

WILLIAMS PARKER
HARRISON DILTZ & GLIZEN
ATTORNEYS AT LAW
EST. 1925

Charles D. (Dan) Bailey, Jr.
Attorney at law
dbailey@williamsparker.com
T: (941) 329-6609
F: (941) 954-3172

June 29, 2018

Via Email and Regular U.S. Mail

Ms. Lori Stelzer
City Clerk
City of Venice
401 West Venice Avenue
Venice, FL 34285

**Re: Sarasota Memorial Hospital
Laurel Road/Pinebrook Road/I-75
Pre-Annexation Agreement**

Dear Ms. Stelzer:

I am writing on behalf of the Sarasota County Public Hospital Board as operator of the Sarasota Memorial Health Care System (the "Hospital"). My purpose is to ask that you please place on a future City Council agenda our request for amendment of the Pre-Annexation Agreement (the "Agreement") dated November 12, 2002, incorporated by reference into Ordinance 2002-48, and recorded as Instrument #2002200968 of the Public Records of Sarasota County, Florida. A copy of the Agreement is attached hereto.

Our specific request is to amend the third sentence in paragraph 2 of the Agreement which states: "*Pursuant to the City's land use policies, designation of the Subject Property as subject to the Venetian Gateway Overlay signage and architectural standards is required.*" Those standards restrict building heights to only 35 feet and require adherence to the design standards that are at variance with functional building design standards for hospitals, specifically, the need to stack patient rooms vertically over treatment areas in order to facilitate the safe and efficient flow of staff and patients within a compact building footprint, and the need to introduce healing natural light into patient rooms.

By way of background, on August 8, 2005, the Hospital acquired a 65.42-acre parcel (the "Property") located west of I-75 at the intersection of Laurel Road and Pinebrook Road in the City of Venice. At that point, the Property had recently been annexed into the City pursuant to the aforementioned Agreement; and it had been classified as "Commercial" on the future land use map and rezoned to PCD (Planned Commercial Development District). Those entitlements authorized 390,000 sf of retail shopping center and office uses. However, the Hospital Board's plan has always been to develop health care facilities rather than commercial uses.

On May 8, 2018, an administrative judge recommended that the Agency for Health Care Administration (AHCA) approve a certificate of need (CON) to authorize the Hospital Board to construct an acute care hospital on the Property. This facility will extend the Hospital's range of services and ability to provide a full continuum of care to residents of Venice and other areas in the southern part of the County. The new facility will initially include 90 licensed acute care beds (80 medical/surgical beds and 10 obstetric beds), as well as a 20-bed observation unit and 25-bed Emergency Care Center. It is anticipated, however, that more beds will be added later. The facility will offer all private rooms and an array of specialty services including obstetrics, cardiac, orthopedics, oncology, neurology, pulmonary, emergency care, medical-surgical and intensive care units, interventional and surgical services, C-section operating room, catheterization lab, endoscopy, respiratory care, infusion and chemotherapy and other procedural areas, laboratory, imaging services, pharmacy services, rehabilitation services and gym, and a community specialty clinic. The campus also will include a complement of outpatient pre- and post-acute care programs. Additionally, it will have advanced hurricane proofing and backup generators.

Initial campus improvements will consist of a main inpatient hospital building; an outpatient medical office building; emergency department; a parking garage as well as surface parking; an ambulance canopy; a central energy plant; a hospital expansion zone; a pedestrian bridge; a service area; a central water feature; a helipad. Additionally, the hospital hopes to partner with Sarasota County and the City of Venice to build an onsite emergency/hurricane shelter for use by the community. Because of the need to integrate and centralize the services, the main hospital building proposed in our preliminary site plan will be four habitable floors in height, with a fifth unoccupied floor for mechanical systems, though we have not yet completed the design. Enclosed is a preliminary development plan for the Property.

To secure entitlements, we will shortly be filing: (1) an application to amend the existing PCD district zoning designation to reflect a hospital and related health care facilities instead of a retail shopping center and office uses, and to specify design standards; (2) an application for special exception to allow for the hospital and related health care facilities uses; and (3) an application for site and development plan approval.

We are concerned about the abovementioned provision in the Agreement calling for compliance

with the Venetian Gateway Overlay signage and architectural standards. The Venice Gateway *architectural* standards are found in section 86-120(e)(4) of the Land Development Code, and they provide, in part, that: “No building shall exceed 35 feet in height”; and the “Northern Italian Renaissance style of architecture...is encouraged but is not mandatory.”

The 35-foot height restriction poses a problem. As noted, above, the greatest efficiencies and patient safety and comfort can be achieved only by stacking the inpatient rooms above the treatment areas, vertically, decreasing patient care risk and travel times, and avoiding having to move patients, staff, materials and equipment back and forth horizontally down seemingly endless corridors. Moreover, while the floor-to-ceiling dimension of inpatient rooms, emergency rooms, surgery and hospital support areas will only be about nine feet in height, it will be necessary to include an additional six-foot space above each ceiling (between the ceiling and the floor above it) in order to accommodate a reinforced structural zone, special lighting, and mechanical space required for air circulation/large ductwork and other critical life-safety and support systems, such as medical gasses, nurse call systems and other electrical devices. This results in a per-story cross-section that is 15 feet in height for patient areas, and 18 to 20 feet for surgery areas, as opposed to the 9-foot-8 inch stories commonly found in conventional residential and non-residential buildings. Accordingly, the Hospital’s main inpatient and treatment building, while limited to five floors, will necessarily rise to a height approaching 85 feet, the maximum permitted in the PCD district.

The other building design issue, of course, is that the Northern Renaissance style of architecture contemplated by Venice Gateway Standards, calls for small window openings with a vertical orientation, including arches, and double doors. Current hospital standards recognize that natural light promotes healing; so they position the bathrooms within patient rooms inboard, allowing the exterior end of the patient room to access natural daylight and view through large expanses of glass, thereby opening up space to provide patients and their families with a comfortable area accompanied by views. The Northern Renaissance style simply does not admit sufficient natural light to achieve these goals.

The Venice Gateway *signage* standards are found in section 86-403(c), and contain restrictions that may not be appropriate in a public hospital setting. Because the Hospital will be asking to amend the existing PCD district zoning designation to specify design standards tailored its unique needs, the Planning Commission and City Council will, in the final analysis, retain ample control over the Hospital’s signage plan without the necessity for rigid reliance on the Venetian Overlay signage standards.

Accordingly, we respectfully request that the Council agree to amend the Agreement to eliminate the requirement, or, at a minimum, revise the sentence to provide: “Pursuant to the City’s land use

policies, designation of the Subject Property as subject to the Venetian Gateway Overlay signage and architectural standards is required; provided, however, that nothing herein shall be deemed to require application of those standards to hospitals and related healthcare facilities."

We very much appreciate your consideration of this request.

Respectfully submitted,

A handwritten signature in blue ink that reads "Dan Bailey". The signature is written in a cursive, flowing style.

Charles D. (Dan) Bailey, Jr.
For the Firm

cc: David Verinder, President/CEO, Sarasota Memorial Healthcare System
Carol Ann Kalish, Chief Legal Officer, Sarasota Memorial Healthcare System
Tom Perigo, Director of Architecture & Construction, Sarasota Memorial Healthcare System
Edward Lavalley, City Manager
Jeff Shrum, Development Services Director
Roger Clark, Planning Manager

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