

1 Sec. 603. - Government and Institutional (GI) Zone.

2 603.1. Permitted uses.

3 In addition to the uses set forth in section 301 as being permitted in the GI Zone, the uses set forth below are
4 also permitted, subject to the conditions and restrictions set forth in this section. This zone includes major land holdings
5 of local, state and federal governments or their agencies, and major semi-public institutions. It includes the University
6 of Rhode Island and South County Hospital. This zoning district recognizes the extent of public and semi-public land
7 holdings and provides guidance for the utilization of these lands. The uses described herein shall be construed as
8 principal uses and must be directly related and incidental to the public purpose of this GI Zone. Any accessory use to an
9 allowed principal use shall be clearly incidental and directly related to the principal use. For example, a restaurant
10 (including a fast food establishment) would be permitted inside the University of Rhode Island Student Union as an
11 accessory use, while a free- standing restaurant located on the Route 138 edge of the Campus would be a prohibited
12 principal use.

13 603.2. Health care institution.

14 A. Health care institution, defined. "Health care institution" means a nonprofit hospital (as licensed by G.L. § 23-
15 15-2), including:

- 16 1. Uses accessory thereto such as medical clinic, medical laboratory, medical supply house, ambulance
17 service, emergency treatment center, medical waste and other waste storage (in compliance with
18 applicable laws), hospital staff offices, doctors and nurses quarters, hospital administrative offices,
19 restaurant or cafeteria for the hospital's use, limited support retail normally associated with a hospital (gift
20 shop, including books and periodicals, greeting cards, stationery, florist), day care center, apothecary (drug
21 store), optical shops; and
- 22 2. Private office or clinic located on land owned by a licensed hospital for health care providers who are
23 affiliated with such hospital, such as physicians, dentists, physical therapists, rehabilitation medicine
24 specialists, mental health providers, other medical specialists and the like; and
- 25 3. Parking, loading and emergency vehicle access for the exclusive use of the hospital and warehousing of
26 medical supplies and equipment; and
- 27 4. Helistop (not including service and maintenance) for the rapid evacuation of the acutely ill or injured
28 patients and for the reception of ill or injured patients from both local and offshore locations.

29 B. Dimensional regulations and design criteria.

- 30 1. Minimum lot area: Four hundred thousand (400,000) square feet.
- 31 2. Maximum height: Variable heights based on the distance from any lot line, as follows:

Distance From Any Lot Line	Maximum Height
Less than 50 ft.	0 ft.
50 to 100 ft.	30 ft.
100 to 200 ft.	40 ft.
Greater than 200 ft.	50 ft.

- 32 3. Minimum yard dimensions (setbacks):
33 Front yard: Fifty (50) feet.
34 Side yard: Fifty (50) feet, plus twenty (20) feet if abutting any residential zoning district.
35 Rear yard: Fifty (50) feet, plus twenty (20) feet if abutting any residential district.
- 36 4. Floor area ratio—Ratio of the gross leasable floor area (GLFA, as defined in article 12 of the zoning
37 ordinance) of a building(s) to the area of the lot, excluding land unsuitable for development: Thirty-five-
38 hundredths (.35).
- 39 5. Building coverage—Percent of the lot covered by a building(s): Twenty-five (25).
- 40 6. Parking lot landscaping. The provisions of subdivision and land development regulations and article 7 of
41 this ordinance shall apply to all parking lots.

- 42 7. Parking. The minimum number of parking spaces shall be required as set forth below:
- 43 a) Hospital and accessory use (except day care):
- 44 Thirty-three-hundredths (.33) spaces per patient bed, plus
- 45 One (1) space per each staff or visiting doctor (calculated according to the largest number in
- 46 attendance at any hour during an average day), plus
- 47 One (1) space per employee (full time equivalent), including nurses and volunteers (calculated
- 48 according to the largest number in attendance for any work shift during an average day), plus
- 49 One (1) space per two hundred fifty (250) square feet GLFA for outpatient medical care facilities,
- 50 plus One (1) space for each hospital-owned vehicle.
- 51 b) Private office or clinic: One (1) space per two hundred fifty (250) square feet GLFA for private office
- 52 space.
- 53 c) Day care: Two (2) for each classroom in a day care facility but not less than six (6) for the building.
- 54 Note: Space used for a helistop shall not be counted towards the minimum required parking.
- 55 8. Loading. One (1) loading dock(s) per one hundred thousand (100,000) square feet GLFA.
- 56 9. Lighting. See section [704] of the zoning ordinance.
- 57 10. Signs. Signs for health care institutions in public zoning districts shall be governed by the following:
- 58 a) There shall be no more than four (4) freestanding signs located along adjacent streets to identify health
- 59 care institutions, major buildings, entrances/exits, uses or activities. The top of such sign shall not be
- 60 more than eight (8) feet above the ground, and shall not exceed an area of thirty-six (36) square feet
- 61 per side.
- 62 b) There may be one (1) wall-mounted or freestanding sign for each principal building or, if part of a larger
- 63 complex of buildings, one (1) wall-mounted or freestanding sign for each major wing or section of the
- 64 complex. For institutions having less than two hundred thousand (200,000) square feet of GLFA, there
- 65 shall be a maximum of eight (8) such wall-mounted or freestanding signs. For institutions having two
- 66 hundred thousand (200,000) square feet or greater GLFA, there shall be one (1) additional wall-
- 67 mounted sign or freestanding sign permitted for each fifty thousand (50,000) square feet GLFA above
- 68 two hundred thousand (200,000) square feet. The maximum size of each wall-mounted sign or
- 69 freestanding sign shall be thirty-six (36) square feet
- 70 In addition to the above wall-mounted signs or freestanding signs, there may be one (1) wall-mounted
- 71 sign identifying each building entrance primarily providing access for emergency treatment or
- 72 ambulance service, not to exceed one hundred ten (110) square feet in area.
- 73 c) Signs may be either wall-mounted or freestanding.
- 74 d) Signs may be illuminated or indirectly illuminated.
- 75 e) The provisions of section 811, Signs Prohibited in All Zoning Districts, shall apply.
- 76 f) The provisions of section 880, Off-Site Directional Signs, shall apply.
- 77 g) The provisions of section 810.E regarding on-site instructional or directional signs shall apply, provided
- 78 that there shall be no maximum number of signs for each applicable activity and that wall- mounted
- 79 signs shall not exceed six (6) square feet and freestanding signs shall not exceed twelve (12) square feet
- 80 per side.
- 81 C. *Institutional Master plan requirement.* All health care institutions shall file an Institutional Master Plan (herein
- 82 after referred to as a Master Plan) with the planning board, which shall be in compliance with the use and
- 83 dimensional requirements of this ordinance and the Town's Comprehensive Plan and which shall be approved
- 84 by the planning board under the framework of Development Plan Review.
- 85 1. *Purpose.* A Master Plan is required to promote the orderly growth and development of healthcare
- 86 institution's campus by preserving neighborhood character and historic resources while maintaining
- 87 consistency with the Town's Comprehensive Plan and adopted land use policies. The Master Plan shall
- 88 detail existing site conditions as they relate to land use and all improvements anticipated over the next
- 89 five (5) years. This information shall be used to provide a basis for rational decision making regarding
- 90 the long term physical development of the institution campus. In order to achieve the goals and

91 objectives of the plan, the Master Plan shall include an implementation element which identifies the
92 specific public actions to be undertaken by the institution on its campus over the following five (5) years
93 or more.

94 2. *Filing requirements.* Health care institutions shall file with the Planning Board a Master Plan within six
95 (6) months following the adoption of this ordinance, and within every five (5) years thereafter
96 (regardless of any intervening changes). No later than six (6) months prior to the expiration of an
97 approved Master Plan, said institution shall make a submission to the Planning Board with the following
98 information:

- 99 a. A letter outlining the improvements that have been made since the existing Master Plan
100 was last approved, including confirmation that all improvements completed are consistent
101 with the previously approved plan; and
- 102 b. A new and/or revised Master Plan for review and approval. The submitted Master Plan may
103 take the form of either a new plan (assembled in accordance with these regulations) or revised
104 version of the previously approved plan which shall include a cover letter explaining any
105 changes to said plan that have been forecasted by the institution. The Master Plan may be
106 amended by the institution upon submission to and approval by the Planning Board at any time
107 provided that the proposed amendments shall be submitted no less than six (6) months prior
108 to:
 - 109 i. any planned construction of a new building; or
 - 110 ii. the demolition of any existing building; or
 - 111 iii. any addition to an existing building which will increase the size of such existing
112 building by one thousand (1,000) square feet GFLA; or
 - 113 iv. any improvement or modification that increases the need for additional
114 parking by more than 5%; or
 - 115 v. any addition to an existing structure that increases the peak hour traffic (AM
116 and/or PM by more than 10%).
- 117 c. Previously approved Master Plans that have exceeded the (5) year approval window shall be
118 considered expired, provided however, that if the institution has submitted a new Master Plan
119 prior to the expiration of the previously approved plan, and the new Master Plan has been
120 determined to be complete by the Administrative Officer, the previously approved plan shall
121 remain in full force and effect until the new Master Plan is approved. Building permits for any
122 improvements not contained in the approved Master Plan or not otherwise authorized by this
123 Ordinance, shall not be issued by the Town for any health care institution with an expired
124 Master Plan.

125 3. *Review and approval.* A Master Plan shall be subject to the procedure for review and approval set forth
126 in the subdivision and land development regulations of the Town of South Kingstown, Article IV.F.,
127 Special Requirements – Development Plan Review

- 128 a. Certification of Master Plan Application. The application shall be certified complete or
129 incomplete by the Administrative Officer within twenty-five (25) days of its receipt by the
130 Planning Department.
- 131 b. Decision. The Planning Board shall, within ninety (90) days of certification of completeness, or
132 within such further time as may be consented to by the applicant, approve of the Master Plan
133 as submitted, approve with changes and/or conditions, or deny the application according to
134 the requirements of Article XI, Section E of the Town of South Kingstown Subdivision and Land
135 Development Regulations.
- 136 c. Consistency with Zoning. In the event that a component or component(s) of the Master Plan
137 require(s) relief to achieve compliance with the Zoning Ordinance, the applicant shall note the
138 relief that is required and the Planning Board shall issue an advisory opinion to the Zoning Board
139 on the required relief as part of the Master Plan review process.

140 4. *Pre-submittal Public Workshop.* Prior to formal submittal of a Master Plan for Planning Board review

141 and approval, the institution shall conduct a minimum of one (1) public workshop meeting to discuss
142 the contents of the Master Plan and all anticipated improvements with community residents and said
143 work shop shall be open to the general public. Notice for such meeting shall be mailed, utilizing the
144 United States Postal Service Certificate of Mailing Form (PS Form 3817) to all abutting property owners
145 within two hundred (200) feet from the perimeter of the subject parcel(s) no less than seven (7) days
146 prior to the meeting. This meeting shall be held in an accessible (ADA) meeting space open to the
147 public.

- 148 5. *Public Hearing Required.* All Master Plans submitted for review and approval by the Planning Board
149 shall require a public hearing which shall require the same public notice procedures outlined within
150 Article V.4.r and V.4.s, Procedure for Review and Approval of Plats and Plans, Major Land Development
151 Projects and Major Subdivisions.

152 D. *Master Plan contents.* The Master Plan shall, at a minimum, contain the following:

- 153 1. Mission statement of the hospital, including its relationship with the neighborhood and community in
154 which its campus is physically situated.
- 155 2. A list of all existing buildings owned or leased by the hospital, with the following information, provided
156 in tabular form, using the following as column headings:
- 157 Building, by name or address.
 - 158 Exterior size or footprint.
 - 159 Height in stories and feet.
 - 160 Physical condition.
 - 161 Primary use.
 - 162 Percent used for patient care.
 - 163 Percent used for administrative offices.
 - 164 Accessory use or ancillary use.
 - 165 Calculated interior Gross Floor Areas (GFA) for categories of services types
 - 166 Identification of parking spaces associated with the uses within the building
- 167 3. Statement of 5-year goals with a 10-year outlook and means and approaches through which such goals
168 and objectives may be reached.
- 169 4. Parking and Circulation Analysis indicating existing and proposed vehicular access, parking
170 configurations, pedestrian sidewalks and general circulation layout of the campus. The analysis shall be
171 prepared by a registered professional Traffic Engineer and shall address all on and off-site impacts to
172 adjacent streets. In addition, the analysis shall address the adequacy of on-site traffic circulation,
173 parking and loading, sidewalk/pedestrian circulation, delivery, emergency access, safety, and related
174 circulation issues, including the location of all parking on and off the campus. The analysis shall clearly
175 identify:
- 176 i. The number of parking spaces that exist (both on and off-site) and the number of parking
177 spaces that are required in accordance with Section 603.2.B.7 of this ordinance;
 - 178 ii. The location of any new spaces required as a result of any proposed development; and,
 - 179 iii. Other information deemed appropriate.

180 If the analysis shows that the subject property is not in compliance and/or anticipated projects are or
181 will not be in compliance with Section b.7 above, the applicant may seek an exemption per Section E
182 below.

- 183 5. Proposed changes in land holdings of the campus including property to be purchased and/or sold,
184 proposed street(s) to be abandoned, and/or any new streets or driveways to be established including
185 private rights-of-way.
- 186 6. Proposed changes in land use within the hospital's campus and grounds.
- 187 7. Proposed capital improvements including new structures, additions to existing structures, parking lots
188 (surface or structure), driveways, access roads, and landscaped areas or buffers. Major repairs that
189 affect the building and/or campus grounds shall be included. The plan shall, at a minimum, identify the

190 location of such improvements (on a map of the campus), the footprint and exterior dimensions of any
191 new structure, height in stories and feet, proposed uses and associated GFAs, including primary and
192 accessory uses, parking and loading to support such uses, and landscaped buffers.

- 193 8. For any new building or addition to an existing building that has building plans, including scaled plans
194 and elevations, such plans and drawings shall be included in the master plan. For building plans,
195 including additions to existing buildings, that are in the conceptual planning stages and architectural
196 drawings are not available at the time of submission of the master plan, the planning board shall
197 require, as a condition for approval of the master plan, that when such architectural drawings are
198 prepared, they shall be submitted for review and approval by the Administrative Officer for consistency
199 and compliance with the approved Master Plan.
- 200 9. Proposed demolition of any building, structure, parking garage, parking lot, or any other campus facility.
- 201 10. The Master Plan shall contain text and maps to facilitate the review process.
- 202 11. In addition to the above, any hospital subject to regulation by the Department of Health pursuant to
203 F.L. 1956, Ch. 23-15, as amended, and to the rules and regulations promulgated by the Director of
204 Health for the State of Rhode Island pursuant thereto, which are required thereby to obtain a certificate
205 of need as a precondition to licensure of any new or additional premises, shall obtain said certificate of
206 need prior to the issuance of a building permit.
- 207 12. Conditional agreement for payment in lieu of taxes (PILOT) with regard to for-profit enterprises of the
208 health care institution, if applicable.
- 209 13. Application filing fee, to be established by the town council from time to time.

210 E. Exemption from Section 603.2.B.7 (Parking Requirements)

- 211 1. For health care institutions, exemptions to required off-street parking requirements may be granted
212 based on submittal and approval of an Alternative Parking Analysis and Management Plan, which is
213 approved by the Planning Board as part of the review and approval of an Institutional Master Plan.
214 Exemptions may be granted for the implementation and demonstrated effectiveness of managing the
215 facilities available parking spaces and analyzing transportation alternatives that provide employees
216 and/or visitors with options designed to reduce demand for parking and relieve congestion.
- 217 2. When a healthcare institution has a noncontiguous campus, parking may be supplied on one part of
218 the campus to meet the parking needs of the other noncontiguous part of the campus provided that a
219 shuttle service is supplied by the institution to move employees and/or visitors between the non-
220 contiguous campuses.
- 221 3. Reductions in parking requirements will be evaluated on a case-by-case basis with a potential reduction
222 of up to 30% when it is clear that the parking analysis and/or transportation alternative(s) will result in
223 a corresponding reduction in parking demand.
- 224 4. A campus-wide Parking Management Plan shall be submitted as part of the Master Plan when the
225 parking requirements of Section 603.2.B.7 cannot be met. Said plan shall include the following
226 information:
 - 227 a. The number, size, location, access, and general operation and management of all required and
228 proposed on-site and off-site parking and loading spaces.
 - 229 b. Traffic demand management strategies including, but not limited to:
 - 230 i. Available public transportation options.
 - 231 ii. Existing and proposed shuttle services.
 - 232 iii. Bicycle parking.
 - 233 iv. Facility design, operation, shared vehicle, and/or parking strategies.
 - 234 v. Enforcement and controls.
 - 235 vi. Overflow management strategies.
 - 236 c. A parking and trip demand analysis prepared by a certified professional traffic engineer.

237 F. *Modifications to an Approved Institutional Master Plan.* The following development actions are considered

238 minor modifications and deemed to be consistent with an approved Master Plan upon confirmation by the
239 Administrative Officer:

- 240 1. Interior renovations of an existing structure provided that the proposed use within the area to be
241 renovated does not result in an increase in the amount of parking required as outlined in Section
242 603.2.B.7 of this ordinance and does not increase peak hour traffic (AM and/or PM) by more than 10%.
- 243 2. Façade renovations of an existing structure once it is determined that the renovations are consistent
244 with any design guidelines that are in effect at the time of the proposed renovation.
- 245 3. A change of use to any allowed use within the hospital campus provided that the proposed use does
246 not result in an increase in the amount of parking required as outlined in Section 603.2.B.7 of this
247 ordinance and does not increase peak hour traffic (AM and/or PM) by more than 10%.
- 248 4. Creation or expansion of any bicycle parking facilities.
- 249 5. Creation or expansion of electric vehicle charging stations where said creation or expansion results in
250 a loss of 10 or fewer overall campus parking spaces.
- 251 6. Creation or expansion of open space, walking paths, outdoor seating, and/or alternate landscape
252 designs.