



## Zoning Ordinance Interpretation

**RECORD:** American Development LLC  
AI21-01 Inpatient Rehabilitation Facility  
13451 N. 94<sup>th</sup> Drive, Peoria Az 85381

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### **SUBJECT OF INTERPRETATION:**

As the specific use is not identified or denoted within the Zoning Ordinance, the applicant is requesting the Zoning Administrator make a determination in the following three areas:

1. *Land Use:* Determining the land use classification most analogous to the operational characteristics of the potential Inpatient Rehabilitation Facility.
  2. *Building Height:* Clarification whether height exceptions within the Peoria Zoning Ordinance apply to non-habitable portions of a building for properties zoned PUD with underlying C-2 uses and development standards.
  3. *Parking:* Determining the most analogous parking ratio for an inpatient rehabilitation facility.
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### **ZONING ORDINANCE SECTION NUMBER:**

21-503 Land Use Matrix

21-802.D Height Exceptions

21-825 Parking Requirements

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### **OPERATIONAL CHARACTERISTICS:**

- Subject site is zoned Planned Unit Development ("PUD"), which identifies land uses and development standards pursuant to the City's Intermediate Commercial District (C-2).
- American Development is intending to construct a 3-story building, 40 – 60 "bed" facility for inpatient rehabilitative services.
- Inpatient Rehabilitation Facilities (or IRFs) provide rehabilitation services on a multi-disciplinary basis, which often includes round the clock nursing care and ongoing medical oversight by physicians skilled in medical rehabilitation.
- Examples of common conditions treated at an IRF include, but are not limited to: Acute rehabilitation of strokes, spinal cord injuries, brain injuries, neurological disease and recovery from serious illness or injury.
- Treatment typically is fifteen hours a week, scheduled in 30 to 60 minute sessions.
- Typical length of care averages 12-14 days and average age of patient is over 65+.
- American Development identifies the following employment and visitor levels based on operation of 15 similar facilities over the last five years:
  - At peak occupancy (approx. 80% of facility), weekday staffing levels reach 95

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employees. Twenty (20) of the 95 employees work the night shift (7pm – 7am).

- Nursing shifts are in twelve (12) hour increments which are typically 7am – 7pm, and rest of staff work 8am – 5pm. Medical staff will make patient rounds before 8am or after 5pm.
- Based on this data, peak weekday parking needs is 75 spaces. Peak evening and weekend needs are approximately ½ of weekday needs, and peak visitor times are after 5pm or on the weekend.

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### ANALYSIS & DETERMINATION:

**Question 1:** Land Use: Determining the land use classification most analogous to the operational characteristics of the potential Inpatient Rehabilitation Facility (or IRF).

When making a determination as to what the most analogous *defined* land use is, there is often one or more defined uses with the Zoning Ordinance with similar enough operational characteristics that lend themselves to a natural or logical extension to the subject use. In other words, there are often substantial consistencies between the uses to easily determine equivalency. At first glance, there are a number of shared characteristics with defined “Medical” type uses (and to some degree the “Institutional” uses) either permitted or conditionally permitted within Table 21-503 for C-2 zoned properties that warrant equivalency consideration. At the same time, IRFs also have very specific key differences in their operations that prohibit making that natural or logical extension for equivalency. Given the nature of the differences, staff evaluated an amalgamation of defined uses for this determination. More specifically the following uses were considered:

#### Medical Uses

- Emergency Medical Care Facility (Permitted Conditional Use)
- Hospital (Prohibited)
- Medical, Dental, Optician or Health, Clinics and Laboratories (Permitted)

#### Institutional Uses

- Group Care or Community Residential Facility (Permitted Conditional Use)
- Nursing or Convalescent Home, Long Term Care Facility (Permitted Conditional Use)

From a general classification perspective, an IRF use appears most consistent with the “Medical” classification of uses as it relates to staffing, types of services, and intensity of the use. With that said, an IRF is not necessarily the same as a “Hospital” as the overall types of services provided in a hospital are much more expansive than the more limited services found within an IRF. For example, a hospital can be one building or a campus setting and could have an emergency room, surgical treatment rooms, laboratories, and out-patient centers, etc. Conversely, the IRF types of

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services provided enables patients to improve basic functions, relearn critical life skills, and regain independence. In this instance, the IRF's operational characteristics appear more closely aligned with the outpatient rehabilitation type characteristics of certain Medical/Health Clinics.

At the same time, IRF services can be seen as more acute in nature and/or they are provided for a longer duration than a traditional medical or health clinic within an inpatient setting. From this perspective, an IRF provides a level of care more consistent in some aspects to "Institutional" uses such as a Community Residential Facility, or Convalescent Home.

Given diverse operational aspects and potential proximity to residential areas, it is determined an Inpatient Rehabilitation Facility is consistent and compatible as a use within the C-2 zoning district setting, subject to obtaining a Conditional Use Permit.

**Question 2: Building Height:** Clarification whether height exceptions within the Peoria Zoning Ordinance apply to non-habitable portions of a building for properties zoned PUD with allowance for underlying C-2 uses and development standards.

The proposed building will be primarily no more than 48 feet from finished grade to the top of the parapet wall. However, this type of use requires a considerable amount of roof-mounted mechanical equipment, which must also be accessible via an employee staircase. Additionally, the Peoria Design Review Manual requires such mechanical equipment to be screened, thus it effectively results in the building's visual appearance to extend beyond the maximum building height allowed per the C-2 development standards. As proposed, the screening of the HVAC equipment and the associated staircase extend approximately fifty seven (57) feet above the finished grade.

While buildings located within property zoned Intermediate Commercial (C-2) are granted certain allowances in which maximum building height may be exceeded, the Peoria Zoning Ordinance and the applicable PUD zoning case are silent on this matter. In evaluating the height exceptions with Section 21-802.D, some provisions are clearly denoted as applicable for certain zoning districts and/or specified use types. Given the underlying uses and development standards of C-2 are applied to the PUD on the subject site, it would then be customary and uniform in nature to then extend the same height exceptions granted to C-2 zoned parcels. As such, extensions of parapet or roof material used to screen non-habitable equipment for the IRF building may extend above the maximum building height indicated within the C-2 development standards, so long as the extent of the exception is in conformance with Section 21-802.D of the Zoning Ordinance.

**Question 3: Parking:** Determining the most analogous parking ratio for the specific use.

Based on their operations in other nationwide locations, American Development has identified parking demands for inpatient rehabilitation facilities are significantly less than a traditional

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hospital. More specifically, parking demands for IRFs are typically no more than two (2) parking spaces per bed. Given no direct correlation to an existing land use classification within the Zoning Ordinance, staff once again evaluated the operational characteristics of the IRF compared to the similar amalgamation of medical and care related facilities within the Code.

When comparing rehabilitation facilities to medical / health care clinics, the vast majority of medical / health care clinic patients will typically drive themselves to the appointment, and given the average appointment time, they will tend to have a higher turnover or trip rate compared to patients at an IRF. Given these differences, the parking ratio for a medical / health care clinic should not be considered a suitable match to an IRF. Alternatively, patients within care facilities and nursing homes may have a longer-term stay with more or less staff present depending on the nature of the facility or type of home. Using these land use types for comparison then becomes problematic given the varying nature of these facility types. Similarly, there are key distinguishing factors differentiating an IRF and hospitals, including: 1) No active emergency room, 2) No outpatient services, 3) Limited visitation hours, and 4) IRF patients typically do not drive their own cars to the facilities unlike in a traditional hospital. Therefore parking demand is limited primarily to employees, and visitors during limited hours.

Given the differences between the uses compared to IRFs, staff next evaluated other rehabilitation centers operating within Peoria and within the Valley. Specifically, the most recent IRF built within the community identified that sufficient parking would be provided utilizing the ratio of two (2) parking spaces per patient bed. As a major provider of rehabilitation services, this operator was able to provide trip counts and other data within a prepared traffic analysis that was reviewed and approved by the City's Traffic Division staff to support their requested parking ration. Given the similarities between the two rehabilitation facilities, it is determined the same parking ratio should be applicable to the American Development IRF. This finding was all consistent in other locations throughout the Valley as well. As such, staff determines the parking ration for inpatient rehabilitation facilities to be two (2) spaces per patient bed.

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Interpretation By



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Approved By



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3/31/21  
Date