

TA-12-00023



City of Lawrence
Douglas County
PLANNING & DEVELOPMENT SERVICES

Lawrence Douglas County
Metropolitan Planning Office
6 East 6th Street, P.O. Box 708, Lawrence, KS 66044
(785) 832-3150 Fax (785) 832-3160
<http://www.lawrenceplanning.org>

JUN 13 2012

REQUEST FOR INITIATION of a TEXT AMENDMENT

APPLICATION FORM

City County Planning Office
Lawrence, Kansas

APPLICANT/AGENT INFORMATION

Contact David E. Waters, Lathrop + Gage LLP, on behalf of
Company Lawrence Memorial Hospital
Address 10851 Mastin Blvd., Suite 1000
City Overland Park State KS ZIP 66210
Phone (913) 451-5100 Fax (913) 451-0875
E-mail dwaters@lathropgage.com Mobile/Pager (-)
Pre-Application Meeting Date March 14, 2012 Planner Sandra Day

Are you submitting any other applications? If so, please state which one(s).

Please identify the section of the Development Code or Subdivision Regulations proposed to be amended. _____

Please provide proposed amendment. (Attach additional sheets if needed)

Amend § 20-403 (Nonresidential Use Table), to change all "P", "P*" uses into "A" (accessory uses), ~~except~~ ("H" or Hospital zoning district only), except for "Hospital" itself under the "Medical Facilities" grouping, such that all other uses in Hospital district can only be accessory to a primary hospital use.

Sandra Day

From: Waters, David <DWaters@LATHROPGAGE.COM>
Sent: Friday, June 08, 2012 4:20 PM
To: Sandra Day
Subject: Lawrence Memorial Hospital

Sandy,

Following up after the Bert Nash approvals, we had discussed making additional fixes to the use tables for Hospital zoning to avoid future problems. I have gone over the use table with Andy, and rather than eliminating some of those uses (as we first discussed), what I might propose is simply switching all the "P" (permitted) in the Hospital district to "A" (accessory) (well, everything except Hospital itself, of course). I think there are a couple of "S" there too, but those are probably fine. Is this something we could work on with you?

**LATHROP
& GAGE** LLP

David E. Waters, Partner

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Please respond to the following questions to the best of your knowledge. In reviewing and making decisions on proposed text amendments review bodies shall consider the following factors. (Attach additional sheets if needed.)

1. Does the proposed text amendment correct an error or inconsistency in the Development Code or Subdivision Regulations? If so, please provide the specific error found and/or reference the specific section of the Development Code that is inconsistent with the section identified to be amended above.

Yes, in that "H" zoning was specifically established for primary hospital uses, not secondary uses without a hospital.

2. Does the proposed amendment meet the challenge of a changing condition? If so, please explain.

N/A

3. Is the proposed amendment consistent with Horizon 2020? Please explain.

Yes. See 10-7 and 10-8 of Horizon 2020 regarding consideration of hospital zoning applications and economic viability.

4. Is the proposed amendment consistent with the stated purpose of the Development Code? See Sec. 20-104 of the Development Code for the stated purpose.

Yes.



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SIGNATURE

By execution of my/our signature, I/we do hereby officially apply to request initiation of the proposed text amendment as indicated above.

Signature(s): *David P. White* Date 06/11/2012
ATTORNEY FOR LAWRENCE MEMORIAL HOSPITAL

STAFF USE ONLY

Application No. _____
Date Received _____
Planning Commission Date _____
Fee \$ _____
Date Fee Paid _____



**Determination Of Completeness, Accuracy, and Sufficiency
(Completed by Staff)**

I have reviewed the rezoning application submitted by:

Name: _____ Date: _____

Application No. _____

Based upon the submitted information, I find the application to be:

- ☐ Complete (based upon the items reviewed)
- ☐ Incomplete, inaccurate, or insufficient (circle) for the following reasons:
 - ☐ The application or plan contains one or more significant inaccuracies or omissions that hinder timely or competent evaluation of the plan's/application's compliance with Development Code standards.
 - ☐ The application contains multiple minor inaccuracies or omissions that hinder timely or competent evaluation of the plan's/application's compliance with Development Code standards.
 - ☐ The application or plan cannot be approved without a variance or some other change or modification that the decision-making body for that application or plan does not have the authority to make.
 - ☐ Other

Planner _____

Date _____

Resubmit by _____ to be placed on the agenda for the Planning Commission meeting on _____. (All resubmitted materials must be deemed to be complete, accurate, and sufficient.)



REQUEST FOR INITIATION of a TEXT AMENDMENT

To the Land Development Code or Subdivision Regulations of Lawrence and Douglas County

*Only the Lawrence-Douglas County Planning Commission, Historic Resources Commission, Lawrence City Commission or Douglas County Commission may initiate review and consideration of a proposed text amendment. (Sec. 20-1302(a))

Pre-Application Meeting

A Pre-Application meeting is required for all matters that require a public hearing.

The applicant shall meet with Planning Staff at least seven (7) working days prior to submittal of the application.

Planning Staff will determine the completeness, accuracy, and sufficiency of the application within five (5) working days of submission.

Pre-submittal _____, 20__.

Target Submission Date _____, 20__.

Fee _____

Submittal Requirements

❖ Application Form

- ☐ A complete Application Form. (Application, 3 pages)
 - Page 1 – Owner, Applicant, and Property information
 - Page 2 – Description and details of proposal
 - Page 3 – Description and details/signature page

❖ Other

- ☐ Additional documentation provided by the applicant demonstrating need for amendment proposed.
- ☐ Payment of review fee. (Make check payable to the City of Lawrence.)