ZONING BOARD OF APPEALS

CITY OF LIVONIA

MINUTES OF REGULAR MEETING HELD TUESDAY, MARCH 2, 2021

Due to COVID-19 A Regular Meeting of the Zoning Board of Appeals of the City of Livonia was held on-line via ZOOM on Tuesday, March 2, 2021.

MEMBERS PRESENT: Gregory G. Coppola, Chairman
James M. Baringhaus, Vice Chairman
Timothy J. Klisz, Secretary
Christopher N. Boloven
Lisa Fraske
Michael A. Testa
Joel Turbiak

MEMBERS ABSENT: None

OTHERS PRESENT: Craig Hanosh, Inspection Department
Leo Neville, Legal Department
Valerie Bertani, CEO 9489 (Not present)

The meeting was called to order at seven p.m. Chairman Coppola explained the Rules of Procedure to those interested parties. Each petitioner must give their name and address and declare hardship for appeal. Appeals of the Zoning Board's decisions are made to the Wayne County Circuit Court. The Chairman advised the audience that appeals can be filed within 21 days of the date tonight's minutes are approved. The decision of the Zoning Board shall become final within five (5) calendar days following the hearing and the applicant shall be mailed a copy of the decision. There are four decisions the Board can make: To deny, to grant, to grant as modified by the Board, or to table for further information. Each petitioner may ask to be heard by a full seven (7) member Board. Seven members were present this evening. The Secretary then read the Agenda and Legal Notice to each appeal, and each petitioner indicated their presence. Appeals came up for hearing after due legal notice was given to all interested parties within 300 feet, petitioners and City Departments.

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(7:00)

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APPEAL CASE NO. 2021-03-08: An appeal has been made to the Zoning Board of Appeals by David and Mary Ann Early, 11019 Brookfield, Livonia, MI 48150, seeking to erect a covered front porch, resulting in deficient front yard setback.

Front Yard Setback:

Required:	**25 ft.**
Proposed:	**21 ft.**
Deficient:	**4 ft.**

The property is located on the west side of Brookfield (11019), between Orangelawn and Plymouth, Lot. No. 134-02-1485-000, R-1 Zoning District. Rejected by the Inspection Department under Ordinance 543, Section 4.05, "Schedule of Minimum Front and Rear Yard Requirements in R-1 through R-5 Districts."

Coppola: Alright, Thank you. Mr. Hanosh, anything you'd like to add?

Hanosh: Not at this time Mr. Chair

Coppola: Any questions for the inspection department? It's seen on those representing this appeal case if you could raise your hand so I can unmute you. Okay, you are unmuted if you could please provide name and address and if there are more than one of you there if you could both do that or as many as you have there could do that. Thank you.

Mary Earley: Hello, my name is Mary Earley, my address is 11019 Brookfield Street, Livonia, MI

Coppola: Alright thank you, here by yourself?

Mary Earley: Yeah, my husband is watching from work so, I don't think he can unmute himself because it's noisy cause it's a stamping plant.

Coppola: No worries, no worries, I think-- I think your case is probably in really good hands so --

Mary Earley: Thank you.

Coppola:--So why don't you go ahead and tell us a little about what you're asking-- the variance that you're asking for and what your practical difficulty is.

Mary Earley: So we originally-- our porch had an awning over it which became a little outdated and we took it down and we and we are getting a new roof wanted to just extend the roof and we wanted to just extend the roof over our existing porch that was built when our house was built just for look and also so it doesn't get icy and you know, keep updating our house.

Coppola: Okay how does what you're proposing compare to what others have done in the neighborhood?

Mary Earley: There are a lot of our-- houses on our street that have also covered their porches so it won't be unusual, maybe every other house has at least an awning or a covered porch.

Coppola: Okay, thank you. Any questions for the petitioner?

Baringhaus: Mr. Chairman.

Coppola: Vice Chair Baringhaus.

Baringhaus: Thank you. First question is on the dimension of your porch. I show in your diagram that it's about five feet by seven feet. Is that correct?

Mary Earley: Yeah, that sounds right.

Baringhaus: Ok, are you expanding the size of the porch to accommodate--

Mary Earley: No

Baringhaus: --Using the existing porch?

Mary Earley: We're using the existing porch and the porch cap is actually original to what was built when our house was built.

Baringhaus: Okay and when was the house built, just out of curiosity?

Mary Early: 1950.

Baringhaus: 1950. So that porch has been at its same location since 19--

Mary Earley: Yep. It's been in the same location, it's been re-bricked twice now.

Baringhaus: --Okay, terrific. I recall your house sits--your front door--you sit on the East side of the street I guess is what I'm trying to say. So you get--

Mary Earley: We're on the West side--

Baringhaus: West side.

Mary Earley: --Our house--

Baringhaus: West side.

Mary Earley: --Yeah, facing towards the east.

Baringhaus: Facing towards the east, thank you. Okay so, earlier you listed a hardship as wanting the awning basically to protect the porch from ice, potentially sun, items like that?

Mary Earley: Yes, exactly.

Baringhaus: Okay, in terms of the constructions of overhead itself. Will-- will the roof of it be enclosed or will it be open?

Mary Earley: It's going to be open at the end so you'll be like looking in--

Baringhaus: Okay.

Mary Earley: --Yeah, would then cross.

Baringhaus: Gotcha, okay so sort of like trestle type of an arrangement.

Mary Earley: Yeah kind of like a craftsman style.

Baringhaus: Sure, okay now will the underside of it be contained like kinda wood panels?

Mary Earley: Yes

Baringhaus: Okay. And then in terms of the roof colors and the colors of the structure, will that match your existing home?

Mary Earley: Yes.

Baringhaus: Okay.

Mary Earley: Yes. The roof color will be grey, yeah.

Baringhaus: Okay, grey.

Mary Earley: And the rest of it will be mostly wood.

Baringhaus: It'll be wood? Will it be painted or just natural wood or?

Mary Earley: It'll be natural wood but treated.

Baringhaus: Treated wood. Okay. And then when would you like to start this project?

Mary Earley:So we have the construction company actually doing the project and I think that they would start as soon as they have a spot in their schedule as long as there's no snow on the roof because we're also gonna have the roof re-shingled as well.

Baringhaus: Okay roof re-shingled as well. Okay really good, thank you very much.

Mary Earley: Thank you.

Coppola: Other questions for the petitioner?

Mary: No.

Coppola: There's not. Okay is there anyone in the audience that would like to speak for or against this petition, if you could raise your hand by either hitting the raise your hand button or if you're on your phone it's star nine.

Coppola: Alright, I don't see any audience that wants to speak up. Is there any correspondence Mr. Secretary?

Klisz: There is not, no letters.

Coppola: Alright, Ms. Earley, anything you'd like to say in closing?

Mary Earley: No I think that we covered everything.

Coppola: Okay I'm gonna put you on mute. So I'm going to start the board's comments with Vice Chair Baringhaus.

Baringhaus: Okay, thank you. I agree with Mrs. Earley, there's a number of awnings in the neighborhood, in fact, their neighbors each I believe have an awning in front of their homes as well. Given the fact that with the location of the porch and the fact it's been there since basically 1950, I really think it would be a good addition to the home, I see the hardship. Having an exposed porch, this way covering it will give them some protection from the elements itself. I think it's well designed and in keeping with the style of the neighborhood so I will support the variance. Thank you.

Coppola: Thank you, Ms. Fraske

Fraske: Yeah I agree with Vice Chariman, Baringhaus, I, again, rode through the neighborhood and saw that there were several , awnings or , coverings as well. I like the looks of this. I think that it'll be really nice and it'll add to the value of the property and to the neighborhood, so I'm in, I'm in support.

Coppola: Alright thank you. Secretary Klisz.

Klisz: , I agree, I think that the , setback difference is (inaudible)? It's only a four foot difference and it's not expanding the porch, it's just covering it so, consistent with what's in the neighborhood I'll be in support.

Coppola: Thank you. Mr. Testa.

Testa:Yeah I'm also in support of this because it's not a change in size of porch and they're replacing basically an awning that was there and they're basically upgrading it and it'll be better for the community.

Coppola: Alright, thank you. Mr. Boloven.

Boloven: I agree with my colleagues. The only thing I would add in there, there's no objection from neighboring properties so with that I'd be in support.

Coppola: Alright, Mr. Turbiak.

Turbiak: Thank you, yeah, I agree with all the great points that my colleagues made and I will just propose a condition that it not be enclosed or screened in, but I can support.

Coppola: Alright thank you. I too will support it. I think it's a really nice design, really don't have much to add beyond what my other board members said except I'm hoping that you'll incentivize a number of your neighbors that have the old metal awnings to upgrade to the very nice awning you guys have designed, so I'll go ahead and close the public portion --sorry comments. I'll go ahead and open up the floor for a motion is what I meant to say.

Baringhaus: Mr. Chairman.

Coppola: I'm sorry who is that?

Baringhaus: It's Vice Chairman, Baringhaus.

Coppola: I'm sorry; it didn't light up that time--

Baringhaus: It's okay.

Coppola: --So I couldn't tell who it was. Vice Chairman Baringhaus.

Baringhaus: Okay very good.

Upon motion by Baringhaus and supported by Boloven, it was:

RESOLVED: APPEAL CASE NO. 2021-03-08: An appeal has been made to the Zoning Board of Appeals by David and Mary Ann Early, 11019 Brookfield, Livonia, MI 48150, seeking to erect a covered front porch, resulting in deficient front yard setback.

Front Yard Setback:

Required:	**25 ft.**
Proposed:	**21 ft.**
Deficient:	**4 ft.**

The property is located on the west side of Brookfield (11019), between Orangelawn and Plymouth, Lot. No. 134-02-1485-000, R-1 Zoning District. Rejected by the Inspection Department under Ordinance 543, Section 4.05, "Schedule of Minimum Front and Rear Yard Requirements in R-1 through R-5 Districts,"**be granted for the following reasons and findings of fact:**

1. The uniqueness requirement is met because of the location of the house, no change to the porch itself, and the direction the porch is facing.
2. Denial of the variance would have severe consequences for the Petitioner because of not being able to shelter the porch from the elements.
3. The variance is fair in light of its effect on neighboring properties and in the spirit of the Zoning Ordinance due to no objection from the neighbors regarding this addition itself.
4. The property is classified as “Low Density Residential” in the Master Plan and the proposed variance is not inconsistent with that classification.

FURTHER, this variance is granted with the following conditions:

1. That the covering for the front porch be built as presented.
2. That the porch is not to be screened in or enclosed.

ROLL CALL VOTE:

AYES: Turbiak, Testa, Fraske, Boloven, Klisz, Baringhaus, Coppola

NAYS: None

ABSENT: None

Klisz: Passes seven-zero

Coppola: Alright Mrs. Earley, your variance request has been approved with the two conditions, that will be, built as presented, so if you were to make a material change you would have to come back before, the board and that the, that the porch will not be enclosed, screened in, or, or, glassed in or any other way of enclosed.

Mary Earley: Okay, sounds great.

Coppola: Alright thank you, and good luck. Alright, Mr. Secretary, next case please.

APPEAL CASE NO. 2021-02-05: An appeal has been made to the Zoning Board of Appeals by Botsford General Hospital, 2000 Town Center, Suite 1200, Southfield, MI 48075, on behalf of Lessee 18th Street Development, LLC, 1550 Market, Ste. 200, Denver, CO 80202, seeking to erect a business center ground sign, group identification ground sign, directional ground signs and wall signs, resulting in excess ordinance allowances.

Business Center Ground Identification Height:	**Business Center Sign Area:**
Allowed: 6.00 ft.	**Allowed: 30 sq. ft.**
Proposed: 11.75 ft.	**Proposed: 77 sq. ft.**
Excess: 5.75 ft.	**Excess: 47 sq. ft.**

Group Identification Ground Sign Height:	**Group Identification Sign Area:**
Allowed: 6.0 ft.	**Allowed: 30 sq. ft.**
Proposed: 8.3 Ft.	**Proposed: 60 sq. ft.**
Excess: 2.3 ft.	**Excess: 30 sq. ft.**

Directional Ground Sign Height:	**Directional Sign Area:**
Allowed: 5.0 ft.	**Allowed: 2 sq. ft.**
Proposed: 6.7 ft.	**Proposed: 26 sq. ft.**
Excess: 1.7 ft.	**Excess: 24 sq. ft.**

Number of Wall Signs	**Wall sign Area:**
Allowed: One	**Allowed: 200 sq. ft.**
Proposed: Seven	**Proposed: 338 sq. ft.**
Excess: Six	**Excess: 138 sq. ft.**

The property is located on the north side of Seven Mile (39000), between 275/96 Expressway and Haggerty, Lot. No. 023-99-0001-004, PO Zoning District. Rejected by the Inspection Department under Ordinance 543, Section 18.50G(b)1,2,4 and (g) “Sign Regulations for Professional Office Districts,” and Section 18.50D(i), “Permitted Signs.”

Coppola: Alright, thank you. Anything to add, Mr. Hanosh?

Hanosh: Not at this time, Mr. Chair.

Coppola: Any questions for the inspection department. Mr. Turbiak.

Turbiak: Yeah, through the Chair to Mr. Hanosh, is the blue backing that -- that’s behind the-- the Beaumont sign at the top of the building, is that considered, part of the sign area?

Hanosh:The way we measure signs is we go out, we go from the letters or part of the color I assume it possibly is. We go out, we square up the whole sign itself so because it’s part of the sign, it’s the framing I would say yes it was included. I didn’t personally do it, but I would assume that’s the way it’s done.

Turbiak: Okay so your expectation is this 200 square feet that the, is in their package includes existing measuring the blue background and it's not measuring the letters, is that right?

Hanosh: Right, the box around it, yeah.

Turbiak: Okay, we'll get clarification from the petitioner. Thanks. That's all Mr. Chair.

Coppola: Questions? Okay I see one hand up, I'm gonna go ahead and unmute you. Two hands. Anybody else that's with this group? We'll start with you, Ms. Matthews. Name and address please.

Angela Matthews: I'm Angela Matthews with Little Fish Design. We are at 8425 Main Street, Whitmore Lake, Michigan. We are the lead designing consultant for Beaumont Health on this project.

Coppola: Okay, thank you and Mr. Mount.

Bob Mount: Hi. My name is Bob Mount. My address 50700 Shenandoah Drive, Macomb Township, Michigan. I am representing Bob Mells -- I'm sorry I'm representing Beaumont and the outpatient campus. I'm a project executive with Beaumont's planning, designing and construction group.

Coppola: Okay is there anybody else in your-- in your group or do I just have you two?

Bob Mount: Just the two of us.

Coppola: Okay, who'd like to start? Tell me a little bit about the project and the practical difficulties or issues you have with regards that would support pretty significant variance that you're requesting here today.

Bob Mount: I can tell you a little bit about the building. The new outpatient campus is about 120,000 square feet. It's-- we'll have services such as an emergency center, ambulatory care, or I'm sorry, entire surgery center, emergency center, imaging, lab. We'll also have women's services there. We have, as well as heart and vascular services there. Also, there'll be many primary and specialty care positions in this building. We're expecting to see approximately 110,000 visits per year. So I'd like to hand it over to Angela, our consultant, and she will discuss the signage variance.

Angela Matthews: Thank you very much Bob. Ladies and gentlemen of the board, I had requested from Dan that I be a presenter so I could share the screen with the submittal package, is that still a possible to do? If not I--

Coppola: We have not been permitting that, we do have your package --

Angela Matthews: Oh I see my share screen request just came through, thank you.

Coppola: Yeah we generally don't --don't allow that. We do have your package in front of us, so apparently somebody allowed that.

Angela Matthews: Oh, should I not share my screen then?

Coppola: No I mean at this point I guess that cat's out of the bag. Go ahead and proceed. Just please make it quick.

Angela Matthews: Sure. I--I'd like to begin by requesting a clarification on--on the question of the interpretation. In our package, the signs that dedicated, or I should say labeled the North and South entries, the ambulance bay, surgery pick up area, and the emergency entrance on the canopy. I wanted to know why that was considered a variance and why they were not permitted under the section of the code, 18.50g section b paragraph three?

Coppola: Mr. Hanosh or Mr. Neville. A little help.

Hanosh: The way the ordinance is written here is one--number one, is one sign is allowed only when it comes to wall signs and we have excessive of that or we had, was it seven.

Angela Matthews: Sir, section 18.50 paragraph three for multi-tenant b-- building says wall signs not exceeding ten square feet of a sign area for each accessory commercial use or support service may be located on the face of the area occupied by said use providing that said use or service is on the ground floor. I believe that that applies to this multi- tenant building, that's why we had provided here on page three, the circulation of composite first floor plan along with the site plans so that you could see how each use on this first floor, relates to the entry points and the circulation points. So anybody seeking emergency services as a patient would approach and be directed either from Seven Mile or from Haggerty or brought around through the private drive through the emergency area where that door is labeled on the canopy above. They cannot or should not approach through the ambulance bay so the ambulance bay is approached separate--signed, labeled separately on the canopy there. Multiple services are accessed through the North and South entry and that is part of the pre-arrival direction that is what I understand the permission in the ordinance to be for. You have tenants that are accessed through those specific doors. And then lastly, the green arrow with the green line represents patient pick up from the ambulatory service surgery center. So, each one of those is a very specific use. We do not have composite pathing from door to door, so I would-- I would like some clarification on why those five signs in particular are-- are they not allowed under that section of the code?

Hanosh: They way I'm interpreting this, unless Mr. Neville, I'm wrong. We're treat--treating them all as signs. Rather if it's for Emergency Beaumont, South entrance, they're all for different purposes. Number one is, each one of these and wall signs you say that ten square feet, we've actually grouped these together and that's where we came up with 338 square feet. Also, my comment earlier when I was asked, the size of the sign, we'll actually do a box around the lettering their selves not the full blue or the full red area in the emergency room or even in the ambulance area. It's the way we interpret it. We will only come up with approximate when we with this way, only a hundred and thirty square feet excessive, which is still excessive

and then the quantity, we treat each sign individually. I don't think the signs are accessory commercial use, it's still the same use, it's under Beaumont. It's-- it's more directional, it's more Emergency. It's South entrance, North entrance, Ambulance. I think this would be a sticking point. I don't know if I'm wrong, but it's the way we interpreted and the way we'd written it up.

Angela Matthews: But--

Hanosh: The other--

Angela Matthews: --I'm sorry, I still need further clarification because you're saying commercial use. All uses within this building are commercial uses. They are medical uses. There are different tenants within this building and that's what each one of the--I believe this ordinance is trying to provide for a circumstance such as this. This building is leased by Beaumont, but it is also leased by an additional seventeen tenants. Rather than listing the seventeen tenants on the first floor their access through the doors, we simplified the way finding by simply saying North and South entrance. Under that section of the code, wall signs not exceeding ten square feet for each use, can be located on the face of the area of the use. To me, this is applying to exactly this, labeling the door that accesses the service.

Coppola: Okay, I think you've gotten your response from the inspection department. I don't know if the legal department wants to--to chime in, but I assume you've received the input from the inspection department early on, they advised as to what variances were required, and realistically that-- this debated should have occurred before coming before this forum tonight. So, I understand your issue--

Angela Matthews: Who..

Coppola: --I'm not sure if--

Angela Matthews: --Who would that--who would I have addressed that debate with? Who would I have addressed that to?

Coppola: Well you--I would have assumed you filed a petition after being advised as to what the variance were. At that point in time would have been the appropriate time to-- to debate-- debate whether the interpretation of this code was correct or not. Not in front of the board.

Angela Matthews: So, does the--would the board like to understand the hardship and the request.

Coppola: Very much so, very much so but I think--

Angela Matthews: Are the signs--Okay.

Coppola: At this point, we're taking the petition as--as it's been filed and presented.

Angela Matthew: So while we're on this subject then I'd like to-- if we could just finish it up, I think the board understands what we're saying here. There are multiple clinical services accessed on the first floor and I will jump ahead here to each one, a quick summary of each one of those points. So the signs that were requesting mounted to the building, two of them above 30 feet on grade, the rest are all on the canopies that label the doors that give you access and services within those doors. So combined services within the South entrance--skip the upper signs-- the ambulance bay labeled on the canopy there, giving you access there, the emergency entrance and then the North entrance. The reason for redundancy if you will between our request for the additional 100 square feet to display the word emergency a-- above the canopy and then asking for that message again on the canopy is because of the point of view for approaching traffic. When you are father away from the building and when you are actually looking for the door, the actual patient drop off, they're 90 degrees from each other from what can be seen and if I may go back to this one here, to give the board some sense of scale. The majority of patient traffic is accessing this side from Seven Mile and specifically from-- let me go here--in this direction if you can see my cursor, where we would be accessing from Seven Mile, either off ramp from 275 and then making the right turn into this. From the point of this turn up to the point-- this South side of the building is about a quarter of a mile. A little bit further on to be able to get to the emergency room. So, approaches, visibility windows, were all calculated into the need for signs and placement and size of signs. So that's what's in summary all wall signs that we are requesting fall under--under that.

Coppola: Okay.

Angela Matthews: We are requesting increase in sign height on the sign on Seven Mile. Our posted speed mile is 45 miles an hour. For someone who is coming to the site in, in a critical condition looking for emergency services, one, has traveled quite a way and no matter which way from 275 they're coming, they'll either approach blind from the North or they have, from the South, they have exited before they have a clear view to where they are going. They have to do a full clover leaf and then drive about a total of a mile--a little over a mile to get to the actual emergency door. For that reason, we need the word emergency above the roof line of the car and the letter height calculated for that is at least nine inches tall. The word emergency at nine inches tall requires a seven foot wide sign, which is how we came to the sign area that we have here. As I've mentioned before, we--we keep in mind that first three feet of sign, for both snow line and because of the cone of vision of the driver. It's important to have that critical message in the cone of vision. Because the-- the code does not provide for sign area versus message area, any time you ask for an increase in sign height, you're automatically asking for an increase in sign area. So, I think that answers that second question as well. The next one I'd like to address is that-- the sign I believe the group identification sign. So this sign has absolutely no sight line from surface street or highway. It is about a quarter of a mile off of Seven Mile and the reason for the request and the acts that the additional height is again snow line but then also the increase in sign area is because these are clinical practices. Clinical practices are typically named after a specialty service. Clinical names get very long. The word orthopedic, at a readable letter height is long and so a minimum letter height to be read as we're approaching specifically this area and this is where we are telling all arriving patients that they are here to see these additional specialties. That they are in the right spot and they are at the right door to access those services-- are here. So that is the increase-- the reason for the

request of increase in sign height and sign area there. And then the directional signs. So the increase in sign height, again, we're trying to get the word emergency above the roof line of the car. The code only allows two square feet for directional sign. That would be a box that's one feet-- foot tall, two feet wide which seems appropriate for a bank with a drive through or a fast food restaurant that has a drive through with an enter and an exit, but, the directional ground height that is allowed within the code is five feet. Unless you're putting a box on the pole, you cannot maximize your sign height and your sign area unless you're five feet tall and about four inches wide. The three critical messages that we need to get to our patients are the emergency room, the South entrance and the North entrance. Again, those words were displayed on the side at a readable--readable letter height so a driver can read, interpret, and react and then execute their decision and that's how we've come up with a slightly larger sign, but again increase sign area because there's no distinction between sign area and message area. I believe that that very quickly summarizes the request for these signs within this package.

Coppola: Ok, thank you. Alright, some questions. In regards to emergency services, I want to make sure I understand especially what that is. Is that similar to a hospital emergency service or more similar to a-- what do you wanna call those-- urgent care centers?

Angela Matthews: It is not an urgent care. It is an emergency center. Critical care and surgery can be provided here, so for example, you could go to an urgent care with an ear ache, with strep throat. This emergency center, if you're having cardiac arrest we can help you. If you've had a serious injury requiring surgery, we have a surgical center. We have operating rooms available.

Coppola: But you don't have hospital beds, is that correct?

Angela Matthews: We have a 23 hour patient stay, so, after critica-- after care to critical injury, the patient can stay and be stabilized. If a patient stay beyond 23 hours is required then transfer to a longer stay facility can be arranged.

Coppola: Okay. What's the speed limit within the-- within the complex? So, once you get off of Seven Mile or off a Haggerty, what is the posted speed limit?

Angela Matthews: Bob, I don't know if you have your civil drawings in front of you, I believe it's scheduled to be posted at 20 miles an hour.

Bob Mount: I'm not-- I'm not sure of that. I haven't seen that.

Coppola: But, definitely not more than 25 right?

Angela Matthews: No, not more than 25.

Coppola: Okay. Alright, questions?

Turbiak: Mr. Chair.

Coppola: Mr. Turbiak

Turbiak: Thank you. What-- I guess through the chair to --I guess Ms. Matthews, what percentage would you say the patients arrive by ambulance?

Angela Matthews: I do not have that information and-- Bob, I don't know that you have that information either, do you?

Bob Mount: I do not off the top of my head know. I'm just trying to think of where I could grab that quickly. I don't know if I can.

Angela Matthews: I could--we could ask the appropriate department for that figure and give it to you if you would like.

Turbiak: Okay, yeah I appreciate it. I mean-- Within in a-- a generous tolerance, could--could you fathom a guess or?

Bob Mount: We're talking total from the building about 110,000 a year is what we're looking at. I know I've seen it. I'm trying to think of what the total volume of patients is for the emergency center.I-- I don't know, maybe 20%.

Angela Matthews: So, to answer your question a little more directly Joel. I think around we expect an average of 269 patients a week through the emergency center and I think 20% of that number arriving by ambulance is maybe a good guess but I-- that is not information that I have at my fingertips.

Turbiak: No, I won't hold you to it, I understand. I do appreciate the-- you taking your best effort to clarify that. My next question is about the signs. Let's start with the one on Seven Mile. You mentioned it in your package here, it had Beaumont on the top and then Emergency and then some other services mentioned, outpatient services, I believe. It's-- I guess first of all, is emergency the most important part, and then my second question is you know why isn't that at the top of the sign, and-- and to get more to my point I guess, is you know, maybe you could reduce the excess sign height that you're requesting by moving everything down and--and, putting-- so Emergency would be at the top. So it wouldn't change its height relative to the ground, but basically you know moving Beaumont down, between the other sign about the outpatient services or below whichever is most appropriate.

Angela Matthews: As practice and way finding when labeling emergency signing, is to list the provider of emergency services first and then the emergency next and again I can provide additional information to you on how that's been studied. The three messages that are on that sign-- I can pull that back up so we can see what we're looking at,-- the three messages are the provider, emergency services, and the name of the building. So the name of the building is out-- The Beaumont Outpatients Campus or Outpatient Campus Livonia. That message is important for the other specialty services within that building. Their--

Turbiak: Mmhmm

Angela Matthews: -- their pre-arrival messages are, we are in suite 2150 in outpatient campus Livonia, located Seven Mile, blah blah blah. So, for a good portion, I'm going to say, roughly 30,000-- well I'm sorry, roughly 1,300 people a week are looking for the message outpatient campus. Roughly, 260 people a week are looking for the-- for the message emergency. So, again, we took that snow line of three feet, we put our-- the-- the message, the name of the campus first, to put the word emergency above the roof line of the car and then we have the provider over the top. Beaumont is, correct me if I'm wrong, Bob, roughly, 55-60% occupant of the building.

Bob Mount: Correct about half, 50%,

Angela Matthews: Yes. So they--they are the majority tenant.

Turbiak: Yeah, could you talk a little bit more about the studies that you alluded to that said that putting the providers name at the top is the best practice?

Angela Matthews: Yes I can. I can-- I can forward you more information about it, but it's just about hierarchy. So as you're coming off of the highway for example, any signs provided by MDOT or signs that are recommended and regulated by the federal highway administration through the MUTCD lists the provider name. So, for example, it would be, St. Mary Mercy Hospital, it would be U-- Michigan Medicine Hospital. If it has emergency services it would be the name of the provider, emergency services. So what I'm looking for is always the name of the provider first, from the highway circulation and then as I travel to the surface street and I'm working through my decision hierarchy, I wanna match what I already know which is provider name and then the emergency is right on the heels of that.

Turbiak: I can see what you're saying, that makes sense. Okay, let me see if I have any more questions. Nope, oh you know, I did have one other one. You'd talk about the-- the other providers that are gonna be at this building and you mentioned that the grey sign with the white letters will not have view angle from the highway--

Angela Matthews: Yes.

Turbiak: -- or-- or the surface streets, you know, just the overhead view, it kinda looks like it's close to the highway. Can you help me understand why it doesn't have a view angle to the highway?

Angela Matthews: Yes. Hopefully you can see my screen. This--

Turbiak: Yes.

Angela Matthews: -- This is from our 3D models. From driver, and this is driver approach when we-- this is as you slow, so you would be slowing about half speed in order to execute your maneuver in this case, turn left. I would also be slowing to about ¾ speed to read Emergency, South entrance, North entrance, to make my decision to either continue forward or execute my left maneuver. The sign that we're proposing for the providers, you can see it to the left there.

Even in that very first render at the beginning of our package, it's a little-- little odd. The only-- the only creature that would ever get that perspective of that sign is a little bunny sitting on the guard rail form the highway, so it's kind of a false perspective. The sign-- the letter height calculated for that sign is again from this-- this point of maneuver. There honestly small letters and it's just as your there to confirm that yes, this is the door that accesses these providers because we have emphasis on emergency traffic.

Turbiak: Okay, that's very helpful and those are all my questions at this time. Thank you.

Fraske: Mr. Chair.

Coppola: Ms. Fraske.

Fraske: You might have already alluded to this, but I want to just confirm. So I-- the signage that has all of the providers on it that I'm looking at, now, is there-- is that gonna also be on the inside of the building so if somebody goes into this entrance, whether it's South-- whatever the entrance name is, are they gonna also see the providers listed to know what suite to go to?

Angela Matthews: Yes, within the vestibule on both the North and South side there are digital signs that will give the tenant listing for the specialty providers. The sign on the outside provides for a total of ten, but we have, in current leasing configuration, seventeen providers. So, the-- obviously, the ones with more square footage that are seeing more patients daily are the ones that would be listed on the sign. As leases change and medical offices are reconfigured, that number may increase from seventeen to more, but we have limited the number that we are displaying outside the door to speak to the majority of arriving traffic.

Fraske: Okay. Okay thank you.

Turbiak: Mr. Chair.

Coppola: Mr. Turbiak.

Turbiak: Yeah, I came up with another one. Surprise. Again, through the Chair to Ms. Matthews, the 200 square foot Beaumont sign, I imagine that some of these calculations point to why that font needs to be that size. Can you direct me there and speak to a little bit because I'm wondering if it couldn't-- if it's not a little bit bigger than it needs to be.

Angela Matthews: Oh, that is a very fair question-- that is and I can take you to my calculations. So we calculated size for a vehicle traveling at 45 miles an hour is 24 inches. Vehicles traveling on 275 are traveling at 70 miles an hour which, calculates out to about a six-- well, we'll say about a five and a half foot letter-- is what is immediately readable at that speed. So, Emergency at 36 inches is kind of pushing it, as the very, very, very low end of what is readable at that speed. We could reduce Beaumont in size from I believe we have-- is it a six foot capital letter B. The lowercase letters I think are right about four feet. I can pull that drawing up. We-- we could go smaller. We think it's important to have the distinction in hierarchy between provider and service. It's just easier to read from the highway, which--

which emergency room I am going to. See, I think I flipped right past it. Yes. My-- so the capital B is five foot six, but the rest of the lowercase letters-- the x height of that is right about four feet.

Turbiak: Okay and the sign calculation was based on the five and a half feet right, all the way across?

Angela Matthews: Yes, because I believe that you-- you calculate sign area by the bounding box from top most ascender--

Turbiak: Right.

Angela Matthews: -- to bottom most descender and all area in-between.

Turbiak: Right, right. And I agree with the-- your comment about the hierarchy. Was there any other consideration or proposals for a sign that was between this one and the-- the Emergency? Obviously, Emergency is at the minimum you would want to see at that speed.

Angela Matthews: It does when we-- we go smaller because of the Beaumont logo type, our four foot lowercase letter, if like-- so let's say we drop the capital B to four feet tall, we have about an 18-20 inch lowercase letter and that becomes very difficult to read.

Turbiak: Okay. Right but there's something in-- in between there?

Angela Matthews: Yes. If you want to look at one inch increments there's about 18 different choices in between there-- with the size and…

Turbiak: Well I-- I guess my point is-- no I apologize for talking over you, go ahead.

Angela Matthews: -- No, that's okay. Just for the size and scale of the architecture, this is what we studied and calculated and then, again we did look at this according to the visibility windows. Because this is a really-- it's a funny situated site-- if I can go back here-- you have about an eight second window of visibility after you've already passed the off ramp. You have a nine second visibility window if you are Northbound, but you've passed the off ramp or I'm sorry-- if you're going the wrong way on Seven Mile, but you do have the bridge going through there, so the-- the critical part or at least what we're looking at is the angle of view from the driver's perspective in this green swatch right here, Northbound. So, what you have-- what you see on that rendering is calculated optimal for this little stretch right here. What-- from the South, like,-- if you're from the North headed South, unless you're a passenger turning your head at 90 degrees, you don't see the building. The driver may catch a glimpse of it in the rearview mirror.

Turbiak: Mmhmm.

Angela Matthews: That just has to do with the orientation of the site, the topo, the MDOT right of way, the trees, etcetera.

Turbiak: Mmhmm. So, you-- you talked about the green swatch that was further to the North , but what we're really aiming for I'm guessing is the one that's to the South. Right? Because that's enough to have that opportunity to make a maneuver on to that Westbound off ramp from 275 North, right?

Angela Matthews: Yes. Well and especially as I've said many times that mile between Six Mile and Seven Mile's the shortest mile in Michigan. There's so many lanes of traffic and if you're-- if you've come up from 14, if you've merged on farther South from 275 and you're Northbound, you have four lanes of traffic to get over in a very short period of time. Through-- through a lot of semi-trucks, through a lot of heavy haul traffic. So, yes, you're right, this is-- this is a pretty critical view which you know is really the bridge is the-- what you have to compete with there. So the last-- I would say the last 3 seconds of this green stretch here and then just peeking out under that bridge, but you already have to be slowing down in this yellow section here to be able to make it over to that off ramp.

Turbiak: Mmhmm. Yeah I know looks pretty tough I mean, I-- I trying to-- I've driven that stretch quite a bit and I'm wondering if you were really-- if you don't know that you need to exit at Seven Mile Westbound before-- before you're in that green stretch, I don't know, it doesn't matter how big the letters are, I guess is what I'm--

Angela Matthews: Right.

Turbiak:-- I'm kinda thinking.

Angela Matthews: That's true, but we--

Turbiak: It could be huge.

Angela Matthews: -- Correct, but we've been-- we've been working with MDOT and we have a very strong pre-arrival program to try to help that. Other than emergency services, everything else is scheduled so we do have pre-arrival touch points that we can capitalize on to give direction.

Turbiak: Oh, great. Yeah, I hear what you're saying, Okay. Well, that clears it up for me. Thank you for taking the time.

Angela Matthews: You're welcome.

Boloven: Mr. Chair

Coppola: Mr. Boloven.

Boloven: Question for the petitioner. On your visibility summary that you just had, is that time frame divisibility of when the driver would be put on notice or is it actually their site line to the building on point?

Angela Matthews: So, at 65 miles an hour-- thinking-- let me pull this back up for you. So how this is calculated is at 65 miles an hour, let say-- let's take-- let's take our biggest visibility window. If you are Northbound on 275 at 65 miles an hour, you have nine seconds of view. That nine seconds of view is calculated-- the cone of vision-- so this is a driver, face forward, paying attention to the road, from the first glimpse on, in this case, left peripheral, through to the point where I can no longer see on my left peripheral without turning my head.

Boloven: So your- your goal or your hardship I'll say is that the driver's not gonna be put on notice to get off of that ramp. Is that correct?

Angela Matthews: Yes. That would be correct.

Boloven: So, with the growing amount of signage that is going in that corridor right now, whether between Six and Seven, which there-- there's been recent signage for new buildings and medical facilities is that taken to account in the study that the driver's gonna be put on notice that you're now entering a medical corridor and I gotta get off at Seven Mile.

Angela Matthews: Well, I don't-- I don't think the signage-- the sign isn't blocking the views. We don't have billboards along this corridor, what we have are signs applied to the walls on the structures along 275. So, in that case there are no structures from the-- the driver point of view from this stretch to this building. This green way here will never have a building on it, obviously, and this part of the clover leaf will never have a building on it because those are MDOT right-a-way, so , it really doesn't matter what signs or what signs are added to buildings or what the size of the signs that are added to the building here. It does not interfere with my sightline or visibility window for this stretch and the driver point of view to that elevation.

Boloven: Great. I-- I'm not talking about sightline, I'm just talking about notice. So, if I'm a driver, you're saying the hardship is we want them to be on notice to get off and that's why we need the excessive signage. If I'm coming Northbound on 275 between Six and Seven, I see a St. Joes sign, I see a IHA sign, I see a Trinity Health sign, isn't that taking in to account of notice of here we go, I'm hitting a medical corridor and I should get off here.

Angela Matthews: Well, if my destination is St. Joes or IHA or anything else in there then yes that would be the notice, I mean, the-- this is specifically for Beaumont and the emergency services contained therein.

Boloven: So, how's that confusion distinguished for somebody that is in distress.

Angela Matthews: Well, I think the-- the size of the letters and the sign and the placement that we have on the walls are such to clarify what services are provided by what provider in this building.

Boloven: Thank you, Mr. Chair. Mr. Chair?

Coppola: Yeah, just give me a moment. Ms. Matthews, one thing you haven't put in and talked through is all the signage that you'll have on the approaching roadways and the freeways. Why

don't you take us through-- I think there's-- I think there's at least eight or night signs. Eight signs that you'll have on the approaching-- not only on the freeways but on the approaching roads. Why don't you take us through those.

Angela Matthews: Yes we've been working with Wayne County and with MDOT on a package that would direct specifically to emergency services through this corridor and it was provided as supplemental information to the board so that you can understand the context and site. Anything that you see here on this location plan, anything in blue, is under the jurisdiction of MDOT. Anything in green is under the jurisdiction of Wayne County. Sign number four and sign number six are similar signs. They-- they are for approaching traffic, that 24 hour emergency services are available next exit. That's sign four and sign six. Sign five--

Coppola: Why don't you show us what those look like and what's the square footage of those signs?

Angela Matthews: -- Sure. So, the name of facility, 24 hour emergency services and what exit it is located at. So, this sign here, sign number four and number six, that would be the same size. Square footage is a good question. This is regulated by the F-- the FHWA through the MATTV'S. So that's-- there's a specific panel code--

Coppola: So those would be on-- those would be on the freeways before the exit so that it notifies the driver that they need to exit off-- off of the exit to get to-- to get to--

Angela Matthews: --Correct.

Coppola: --To the building, correct?

Angela Matthews: That is correct. So--

Coppola: So, So--

Angela Matthews: --That's here, four, five and six.

Coppola: Right. --So--so, they would probably key more in on those signs than looking for a sign on a building, would you think, as someone driving on a freeway?

Angela Matthews: Well, so, in full disclosure, we're still talking to MDOT about these. Wayne County MDOT did approve this package, but that was before-- before Covid and some of the complications that Covid has caused. We are not sure that sign six can actually happen. So, if you are Northbound on 275, we--we don't know if there's physically the land to be able to putt the sign here at six. In order to give you enough-- because again the Federal Highway Administration's regulations how far from the decel lane of the off ramp the sign can be located. That's not really up to us to request, that's up to them to regulate. So we don't-- we don't know if this is possible. We're still researching it. And then from the Southbound, as we discussed before, you have no sight line to the building and you do have to decelerate to get to the off ramp before then. So, number four is a pretty critical sign. Number five is very small. It

is just the panel that goes below the gas, food, lodging, turn right, turn left at the end of the on ramp. Only one of those would be required because when you're on the cloverleaf , Northbound, when you get to this point you can only go left, you cannot turn right, so, we do not need that sign there. The rest-- one, two, three, and seven are within Wayne County's jurisdiction and they are the small emergency symbols on-- on the (inaudible). They're not very big signs.

Coppola: Okay, thank you. Someone has a question, I'm sorry I cut you off.

Baringhaus: Yeah, Mr. Chairman.

Coppola: Never saw this first.

Baringhaus: Mr. Chairman.

Coppola: Mr. Baringhaus.

Baringhaus: Yeah, thank you. I guess, I'd like to start by getting some clarification on the emergency services you provide. I mean, today, if I have a medical emergency, I can go to St. Mary's Hospital. I can go to Henry Ford West Bloomfield. What-- what type of medical emergency would drive me to Beaumont?

Angela Matthews: The same that would drive you to the other hospitals.

Baringhaus: Okay.

Angela Matthews: It's an emergency center-- the same.

Baringhaus: Does Beaumont, in the proposed facilities itself, is there a 24 Hour fully staffed emergency room? How is it staffed? How does it operate say versus a traditional hospital setting?

Angela Matthews: It -- it operates the same in order to be recognized as an emergency room from the state. You have to have a physician 24 hours. You have to be open 24 hours. You have to be-- well, their-- emergency centers are then categorized by trauma levels. This is not a trauma-- well, I don't know. Mr. Mount can you confirm that this is not a trauma one, correct?

Bob Mount: No. No, I'm not sure what trauma level it is. It's definitely not trauma one.

Angela Matthews: No. But it is a-- it is an emergency room just the same as, if you're having a heart attack, if you're having a stroke, if you're having, if you were critically injured in an accident. This is an emergency room that can care for you.

Baringhaus: Okay. Earlier you referred to your signages-- you showed some of the road signages and this is on my slide 72, it's like directional signages that you would place on roads and freeway entrances. I guess my question is this. Why aren't you using the traditional H

signage that indicates a -- you know, a medical facility. It looks like you're using another form of sign that goes above the Beaumont emergency sign.

Angela Matthews: Again, this is regulated by the Federal Highway control, it's under their purview and so we have to use what they code, so, I think this is a SV19 sign panel which is appropriate for-- for this. The difference is--

Baringhaus: What does that sign-- what does that sign panel represent?

Angela Matthews: --The emergency services cross? Is that what you mean?

Baringhaus: Yeah. I-- I haven't seen that before.

Angela Matthews: So the-- and I can forward links to you. I would-- I would be happy to forward you the links. The manual of uniform traffic control devices is about a 900 page document where all sign panels are regulated by the Federal Highway Administration. So, they-- the Federal Highway Administration through the MATCD allows you the blue H and allows you the mercy-- or the emergency cross symbol. We-- we do not have long term patient stay. We have emergency services and a 23 hour patient stay. And again, we're still in communication with MDOT on what is appropriate here. There-- it's how to interpret what that patient stay means and quite frankly it's just because medicine is changing. The -- the idea of four day or two week patient stay is something we try to avoid and we try to take care of patients at home. So surgery, critical care under the roof is-- is what we're trying to signal here.

Baringhaus: Okay. Question on your signage, especially going back to the Beaumont sign-- Beaumont signage, and some of your other signage that identified entrances around the hospital. Let's take for instance, the ambulance sign. It's basically white lettering with the -- emergency, I'm sorry. Emergency it's-- I believe it's white lettering with the red background that goes around the entire length of the canopy.

Angela Matthews: Mmhmm

Baringhaus: That correct. Why so much red shading. Why can't you just collapse the red background to basically just enclose the words-- you know, emergency. Why is it necessary to extend the red background around the entire canopy?

Angela Matthews: Well, I think there are multiple answers to that and Bob, if you want to speak to that you're welcome to. I mean part of that just has to do with architectural cladding and materials. Part of that is just what you see signaled around the corner, so, the word emergency is 90 degrees from where you are traveling. The long distance-- or along that elevation, so you catch part of that red stripe, I mean, I guess-- I guess I don't fully understand your question.

Baringhaus: Well the question is this--

Angela Matthews: Is it the picture of the canopy, why is the whole face of the canopy red?

Baringhaus:-- Well, no it seems to be-- seems to be a trend on the canopies where you'll take the basic statement like North Entrance, South Entrance and then you extend the blue background, that that term's on, over a fairly large area of the building and I guess my only question is why is that necessary. Wouldn't it just be, not only more concise but more in keeping with the ordinance to you know, minimize the square footage of the signage.

Angela Matthews: Well, the signage is calculated by the dimension, the extent of the letter, it's not what the color of the architectural cladding of the feature.

Baringhaus: I see. What color is the building-- brick and building materials?

Bob Mount: Generally, it's a-- a light-- light grey.

Baringhaus: It's a light grey, okay. Going to the large emergency sign that's on the building, towards the top of the building, if you, again, if you have a grey background, which is pretty big contrast, did you consider the alternative of just using the word emergency in red lettering which would give you a sufficient contrast between the grey background on the building, without going to a large Emergency sign with the large red background and the word Emergency in white letters.

Angela Matthews: Again, the Emergency would be that-- the same size-- the size of the letters would be the same. There are 2 reasons for having a white letter on a red background. The first reason is the color grey that that cladding is, is about a 40% light reflective value. Red on grey will vibrate even if it's not illuminated. Once you illuminate a red letter, you get a light leak and a light burn, which makes it very difficult to distinguish between the letters. It is a much better contrast and higher re-- readability to have a white letter on a read background, especially when that letter is lit.

Baringhaus: Okay. Mr. Boloven brought up, a point earlier regarding, that Seven Mile area, between, Haggerty and Newburgh or even-- I'm sorry Haggerty maybe I-275 would be more precise, but he-- I thought he used an excellent term, medical corridor. Now, you do have road signage that you know, directs, patients you know, to your facility. What steps can you take to make sure other medical facilities in the area-- that people won't get confused by an overabundance of directional signage in that area. In other words, how would yours be distinct from say Trinity Health or from St. Mary's directional signage?

Angela Matthews: Well, I think the fast answer to that is there is not another emergency department or emergency facility located on Seven Mile or--or Haggerty. St. Mary Hospital is two miles to the South and then an additional mile to the East. They have their own signs, their own MDOT and FTA-- FHWA regulated signs that provide for that. I-- unless the board is privy to information that I do not know, I don't believe there is another emergency area-- another emergency facility in this area.

Baringhaus: Going back to your tenant board in front of the building itself, you-- you identify-- it looks like spaces for ten tenants on that board-- yet--

Angela Matthews: Yes sir.

Baringhaus: -- Earlier you mentioned you have seventeen total tenants in the building. How will-- what would be the criteria for listing the tenants on that building-- on that sign in front of the building? You know, versus all seventeen.

Angela Matthews: The-- I can't speak to-- I can-- I will answer that but I cannot speak to it directly because the other leasing partner is really the person to answer that. I can tell you that a minimum amount of square footage and daily patient count would have to be met. That threshold would have to be met for their name to be displayed on the exterior sign.

Baringhaus: Okay. And then last-- one last question. Of the seventeen tenants in the building, all are in the health care field or medical practices?

Angela Matthews: Yes, they are-- the-- this is all clinical services.

Baringhaus: Okay, great. Thank you very much.

Coppola: Mr. Turbiak.

Turbiak: Yes, through the chair to Ms. Matthews, back to the sign on Seven Mile near the entrance. In your rendering it, we're looking at it from the West. I'm looking on the page just above that-- it's, I think page 50 or 49 or package page ten in your package. It looks like the West side only says Beaumont. Am I reading that right?

Angela Matthews: Yes. That is correct.

Turbiak: Why doesn't it say emergency and outpatient campus like the East side?

Angela Matthews: I'm going to have to defer you to the planning commission and what was decided there but it is my understanding that a left turn will not be allowed into--

Turbiak: Ahh

Angela Matthews: -- Into that drive. If you look on the next page, page-- I'm sorry two pages down, which would be page 12 of our packet, where we note the sanitary sewer coming through. You'll see a yellow call out box for future no left turn sign.

Turbiak: I do. I do see that. And I do recall that discussion in-- in the city council and planning commission. So, thank you for reminding me.

Angela Matthews: You're welcome.

Baringhaus: Mr. Chairman. Okay thank you. Yeah earlier, I believe you mentioned that the distance from Seven Mile to the facility was about a quarter mile, is that correct?

Angela Matthews: Yes, it's roughly a quarter mile from the intersection of CVS Fox Drive and Seven Mile, so the-- side walk side, interior to the property to--to the building faces about a quarter of a mile. There's also a-- a very distinct elevation change there. You are driving downhill. The building is sort of situated-- I-- if you can look over the whole site plans, it's sort of situated in a bowl.

Baringhaus: Yeah. The other question is it appears there's an entrance off of Haggerty, North of Seven Mile.

Angela Matthews: Yes there is.

Baringhaus: And then what would the distance from Haggerty to the facility be approximately.

Angela Matthews: I can calculate that out but so from Haggerty to CVS Fox Drive and then taking that all the way around, closer to, well to the Emergency drive is probably about three quarter of a mile if not a mile.

Baringhaus: Okay, great. Thank you.

Testa: Mr. Chair. You're muted.

Coppola: I am because I have barking dogs. Mr. Testa.

Testa: Yeah, I would like to ask a couple questions to the petitioner. Mrs. Matthews, in your presentation-- so first, thank you-- it's--I like how you navigated us through. On the circulation summary, you're showing the different colors, I think you used the word the--denote the different uses. I had, when I first looked at this package referred to those more as purposes but I-- I understand--understand your word of the word use. Under your interpretation of the ordinance, which you're also including the next page on the package. How many signs would be allowed if--based on your interpretation of the ordinance. How many different uses? I think you said 11. Go ahead sorry.

Angela Matthews: My--my reading of the code, I--I do not find anywhere in the code where there is a limit on a wall sign under ten square feet of sign area for an accessory use or additional support use or support service. I don't see a limit of those signs, the same as I do not see a limit for directional signs. Unless there's another part of the code that should be referenced to, I--I don't read it in there.

Testa: So, are you trying to argue that those would not count towards your total?

Angela Matthews: If--if the building inspector feels that it needs to be interpreted that way, that's fine. They are-- they're small letters, it's under ten square feet, it is roughly 14-16 feet above grade, so they are small and they're there specifically to label a door. I do believe that any building or any structure-- any multi story structure that has non composite, internal pathing as it relates to circulation of the site, should be allowed that under your code. I do think that's a very reasonable application of your code. I do not think the way your code is written

that it's a slippery slope or we would have a Nascar of--of a side of a building right where like every tenant has their own door and they get their own thing. I mean, you sort of have that in your strip centers but, for multi- story, multi-tenant buildings, where you have multiple entrance points, oriented to designated parking, especially in this case where you have, exiting patients under anesthesia who are trying to get into their car or arriving emergent patients--like I-- I believe it's reasonably written.

Testa: So, Mr. Chair, since this information is included in their package, can I ask that Mr. Neville, his interpretation or guidance. Whether he agrees or disagrees.

Coppola: Permission--

Neville: I mean I--I guess as I read that section that Ms. Matthews is citing to, would indicate, when we talk about accessory commercial uses or support services, that means, typically we're talking about something away from the --the main building. So, I don't think I would agree with her interpretation. I mean, the other sign--sections of that--of the zoning code talk about one wall sign, you know and whether it's on whatever side of the building. One is one, but that's the way I read the section.

Angela Matthews; I--

Testa: Okay, thank you Mr. Neville. I don't have any more questions.

Coppola: Alright, any other questions for the petitioner? Alright seeing that there's none, is there anyone in the audience who'd like to speak for or against this petition? If you'd raise your hand by hitting the raise hand button. And then for the petitioners, if you could just stay silent during this period I would appreciate it. Anybody on the phone, they would be star nine. I have Mr.-- Mr. Fishman. I'm unmuting you here just give it a second. I'm trying my darndest. There we go, Mr. Fishman. Name and address first please.

Fishman: Yes, David Fishman, 38701 Seven Mile Road, Livonia, Michigan.

Coppola: Okay. Please proceed.

Fishman: We are the owner of the office complex referred to as Seven Mile Crossing, which is comprised of 38695 Seven Mile, 38701 Seven Mile, 38703 Seven Mile, and 388705 Seven Mile. It's a 345,000 square foot office and Andiamo restaurant complex, located right at the Southwest corner of I-275 and Seven Mile road. It's directly across from the subject property with freeway frontage as well. And, I wanted to speak , really to the work that the board is doing, because several years ago we've had various tenants both existing tenants and prospective tenants, petition for additional signage. Both larger signage and additional wall signage. And in all of those cases the petitions were denied, and we have an interest in accommodating our tenants. We had one tenant who was not able to get their name as a second sign on the building, choose to vacate the building and they moved elsewhere where they could get that and we have another tenant that's indicated that they don't feel that their signage is large enough for the type of business that they are and so, watching carefully and

appreciate the deliberation and to the extent that there are variances granted, just hoping that that'll be a precedent that would apply to our property as well so that there's consistent application of the signage rules across different property owners in Livonia.

Coppola: Okay, Mr. Fishman h-- how would you compare your development to--to the proposed , development in the sense of used traffic, urgency of being able to find your way around--around that particular building.

Fishman: We have a larger complex which creates more traffic. In the complex we have a variety of occupants including financial service organizations, which have to have immediate servicing of their date centers. We have government operations, which also have to have immediate service and so , at least in terms of how the Covid criteria were laid out, we have essential services in our complex that are as essential as other medical services.

Coppola: Okay. Any--anything else Mr. Fishman?

Fishman: No, thank you.

Coppola: Any questions for Mr. Fishman?

Turbiak: Mr. Chair.

Coppola: Thank, you Mr. Fishman, I'm going to put you back on mute.

Turbiak: Mr. Chair.

Coppola: Mr. Turbiak.

Turbiak: Yeah, I guess you didn't hear me the first time, sorry. Is Mr. Fishman still able to answer.

Coppola: I'll unmute him.

Turbiak: Thank you.

Coppola: I'll do my--there you go. Okay, go ahead. Mr. Turbiak.

Turbiak: Through the chair to Mr. Fishman, I--I apologize my phone broke up at the end. I heard you say that you had some services that were similar or came to the urgency of medical services, can you just clarify that, I do apologize.

Fishman: The answer that I provided was that if you looked to the definition that was provided by both the governor in the state as well as federally for essential businesses for Covid, we have a number of those businesses in the complex that are deemed to be essential businesses, that need to operate 24/7 and need to have access on an urgent basis.

Turbiak: Okay and how many customers-- visitors would you say would be needing these directional signs on a daily, weekly or yearly basis, whatever's easiest for you to summarize.

Fishman: Well I'd have to estimate, I'd say of the essential businesses in the complex, the complex has 345,000 square feet, the essential businesses, an estimate probably comprise about 100,000 square feet of the complex. And so --

Turbiak: But what number of customers--oh sorry I thought you were done.

Fishman: --No, I--I don't know the exact number of customers but certainly we-- we have a full parking lot and if we're taking roughly approximately 30% of the complex, it's certainly a large number of vehicles.

Turbiak: Okay and ma--maybe this is--maybe you can answer this, maybe you can't. But just to kind of, you know, what's the highest use or--or the biggest concern that you think--I--I know maybe it's hard to estimate the total numbers with several different , businesses meeting that-- that , description, what's like maybe the number one, situation as far as need for customers?

Fishman: It's for identification, for visibility, for people to access that and to know that the business is there.

Turbiak: I apologize, I didn't frame my question very well. I meant which business and you know, what--how many customers are coming to that specific business. You don't have to name the business if you don't want, maybe just the type of business that they do so I can get a--a better idea.

Fishman: Well as I mentioned we have a government agency which is there, which is connected in through the GSA and I believe they're connected in through the Department of Defense. We also have financial service tenants who are involved in the-- the credit union business and , they have a number of people coming and going and so, again, I'm not a--able to compare against, medical, but I do know that it's deemed essential service according to both the governor and Washington federally.

Turbiak: Okay. E--essential understood. Just one-- not to get away from the point but would you think that any of these fall under, classification of emergency. Not medical emergency but are the people that would be coming that you know are not familiar with the site, need to be there in emergency fashion.

Fishman: Well, I'll tell you this that from a credit union standpoint, that particular tenant has their whole computer system set up in the complex and if there's a problem with that computer system and they need to get someone out there for service or repair on an urgent basis and they're not able to find the location, you're taking about large number of people in the area and elsewhere that would not be able to access their financial records on--online. So, again, are we talking a medical emergency, a financial service emergency, there's different categories of emergency.

Turbiak: Thank you for--for those answers and thank you for your time.

Coppola: Any other questions? Alright, thank you Mr. Fishman, I'm going to put you back on mute. Anybody else that would like to speak for or against it's star 9 or raise your hand, I have a--a Sarah I'm gonna unmute you and then I need your name and address first before you speak.

Sarah Gilbert: Hi, good evening, I'm Sara Gilbert, I'm the senior Vice President of operations at St. Mary Mercy Hospital here in Livonia. I just wanted to speak to the term emergency being used cause I think it's important to understand the type of services that I believe are probably going to be at this location. I--I do understand the need to be able to direct people, I think we all need that in medical care. We want it to be simple for people to be able to find the location that they're looking for and to be able to receive that service. Even though this is being described as emergency, it's important to understand that this is not the same as an emergency center at a hospital. So, this site is set up as an ambulatory center, meaning that the surgeries that are being performed there are elective surgeries. That does not offer the same complement of surgeons that would be taking care of emergency procedures. So, I--I just wanted to make sure you understand the distinction. Being able to hold someone over 23 hours is--is considered a short stay. We have that at other ambulatory sites but that does not necessarily mean that they can handle patients who are critical. Those patients would need to be shipped out. So, I just wanted to make sure that that distinction was made, as you know we have an urgent care that's going to be across the street. I suspect that this is probably a similar level of service and so I just wanted to offer that up as some context going forward.

Coppola: Any questions for the speaker? Alright, thank you Mrs. Gilbert. Anybody else that would like to speak for or against this petition. Again, star nine on your phone or to click on the raise your hand icon. Alright, seeing none, do we have any correspondence, Secretary Klisz?

Klisz: We have the letter written by Mr. Fishman. Since he spoke, we won't read that into the record and there are no other letters.

Coppola: Alright, thank you. Ms. Matthews or Mr. Mount, anything you'd like to say in closing?

Bob Mount: I do not. Thank you for hearing our case, I really appreciate it and again, (inaudible) did a great job presenting it.

Angela Matthews: I have no further comments, thank you very much for your time.

Coppola: Do you want to make any-- Mr. Mount any comment in regards to or any response to the comments of Mrs. Gilbert.

Bob Mount: I do not.

Coppola: Okay. Alright, I'm going to put you on mute, Mr. Mount. I think-- I think Ms. Matthews has control over hers so, alright, I'm going to go ahead and close the public portion of this case and I'm going to start the board comments with Secretary Klisz.

Klisz: Thank you, Mr. Chairman. I am very torn about this one, so I'm going to obviously not help everyone else and giving my--tipping my hand. I--I guess in the end I really think it should be tabled and--and the one simple reason is this: there seems to be a legal/inspection department dispute over these accessory sign, buildings, and whether that would change what we're looking at, whether that would change what is an exception, I think is pretty important and I--I don't feel comfortable making a decision up or down without knowing that further answer so I--I'd kind of like some more analysis from the legal department on that. That being said, I--I commend Ms. Matthews for her presentation. I thought she had good answers to tough questions. It--it--and then it--you know, then I go back to it seems like there's a lot. It seems like there's too much signage but at the same time, they seem important and then the property is unique and there's hardships there. Plus, the emergency nature of things, which is important and then we've got of course the signs from the -- MDOT or--or the who--whoever puts the--the signs up about the hospitals and the exits and stuff which would make a big difference I think, if one's there or not there, I guess that also, I think an important distinction to make. So, I'm on the fence, I--I guess I would move towards a table and see, is there anything that could be reduced. Is there anything that could be eliminated? Which is you know, that's what we usually start with on our analysis, is we don't want to give anything more than absolutely necessary and so what is necessary and , and yet, this is a unique property and a unique situation. So that's--that's my comments. I'd like to hear what other people have to say.

Coppola: Alright, thank you. Mr. Turbiak.

Turbiak: Thank you, Mr. Chair. Yeah, actually I don't know if for me, Mr. Klisz, if you're going to hear much different actually, I thought you did a--a really great job of, you know thinking--laying out kind of the considerations. I was also leaning towards tabling, mostly focused on waiting for the MDOT signs, with the possible consideration that if those signs do come in, I think that maybe the size of the 200 square foot Beaumont sign could maybe come down some, but I also appreciate that you mentioned the--the other open item which was the --the way open this discussion, with the consideration for whether or not those wall signs under ten feet are considered for variance or not. So, I think that's also a very key point and on top of that, there's really a --just a lot to adjust here. So I think a tabling motion would be appropriate and that would be my support for this at this time. Thank you.

Coppola: Alright, thank you. Mr. Boloven.

Boloven: I'm going to take pieces of what Mr. Turbiak and Secretary Klisz said. I--I--I do think upon first glance at this, it's excessive and you think, wow it is a lot. I agree with what Secretary Klisz said. I think some of these issues I wish would have been addressed before it hit the board tonight; whether inspection or legal has some definitive answer could have been given to the petitioner as far as what's allowed under the code and what's not allowed under the code. Taking also into account what Mr. Turbiak said, I do want to hear the results of this MDOT sign, which eventually could lead to reducing some of the signage that's necessary. The third part I'm going to add which is most concerning to me here in the 11th hour of this hearing, is what Ms. Gilbert said. Vice Chair Baringhaus's question direct to the petitioner was what services would I be using you for. What--what emergency services and the answer given

was well any emergency service that you would do at St. Mary's or would do at Beaumont or whatever other emergency facility and that seemed to be refuted directly by Ms. Gilbert and then the petitioner was given an opportunity to respond to that, there was no response. So, that concerns me on the level of, is there some deception going on here with the signage that requires a further glance as well, so with that I'd support a tabling.

Coppola: Alright, thank you. Mrs. Fraske.

Fraske: Yeah, I--I was on the fence going into this because I feel like it's excessive as everyone has said so far. And, I'm not sure what the services are and I agree with the MDOT signage. We need to know what--what's going to come of that before we can, I feel, make a good decision or the right decision. I understand the need for the signs but I just think there's too much and--and they're too large. So I'm in support of tabling.

Coppola: Thank you. Mr. Testa.

Testa: I'm also in support of tabling. I'm going to keep it brief.

Coppola: Alright thank you. Mr--Vice Chair Baringhaus.

Baringhaus: Thank you. Essentially, looking at the--looking at the signage package, I have the same --same impression that it--it seemed excessive but when you start getting into the detail of the package, I really don't have a problem with a lot of the placement of the signs. I feel that basically it is important that you direct patients, around that piece of property, why, because of the, the dimensions of it. You're a quarter mile away from Seven Mile Road and you're at least anywhere from three quarters to a mile away from the facility if you elect the--to take the Haggerty exit itself. Some of the other questions I still have is you know, what--what justifies the need to identify this property as an emergency facility, just going through some of the council minutes and parish council notes or not parish council, planning commission notes. Yeah, wrong meeting. Anyways, you kind of question how emergency area this facility would operate. It didn't seem like a traditional, hospital itself. In terms of the signage, probably the areas I'd like to take a look closer at is heights and then square footage. I think there's opportunities where we could have further discussions and--and reduce those further and then again, I agree, need some clarification on the ordinance regarding, the accessory offices and then also on the MDOT signs as well. So, based on that, I'm in favor of tabling. Thought the presentation was very thorough, not only the presentation, but the documents provided beforehand were very helpful so I really appreciate that. One of the things I did before, this, as over the weekend, was drive through St. Mary's Hospital, kind of compared the signage that they had there. Again, it's a hospital but it's got an emergency room too. So I wanted to look at the signage on the building. I wanted to look at the directional signage and other signage that--that's there. They also do have , some--some offices of--doctor's offices and other offices in there too, so I wanted to see what they had and so I looked through that and then I compared to what you had and came up with, at least from my perspective and my opinion, I'm going to go through sign by sign, exactly my thoughts. First of all, in regards to the business center ground sign, height and area, while I do believe that some additional height is necessary, I don't think six foot is--is large enough on Seven Mile, which is a busy and , fast road, I think 11

and three quarter feet is way too high and that it can be designed, in a way that can bring that down significantly. I think closer to--to eight feet, would be more appropriate. It would be more than high enough. I think for those parties that need to see it. Especially with all the other signage that's going to be available along Haggerty, along Seven Mile, and along the freeways, potentially that-- that's sufficient. So, when it--as that comes down, so does the square footage. You proposed 77 square feet. I'm thinking nothing bigger than about 50-55 square feet. So, that's my position on --on the ground building--ground sound. Now the group identification ground sign, I--I see no reason for variance on that. That is just providing--providing tenant information which is also available on the inside of the building and they'll be enough identification signage in, on, and around the building that, anybody that their doctor visits say, you're in the big Beaumont building that says emergency on it, people will be able to find it and go inside and find their doctor's office. So, I see no reason for variance on that sign. In--in regards to directional ground sign height, I think five foot is tall enough. Speed within the complex is 20-25 miles an hour. ,It's not going to be heavy traffic. People will be able see those signs and based on that, I think also that the --the sign area should come down. I actually like the design of the sign and I think generally the way that the--the limitation, which is two square feet, thinks of it like a sign on a post. I do like your sign and as a mini monument sign, I think it looks very--very nice and very professional. So, I'm okay with a variance on the directional sign of somewhere around maybe 20 square feet. 15-20 square feet. Love to see the revised design so I know what makes sense. Then the--let's go down to the wall signs and the number signs and then the square footage. First of all, on the and I forget the terminology you use but I think the-- the identification signs. I--I get the ambulance sign, although after I think about a year, I think most ambulances will know where to go. , I--I think Emergency sign is necessary. I think the --surgery pick up sign is necessary. I--I actually think those fall kind of within the co--confines of the , of the zoning ordinance that you were talking about earlier. Excuse me, Ms. Matthews, in regard to that. I think those kind of fit within that cause I think those are important. People need to go where the surgery is. People need the ambulance. People need to go--know where the emergency entrance is. I get that. The signs that say North and South entrance, I'm not as convinced and I'm afraid of setting a precedence there. On other buildings and before long all buildings will have you know, signs over each of their awnings, you know telling people that this is the East, West, South, North, whatever, entrance. So, those two I'm not excited about and--and would prefer not. The other three that I discussed, I think are appropriate based on the type of--type of service that's in the building. As to the wall sign area, so, each of those signs I think, those--I think it was five signs equaled like 36 square feet. I think the sign--the sign square footage that was for the ambulance, emergency, and surgery pick up is fine the way they are. I would consider those as an excess and approve those. Now we get to the--to the large wall signs and I find somewhat interesting, the concern, in regard to emergency and making sure it's big enough but it--the Beaumont sign is bigger. Twice as big as the emergency sign, but I would think that if you really were considered about people finding the building, it would be emergency on it. So, when I separate the--the , identification signs, you're asking for 300--300 square feet, I think staying within the 200 square feet is more--more than sufficient. So, that's kind of my direction in regards to the tabling and what I'd like to see when it comes back, so it'd give you some guidance to what we're looking for. I'm not concerned in regards to the--to the (inaudible) of emergency. I think for--for the parties that are--are looking for emergency are those that are driving themselves. They're going to be looking for emergency--they're not looking for the high intense, traumatic

trauma center and--and the ambulance drivers know which hospital to go to. They know that if they've got a high trauma individual, they're not gonna go to--to the Beaumont emergency services, they're going to go to St. Mary's or up to West Bloomfield or out to Southfield. They're not going to go there. So, I'm--I'm not as concerned about being called an emergency. I think it directs the right type of people to that service that need that service. So, I will go ahead and open up the floor for a motion.

Klisz: Mr. Chair.

Coppola: Secretary Klisz.

Upon motion by Klisz and supported by, Turbiak it was:

RESOLVED: APPEAL CASE NO. 2021-02-05: An appeal has been made to the Zoning Board of Appeals by Botsford General Hospital, 2000 Town Center, Suite 1200, Southfield, MI 48075, on behalf of Lessee 18th Street Development, LLC, 1550 Market, Ste. 200, Denver, CO 80202, seeking to erect a business center ground sign, group identification ground sign, directional ground signs and wall signs, resulting in excess ordinance allowances.

Business Center Ground Identification Height:	**Business Center Sign Area:**
Allowed: 6.00 ft.	**Allowed: 30 sq. ft.**
Proposed: 11.75 ft.	**Proposed: 77 sq. ft.**
Excess: 5.75 ft.	**Excess: 47 sq. ft.**

Group Identification Ground Sign Height:	**Group Identification Sign Area:**
Allowed: 6.0 ft.	**Allowed: 30 sq. ft.**
Proposed: 8.3 Ft.	**Proposed: 60 sq. ft.**
Excess: 2.3 ft.	**Excess: 30 sq. ft.**

Directional Ground Sign Height:	**Directional Sign Area:**
Allowed: 5.0 ft.	**Allowed: 2 sq. ft.**
Proposed: 6.7 ft.	**Proposed: 26 sq. ft.**
Excess: 1.7 ft.	**Excess: 24 sq. ft.**

Number of Wall Signs	**Wall sign Area:**
Allowed: One	**Allowed: 200 sq. ft.**
Proposed: Seven	**Proposed: 338 sq. ft.**
Excess: Six	**Excess: 138 sq. ft.**

The property is located on the north side of Seven Mile (39000), between 275/96 Expressway and Haggerty, Lot. No. 023-99-0001-004, PO Zoning District. Rejected by the Inspection Department under Ordinance 543, Section 18.50G(b)1,2,4 and (g) "Sign Regulations for Professional Office Districts," and Section 18.50D(i), "Permitted Signs," **be tabled due to legal/inspection department dispute over accessory signs building and would like more analysis from legal department.**

ROLL CALL VOTE:
AYES: Turbiak, Testa, Fraske, Boloven, Klisz, Baringhaus, Coppola
NAYS: None
ABSENT: None

Klisz: Tables seven-zero

Coppola: Mr. Mount and Ms. Matthews, so the petition has been tabled. I --I hope we have provided some guidance to you as to what we're looking for in--in a revised petition when you come back and at that point maybe we can also have resolved the issue of, Ms. Matthew, that you brought up in regards to the one zoning ordinance to make sure that we're clear as to--to whether there are variances or not that need to be addressed for those for those informational signs. Any--

Angela Matthews: May--

Coppola: --Questions

Angela Matthews: --Yes may I ask for a point of clarification.

Coppola: Sure.

Angela Matthews: Can you please detail next steps then. Labeling the five doors; North entry, South entry, ambulance, emergency, and surgery pick up, can--is it possible to get an answer to that before revising our sign package. I--one of the notes that I made listening to the boards comments is what can you reduce or minimize. We have four elevations in this building. Every elevation has an entry point that leads to a different service. You cannot get to all of those services, for example, if you go in the emergency door, you cannot access what would be accessed through the South door. It's not a composite path, so, of those five, if it is determined by--I don't know who have purview over this but if it is determined that those five doors being labeled is provided for by the code, it would--I--it would change what we would come back with. So, can you provide some information on that. I didn't read anywhere in the code where it said anything about an ancillary building. It says what is accessible on the ground floor, so it implies the same building with multiple stories. I would really like some clarification on that before we revise the rest of our package. So, how would that process work?

Coppola: That's a fair request. I would think that's something you would take up with Mr. Hanosh in the inspection department and he can confer with Mr. Neville in the legal department to give some direction. So, I would suggest calling the inspection department and having that discussion and they--they'll bring in the legal department and get the clarification on that.

Angela Matthews: So--so I call the inspection department and I request a meeting to review tableside?

Coppola: Mr. Hanosh.

Hanosh: If I may, give us a day or two and I think once we get together and open back up in the morning, the legal department and myself and the senior inspectors will get together with our director and make a decision and we--then we should be able to guide you pretty quickly on that--on which direction would help you proceed after we make our choices.

Angela Matthews: Thank you.

Coppola: Alright, so then just real quick. I don't know what the timing is for when you'd be prepared but the next open meeting is April 20th and the deadline to submit any revisions would be March 22nd.

Angela Matthews: Understood. Thank you.

Coppola: Alright, thank you.

Bob Mount: Thank you.

Coppola: Alright, I believe we have some--

Turbiak: Mr. Chair.

Coppola:--Housekeeping. Yes, Mr. Turbiak.

Turbiak: Yeah, I just want to point out that the deadline is until March, whatever you said 20th or 22nd, or until six cases are received. Just so it's clear. There's a long window between now and then and we could receive six cases. So, I just want to make that clear.

Coppola: Yeah, I don't think there's any--and there's no cases right now so, shouldn't be a--hopefully won't be a problem.

Turbiak: Just putting it out there.

Coppola: Alright, we have some minutes to approve.

Klisz: Yes--

Turbiak: I move that we approve the minutes.

Fraske: Support.

Coppola: Support that for the night of February 2nd by the way just in case.

Turbiak: Correct.

Coppola: I have sup-- motion by Mr. Turbiak support by Secretary Klisz so all in favor.

Board: Aye.

Coppola: Okay, that's unanimous. Do we have anything else we need to do? Does not appear so, so I only need one more motion.

Baringhaus: Mr. Chair, I move to adjourn.

Testa: Support.

Coppola: All in favor.

Board: Aye

Coppola: I should do this for the record because I don't know what they'll see or hear when the recorder has –does the recording so--

Baringhaus: I made the motion.

Coppola: Motion by Mr. Baringhaus and it was--

Testa: Testa supported.

Coppola:--Mr. Testa. Alright, we are adjourned.

Testa: Take care everybody. Have a good evening.

Fraske: You too.

Turbiak: Alright.

There being no further business to come before the Board, the meeting was adjourned at 8:49 p.m.

Gregory Coppola, Chairman

Timothy Klisz, Secretary

/vcb CEO 9489