

# Planning Commission

January 25, 2021 – 7 pm

## REGULAR MEETING MINUTES

This meeting was held via Webex in accordance with the local emergency declaration made by the City under Minn. Stat. § 12.37. In accordance with that declaration, beginning on March 16, 2020, all Planning Commission meetings held during the emergency were conducted electronically. The City used Webex to conduct this meeting and members of the public were able to monitor the meetings by watching it on Comcast cable channel 16, by streaming it on CCXmedia.org, or by dialing in to the public call-in line.

### 1. Call to Order

The meeting was called to order at 7:00 by **Chair Blum**.

#### Roll Call

Commissioners present: Rich Baker, Ron Blum, Adam Brookins, Andy Johnson, Lauren Pockl, Ryan Sadeghi, Chuck Segelbaum

Commissioners absent: Noah Orloff

Staff present: Jason Zimmerman – Planning Manager, Myles Campbell – Planner

Council Liaison present: Gillian Rosenquist

### 2. Approval of Agenda

**Chair Blum** asked for a motion to approve the agenda.

**MOTION** made by **Commissioner Baker**, seconded by **Commissioner Brookins**, to approve the agenda of January 25, 2021. Staff called a roll call vote and the motion carried unanimously.

### 3. Approval of Minutes

**Chair Blum** asked for a motion to approve the minutes from December 28, 2020.

**MOTION** made by **Commissioner Pockl**, seconded by **Commissioner Johnson** to approve minutes. Staff called a roll call vote and the motion carried unanimously.

### 1. Informal Public Hearing – Informal Public Hearing on PUD 74 Major PUD Amendment

**Applicant:** Regency Hospital

**Addresses:** 1300 Hidden Lakes Parkway, Golden Valley MN

**Jason Zimmerman, Planning Manager**, opened the conversation with a presentation on the Major PUD Amendment that would allow for a 29,000 sq. foot expansion of Regency Hospital at 1300 Hidden Lakes Parkway, as well as modifications to the parking lot, landscaping, and utilities.



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### Background & Existing Conditions

- PUD 74 created in 1997 on the site of the former Golden Valley Health Center
- Area includes 152 homes (single-family and attached), parking lot for Courage Kenney, public boat launch onto Sweeney Lake, and Regency Hospital
- All streets within the development are private; Hidden Lakes Parkway provides the only access to the hospital
- A private access agreement between the neighborhood and the hospital covers maintenance, cost sharing, signage, etc.; the City is not a party to this agreement
- Because of Sweeney and Twin Lakes (to the west) and Theodore Wirth Park (to the south), no other routes to the hospital are possible
- Hospital built in 1957 and is two stories of approximately 83,700 sq. ft. with an existing license for 92 beds
- Historically, many patient rooms had two beds but as of now there are 66 beds in single rooms
- The expansion would add 26 single-bed rooms to regain the full 92 beds allowed under the current license
- Parking lot has 170 spaces (3 more located next to the building) – nonconforming but allowed under the existing PUD approvals
- A knoll with mature trees is south of the parking lot
- A public trail is to the east, mostly outside of the hospital property
- Emergency access from Woodland Trail (to the east) intersects the parking lot
- South property line is fenced to prevent public access to the unofficial beach on Twin Lake – needs repair
- Residents have expressed concerns regarding existing operations:
  1. Speeding on Hidden Lakes Parkway (posted speed is 20 mph)
  2. Failure to stop at marked signs/crosswalks on Hidden Lakes parkway
  3. Littering in and around the parking lot

### Proposal

- Addition of 29,253 sq. ft. to the southeast side of the building
  - 19,722 sq. ft. for 26 new patient rooms on the second floor facing the parking lot
  - 9,531 square feet for reception, offices, conference room, etc.
- Some outdoor mechanicals would be enclosed
- Existing entrance/porte cochère would be reworked
- New dining/day room added to the northeast corner on the second floor
- Exterior materials mostly glass, natural stone, and EIFS – would continue the mid-century modern look
- Parking lot reconfiguration triggered:
  - Expand to the south, add 44 parking stalls
  - Would remain under the usual required parking ratio
  - Knoll and existing trees would be removed
- New landscaping/screening added along east edge of parking lot – both low and high
- Lighting would respond to the City’s “dark skies” requirements

- Stormwater treated/managed through an underground system
- Traffic study provided to estimate new trips:
  - Current trips from hospital estimated (not observed) using the trip generation data for nursing homes
  - Increase in square footage would generate an estimated 42% increase in trips per day (578 to 822)

Timeline/Community Engagement

- Onsite meeting with staff – September, 2020
- Full plans shared with City – early November, 2020
- Meeting with residents of Hidden Lakes – December 3, 2020
- Conversations with Association Board – December, 2020
- Submittal of revised plans – mid-January, 2021
- Tentative City Council hearing date – February 16, 2021

Staff Evaluation

	Institutional Zoning	Hidden Lakes PUD 74 – Amendment #8
<b>Use</b>	Hospitals and outpatient surgical facilities	Acute care hospital
<b>Dimensional Standards</b>		
Lot coverage (structures)	25% maximum	11% (existing) 16% (proposed)
Front setback	35'	NA
Side and rear setbacks	50'	39.62' (south - existing) 39.62' (south - proposed)
Building height	Three stories or 36', whichever is less	27'-8" to top of roof parapet, 40'-8" to top of stair towers
Landscaped buffers	25' in width along side and rear property lines	As little as 0' (existing) As little as 0' to the south, 8'-9" to the east (proposed)
<b>Vehicle Parking</b>		
Parking spaces required for: Hospital (1/350 sq. ft.)	Existing - 83,742 sq. ft 240 required 173 provided (72%)	Proposed - 112,995 323 required 217 proposed (67%)
<b>Bicycle Parking</b>		
5% of vehicle parking required	Existing – 240 spaces 12 required 0 provided	Proposed – 217 spaces 17 required 0 proposed

- No impervious limit for Institutional properties
  - Applicant aims for a ratio of 2 stalls per patient bed = 184 stalls
  - Plans must be revised to remove parking stalls blocking emergency access drive
  - City has no role in the private access agreement, but should ensure the two
  - New landscaping would be added to the east side of the parking to help provide screening
    - Evergreen trees would help screen views of the building
    - Shrubs would help block glare of headlights
- parties have reached an agreement before approving any PUD amendment
- Speed limit on private roads is lower than that on public roads, therefore PD cannot enforce
    - City consideration of citywide lower speed limit may provide an opportunity
  - PD communicating with the hospital to resolve “failure to stop” issues
  - New lighting within the parking lot and on the exterior of the building will meet the City’s “dark skies” requirements
    - Hospital to add motion sensors to decrease unnecessary lights
  - Lighting under additions to be reduced
  - Resident concerns regarding lights from windows in new day room
    - Hospital will add motion sensors and electronic shade to decrease illumination

- Plans must be revised to keep emergency access drive open
- Other landscaping would be added to the entrance area
- New architecture addresses and respect original design and general appearance of the principal building
- Materials meet the minimum requirements on 3 of 4 facades:
  - Northwest elevation has only 35% Class I materials instead of 40% required by code
  - Faces internally to the courtyards
- No Class III materials proposed
- Minneapolis Park and Recreation Board supports the proposal
- MN DNR is reviewing the plans, no comments at this time
- Residents expressed concern that future additions might be proposed:
  - Hospital reports no additions are contemplated
  - Any addition would require review and approval by the City
  - An increase in the number of licensed beds would require action by the State Legislature

#### Preliminary Findings

There are 6 findings the City has to be able to make:

- Quality Site Planning
- Preservation
- Efficient/Effective
- Consistency
- General Health
- Meets Requirements

#### Recommendation

Approval of Amendment #8 to Hidden Lakes PUD No. 74, subject to the following conditions:

1. The plans for the Regency Hospital addition, submitted January 13, 2021, and subsequently updated to address City comments, shall become a part of this approval. Required revisions include:
  - a. Showing and labeling the access gate and trail along the south property line.
  - b. Removing three parking stalls and shrubs from the emergency access directly opposite Woodland Trail and working with staff to design the curb to allow emergency vehicle access.
  - c. Adding coniferous shrubs along the eastern edge of the parking lot.
  - d. Reducing the lighting levels under the second floor addition and under the port cochère.
  - e. Indicating a location for snow storage that does not reduce the number of parking stalls nor impact the public trail.
2. A public walkway easement shall be dedicated over the public trail in the southeast corner of the site. This trail shall be temporarily rerouted and maintained for public use during construction.
3. A permanent conservation easement shall be dedicated along the shoreland of Twin Lake.
4. The applicant shall work with staff to address questions around the outdoor chemical storage areas near the southwest corner of the building.

5. Plans must be reviewed and approved by the Bassett Creek Watershed Management Commission.
6. A stormwater maintenance and chloride management agreement with the City shall be executed.
7. The applicant shall complete all inspections related to the City's Inflow and Infiltration requirements and work with staff to resolve any repairs or improvements necessary.
8. An updated agreement between the hospital and association, addressing reimbursement procedures and commitments for construction-related damage on Hidden Lakes Parkway and the reallocation of roadway expenses, shall be provided to the City for review.
9. The applicant shall repair and maintain the fence along the south property line to discourage cut through foot traffic to Twin Lake.
10. The applicant shall share with the City its plan for management of trash in and around the parking lot as well as for employee communication around these efforts.
11. The applicant shall utilize motion sensors on parking lot lighting, and utilize motions sensors and motorized shades on timers within the day room, in order to reduce unnecessary illumination and reduce impacts to adjacent properties.
12. The applicant shall address the three conditions outlined by the Minneapolis Park and Recreation Board in its letter dated December 29, 2020.
13. Public bicycle racks or similar facilities a minimum of 11 bicycles shall be provided. The applicant shall work with staff to appropriately locate the bicycle facilities.
14. The hospital shall be limited to a total of 92 beds. The building footprint shall not be expanded without the required review and approval by the City.
15. A development agreement shall be drafted prior to City approval of the PUD Permit and shall include details on:
  - a. Permitted days and hours of construction activity.
  - b. The location and nature of construction parking, access, delivery, staging, equipment and materials storage, and employee parking.

This approval is subject to all other state, federal, and local ordinances, regulations, or laws with authority over this development.

Staff took a break from presenting and answered some questions from Commissioners regarding roads, the PUD itself, and City PD responsibility for private rules on roads and property.

#### Applicant

**David Garman, Director of Design & Construction for Select Medical**, introduced himself to the group as the applicant representative. **Garman** stated that the goal is to update Regency hospital up in order to modernize it and ensure it meets current standards for a facility. He expanded that when Regency was built, it was common practice to have two patients per room and even have wards built for groups of people. Regency's goal is to create a more efficient building to conserve energy and to build a more comfortable environment for its patients.

**Chair Blum** asked the applicant about a few resident concerns that were submitted regarding ambulance noise and litter. The applicant responded that the Hospital CEO, Sean Stricker, has been in discussion with the ambulance company regarding sirens during non-emergency transfers. The

applicant added that part of the design is to increase permeant trash containers. The facility is currently attempting to address the concern by increasing maintenance rounds to clean trash on the grounds.

**Commissioner Segelbaum** asked about the increase in hospital traffic on the private roads and if the hospital will incur additional maintenance costs associated with the increase. **Alan Catchpool, Kimley-Horn**, current traffic study shows there will be an increase of 40% in hospital traffic. However, when looking at the overall traffic, currently the hospital generates about 28.5% of the traffic on hidden lakes parkway. The projected traffic generated by the hospital after the expansion will be about 37% of the overall traffic.

**Commissioner Pockl** asked if the applicant has resolved most of the concerns raised by the local homeowner's association. **Garman** responded that majority of the concerns are resolved except for traffic concerns and road maintenance cost adjustments. **Commissioner Johnson** asked if the applicant had supporting information to illustrate that their proposed parking lot solution is the best solution. **Garman** responded that they have a number of facilities with this design structure and creating 2 stalls per room, has proven the best accommodation. **Sean Stricker, CEO Select Medical**, added that the hospital only allows visitation 10-12 hours a day, so the window of additional traffic and parking is limited. Currently with Covid, hospital visits are on hold. **Johnson** asked the applicant if they are requesting as many parking spots as listed in the plan, why isn't light/visibility mitigation directly addressed as well. There are spots to be saved and knolls and hills to be utilized for this purpose. **Garman** responded that his team looked at maintaining the knoll but they found that adding spots and creating an additional screen, mitigates. Shrubbery will be planted to shield headlights from moving and parked cars. **Catchpool** added that the team is trying to utilize as much of the current lot as it can, the roads have been narrowed to allow for additional screening. Utilities to the hospital run underneath the knoll in the SE corner, as things are reconstructed and utilities relocated, there's no way to save the knoll as it stands.

**Pockl** asked if applicant has construction timeframes set. **Garman** stated they will work from 7-5, M-F. The hardest part of the phase will be initially when the foundations are built and utilities relocated; this process takes about 2-3 months. After that timeframe, noises and disruptions will decrease so the team would like to work 7-5 on Saturday as well. Working 6 days a week will reduce the overall construction time.

**Jeff Eisenberg, President of local Homeowners Association**, and **Scott Booher, VP**, were granted the floor for public comment. Eisenberg stated that the HOA got involved about 7 months prior to this public hearing and received 36-hour notice prior to a local public engagement meeting. **Eisenberg** reiterated a number of concerns already addressed and punctuated the road concerns as the top concern for residents. He added that they would like Planning Commission to table this decision to another meeting so they may have deeper conversations with the applicant and create a more equitable resolution to traffic concerns. **Eisenberg** and **Booher** reiterated the short timeframe they were given for this project and stated there are a number of issues they would still like to see a compromise on. They added that he community knew they were living near a hospital but that provisions for a hospital expansion were not added to their bylines. **Booher** stated that in the event there was damage to the road during construction, the HOA would be responsible to repair that

damage and then would need to go to the hospital to negotiate fair reimbursement. This is the main driver for why the HOA would like a new agreement with the hospital, prior to construction.

Public Hearing

**Chair Blum** opened the public hearing at 9:03 PM.

**L. Heiland**

*4251 Woodland Trail*

I live directly across from the hospital, near the parking lot. I would like to respond to Sean Strickler who, I believe, said garbage wasn't a problem. I have seen people from the HA pickup bags of garbage and hand deliver them to the front receptionist. I have picked up multiple masks and gloves. There's a bigger problem than realized. My main issue is the knoll, it's the only thing blocking us from the garbage, deliveries, and oxygen trucks. Without the knoll, our view will be the downside of the hospital. If the knoll is to be removed, it would seem a knoll could be replaced. If young trees are planted, there won't be a separation in the winter and the knoll is an excellent barrier.

**T. Wildenauer**

*4241 Woodland Trail*

I live in the building next to the hospital, we must make it understood that the association does not represent us nor is concerned with our concerns living in this close proximity. There are global issues to be addressed but they do not cover all the needs of the neighbors living adjacent to the hospital. There are single family homes as well as parks and we believe the expansion should not be allowed. The parking lot doesn't have a buffer, there is typically a 25-foot buffer in a situation like this. People remote start their cars and leave cars running, people come to the public trail and smoke because they can't near the hospital. We have hundreds of cigarette butts on the trail and in grass. The additional space we need is not 8-13 feet, it's not shrubs and greenery, those things create a buffer for only 6 months of the year. We view this as a direct link to the devaluation of our homes. The removal of mature trees would change our yard, new trees will not have an impact for 5-10 years. If there isn't an agreement between private parties and a private road, I believe the PUD cannot go forward and be amended. I believe amending the PUD will have a direct effect on our lifestyle, as will the 10 months of construction.

**A. Aksan**

*1375 Waterford*

We live on the east side of the hospital parking lot. The proposal we have is not for the expansion of a high-tech business which will bring high end jobs and prosperity in an industrial setting. This expansion will permanently deface a beautiful neighborhood of 53 families that is surrounded by three lakes and wildlife. The architect of the project stated that the first floor of the expansion is being reserved for a future expansion. This makes sense as we look at a multimillion-dollar expansion, an increase in footprint, and think it's only to add 26 beds. If this project is allowed to go forward, this will be the beginning of the end for our neighborhood. If approved we will experience an immediate drop in property values throughout our neighborhood and as our roads will be lined up with idling trucks and construction equipment. I ask the Commission to deny the request and

encourage the applicant to create a plan that is in harmony with the surroundings and not primarily focused on financial gain.

**P. Luis**

*1750 Waterford Ct.*

I think the crux of this issue is that you have a commercial development in the middle of a residential development. We all knew the hospital was here when we moved in and tolerate the nuisances and potential hazards with traffic. My issue is that this hospital is planning a multifaced expansion. It's already too big for the current site and this will only be exasperated as time continues. I appreciate the HOA and their work, but many of us are homeowners and we live here day to day. When we bought our homes, we knew the hospital was here but we didn't understand there would be an expansion of this caliber.

**N. Alexander**

*1430 Skyline Dr.*

I have been a homeowner in Hidden Lakes for 20 years. Regency hospital has gone over many changes in ownership and I honestly thought it would be plowed down and turned into condos. I'm really concerned that Regency has been planning this expansion for four years and only gave neighbors a few weeks to absorb. I'm not sure how friendly they are to the neighborhood. With a number of other sites, I'm wondering why they are focused on this site, in a residential area, that doesn't fit into the long-term plan of their business.

**D. Berry**

*1385 Waterford Dr.*

We've lived here for 15 years, I want to say many thanks to Jason Zimmerman and all his work to bring the parties together and make good things happen.

***(At this point the call center line was disconnected due to a technology issue and soon resumed)***

I want to thank Regency for working with us, thank you to the Commissioners for staying up to have this discussion. Some of you may not know but Waterford Drive is all twin homes, there are 4 different design features that have mirroring floor plans. We know three units in the past few years that directly face the hospital parking lot that have gone for sale. These homes went for sale and in both cases, they had to lower the prices and the primary objection was the view of the hospital lot. That is a problem that only affects those few houses on our road but devaluing any home, directly impacts the rest of the neighborhood. I'd also like to reinforce what was said about trash pickups. I was recently at the pond in our neighborhood, many hospital staff personal, who are not allowed to smoke on the grounds, walk over there. I picked up over 50 cigarette butts and delivered them to the hospital. The fact that the hospital thinks trash is not an issue perpetuated by their staff is nonsense. I want to add that the hospital is an asset to MN and Golden Valley, the expansion is to allow them to add patients. The hospital has the potential to expand beyond 90 patients and it's important we consider possible future expansions. The earlier speaker, David, said today there won't

be another expansion but he already told residents they would be expanding again in the future. This expansion, as proposed is too big for this area.

**J. Janis**

*1460 Skyline*

I know the Commissioners are aware that Golden Valley has created a 2040 Comp Plan. As far as I can tell, the hospital proposal does not show recognition or compliance with this plan, even though it will substantially increase noise, air and water pollution. There's no use of solar energy or any sign of water conservation or recycling initiatives. There aren't environmental conservation items factored in, no use of sustainable building materials. I recommend that you deny or table this proposal until the applicant can demonstrate the proposal complies with the resilience and sustainability initiative in the 2040 Comp. Plan.

**J. Pittenger**

*1380 Waterford Drive*

Has there been a formal traffic assessment done? We hear the estimated percentages but would a formal study be better. We know the construction process is long and I ask the hospital be proactive and get repairs done. Our HOA should not need to arrange with the truck companies contracted out in order to get properties restored. We have residents who are realtors, is it possible to arrange with them a study of our property values and how they will be impacted during and after the construction process. The buffer has been discussed but has a MN qualified arborist been consulted for a year-round design plan.

**F. Pink**

*1405 Waterford Dr*

I agree with my neighbors who suggested the hospital should move off this property. They are a multi-billion dollar for profit hospital that can go anyplace else in a commercial district. My background is as a medical social worker and I'm familiar with ventilator patients. The amount of equipment needed for these patients makes me wonder who will use this day room. The hospital said visitors come for an hour or two and I don't understand how those patients will be moved. I'll be following up with a letter and more points.

**R. Schiferl**

*4220 Woodland Tr.*

I have a totally lack of trust for regency and its administrative team. They called a meeting with the HOA with less than 48 hours' notice even though they had been working on this plan for 3 months. In that meeting they talked about themselves more than the neighborhood. They also said there would be additional communication and we have received almost none. One communication we did receive said that they'd agree to talk to the neighbors most impacted by lighting and buffering and I have not yet received that communication from them. The lighting plans they have sound good on paper but if you think about from the resident perspective, lights will be flashing on and off in our windows all night. In addition, I agree with the other comments that the buffer needs to be

maintained and offer buffering during all seasons. The current buffer isn't maintained by the hospital so there's no trust that it would be in the future.

**D. Thompson**

*Local neighbor/Real Estate Broker*

When new houses were built in the area we were able to quash objections to the hospital's location with landscaping. The hospital has always been an issue for people there and it sounds like that won't change and the concerns will only increase. Change is never simple, but it sounds that the hospital is basically obsolete and I also wonder why they aren't going to relocate.

Commissioner Discussion/Vote

**Commissioner Johnson** stated that most comments were in line with what was also submitted in writing in the packet. **Commissioner Baker** stated that many comments are outside of the jurisdiction of the Planning Commission. He added that it would be prudent to define the parameters so neighbors don't think they're being ignored. **Chair Blum** agreed and asked staff to reiterate elements for approval or denial for this amendment.

**Jason Zimmerman, Planning Manager**, stated the Commission is responding to the application as it's submitted and how it complies with city code. This group does not have the authority to ask the hospital to sell its property and leave and the City cannot assess impacts on property value other than in an abstract way. PUDs in general are unique, there aren't clear standards like other items. There are technical elements but there are some subjective elements like: Does this achieve the goals of the comprehensive plan? **Zimmerman** added that some elements are black and white but it's not all that way. The questions regarding compliance with sustainability measures in the 2040 Comp Plan are valid to consider, as are the questions about impacts to neighboring properties. The issue of people who smoke, not being allowed to smoke on the property but then walk off property to smoke and the impacts fall on the neighbors – there might be an operational way to amend that.

**Blum** asked about the sufficiency of the traffic study and if the City responds at all. **Zimmerman** responded that traffic studies are based on the project. The traffic study provided is not hard data but it's an estimation based on trip evaluations. Staff can ask the City Engineer to review it and determine if it's sufficient. **Commissioner Brookins** asked if it's within the City's purview to review traffic impacts on a private road. **Zimmerman** added that the City isn't looking at how the traffic impacts the public right of way. The traffic impacts discussed, refers to quality of life impacts for traffic, this is an item on a PUD amendment as a general health and welfare consideration. **Commissioner Segelbaum** added that the traffic increase seems to be a top concern but he'd like the hospital, HOA, and residents come up with their own agreement. If one can't be found, then maybe the Planning Commission and City get involved. **Johnson** said that traffic is a concern but there are resources and processes to address those things. The memo says the City may weigh in so the Planning Commission is caught because there are too many elements at play. He also added that there is a noise ordinance for the City but the Planning Commission cannot enforce a noise regulation. **Johnson** added that the parking lot situation isn't adding up to him as it's been described. The architect stated the parking spots allow for a 2:1 ratio for beds but the number of spaces

requested, exceeds that equation. **Baker** stated he agreed with Johnson and the group can add a condition that the City withhold the approval until an agreement can be reached between the hospital and HOA.

The conversation continued while Commissioners discussed options and at what point the City can get involved.

**Brookins** brought up the hospital abutting the park and the potential for requesting a new fence, one of higher quality than the current chain-link. He wants more details on stormwater management as well.

**Blum** asked if anything is required to show a metric for home value changes with an amendment. Staff responded that it doesn't generally happen and added that property value and potential resale are different topics. It's possible to reach out to the Hennepin County assessor to see what their perspective is. **Segelbaum** stated that seems difficult to do but maybe Commissioners can help guide development to mitigate home value reduction.

**Pockl** asked if an Environmental Impact Study was done to ensure compliance with the 2040 Comp. Plan. **Zimmerman** responded that there are resilience and sustainability goals, there aren't benchmarks but they're encouraged for a PUD. If staff feels these goals aren't being met, the City can ask the applicant to revisit and become consistent with the comp. plan goals. He added that an EIS was not triggered.

The issue of littering was addressed and a number of Commissioners stated their disappointment to hear the magnitude of it. **Blum** inquired if there was a way to regulate waste and **Johnson** said the Planning Commission doesn't have the authority to create a littering ordinance.

**Chair Blum** closed the Public Hearing at 10:26PM.

**Commissioner Baker** proposed tabling this item and instead of a 2-week table, potentially giving a 4-week table so the hospital and HOA have time to resolve issues. **Zimmerman** added that, legally, there is a set amount of time for an amendment to go to City Council and the applicant would need to request an extension.

**MOTION** made by Commissioner Pockl and seconded by Commissioner Johnson to table this item and direct parties involved to resolve parking, road concerns, buffering, and trash.

Staff took a roll call vote and the motion passed unanimously.

#### **Televised portion of the meeting concluded at 10:40 pm**

#### **4. Council Liaison Report**

**Council Member Rosenquist** provided a brief update on community engagement efforts around lowering speed limits on local streets, the municipal facilities study, and the policing task force. She told Commissioners about a new report on historical structures in Golden Valley and asked them to take a survey regarding the reopening of the Golden Valley Library. Rosenquist and Zimmerman summarized the discussion at the recent Council/Manager meeting around the Downtown Study.

**5. Reports on Board of Zoning Appeals and other Meetings**

None

**6. Other Business**

None

**7. Adjournment**

**MOTION** by **Chair Blum** to adjourn, seconded by **Commissioner Johnson**, and approved unanimously. Meeting adjourned at 10:48 pm.



Amie Kolesar, Planning Assistant



Adam Brookins, Secretary