



Legislation Details (With Text)

File #: DCA17-0008 **Version:** 1 **Name:**
Type: Planning and Zoning Commission
File created: 7/21/2017 **In control:** Planning and Zoning Commission
On agenda: 8/9/2017 **Final action:**
Title: Hold a public hearing and consider a proposed revision to the Denton Development Code to amend Subchapters 5 and 23 pertaining to medical land use categories and definitions. (DCA17-0008, Medical Uses, Hayley Zagurski).

Sponsors:

Indexes:

Code sections:

Attachments: 1. Exhibit 1 - Subchapter 5 Zoning Districts and Limitations (Redline), 2. Exhibit 2 - Subchapter 23 Definitions (Redline)

Date	Ver.	Action By	Action	Result
------	------	-----------	--------	--------

Planning Report

DCA17-0008 / Medical Uses

Planning & Zoning Commission

August 9, 2017

REQUEST:

Hold a public hearing and consider a proposed revision to the Denton Development Code to amend Subchapters 5 and 23 pertaining to medical land use categories and definitions. (DCA17-0008, Medical Uses, Hayley Zagurski).

BACKGROUND:

Staff is proposing amendments to the Denton Development Code (DDC) Section 35.5 *Zoning Districts and Limitations* and Section 35.23 *Definitions* to create new and clarify existing definitions for a variety of medical service uses. These amendments will ensure better compatibility when medical service uses are constructed in commercial and mixed use zoning districts. The proposed amendments define a wider variety of medical services and correlate these definitions to one of three broad land use categories: medical offices, medical clinics, and hospital services. Each of the new definitions included in Section 35.23 would align and defer to an industry standard definition contained in State regulations. The proposed amendments are recommended prior to the overall development code update due to an increased prevalence of free-standing emergency and urgent care facilities that have resulted from the evolving medical care industry. Such uses are currently not clearly defined in the code.

In recent years, development applications for free-standing emergency rooms and urgent care facilities, some of which operate 24-hours a day, have increased. For example, in the past year alone at least four applications related to new urgent care facilities were received. These and other specialized medical facilities are unique in the types of services they offer, and these services do not always fit within the confines of the medical uses currently defined in the DDC.

Currently the DDC defines the following three uses that can be applied to medical services:

- Professional Services and Offices - Offices used for the conduct of business-related activities, excluding the sale of merchandise or storing of merchandise on the premises.
- Hospitals - An establishment which provides sleeping and eating facilities to persons receiving medical, obstetrical, or surgical care and nursing service on a continuous basis; or a nursing home.
- Medical Centers - A walk-in facility for medical, obstetrical, or surgical care limited to day use only.

The existing free-standing emergency rooms and urgent care facilities have been permitted as either Professional Services and Offices or Medical Centers. Even though these facilities may be designed for 24-hour operation and handle higher levels of emergency/ambulatory services, most do not provide sleeping or eating quarters as is required with the Hospital definition.

CONSIDERATIONS:

- 1) The three existing use categories and definitions are not sufficient to describe many specialized medical services. Specifically, free-standing emergency and urgent care centers do not fit comfortably within any of the existing definitions. As was indicated previously, a substantial number of requests for such facilities has been made in the past year, and questions have arisen as to the suitability of these facilities in some of the zoning districts where offices and medical centers are currently permitted.
- 2) The intent of the proposed amendments is to clarify the medical services described in the DDC by adding new, more specific definitions for a wider variety of medical uses to Section 35.23 and by clearly linking each of these definitions to a land use category in Section 35.5. The medical services uses have been organized based on how each facility functions from a land use perspective.
 - a) The existing use categories and definitions would be modified as follows:
 - Professional Services and Offices: This use category and definition would remain, but would no longer include medical offices. Medical Offices would become a separate use category with its own definition.
 - Hospitals: This use category would be renamed Hospital Services and would be more specifically defined to align with State definitions.
 - Medical Centers: This use category would be renamed Medical Clinics and would be more specifically defined to align with State definitions.
 - b) The following table summarizes the proposed medical services to be defined and shows which land use category each definition would correlate to in the zoning regulations.

Medical Service to be Defined	Corresponding Land Use Category
Ambulatory Surgical Center	Medical Clinic
End Stage Renal Disease Facility	
Freestanding Emergency Medical Care Facility	
Medical Clinic	
Outpatient Services	
Medical Office	Medical Office
General Hospital	Hospital Services
Hospital Services	
Niche Hospital	
Special Hospital	
Trauma Facility	

- 3) The defined uses within the Medical Clinic and Medical Office categories are those that typically operate on an outpatient basis as compared to Hospital Services, which are designed to offer inpatient services. Medical Offices are considered a separate use because they are typically specialized in their area of care, operate by appointment, and are not open to the public for walk-in treatment, especially of traumatic injuries or emergencies. The Medical Clinic services that are defined are those that would either be open to the walk-in public or offer more intensive services by appointment such as outpatient surgery that could not be handled at a normal doctor's office.
- 4) In addition to clarifying the medical services use categories and definitions, the proposed amendment would also specify the zoning districts in which each use is permitted. Medical Offices would be permitted in the same districts where Professional Services and Offices are currently permitted. The following limitations would apply to Medical Offices in certain zoning districts:
- *L(14) = Uses are limited to no more than 10,000 square feet of gross floor area.* This limitation applies in the Neighborhood Residential Mixed Use 12 (NRMU-12) District, the Regional Center Residential 2 (RCR-2) District, and the Regional Center Commercial Neighborhood (RCC-N) District.
 - *L(15) = Uses are limited to no more than 5,000 square feet of gross floor area per lot. An SUP is required for additional square footage for Semi-Public Halls, Clubs and Lodges.* This limitation applies in the Rural Commercial (RC) District, the Downtown Residential 2 (DR-2) District, and the Regional Center Residential 1 (RCR-1) District.
 - *L(17) = Uses that exceed twenty-five thousand (25,000) square feet of gross floor area per use require approval of a SUP.* This limitation applied in the Neighborhood Residential Mixed Use (NRMU) District and the Downtown Commercial Neighborhood (DC-N) District.

Hospital Services would be permitted in the same districts where Hospitals are currently permitted. Medical Clinics would be permitted in the same districts where Medical Centers are currently permitted, with the following exceptions:

- a) A Specific Use Permit (SUP) would be required for this use in the Neighborhood Residential Mixed Use (NRMU) District rather than being permitted by right. The NRMU District permits many residential uses and often adjoins less intensive residential districts, so an SUP is needed to ensure adequate nuisance prevention is provided in the site design. Some types of Medical Clinics are able to accept emergency vehicles and may operate 24 hours a day, and an SUP would offer more opportunity to make site-specific requirements in terms of design and nuisance prevention to ensure compatibility with neighboring properties.
- b) The use would no longer be permitted within the Downtown Residential 2 (DR-2) District, even with an SUP. Since the Medical Clinic category now clearly encompasses more intensive medical services such as outpatient surgery and emergency care, this use is not compatible with the DR-2 District, which contains lower-density residential development and encourages a pedestrian-friendly environment.
- 5) In summary, the proposed amendments would accomplish the following objectives:
- a) Align City definitions with State definitions for consistency
 - b) Restructure medical services land uses
 - c) Assign appropriate permitted zoning districts to the newly defined land use categories

STAFF RECOMMENDATION:

Staff recommends approval of the request.

OPTIONS:

1. Recommend approval as submitted.
2. Recommend approval subject to conditions.
3. Recommend denial.
4. Table the item.

PUBLIC NOTIFICATION:

To comply with the public hearing notice requirements, a notice was published in the Denton Record Chronicle.

EXHIBITS:

- Subchapter 5 Zoning Districts and Limitations (Redline)
- Subchapter 23 Definitions (Redline)

Respectfully submitted:
Shandrian Jarvis, AICP
DRC Administrator

Prepared by:
Hayley Zagurski
Senior Planner