



## CAPE COD COMMISSION

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DATE: September 2, 2004

APPLICANT: Cape Cod Hospital  
C/o Attorney Patrick Butler  
Nutter, McClennen and Fish  
Hyannis, MA 02601-1630

RE: Development of Regional Impact  
Cape Cod Commission Act, Sections 12 and 13

PROJECT #: TR# 04007

PROJECT: Cape Cod Hospital Patient Bed Addition and Materials Management  
Redevelopment Project  
Bayview Street  
Barnstable/Yarmouth, MA 02601

MAP/PARCEL: Map 342, Parcels 1 and 39  
Map 28, Parcels 39.1, 47, 48, 50, 51, 52, 53, 54, 55 and 59  
Map 36, Parcel 1

BOOK/PAGE: Book 1491, Page 635  
Book 370, Page 46  
Book 1462, Page 655

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### DECISION OF THE CAPE COD COMMISSION

#### SUMMARY

The Cape Cod Commission (Commission) hereby approves with conditions the application of Cape Cod Hospital (Applicant) as a Development of Regional Impact (DRI) pursuant to Sections 12 and 13 of the Cape Cod Commission Act (Act), c.716 of the Acts of 1989, as amended, for the proposed Cape Cod Hospital Patient Bed Addition and Materials Management Redevelopment Project (Project) in Barnstable and Yarmouth, MA. The decision is rendered pursuant to a vote of the Commission on September 2, 2004.

#### PROJECT DESCRIPTION

The proposed Project is located at the existing Cape Cod Hospital site off Lewis Bay Road and Bayview Street in Barnstable and Yarmouth, MA. The property is within the Medical Services and

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Cape Cod Hospital Patient Bed Addition and Materials Management Redevelopment Project- TR04007

September 2, 2004

Facilities Overlay District in Yarmouth and the Professional Residential District (PRD) in Barnstable, and is surrounded by residential and commercial uses on all sides. The proposed Project involves the demolition of two existing buildings and the construction of a patient bed addition, consisting of 120 beds on five stories with a 22,000 square-foot footprint, as well as construction of a 10,254 square foot materials management structure that will allow for the relocation of the existing materials management department. The relocation of the patient bedrooms and conversion of vacated existing space will result in administrative areas and other hospital uses, including without limitation, expansion and/or relocation of the pharmacy, record-keeping, transcription, emergency room, counseling, infection control and case management departments. The five-story addition and materials management facility will also include extensive landscaping and grade changes to minimize visual impacts.

### **PROCEDURAL HISTORY**

The Cape Cod Hospital Patient Bed Addition and Materials Management Redevelopment Project was referred to the Commission as a mandatory Development of Regional Impact (DRI) by the Yarmouth Town Planner on May 27, 2004, and by the Barnstable Town Manager on July 2, 2004. The Applicant submitted both a DRI application and a Hardship Exemption application dated April 5, 2004. The Applicant withdrew the Hardship Exemption application prior to the September 2, 2004 public hearing.

A duly noticed public hearing was conducted pursuant to Section 5 of the Act by an authorized subcommittee of the Commission on June 24, 2004 at the Yarmouth Senior Center. The subcommittee held a public meeting on July 26, 2004 to deliberate on the Project, reviewing it under the 2002 Regional Policy Plan, as revised (RPP) and voted unanimously to recommend approval to the full Commission. A hearing officer opened the DRI hearing for procedural purposes on August 19, 2004 due to the referral made by the Town of Barnstable on July 2, 2004. The subcommittee held a second public meeting on August 19, 2004 and reviewed the draft decision. The final public hearing was held before the full Commission on September 2, 2004. At this hearing, the Commission voted unanimously to approve the Project as a DRI, subject to conditions.

### **MATERIALS SUBMITTED FOR THE RECORD**

#### From the Applicant:

- Cape Cod Hospital application for Joint Barnstable/Yarmouth Site Plan Review dated November 26, 2003
- Standard General Construction Conditions for Cape Cod Hospital dated March 3, 2004
- Memorandum from Cape Cod Healthcare Foundation dated March 28, 2004
- DRI application and Hardship Exemption application dated April 5, 2004
- Memorandum from Attorney Butler regarding pre-application meeting dated April 15, 2004
- Memorandum from Attorney Butler regarding DRI Hardship Exemption application dated April 20, 2004
- Memorandum from Attorney Butler regarding application materials dated April 27, 2004
- Certified abutters list from the Town of Barnstable dated May 3, 2004
- Memorandum from Attorney Butler regarding check for \$34,603.75 dated May 10, 2004
- Memorandum from Attorney Butler regarding certified abutters list dated May 12, 2004
- Memorandum from TRO regarding energy conservation initiatives dated May 24, 2004
- Memorandum from TRO regarding acoustical design features dated May 24, 2004

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- Memorandum from Attorney Butler regarding security deposit for June 24, 2004 public hearing dated June 1, 2004
- Exterior perspectives submitted by TRO dated June 1, 2004
- Photometric and lighting specifications dated June 1, 2004
- Cape Cod Hospital License dated June 1, 2004
- Memorandum from Attorney Butler regarding exterior lighting, acoustical information and landscaping dated June 1, 2004
- Memorandum from Attorney Butler regarding additional landscape plans dated June 2, 2004
- Memorandum from Attorney Butler regarding economic development information dated June 5, 2004
- Email from Attorney Butler regarding total number of employees dated June 23, 2004
- Cape Cod Hospital Growth Management Initiatives sheet dated June 24, 2004
- Project Benefits sheet for Cape Cod Hospital dated June 24, 2004
- Draft landscape maintenance agreement dated July 1, 2004
- Materials Management Building Central Distribution Option 1 received July 6, 2004
- Cape Cod Hospital Hazardous Materials Management Plan dated July 9, 2004
- Memorandum from Attorney Butler regarding TDM initiatives, Mass Ride program, draft landscape agreement and energy reduction programs dated July 15, 2004
- Memorandum from Attorney Butler regarding revised architectural information (Façade Options 5-8) and photometric plans dated July 16, 2004
- Memorandum from Attorney Butler regarding landscaping and plumbing plans dated July 20, 2004
- Memorandum from Attorney Butler regarding sidewalks along Bayview Street dated July 27, 2004
- Memorandum from Attorney Butler regarding energy standards dated July 27, 2004
- Fax from Down Cape Engineering, Inc. regarding nitrogen calculations dated August 11, 2004
- Bicycle Parking Location Plan from VHB, Inc. stamp dated August 13, 2004
- Revised landscape plans from TRO dated August 16, 2004
- Email from Nutter, McClennen and Fish dated August 20, 2004 regarding transportation findings and conditions
- Letter from Nutter, McClennen and Fish dated September 1, 2004 regarding hardship exemption

From Cape Cod Commission staff:

- Email to Attorney Eliza Cox from Greg Smith regarding DRI review procedures dated March 24, 2004
- Email to Attorney Eliza Cox from Greg Smith regarding DRI review procedures dated April 13, 2004
- Letter from Leslie Richardson to Attorney Patrick Butler regarding economic development issues dated May 17, 2004
- Email to Attorney Eliza Cox from Greg Smith regarding DRI review procedures dated May 25, 2004
- Letter from Glenn Cannon to VHB, Inc. regarding traffic concerns dated May 24, 2004
- Email to Attorney Eliza Cox from Greg Smith regarding DRI review procedures dated May 25, 2004

From Federal, State or Local officials:

- Letter from the Barnstable County Fire Chief's Association dated March 31, 2004
- Letter from the Town of Yarmouth regarding site plan review dated May 27, 2004

- Referral from the Town of Yarmouth dated May 27, 2004
- Letter from Mark Ells, Barnstable DPW Director regarding wastewater issues dated July 26, 2004
- Letter from the Town of Yarmouth Planning Board in support of the Project dated June 24, 2004
- Letter from the Town of Yarmouth Department of Community Development in support of the Project dated June 24, 2004
- Email from Barnstable Planning Department regarding Project's consistency with Barnstable Growth Management Strategies dated June 24, 2004
- Letter from the Yarmouth Town Administrator in support of the Project dated June 23, 2004
- Referral from the Town of Barnstable dated July 2, 2004

From the Public:

- Letter from Mugar Enterprises, Inc. in support of the Project dated June 23, 2004
- Letter from Thomas K. Lynch in support of the Project dated June 24, 2004
- Letter from the Hyannis Chamber of Commerce in support of the Project dated June 24, 2004

The application and notices of public hearings relative thereto, the Commission staff's notes, exhibits and correspondence, the transcript and minutes of meetings and hearings and all written submissions received in the course of our proceedings are incorporated into the record by reference.

### **TESTIMONY**

Note: see minutes in Project file for complete public hearing and subcommittee meeting proceedings.

At the June 24, 2004 public hearing the Applicant provided an overview of the proposed Project. Staff provided an overview of issues associated with community character, transportation, water resources, and hazardous waste management. The Subcommittee heard oral testimony at the Public Hearing from:

Lynne Poyant, Director of the Hyannis Area Chamber of Commerce, spoke in favor of the Project.

Suzanne MCauliffe, Yarmouth Selectman, spoke in favor of the Project.

Chris Greeley, representing the Hyannis Park Civic Association, stated that the hospital has addressed many of the concerns that the neighborhood association brought up.

Colleen Kramer, representing the Yarmouth Planning Board stated support for the Project, but noting concern for traffic on Bayview Road.

Bob DuBois, representing the Yarmouth Chamber of Commerce, spoke in support of the Project.

Tom Broidrick inquired about provisions for evacuating handicapped patients in case of a fire or other catastrophe.

## **JURISDICTION**

The proposed Project qualifies as a Development of Regional Impact under Section 3(e) of the DRI Enabling Regulations governing review of Developments of Regional Impact as an addition to a private healthcare development with a gross floor area greater than 10,000 square feet.

## **FINDINGS**

The Commission has considered the application of Cape Cod Hospital for the proposed Cape Cod Hospital Patient Bed Addition and Materials Management Redevelopment Project, and based on consideration of such application and upon the information presented at the public hearings and submitted for the record, makes the following findings pursuant to the 2002 RPP and Section 23 of the Act:

### **General**

**G1.** The proposed Project consists of the redevelopment of a portion of the Cape Cod Hospital campus, which is located on 17 acres within the Medical Services and Facilities Overlay District in Yarmouth and the Professional Residential District in Barnstable. The site, located within a Growth Activity Center in Barnstable, is primarily impervious and is not located within a Wellhead Protection District or Potential Public Water Supply area. Two existing structures totaling 17,463 square feet will be demolished and replaced by a patient bed addition and a materials management department totaling 110,952 square feet. The patient bed addition will allow the hospital to add 60 beds. The proposed 60 patient beds will create a total of 278 beds. The patient bed addition provides for four floors, each with thirty patient beds, of which only one floor will be outfitted with beds pending completion of construction. A net increase of 60 patient beds will result, as 60 existing beds will be “transferred” from other areas of the hospital. The remaining floors will be outfitted as funding becomes available.

### **Natural Resources**

**NR1.** The Cape Cod Hospital property has been the subject of two prior DRI Hardship Exemptions (TR #91-037 dated July 25, 1991 and a modification MOD #96-018 dated October 17, 1996). At that time the RPP included an open space requirement of 40 percent of the Project acreage. Calculating the required open space using the total acreage of the project site (12.07 acres) resulted in the requirement for 4.83 upland acres of open space. By providing 40 percent open space based on the size of the Hospital campus at that time, the applicant met the open space requirement for any future Projects or modifications on the Cape Cod Hospital Campus, providing the Hospital did not acquire more acreage.

**NR2.** A modification of the hardship exemption was approved on July 27, 1998 adding one acre of upland to the required Conservation Restriction for a total of 5.83 acres of open space.

**NR3.** On September 10, 2000, Cape Cod Hospital recorded the conservation restriction for 6 acres of open space to meet these conditions.

### **Water Resources**

**WR1.** The Project results in the replacement of 1,500 square feet of existing natural area and approximately 13,800 square feet of landscaped area with 15,300 square feet of impervious surface. According to Technical Bulletin 91-001 nitrogen-loading methodology, the

reduction in landscaped area results in a net decrease in nitrogen load to groundwater at the site of 4 kg-N/year.

- WR2.** The Town of Barnstable has provided a letter to the Cape Cod Commission indicating that 12,000 gallons per day of wastewater capacity, equivalent to the addition of 60 new patient beds under Title-5, will be allocated at the Town of Barnstable Water Pollution Control Facility for wastewater flows resulting from the hospital addition.
- WR3.** The Project meets the regional 5-ppm nitrogen-loading standard for groundwater required by MPS 2.1.1.1. The Project's nitrogen load is 1.44 ppm, compared to 1.94 ppm under pre-redevelopment conditions.
- WR4.** The Project will not discharge stormwater to critical areas, as defined by Massachusetts Stormwater Policy Guidelines. The Project utilizes best management practices consistent with those prescribed by Massachusetts Stormwater Policy Guidelines for areas outside of critical areas, as required by MPS 2.1.3.2.
- WR5.** Improvements to stormwater infrastructure consists of the replacement of existing stormwater catch basins, leach pits, and dry wells with new catch basins and infiltration galleries collecting runoff from drainage areas beyond the footprint of the new hospital addition.
- WR6.** The stormwater maintenance and operations plan submitted for the Project meets requirements of MPS 2.1.3.6.

**Transportation**

- T1.** Lewis Bay Road and Bayview Street are regional roads, as defined in the 2002 RPP.
- T2.** The proponent's traffic engineer and commission staff have agreed that the proposed addition will generate 1,351 new vehicle trips on an average weekday (675 in/676 out). The expected net increase in traffic from the Project, after complying with the trip reduction (25 percent) requirements of the RPP is as follows:

Average weekday	1,013 trips
Average morning peak hour	86 trips
<u>Average evening peak hour</u>	<u>127 trips</u>

- T3.** MPS 4.1.1.1 states *Development and redevelopment shall not degrade safety for pedestrians, bicyclists, or motor vehicle operators or passengers.*  
  
Based on the Project's traffic study, no impacted intersections have three or more crashes per year. Therefore the Project complies with MPS 4.1.1.1 of the RPP.
- T4.** No new curb cuts will be created by this Project in accordance with MPS 4.1.1.3.
- T5.** MPS 4.1.1.7 states that *acceptable sight distances shall be met and maintained at all access and/or egress locations for development and redevelopment regardless of project traffic volumes. At a minimum, these shall meet the stricter of the Massachusetts Highway*

*Department and American Association of State Highway Transportation Officials' standards for safe-stopping sight distances.*

With sight line improvements to the Lewis Bay Road site driveway, all existing driveways meet or exceed the minimum stopping sight distance. The sight line improvements require bush trimming immediately south of the site driveway as outlined in a Traffic Impact and Access Study titled "Proposed Cape Cod Hospital Expansion" by Vanasse Hangen Brustlin (VHB) Inc. dated March 2004 (Figure 15).

**T6.** MPS 4.1.2.1 states that *all development and redevelopment not located within Growth Incentive Zones shall implement adequate and acceptable measures to reduce and/or offset 25 percent of the expected increase in summer site traffic resulting from the development on a daily and project peak-hour basis. Employee carpooling, flexible work hours, and incentives for alternatives to automobile travel are strategies consistent with this standard.*

MPS. 4.1.2.4 allows the trip reduction requirement for this Project to be reduced from 25 percent of the summer daily traffic to 20 percent because the site is on a fixed route transit service and the applicant has agreed to provide the following transit amenities:

- Two on-site bus stops at the Cancer Center and the hospital main entrance;
- Install commuter information centers or bulletin boards at one or more prominent location(s) that would include up-to-date information about transit schedules, maps, ride matching forms, and promotional fliers; and
- Provide a program of subsidized transit passes for CCH employees.

Based on the average summer daily traffic generation (1,351 vehicles per day), the trip reduction requirements of this Project amount to 270 (1,351 x .20) daily vehicle trips. As part of the overall trip reduction plan, the applicant has proposed an employee/patron trip reduction program that includes the following in-kind strategies:

- Provide secure bicycle storage areas to accommodate bicycles for both employees and patrons;
- Designate preferential parking spaces for employees that carpool;
- Enhance the existing cafeteria to decrease employee midday trip making;
- Provide an on-site transportation coordinator. The transportation coordinator shall be responsible for insuring that the complete rideshare program, including car/vanpools; accommodating work shifts; promotions; incentives; preferential parking; and guaranteed ride home program, is consistently promoted and provided;
- Implement a guaranteed ride home program for use in the case of an emergency for program participants;
- Assemble information regarding carpooling and its benefits to be distributed to employees;
- Carpool information will be distributed for all employees via the existing carpooling e-mail system;
- On the one-year anniversary and the three-year anniversary of Project completion, the applicant shall submit to the Commission a Transportation Demand Management (TDM) report summarizing the TDM program effectiveness;
- Provide incentives for employees participating in the Carpool/Rideshare program;

- Provide two additional bicycle racks (two are currently provided) as shown on the site plan “Bicycle Parking Location Plan” stamped dated August 13, 2004;
- Provide showers and/or locker facilities for the walking/bicycling employees of the program;
- Identify the method for the guaranteed ride home program such as taxi service, transit service, etc.;
- The incentives to be provided each day for each employee who commutes to work using alternative methods that reduce automotive trips such as bicycling, walking, carpooling or transit include free meals (through vouchers) at the proposed enhance on-site cafeteria; and
- Provide a reference in all promotional materials or link, in the case of a website, to the Cape Cod Commission transportation information center Travel Demand Management services at [www.gocapecod.org/tdm](http://www.gocapecod.org/tdm). In addition, website based materials and advertising developed for the Project will include listing and links to available public transportation services serving the Project site.

The TDM program outlined above exceeds the trip reduction requirements (M.P.S. 4.1.2.1) of the RPP.

- T7.** MPS 4.1.2.8 states that *“the Commission may allow a DRI to exceed the requirements of this section and receive a corresponding reduction in trip generation for the purpose of meeting Minimum Performance Standard 4.1.3.4.”*

The subcommittee has allowed a reduction in trip generation for this Project due to the fact that the applicant has and will continue to offer the employee trip reduction plan to all employees of Cape Cod Hospital. This opportunity allows the employee trip reduction plan to be available to 1,728 employees.

- T8.** MPS 4.1.3.4 states that *“Developments of Regional Impact shall perform Level of Service analysis and provide for full mitigation of project impacts on all regional road links, at all intersections of regional roads, and at local road intersections with regional roads that are used by the project for access to the regional road network, including but not limited to bridges, intersections, rotaries, roundabouts, interchanges, and U-turns where traffic increases are expected from the project, after traffic adjustments in compliance with the Minimum Performance Standards supporting Goal 4.1.2.”*

In conformance with the RPP and Technical Bulletin 96-003, the applicant has proposed fair-share mitigation at locations where roadway widening or intersection signalization will not degrade the community character, scenic or natural resources. At locations where roadway widening or signalization would degrade the community, scenic or natural character of the area, the applicant has proposed a fair-share contribution based on the transit equivalency equation, which conforms to the RPP. Commission staff reviewed the applicant’s trip generation, trip distribution and fair-share mitigation costs and have determined that the fair-share mitigation cost to the Project is \$36,975.10.

- T9.** As outlined in a memorandum from Nutter McClennen & Fish, LLP dated July 27, 2004, Cape Cod Hospital shall design a sidewalk from the southerly Bayview Street Cape Cod Hospital properly line on the west side of Bayview Street to the intersection of Bayview

Street and Willow Street and continue the design on the north side of Willow Street to the existing sidewalk on Lewis Bay Road. The sidewalk design is not a requirement of the Minimum Performance Standards of the RPP and therefore is regarded as a transportation benefit to the community.

- T10.** MPS 4.1.2.6 states *“the maximum parking allowed for development and redevelopment shall be no more than the minimum number of spaces required under zoning unless a greater number of spaces are justified by a parking analysis accepted by the Commission.”*

The Traffic Impact and Access Study titled “Proposed Cape Cod Hospital Expansion” by Vanasse Hangen Brustlin (VHB) Inc. dated March 2004 contains the parking analysis for the existing Cape Cod Hospital. The parking lots are sufficient to handle existing and increased parking needs at the Hospital, however many inconveniently located parking spaces are not being utilized by patrons of the Hospital. To increase utilization of these existing parking spaces, the Hospital has agreed to implement a free valet parking service at the entrance to the proposed Patient Bed Addition on Bayview Street in Yarmouth. To maximize usage of the existing valet service, valet signage will be upgraded for the existing free valet parking located at the main parking lot. The valet parking service proposed by the Hospital should provide sufficient parking for the existing and future Project expansion.

### **Community Character**

- CC1.** The Materials Management building is a low, one-story building (twenty feet in height) with a shallow sloping roof and a footprint of roughly 10,000 square feet. Two sides of the building (north and west) will be largely shielded from view by the existing and proposed hospital structure. The street side (east) of the building will be buffered by a retaining wall and landscaping proposed adjacent to the street. The lower portion of this façade will be sided in brick and the upper portion will be sided in metal panels to match those used on the adjacent Patient Bed Addition. The south side of the building contains the loading docks and while it faces into a parking area, views from the street are partially buffered by landscape features.
- CC2.** The Patient Bed Addition is 5-stories tall plus rooftop equipment, and has a footprint of roughly 22,000 square feet. The exterior siding materials are primarily brick and glass, with accents of dark brick, sandstone, granite, and metal panels. The two primary facades of the building, facing east and south, have different design characters based on different arrangements of these materials. The street-facing façade (east) is predominantly brick to coordinate with the existing hospital complex. The water-facing façade (south) is predominantly glass and colored metal panels, allowing it to reflect the sky and water and to reduce the heavy massing of brick when seen from a distance. The primary building facades are approximately 110 and 160 feet long, and they incorporate some setbacks and Projections to reflect the location of stairways, larger patient bedrooms, and entrance features.
- CC3.** RPP Performance Standard 6.2.5 requires screening for buildings over 15,000 square feet. It also requires a 10-foot setback or projection for every 50 feet of façade length. Given the hospital’s unique use and existing large footprint, it appears appropriate to address the building’s bulk through a combination of screening and design features. The Patient Bed Addition is adequately screened from public view on two sides (north and west) by the existing hospital building. On the remaining facades, the applicant’s architect has addressed

the massing of the building through design features. The architect presented renderings of the Patient Bed Addition showing how different patterns of exterior materials on the water-facing façade could help to break down the large building mass. Option 7 has sufficient color variation and shadowing on the façade, in combination with the proposed wall recesses and projections, to meet the intent of MPS 6.2.5.

- CC4.** In accordance with MPS 6.1.3, the Massachusetts Historical Commission (MHC) provided comments dated April 26, 2004 stating that the Project is unlikely to affect significant historic or archaeological resources. In addition, the Barnstable Historical Commission reviewed the demolition of the Barton House under their demolition delay bylaw and determined that the building is not a significant historic resource.
- CC5.** Based on Planting Plan (CCC-L-1) issued on May 14, 2004, the proposed species are non-invasive, sustainable on Cape Cod and appropriate for the site. General Notes #2 states “Review all plantings to remain and be protected with Landscape Architect prior to construction”. This plant material will be reviewed by Commission staff. General Notes #7 specifies that all subgrades will be loosened and amended with organic matter to a depth of 12”, and #9 specifies that protective caution fencing will be installed around all trees to be protected.
- CC6.** In accordance with MPS 6.2.9, the applicant is proposing to remove existing invasive and disease/insect susceptible plant material in an area along Bay View Street and replace it with native and sustainable plantings, which is an environmental and visual improvement.
- CC7.** Civil Detail Sheet 3 (revised 7/15/04) notes that four existing mature trees located at the south end of the proposed parking lot will be retained for screening, and two mature arborvitae will be transplanted from the area of the electrical switch gear building to the area of the new air conditioning unit to provide screening.
- CC8.** In accordance with MPS 6.2.9, the applicant submitted a draft Landscape Maintenance contract dated July 1, 2004 that would be in effect for three years that applies to all new plantings installed as part of the Project. The Landscape Maintenance Contract should also apply to existing plant material that will be transplanted. In addition, the Landscape Maintenance Contract must include soil testing and fertilization as needed for all plantings.

### **Exterior Lighting**

- EL1.** MPS 6.2.10 of the 2002 RPP requires that development and redevelopment conform to the Commission's exterior lighting design standards and submission requirements, Technical Bulletin 95-001.
- EL2.** According to information submitted by the applicant on July 15, 2004 and a revised Lighting Plan (submitted August 4, 2004), site lighting for the Project will be limited to the addition of five (5) pole-mounted lights (2 at a pedestrian scale, 3 for parking lots) and two types of lights with heights of 38 inches or less (bollards and stub lights).
- EL3.** The bollard and stub lights meet the applicable requirements of Technical Bulletin 95-001. The pole mounted lights (pedestrian scale and parking lot) proposed meet Standards 2.1 to 2.5 of Technical Bulletin 95-001.

**EL4.** The information on exterior lighting submitted to date indicates that the pole-mounted lights may exceed the 8.0 foot-candle level set by Standard 2.6 of Technical Bulletin 95-001.

### **Noise**

**N1.** The applicant's architects, TRO submitted a one-page memorandum on June 1, 2004 on the Project's acoustical design features. This memo also states that modifications have already been made to the hospital's existing Central Plant. TRO states that these acoustical modifications and additions *will provide extremely low noise levels to the surrounding area.*

**N2.** Since TRO's memo indicates that acoustical modifications have already been made to the hospital's existing physical plant, there is no way to readily determine what the "pre-Project" noise baseline is (or was). And, since the applicant did not present a base-line noise analysis, there is no way to determine what the existing noise environment on the hospital campus is, even with the already-completed modifications.

**N3.** Because modifications have already been made to potential noise sources from the Project site, the Commission only finds that these changes and other recommended design features for the proposed Project should improve the sound conditions on and near to the hospital campus, which meets the intent of MPS 2.6.1.1.

### **Hazardous Materials**

**HM1.** The Project site is not located in Wellhead Protection Districts/Zone II or Potential Public Water Supply areas according to maps produced for the 2002 RPP (as revised).

**HM2.** MPS 4.3.1.1 requires DRIs to *make reasonable efforts to minimize their hazardous material use and/or waste generation through source reduction, reuse, material substitution, employee education, and recycling.* The Commission has reviewed various different projects/entities in the Cape Cod Healthcare group over the past two years. Information submitted as part of these prior projects, as well as the information provided in the application for this DRI Project indicates the Hyannis hospital campus and the organization as a whole has programs in place that adhere to this MPS.

**HM3.** MPS 4.3.1.2 requires that DRIs *be in compliance with Massachusetts Hazardous Waste Regulations, 310 CMR 30.000.* According to information submitted by the applicant, the hospital in Hyannis is a Very Small Quantity Generator for hazardous waste and used oil. The applicant has also submitted information showing that the hospital will be in compliance with Massachusetts Hazardous Waste regulations. The facility also has a contract in place with an off-site vendor to handle mercury-containing fluorescent bulbs.

**HM4.** MPS 4.3.1.4. requires that DRIs *prepare an emergency response plan that identifies potential threats to employee safety and health and threats of environmental releases and describes ways to reduce those threats.* The application materials submitted indicate that the hospital has such plans in place, and that it provides its staff with continual training relevant to the emergencies that may occur at the facility.

### **Solid Waste**

**SW1.** MPS 4.2.1.1 requires *"development and redevelopment shall address both the construction and post-construction phases of development or redevelopment. A construction plan shall*

*demonstrate how the applicant proposes to handle solid wastes, recyclables and construction/ demolition wastes.*

MPS 4.2.1.2 requires “*the applicant provide information on the types of material to be generated, the manner by which recycled materials will be sorted and stored prior to disposal, the destination of all recyclable materials, as well as the manner by which the materials will be delivered to markets*”. The applicant has not yet signed a contractor for the demolition and construction of the Project. However, a Standard General Conditions plan has been submitted dated March 3, 2004 that describes the waste management and recycling practices for construction activities.

**SW2.** MPS 4.2.1.3 requires “*suitable locations for the collection, storage and removal of recyclable materials... shall be provided*”. According to information obtained from the Applicant, a contract with BFI, Inc. has been signed and all cardboard and office paper generated will be recycled.

### **Economic Development**

**ED1.** MPS 3.1.1. require the applicant provide economic data for the Commission to evaluate the economic impact of the proposed expansion of Cape Cod Hospital. In general, the economic impact of a hospital facility will be positive given the competitive salaries and skill levels required of the average hospital position. In terms of quality of healthcare and availability of services, to the extent that this proposed Project would improve these, it should have a positive economic and social impact on the area and reduce the dependence of the region’s increasingly elderly population on Boston area medical services.

**ED2.** Consistent with MPS 3.2.1, the proposed expansion of Cape Cod Hospital is to be located in an activity center. The proximity of the Cape Cod Hospital to downtown Hyannis may encourage some overflow economic activity, however this will be limited by the fact that most supporting services, such as food, is also provided within the Hospital buildings.

**ED3.** Consistent with ODRP 3.1.9, the expansion of Cape Cod Hospital will increase the availability of health services in Barnstable County. The majority of the Cape’s communities are within the primary service area of the Cape Cod Hospital, which is essentially the only facility of its type in close proximity to these communities. Falmouth Hospital is the only similar facility on the Cape but primarily serves Bourne and Falmouth. Boston Hospitals provide the region with alternatives to Cape Cod Hospital and more advanced services not provided by the regional hospitals. The Cape Cod Hospital’s 2002 market share was 68 percent and growing within its primary service area. The Hospital is a charitable, tax-exempt 501(c)-3 corporation and does not, therefore, pay local property taxes.

**ED4.** Consistent with ODRP 3.3.3, the construction phase of the proposed expansion of Cape Cod Hospital will create some short-term employment opportunities for residents of the region. The applicant estimates the cost of constructing the patient bed addition and the materials management addition will be \$39 million. The applicant has provided assurances that local suppliers and subcontractors will have the option to bid on the Project when the contractor selection process begins in fall 2004.

**ED5.** Consistent with ODRP 3.3.1, and 3.3.4, the expansion of Cape Cod Hospital will create long-term employment opportunities for residents of Cape Cod. According to the applicant, the hospital currently employs the equivalent of approximately 1,740 full-time positions. The applicant estimates that upon completion of this Project, the Hospital will add the equivalent of between 150 and 220 full-time positions, by hiring a yet to be determined number of individuals for a variety of full- and part-time positions.

Currently, approximately 7.2 percent of the employees are members of minority populations, just less than 1 percent is elderly, and 94 percent live in Barnstable County. These proportions are expected to remain consistent as the workforce expands.

Currently, 63 percent of the hospitals workforce is part-time. According to the applicant, 81 percent of these workers receive full benefits meaning that they work over 30 hours per week. The remaining workers are eligible for pro-rated benefits based on the amount of time worked.

**ED6.** The expansion of Cape Cod Hospital will create livable wage jobs in the knowledge-based and health care sectors. Wages and benefits of most hospital employees are determined through labor union contract negotiations with the exception of medical doctors/"hospitalists" and professional administrative staff, which is consistent with ODRP 3.1.5. According to the applicant, the current payroll of \$100 million will increase by approximately \$13 million upon completion of this Project. Of the hourly wage data provided by the applicant, the lowest wage for unionized employees was just over \$11.00/hour and the highest was just less than \$43.00/hour.

### **Energy**

**E1.** Cape Cod Hospital will construct its building using building and mechanical designs for the Inpatient Addition that meet or exceed the Massachusetts Energy Code for energy efficiency as defined in the May 24, 2004 memorandum from Mario Vieira of TRO/The Ritchie organization, in compliance with the Other Development Review Policies in the energy section of the RPP.

**E2.** Cape Cod Hospital shall implement a trip reduction plan as outlined in Condition T2 that encourages energy-saving transportation options and satisfies MPS 4.5.1.2.

**E3.** The Project will place utility lines underground according to site plan E010, in compliance with MPS 4.5.1.1.

### **CONCLUSION**

Based on the findings above, the Commission hereby concludes:

- 1.** The proposal meets the applicable Minimum Performance Standards of the 2002 RPP.
- 2.** Provided that the Applicant obtains a demolition and building permit, a sewer connection permit and site plan review approval from the Town of Barnstable, as well as a Request for Determination of Applicability or Notice of Intent, a special permit for front yard setback, a demolition and building permit and site plan review approval from the Town of Yarmouth, the Project is consistent with the Town's development regulations.

3. The proposed Project complies with the Barnstable Local Comprehensive Plan, which has been certified by the Cape Cod Commission. The Yarmouth Local Comprehensive Plan has not been certified by the Cape Cod Commission.
4. Because the Barnstable District of Critical Planning Concern (DCPC) only applies to residences, it is not pertinent to this Project.
5. The benefits of the proposed Project outweigh the detriments resulting from the development. This is supported by the following facts: an additional 60 patient beds will be created (Finding G-1), a net reduction in nitrogen load to groundwater will occur (Findings WR-1 and WR-3), a series of transit amenities will be provided (Finding T-6), a sidewalk on the north side of Willow Street will be designed (Finding T-8), landscaping will be improved (Finding CC-7), improve the quality and availability of medical services (Finding ED-1), short and long-term employment opportunities will be created for residents of the region (Findings ED-4 and ED-5), and the Project will be constructed using building and mechanical designs that meet or exceed the Massachusetts Energy Code for energy efficiency (E1).
6. The Commission hereby approves with conditions the application of the Cape Cod Hospital for the Cape Cod Hospital Patient Bed Addition and Materials Management Redevelopment Project as a Development of Regional Impact, provided the following conditions are met:

#### **GENERAL CONDITIONS**

- GC1.** The proposed Cape Cod Hospital Patient Bed Addition and Materials Management Redevelopment Project shall be constructed in accordance with the following final plans:
- Civil elevation drawings and renderings as shown on Façade Option #7 dated July 16, 2004 by The Ritchie Organization (TRO);
  - Civil elevation drawings prepared by TRO (Sheet numbers A10G, A200, A20G, A20G-1, A20G-2, A201, A202, A203, A204, A205, A210, A400, A401, A402, A403, A404, A405, A406, A407, A500, A501, A502, E010, L1.00, L-2.00, L4.00 and L4.01 dated March 10, 2004 (these plans may be modified in accordance with Façade Option #7 plan dated July 16, 2004);
  - Landscape plans prepared by TRO, Sheet number CCC-L-1 and CCC-L-2 dated May 14, 2004 and revised Civil Detail Sheet C100 prepared by TRO dated May 14, 2004 and revised July 15, 2004;
  - Planting Plan prepared by TRO (Sheet number L-4.00) dated May 14, 2004 and revised August 13, 2004;
  - Bicycle Parking Location Plan stamp dated August 13, 2004;
  - Lighting Plan and Landscape Fixtures Plan submitted by TRO, Sheet number CCC-L-2 dated May 14, 2004 and revised July 29, 2004; and
  - Stormwater Plans prepared by TRO (Sheet numbers C200, C300, C400 and C500) dated March 10, 2004.
- GC2.** This DRI decision is valid for 7 years. Local development permits may be issued pursuant hereto for a period of 7 years from the date of the written decision. Failure to comply with all conditions stated herein, and with all related statutes and other regulatory measures, shall be deemed cause to revoke or modify this decision.

- GC3.** Failure to comply with all conditions stated herein, and with all related statutes and other regulatory measures, shall be deemed cause to revoke or modify this decision.
- GC4.** The Applicant shall obtain all necessary Federal, state and local permits for the proposed Project.
- GC5.** No development work, as the term “development” is defined in the Act, shall be undertaken until all appeal periods have elapsed, or if such an appeal has been filed, until all judicial proceedings have been completed.
- GC6.** Prior to issuance of a building permit for any phase of proposed construction, the Applicant shall submit final plans as approved by local boards for review by Commission staff to determine their consistency with this decision and/or information submitted as part of the DRI review. If the final plans approved by local boards are inconsistent with this decision and/or supporting information, then they shall be reviewed subject to Section 7 of the Cape Cod Commission Administrative Regulations, Modifications to Approved DRIs, dated 5/30/02 and as amended from time to time.
- GC7.** Prior to issuance of a demolition permit or building permit for any phase of construction, the Applicant shall obtain a Preliminary Certificate of Compliance from the Commission that states all conditions in this decision pertaining to issuance of a building permit have been met.
- GC8.** Prior to receiving a temporary or Final Certificate of Occupancy from the Towns of Barnstable and Yarmouth, the Applicant shall obtain a Final Certificate of Compliance from the Commission.
- GC9.** The Applicant shall be responsible for providing proof of recording of the Decision prior to issuance of a Preliminary Certificate of Compliance.
- GC10.** The Applicant shall demonstrate that a copy of this decision has been provided to the general contractor prior to the start of construction.

#### **Water Resources**

- WR1.** The Project shall connect to the Barnstable sewer system. Prior to issuance of the Preliminary Certificate of Compliance, the Project shall submit a copy of the sewer-connection permit application to the Commission. Prior to issuance of the Final Certificate of Compliance, the Project shall submit a copy of the approved sewer-connection permit to the Commission.
- WR2.** The increase in Title-5 wastewater flows resulting from the Project shall be limited to 12,000 gallons per day.

#### **Transportation**

- T1.** Prior to receiving a Final Certificate of Compliance, the applicant shall trim bush immediately south of the Lewis Bay Road site driveway as outlined in a Traffic Impact and Access Study titled “Proposed Cape Cod Hospital Expansion” by Vanasse Hangen Brustlin (VHB), Inc dated March 2004 (Figure 15) creating 340 feet of intersection sight distance.

**T2.** Prior to receiving a Final Certificate of Compliance, the applicant shall implement and maintain the following trip reduction plan:

- Provide secure bicycle storage areas to accommodate bicycles for both employees and patrons.
- Designate preferential parking spaces for employees that carpool.
- Enhance the existing cafeteria to decrease employee midday trip making.
- Provide an on-site transportation coordinator. The transportation coordinator shall be responsible for insuring that the complete rideshare program, including car/vanpools; accommodating work shifts; promotions; incentives; preferential parking; and guaranteed ride home program, is consistently promoted and provided.
- Implement a guaranteed ride home program for use in the case of an emergency for program participants.
- Assemble information regarding carpooling and its benefits to be distributed to employees.
- Carpool information will be distributed for all employees via the existing carpooling e-mail system.
- On the one-year anniversary and the three years anniversary of Project completion, the applicant shall submit to the Cape Cod Commission a Transportation Demand Management (TDM) report summarizing the TDM program effectiveness.
- Provide showers and locker facilities for the walking/bicycling employees of the program.
- Identify the method for the guaranteed ride home program such as taxi service, transit service, etc.
- Provide incentives each day for each employee who commutes to work using alternative methods that reduce automotive trips such as bicycling, walking, carpooling or transit. These incentives could include free meals (through vouchers) at the proposed enhance on-site cafeteria.
- Provide a reference in all promotional materials or link, in the case of a website, to the Cape Cod Commission transportation information center Travel Demand Management services at [www.gocapecod.org/tdm](http://www.gocapecod.org/tdm). In addition, website based materials and advertising developed for the Project will include listing and links to available public transportation services serving the Project site.

**T3.** Prior to receiving a Final Certificate of Compliance, the applicant shall make a monetary commitment of \$36,975.10 to comply with MPS 4.1.3.4. These funds shall be held by the County of Barnstable and will be expended upon the recommendation of the Cape Cod Commission Executive Director to support the planning, design or implementation of transportation improvements, including the future construction of sidewalks described in Condition T4.

**T4.** Prior to receiving a Final Certificate of Compliance, Cape Cod Hospital shall design a sidewalk from the southerly Bayview Street Cape Cod Hospital property line on the west side of Bayview Street to the intersection of Bayview Street and Willow Street and continue the design on the north side of Willow Street to the existing sidewalk on Lewis Bay Road, as outlined in a memorandum for Nutter McClennen & Fish, LLP dated July 27, 2004.

- T5.** Prior to the issuance of a Certificate of Compliance, the applicant shall implement a free valet parking service at the entrance to the proposed Patient Bed Addition on Bayview Street in Yarmouth. To maximize usage of the existing valet service, valet signage shall be implemented as outlined in the Traffic Impact and Access Study titled “Proposed Cape Cod Hospital Expansion” by Vanasse Hangen Brustlin (VHB) Inc. dated March 2004 (refer to Figures 12 and 15).

**Community Character**

- CC1.** The Materials Management building shall be constructed as shown on elevation drawings and renderings submitted by the applicant’s architect received July 6, 2004, and titled “Central Distribution Opt. 1.” Any changes to the proposed design plans shall be approved by Commission staff.
- CC2.** The Patient Bed Addition shall be constructed as shown on elevation drawings and renderings submitted by the applicant’s architect received July 16, 2004, and titled “Façade Option 7.” Any changes to the proposed design plans shall be approved by Commission staff.
- CC3.** The applicant shall construct a mock-up panel on site with the proposed materials and colors of the Patient Bed Addition exterior wall panels for final consideration by Commission staff and the architect prior to the issuance of a Preliminary Certificate of Compliance. In addition to the mock-up panel, the applicant’s architect shall provide revised photo-montages showing the Option 7 design superimposed on photographs of the site from various locations to aid in evaluating appropriate colors and materials for the building. Any change in materials or colors may be reviewed by staff as a minor modification #1 or, if there is disagreement may be reviewed by the Regulatory Committee.
- CC4.** Prior to the issuance of a Final Certificate of Compliance the applicant shall landscape the Project in accordance with the approved Planting Plan (CCC-L-1, dated May 14, 2004 and revised August 13, 2004) and Civil Detail Sheet (C500, dated May 14, 2004, revised July 15, 2004). Plant material specified by this decision may be substituted with prior written approval of Commission staff
- CC5.** Prior to issuance of a Preliminary Certificate of Compliance, the applicant shall review all plantings to remain, to be transplanted, and to be protected with Cape Cod Commission staff and shall clearly mark such plantings for special care.
- CC6.** Prior to issuance of a Preliminary Certificate of Compliance, the applicant shall submit to the Cape Cod Commission an executed Landscape Maintenance Contract, consistent with the approved draft maintenance agreement and including provisions for fertilization, for three full growing seasons effective upon completion of planting. The executed Landscape Maintenance Contract shall apply to transplanted plants in addition to new plantings and shall include soil testing, irrigation, pruning, guying, mulching, pest management, fertilization as needed, erosion repair, lawn maintenance, and replacement of dead vegetation, including grass, trees and shrubs.
- CC7.** If all required exterior lighting, site work, irrigation, and/or other landscape improvements are not complete at the time a Final Certificate of Compliance is sought from the Commission, any work that is incomplete shall be subject to an escrow agreement of form

and content satisfactory to Commission counsel. The amount of the escrow agreement shall equal 150 percent of that portion of the incomplete work, including labor and materials, with the amount approved by Commission staff. The escrow agreement may allow for partial release of escrow funds upon partial completion of work. The escrow agreement shall be payable to Barnstable County with the work approved by Commission staff prior to release of the escrow funds. Unexpended escrow funds shall be returned to the applicant, with interest, upon completion of the required work. All site and landscape work shall be completed prior to issuance of a Final Certificate of Compliance.

### **Exterior Lighting**

**EL1.** The Hospital shall construct the exterior lighting for the Project consistent with MPS 6.2.10 and Technical Bulletin 95-001. There shall be no other exterior lights used beyond those described in a July 15, 2004 letter from Nutter, McClennen & Fish and shown on the Lighting Plan/Landscape Fixtures Plan (received 8/4/04). The only exception to this shall be that the wattage on the pole lights described in the 7/15/04 Nutter letter and on the 7/21/04 Plan shall be reduced. Should unexpected conditions arise during construction that require redesign of the exterior lighting, including substitutions of fixture heads, or addition of new fixtures, the applicant shall obtain approval from Commission staff prior to the installation of such fixtures or fixture heads consistent with Section 7.0 of the *Administrative Regulations*. Modifications made during construction that are in accordance with MPS 6.2.10 and Technical Bulletin 95-001 may be considered as Minor Modifications #1 and may be approved by Commission staff.

**EL2.** Prior to issuance of a Final Certificate of Compliance from the Commission, in-the-field verification of light levels shall be conducted by Commission staff to verify conformance with the requirements of this decision, Technical Bulletin 95-001 and MPS 6.2.10.

### **Hazardous Materials**

**HM1.** The hospital shall notify the Commission in writing if either the site on which the hospital campus is located becomes part of a Wellhead Protection Districts or Potential Public Water Supply Area as defined by the RPP, or if the hospital's status as a generator of Hazardous Waste changes.

### **Solid Waste**

**SW1.** Prior to the issuance of a Preliminary Certificate of Compliance by the Commission, the applicant shall submit a draft contract for Cape Cod Commission staff approval specifying the disposal method that contractors shall use to dispose of all asphalt, brick, concrete (ABC), untreated wood, metals and other solid waste generated by demolition and construction activities. These materials shall be managed according to an integrated waste management system, and disposed of at a facility permitted to dispose of construction demolition materials.

### **Energy**

**E1.** Prior to the Preliminary Certificate of Compliance, Cape Cod Hospital shall meet with the Cape Light Compact to consider applying for and utilizing CLC's commercial energy efficiency programs and funding for high efficiency lighting and/or motors to be installed in the facility.

The Cape Cod Commission hereby approves with conditions the application of the Cape Cod Hospital as a Development of Regional Impact pursuant to Sections 12 and 13 of the Act, c. 716 of the Acts of 1989, as amended for the proposed Cape Cod Hospital Patient Bed Addition and Materials Management Redevelopment Project in Barnstable and Yarmouth, Massachusetts.

\_\_\_\_\_  
David Ansel, Chair  
Commonwealth of Massachusetts

\_\_\_\_\_  
Date

Barnstable, ss.

On this \_\_\_\_\_ day of \_\_\_\_\_, 2004, before me personally appeared \_\_\_\_\_, to be known to be the person described in and who executed the foregoing instrument, and acknowledged that \_\_\_\_\_ executed the same as \_\_\_\_\_ free act and deed.

\_\_\_\_\_  
Notary Public

My Commission expires: