

**URBAN DESIGN REVIEW BOARD
REGULAR MEETING
NOVEMBER 5, 2014**

APPROVED 01-06-2015

A. CALL TO ORDER

The regular meeting of the Urban Design Review Board (Board) was called to order by Mr. Michael Silva, Chair, at approximately 10:00 a.m., Wednesday, November 5, 2014, in the Planning Department Conference Room, First Floor, Kalana Pakui Building, 250 South High Street, Wailuku, Island of Maui.

A quorum of the Board was present (see Record of Attendance).

Mr. Michael Silva: It's 10 o'clock, so we'll call this meeting to order. We do have opportunity for public testimony. This is -- I guess, if you would like to come up to the podium and speak now we would ask that you refrain from coming up again when the item is on the agenda. There is only one item so hopefully it should be a quick, quick, a quick day. Seeing nobody coming up at the moment. Oh, you want to go now? Okay.

B. PUBLIC TESTIMONY -- At the discretion of the Chair, public testimony may also be taken when each agenda item is discussed, except for contested cases under Chapter 91, HRS. Individuals who cannot be present when the agenda items are discussed may testify at the beginning of the meeting instead and will not be allowed to testify again when the agenda item is discussed unless new or additional information will be offered.

Ms. JoAnne Johnson Winer: Aloha. My name is JoAnne Johnson Winer, and I'm testifying on my own behalf. I will disclose, I am a member of the West Maui Hospital Foundation Board. And as a former council member when we originally approved, coming forward with the whole concept of a West Maui Hospital and the land use changes that were associated with it, I basically was in strong support of that as were other council members. So I know this is the early process and it doesn't have to do with the land use aspect of this particular approval. But I know that the consultant as well as all of us past board members have worked very hard to ensure that whatever is required in terms of design guidelines, in terms of the whole concept of the hospital fitting within the West Maui community, the community plan and also our general plan, I just ask that you work with the consultants, that you work with the hospital developers so that this can eventually become a reality because this is really important to all the people of West Maui and to future generations. So I just thank you for your support and your consideration of this. It means a great deal to not just myself, but to many of us in West Maui who have been without a hospital for a long time. And I know they'll do a great job on the design. I haven't seen the final one, but I leave that to you. You are the experts, so thank you very much.

Mr. Silva: Great. Thank you from coming down JoAnne. We appreciate it.

Ms. Winer: Thank you.

Mr. Howard Hanzawa: Good morning Chair, board members. My name is Howard Hanzawa.

I'm also a, a member of the, board member of the West Maui Hospital Foundation, and I also was a, the prior manager for Kaanapali Land Management Corp, the, the owner, the prior owner of the property on which the hospital would be built. I'd like to give you a brief history of the area and the efforts to get to this point. We have a community group that meets bi-monthly now. It use to be monthly. And whoever's interested in the affairs and the concerns of West Maui would meet at our office. It's called the Kaanapali 2020 Community Group, and it started, actually, it started 15 years ago. And we have some members who have been going to almost every meeting for the last 15 years and we talk about a number of things. And the one issue that always comes up is the need for a hospital on the west side and that's because we're more or less isolated from the hospital in Kahului. And we could be isolated due to any kind of tie up on the highway. But that always come up.

Also, I'd like to -- and then you're going to hear more about that. I see some of our members here who have been coming to our group meetings for many years. I'd also like to say that the area where the hospital is, is located is not developed at all right now. There was a highway, or a roadway that was built to service the upper portion of Kaanapali 2020 including the coffee farms. That was built about five years ago. And other than that the lands on both sides of that roadway were planted in various crops or had been fallow. The nearest home is at least 200 yards away in Kaanapali Hillside. So I don't think the construction of this hospital will impact any residential homeowners at this time. But again like JoAnne said, you know, this is an issue that has been brought up over and over again over the years, and I thank you for your consideration of this project.

Mr. Silva: Thank you Howard for taking the time and coming down here.

Mr. Joe Pluta: Aloha. My name is Joe Pluta. I'm the president of the West Maui Improvement Foundation and the West Maui Hospital and Medical Center Foundation, and a resident of Lahaina for the last 36 years, founding, director of the West Maui Taxpayer's Association and I've been active in the west side activities for the last 36 years. One of the things in living there in the last 36 years -- I know this is not a permission hearing of about whether or not because we proved this case, the one we got a certificate of need is many of my friends and neighbors were dying there in West Maui tragically because they simply couldn't get to an emergency room in time and it just ripping my heart every time we heard an ambulance. In fact, we built the fire and ambulance station in Napili because the County, the County said, yeah, we know you needed it. So we built our own. Now for the last 16 years I've been trying to work to build our West Maui Hospital for the same reason because everybody knows it's needed.

So I know -- if you don't know the history, but I was one of the charter members of the Kaanapali 2020 Community Planning Group also which won an award as the best community planning group. And . . . (inaudible) . . . who was my dear friend who died tragically because he couldn't get to an emergency room in time. He was a young man. That, that's a tragic story but he's, he's another reason why I'm still here very obsessed with seeing this finally come to a reality. I -- so I know more about this project than I want to know in the sense of the need and the justification and all those reasons because we proved the case that everybody said was improvable, impossible, and we did the impossible. We proved our case. And every single

hearing that we went to about this project received a 100% unanimous endorsement which is incredible when you think about that especially when we're told beforehand that no way of it happening.

So I want to urge your favorable consideration to work with this plan. Lives are at stake and the whole island basically needs this not just West Maui. You know, the time, any given time you've got 75,000 people on that side of the island, and a lot of visitors and residents, and who knows, some of you could be there, and when emergencies happen you just don't want to be that far away from an emergency room. This is a quality project in terms of its planning and design. We've gone through all the steps that I've seen, very expensive, elaborate steps, and they've got -- I think you'll find that, that everything in order and I urge you to favorable review it. Thank you very much.

Mr. Silva: Thank you Joe for coming down.

Ms. Patricia Nishiyama: Aloha kakahiaka. Good morning board members. My name is Patricia Nishiyama, aka Auntie Patty Nishiyama. Born and raised in Puu Koolii sugar plantation village. I am a member of Na Kupuna O Maui for almost 30 years, and I also sit on the Kaanapali 2020 planning committee for 15 years. I'm here to express Na Kupuna O Maui supports the proposed West Maui Hospital and Medical Center. As a member of Kaanapali 2020 we have received monthly meetings and bi-monthly updates on this special project since the initial stage of its development. I have always been involved representing Na Kupuna O Maui Lahaina District. At this time Na Kupuna O Maui Lahaina District would like to give our aloha to Joe Pluto who first started this project. He knew it was very important for our community. Mahalo Joe Pluto. We appreciate Newport Hospital Corporation for being a part of this important project. As you are all aware our population here in West Maui is rapidly growing and visitor population is increasing. This puts a strain on our, on our already limited health care. Many times I need to drive my five granddaughters to Maui Memorial Center because of their asthma attack. I usually stay there for four, three to four hours. This project is very important for the community and visitors for health care and emergency service which could mean life and death.

In addition, the development of skilled nursing and assisted living facility provides our kupuna and others in need of this type of care, the option to remain here in our home, Lahaina. Something that we have not have until this point. Also this hospital will give jobs to future generations. My granddaughter is going to medical school in Big Island studying to become a nurse. She graduated from Lahainaluna High School and this is her second year at, in college and she's a 4.0 student. Thank Akua she was given a scholarship for \$35,000 a year for four years. She wants to come home and service our community in Lahaina.

In closing, Na Kupuna O Maui express our utmost support for this proposed project. Na Kupuna feels it's crucial. It is a crucial project and one that West Maui has been waiting for many years. Mahalo.

Mr. Silva: Thank you Patricia. So anybody else that would like to come and speak? Seeing

none, so I'd like to close this session of the public testimony, and I just want to thank everybody again for testifying. It does help us get a feel for everything that's going on out there.

C. ADMINISTRATIVE APPROVAL OF THE SEPTEMBER 2, 2014 MEETING MINUTES

Mr. Silva: Next item on the agenda is administrative approval of the minutes. Does anybody have any comments from the September 2nd meeting minutes? Seeing none, so we could unanimously approve those administratively.

The September 2, 2014 Urban Design Review Board meeting minutes were administratively approved as presented.

D. COMMUNICATIONS

1. **MR. WILLIAM SPENCE, Planning Director requesting comments on Phase 2 Project District plans and design guidelines for NEWPORT HOSPITAL CORPORATION's West Maui Hospital and Medical Center to be located on approximately 14.99 acres of land on Kakaalaneo Drive mauka of the Honoapiilani Highway in West Maui Project District 3 (Kaanapali-North Beach Mauka) at TMK: 4-4-002: 052, Kaanapali, Island of Maui. (PH2 2014/0002) (Gina Flammer)**

The Maui Planning Commission will also be reviewing associated requests for a Community Plan Amendment, a State Land Use District Boundary Amendment, a Change in Zoning, and a Phase 1 Project District approval along with the Phase 2 Project District approval at its November 19, 2014 public hearing in Lahaina.

The Board's comments on the design aspects of the proposed West Maui Hospital and Medical Center as well as the proposed design guidelines for West Maui Project No. 3 (Kaanapali-North Beach Mauka) Health and Wellness subdistrict will be transmitted to the Planning Director, the Maui Planning Commission, and the Maui County Council.

Mr. Silva: Communications. Next item there is one item under communications which I will read now. *(Chair Michael Silva read the above project description into the record).* And we have Gina Flammer from Maui Planning Department.

Ms. Gina Flammer: Hello. Good morning everybody. Thank you for today. Before we start, I just wanted to give you a really quick overview. It's a little complex with all the different permits. So first off you're reviewing the West Maui Hospital and Medical Center. It makes it a little bit like de ja vu. I know in 2009 another site received all the land use entitlements for this. However, the developer's proceeding with a different location. It's easier to do at this new

location.

The site is still located within the Kaanapali 2020 Master Development Area. However, this will be the first site that's going to be developed within that master development so it's going to be receiving all the land use entitlements that Mike just mentioned. Relevant to you today is the Change in Zoning to the West Maui Project District 3. So with that comes a Phase 1, and 2, and a 3 approval. We're going to be looking today at the Phase 1 and 2.

The Phase 1 requires that you take a look at the design guidelines which you have here for that area. Right now the parcel, there's one parcel that's being zoned subdistrict health and wellness. So the design guidelines currently apply only to that other parcel. If there are other parcels it can be amended later on. As part of the Phase 2, you're also looking at the site plan, and you're going to be looking the building elevations which you have in here.

So with that, I'm going to turn it over to the project consultant. And then afterwards I'll be taking down all your comments for the Planning Commission.

Mr. Bryan Esmeralda: Good morning board members and staff. My name is Bryan Esmeralda and I'm with Munekiyo & Hiraga. And I'm here this morning to present the proposed West Maui Hospital and Medical Center. I'd just like to take a minute to recognize the project team. Some of which we have here with us today to answer any questions you guys may have. The applicant is Newport Hospital Corporation. Its president is Brian Hoyle. Project Manager, also from Newport Hospital Corporation is Michelle Brener. The hospital operator will be Critical Access Health Care LLC. The project architect is ProjX, LLC. We have with us today Mr. Ira Chilton. Civil engineers are Austin, Tsutsumi & Associates (ATA). We have, this morning, Adrienne Wong and Eric Takamine. The traffic engineer is also ATA, Mr. Tyler Fujiwara. Landscape architect is Kevin Tanaka who's here with us today. Archaeologist and cultural resources consultants were from Scientific Consultant Services, Mr. Mike Dega and Cathleen Dagher. Biological Resources Consultant, Robert Hobdy and planning consultants, Munekiyo & Hiraga. Myself and Gwen Hiraga is here this morning.

The applicant, Newport Hospital Corporation, proposes the development of the West Maui Hospital and Medical Center which will be located on approximately 14.99 acres site on Kakaalaneo Highway. The site is located mauka of Honoapiilani Highway, in Kaanapali. The applicant was awarded a certificate of need from the State to develop a 25 bed critical access hospital and a 40 bed skilled nursing facility. In addition to these two facilities on the site, the applicant is also proposing to develop a two, two-story medical office and clinic buildings, a 40-unit assisted living facility and a future drug and alcohol rehabilitation facility. The medical office buildings and assisted living facilities don't require a certificate of need. The applicant will, however, need to go back to the State for a certificate of need for the rehab facility.

Just to orient everybody with the project site, this is Honoapiilani Highway. This is the Kaanapali development. These are the resorts here. Kakaalaneo Drive intersects with Honoapiilani Highway right in the vicinity of the Westin Kaanapali Ocean Resort Villas which is located here and it extends mauka to the Kaanapali Coffee Farms. The project site is located

about, maybe 3/10th of a mile up. And again it's a 14.99 acre site. It's currently vacant and undeveloped. The land was formerly used for pineapple cultivation.

As Gina mentioned the development requires a number of land use entitlements. These entitlements were initiated by the Planning Director and the entitlements include, real quickly, a State Land Use District Boundary Amendment from agriculture to urban, a amendment to the West Maui Community Plan. The site is designated as West Maui Project District 3, but we're proposing amendment to the description of the Project District within the Community Plan to include the Medical and Health and Wellness uses. Also, a Change in Zoning from R3 Residential to West Maui Project District 3, with a subdistrict of Health and Wellness. As Gina mentioned this includes Project District 1 and 2 approvals.

So the project will be an integrated campus with six buildings total. A 25 bed critical access hospital, it should be approximately 53,585 square feet. A 40-unit assisted living facility, approximately 18,000 square feet. A 40 bed skilled nursing facility, about 22,000 square feet. Two, two-story medical office buildings of about 35,000 square feet each. And a 40 bed future drug and alcohol rehabilitation facility, also about 20,000 square feet. The project will also require related onsite and offsite improvements.

This is the architectural site plan. This is Kakaalaneo Drive. Honoapiilani Highway is located down at the bottom of the site. So as you come up the drive the first building you'll see is the hospital building. Directly to the north of that are the assisted living facility and skilled nursing facility buildings. Directly behind those are the medical office buildings. And the future rehab facility will be located at the top corner of the site. Access to the site will be achieved by three driveways. One located here, another here, and the third at the top of the site. Parking will go all the way around.

At this time I'd like to turn the presentation over to the architect, Ira Chilton, to go over the next two parts of the presentation. The first would be the design guidelines which you have in front of you.

Mr. David Green: Can I ask one question? Could you -- could you tell me exactly what a skilled nursing facility is?

Mr. Esmeralda: A skilled, a skilled nursing facility will provide care for those people that need specialized care. They're coming out of the hospital. It's kind of like . . . kind of like Hale Mauka. . . the equivalent.

Mr. Green: . . . (Inaudible) . . .

Mr. Hunton Conrad: It's like a rehabilitation where you don't need to be a in a hospital anymore, but you still need care.

Mr. Ira Chilton: Does that answer your question?

Mr. Green: Kind of.

Mr. Chilton: Similar to . . . similar. Let's see if I can . . . (inaudible) . . . The way I get involved
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Mr. Silva: If you could just state your name. Sorry to interrupt.

Mr. Chilton: I'm sorry. Ira Chilton. I'm the architect of record, and I'm from the mainland. The . . . the way I get involved is this will be my fourth critical access, free standing critical access hospital in the last eight years, so we've done a lot of these around the US.

This project as previously described is needed and has a certificate of need for the 40 bed skilled nursing facility and the 25 bed critical access hospital. It will have an emergency department, a surgery department, and all the departments you would see in a hospital but they're scaled down so that big traumas, like, major accidents or anything that can be stabilized and then moved to the appropriate place.

We've done the design guidelines which we're presenting to you today. The design guidelines address the design aspects of the project. And we'll also be talking about the landscape and other, other features that you may have questions about. The guidelines are intended to enhance the development of the surrounding . . . (inaudible) . . . land as it develops and integrate with it. We're trying to be very contextual as we move forward.

In the design guidelines you're going to see that we've limited our height on all of the buildings to 35 feet above the ground plain. We've using 36 inch overhangs of the buildings. We're using a plant, a Hawaiian plantation vernacular. It will be very similar to what you see a lot on the island. We're using local materials to tie the project back to Hawaii. There will be landscaping compliant with the Maui County Planning Plan, and Kevin Tanaka will address some of that later on in the presentation. And we'll have signs compliant with the Maui County Code. And parking compliant with the Maui County Code. And we'll have to have all health care license or regulations met to have a licensed hospital in West Maui.

Some of the features we're trying to do in, in picking up the plantation style on that upper elevation of the building is just a piece of the front elevation. You're seeing the entry to the hospital and then the emergency room entry over to the right. And you'll see that gray wall there, what we're proposing would be something like your local lava stone, indigenous stone. And on these we've shown a water table which is this, this lower area down here and along there which would also be the lava stone. And this is a plantation style roof, and we've proposed a metal standing seam roof or something of a similar tile.

Mr. Silva: If you could stay with the microphone or there's one to walk around with because we do have to have minutes. Thank you.

Mr. Chilton: The -- so we have a water table of stone. And then we're using a composite material is what we're proposing right now which is a panelized material which is what the

samples being passed around are mounted on, actually on a piece of that composite material. And then we're using beige to -- a little darker than beige color tones. You'll see them on the color board, and it's very similar to a lot of the color tones you see here. And the way they derived those color tones is when they originally did the plantation houses and they were white, when they picked up the dust, they picked up that beige color and that's how a lot of this beige coloring was generated on the island.

We're going to try to use these sustainability measures for the project. And of course the three columns of sustainability is producing a viable world, a liveable world, and a fair world. And to do that you -- to do a viable world you mesh the economic development with your environmental responsibilities, your social progress with the environmental responsibilities gives you your liveable world, and your social progress with the economic development gives you a fair world.

So specific examples of that is we're going to encourage less fuel consumption by residents because we're going to have a hospital on that side of the mountain, on the west side of the island which means there's going to be less commuting for the health care services. We're going to include two public transit stops on the site, and we'll show those later on in the presentation. The buildings will be insulated per new IBC, International Building Code, regulations. And the Hawaiian plantation style lends itself to solar ventilation -- solar and ventilation controls typically with the 36 inch overhangs that create the shade and shadow.

In terms of regional materials, obviously, we have your indigenous stone that we're, we're looking heavily into. And then on the interiors we might see some Hawaiian Coffee Wood which is a beautiful wood. We would use that as accent. And obviously Bamboo is something we'll consider and is a highly utilized material right now.

Our roofs, we're looking at a standing seamed metal roof, which is the green sample on that board. Or, a similar composite tile that would be similar to what you have down here at the University of Hawaii. That kind of a look. And it would be one, one of those two. Now I've mounted the metal sample on here, but the color that's there is the color we would be looking at. That's a little bit -- that's a dawn, a dawn forest green. It's a little lighter than the deep forest green.

For the building exteriors we're looking at the modified plantation vernacular. And in this vernacular we could use stone masonry, plaster stucco, and the plank siding. We've leaned heavily toward, in this presentation, the plank siding and the lava stone and the standing seamed metal roof.

Jumping back to the site plan I'd like to point out a couple of things. This is the main road that comes up from the main highway which I cannot pronounce, either one. And the entry into the site is, the primary public entry into the site, going to the hospital would be right here. It would go here under a covered canopy which is a required thing, and then into the hospital here. The emergency entry, the ambulance would come here, come in here, and go through a control gate. This would be controlled doctors parking and the ambulance would enter here into the emergency room here. That large stone wall that you saw prior is here, and behind that is all

the operating theaters. And there's where recovery is, and here's where all your diagnostics x-ray and services are. I've got lab and pharmacy here. And these wings here have all the beds, and I think we had three, four obstetric beds in this area here.

The, the skill nursing facility is here. We've attached it with a courtyard to the assisted living facility, and the assisted living facility has an exterior courtyard that can be utilized for dining. Because of the climate here, it's, it's ideal for making a nice, nice landscaped area there. This courtyard can also be landscaped. We have some outdoor dining that will occur in this area here which is outside of the dining, the interior dining areas. So we'll have some exterior dining pod here that will be nice, nicely situated to the two medical office buildings.

At this point I'd like to turn the presentation over to Kevin Tanaka who is our landscape architect.

Mr. Kevin Tanaka: Good morning. My name is Kevin Tanaka, the project landscape architect at this point. Just short and sweet, the hospital, the site campus design, the overall design is based, is driven by function. The requirements, of course, to meet Maui -- excuse me -- to meet Maui County Code's one tree per five stalls, which will be met and exceeded, you know, hedge screening from adjacent properties. Design will be, again, driven by function and to create some balance between maximizing the use of native plants and tropicals. And then these slides, just to give you a few examples, Royal Palms at the entrance, entry features. Milo Trees which have, have become a nice native parking lot tree. Native Koa, of course, coconut palms, and some tropicals for aesthetics any way.

Mr. Chilton: Ira Chilton, project architect. The site as it appears now you can see in this upper photo here, that's looking to the west, and this is looking back towards the mountain. And you can see, it's undeveloped for a long distance. The main highway that services West Maui is down here. And the main road that we're going to abut you can see a piece of it right there. And we'll be right in here.

Going back to this site plan for a second, you'll see the third entry up here. This third entry is basically our outpatient entry. The primary arterial for public circulation will come up this drive, go here, go along this retention pond, come through here, and come back out, drive to like that. So what we're proposing is that, that would also be the public transit route through the site. The controlled outpatient parking, all this parking is servicing all the outpatient services that would go on at the site. And basically all of this parking would service the hospital. There's very little parking requirement necessary for those types of facilities that are the assisted living and, and skilled nursing facility. So a lot of the staff parking is behind here. We've got a staff entry right in that location.

Looking at the elevations which in the large book that's in front of you, you'll see some of the studies we've done so far on those. This is the primary hospital elevation. As you approach the hospital, there's the front door, there's where that surgery department was, and there's recovery along there. And there's one of the nursing wings there. On the flip side, 180 degrees, you're looking at the back side here. The reason there's no windows here is that's

your x-ray department. It's got an MRI and your x-ray machine so we have to put special walls around those, and it really doesn't lend itself to put windows. This is your administrative unit here and conference. And then right here where you see the little umbrella, there will be some, probably some windows inserted here. They're not in this drawing, but that's the dining area. And then right here not in the elevation, but perpendicular to the elevation is the, what I would call the loading dock. But this is, this meets your Maui County Code for your truck access, loading. And we'll have two loading zones there. And it's basically right in the center of the campus and we've situated the pedestrian walkways and everything so deliveries can be made throughout the campus. And it occurs right in this little, where I've got my dot down here.

This elevation here is the elevation looking back towards the assisted living facility so you're looking at the end of a nursing wing here, and the end of another nursing wing here, and essentially the door going in from the loading dock down there. This is the end, the other end of the wing at the hospital down on this end, facing the main roadway that goes up the hill. This is the, some concept studies on the medical office buildings. What we're looking at here is an elevation facing the street and the other elevation facing the hospital. And the elevation on each end, there's a concept of a building identifier in terms of signage, again, trying to stay within the Maui County Codes with the level three submission.

And this is the . . . this is the rehab center up on the hill here. This is a high point up here. And this is the entry into the rehab center. This is the end of one of the wings, this one down there. And because it's not licensed the same way as the hospital, we're able to punch some windows in between the bed walls. And this is the length on the backside, over here, of, of that, facing back into the field. And this is the length facing back towards the medical office building and the drive that runs through our site.

This is the elevations of the assisted living facility and the skilled nursing facility. The entry will have a canopy right here which will be located right in this area here. And then you see this wall here is, where they can take kitchen services and whatnot. They'll take deliveries from the primary kitchen here, through here. There's a walkway and it's easily connected to the building. And then, over here is all the dining and activity's area for the assisted living. And then along this edge here is this wall, and this, this is shown as solid stone, but I'm probably going to punch some windows here and that's a dining area. There are windows on the perpendicular wall that let a lot of light in already coming in both directions, but we may do some punch outs to bring some additional light into that dining area. That's the dining area for the skilled nursing facility. And this is the backside, and we can see the spacing of the windows tell you that that's where the bedrooms are. So there will be bedroom here and a bedroom here, and one there.

At this point, I guess I'm turning it over to --

Mr. Esmeralda: The planning process for this project has been going on for several months, and the applicant has taken on, taken on to himself to meet with the number of government agencies and community organizations just to speak about the project and present his vision. This is a list of the people and organizations that he's met with over the past several months. And with that, that concludes our presentation, so we'd like to open it up now to questions.

Mr. Silva: First we can go to public testimony. If anybody would like to speak, please come up to the podium.

Ms. Irene Bowie: Good morning Chair and board members. I'm Irene Bowie, executive director of Maui Tomorrow Foundation, and I would just like to applaud the great outreach efforts that Newport Hospital Corporation has made in coming to the community and keeping us informed. This has, it's moved along and really checking with any concerns that we might have. But Maui Tomorrow absolutely supports the proposed entitlement actions. Definitely realizes the need for the West Maui Hospital and Medical Center, and supports all the actions in it. We don't see any red flags in any of those. It seems like the community really supports it wholeheartedly. It was, it was great to look at the landscaping plan, and I'm very happy to hear about the, the shade trees going into the parking lot. I, I hope that there will be pedestrian walkways around the assisted living facility. I live nearby Roselani Retirement and I think that was really, really a mistake that they, they did not do anything with that. The folks that live there have to walk in the parking lot. And a lot of those seniors in assisted living are really out there with their walkers and it's good for them. So that's something that, you know, we would like to learn more about that.

And then my only other comment would be and I, and I haven't asked this yet to, to the developers or Gwen or anyone, but if it's at all possible to have an R1 hookup from the Lahaina Wastewater Treatment Plant for some of the irrigation would be really wonderful. That would, that would be a win-win for that side of the island as well. Less going into the ocean, more, more precious resource that we could use for the, for the landscaping and other irrigation. So other than that, we really support it absolutely, and . . . thank you.

Mr. Silva: Great. Thank you for coming down Irene. Any other public testifier wants to come up? Seeing none, so we'll close this session of the public testimony. So now as a Board we can go around and ask questions and make general comments. And I guess everybody's clear and maybe Gina you could help me, so we're, we're looking at the design guidelines and the construction plans.

Ms. Flammer: As well as the site plans.

Mr. Silva: The site plan.

Ms. Flammer: Yeah, which is -- you have a copy of the landscape plan.

Mr. Silva: Okay. I guess one question. Maybe I could ask just ahead of time. Is this, the proposed, is the hospital is going to be built first, and then the other buildings come later. Sorry, I might have must have missed that.

Mr. Chilton: Ira Chilton, architect of record. I'm here representing Brian today. He's the CEO of Newport Hospital Corporation. From what I understand in my directive so far has been that the hospital will probably proceed first with the skilled nursing facility parallel to that. The

reason for that is, and of course since they're attached, I would imagine, the ALF will be going also. Assisted living facility. The reason for that is we've got certificate of needs. That's the franchise from the State to build these. And because we have that we want to take advantage and get those facilities up and running first. And then once you have a hospital like this, what I've seen in the other more critical access hospitals that we brought out of the ground is the minute that we go in that community and do these hospitals, it starts generating the other activity for physicians wanting to be onsite. Generally in the last hospital we did, they picked up three new physicians the minute they opened the hospital so things like that start happening, and then the medical office buildings will have a demand. So, it would be the hospital and the skilled nursing facility first.

Mr. Silva: Okay. Thank you. So, I guess, the reason why I wanted to asked that too is because the plans do include all the buildings so our approval will be for the entire project, and as well, the design guidelines. Just to make sure everybody's clear about that. So Jane, do you want to start us off with any general comments or questions for the applicant?

Ms. Jane Marshall: I just have a question. Ira, can you explain your design concept with regard to these monolithic stone walls? Can you explain your design concept in --

Mr. Chilton: Monolithic stone walls? Yeah.

Ms. Marshall: -- in adding that to this low plantation style building?

Mr. Chilton: In those instances where we have, the operating theaters and they're coming out towards the exterior wall, I could, I would, I wanted to accentuate those. So what we've got going on at that particular wall is we inserted a masonry block that inserts the plantation style face that goes out. And the, that geometric insertion should tie the whole hospital together without it looking just like a blank wall that's been stuck on the exterior of the building. It becomes a geometric element.

Ms. Marshall: Can you, kind of, with your pointer, show us how that monolithic wall intersects the building? Because it's not really clear on the roof plan.

Mr. Chilton: Okay, the wall that we're talking about is this one right here. Because that wall -- behind that wall is operating theaters and --. I'm going to try to get you to a slide.

Ms. Marshall: I mean, you have your, your MRI equipment and, and those kinds of things behind a --

Mr. Chilton: Solid wall.

Ms. Marshall: -- a solid wall that is part of the --

Mr. Chilton: Plantation style.

Ms. Marshall: -- style language. I just wondered why you felt the need to change that vernacular . . . (inaudible) . . .

Mr. Chilton: Well, at this point here to that point there is about two foot long, or one and a half foot long basically. So that expanse of that material that whole length, I, I think, you lose, you start losing the effect of the expanse of the material. It comes more like a . . . you know, a big. . . (inaudible) . . . So what we did is, is we took this block right here and, and, and used that because we knew what was going to be happening there as, as condition to the back side condition to that. And it goes all the way through so that from the road, as you're coming up the road, you'll see what looks like a geometric block that goes through the building, and kind of intersects it and changes the look of it. It modernizes it a little bit.

Mr. Green: Basically a, it's basically a rectangle in the middle isn't it?

Mr. Chilton: Yes. This one, we don't have it. But, where it's occurring is right here. Right in that area there. If we come up that second driveway, and you go in right there. Does that answer your question?

Ms. Marshall: It, it does. And I just have a -- I'm just a little unsettled. I personally feel that there's a really notice plantation rhythm of those regular windows that march along. It's very consistent with the way I think about, you know, the plantation aesthetics and it feels like a 1960's post office just got dropped into the middle of it. So that's just a personal opinion. And I don't know, I guess, I, I, I'm just going to put that out there. That's just how I feel about the way that looks. It just doesn't look very sensitively inserted. I'll just leave it at that. And I, I know you're still working on the signage. Yeah. It looks like it's just, you know, just propped in there right now. And since this is the first project in this part of, of this area development, I would just also say I'd like those exterior lighting to follow the dark sky principles. And that I really applaud your use of indigenous planting materials. And I wondered if you could talk about where the bus stops and bike rack and that kind of access would occur.

Mr. Silva: Yeah, and if you could tie in the walkways also which is on there.

Ms. Marshall: Oh, there you go.

Mr. Chilton: Here's the primary circulation. It's this, it's this purple one that I talked about earlier. And then the secondary circulation is this one and this one. And of course, that emergency entry I talked about right here. You can see right here, here's the bus stops. One right here that would service these three buildings, and one up here that would service the outpatient side.

Circulation, pedestrian circulation, it was mentioned earlier and we feel very much the same way as what you spoke earlier is that it's going to be an important feature. So, you can see all these beige toned areas is a pedestrian circulation. Because the site changes contour from here to here, there is a, a rise in the contour. We have some pretty significant studies that have gone on in the last six months right in this area so that we know that the pedestrian circulation can walk and meet all the ADA requirements. So, you can see there's kind of like entry areas here

and entry areas here. But then when it comes back here, it just kind of drops down into the hospital right here next to administration and the dining area, there's an outdoor area where we can develop some outdoor dining. You can see it here. And also we have the pedestrian areas working from the bus stop, over to the main entry, and over to the assisted living facility. And we'll also be able to, from the loading docks here, because we've got it on a level, we can make any kind of deliveries right along here utilizing your great weather just to kind of roll things on a cart right into the facility.

Addressing your lighting, you can see it here. We've already started addressing it. There's somebody walking along the way. We're looking at some bollard type lighting here, and then we're looking at some low level lamps that have a downward.

Ms. Marshall: That's great.

Mr. Chilton: Yeah. And then more parking lighting. This is still focusing downward, and we may -- if some pedestrian stuff going on next to it, we would do something along that line.

Ms. Marshall: That, that's terrific. Thank you Ira.

Mr. Silva: Is that it? Dave?

Mr. Green: I, I didn't . . . I didn't see much mentioned here about solar, one way or the other. Solar water, solar, solar photo voltaic. Can you talk about at all?

Mr. Chilton: Yeah. We will research the solar and, and we will utilize when cost effective, safe and appropriate. And the reason I say that is a lot times . . . the hospital requirements will require that to do some things that it wouldn't be appropriate to, to utilize that type of thing. So we're, we're currently researching all of that.

Mr. Green: Well, you have the office buildings and some of the rehab buildings, etcetera. I wasn't just referring to the hospital. I was referring to the other, all the buildings on the site.

Mr. Chilton: They haven't developed the, a specific guideline to require that, in, in the office buildings, but we will research it. We're in the process of researching that.

Mr. Silva: Okay, thanks Dave. Hunton?

Mr. Conrad: Generally I, I like the one story of the hospital. I think that's really nice. I think that the overall look is good. I'm a little bit -- I would like to see some fenestration, some breaking up of those monolithic walls. I think I see your point and I see your reason to break up that long run. And I think there would be some simple ways to take similar coloring. Obviously not the same as the hardy plank or something like that they're using for the siding. And then punctuate those walls with some kind of ornamental, decorative, you know, plantation style 30's, you know, design work, and I think that could assist a lot. And then -- but I do like the whole campus. I think it's really thought out quite well. And then the only thing I didn't know, and I know your

plans aren't very developed, I'm assuming that in the two story buildings they will be elevated.

Mr. Chilton: Yes.

Mr. Conrad: Thank you.

Mr. Silva: Thank you Hunton. Frances?

Ms. Frances Feeter: I don't have much comments other than what already has been said, but I know there's certainly a need for this and I hope everything will go well.

Mr. Silva: Thank you Frances. Fiona?

Ms. Fiona van Ammers: I just wanted to disclose that I am the civil engineer consultant for the master developer, but it shouldn't have any bearing on my comments. My -- I think the project looks nice. I don't have any complaints, but I did want to know a little bit more about since this is the only -- this will be the only development in the area, how -- and I'm not sure if this is actual architect, your question for the developer or planning, but how will the design guidelines that we approve today be related to other developments?

Ms. Flammer: I can answer that. Specifically the design guidelines are only for this subdistrict, so only for this parcel right now. They have not developed master guidelines for the rest of the development.

Ms. van Ammers: That's it. Thank you.

Mr. Silva: Thank you Fiona. I had a couple of questions. Actually now that you've mentioned the master planning, what -- can somebody speak about what is going around the neighboring developments, and what kind of ties there could be, pedestrian, biking, vehicle . . . since this is the first?

Mr. Chilton: I can mention that the plantation style that we're pulling off of, the houses that are being developed up in the coffee plantation, we studied those very carefully and we're trying to use some of the coloring and the featuring of some of the houses that are up there.

Mr. Silva: Okay.

Mr. Chilton: Now, that doesn't address some of the other --

Mr. Silva: Yeah, mines was more of the connectivity of, of the uses.

Mr. Esmeralda: Well, as we mentioned earlier, the current surrounding lands are vacant. As part of the overall Kaanapali 2020 Master Plan, and we actually have Jeff Rebugio from KL&C here today to maybe answer your question better.

Mr. Silva: Okay. Thanks.

Mr. Jeff Rebugio: Hi good morning or -- yeah, good morning. The, the project is like mentioned part of the, an overall master plan called Kaanapali 2020, so it was positioned, its infrastructure planned for the master plan. But we can only afford what, what this project is calling for now. And, but we have the whole master concept in mind. But to the point about walk, walkways, traffic, bikeway, that's all part of the master plan and I think we have a --. We're still working on the master plan in itself, but that is something that we're mindful of.

Mr. Silva: Okay. Great. Thank you.

Mr. Rebugio: You're welcome.

Mr. Silva: And maybe even with the master plan, but, can someone address too there was the comment about the recycled R1 water, if there's any plans to connect to that system at all.

Mr. Rebugio: We, as the, as the master developer and majority land owner surrounding the hospital site, we are in a dialogue right now with the County wastewater division about the expansion of the reclaimed water facility. And we're at the early stages of citing the tank and establishing service zones. But that's as far as we're at now. But the idea and the concept was to follow the County's master plan in developing the distribution system in and around this area. So there is a possibility of utilizing the R1.

Mr. Silva: Okay. Great. Thank you. So for, I guess, Kevin Tanaka, if, if the system would be designed so it could be easily switched over, if the R1 does become available, however that could be done.

Mr. Tanaka: It depends on how you define easily. Well, no, actually, the expansion plan for the R1 water system as, as I've seen runs along Honoapiilani Highway which is a fair elevation lower than this site. So like Jeff had described that if, if that water were to be provided, it would have to be stored . . . you know, storage tank . . . (inaudible) . . .

Mr. Silva: . . . (Inaudible) . . .

Mr. Tanaka: The . . . yeah, the turnover, I guess, it is a fairly easy, construction wise, it is an easy switch to go from potable to non-potable, to the R1 water.

Mr. Silva: Okay. Thanks.

Mr. Tanaka: If that answers your question.

Mr. Silva: Yeah.

Mr. Rebugio: I can, I can elaborate a little bit more.

Mr. Silva: Please.

Mr. Rebugio: The, the first phase of the distribution system will unlikely be able to serve the site because of the elevation. In the second phase, possibly. And as far as the ease of transitioning over, there is current infrastructure, irrigation infrastructure in place now that we could utilize to make that a lot easier when the, when the source, the R1 water source is available.

Mr. Silva: Okay. Thank you. On the site plan I did see that there was some surface ponds for retention. Is there any type of fencing, or are there any fencing proposed on the site?

Ms. Adrienne Wong: Yes. Good morning. I'm Adrienne Wong. I'm with Austin Tsutsumi & Associates. I'm the civil engineering consultant. We'll have walls surrounding the retention basin right about there.

Mr. Silva: Okay. And so those would be above ground walls.

Ms. Wong: Yes.

Mr. Silva: And would they have, I guess, the rock veneers also? Is that -- I'm just looking for aesthetics on how they would look from the County roads.

Mr. Chilton: The was way --

Mr. Silva: If you could speak in the microphone please. Thank you.

Mr. Chilton: Sorry about that. Any of the retention walls or walls like this, what we put in the design guidelines is at least 60% of the walls we intend to face with indigenous stones. The other 40% may be for featuring. Similar to what you're addressing.

Mr. Silva: Okay. That's actually one of my questions. That specifically says retaining walls in the, in the design guidelines. So maybe we could change that to just be onsite walls or something.

Mr. Chilton: Sure. Yeah.

Mr. Silva: Can you explain why it was 60% again? I'm sorry I missed that part.

Mr. Chilton: I just thought --

Mr. Silva: And what would happen with the 40%?

Mr. Chilton: Yeah. Yeah, the 40% would be used for maybe some cap featuring of concrete cap or something to -- so it's just not a straight wall. Something to what, what you were trying to address earlier, breaking it up.

Mr. Silva: And then I had a few more comments on the design guidelines. If we look on page 4, it says sustainability. The first sentence talks about four domains, and there's only three listed, so we could change that to three.

Mr. Chilton: Okay.

Mr. Silva: And then, I believe, though, the same three items that are in the graphics, and they just have different names, different terminologies so it might be easier if they, if they did match. Economics is economics, social is I believe is culture, and then ecology is environmental. So maybe just match the graphics with those three. And then I believe on page 5 also, it says "fair world." I believe it's suppose to be a mix with social and economical, but it says social and environmental, so I think just the word needs to change.

Mr. Chilton: That's right. Yeah.

Mr. Silva: And I did see that you had JoAnne Johnson Winer. She is the director of Department of Transportation of the County and she works on the buses. So my only comment was the need for a second bus stop. It seems like they, the operations how they, how they handle the bus route is they try to minimize stops, I guess.

Mr. Chilton: Okay.

Mr. Silva: So, just to maximize timing.

Mr. Chilton: Whatever their preference would be.

Mr. Silva: Yeah. Maybe I would just want to add that they coordinate with the bus, the managing.

Mr. Chilton: Yeah. I think one would be more utilized by staff, and the other more utilized by the public. That's what I think why I was initially thinking the two. But if they want to combine them into one we will work with them.

Mr. Silva: Okay. Those were all of my comments. Anybody else have any other questions? Concerns? Okay, so Gina, how do, how do you want to do this? You want to do two separate items or one? You want to do the, the design guidelines first and then maybe the –

Ms. Flammer: The specific comments on the site and the buildings, I think that would be easier.

Mr. Silva: Yeah. Okay. Just because we do have two documents. Does anybody have -- you want to go on just for the design guidelines? Jane, do you have any?

Ms. Marshall: I have nothing further to add.

Mr. Silva: Okay. David? Hunton? Frances? Fiona? Okay, so, I guess, the ones that I wanted to add.

Mr. Green: Let me go back. I just –

Mr. Silva: Sure.

Mr. Green: I would like to put something in there about solar, about more, more than study, but strongly consider where appropriate.

Mr. Silva: So maybe under one of the, one of the topics, like, you know, there's lighting material, so maybe under architecture we could have –

Mr. Green: Well, there's, on page 5, it talks about a viable world. "The medical center will investigate and utilize mainstream sustainability, concepts, and intend to utilize off peak power available on Maui but not currently being put to use." So it talks about that there. Maybe that could be slightly expanded.

Mr. Silva: I think that is more in the general information category though, so I think if you wanted it to be more a guideline, it would have to be set inside one of the other design topics, like I was saying, architecture. We could add a . . . I guess, is it solar?

Mr. Green: Whatever.

Mr. Silva: Okay.

Mr. Green: Just wherever appropriate. I don't want to write it.

Mr. Silva: Okay. So, Gina, that, that would be one is we would recommend having a design guideline for solar power generation and, or electricity generation and heating, water heating.

Ms. Flammer: And you like the word strongly consider? Those words? In the guidelines, something like that?

Mr. Conrad: It would say implement, I would think.

Mr. Silva: Strongly consider I think is good.

Mr. Green: Yeah.

Mr. Silva: That's fine.

Mr. Green: I can live with strongly consider.

Ms. Flammer: Okay.

Mr. Silva: Okay. And then again on page 4 what I had under sustainability was correcting the number four to three, and then better matching the, the three domains with the graphics.

Ms. Flammer: Did you want me to spell that out or did you just want me to say just address some minor wording correction?

Mr. Silva: Yeah, minor wording correction is fine.

Ms. Flammer: Okay. You feel like you have, what he told you, what's in there?

Mr. Silva: And that would also include in a fair world it is social and economical wrapped into that same comment.

Ms. Flammer: Okay. I did that at the end if you have any questions later. I have it in here.

Mr. Silva: And it will be in the minutes.

Ms. Flammer: Yeah.

Mr. Silva: And then also on page 7 when it's talking about public transit access is just to coordinate the, the transit stops with the operator.

Ms. Flammer: So just to summarize then I have three comments dealing with design guidelines. I have the strongly consider solar where appropriate, and that goes under the architecture section. Then I have coordinate with the County Department of Transportation regarding the bus stops, the two bus stops. And then third, there were some minor wording changes for page 4 and 5.

Mr. Silva: Correct.

Ms. Marshall: And dark sky lighting guidelines, as well as Maui County guidelines, the lighting.

Mr. Silva: Let's see, did it mention in the lighting? There's a section on lighting.

Ms. Marshall: It didn't say anything about that. It might be in the language in Maui County Code but I'm not sure.

Ms. Flammer: When we say dark, dark sky, you're talking about just downward shielded lighting?

Mr. Silva: I know it did say that it need to follow the County Code.

Ms. Marshall: I just don't know if it's in there, that particular language.

Mr. Conrad: That particular language . . . (inaudible) . . .

Ms. Marshall: Never mind.

Mr. Chilton: . . . (Inaudible) . . .

Ms. Marshall: It's just that this is going to set a precedence.

Ms. Gwen Hiraga: Gwen Hiraga. In response to Board member Marshall's comment, I think we could added it into page 14 under lighting.

Ms. Marshall: Thank you.

Ms. Flammer: Yeah. So the comment would be, we'll add under lighting a requirement for downward -- are they called shielded downward lighting? I can pull the language from the Code that there is something that addresses that.

Mr. Silva: Dave, you had something else also?

Mr. Green: I would just ask what you wanted to do about R1 water? Is that -- it's not a guideline thing.

Mr. Tanaka: Can, can I address that? Kevin Tanaka again. I believe that the Department of Environmental Management will require when the transmission lines accommodate the site, they will be, they will be required to make the transition to R1 water, so I think that point is moot. So when it, when it is available they will tie into it.

Mr. Silva: I think, our point would be to assist in the design and say that it could be easily converted to. That's, that's our only concern. Not that you have to make the connection, but that it could easily be converted to. I was going to make it on the plan, but that's fine, we can do it on the . . . in irrigation.

Ms. van Ammers: I think it should be on the site plan.

Mr. Silva: Yeah, that's what I was thinking more on that. Yeah, so we'll hold off on that one because I think that's going to be . . . (inaudible) . . . But he's correct, there is a code that, the County requirement that they do have to connect. Anymore comments or recommendations? So Gina, now we have four? Okay. Is there any other, I guess, any . . . anybody have any problem with it, any disagreements, or we are all in . . . in agreement? Okay. So we can unanimously forward those recommendations on the design guidelines.

The Board unanimously approved the proposed design guidelines with four recommendations.

Mr. Silva: So moving on to the site plan. Jane, do you want to start with the site plans? You have any recommendations?

Ms. Marshall: I would look again at the, the . . . these parapet walls as they're referred to and pay a little more attention to signage as the design development phase goes forward.

Mr. Silva: So what will be the comment on signs? Sorry.

Ms. Marshall: I'm losing my ability to speak today. I don't know why. But I guess those walls just really bother me. But I, I would look at them again and I would also pay more attention to the design and signage as the design development phase moves forward. Does that make sense?

Mr. Silva: So would there be a sign plan that we look at, Gina, or is that approved administratively?

Ms. Flammer: It's approved administratively. It's a comprehen --. Oh, no, comprehensive site plan.

Mr. Silva: Because it's a site plan.

Ms. Flammer: They, they -- yeah, there would be a comprehensive site plan for the entire parcel that would come before you for comment at a later --

Ms. Marshall: At a later date.

Ms. Flammer: At a later time.

Ms. Marshall: Because right now it's just not developed at all.

Ms. Flammer: Did you want that included, the comment, or are you comfortable knowing it's going to come back to you?

Ms. Marshall: Well, there's some signage on these elevations and it's not done well, and I guess I just wouldn't want to let that go.

Ms. Flammer: Okay. Shall I include it in the comment to the Planning Commission?

Ms. Marshall: I was very general in my comment. I would, you know, just pay more attention to signage guidelines as the design development phase moves forward, you know. Yeah, I think that's general. I know it's not done yet, but it's there.

Mr. Silva: Dave, do you have any comments?

Mr. Clayton Yoshida: Mr. Chair?

Mr. Silva: Yes?

Mr. Yoshida: I guess it's envisioned that whenever the major land developer is ready to come in with their plans for the majority of the project district that they come in with their design guidelines, amend the design guidelines, and with their site plan. So these will be reviewed by the Board whenever the, whenever the landowner is ready.

Mr. Silva: So these, these hospital site, site plans? I'm sorry, I don't follow.

Mr. Yoshida: I guess the site plan for the hospital.

Mr. Silva: Yeah, the one lot.

Mr. Yoshida: Which is a portion of the project district.

Mr. Silva: Yeah.

Mr. Yoshida: Which is a portion of a 310 acres project district.

Mr. Silva: Yeah.

Mr. Yoshida: So they're only covering 14.99 acres of that. But whenever they're ready to develop a portion or the rest of the project district -- this is the Kaanapali Land Development Corp -- then they would come in with their --. Well, they would have to get various entitlements, and then they would have to come in with a Phase II Project District Approval with design guidelines and a preliminary site plan.

Mr. Silva: Is this Phase II Project District for the hospital parcel though right now?

Ms. Flammer: It's just for this parcel right now.

Mr. Silva: So we wouldn't see any more construction drawings for this parcel. So I'm just --

Ms. Marshall: Clayton, once the design guidelines for signage, for instance, is set and this project is already built, they don't have to go back and redo their signage if the subsequent planning and design guidelines are different. Is that true?

Mr. Yoshida: No, I guess, it's hoped that the major developer will kind of consider that we have, they have these design guidelines already for the hospital, and sort of add to that for the other components of the project district. But right now --

Ms. Marshall: Wouldn't the signage guidelines just be the ones that we already have, the Maui County, that we already have instead of having another one?

Mr. Yoshida: Yeah, they don't have any. These major developer doesn't have any plans right now.

Mr. Conrad: So what I'm hearing is that the major developer hasn't developed their guidelines for the signage or much of anything else yet for the, for the whole development. This hospital is coming in first so it's going to set precedence for how the rest of the guidelines are going to be done by the developer. Am I hearing relatively correctly? So then, you know, so the hospital will influence the guidelines for the balance of the project.

Ms. van Ammers: So when the master developer comes in with their improvements and their design guidelines for Kaanapali 2020, this Board will be able to, you know, be able to look back and see that the hospital is meeting what the proposals of 2020 is? How will we be able to confirm that we're keeping the continuity?

Mr. Yoshida: Well, you would review the design guidelines that the master developer submits.

Mr. Michael Hopper: So Mr. Chair, if there's, if there's an individual who's actually part of the master development team, I don't know if we can have questions like this among the Board and actually the department. That should probably occur outside if the board member is going to be a representative of that actual project team to start to ask those types of questions. I mean if this -- this is reviewing what we're reviewing on the agenda that's targeting this particular project and design guidelines. If there's another project or the larger project has to do design guidelines then those do have to be approved separately. If that's correct. But at, I mean, at this point I don't think we can have a question and answer. If there's, you know, if someone's on the project team of that department -- of, of the master developer we can't really have that discussion at this point if that individual is going to be a board member at this time on the Urban Design Review Board.

Ms. van Ammers: Okay, I was just trying to understand how the design guidelines for the hospital will be, will have continuity. So I mean, I can retract my question, but there was more concern about that.

Ms. Marshall: I think Hunton is right. It's just going to inform the process and it's just life just evolves.

Mr. Silva: And it is specific to this, this health and wellness district. You know, it's not the residential or, you know, that --

Ms. van Ammers: Yeah, I guess I was just trying to point and not speaking as a consultant, the master developer. But, when we think about the area in the future we want the hospital to have some continuity in the development. So, it's hard for us, I think, to review the project necessarily if we don't know what the region looks like, you know. It is like Jane said.

Ms. Marshall: We don't know.

Mr. Silva: Moving on. Hunton, do you have any other comments on the site plan?

Mr. Conrad: No.

Mr. Silva: Frances? Fiona?

Ms. van Ammers: I did have actually a question. I didn't bring it up earlier. The parking, you mentioned, that it was going to meet the minimum County standards for parking. I would like to make a recommendation that parking be maximized because I noticed that Maui Memorial

parking is a major issue. And I don't know if actually this project will alleviate some of that. But, not that I'm pro parking, but it is an issue at Maui Memorial.

Mr. Chilton: . . . (Inaudible) . . .

Ms. van Ammers: Yeah, it's really bad.

Ms. Flammer: When Maui Memorial was developed there were no parking guidelines for it which is why it is the way it is. So the Code to today, as it's being developed, this, this project will have to comply with the County's minimum standards for parking. Your comment was to, again, I missed it, to maximize the parking?

Ms. van Ammers: Yeah, I guess I didn't in hopes if they can with the site, optimize or maximize parking not just meet the County's minimum standard.

Mr. Silva: Question or comments Hunton?

Mr. Conrad: To my knowledge the way the County Code is written you cannot add an extra parking lot space just because you have room and you want to. It's required that you provide the amount of parking that the County requires. So you don't get to just add more.

Ms. van Ammers: That's not my understanding.

Mr. Conrad: That's my knowledge. I could be wrong, but that's the way. I believe Gina's nodding.

Mr. Silva: Really?

Mr. Conrad: So there is minimum, and the minimum is the maximum.

Mr. Tanaka: Can I, can I address? Well, well, Clayton would be able to --. The minimum requirement for whichever use is intended then there a maximum number. So there is, there is leeway. And then once you exceed the maximum number you have to go either a parking structure or grass parking, permeable anyway. So there, there is --

Mr. Conrad: So there is some leeway. I was told there wasn't. Okay.

Mr. Tanaka: Yeah, this, this project, I know, it was, it was just said that it does exceed the minimum, but does not reach the maximum. But it does exceed the minimum.

Mr. Conrad: Thanks.

Mr. Silva: So our comment could be to consider adding parking stalls?

Ms. van Ammers: Yes. Yeah. I don't --.

Ms. Marshall: It's the air. There's something in the air today.

Ms. van Ammers: Yeah, I don't want to say -- I don't want to say, like, you know, that it should impact the building envelope or anything like that. But if the site has the ability to consider adding parking stalls.

Mr. Silva: Okay.

Ms. van Ammers: Consider.

Mr. Silva: Consider adding parking stalls if the site permits.

Ms. van Ammers: Yes, that's good.

Mr. Silva: And my other comment was for the R1 water is to have -- actually I had two -- to design the irrigation system so it could be easily -- that's my word, I guess -- easily converted to the R1 recycled water system. And then actually my other question or my other comment would be to add the, the site walls around the retention basin and, and call those out as the lava rock facade. The veneer.

Ms. Flammer: Calling it the veneer specifically as lava rock?

Mr. Silva: Yeah well, I guess, it's referenced in the design guidelines. To match the design guidelines specs for the retaining walls.

Ms. Flammer: You want that on the site plan?

Mr. Silva: Because there's no walls shown on the site plan -- I didn't know there were any, so I think that's an important factor on how the site looks aesthetically.

Ms. Flammer: So we're going -- you're recommending that they add the site walls on to the site plans, and also call out the lava rock as the veneer material?

Mr. Silva: Yes. And you said the parapet wall, yeah? Okay.

Ms. Marshall: Can she read that back?

Ms. Flammer: Yeah, I have some questions about that.

Mr. Silva: Sure. Sure.

Ms. Flammer: Are we ready? Okay. There's an earlier comment to look again at the parapet walls. But there was some discussion earlier where you talked about a little more detail, perhaps adding some fenestration, something like that. Fenestration.

Mr. Silva: That was Hunton.

Mr. Conrad: You know, kind of masonry accent pieces that would be in, in the mason, in the lava rock walls that just ties the white part of the building to the stone part of the building in some way.

Ms. Flammer: Did you want –

Mr. Conrad: To make it not so monolithic which I believe is . . . (inaudible) . . .

Ms. Flammer: Can I include that in the, look again at the parapet walls, particularly adding breaking up the monolithic walls, punctuate the walls with the 1930's plantation design work? That was another comment. Something like that.

Mr. Silva: And can I just add that could be landscaping also? Again, not necessarily an architectural feature.

Mr. Conrad: Yeah, it could be. Yeah, it could be tied in. Grow creeping fig on the whole wall and the wall disappears. No, I'm just kidding.

Ms. Marshall: I'd spend the money on a taller roof elevation.

Ms. Flammer: Did you want me to put in there?

Ms. Marshall: No.

Ms. Flammer: Okay, so if that's the case, I'm just looking at four comments then for the site plan building evaluation. Are you done? Are you ready for the summary?

Mr. Silva: Yes.

Ms. Flammer: Okay. The first one was to look again at the parapet walls and we just discussed some of the language for that. The second thing is to . . . take a closer look at the signage as the design process goes on.

Ms. Marshall: Yeah.

Ms. Flammer: General comments. Okay. Then we had a comment about the R1 water -- to design the irrigation system so that it can be easily converted to R1 water when that becomes available. And then the fourth comment was to add the site walls to the wall, retaining walls to the site plan, and to call out the lava rock as the veneer material.

Mr. Silva: I had one more with the add parking stalls –

Ms. Flammer: Thank you.

Mr. Silva: -- site permitting.

Ms. Flammer: I have that. Okay. Consider adding parking stalls as the site permits.

Mr. Silva: Yeah.

Mr. Conrad: And then I had one kind of general comment about the presentation which is that normally of a project of this scale we have three dimensional rendering. A little bit -- you know we're just looking at straight up architectural renderings, and I think part of the difficulty today for myself anyway, even though I'm quite familiar with looking at elevations and interpreting them, I feel that the presentation of this scale should have included more developed three dimensional renderings. . . . you know, perspective drawings. But that has nothing to do with the . . . (inaudible) . . .

Mr. Silva: Sure. Not a recommendation, just a general comment. Any other comments or questions, or I'm sorry, recommendations? So we had one, two, three, four, five, Gina?

Ms. Flammer: Uh-huh.

Mr. Silva: Okay. Does anybody else -- does anybody have any issues with those recommendations? Any disagreements? Seeing none, we will unanimously forward those recommendations to the different bodies that we are recommending to. I forget them all. So, thank you. Thank you for the applicant for coming in and, and taking your time, and thanks for the public testimony.

Board unanimously approved the plans with five recommendations as discussed.

E. DIRECTOR'S REPORT

1. Status of the Board vacancy

Mr. Silva: Next item on the agenda is the Director's Report. We have Clayton.

Ms. Marshall: While we're waiting for Clayton, can I just ask a quick question?

Mr. Silva: Sure, please Jane.

Ms. Marshall: I've been gone a long time. I've been gone from Hawaii a long time and when I read this I can always tell and this is probably left over from my youth when someone is not from here, and I just wondered how you all felt, you know, in Maui. Is that --

Mr. Silva: Or on?

Ms. Marshall: Versus on? Does that make you feel like it's bad grammar or am I just remembering a time that's gone? On Maui versus in Maui? Does anyone have that same reaction?

Mr. Conrad: Well, I would say on Maui. I never say in Maui, but you know, I understand what the person is saying so it doesn't . . . (inaudible) . . .

Ms. Marshall: Yeah. It always feels like that person, obviously doesn't live here to me, when they say in Maui. Versus in Maui County, I think that's correct, though, versus on Maui. Any, anybody else have that? No?

Ms. Feeter: I only think about what correct . . . (inaudible) . . .

Ms. Marshall: On Maui sound authentic to me. In Maui sounds like somebody is from –

Ms. van Ammers: Looking outside in.

Ms. Marshall: No, like somebody that's not from here.

Mr. Silva: Yeah, when I hear in, I always think in Maui County.

Ms. Marshall: In Maui County.

Mr. Silva: I think of the County is what I think.

Ms. Marshall: Yeah.

Mr. Silva: But on. Definitely, I would say on. On the island.

Ms. Feeter: Individual islands, like, on Molokai, on Maui.

Mr. Silva: Yeah.

Ms. Marshall: No, it's on Maui, and on Molokai, and on Lanai. That sounds correct to me. And it's in Maui County.

Ms. Feeter: Yeah. Yes. I would say in Maui County –

Mr. Silva: Yeah.

Ms. Feeter: -- but not on Maui.

Ms. Marshall: Yes. Right.

Mr. Conrad: I can see how that can get quite confusing. Not confusing, but how you could use

either word, you know, back and forth in a venue like this.

Ms. Marshall: Yeah. That's why I didn't bring it up because it in Maui on this.

Mr. Silva: In Hawaii, on Hawaii.

Ms. Marshall: In Hawaii. On Maui.

Mr. Silva: Sorry, Clayton. Please, Director's Report. Item E on the agenda.

Mr. Yoshida: Status of the Board vacancy we have nothing new to report on that except, I guess, the local leadership has been re-elected. You know, the Mayor's been re-elected. All of the Council Members have been re-elected so with that they're probably looking for filling vacancies that will occur on April 1st when people's term expire. So if you know of people that would like to serve on this Board, it probably would be good to get their information to the Mayor's Office by the end of December so they can start submitting the names by the end of January. And the Council can confirm them before the end of March when we have the change over on April 1st. So this vacancies probably would be included amongst the other anticipated vacancies.

2. Agenda items for the December 2, 2014 meeting.

Mr. Yoshida: Our next meeting is on December 2nd. We do have one item, Pulama Lanai's Special Management Area Use Permit and Phase II Project District Approval for proposed improvements at the Four Seasons Hotel at Manele Bay. That will be the item on the December 2nd agenda.

With that I'd like to wish you all a Happy Thanksgiving, and see you on December 2nd.

Mr. Silva: Yeah. Thank you and Happy Thanksgiving to you. One note that I would like to add is I will be gone for December 2nd meeting. I'll be on California. I'll be right on it. So you guys have a good time and Merry Christmas and Happy New Year too.

Ms. Marshall: I hope you get rain.

Mr. Silva: Yeah. I definitely hoping for it. Alright meeting adjourned.

F. NEXT MEETING DATE: December 2, 2014

G. ADJOURNMENT

There being no further business brought forward to the Board, the UDRB meeting was adjourned at approximately 11:33 a.m.

Respectfully submitted by,

LEILANI A. RAMORAN-QUEMADO
Secretary to Boards and Commissions II

RECORD OF ATTENDANCE:

PRESENT:

Hunton Conrad
Frances Feeter
David Green
Jane Marshall
Michael Silva, Chair
Fiona van Ammers

EXCUSED:

Robert Bowlus, Vice-Chair

ABSENT:

Bryan Maxwell

OTHERS:

Clayton Yoshida, Planning Program Administrator, Current Planning Division
Gina Flammer, Staff Planner
Michael Hopper, Deputy Corporation Counsel