

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

603.1. *Permitted uses.*

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

603.2. *Health care institution.*

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

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

B. *Dimensional regulations and design criteria.*

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

3. Minimum yard dimensions (setbacks):

Front yard: Fifty (50) feet.

Side yard: Fifty (50) feet, plus twenty (20) feet if abutting any residential zoning district.

Rear yard: Fifty (50) feet, plus twenty (20) feet if abutting any residential district.

4. Floor area ratio—Ratio of the gross leasable floor area (GLFA, as defined in article 12 of the zoning ordinance) of a building(s) to the area of the lot, excluding land unsuitable for development: Thirty-five-hundredths (.35).

5. Building coverage—Percent of the lot covered by a building(s): Twenty-five (25).

6. Parking lot landscaping. The provisions of subdivision and land development regulations and article 7 of this ordinance shall apply to all parking lots.

7. Parking. The minimum number of parking spaces shall be required as set forth below:

(a) Hospital and accessory use (except day care):

Thirty-three-hundredths (.33) spaces per patient bed, plus

One (1) space per each staff or visiting doctor (calculated according to the largest number in attendance at any hour during an average day), plus

One (1) space per employee (full time equivalent), including nurses and volunteers (calculated according to the largest number in attendance for any work shift during an average day), plus

One (1) space per two hundred fifty (250) square feet GLFA for outpatient medical care facilities, plus

One (1) space for each hospital-owned vehicle.

(b) Private office or clinic: One (1) space per two hundred fifty (250) square feet GLFA for private office space.

(c) Day care: Two (2) for each classroom in a day care facility but not less than six (6) for the building.

Note: Space used for a helistop shall not be counted towards the minimum required parking.

8. Loading. One (1) loading dock(s) per one hundred thousand (100,000) square feet GLFA.
  9. Lighting. See section [704] of the zoning ordinance.
  10. Signs. Signs for health care institutions in public zoning districts shall be governed by the following:
    - (a) There shall be no more than four (4) freestanding signs located along adjacent streets to identify health care institutions, major buildings, entrances/exits, uses or activities. The top of such sign shall not be more than eight (8) feet above the ground, and shall not exceed an area of thirty-six (36) square feet per side.
    - (b) There may be one (1) wall-mounted or freestanding sign for each principal building or, if part of a larger complex of buildings, one (1) wall-mounted or freestanding sign for each major wing or section of the complex. For institutions having less than two hundred thousand (200,000) square feet of GLFA, there shall be a maximum of eight (8) such wall-mounted or freestanding signs. For institutions having two hundred thousand (200,000) square feet or greater GLFA, there shall be one (1) additional wall-mounted sign or freestanding sign permitted for each fifty thousand (50,000) square feet GLFA above two hundred thousand (200,000) square feet. The maximum size of each wall-mounted sign or freestanding sign shall be thirty-six (36) square feet. In addition to the above wall-mounted signs or freestanding signs, there may be one (1) wall-mounted sign identifying each building entrance primarily providing access for emergency treatment or ambulance service, not to exceed one hundred ten (110) square feet in area.
    - (c) Signs may be either wall-mounted or freestanding.
    - (d) Signs may be illuminated or indirectly illuminated.
    - (e) The provisions of section 811, Signs Prohibited in All Zoning Districts, shall apply.
    - (f) The provisions of section 880, Off-Site Directional Signs, shall apply.
    - (g) The provisions of section 810.E regarding on-site instructional or directional signs shall apply, provided that there shall be no maximum number of signs for each applicable activity and that wall-mounted signs shall not exceed six (6) square feet and freestanding signs shall not exceed twelve (12) square feet per side.
- C. *Master plan requirement.* All health care institutions shall file a master plan with the planning board, which shall be in compliance with the use and dimensional requirements of this ordinance and the town's comprehensive plan and which shall be approved by the planning board as a major land development project.
1. *Purpose.* A master plan is required to promote the orderly growth and development of

institutions while preserving neighborhood character. The master plan shall be a statement, in text, maps, illustrations, or other media of communication that is designed to provide a basis for rational decision making regarding the long term physical development of the institution. The plan shall include an implementation element which defines and schedules for a period of five (5) years or more, the specific public actions to be undertaken in order to achieve the goals and objectives of the plan.

2. *Filing requirements.* Health care institutions shall file with the planning board a master plan within six (6) months following the adoption of this ordinance. Said institution shall review its master plan five (5) years following the first approval, and every five (5) years thereafter (regardless of any intervening changes) to determine if any changes are being considered or proposed. If changes are not proposed, the institution shall notify the planning board in writing that the current master plan is valid for another five (5) years. The master plan may be amended by the institution not more than two (2) times within any five-year term and such amendment shall be submitted not less than six (6) months prior to any planned construction of a new building, any addition to an existing building which will increase the size of such existing building by five hundred (500) square feet GFLA, or the demolition of any existing building.
3. *Review and approval.* A master plan shall be subject to the procedure for review and approval set forth in the subdivision and land development regulations of the Town of South Kingstown, Article V.C.4., Major Land Development.

D. *Master plan contents.* The master plan shall, at a minimum, contain the following:

1. Mission statement of the hospital, including its relationship with the neighborhood and community in which it is physically situated.
2. A list of all existing buildings owned or leased by the hospital, with the following information, provided in tabular form, using the following as column headings:

Building, by name or address.

Exterior size or footprint.

Height in stories and feet.

Physical condition.

Primary use.

Percent used for patient care.

Percent used for administrative offices.

Accessory use or ancillary use.

3. Statement of ten-year goals and five-year objectives and means and approaches through

which such goals and objectives may be reached.

4. Circulation plan indicating existing and proposed vehicular access, pedestrian sidewalks and general circulation layout of the campus. The circulation plan shall be prepared by a registered Traffic Engineer selected by mutual agreement of the town and applicant, and paid for by the applicant. The circulation plan shall address on- and off-site impacts on adjacent streets and is required to examine alternative access scenarios. In addition, the plan shall address the adequacy of on-site traffic circulation, parking and loading, sidewalk/pedestrian circulation, delivery, and emergency access and related circulation issues.
5. Proposed changes in land holdings of the institution including property to be sold, proposed street(s) to be abandoned, and new streets and driveways to be established including private rights-of-way.
6. Proposed changes in land use within the hospital's campus and grounds.
7. Proposed capital improvements including new structures, additions to existing structures, parking garages, parking lots, driveways, access roads, and landscaped areas or buffers. Major repairs that affect the building and/or campus grounds shall be included. The plan shall, at a minimum, identify the location of such improvements (on a map of the campus), the footprint and exterior dimensions of any new structure, height in stories and feet, proposed uses, including primary and accessory uses, parking and loading to support such uses, and landscaped buffers.
8. For any new building or addition to an existing building that has building plans, including scaled plans and elevations, such plans and drawings shall be included in the master plan. For building plans, including additions to existing buildings, that are in the conceptual planning stages and architectural drawings are not available at the time of submission of the master plan, the planning board shall require, as a condition for approval of the master plan, that when such architectural drawings are prepared, they shall be submitted for development plan review, pursuant to the subdivision and land development regulations.
9. Proposed demolition of any building, structure, parking garage, parking lot, or any other campus facility.
10. A parking plan that shows the location of all parking on and off the campus. The plan shall identify: the number of parking spaces that exist and the number that are required; the location of new spaces required as a result of any proposed development; and, other information deemed appropriate.
11. The master plan shall contain text and maps to facilitate the review process.
12. A copy of the certificate of need, required as a precondition to license of any new or additional premises on the hospital campus, in accordance with G.L. 1956, Ch. 23-15, and

the rules and regulations promulgated by the Director of Health for the State of Rhode Island, shall be attached to the master plan.

13. Conditional agreement for payment in lieu of taxes (PILOT) with regard to for-profit enterprises of the health care institution, if applicable.
14. Application filing fee, to be established by the town council from time to time.