

Section 5

Alternatives

5.1 INTRODUCTION

The California Environmental Quality Act (Public Resources Code, Section 21000 et seq.) (CEQA) and the State CEQA Guidelines (California Code of Regulations, Title 14, Section 15000 et seq.) require that an EIR “describe a range of reasonable alternatives to the project, or to the location of the project, which would feasibly attain most of the basic objectives of the project, but would avoid or substantially lessen any of the significant effects of the project, and evaluate the comparative merits of the alternatives” (CEQA Guidelines Section 15126.6(a)). If a project alternative would substantially lessen the significant environmental effects of a proposed project, the decision maker should not approve the proposed project unless it determines that specific technological, economic, social, or other considerations make the project alternative infeasible (PRC Section 21002, CEQA Guidelines Section 15091(a)(3)). The EIR must also identify alternatives that were considered by the lead agency but were rejected as infeasible during the scoping process and should briefly explain the reasons underlying the lead agency's determination (CEQA Guidelines Section 15126.6(c))

One of the alternatives that must be analyzed is the “no project” alternative. The “no project” analysis must discuss the existing conditions, as well as what would be reasonably expected to occur in the foreseeable future if the project were not approved and development continued to occur in accordance with existing plans and consistent with available infrastructure and community services (CEQA Guidelines, Section 15126.6(e)(3)(C)).

Potential impacts associated with the project alternatives are evaluated against the potential impacts of the proposed project. The potential impacts of the project alternatives with the Higher Occupancy Scenario are not evaluated because each alternative would provide the same amount of floor area as the proposed project. As such, the Higher Occupancy Scenario could occur with any of the project alternatives and is not evaluated separately.

5.2 DESCRIPTION OF ALTERNATIVES

This section of the EIR analyzes the following four alternatives, which are described in detail below:

- No Project Alternative
- Walnut Street Closure Alternative
- Redwood City Preferred Alternative
- Marshall Street Hospital Alternative

Photo simulations are provided within this chapter for the proposed project and for the four alternatives to the project outlined above.

No Project Alternative

Under the No Project Alternative, no new development would occur at the project site. None of the campus buildings would be developed. The existing outdated inpatient and outpatient facilities would continue to operate at the Medical Center campus. The consolidation of existing medical offices from elsewhere in Redwood City to the Medical Center would not take place and Kaiser would be unable to provide additional inpatient and outpatient services at the campus. The projected increase in Kaiser members in the Redwood City area would occur with or without the proposed project. However, Kaiser would not be able to meet the increase in demand for services at the existing Medical Center. Per SB1953, the Hospital would need to close by 2013.

Walnut Street Closure Alternative

The Walnut Street Closure Alternative (Figure 5-1) includes many features similar to the proposed project. The major difference between this alternative and the proposed project is a larger footprint for the replacement Hospital that would span Walnut Street requiring its closure. Under this alternative, the Hospital would be located further west on Veterans Boulevard, and Walnut Street would be closed between Veterans Boulevard and Bradford Street. The replacement Hospital would be constructed adjacent to Parking Structure B resulting in an uninterrupted building length of approximately 570 feet (approximately the length of two full city blocks). The height of the replacement Hospital would be reduced from ten stories under the proposed project to six stories under this alternative. With the exception of the enlarged configuration (massing and bulk) of the replacement Hospital, the phasing, siting, and overall square footage of proposed buildings and parking structures are similar to the proposed project.

Redwood City Preferred Alternative

The general layout of the Medical Center campus under the Redwood City Preferred Alternative (see Figure 5-2) is similar to that of the proposed project. However, the campus buildings would be sited and designed to more closely adhere to the goals of the draft *Downtown Area Plan*. Major differences between this alternative and the proposed project include the size of the campus plaza area, the location of Parking Structure B, and the use of the site currently proposed for Parking Structure B. Under this alternative, Parking Structure B would be located to the west of the replacement Hospital where the proposed project would include an expanded plaza area along Veterans Boulevard. This plaza is also an area for potential future expansion of the replacement Hospital with the proposed project. The Redwood City Preferred Alternative proposes a mixed-use building at the Main Street gateway site. The mixed-use building would be designed to create a sense of entry into the downtown and would complement similar retail/office-type buildings located along downtown Main Street. Under the Redwood City Preferred Alternative, buildings proposed for Main Street would be designed to

Slipsheet for Figure 5-1

Walnut Street Closure Alternative

Slipsheet For Figure 5-2

Redwood City Preferred Alternative

reinforce Main Street's designation as a downtown gateway. While the proposed project places a 30,700+ sq.ft. plaza space adjacent to the six-lane Veterans thoroughfare, which has views of a commercial strip center across Veterans Boulevard, this Alternative would provide an enclosed plaza area central to buildings at the Medical Center campus.

The replacement Hospital and MOB's would contain the same amount of floor space under this alternative as under the proposed project. The Redwood City Preferred Alternative would not have exact footprint or building width requirements for any buildings at the campus. However, parking structures would not be constructed taller than the adjacent MOB or Hospital and could require partial undergrounding. Active building space would occupy prominent corner parcels and parking structures would be located mid-block behind active building space.

Marshall Street Hospital Alternative

The Marshall Street Hospital Alternative represents a site plan developed jointly by Kaiser and the City of Redwood City early in the planning phase for the proposed Medical Center. As shown on Figure 5-3, the major difference between this alternative and the proposed project is the location of the replacement Hospital. Rather than constructing the replacement Hospital on Veterans Boulevard as under the proposed project, the Hospital would be constructed on the northwest corner of Marshall Street and Maple Street. The replacement Hospital would be seven stories, rather than ten under the proposed project.

The Marshall Street Hospital Alternative also includes an MOB at the southeast corner of Veterans Boulevard and Walnut Street. The MOB's to be located along Veterans Boulevard would be five stories tall, similar to the proposed project. However, the MOB to be located at the northeast corner of Marshall Street and Maple Street would be five stories tall, rather than the four-story MOB included in the proposed project. Like the Redwood City Preferred Alternative, this alternative places the plaza area within the center of the campus.

Under this alternative, a portion of the existing surface parking lot located at the northwest corner of Main Street and Bradford Street would remain. Parking structure C would contain nine parking levels as opposed to six levels for Parking Structure D under the proposed project.

Parking Structure B would contain six levels as opposed to five under the proposed project. However, this option would contain only three parking structures rather than the five parking structures under the proposed project. This alternative does not provide underground parking.

Phasing for the Marshall Street Hospital Alternative differs slightly from the proposed project. Rather than construct the replacement Hospital in Phase 2, MOB 2 and Parking Structure B would be constructed in Phase 2. The replacement Hospital would be constructed during Phase 3.

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5.3 IMPACT ASSESSMENT

The purpose of this impact assessment is to identify whether the above-described alternatives would reduce potentially significant impacts of the proposed project or would generate other impacts different from those identified for the proposed project.

No Project Alternative

Land Use. The No Project Alternative would result in less-than-significant land use impacts, like the proposed project. This alternative would maintain current uses at the project site and would not conflict with *Strategic General Plan*, the *Redevelopment Plan for Redevelopment Project #2*, or the *Redwood City Zoning Ordinance*. Also, it would not conflict with the draft *Downtown Area Plan* as it is finalized. On the other hand, the No Project Alternative would not support or help fulfill the many land use policies that the proposed Master Plan would achieve. For example, the No Project Alternative would not improve the Medical Center's ability to foster transit through site planning, promote commercial development as envisioned by the Redevelopment Plan, improve linkages through the Redevelopment Project area, nor enhance the downtown. In other words, the No Project Alternative would be a missed opportunity to support the City's land use and downtown gateway policies.

Visual Quality. The No Project Alternative would maintain the existing visual setting of the Medical Center. This alternative would preserve the mass and scale of campus buildings and avoid the less-than-significant, but noticeable intensification of floor area at the campus. Under the No Project Alternative, the five (one existing) multi-level parking structures, the ten-story replacement hospital, and the four- and five-story MOB's would not be constructed. Notably, the No Project Alternative would not alter the fragmented appearance and weak streetscape that characterize the existing Medical Center, nor would it support the City's desires to enhance the gateways into the downtown core. Figure 5-4A presents the existing view of the Medical Center from Veterans Boulevard at Main Street. Figure 5-4D presents the existing view of the Medical Center from Veterans Boulevard at Walnut Street looking south.

This alternative would be inconsistent with many of the policies that promote beautification and revitalization of the Downtown Area identified in the *Strategic General Plan*, the *Redevelopment Plan for Redevelopment Project #2*. It could also be inconsistent with the draft *Kaiser Master Plan Urban Design Guidelines* and the draft *Downtown Area Plan* once these draft documents are adopted. However, this alternative would avoid the potential unsightliness that could result from years of construction activity.

Transportation. Under the No Project Alternative, no new development would occur at the Kaiser Redwood City campus. Therefore, no new traffic (over that which is currently generated by the

facility) would be expected. Because no new project traffic is expected, no transportation impacts would be expected under the No Project Alternative.

Air Quality. The No Project Alternative would avoid construction activities that would have potentially significant air quality impacts under the proposed project. The No Project Alternative would also avoid the proposed project's less-than-significant impacts related to regional air emissions, carbon monoxide concentrations, sources of objectionable odors and toxic air contaminants, and cumulative regional air emissions.

Noise. The No Project Alternative would avoid the proposed Master Plan's significant and unavoidable noise impact related to construction noise and vibration. Potentially significant impacts described for the proposed project (i.e., noise associated with new mechanical equipment, loading docks, and trash compactors) would not occur under the No Project Alternative and the less-than-significant impact related to increased traffic noise would also not occur under the No Project Alternative.

Hazardous Materials. The No Project Alternative would avoid project-related building demolition or renovation. Therefore, there would be no potential to disturb any possible hazardous materials in existing building components, such as asbestos or fluorescent lighting. While the No Project Alternative would also not increase the Medical Center building space, it is expected that hazardous materials storage, handling or waste generation at the Medical Center would continue to increase since membership would continue to climb in the Kaiser Redwood City service area, as it would with the proposed project. The increase in hazardous materials or wastes, however, is not expected to result in significant public health and safety effects because of in-place regulations and safety procedures.

Population and Housing. The No Project Alternative would maintain existing employment numbers and would avoid the proposed project's less-than-significant impacts to population and housing. This alternative would not result in the increase in employment that would occur at buildout under the proposed project.

Public Services. The No Project Alternative would maintain public services at existing levels of service. Presently, there are no deficiencies in public services. This alternative would avoid the increases in service demand associated with the proposed project and would avoid the project's less-than-significant impacts.

Utilities and Service Systems. The No Project Alternative would maintain utilities at existing levels of service. No new square footage is proposed under this alternative, and therefore, the upgrade of the water distribution system around the campus that would be necessary under the proposed project would not be required. This alternative would avoid the significant water supply and cumulative water supply, wastewater, and storm drain impacts; potentially significant water distribution, emergency storage system and wastewater collection impacts; and less-than-significant storm drain system impacts associated with the proposed project.

Walnut Street Closure Alternative

Land Use. The Walnut Street Closure Alternative would not have the same less-than-significant impacts on land use as the proposed project. This alternative would be consistent with the heavy commercial designation of the *Strategic General Plan*, but would conflict with the *Redevelopment Plan for Redevelopment Project #2* policies relevant to improving circulation within the redevelopment and linking together circulation within the RDA with the city street system. In addition, findings could likely not be made by the City Council to justify the closure of Walnut Street since the City's downtown street systems serves the larger public good and are not customarily closed to benefit a private development. The primary difference between this alternative and the proposed project is the bulk and height of the hospital. Land uses at the project site would be the same as under the proposed project.

Visual Quality. The Walnut Street Closure Alternative would expand the hospital across Walnut Street further west on Veterans Boulevard to connect to the adjacent Parking Structure B on Main Street. While reducing its height to six stories, compared to ten stories under the proposed project, the siting, massing, bulk, and overall length of the hospital and adjacent Parking Structure B would significantly increase. Plaza areas, landscaping and overall square footage of buildings would be the same as the proposed project.

As seen from a vantage point on Veterans Boulevard at Main Street, the proposed project would replace existing open views (see Figure 5-4A) with the replacement Hospital, (which includes the nursing tower), Parking Structure B, the Cancer Care Center, and the administration building (see Figure 5-4B). The Walnut Street Closure Alternative from this vantage point would replace the open view to the south, with the large-scale replacement Hospital, but with a lower height (see Figure 5-4C). As seen from a vantage point on Walnut Street north of Veterans Boulevard, the proposed project replaces the existing open view with the large-scale replacement Hospital (see Figure 5-4D). The nursing tower is particularly dominant, but the low-rise (four stories) hospital base preserves much of the sky plane, and the pedestrian bridge between the Hospital on the left and the parking structure on the right allows distant views of the ridgeline for motorists and pedestrians (see Figure 5-4E). The Walnut Street Closure Alternative would also affect views along Walnut Street. Figure 5-4F presents a computer-generated visual simulation of the Walnut Street Closure Alternative as seen from a vantage point on Walnut Street north of Veterans Boulevard. The Walnut Street Closure Alternative eliminates the distant views of the western hills, reduces the sky plane, and introduces a large-scale structure that is particularly visually dominant because of the lengthy northern façade (see Figure 5-4F).

Phasing impacts resulting in potentially significant degradation of the visual quality of the campus would be similar to the proposed project, with the exception of construction of the Hospital, which is not dependent on demolition of existing buildings. Mitigation measures specified for Impact VQ-5 would reduce phasing impacts to less than significant.

Transportation. Although project development associated with the Walnut Street Closure Alternative is consistent with that analyzed as part of the proposed project, the closure of Walnut Street under this

alternative would alter existing and future traffic patterns in the area. Project Conditions and 2020 With Project Conditions peak hour volumes were redistributed on the roadway network to estimate intersection volumes if Walnut Street were closed. The expected intersection volumes and lane configurations were used as inputs and levels of service (LOS) were calculated at the affected intersections. The results of the LOS analysis are presented in Table 5-1.

Table 5-1
Intersection Level of Service Summary – Walnut Street Closure Analysis
Project Conditions and 2020 With Project Conditions

Intersection ¹	Peak Hour	Project Conditions		2020 With Project Conditions	
		Delay ²	LOS ³	Delay ²	LOS ³
#1 Walnut Street/Marshall Street (U)	AM	11.2	B	12.6	B
	PM	11.8	B	12.8	B
#2 Marshall Court/Marshall Street (U)	AM	10.0	A	10.7	B
	PM	11.7	B	13.0	B
#3 Maple Street/Marshall Street (U)	AM	10.8	B	17.1	C
	PM	12.9	B	52.5	F
#5 Main Street/Bradford Street (U)	AM	15.0	B	23.2	C
	PM	19.1	C	44.3	E
#6 Walnut Street/Bradford Street (U)	AM	7.2	A	7.3	A
	PM	8.2	A	8.4	A
#9 Main Street/Veterans Boulevard	AM	20.9	C	25.3	C
	PM	34.8	C	37.7	D
#10 Walnut Street/Veterans Boulevard	AM	12.4	B	12.4	B
	PM	25.1	C	24.9	C
#11 Maple Street/Veterans Boulevard	AM	26.3	C	32.2	C
	PM	33.5	C	43.4	D

Source: Fehr and Peers Associates, January 2003.

Notes:

1. Reported intersections are those affected by the Walnut Street Closure.
2. Signalized intersection LOS based on average control delay expressed in seconds per vehicle. Unsignalized intersection LOS based on average control delay expressed in seconds per vehicle. Signalized and unsignalized analysis methodologies obtained from the *2000 Highway Capacity Manual*, Transportation Research Board.
3. Level of service.
 “Change in Average Delay” is the change in the average delay between Background and Project Conditions.
 (U) = Unsignalized intersection.

The results of the analysis indicate that, with Walnut Street being closed, all of the affected intersections are expected to operate acceptably (LOS D or better) during the AM and PM peak hours under near-term Project Conditions.

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5-4A Veterans Boulevard at Main Street looking Southeast: Existing

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5-4B Veterans Boulevard at Main Street looking Southeast: Proposed Project

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5-4C Veterans Boulevard at Main Street looking Southeast: Walnut Street Closure Alternative.....

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5-4D Veterans Boulevard at Walnut Street looking South: Existing

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5-4E Veterans Boulevard at Walnut Street looking South: Proposed Project.....

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5-4F Veterans Boulevard at Walnut Street looking South: Walnut Street Closure Alternative.....

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Under the proposed project, significant cumulative project impacts are not expected to occur at the Maple Street/Marshall Street intersection or the Main Street/Bradford Street intersection. However, under Cumulative With Project Conditions for the Walnut Street Closure Alternative, the Maple Street/Marshall Street intersection is expected to operate at an acceptable LOS C during the AM peak hour and an unacceptable LOS F during the PM peak hour. The Main Street/Bradford Street intersection is expected to operate at an acceptable LOS C during the AM peak hour and an unacceptable LOS E during the PM peak hour. All other affected intersections are expected to operate acceptably (LOS D or better) during the AM and PM peak hours. However, Redwood City desires to keep this street open for the larger community vs. allowing a public street to be used for private purposes. By maintaining this street as a public street, the City's Downtown street circulation network would be preserved and eventually enhanced for ease of travel into the Downtown retail core for the larger Redwood City community.

The approach volumes at the Maple Street/Marshall Street intersection under cumulative conditions are expected to satisfy the Caltrans Peak Hour Volume Warrant for traffic signal installation. Signalization of the intersection would provide acceptable operations (LOS B) during the PM peak hour under Cumulative With Project Conditions.

Similarly, the approach volumes at the Main Street/Bradford Street intersection are expected to meet the Caltrans Peak Hour Volume Warrant for traffic signal installation. Signalization of the intersection would provide acceptable operations (LOS B) during the PM peak hour under Cumulative With Project Conditions.

Air Quality. The Walnut Street Closure Alternative's less-than-significant impact related to regional air emissions would be the same as the proposed project. This alternative's less-than-significant impacts related to localized carbon monoxide concentrations, sources of objectionable odors and toxic air contaminants and cumulative regional air emissions would also be the same as the proposed project. The same mitigation measure proposed for the project (Mitigation Measure TR-3.4) would also apply to this alternative and would reduce project-related motor vehicle emissions to a less-than-significant level.

Noise. The Walnut Street Closure Alternative's significant and unavoidable impact related to construction noise and vibration would be the same as under the proposed project. This alternative's potentially significant impacts related to noise generated from mechanical equipment, loading docks, and trash facilities would also be the same as the proposed project. The less-than-significant impact related to an increase in traffic noise would also be the same as the proposed project. Mitigation measures proposed for the project (Mitigation Measures NO-1.1, NO-1.2, NO-2.1 and NO-3.1) would also apply to this alternative and would reduce project-related noise generated from mechanical equipment, loading docks, and trash facilities to a less-than-significant level.

Hazardous Materials. The Walnut Street Closure Alternative's potentially significant impacts related to hazardous materials exposure as a result of demolition, construction and excavation would be the same as the proposed project. This alternative's less-than-significant impacts related to adverse health

or safety effects associated with hazardous materials storage, handling, generation, usage and physical safety hazards would also be the same as the proposed project. Mitigation measures proposed for the project (Mitigation Measures HM-1.1 and HM-2.1) would also apply to this alternative and would reduce project-related health or safety effects to a less-than-significant level. The projected 21 percent increase in Kaiser membership and patients in the Redwood City area, which is roughly proportional to projected increases in hazardous materials use and hazardous waste generation, would be the same as the proposed project under this alternative.

Population and Housing. The Walnut Street Closure Alternative would result in the same increase in employment as the proposed project, and as such, the proposed project's less-than-significant impacts to population and housing would remain under this alternative. The main difference between this alternative and the proposed project is the location and height of the hospital. Employment figures would be the same.

Public Services. The number of new employees would be the same for the Walnut Street Closure Alternative as it would be for the proposed project. As such, this alternative would have the same public services demand as the proposed project. All of the proposed project's public service impacts would be less than significant, and they would remain so under this alternative. Existing service capacities would satisfy the demands associated with this alternative.

Utilities and Service Systems. The Walnut Street Closure Alternative proposes approximately the same amount of net new square footage as the proposed project. Therefore, the proposed project's significant water supply and cumulative water supply, wastewater and storm drain impacts; potentially significant water distribution, emergency storage system and wastewater collection system impacts; and less-than-significant storm drain system impacts would apply to this alternative as well. Mitigation measures proposed for the project (Mitigation Measures UT-1.1, UT-1.2, UT-2.1, UT-2.2, UT-3.1, UT-5.1, and UT-5.2) would pertain to this alternative and would reduce project-related utility impacts to less-than-significant levels (except for water supply impacts which would remain potentially significant and unavoidable after mitigation).

Redwood City Preferred Alternative

Redwood City Preferred Alternative

Land Use. The Redwood City Preferred Alternative (see Figure 5-2) would have the same less than significant impacts on land uses as the proposed project (see Figure 2-3). As illustrated in Figure 5-2, the Redwood City Preferred Alternative does not recommend exact building footprints; rather it provides general building envelopes for the locations of the proposed replacement Hospital, four MOB's, two administrative buildings, four parking structures, Main Central Plaza and other uses identified in the proposed project. The purpose of providing building envelopes rather than exact building footprints is to allow a certain degree of flexibility for future changes in medical technologies, practices and facility needs. This alternative would be consistent with the same *Strategic General Plan* policies and *Redevelopment Plan for Redevelopment Project Area #2* policies identified in this EIR.

The Redwood City Preferred Alternative is also evaluated here with similar building square footages and similar variations from current *Zoning Ordinance* standards relevant to the number of parking spaces and to the height of the replacement hospital, not to exceed a maximum height of 160 square feet, as requested under the proposed project.

Land uses for the Redwood City Preferred Alternative would also be similar to those of the proposed project with one notable exception. The Redwood City Preferred Alternative would not place Parking Structure B on the Main Street/Veterans Boulevard downtown gateway parcel. Instead, this alternative would replace Parking Structure B with a three to four-story mixed-use building, a use that would be more consistent with existing retail/office-type development located along Main Street. The Redwood City Preferred Alternative would relocate Parking Structure B from this downtown gateway parcel to the east side of the replacement hospital within the proposed project's plaza (potential future hospital expansion) area fronting on Veterans Boulevard.

This land use change would eliminate the need for a pedestrian bridge that in the proposed project would span Walnut Street between the Hospital and Parking Structure B. With the Redwood City Preferred Alternative, Parking Structure B would not be separated from the Hospital by a public street (Walnut Street), rather it would lie immediately adjacent to the Hospital along Veteran Boulevard, which would facilitate pedestrian travel between these two structures. This alternative would also eliminate the potential for mid-block Walnut Street pedestrian crossings between the Hospital and Parking Structure B. Although, as noted in the Traffic Section of this EIR, the proposed project's pedestrian bridge and Parking Structure B design would help to reduce the occurrence of mid-block Walnut Street pedestrian crossings to a less than significant impact.

In addition, under the Redwood City Preferred Alternative, all regional hospital traffic would enter Parking Structure B from Veterans Boulevard rather than from local city streets (Main and Bradford Streets) and Veterans Boulevard as provided under the proposed project. The Main Central Plaza area under this alternative would also be central to the Medical Center campus buildings, rather than fronting onto Veterans Boulevard.

While the Redwood City Preferred Alternative (Figure 5-2) would be entirely consistent with draft *Downtown Area Plan* policies, the proposed project (Figure 2-3) would be mostly consistent with these policies. Again, the exception would revolve primarily around the location of Parking Structure B if it were to be placed with the Main Street/Veterans Boulevard gateway parcel as proposed under the proposed project.

Placement of Parking Structure B on the Main Street downtown gateway parcel may conflict with the intent of draft *Downtown Area Plan* Policy 4.41, which recognizes the Main Street/Veterans Boulevard intersection as an important secondary gateway to the downtown and recommends high-quality development and landscaping at this entry to improve the image of downtown. While the proposed project would be required to provide high quality development and landscaping improvements at this entry/important downtown gateway parcel, a parking structure may not be the highest and best use for or the most appropriate land use alternative to enhance the City's downtown image. Policy 4.22 also emphasizes the importance of Main Street as a *primary pedestrian corridor* and *spine/linkage to the*

downtown. Under the proposed project, regional hospital traffic would use Main Street to access Parking Structure B and, with the exception of the 20,000 square foot Cancer Care Center, this gateway parcel would be used primarily to house cars rather than as people-occupied building space. The mixed-use building, recommended under the Redwood City Preferred Alternative, would also be more consistent with the draft *Downtown Area Plan* Policies 4.34 and 4.25 that recommend that visually appealing storefronts define the edge behind sidewalks to provide visual interest to pedestrians and with Policies 3.2 and 4.39 that emphasize the importance of high quality development and mixed use in close proximity to the downtown core as a means of creating a vibrant downtown neighborhood.

Visual Quality. The draft *Kaiser Master Plan Urban Design Guidelines* (Appendix C), developed by City and Kaiser staff with the assistance of Terry Bottomley, urban design consultant, (and reviewed by the Redwood City Planning Commission and Architectural Review Committee at two Joint Study Sessions), were developed as a tool to further the vision, goals and policies of the draft *Downtown Area Plan* while focusing more specifically on the urban design characteristics of the 15-acre downtown Kaiser Medical Center campus.

The Redwood City Preferred Alternative (Figure 5-2) graphically represents/summarizes the policies contained in the draft *Kaiser Master Plan Urban Design Guidelines* (Appendix C). The Redwood City Preferred Alternative recommends, among other things, that the Medical Center have a strong campus image along Veterans Boulevard, special gateway architectural features, building orientations toward the downtown, prominent corner building entrances, underground parking (when parking structure heights would otherwise exceed the height of adjacent occupied buildings), a network of internal pedestrian ways, including an accessible pedestrian way along Redwood Creek, pedestrian-oriented streetscapes, crossings and transit stop linkages.

While the Redwood City Preferred Alternative (Figure 5-2) would be entirely consistent with the draft *Kaiser Master Plan Urban Design Guidelines* (Appendix C), the proposed project (Figure 2-3) would be mostly consistent with these *Guidelines*.

As previously described, the Redwood City Preferred Alternative land uses would generally be similar to those of the proposed project, except that active/occupied building space, rather than a parking structure, would be placed within significant downtown gateway parcels and along significant downtown street frontages (*Urban Design Policy 3*). Draft *Kaiser Master Plan Urban Design Guideline* Policies 19 and 32, similar to draft *Downtown Area Plan* policies, recommend that the Main Street/Veterans Boulevard site be visually enhanced through use of active building spaces, prominent architectural features and enhanced landscaping care. These *Urban Design* policies recommend similar care of the Maple Street/Veterans Boulevard gateway intersection sites. *Urban Design Policy 21* also recognizes that the eastern Main Street parcel offers a significant development opportunity due to its high visibility and size. This policy recommends that this site be developed with a high-value, activity-generating form of development that supports downtown revitalization – e.g., office or infill residential above first floor commercial. In addition, draft *Kaiser Master Plan Design Guideline Policy 15* recommends that parking structures be lower in height than adjacent buildings. Under the proposed project, Parking Structure B would be taller (five-levels) than the adjacent Cancer Care Center (two-stories).

The potential significant impacts of construction phasing described for the proposed project would be reduced to a less-than-significant impact with Mitigation Measures VQ-5 recommended for the proposed project.

The Redwood City Preferred Alternative, like the proposed project (if developed as proposed), would provide greater overall cohesiveness among campus buildings than currently exists (see Figure 5-5A for existing views.) The Redwood City Preferred Alternative, like the proposed project, would also alter existing views along travel corridors, but would compensate for this through enhancement of the overall character of the Medical Center through thoughtful site planning and urban design standards that seek to enhance/improve the image, visual quality, pedestrian friendliness and economic vitality of the Downtown District.

Figures 5-5B (proposed project) and 5-5C (Redwood City Preferred Alternative) provide computer-generated visual simulations to illustrate the differences between the City Preferred Alternative and the proposed project as viewed from a vantage point west of the Main Street/Veterans Boulevard intersection. From this vantage point, on the eastern Main Street gateway parcel, the proposed project's two-story, 20,000 GSF Cancer Care Center is visible in the foreground, backed by the larger, four-story, five-level Parking Structure B. The most prominent building, located behind Parking Structure B, is the proposed project's two and four-story hospital and 10-story nursing tower. A two-story, 20,000 GSF administrative building, complimentary in design to the Cancer Care Center, is also visible in the foreground across Main Street (west side).

Figure 5-5C illustrates the Redwood City Preferred Project Alternative from the same vantage point. From this vantage point, on the eastern Main Street gateway parcel, a three-story mixed-use building is visible in the foreground (which would replace the proposed project's two-story Cancer Care Center and five-level parking structure). The replacement Hospital and nursing tower, visible behind the three-story mixed-use building, are illustrated here with the same height and massing as the proposed project. A two-story, administrative building, complimentary in design to the mixed-use building, is also visible in the foreground across Main Street (west side).

Transportation. The Redwood City Preferred Alternative focuses on building layout and use rather than project size. This alternative is expected to have similar trip generation characteristics as the proposed project. Therefore, no new significant project impacts would be associated with this alternative compared to the proposed project.

Due to an altered site layout associated with the Redwood City Preferred Alternative, it is possible that the location and accessibility of the site driveways would be different than those associated with the proposed project. This alternative could change project-related vehicle circulation in the immediate vicinity of the project area. Since the surrounding intersections are projected to operate at acceptable levels, alternate access points to parking facilities are not expected to result in any additional significant intersection impacts. It is recommended that, if the Redwood City Preferred Alternative becomes the proposed project, a detailed intersection analysis be conducted at the intersections immediately surrounding the proposed campus to assess operational details (e.g., intersection geometrics and on-site queuing characteristics) as would be required of the proposed project and all other project alternatives.

Air Quality. The Redwood City Preferred Alternative's less-than-significant impacts related to regional air emissions would be the same as the proposed project. This alternative's less-than-significant impacts related to localized carbon monoxide concentrations, sources of objectionable odors and toxic air contaminants, and cumulative regional air emissions would also be the same as the proposed project. The same mitigation measure proposed for the project (Mitigation Measure TR-3.4) would also apply to this alternative and would reduce project-related motor vehicle emissions to a less-than-significant level.

Noise. The Redwood City Preferred Alternative's significant and unavoidable impact related to construction noise and vibration would be the same as under the proposed project. This alternative's potentially significant impacts related to noise generated from mechanical equipment, loading docks, and trash facilities would also be the same as the proposed project. The less-than-significant impact related to an increase in traffic noise would also be the same as the proposed project. Mitigation measures proposed for the project (Mitigation Measures NO-1.1, NO-1.2, NO-2.1 and NO-3.1) would also apply to this alternative and would reduce project-related noise generated from mechanical equipment, loading docks, and trash facilities to a less-than-significant level.

Hazardous Materials. The Redwood City Preferred Alternative's potentially significant impacts related to hazardous materials exposure as a result of demolition, construction and excavation would be the same as the proposed project. This alternative's less-than-significant impacts related to adverse health or safety effects associated with hazardous materials storage, handling, generation, usage and physical safety hazards would also be the same as the proposed project. Mitigation measures proposed for the project (Mitigation Measures HM-1.1 and HM-2.1) would also apply to this alternative and would reduce project-related health or safety effects to a less-than-significant level. The projected 21 percent increase in Kaiser membership and patients in the Redwood City area, which is roughly proportional to projected increases in hazardous materials use and hazardous waste generation, would be the same as the proposed project under this alternative.

Population and Housing. The Redwood City Preferred Alternative would result in the same increase in employment as the proposed project, and as such, the proposed project's less-than-significant impacts to population and housing would remain under this alternative. The main difference between this alternative and the proposed project is the location of campus plazas, the location of Parking Structure B, and the design and orientation of campus buildings. Employment figures would be the same.

Public Services. The number of new employees would be the same for the Redwood City Preferred Alternative as it would be for the proposed project. As such, this alternative would have the same public services demand as the proposed project. All of the proposed project's public service impacts would be less than significant, and they would remain so under this alternative. Existing service capacities would satisfy the demands associated with this alternative.

Slipsheet for **Figure 5-5A, (side 1), (COLOR)**, must start on odd Page, no text on back of page

Veterans Boulevard at Main Street looking South: Existing

Slipsheet for **Figure 5-5A, (side 2), (COLOR)**, must start on odd Page, no text on back of page

Slipsheet for **Figure 5-5B, (side 1), (COLOR)**, must start on odd Page, no text on back of page

Veterans Boulevard at Main Street looking South: Proposed Project with Sample Facade

Slipsheet for **Figure 5-5B, (side 2), (COLOR)**, must start on odd Page, no text on back of page

Slipsheet for **Figure 5-5C, (side 1), (COLOR)**, must start on odd Page, no text on back of page

Veterans Boulevard at Main Street looking South: Redwood City Preferred Alternative with Facade

Slipsheet for **Figure 5-5C, (side 2), (COLOR)**,

Utilities and Service Systems. The Redwood City Preferred Alternative proposes approximately the same amount of net new square footage as the proposed project. Therefore, the proposed project's significant water supply and cumulative water supply, wastewater and storm drain impacts; potentially significant water distribution, emergency storage system and wastewater collection system impacts; and less-than-significant storm drain system impacts would apply to this alternative as well. Mitigation measures proposed for the project (Mitigation Measures UT-1.1, UT-1.2, UT-2.1, UT-2.2, UT-3.1, UT-5.1, and UT-5.2) would pertain to this alternative and would reduce project-related utility impacts to less-than-significant levels (except for water supply impacts which would remain potentially significant and unavoidable after mitigation).

Marshall Street Hospital Alternative

Land Use. The Marshall Street Hospital Alternative would have the same less-than-significant impacts on land use as the proposed project. This alternative would be consistent with the same *Strategic General Plan* and *Redevelopment Plan for Redevelopment Project #2* policies and *Zoning Ordinance* regulations as the proposed project. The policies from the draft *Downtown Area Plan* that may be applicable to the proposed project once the *Downtown Area Plan* is adopted would also be applicable to this alternative. The primary difference between this alternative and the proposed project is the location and height of the hospital and MOB 3. Land uses at the project site would be the same as under the proposed project.

Visual Quality. The Marshall Street Hospital Alternative would reconstruct the hospital on the northwest corner of Marshall Street and Maple Street and would be seven stories tall, rather than ten stories under the proposed project. Similar to the proposed project, MOBs would be located on the southwest and southeast corners of Veterans Boulevard and Maple Street and on the northeast corner of Maple Street and Marshall Street. However, the Marshall Street Hospital Alternative includes an MOB to be located at the southeast corner of Veterans Boulevard and Walnut Street. The MOBs to be located along Veterans Boulevard would be five stories tall, similar to the proposed project. However, the MOB to be located at the northeast corner of Marshall Street and Maple Street would be five stories tall, rather than the four-story MOB included in the proposed project.

This alternative would slightly reduce the impacts related to the increase of mass and scale at the Medical Center campus in comparison to the proposed project.

This alternative includes a plaza to be located along Maple Street. However, the plaza to be located along Veterans Boulevard under the proposed project is not included in the Marshall Street Hospital Alternative. This alternative would be similar to the proposed project in that it would create a more visually cohesive campus and would eliminate the fragmented and visually incoherent appearance of the existing campus.

Views from major travel corridors would be affected by placement of the Hospital on Marshall Street. The replacement Hospital may no longer be visible along Veterans Boulevard, but may affect views along Marshall and Maple Streets. This alternative is not consistent with a few policies of the draft

Kaiser Master Plan Urban Design Guidelines, and policies of the draft *Downtown Area Plan* once these draft documents are adopted. For example, this alternative includes a surface parking lot at the Main Street/Bradford Street gateway parcel and contains surface parking behind an administrative clinic at the Main Street/Veterans Boulevard gateway parcel.

Construction phasing impacts would be similar to the proposed project.

Transportation. Although the location and height of the buildings differ under this alternative compared to the proposed project, the trip generation characteristics of this alternative are expected to be similar to those under the proposed project. Therefore, no new significant project impacts are expected under the Marshall Street Hospital Alternative compared to the proposed project.

Due to an altered site layout under the Marshall Street Hospital Alternative, it is possible that the location and accessibility of the site driveways would be different than those of the proposed project. This difference could change project-related vehicle circulation in the immediate vicinity of the project area. Since the surrounding intersections are projected to operate at acceptable levels, alternate access points to parking facilities are not expected to result in any additional significant intersection impacts. As with all the alternatives, it is recommended that, if the Marshall Street Hospital Alternative becomes the proposed project, a detailed intersection analysis be conducted at the intersections immediately surrounding the proposed campus to assess operational details (e.g., intersection geometrics and on-site queuing characteristics).

Air Quality. The Marshall Street Hospital Alternative's less-than-significant impacts related to regional air emissions would be the same as the proposed project. This alternative's less-than-significant impacts related to localized carbon monoxide concentrations, sources of objectionable odors and toxic air contaminants, and cumulative regional air emissions would also be the same as the proposed project. The same mitigation measure proposed for the project (Mitigation Measure TR-3.4) would also apply to this alternative and would reduce project-related motor vehicle emissions to a less-than-significant level.

Noise. The Marshall Street Hospital Alternative's significant and unavoidable impact related to construction noise and vibration would be the same as under the proposed project. This alternative's potentially significant impacts related to noise generated from mechanical equipment, loading docks, and trash facilities would also be the same as the proposed project. The less-than-significant impact related to an increase in traffic noise would also be the same as the proposed project. Mitigation measures proposed for the project (Mitigation Measures NO-1.1, NO-1.2, NO-2.1 and NO-3.1) would also apply to this alternative and would reduce project-related noise generated from mechanical equipment, loading docks, and trash facilities to a less-than-significant level.

Hazardous Materials. The Marshall Street Hospital Alternative's potentially significant impacts related to hazardous materials exposure as a result of demolition, construction and excavation would be the same as the proposed project. This alternative's less-than-significant impacts related to adverse health or safety effects associated with hazardous materials storage, handling, generation, usage and physical safety hazards would also be the same as the proposed project. Mitigation measures proposed

for the project (Mitigation Measures HM-1.1 and HM-2.1) would also apply to this alternative and would reduce project-related health or safety effects to a less-than-significant level. The projected 21 percent increase in Kaiser membership and patients in the Redwood City area, which is roughly proportional to projected increases in hazardous materials use and hazardous waste generation, would be the same as the proposed project under this alternative.

Population and Housing. The Marshall Street Hospital Alternative would result in the same increase in employment as the proposed project, and as such, the proposed project's less-than-significant impacts to population and housing would remain under this alternative. The main difference between this alternative and the proposed project is the location of the hospital, MOBs, and parking structures. Employment figures would be the same.

Public Services. The Marshall Street Hospital Alternative would have the same public services demand as the proposed project. The number of new employees would be the same as with the proposed project, as would the estimate of new employees choosing to live in Redwood City. All of the proposed project's public service impacts would be less than significant, and they would remain so under this alternative. Existing service capacities would satisfy the demands associated with this alternative.

Utilities and Service Systems. The Walnut Street Closure Alternative proposes approximately the same amount of net new square footage as the proposed project. Therefore, the proposed project's significant water supply and cumulative water supply, wastewater and storm drain impacts; potentially significant water distribution, emergency storage system and wastewater collection system impacts; and less-than-significant storm drain system impacts would apply to this alternative as well. Mitigation measures proposed for the project (Mitigation Measures UT-1.1, UT-1.2, UT-2.1, UT-2.2, UT-3.1, UT-5.1, and UT-5.2) would pertain to this alternative and would reduce project-related utility impacts to less-than-significant levels (except for water supply impacts which would remain potentially significant and unavoidable after mitigation).

5.4 ENVIRONMENTALLY SUPERIOR ALTERNATIVE

Sections 21002 and 21081 of CEQA require lead agencies to adopt feasible mitigation measures or feasible environmentally superior alternatives in order to substantially lessen or avoid otherwise significant adverse environmental effects of proposed projects, unless specific social or other conditions make such mitigation measures or alternatives infeasible. Where the environmentally superior alternative also is the No Project Alternative, CEQA Guidelines Section 15126.6(e)(2) requires the EIR to identify an environmentally superior alternative from among the other alternatives. The California Court of Appeals has upheld the requirement to examine an environmentally superior alternative when the adoption of all feasible mitigation measures would leave an unmitigated significant impact (Citizens for Quality Growth vs. City of Mount Shasta (3d Dist. 1988) 198 Cal.App.3d 433 [243 Cal.Rptr. 727]).

The significant unavoidable effects of the proposed project are related to cumulative transportation, construction noise, and water consumption. Implementation of any of the project alternatives would result in the same use of the project site. In addition, staffing levels and patient visits would be similar to the proposed project. Therefore, all of the project build alternatives would result in similar significant unavoidable effects and none would be considered environmentally superior to any of the other build alternatives.

5.5 ALTERNATIVES CONSIDERED BUT REJECTED AS INFEASIBLE

The focus and objectives of the proposed project are such that full or partial relocation of the hospital and MOB's would be cost-prohibitive and inconsistent with functional design criteria outlined by Kaiser. The range of possible feasible alternatives that can realistically achieve the project's objectives is therefore limited. Thus, two alternatives were considered but rejected in the development of the proposed project.

Both of these alternatives entailed the use of other sites in Redwood City, such as a site across Veterans Boulevard that currently houses a Kmart. The first alternative included the relocation of the entire campus to a different site and the second included locating some uses at a different site and maintaining the existing site for the remaining uses. Both of these alternatives would be cost-prohibitive in that they would require the acquisition of a new site. It would also be difficult to find another site that would fit the campus-style layout that Kaiser desires. It would be even more difficult to find such a site within Redwood City, where Kaiser would need to remain in order to serve its membership. The first alternative would fail to accomplish Kaiser's objectives of maintaining the Redwood City Hospital at its present location to continue to serve the Redwood City community.

Problems with the second alternative included inconsistencies with Kaiser's functional design criteria. Kaiser requires that walking distances between member/patient/visitor parking and building destinations are as short as possible for safety and convenience; that outpatient diagnostic and treatment and support functions of the hospital are located immediately adjacent to the main access routes and the main parking facility; that inpatient and outpatient components of services (ambulatory surgery area, imaging departments, etc.) are adjacent to one another; that patients do not have to cross roads and have easy drop-off and pick-up access; and that patient/visitor parking is within 200 feet or less of the main building entrances. The second alternative would be inconsistent with these functional design criteria because it would divide the campus uses in two. Instead of fostering a compact, efficient campus with adjacent uses, it would create sprawling, disjunctive uses. This alternative would also prevent Kaiser from fully accomplishing the following project objectives: consolidation of treatment and support functions at a single Medical Center location, creation of functional and operational relationships based on collaboration and coordination of multiple teams of specialists, and creation of a campus environment that is easy to negotiate for both pedestrians and vehicles.