

We support staff's suggestion that council "require an overall storm water management plan that meets current ordinance criteria for all redeveloped impervious footprints on-site as if it all were new impervious surface"

Applicant Response: Our site plan follows the LUMO regarding storm water treatment. This redevelopment, compared to the existing development, reduces the nitrogen load discharged from the site by 7%, phosphorous load by 4%.

***32. We urge staff and UNC to integrate requirements for green stormwater infrastructure, energy efficient construction practices, renewable energy and other improvements into this agreement.**

Applicant Response: We agree. By redeveloping this site in lieu of a greenfield site, providing drought tolerant planting material that does not require irrigation and providing 20% energy efficiency over ASHRAE 90.1-2016, we are creating a sustainable project that the citizens of Chapel Hill can be proud of.

Buffers

33. Significant tree removal in the 15-501 buffer despite council support for retaining those trees as part of this gateway entry into Chapel Hill. Will the proposed setback be enough to allow trees to remain if 15-501 is widened?

Staff Response: Yes, the buffer that exists in the NCDOT right-of-way along 15-501 is 82 feet wide. If 15-501 is widened, it would require an extra 12 feet for an additional travel lane, reducing the buffer to 70 feet. The majority of existing trees would be unaffected.

34. How much buffering will remain after Eastowne road is widened? Has there been any discussion about wrapping it with other buildings rather than having it right on the road?

Staff Response: Eastowne Drive is not being widened as part of this project.

Alternate Transportation

40. What are the plans for bicycles? Are they on road with the cars?

Staff Response: Buffered bike lanes will be installed on Eastowne Dr, with buffered turn lanes on 15-501 feeding into the site.

41. What plans do you have to connect existing transit (including light rail) and future transit to the site?

Staff Response: A covered bus stop will be provided on-site, and a multi-use path will be developed as part of Master Planning process, that may form a connection to the nearby Gateway light rail station. NCDOT will be involved in the future as they discuss their plans for 15-501.

42. What is UNC doing to promote auto-alternative transport by employees?

Staff Response: Bike lanes on Eastowne Drive, bicycle parking inside the medical office building and covered outside, a new bus stop on Eastowne Drive, electric vehicle charging stations and a multi-use path along Eastowne Drive.

43. If you are ill, in a wheelchair, or on crutches, could the bus do a loop onto the site to drop off at the buildings?

Staff Response: Transit has a schedule to keep, and has requested that bus stops be kept at the road. However, the applicant is working with the Urban Design reviewer to help address accessibility from the bus stop to the elevators. The issues with accessibility are amplified on the main campus, and this redevelopment should make it easier for patients to access.

44. There appears to be an outline of a road or path through the RCD. If there are plans for a road, why is the separate fire lane needed?

Staff Response: The applicant may propose a connection through the RCD during the Master Plan process. However it is not being considered at this time, and would not be built for another 4-5 years if approved. The new building will require adequate fire access prior to that point.

45. Isn't the proposed fire land about 30' wide? If so, why is UNC Health requesting to remove 95' feet of trees here?

Staff Response: Because the buildings exceed 30' in height and is more than 3 stories aerial access is required (Section D105). Aerial access requires roads widths to be 26' and to support 80,000 pounds. The access roads clear height is 13'6" with no overhead utilities. As for the 95' of tree clearing, the NCFPC does not address this. However, the applicant has stated that due to the angle of approach for the access road, and the topography going into the site, it requires a 95' cleared area.

46. A proposed fire access lane of 95 feet will remove a significant amount of tree buffer along 15-501 to allow for firetrucks to approach the site after a U-turn on Lakeview Drive. That seems an unlikely occasion, since the Chapel Hill fire department will be servicing this area and approaching the site from the West onto Eastowne Drive. Were the Eastowne Drive intersection to be unavailable, the firetrucks could approach the site from the parallel service road.

Staff Response: Fire code requires that the site have 2 points of access, with adequate spacing between them. Since one access point has already been placed on Eastowne Dr, it is best practice to have the second access point coming onto the site from a different side.

47. If it is necessary to have this alternative entrance, there is no need for a 95-foot wide swath of trees to be cut. In addition, this entranceway should be marked as fire access only so that general access traffic to the facility not utilize this as a general traffic entranceway.

Staff Response: The entranceway is proposed to be made of grass pavers rather than asphalt, and will have signage that indicates fire access only.

Fire Access

48. Would the Town be willing to make an exception to their regulations for the 95' cut? Is there another way that the Fire Chief could look at it? Make an exception?

Staff Response: The Fire Code is a State requirement, which the Town does not have the authority to make exceptions to.

***48. We continue to question the necessity of the second proposed fire access road, which would extend for 95 feet along a major artery. If this plan is adopted without alternative fire access plans, the existing forested gateway viewshed would be substantially disrupted, adversely affecting the buffer we've endeavored to maintain. The fire road would also cause unsafe turning movements on a major highway between intersections. Please ask the applicant and staff to propose other options to satisfy fire safety.**

Response: This requirement is dictated by the State Fire Code and the Town of Chapel Hill's Fire Marshall. We have reviewed the plans with Town staff and have agreed to revegetate a portion of the area that needs to be cleared for construction. After revegetating the opening will be reduced to 55'. This entrance is for secondary access for emergency vehicles only. Only in dire situations, would any vehicles use this entrance. Aesthetically, the entrance will not appear as a driveway.

49. As Eastowne development is now on the UNC Master plan, what are the plans the Council is considering or has to prioritize resources to address the growing traffic and other needs/concerns in this area including making sure that the MPO has this in their plan.

Staff Response: The DCHC MPO and NCDOT have prioritized the US 15-501 corridor for transportation investments. The DCHC MPO and NCDOT are aware of future growth of the Eastowne Campus and have included and are continuing to include it in their plans. The US 15-501 Corridor is considered an active project by NCDOT but is not yet funded and the timing and scope have not been determined.

*49. We share concern with the CDC about clearing of a second site, especially in the absence of a traffic study and gateway guidelines.

Applicant Response: Per our previous responses and the agreed upon SUP stipulation clearing the second site does not grant any rights to build a second building. No additional buildings can be built until a Master Plan is developed and a comprehensive TIA is completed. See SUP stipulations below for further clarification.

Permitted Construction
Permitted Construction: This Special Use Permit Modification authorizes the construction of one (1) 153,000 sq. ft. building and the associated parking deck. Any additional buildings or other new development on this site require additional approvals by the Town and would meet all applicable Town requirements.

Master Plan
Master Plan: Before any additional new buildings are developed in on this site, UNC Healthcare will conduct a Master Planning process that is consistent with the Town's values as expressed in the Town's Strategic Plan and the 2020 Comprehensive Plan. In addition, UNC Healthcare will ensure that the process provides substantial opportunity for public participation and input. Once a draft of the Master Plan is prepared, the draft will be presented to the Advisory Boards and Town Council for their review and feedback.

Future Traffic Analysis
That as part of Master Plan entitlement process, a Traffic Impact model analysis would be prepared. This model would include a build-out year and include Wegmans, Gateway development, SECU redevelopment, and the full build-out of Eastowne, as well as any other approved development in the area.

50. What is the timeline for the proposed Master Planning Process?

Staff Response: The kick-off is planned for this Fall, with a 2-year timeline till completion while the building is being constructed.

51. If light rail comes to pass, how will people get across 15-501?

Staff Response: Connectivity to the light rail will be explored as part of the Master Plan process.

Miscellaneous

52. Are you participating in the ongoing 15-501 study?

Staff Response: Yes, we are a participant and working with the Metropolitan Planning Organizations.

53. Is there a statement that the town will receive taxes for this property?

Staff Response: UNC maintains a Memorandum of Understanding with the Town for a payment-in-lieu of approximately $330,000 per year. This MOU will be unaffected by the redevelopment, though there will be a chance to revisit it during the Master Plan process.

54. Did the apartments ask about food services? Have you considered those?

Staff Response: The apartments did not specifically inquire about this, but UNC is planning for grab-and-go services with coffee and food items.

55. Do you know exactly which out-patient services will be moved here?

Staff Response: Yes, extensive planning has been done.

56. What will be done with the vacated spaces on main campus?

Staff Response: It will be transitioned to in-patient clinics, which has a lower trip generation rate and is anticipated to reduce traffic downtown and on-campus.

57. What were the existing buildings used for at Eastowne?

Staff Response: Administrative offices only.

58. Where are the current employees at Eastowne going?

Staff Response: To the Hendricks building or out to Morrisville.

59. How will using clear glass relate to energy efficiency?

Staff Response: The building is designed to be 20% better than the ASHRAE 90.1 energy performance standard (actually exceeding at 21-22%) by using better glass and insulation, as well as chillers.

Miscellaneous

60. Is UNC providing solar on the proposed building?

Staff Response: UNC is not doing solar at the moment, but is providing conduit to the roof for future solar expansion. They are also providing conduit for electric vehicles, so that future expansion of electric charging is possible.

*60. We believe that the building's energy performance should meet the AIA-2030 goals, as the Environmental Stewardship Advisory Board stated in its review of the UNC Health SUP application. Furthermore, we believe that the building should install a roof-mounted solar energy system over at least 80% of the unshaded roof area?

Applicant Response: UNC Health Care is committed to sustainable design as well as providing affordable healthcare for the residents of North Carolina. We have committed to meeting 20% energy efficiency above ASHRAE 90.1-2016.