The Specialist Offices Plan

An Area Redevelopment Plan to Regulate the Location and Development of Specialist Offices in the Vicinity of the Lethbridge Regional Hospital

City of Lethbridge

By-law 5115

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The Specialist Offices Plan

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Introduction

1 Context

Since 1994 there have been eleven land use district re-zonings (from R-L to DC) in the north, east, and south blocks surrounding the Lethbridge Regional Hospital. Nine of these allowed the conversion of an existing house into an office enabling one or more specialists to see patients. One was for the conversion of a house to an office offering a home-care service. One was for a purpose-built office resembling a house that would allow a podiatrist to see patients.

It has become clear that these conversions are a continuing trend and can no longer be dealt with in an ad hoc fashion. City Council, the Development Services department, and the Victoria Park Neighbourhood Association have all acknowledged the need for a more methodical approach that will provide a greater level of certainty and predictability with respect to the quality and location of future developments of this kind.

2 Purpose

The Specialist Offices Plan is intended to regulate a very specific land use - specialist offices that usually require the conversion of a house, in a very small area - the residential blocks immediately surrounding the Lethbridge Regional Hospital.

The Specialist Offices Plan is not a comprehensive neighbourhood plan for the Victoria Park neighbourhood. There has been discussion on the need for such a comprehensive plan particularly with respect to the blocks between the Lethbridge Regional Hospital and the St. Michael's Health Centre. Should a neighbourhood study eventually be undertaken for this purpose the subject of Specialist Offices (as well as other professional offices) would be included. In the interim the Specialist Offices Plan will provide rules for the development of and outline the preferred locations for Specialist Offices.

3 Description of Area

3.1 Plan Area

The area described by the Specialist Offices Plan consists of the residential blocks surrounding the Lethbridge Regional Hospital as they are shown on the Location Map. The plan area is in the Victoria Park Neighbourhood part of which is also shown on the Location Map.

3.2 Predominant Uses

The plan area is comprised of single-detached dwellings. Nine dwellings have been converted to offices for specialist practices and one dwelling has been converted to an office for a home-care service. Each conversion has retained the appearance of a single-detached dwelling. One additional specialist office was purpose-built and also resembles a single-detached dwelling.

3.3 Description of Plan Area

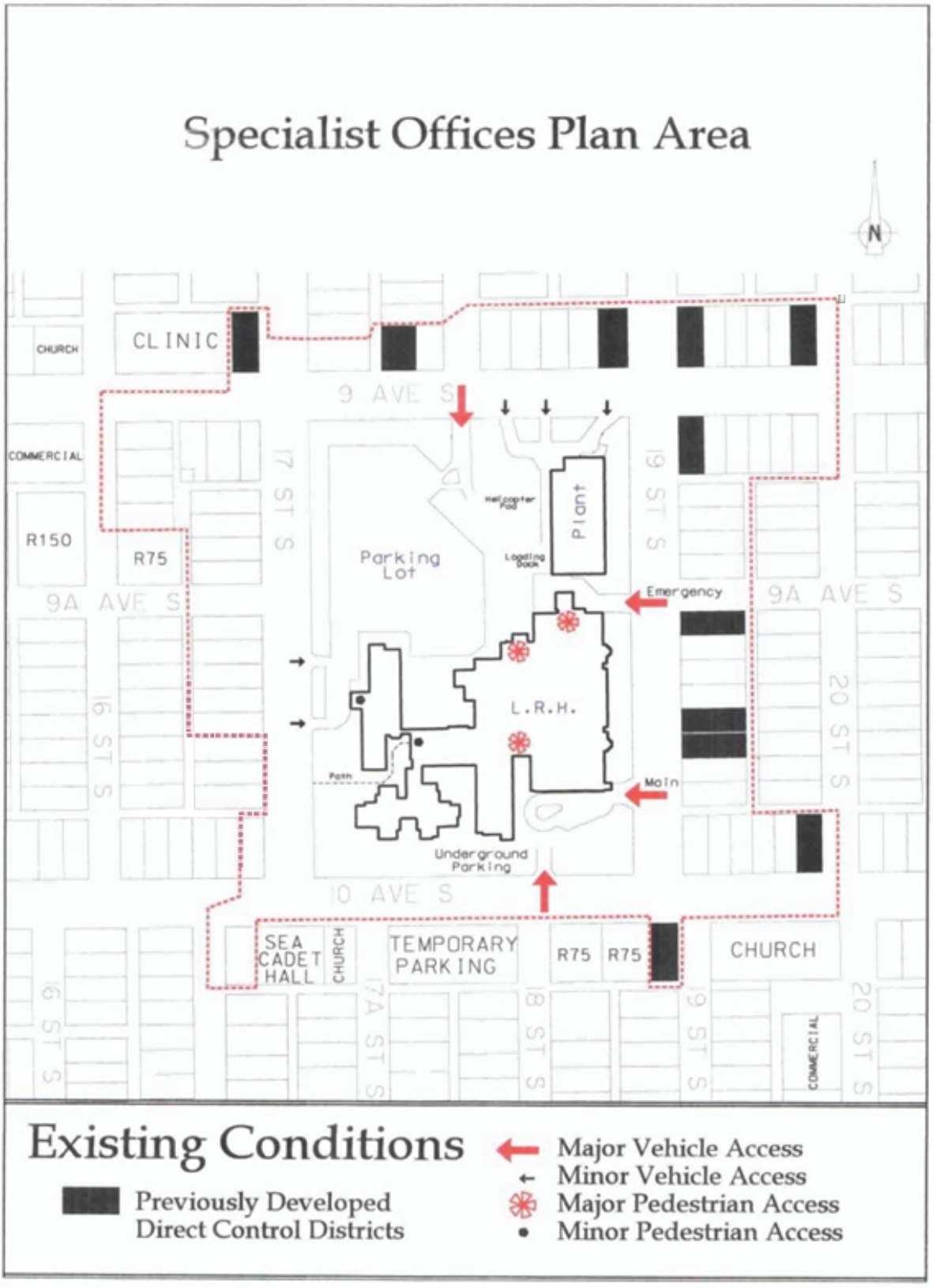
Most of the homes in the area date from the post-WW II era. Aside from a recent two-unit re-development on a corner parcel, the houses on 17th St. are all small houses on large lots. Most of the homes along 19th St., 9th Ave., and 10th Ave. are somewhat newer than houses on 17th St. and a little larger. They are also situated on large lots. All the houses are in fair to good condition and many have been well maintained.

The eleven office developments in the plan area are located along 9th Ave., 19th St., and 10th Ave. All but three are on corner parcels (see Existing Conditions Map). The conversions that have taken place have improved the appearance of the former dwellings. Most have new exterior finishing and the yards are newly landscaped. Generally, the signage is discrete and the offices are not immediately noticeable.

3.4 The Lethbridge Regional Hospital

The Lethbridge Regional Hospital is located central to the plan area (see Existing Conditions Map). It occupies a square block of 11.5 acres. The five to six storey main building, the one storey psychiatric unit, and the plant building front closely onto 10th Ave. and 19th St. The main entrance to the hospital is at the corner of 10th Ave. and 19th St. with vehicle access via 19th St. The emergency department entrance is also located on 19th St.. The major entrance to the parking lot is on 9th Ave. There are also three vehicle access points to the loading dock and the plant on 9th Ave. On 17th St. there is another entrance to the parking lot and an access the old three-storey Auxiliary Hospital. There is an entrance to the underground parking on 10th Ave. The north-west corner of the site is occupied by the parking lot and on-street angle parking is provided on the perimeter of the site.


Specialist Offices Plan Area
8 AVE S
9 AVE S
10 AVE S
11 AVE S
8A AVE S
9A AVE S
9B AVE S
10A AVE S
10A AVE
13 ST S
14 ST S
15 ST S
16 ST S
17 ST S
17A ST S
18 ST S
19 ST S
20 ST S
21 ST S
22 ST S
25 ST S
MAYOR MAGRATH DRIVE S
St Michael's Health Centre
Lethbridge Regional Hospital
Gyro Park
N
Location Map


Specialist Offices Plan Area
N
CLINIC
CHURCH
9 AVE S
COMMERCIAL
17 ST S
19 ST S
R150
R75
Parking Lot
Helicopter Pad
Loading Dock
Plant
Emergency
9A AVE S
16 ST S
L.R.H.
20 ST S
Path
Main
Underground Parking
10 AVE S
SEA CADET HALL
CHURCH
TEMPORARY PARKING
R75
R75
CHURCH
16 ST S
17A ST S
18 ST S
19 ST S
20 ST S
COMMERCIAL
Existing Conditions
Previously Developed Direct Control Districts
Major Vehicle Access
Minor Vehicle Access
Major Pedestrian Access
Minor Pedestrian Access

4 History

4.1 The Lethbridge Regional Hospital

A. Evolution

The Lethbridge Regional Hospital (the LRH) was constructed between 1983 and 1988 on the site of the out-dated and much smaller Municipal Hospital. Its original purpose was to provide acute care service to some outlying communities and to share, along with the St. Michael's Hospital, in the provision of acute care services to Lethbridge.

Acute care service for Lethbridge is now centralized at LRH. St. Michael's Hospital was decommissioned, rebuilt, renamed St Michael's Health Centre, and now provides continuing care. Many of the smaller rural hospitals were downsized and LRH now provides acute care services to communities formerly served by local hospitals.

B. Regionalization

The regionalization of health care, mandated by the provincial government in 1996, not only expanded the LRH's acute care role but also expanded administrative functions at the LRH. The LRH now houses the corporate office and all the support functions for the Chinook Health Region.

C. Outpatient Services

Changing health care delivery models have also impacted the LRH in recent years. Providing outpatient services and day surgery is now a major component of its function.

4.2 Residential Conversions to Medical Offices

A. Evolution

The first application for re-zoning to Direct Control to allow a residential conversion to a medical office was passed in 1994. Two more were passed in 1995 and five more, including one for a home-care service, were passed in 1996. In 1998 a re-zoning passed to allow a purpose built medical office resembling a house. In 2000 an application for rezoning was defeated and City Council directed Development Services to develop a plan for future conversions. In 2001 two re-zonings to Direct Control, utilizing many of the district rules being developed for this ARP, were passed.

B. Neighbourhood Response

Information from the neighbourhood association representative, from the applicants, and from some staff in existing specialist offices, indicates that neighbours generally regard these developments favorably. The Victoria Park Neighbourhood Association expressed concern about lane access to the interior parcel at the public hearing of the defeated re-zoning and this prompted City Council's request for a plan.

5 Factors Influencing the Plan Area

5.1 Lethbridge Regional Hospital

The Lethbridge Regional Hospital is the city's largest single employer having approximately 1,813 employees. The LRH is the central acute care hospital for the Chinook Health Region with 271 acute care beds. It provides services such as Emergency treatment, Intensive Care, Obstetrics, Surgery, Acute Geriatrics, and Mental Health to both the city and outlying communities.

In addition, the LRH provides a wide range of Outpatient services including the Southern Alberta Renal Dialysis Program, the Geriatric Rehabilitation Program, and the Chinook Rehabilitation Program. Outpatient clinics for Cancer, Sleep Study, Pediatric Asthma, and Breast Health are provided at LRH as well as day surgeries, day procedures and numerous diagnostic services.

Lastly, the LRH is the corporate office for the Chinook Health Region that provides services such as payroll, records management, human resources management, materiel management, as well as nursing administration to 12 health care facilities (including the LRH) and oversees the operation of 5 private/voluntary health care facilities all located throughout south-western Alberta. It also provides for its own administration and that of the public health and home care offices throughout the region.

The breadth and complexity of these activities were not anticipated at the time the LRH was planned and they have contributed substantially to the impact experienced by the neighbourhood.

A. Parking

Outpatient appointments, administration meetings, hospital visitors and staff parking needs generate a large demand for parking. This coupled with the need to pay for on-site parking has created a spill-over parking problem for the neighbourhood. The City of Lethbridge has instituted a 2-hour parking limit on a one block area to the north, south, and west of the hospital and on a two block area east of the hospital. This has had the unintended effect of causing people seeking day-long parking to move deeper into the neighbourhood. Visitor parking is at a premium on 19th St. as the main and emergency entrances to the hospital are located here.

B. Traffic

The LRH's activities generate a significant amount of traffic in the plan area. Drivers repeatedly circling the block in search of a parking space compound the traffic impacts. It should be noted that 10th Ave. is the only route on the south side of the city connecting Scenic drive and 43rd St. and this generates cross-town traffic on 10th Ave.

C. Noise and Night-time Activity

Unlike any other large institutional use in the city the LRH operates 24 hours a day, 7 days a week, all year through. Although activities diminish at night and at certain times of the week or year they never cease. The plant keeps operating, shifts change, and the emergency room never closes. Residences on 19th St., because of their proximity to the plant, the emergency entrance, and the main entrance, are most affected.

D. Shadow Cast

The LRH's main 5-storey building is at some points only 4.89m (16') from the east property line. Although the building is well screened by mature coniferous trees it cuts off evening and, in the winter, afternoon light from the residences on 19th St.

5.2 Residential Conversions to Medical Offices

Of the eleven re-zonings that have taken place to date ten were for the practice of what is commonly understood to be a "specialist". A study undertaken in March of 2001 examined the eight practices that were existent at that time. Of the eight, six were one-physician practices, one practice had five physicians with only one doctor seeing patients at a time, and one practice had five physicians with two doctors frequently seeing patients at a time.

A. Parking

All the practices provided at least the minimum number of on-site parking spaces required by the Direct Control by-law. In most cases the parking was sufficient to meet most of the practices' needs most of the time.

The two practices that had five physicians each did not have sufficient on-site parking. Staff took up most of the on-site parking and patients had to park on the street. Both these practices are located on corner parcels.

(1) In the case where only one doctor saw patients at a time, the parking available on both frontages was usually adequate. Occasionally, patients used an empty church parking lot across the avenue if street parking was unavailable.

(2) In the other case, where two doctors frequently saw patients at a time, patient parking often used up space on both frontages and extended down the street. Patients sometimes made use of the on-site parking provided by a practice across the street in a reciprocal arrangement between the two practices.

B. Traffic

Most of the practices seem to generate traffic that is not noticeable given the generally high traffic level in the area. The one observed exception is the five-physician practice that frequently has two doctors seeing patients at a time.

6 Observations and Conclusion

6.1 Benefits of Specialist Proximity to the LRH

The conversions that have taken place to date developed naturally out of the reduced appeal of these properties for residential use and their increased appeal to doctors seeking to locate a practice with a home-like atmosphere close to the hospital where they see many of their patients.

This is a mutually beneficial situation for the homeowner selling property and the doctor seeking proximity to the hospital. It should also be noted that proximity of specialists to the hospital has a community wide benefit as well. A wide range of specialist practices with such quick and easy access to the emergency department means that Lethbridge has an exceptional level of expertise available for a speedy response to emergencies. In addition, attractive work arrangements means that specialists are more inclined to keep practicing in our city.

6.2 Limiting Future Developments to Specialist Offices Only

The community wide benefit derived from specialist office proximity to the hospital justifies limiting future conversions in the hospital's immediate vicinity to specialist practices only. There is no comparable community wide benefit to home-care services, general practitioners, or other health care providers being located adjacent to the hospital and these are, therefore, an unwarranted imposition on the residential neighbourhood.

6.3 Specialist Office Compatibility with the Neighbourhood

The emergence of Specialist Offices, as a land use, is both timely and fortunate. Specialist offices have turned out to be an almost ideal transitional land use. The specialist office's function is congruent with the medical function of the LRH yet its exterior appearance, built-form, and operation are compatible with the residential neighbourhood.

Specialist offices have a soft impact. Experience has shown that the houses are upgraded during renovation and their residential appearance improved and maintained. Landscaping is installed and maintained. The existing specialist offices are, generally, low-impact operations, generating relatively low traffic volumes and parking demands that are usually met on site. They create little noise or debris and no evening or weekend disturbance. Higher-density residential and commercial uses, the other re-development options, have much greater traffic, parking, debris and noise impacts and a more intrusive built form.

6.4 Concentrating Specialist Offices to Create a Buffer Zone

Concentrating future specialist offices in the blocks bordering the hospital will eventually result in formation of a compatible and effective buffer shielding the larger neighbourhood from the LRH's 24-hours-a-day, 7-days-a-week activity. In addition, concentrating offices in this area contains the effects of additional traffic to an area already experiencing impacts. This is preferable to dispersing offices throughout the neighbourhood in random locations, which would result in the individual impacts being more keenly felt by immediate neighbours

6.5 Conclusion

Existing specialist offices have made a positive contribution to both the city and the neighbourhood surrounding the hospital. However, it is important that future offices be developed in a way that controls their cumulative impact. The parking congestion, created by the presence of the LRH in this neighbourhood, should not be worsened by a concentration of this land use. Development rules that ensure, among other things, the provision of adequate on-site parking are essential. A logical development sequence for the blocks surrounding the hospital is also necessary. Both the neighbourhood, and potential applicants need greater certainty about which locations are best suited for the development of a Specialist Office.

Goals, Objectives, Policies

7 The goal of the Specialist Offices Plan

is to ensure future Specialist Offices

7.1 have the lowest possible impact on and highest degree of compatibility with the residential neighbourhood, and

7.2 are located in the neighbourhood in an orderly way in accordance with logical criteria.

7.3 Objective: To limit the use of future offices in the area immediately adjacent to the LRH to medical or surgical specialties only.

A. Create a new land use called Medical/Surgical Specialist Office which is defined as:

> development for a medical or a surgical specialty as defined by the Alberta College of Physicians and Surgeons, but does not include laboratory medicine specialties. This use does not include general practitioners or medical laboratories.

B. Notes:

(1) Proximity to the hospital is advantageous for both the specialist and our community. This is not necessarily true for other health care professions.

(2) Generally, specialists have a less concentrated booking schedule than general practitioners do (psychiatrists are a good example) and/or they have reduced office hours because they see many of their patients in the hospital (the case for most surgeons).

(3) Although defined by the Alberta College of Physicians and Surgeons as a medical specialty, laboratories are excluded from this use as they generate substantial patient traffic, which is not usually arranged by appointment, and they could generate significant amounts of biomedical waste.

(4) Adopting the specialist definitions provided by the Alberta College of Physicians and Surgeons eliminates dispute over what medical health practice constitutes a specialty.

7.4 Objective: To ensure Specialist Office developments are compatible with the surrounding residential neighbourhood in both appearance and operation by creating a new land use district called the Specialist Office District (see Appendix) which:

A. specifies allowable land uses as:

(1) Permitted Uses:
Accessory buildings
Medical/Surgical Specialist Office

(2) Discretionary Uses:
Dwelling, Single Detached
Home Occupations
Signs (for medical/surgical specialist office use only)

B. provides rules that:

(1) limits the number of specialists that may see patients at any one time,

(2) limits the circumstances under which the discretionary uses may be approved,

(3) outlines the information requirements for a Land Use By-law amendment (rezoning) application and for a development application,

C. specifies development standards for:

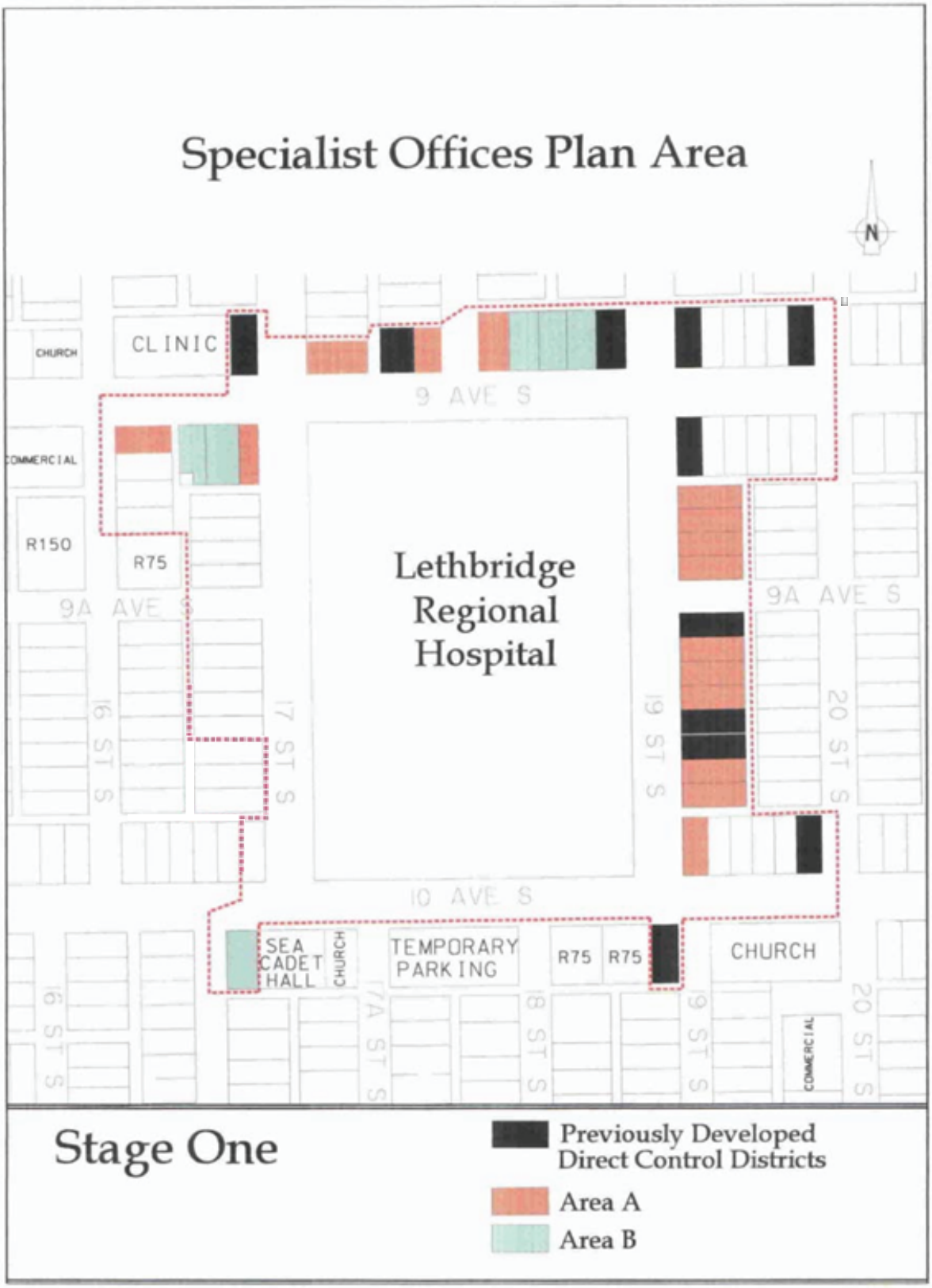
(1) parcel size, building height, minimum setbacks, projections into setbacks,

(2) building and landscape design aimed at neighbourhood compatibility

(3) required parking spaces based on the number of specialists, support staff, and patient bookings,

(4) parking lot and driveway design aimed at neighbourhood compatibility,

(5) fences and signs.


Specialist Offices Plan Area
N
CLINIC
CHURCH
9 AVE S
COMMERCIAL
R150
R75
9A AVE S
Lethbridge
Regional
Hospital
16 ST S
17 ST S
19 ST S
20 ST S
10 AVE S
SEA
CADET
HALL
CHURCH
TEMPORARY
PARKING
R75
R75
CHURCH
16 ST S
17A ST S
18 ST S
19 ST S
COMMERCIAL
20 ST S
Stage One
Previously Developed
Direct Control Districts
Area A
Area B

7.5 Objective: To ensure orderly development of Specialist Offices in the described area surrounding the LRH according to the following principles:

A. The most preferred location of Specialist Offices is on those parcels or blocks where residential use is judged to be most affected by the activities or presence of the LRH, traffic on adjacent roadways, more intensive land uses, and other Specialist Offices.

B. Additional factors influencing the preferred location of Specialist Offices are:

(1) on corner parcels before interior parcels,

(2) on those parcels or blocks immediately surrounding the LRH where a concentration of offices will be obtained,

(3) on those parcels or blocks where the least impact on adjacent residential neighbours will be created.

C. The least preferred location of Specialist Offices is on those parcels or blocks where it would be beneficial to retain the residential use as long as possible.

7.6 Objective: To allow development of Specialist Offices in stages in the described area surrounding the LRH.

A. The aim is to obtain substantial completion of one stage before development of Specialist Offices is permitted in the next.

B. Concentrate Specialist Office developments along 19th St. S. and along 9th Ave. S. and 10th Ave. S.

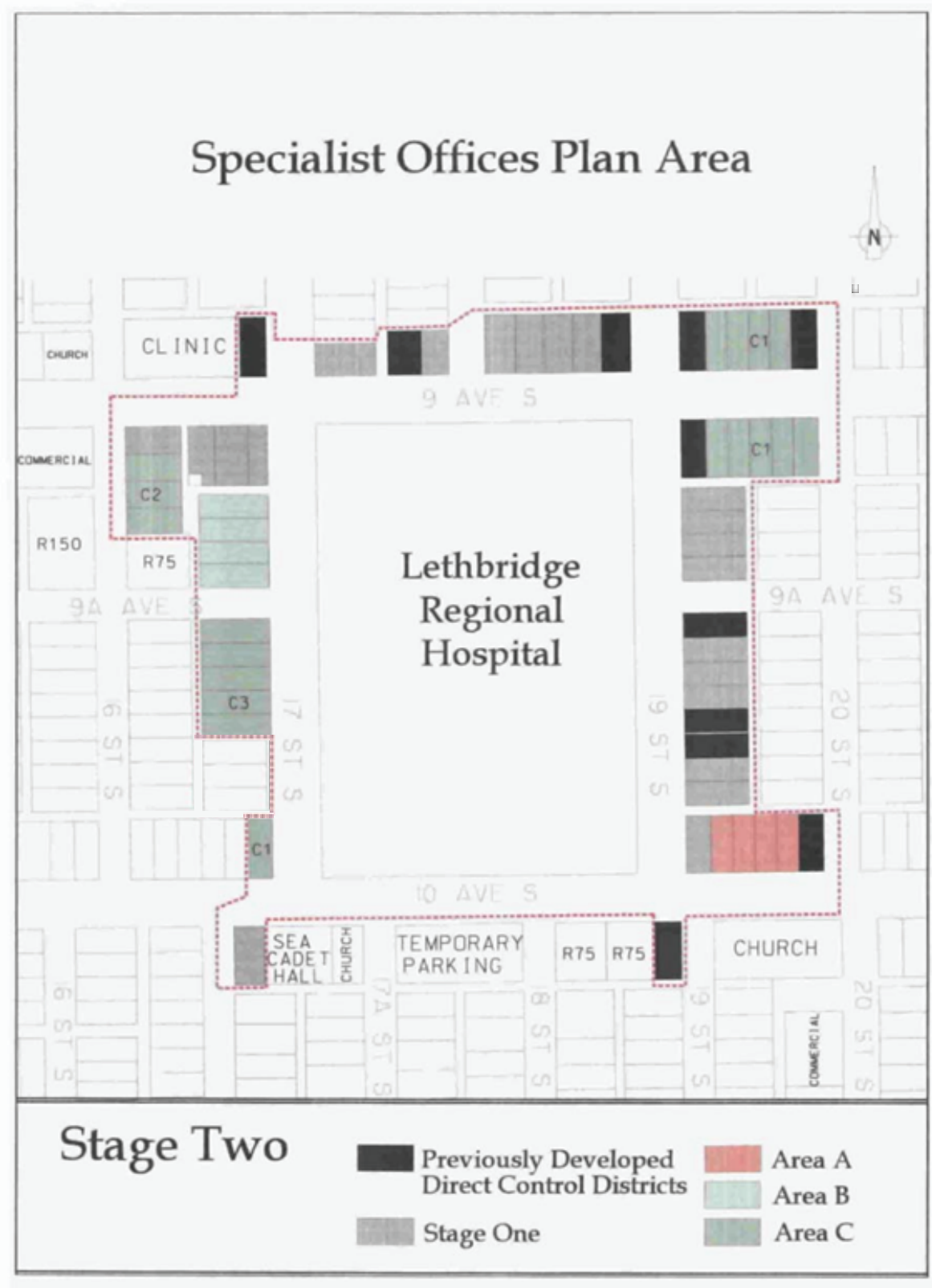
(1) First preference is for the corner parcels along 19th St. S., the interior parcels along 19 St. S., and for corner parcels on 9th Ave. S. to be developed (Area A - Stage One map).

To date 19th St. is the most significantly impacted by hospital activities so both corner and interior parcels in this area are good candidates for development. The corner parcels on 9th Ave. are good candidates for Specialist Office development because they are on a busy roadway, are impacted by the entrance to the hospital parking, and their dual frontages makes them quite accessible.

(2) Second preference is for interior parcels on 9th Ave. S. and one corner parcel on 10th Ave. S. (Area B - Stage One map). Surrounding uses and busy roadways impact these parcels. The corner parcel on 10th Ave. S. is slightly less preferable than corner parcels identified in Area A because it could be seen as an incursion into a residential neighbourhood.

(3) Note:

Specialist Office developments in Stage One are not confined to 19th Street alone as a sufficient number of potential locations must be made available in order to prevent market forces (high prices created by scarcity) from deterring development.


Specialist Offices Plan Area
N
CLINIC
CHURCH
C1
9 AVE S
COMMERCIAL
C2
R150
R75
Lethbridge
Regional
Hospital
9A AVE S
C3
17 ST S
19 ST S
20 ST S
C1
10 AVE S
SEA
CADET
HALL
CHURCH
TEMPORARY
PARKING
R75
R75
CHURCH
16 ST S
17A ST S
18 ST S
19 ST S
20 ST S
COMMERCIAL
Stage Two
Previously Developed
Direct Control Districts
Stage One
Area A
Area B
Area C

C. Stage One makes 21 potential sites available for redevelopment to Specialist Offices. This is twice as many as have been developed to date. Stage Two makes an additional 8 sites available in Areas A and B. The remaining 21 sites in Area C are the least preferable choices and may be in excess of the foreseeable need for Specialist Offices.

(1) First preference is for developments to be located on parcels in Area A. These parcels are on a busy roadway near the main hospital entrance at the corner of 10th Ave. and 19th St., are near other Specialist Offices on 19th St. S. (which is also the ambulance access to emergency), and they would be between existing Specialist Offices.

(2) Second preference is for developments to be located on parcels in Area B. These parcels are near Specialist Offices identified in Stage One, on a fairly busy street used for hospital parking, near 9th Ave. S., and across from the hospital parking facility.

(3) Area C is comprised of parcels and blocks that are the last preference for location of Specialist Offices.

(a) C_1: Although there are existing Specialist Offices in the two north-east blocks, additional developments here may be a catalyst for conversion of the entire block. These blocks form part of the relatively modern, largely low-density residential neighourhood to the east of the hospital and an entire block of Specialist Offices may be an intrusion here.

A Specialist Office development on the parcel at the corner of 10th Ave. S. and 17th St. S. may lead to demand for further conversions on this block.

(b) C_2: These parcels are the most distant from the main hospital entrances. They are on a street that retains a strong residential character and are near higher density residential uses. Redevelopment to a higher density residential use may be more appropriate than Specialist Offices redevelopment.

(c) C_3: This relatively large block is uniformly residential with almost all the houses of a similar age and condition. It is unlikely that demand for Specialist Offices would, in the foreseeable future, cause the conversion on this entire block yet the intermittent development of Specialist Offices would preclude many other redevelopment options.

Implementation

8 Existing Offices

The Direct Control by-law affecting each individual existing office remains in effect. No re-zoning to the Specialist Office district is required.

9 Existing Residential Uses

The Specialist Offices Plan does not pre-emptively re-zone residential property in the plan area. Residential properties within the plan area remain zoned Low Density Residential (R-L).

10 New Specialist Offices

The ARP identifies the preferred locations of Specialist Offices in the plan area and anyone wishing to develop a Specialist Office from a residential property in the area must apply to have it re-zoned to the Specialist Office District (P-SO). The re-zoning process allows City Council to continue control of this land use and continues to provide the opportunity for neighbourhood input at a public hearing.

11 Offices for Non-Specialist Health Professionals

Offices for the practice of other health care professionals such as acupuncturists, physiotherapists, massage therapists, psychologists, chiropractors, and general practitioners are precluded from the plan area for reasons already provided.

The plan area is gaining a unique identity and it is understandable that other health care professionals and health service providers are showing an interest in locating their practices and businesses near the hospital. Residential conversions for such uses may be appropriate in other well-suited locations. In these instances application for Direct Control re-zoning would be required and the performance standards of the Specialist Office District might serve as a guide.

Appendix

P-SO Specialist Office District

(1) Purpose:

for the development of a small office for a medical or surgical specialist, requiring proximity to the Lethbridge Regional Hospital, generating low levels of patient traffic, and usually requiring the conversion of an existing dwelling in a residential district. The office should be compatible with the residential neighbourhood in both appearance and operation.

(2) Permitted Uses:

Accessory buildings
Medical/Surgical Specialist Office

(3) Discretionary Uses:

Dwelling, Single Detached
Home Occupations
Signs (for medical/surgical specialist office use only and in accordance with (8)(k) below)

(4) Medical/Surgical Specialist Office Limitation

This use is limited to 1 specialist providing patient care at any one time.

(5) Single-Detached Dwelling Limitation

This use may be approved if the medical/surgical specialist office use is discontinued or if, in the opinion of the development authority, this use is compatible with a medical/surgical specialist office, sufficient outdoor amenity space is provided for the dwelling, and sufficient parking is provided in accordance with Section 61.

(6) Home Occupation Limitation

This use may be approved in conjunction with Single-Detached Dwelling use only. If the single detached dwelling use is concurrent with the medical/surgical specialist office use the home occupation must, in the opinion of the development authority, be compatible with a medical/surgical specialist office and sufficient parking must be provided in accordance with Section 61.

(7) Information Requirements for Medical/Surgical Specialist Office Use:

(a) for a by-law amendment, in addition to the requirements described in Section 30, the applicant shall submit:

(i) a dimensioned site plan showing:

- the subject parcel and the adjacent parcels,
- on the subject parcel, the location of any buildings to be retained and modified and/or any proposed new buildings, and, on each adjacent parcel, the location of the existing buildings,
- the location of any existing and/or proposed driveways on the subject and adjacent parcels,
- the location of the proposed on-site parking and the number of parking spaces;

(ii) elevation drawings showing:

- the barrier-free access ramp or lift to be provided,
- the type and colour of finishing materials;

(iii) a detailed floor plan showing:

- the number of consultation rooms,
- the waiting room and the number of seats;

(iv) a statement indicating:

- the proposed number of specialists and their areas of specialty,
- the office schedule that each specialist proposes to maintain,
- frequency of patient visits (bookings per hour) for each specialist,
- the maximum number of patients proposed to be present at any one time,
- the maximum number of support staff proposed to be present at any one time,
- the office hours of operation,
- the means by which biomedical waste, if any, will be disposed of;

(v) any other information deemed necessary for ascertaining the proposal's suitability to the purpose of this district.

(b) for the development application, in addition to the requirements described in Section 15, the applicant shall submit:

(i) the information described in (7)(a) above,

(ii) a detailed landscaping plan showing:

- the existing mature trees and shrubs on the site and indicating which, if any, are to be removed,
- a list of proposed plant species and sizes;

(iii) a dimensioned site plan and/or elevation drawing of the proposed sign.

(8) Development Standards for Medical/Surgical Specialist Office Use:

(a) Minimum Parcel Size

All Uses	Width (m)	Length (m)	Area (m^2)
(i) On parcels with lane access	11.0	30.0	320.0
(ii) On parcels without lane access	13.0	30.0	360.0

(b) Maximum Building Height

The development authority may require a lower building height when a review of the streetscape warrants it, but in no case shall new construction exceed:

(i) All uses, except accessory buildings:	2.5 storeys and 10.0 m
(ii) Accessory buildings:	4.5 m

(c) Minimum Setbacks

Uses	Front(s) (m)	Side(s) (m)	Rear (m)
(i) All principal buildings:			
on interior parcels with a rear lane or no lane:	6.0	1.2 & 3.0	as required to accom-modate parking
on interior parcels with both a rear lane and a side lane:	6.0	1.2	as required to accom-modate parking
on corner parcels:	6.0 & 3.0	1.2 & as required to accom-modate parking	na
(ii) All accessory buildings:	See Section 70(5)		

(d) Projections into Setbacks:

(i) Uncovered barrier-free access ramp or lift projections into front and rear yard setbacks only:	unlimited
(ii) All other projections:	see Section 70(2)

(e) Design, Character and Appearance of Buildings

(i) Residential character:

- the external aspect of the office shall retain the appearance of a dwelling and be finished in high quality materials using discrete colours to the satisfaction of the development authority.
- accessory buildings shall be built or upgraded to match the office and shall also retain a residential character to the satisfaction of the development authority.

(ii) Barrier-Free Access:

- Uncovered barrier-free access ramps or lifts that are located at the front of the building shall be designed and finished as an integral part of the façade and have surrounding landscaping in accordance with (f)(iv) below.
- Additions that cover or enclose barrier-free access ramps or lifts must be constructed and finished in accordance with (e)(i) above.

(f) Landscaping

(i) Landscaping in keeping with the residential nature of the neighbourhood shall be provided and maintained to the satisfaction of the development authority, and

(ii) wherever possible existing healthy mature trees and shrubs shall be retained and maintained, and

(iii) use of hard landscaping (gravel, stones, concrete, shale, asphalt, etc.) shall be minimized, and

(iv) plantings intended to integrate an uncovered barrier-free access ramp or lift with the surrounding landscaping must be incorporated into the landscaping plan. Plantings should disguise the bulk and soften the edges of an uncovered ramp or lift and provide a visual transition from the ground to the vertical plane, and

(v) plantings intended to provide screening between the medical/surgical specialist office parking area and neighbouring properties and the street and lane must be incorporated into the landscaping plan.

(g) Parking Spaces

The following number of paved spaces, conforming to the requirements of section 61, shall be provided and maintained:

(i) one (1) per specialist,

(ii) one (1) per each support staff present at any one time,

(iii) one (1) per each of the maximum number of patients present at any one time with a minimum number of 4 spaces.

(h) Parking Area

In order to minimize the amount of hard surface area in a predominately residential neighbourhood, a parking area that provides spaces in excess of the number required must be justified to the satisfaction of the development authority:

(i) for all parcels

the parking area must:

- conform to the requirements of section 61,
- be paved and have storm drainage provided to the satisfaction of the development authority , and
- be screened to the satisfaction of the development authority.

(ii) for Interior Parcels

the parking area must not be located in the front yard and should not be located in the side yard.

(iii) for Corner Parcels

the parking area must be located in the side yard and that portion of the long-frontage front yard that abuts the side yard. The parking area should not encroach on City boulevards.

(i) Parking Area Access

In order to minimize disruption to and reduction of on-street parking, wherever feasible:

- existing driveways shall be retained, and
- shared driveways are encouraged.

(i) for Interior Parcels with a rear lane

- a 3.0m wide paved driveway from the street to the parking area shall be provided and maintained, and
- use of the rear lane is restricted to emergency use and specialist and staff access to the rear yard parking.

(ii) for Interior Parcels with a side and rear lane

- a 3.0m wide paved driveway from the street to the parking area shall be provided and maintained, or
- vehicles shall access and exit the parking area via the side lane only. In order to minimize the disruption to lane traffic and the visual impact of an open parking area, parking spaces directly accessible from the side lane are discouraged.

(iii) for Corner Parcels

- a 3.0m wide paved driveway from the street to the parking area shall be provided and maintained, or
- vehicles shall access and exit the parking area via the side lane. In order to minimize the disruption to lane traffic and the visual impact of an open parking area, parking spaces directly accessible from the lane are discouraged.

(j) Fencing

the development authority may require fencing (maximum 2.0m high) in order to provide screening between the parking area and neighbouring properties.

(k) Signs

one (1) free-standing or fascia sign shall be allowed as a discretionary use:

- maximum area: ..... 1.2 m²
- maximum height of free-standing sign: ..... 1.2 m
- illumination: ..... spot-lit only

(9) Development Standards for Single-Detached Dwelling Use:

Subject to (5) and (6) above, the development standards for a single-detached dwelling use are as required in the R-L district.

(10) Application of General Rules:

The general rules for all districts described in Sections 40-62 and the general rules for residential districts described in Section 70 apply to the uses in this district.