

June 4, 2020

CHAIR AND PLANNING COMMISSIONERS

City of Long Beach
California

RECOMMENDATION:

Recommend that the City Council find the proposed ordinance to be exempt from the California Environmental Quality Act and approve Zoning Code Amendment ZCA20-008 to amend Title 21 of the Long Beach Municipal Code (Zoning Code) to:

- 1) Modify Table 33-2 (Industrial Uses) to allow outdoor recreation, health clubs, job training and vocations schools through an Administrative Use Permit (AUP) where a Conditional Use Permit (CUP) was previously required;
- 2) Modify Table 32-1 (Commercial Uses) to allow minor auto repair, motorcycle sales and repair, vehicle parts and tire store, religious assembly uses, industrial arts trade schools and repair shops through an AUP where a CUP was previously required;
- 3) Modify Table 32-1 (Commercial Uses) to allow religious assembly uses, hospitals and convalescent homes through an AUP where a CUP was previously required or a Conditional Use Permit (CUP) where not previously permitted;
- 4) Modify Table 32-1 (Commercial Uses) to expand the description of professional services to fully include medical uses including but not limited to urgent care centers; and
- 5) Amending Table 41-1C (Commercial and Industrial Parking) to reduce parking requirements for medical uses from 5/1000 to 4/1000. (Citywide)

APPLICANT:

City of Long Beach,
Development Services Department
411 West Ocean Boulevard, 3rd Floor
Long Beach, CA 90802
(Application No. 2003-19)

BACKGROUND

On April 9, 2019, the City of Long Beach City Council requested the City Manager evaluate and coordinate potential incentives and strategies to expand access to quality urgent care in neighborhoods with limited access to an acute care facility. On February 3, 2020, the Development Services Department provided a memo to Council (Exhibit A – TFF) explaining



potential land-use changes and incentives that could assist in the opening and retaining of urgent care facilities, particularly in communities of need. This work program item was combined with the Planning Bureau's overall zoning code update work (omnibus) and this overall batch of updates including both medical and overall use classification updates was compiled for the Planning Commission's consideration (Exhibit B – Red Line Changes).

DISCUSSION

These omnibus zoning updates fall into five groupings. They are all intended to further good zoning practice which provides sufficient process to assure orderly development, limit potential impacts and externalities and forward the public interest while also assuring that the process is not so burdensome such that it inhibits investment and the delivery of needed goods and services. Collectively these five changes modify the way uses are approved without removing any development standards or contemplating a change in the total amount of development that may occur over time.

A hierarchy exists within the zoning code, with many projects, such as construction of a new single-family home, requiring only a building permit, others such as construction of five apartments requiring a multi-departmental staff review but no hearing, uses with special impacts such as laundromats are subject to a hearing before the City's Zoning Administrator and the largest or most impactful developments, such as large mixed-use buildings or rocketry uses with outdoor explosives, require a hearing and review by the Planning Commission. These proposed amendments primarily relate to uses that are not particularly impactful but do require some level of review, imposition of conditions and public hearing. That review can appropriately be changed from the Planning Commission to the Zoning Administrator. Review by the Zoning Administrator, through an AUP instead of a CUP, typically saves an applicant one-month of review time and \$1,000 or more in city entitlement fees.

Change 1, modify Table 33-2 (Industrial Uses) to allow outdoor recreation, health clubs, job training and vocational schools through an Administrative Use Permit (AUP) where a Conditional Use Permit (CUP) was previously required.

Outdoor recreation, such as a driving range, health clubs, and vocational schools are unique in that their review in industrial areas is primarily concerned with the impact of surrounding industry on the use rather than the proposed use's impacts on its neighbors and the environment. For example, driving ranges do not pair well with adjacent fish processing facilities, and vocational schools may not be well suited for locations with heavy truck traffic and limited sidewalks. These issues can be appropriately addressed by the Zoning Administrator and any aggrieved party would have the right of appeal to the Planning Commission. Streamlining the ability for job training and vocational schools to assist individuals with job-change and skills that may be necessary during the current period of economic distress is of special importance at this time.

Change 2, modify Table 32-1 (Commercial Uses) to allow minor auto repair, motorcycle sales and repair, vehicle parts and tire store, religious assembly uses, industrial arts trade schools and repair shops through an AUP where a CUP was previously required.

Minor auto repair consists of oil changes, tune-ups, and other repairs that do not include body work or other collision repair. Likewise, the repairs at motorcycle sales, vehicle part and tire stores consist of less-impactful work than associated with auto body-shop and collision repair that is not modified by this amendment. These uses do have noise and circulation issues that require careful attention and appropriate conditions, but they do not rise to the level of concern and review that body-shops and similar uses that require a CUP do.

Religious assembly uses typically may have no impact throughout the way but may have specific noise, parking, and circulation issues on one or two days per week corresponding to services. Consistent with this level of impacts and the Religious Land Use and Institutionalized Persons Act (RLUIPA) instruct to streamline approvals for religious entities, review by the Zoning Administrator is appropriate.

The change to industrial arts trade schools is similar to that discussed in Change 1 but with even fewer potential impacts due to the nature of commercial zones. All these projects can be appropriately reviewed by the Zoning Administrator.

Change 3, modify Table 32-1 (Commercial Uses) to allow religious assembly uses, hospitals and convalescent homes through an AUP where a CUP was previously required or a Conditional Use Permit (CUP) where not previously permitted.

The change to religious uses in neighborhood-scale commercial zones builds-upon the City's efforts over the last several years to achieve compliance with RLUIPA and to facilitate the ability of all Long Beach residents to have locations to observe the faith of their choice. The proposed change corrects a tension in the zoning code whereby small religious uses are allowed on neighborhood commercial streets, but large facilities are not. The original intent of this regulation, likely to protect main street for shops and services, may not be as relevant today as in earlier years due to changes in internet commerce and consumer behavior.

The current code has a substantial negative unintended effect on religious facilities that may grow and seek to expand but are not able to without moving to a new location. The proposed amendments correct this situation in two ways: they provide an AUP approval where a CUP was previously required but they also allow large religious facilities in restrictive commercial zones through a CUP whereas the current zone completely disallows facilities over 25,000 square feet in the CNP, CNA and CNR zones.

Hospitals and convalescent homes fill different areas of the health care continuum of care, but they are needed in all communities. Unfortunately, medical services are not distributed equitably, and poor communities of color often have inadequate access to medical care. The City Council requested options to improve this situation. Many solutions involve changes to

CHAIR AND PLANNING COMMISSIONERS

June 4, 2020

Page 4 of 6

state and federal regulations, insurance reimbursement rates and community access to insurance. While the City has limited abilities to address those nationwide issues, it does have direct control over zoning regulations that may currently diminish the ability to construct and operate medical uses.

A convalescent hospital, also known as a skilled nursing or long-term facility, are important for patients recuperating from some illness that no longer need general hospital care but cannot return home. These facilities are integrated into commercial and residential neighborhoods throughout Long Beach. Land-use issues associate with these facilities are limited, primarily concerned with parking and circulation for facility staff and appropriate locations for ambulance or other medical transportation vehicles. The state and federal government, not the City, regulate medical operations and standards of care within these facilities. As proposed, convalescent hospitals would be allowed with a CUP in neighborhood commercial zones (CNP, CNA and CNR zones) and an AUP in more-intensive commercial zones.

General hospitals do have significant impacts on neighboring properties and the environment. Hospitals generate significant traffic, ambulance noise, tall buildings with potential shadow impacts, 24/7 operations and other impacts. At the same time, hospitals provide a critical community service and represent the difference between life and death in emergency situations. Currently, hospitals are only permitted in the Institutional zone (I zone). There are no vacant or underutilized I zone sites, so a new hospital would need to obtain a zone change from the City Council. As proposed, locations in commercial zones could apply to build and operate a hospital without a zone change but instead obtain a CUP from the Planning Commission. In practice, the Planning Commission is best suited to conduct public hearings and evaluate major development, including hospitals.

Change 4) Modify Table 32-1 (Commercial Uses) to expand the description of professional services to fully include medical uses including but not limited to urgent care centers; and

This change represents a clean-up of the zoning code. The code does allow medical services within commercial zones, as a matter of right. These uses however are noted through a single word “medical” within the larger professional services row of the table. This has led to internal confusion among city staff as well as among external customers as to whether medical includes urgent care or outpatient procedure centers or other varieties of medical uses. The proposed description is more encompassing and will assure that all non-hospital medical services are permitted within commercially-zoned properties of the city.

Change 5) modify Table 32-1 (Commercial Uses) to expand the description of professional services to fully include medical uses including but not limited to urgent care centers; and 5) amending Table 41-1C (Commercial and Industrial Parking) to reduce parking requirements for medical uses from 5/1000 to 4/1000.

A common way to encourage certain land uses is to reduce parking requirements. Parking is expensive to provide. Reducing parking requirements for urgent care and other medical

facilities in new construction and for changes of use in existing buildings can both create incentives for these uses and further other City goals to reduce storefront vacancy and activate commercial corridors. A typical impediment to activating storefronts is that prospective businesses are not able to meet parking requirements triggered by a change of use to uses that typically have higher parking ratios than retail, such as restaurants or medical uses. This condition is present, for example, on corridors in North Long Beach, such as Atlantic Avenue and Artesia Boulevard, where there is also a documented need for access to non-emergency health care. Per today's standards, urgent care or medical office facilities would be required to provide five (5) parking spaces per 1,000 square feet of building. An urgent care facility is typically 2,500 square feet and that ratio would require 13 parking spaces. At this ratio, the parking area would exceed the size of the medical facility.

The current parking requirements are particularly burdensome in terms of the change-of-use in existing commercial buildings. Office and retail uses are parked at four (4) parking spaces per 1,000 square feet, meaning a change-of-use to a medical use typically requires the provision of additional parking for an existing building. While the incremental additional parking required is typically small, three spaces for an average-sized urgent care clinic, it is oftentimes physically impossible to add additional parking to existing structures and lots that may have been built out many decades ago. This lack of flexibility increases the number of vacant storefronts and inhibits higher parking uses such as medical services.

The current parking requirement appears to have originated with the Institute of Transportation Engineers (ITE) Parking Generation manual. ITE notes an average parking demand of 4.94 vehicles per 1,000 square feet of building. This average however is misleading and the ITE rates serve as a starting point, not the end of analysis for what parking requirements may be correct for a given community.

The ITE compiles parking rates based on physical surveys of parking demand. While some land-uses are updated frequently by ITE, others are not. The category for medical is 630, Clinic, based on eight studies: Glen Ellyn, IL (1976), Santa Rosa (1984), Syracuse, NY (1984), West Hartford, CT (1984), Windsor, ON Canada (1986), and Santa Barbara (2004). These studies all pre-date the introduction of ride-share services such as Uber and Lyft and all consist of cities with transit service more limited than that in Long Beach. Even with these shortcomings, the 4.94 falls within a quite large range of 3.28 to 9.86 with a standard deviation of 1.99.

Considering the shortcomings of the ITE data and the potential benefits of a modest reduction of parking requirements balanced with the public-good of providing needed medical care, staff strongly recommends the change as necessary and appropriate.

PUBLIC HEARING NOTICE

In accordance with public hearing notification requirements for a Zoning Ordinance Amendment in Long Beach Municipal Code Section 21.21.302.C, notice of this public hearing was published in the Long Beach Press-Telegram on April 2, 2020; written notices were sent

to the California Coastal Commission. Due to the declared state of emergency, notices were not provided to City libraries (they are closed), notice posting was provided at City Hall but not at multiple locations and no public meetings were held on this matter. A notice of the proposed code amendment was distributed through the City's LinkLB e-mail blast system.

ENVIRONMENTAL REVIEW

Approved development was evaluated previously under the California Environmental Quality Act (CEQA) and no change in environmental impacts is expected through this modification of process for certain uses. New development utilizing this code amendment is subject to its own individual review and is generally within the scope of what was analyzed in the previously certified Program Environmental Impact Report (EIR 03-16) prepared for the General Plan Land Use Element update, which found significant and unavoidable impacts related to air quality, global climate change, noise and transportation, and will not result in any new significant impacts. None of the conditions requiring a new subsequent or supplemental environmental impact report, as stated in Section 21166 of the Public Resources Code or in Sections 15162 or 15163 of the CEQA Guidelines, are present. The EIR is available on the City's website at <http://www.longbeach.gov/lbds/planning/environmental/reports>. Additionally, pursuant to the California Environmental Quality Act (CEQA), Article 5, Section 15061 and the State CEQA Guidelines, it can be seen with certainty that the subject modifications to the City's Municipal Code noted above will not have the potential for having a significant effect upon the environment, and therefore the activity is not subject to CEQA. More extensive analysis can be found within Exhibit C – Findings.

Respectfully submitted,



CHRISTOPHER KOONTZ, AICP
PLANNING BUREAU MANAGER



LINDA F. TATUM, FAICP
DIRECTOR OF DEVELOPMENT
SERVICES

LFT:CK

Attachments: Exhibit A – Urgent Care TFF to City Council
 Exhibit B – Draft Red-Line Code Amendment
 Exhibit C – Findings