As Modified by the Region of Halton, in its Decision dated March 7, 2023

Official Plan Amendment Number 35 to the Town of Oakville's Livable Oakville Plan

Constitutional Statement

The details of the Amendment, as contained in Part 2 of this text, constitute Amendment Number 35 to the Livable Oakville Plan.

Part 1 - Preamble

A. Subject Lands

The proposed OPA related to the lands north of Dundas Street at Third Line, as identified in **Attachment 1** to this OPA.

B. Purpose and Effect

The purpose of the proposed amendment is to move the Hospital District from the 1984 Oakville Official Plan to the Livable Oakville Plan and incorporate polices for those lands that establish the Hospital District as a Growth Area.

The effect of the proposed amendment to the 1984 Oakville Official Plan is to repeal the plan and policies as they apply to lands within the Hospital District.

The effect of the proposed amendment to the Livable Oakville Plan will be to:

- update schedules to include the Hospital District as a growth area as part of the Livable Oakville Plan area
- introduce a new land use schedule "Schedule R" for the Hospital District, providing for a mix of uses including institutional, employment, residential and commercial, and future roads
- introduce a new "Schedule B1", to reflect the natural features and hazard lands identified in the North Oakville West Secondary Plan within the Hospital District Growth Area boundary
- introduce a new "Schedule B2" to reflect the natural heritage system area key areas identified in the North Oakville West Secondary Plan within the Hospital District Growth Area boundary



- introduce a new "Appendix 5", to reflect the subcatchment areas in the North Oakville West Secondary Plan
- revise the plan's introduction and general policies to recognize the lands added to the Livable Oakville Plan area
- introduce area-specific policies for the Hospital District Growth Area, including the goal, objectives and development concept, as well as functional, urban design, land use, exception and implementation policies, to enable redevelopment that is contextually appropriate

The proposed amendment will result in changes to the following parts of the Livable Oakville Plan:

- Section 1 (Introduction)
- Section 3 (Urban Structure)
- Section 4 (Managing Growth and Change)
- *NEW* Section 26 (Hospital District)
- Section 8 (Transportation)
- Section 10 (Sustainability)
- Section 12.5 (Mixed Use)
- Schedule A1 Urban Structure
- Schedule A1 Urban Structure, OPA 15
- Schedule A2 Built Boundary & Urban Growth Centre
- Schedule B Natural Features & Hazard Lands
- *NEW* Schedule B1 Natural Features & Hazard Lands
- *NEW* Schedule B2 North West Natural Heritage System Key Areas
- Schedule C Transportation Plan
- Schedule E Land Use Schedule Boundaries
- Schedule K North West Land Use



- *NEW* Schedule R Hospital District
- Appendix 2 Site Specific Appeals: Livable Oakville
- Appendix 3 Site Specific Appeals: OPA 4
- *NEW* Appendix 5 North West Subcatchment Areas

C. Background and Basis

- The town's Official Plan Review was launched at a Special Public Meeting on May 15, 2015. At that time, the staff report stated, "The intent of the Official Plan Review is to consolidate and harmonize the town's official plan documents under the Livable Oakville Plan and to ensure conformity with current and updated provincial legislation, the Halton Region Official Plan and Regional Official Plan Amendment No. 38 (ROPA 38).
- As part of the ongoing Regional Official Plan Review, Halton Region is determining how to accommodate forecasted population and employment growth in the region to 2051. This work is being conducted through the Region's Integrated Growth Management Strategy (IGMS) project. The identification of Strategic Growth Areas is an important component of the Region's overall growth management strategy. The work being completed through the town's Official Plan Review provides detailed analysis of local priorities for accommodating future growth in support of Halton Region's Municipal Comprehensive Review (MCR).
- Policy Planning staff has been advancing the Official Plan Review work program (e.g., Urban Structure Review, Employment and Commercial Review, Main Street Growth Area Reviews, North Oakville Secondary Plans Review), while also responding to an evolving Provincial policy regime (e.g., 2017 Growth Plan, 2017 Greenbelt Plan, 2020 Growth Plan (Office Consolidation), Bill 108, Bill 197, 2020 Provincial Policy Statement).
- The North Oakville West Secondary Plan of the 1984 Official Plan, as amended, identified the lands north of Dundas Street at Third line as a Health Oriented Mixed Use Node.
- Council adopted Official Plan Amendments 15, 317 and 318 for a town-wide Urban Structure on September 27, 2017, which identifies the lands around the Oakville Trafalgar Hospital as a Node for Further Study.



- The proposed official plan amendment is based on the Area Specific Plan for the Hospital District developed by consultant Sajecki Planning, as a component of the Hospital District Study.
- The proposed official plan amendment implements the findings of the Hospital District Study by moving the North Oakville West Secondary Plan Area as it pertains to the Hospital District, from the 1984 Oakville Official Plan to the Livable Oakville Plan and incorporating policies for the Hospital District into the Livable Oakville Plan.
- Additional details are provided in the staff report entitled "Public Meeting and Recommendation Report – Town-initiated Official Plan Amendment – Hospital District (File No. 42.15.57)", which may be found on the Town of Oakville Planning and Development Council agenda for June 7, 2021. The report sets out:
 - relevant background information with respect to the 1984 Oakville Official Plan, the Livable Oakville Plan, and the town's Official Plan Review; and,
 - the basis for the proposed Official Plan Amendment, including Provincial policy updates, the Regional Official Plan Review (municipal comprehensive review), OPA 15 to the Livable Oakville Plan (Urban Structure), the North Oakville West Secondary Plans Review, and the Hospital District Study, including the Area Specific Plan.

Part 2 – The Amendment

A. Text Changes

The amendment includes the changes to the text of the Livable Oakville Plan listed in the following table and contained in **Attachment 2**. Text that is **bolded and underlined** is new text to be inserted into the Livable Oakville Plan. Text that is crossed out ("strikethrough") is to be deleted from the Plan. **Attachment 2** contains the text of the new Section 26 in its entirety.

As modified by Halton Region in its Decision dated March 7, 2023

Item No.	Section	Description of Change
1.	1.1.a) INTRODUCTION Purpose	Revise the policy as follows: a) establishes the desired land use pattern for lands within the Town, south of Dundas Street, and north of Highway 407 and within the Hospital District, to 2031;
2.	3.2 URBAN	Revise the policy as follows:



Item No.	Section	Description of Change	
	STRUCTURE Mixed Use	Mixed Use The Mixed Use designations are to be primarily focused within the Growth Areas and in specified locations reflective of an area's planned function. The six seven Growth Areas provide for a concentration of mixed use, higher density, development: Midtown Oakville (urban growth centre), Uptown Core, Palermo Village, Downtown Oakville, Bronte Village, and Kerr Village, and Hospital District. Policies for all six seven of the Growth Areas are found in Part E.	
3.	4 MANAGING GROWTH AND CHANGE	Revise the policy as follows: Within the existing built boundary shown on Schedule A2, Ggrowth is to occur primarily within the defined Growth Areas in Part E (Midtown Oakville, the Uptown Core, Palermo Village, Kerr Village, Bronte Village, and Downtown Oakville, and Hospital District). Intensification outside of the Growth Areas is to be provided in accordance with the policies as set out in this Plan.	
4.	4.1 MANAGING GROWTH AND CHANGE Growth Areas	Revise the policy as follows: Midtown Oakville, the Uptown Core and Palermo Village are primary Growth Areas, which will accommodate the highest level of <i>intensification</i> , and the Hospital District is a Growth Area within a greenfield area. They are intended to be developed as mixed use centres with transit-supportive development focused around major transit station areas and along corridors. These areas have been the subject of detailed, comprehensive land use studies or secondary planning exercises which have resulted in objectives and policies to provide for intensification opportunities.	
5.	4.5 MANAGING GROWTH AND CHANGE Greenfield Areas	Revise the policy as follows: Land areas south Dundas Street within the settlement area of the Town, but outside of the built boundary, represent greenfield areas and are shown on Schedule A2.	



Item No.	Section	Description of Change				
6.	8.3 TRANSPORTATION	nsert the following rows into Table 4: Functional Classification of Roads, n alphabetical order by facility type:				
	Functional Road Classifications	Facility Type	Function	Criteria		
	Ciassilications	Avenue/Transit Corridors	 accommodates intermediate volumes of intracommunity traffic accommodates local transit connects Urban Centre areas and serves as major internal connectors for Urban Core area distributes traffic to or from Major and Minor Arterial/Transit Corridors up to 4 lanes 	 direct access shall be provided except where restricted due to the proximity to specific forms of development or the use of alternative designs on-street parking shall be provided on both sides, except in employment areas where parking is provided on one side and in the Natural Heritage System where no parking shall be provided transit-supportive land uses to be encouraged along right-of-way 22-24 metres 		
		Connector/Transit Corridors Local Roads,	 accommodates low volumes of intra-community traffic accommodates local transit distributes traffic to or from Major and Minor Arterial/Transit Corridors and Avenue/Transit Corridors 2 lanes 	direct access shall be provided on-street parking shall be provided on one side right-of-way shall be minimized and shall not exceed 19 metres		
		North of Dundas		accommodates local transit		



Item No.	Section	Description of Change			
7.	*NEW* 8.17	Insert a new policy subsection as follows:			
	TRANSPORTATION Roads North of	8.17	Roa	ads North of Dundas Street	
	Dundas Street	et 8.17.1	Ave	enue and Connector/Transit Corridors	
			a)	Avenue/Transit Corridors and Connector/Transit Corridors as designated on Schedule C, Transportation Plan, connect neighbourhoods together and to Urban Core Areas and other major focal points of the broader community.	
			b)	These roads shall have a high level of design through the use of tree and feature planting, paving, lighting and signage design. The design shall complement the planned abutting land uses.	
		8.17.2	Loc	cal Roads	
			a)	Local roads provide vibrant spaces and support the transportation system. The design requirements for local roads, while less substantial than for Avenue/Transit Corridors, must support this dual function.	
			b)	Window roads may be permitted in limited circumstances.	
		8.17.3	Lar	nes, Hybrid Roads and Service Roads	
			a)	Lanes, hybrid roads, and service roads shall be permitted where direct driveway access from a roadway is inappropriate or in response to special design features such as a <i>development</i> fronting directly onto open space.	
			b)	Lanes, hybrid roads, and service roads shall be designed with minimum standards for pavement width related to parking areas.	
			c)	The design requirements for these roads shall establish certain minimum standards to address issues like pavement width and the relationship	



Item No.	Section	Description of Change			
				to pa	arking areas.
			d)		es, hybrid roads, and service roads in public ership shall be designed:
				i)	to provide access for public maintenance vehicles, including snow plows and garbage trucks, as well as emergency vehicles, where deemed necessary by the Town;
				ii)	to maximize safety and security;
				iii)	as much as possible for hybrid roads to minimize the impact of garage doors; and,
				iv)	to provide along lanes, where feasible, a varied streetscape
8.	*NEW* 10.11	Insert a new policy subsection as follows:			
	SUSTAINABILITY Natural Heritage System North of Dundas	10.11		atura reet	ll Heritage System North of Dundas
		10.11.1	in ob	acco:	tural Heritage System shall be implemented rdance with the overall concept, and wes, and directions of the applicable ershed study.
		10.11.2	wi	thin	le B2 identifies the following key areas the Natural Heritage System north of s Street applicable to the Hospital District:
			the rip the are Li	at inc pariar e stat eas a	dedium Constraint Stream Corridor Areas clude certain watercourses and adjacent in lands, including buffers measured from the top-of-bank or meander belts. These are located primarily inside Core and the Preserve Areas, but are also found outside eas.
			Hy wi toj	ydrol ith as p-of-	ther Hydrological Features including ogic Features A and B and watercourses, sociated riparian lands, and setbacks from bank and meander belts, located outside the ad Linkage Preserve Areas and the High and



Item No.	Section	Description of Change
		Medium Constraint Stream Corridor Areas 10.11.3 10.11.4 The location and boundaries of the Medium Constraint Stream Corridor Area designations on Schedule B2 shall be determined in accordance with the directions established in the applicable subwatershed study and the required Environmental Implementation Report (EIR) in accordance with the policies of this plan.
		10.11.4 10.11.5 In addition to the High and Medium Constraint Stream Corridor Areas of the Natural Heritage System identified in Schedule B2, oOther hydrological features have also been are identified and shown on Schedule B2. These features are also part of the Natural Heritage System to the extent they are maintained after development occurs. They are subject to the following:
		a) The other hydrological features identified on Schedule B2 include Hydrologic Features A and B and watercourses, with associated riparian lands, and setbacks from top-of-bank and meander belts, located outside the Core and Linkage Preserve Areas and Medium Constraint Stream Corridor Areas.
		b) These features require protection for hydrological reasons, and their protection will also have ecological benefits. The features shall be managed in accordance with directions established in the applicable subwatershed study. In particular:
		i) Where watercourses are designated as Low Constraint Stream Corridor Area on Schedule B2, the streams do not need to be maintained, but the function of the watercourse must be maintained in accordance with the directions established in the applicable subwatershed study;
		ii) Other watercourses do not need to be maintained, although stream density targets established in the applicable



Item No.	Section	Description of Change		
			subwatershed study must be met; and,	
		i i	Hydrologic Features B may be relocated and consolidated with other wet features, wetlands or stormwater management ponds, provided the hydrologic function of the feature is maintained.	
			Roads and related Essential transportation and ities permitted in the Natural Heritage System ll:	
		a)	use non-standard cross sections designed to minimize any impacts on the natural environment;	
		b)	only be permitted to cross the designation in the general area of the road designations shown on Schedule C and Schedule K or as defined through an Environmental Assessment;	
		c)	be designed to minimize grading in accordance with the directions established in the applicable subwatershed study;	
		d)	be required as transit routes or <i>utility</i> corridors;	
		e)	be located outside natural features to the maximum extent possible, and where the applicable designation is narrowest and along the edges of applicable designations, wherever possible;	
		f)	provide for the safe movement of species in accordance with the directions established in the applicable subwatershed study in the design and construction of any road or <i>utility</i> ; and,	
		g)	be kept to the minimum width possible; and,	
		h)	be designed to keep any related structures or parts of structures outside the High Constraint	



Item No.	Section	Description of Change	
		Stream Corridor Area designated on Schedule B2 to the maximum extent possible or as defined through an Environmental Assessment or an Environmental Implementation Report.	
9.	12.5 MIXED USE Urban Core	Revise the policy as follows: Urban Core	
		The Urban Core designation is envisioned to have a strong urban focus and incorporate retail and service commercial, office and residential uses. <i>Development</i> should be oriented to the street and shall contribute to a high quality pedestrian oriented and <i>transit-supportive</i> environment. Midtown Oakville, and the Uptown Core, and Hospital District are the primary locations for this designation.	
10.	*NEW* 26 HOSPITAL DISTRICT	Insert a new policy section as section 26 Hospital District , as shown in Attachment 2 and renumber the remaining policies of the plan accordingly, including policy references.	
11.	Miscellaneous	Replace any references to "Schedule B" throughout the Plan to "Schedule B1".	
12.	Miscellaneous	Adjust the policy numbering and policy references throughout the Livable Oakville Plan in accordance with the modifications above.	
13.	Miscellaneous	Italicize all defined terms within any new text added to the Livable Oakville Plan through the modifications above.	

B. Schedule Changes

The amendment includes the changes and additions to the schedules to the Livable Oakville Plan listed in the following table, and shown in Attachment 3.

Item No.	Schedule	Description of Change
14.	Schedule A1 Urban Structure	Amend Schedule A1 to reflect the Hospital District Growth Area boundary, as shown in Attachment 3.
15.	Schedule A1 (OPA 15) Urban Structure	Amend Schedule A1 to reflect the Hospital District Growth Area boundary, as shown in Attachment 4.
16.	Schedule A2	Amend Schedule A2 to reflect the Hospital District Growth Area boundary,



Item No.	Schedule	Description of Change	
	Built Boundary & Urban Growth Centre	as shown in Attachment 3.	
17.	Schedule B Natural Features & Hazard Lands	Delete Schedule B in its entirety.	
18.	*NEW* Schedule B1 Natural Features & Hazard Lands	Insert new Schedule B1 to reflect the natural features and hazard lands identified in the North Oakville West Secondary Plan within the Hospital District Growth Area boundary, as shown in Attachment 3.	
19.	*NEW* Schedule B2 North West – Natural Heritage System Key Areas	Insert new Schedule B2 to reflect the North West – natural heritage system key areas identified in the North Oakville West Secondary Plan within the Hospital District Growth Area boundary, as shown in Attachment 3.	
20.	Schedule C Transportation Plan	Amend Schedule C to reflect the Hospital District Growth Area boundary and associated road network, as shown in Attachment 3.	
21.	Schedule E Land Use Schedule Boundaries	Amend Schedule E to recognize the North West Schedule Area, as shown in Attachment 3.	
22.	Schedule K North West Land Use	Revise Schedule K to incorporate the North Oakville West Land Use Area with the 407 North Land Use Area, rename the title to North West Land Use, and reflect the Hospital District Growth Area Boundary, as shown in Attachment 3.	
23.	*NEW* Schedule R Hospital District Land Use	Insert new Schedule R to introduce the Land Use schedule for the Hospital District.	
24.	Appendix 2 Site Specific Appeals: Livable Oakville	Amend Appendix 2 of the Livable Oakville Plan to reflect the Hospital District Growth Area boundary, as shown in Attachment 3.	
25.	Appendix 3 Site Specific Appeals: OPA 4	Amend Appendix 3 of the Livable Oakville Plan to reflect the Hospital District Growth Area boundary, as shown in Attachment 3.	
26.	*NEW* Appendix 5 North West Subcatchment Areas	Insert new Appendix 5 of the Livable Oakville Plan to reflect subcatchment areas in the North West area, as shown in Attachment 3.	

C. Changes to Livable Oakville Plan as amended by OPA 15, Urban Structure (not in force)

The following modifications are proposed to amendments to the Livable Oakville Plan proposed through OPA 15, Urban Structure, to the Livable Oakville Plan, which was adopted by the Council of the Corporation of the Town of Oakville through Bylaw 2017-079 on September 27, 2017, and approved as modified by Halton Region on April 26, 2018, but is currently subject to an outstanding appeal at the Local Planning Appeal Tribunal (LPAT) in file #PL180580 and is not in force or effect.

Text that is <u>underlined</u> is new text to be inserted, and text that is crossed out ("strikethrough") is to be deleted.

 That Part 3.6 – Urban Structure, Nodes and Corridors – as proposed by OPA 15, Urban Structure, be modified as follows:

3.6 Nodes and Corridors

Nodes and Corridors are key areas of the Town identified as the focus for mixed use development and intensification.

Nodes and Corridors shown on Schedule A1 – Urban Structure are referred to in this in this Plan as Growth Areas and corridors and include Midtown Oakville, Uptown Core, Palermo Village, <u>Hospital District</u>, Kerr Village, Bronte Village, Downtown Oakville, Trafalgar Road Corridor (QEW to Dundas Street) and the corridors along Dundas Street and Speers Road. This Plan also identifies Nodes and Corridors through the defined terms *intensification areas* and *intensification corridors*.

Nodes and Corridors are identified in the North Oakville <u>East Secondary</u> Plans as the Health Oriented Mixed Use Node as well as urban core areas and include Trafalgar Urban Core Area, Dundas Urban Core Area and Neyagawa Urban Core Area.

The Nodes and Corridors identified in this Plan and in the North Oakville <u>East Secondary Plans</u> comprise the town's *strategic growth areas* as that term is defined in the Growth Plan, 2017.

Midtown Oakville is identified as an *Urban Growth Centre* in the *Growth Plan* and is planned to accommodate a significant portion of Oakville and Halton's required intensification.

Bronte GO Station is identified as a *Major Transit Station Area* by the *Growth Plan* and is intended to accommodate *transit-supportive* growth and intensification.

The remaining Nodes and Corridors each have a unique existing and planned *character*, scale and potential to accommodate growth.

Downtown Oakville, Kerr Village and Bronte Village are intended to develop as mixed use centres with viable main streets.

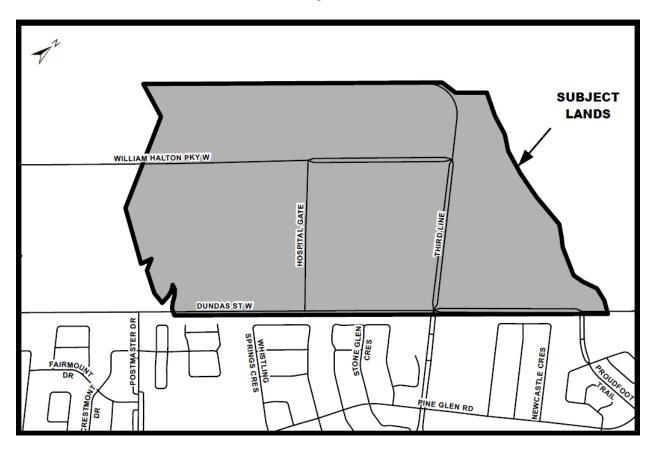
They are recognized in the urban structure as Main Street Areas for their distinctive *character* and are intended to accommodate lesser amounts of intensification.

This Plan, along with the North Oakville <u>East Secondary Plans</u>, provides detailed policies for the *development* of the identified Nodes and Corridors.

For those areas identified on Schedule A1 – Urban Structure as Nodes and Corridors for Further Study, future review shall provide updated and new policies to delineate boundaries, the mix of land uses and the intensity and scale of *development*.

2. That subject to the approval of OPA 15 under section 17 of the *Planning Act*, Schedule A1, Urban Structure, as amended by OPA 15, Urban Structure, to the Livable Oakville Plan be modified as provided in **Attachment 4** to this Official Plan Amendment.

ATTACHMENT 1 to OPA 35 - Subject Lands



ATTACHMENT 2 to OPA 35 - Hospital District Growth Area Policies

26. HOSPITAL DISTRICT

As modified by Halton Region in its Decision dated March 7, 2023

The Hospital District, as shown on Schedule R, is intended to be a vibrant, compact, mixed-use, transit-oriented and pedestrian-friendly area. It is anticipated to be a centre for health care innovation, with Oakville Trafalgar Memorial Hospital as the heart of the district.

The Hospital District shall function as an urban community with an emphasis on institutional and office *development*, with residential uses complementing the employment capacity of the district.

26.1 Goal

The Hospital District will be an employment focused, compact, mixed-use, *transit-supportive* urban *complete community* that provides for institutional, office, retail and service commercial uses in combination with high density residential uses in a predominantly mid-rise built form.

26.2 Objectives

As the Hospital District develops, the Town will, through public actions and in the process of reviewing planning applications, use the following objectives to guide decisions.

26.2.1 Establish the Hospital District as a vibrant community in which to work and live by:

- a) ensuring the opportunity for a range and mix of employment and non-employment uses, including *affordable housing*;
- b) encouraging a general target proportion of 60% jobs and to 40% residents to support the employment focus
- c) providing for a range of uses in a predominantly mid-rise built form with limited surface parking;
- d) requiring visual and physical connectivity through a grid-shaped road network, mid-block connections, *active transportation* corridors and an enhanced public realm:
- e) ensuring connectivity to the adjacent community;
- f) providing a pedestrian-oriented street character; and,
- g) encouraging low impact development practices and sustainable building design.

- 26.2.2 Ensuring a high standard of urban design and architectural quality by:
 - a) encouraging innovative and diverse urban design and built form that promotes a dynamic and livable environment; and
 - b) providing attractive streetscapes through attention to the design of the public realm, built form, and the relationship between private *development* and public areas.
- 26.2.3 Provide for *transit-supportive*, accessible and sustainable development by:
 - a) promoting *development* in a predominantly mid-rise built form by co-ordinating land use, transportation *infrastructure* and urban design;
 - b) developing and configuring a transportation network that integrates alternative travel modes; and,
 - c) providing a safe and convenient transportation system for pedestrians, cyclists, transit and vehicles.

26.3 Development Concept

The Hospital District is comprised of the land use designations as shown on Schedule R. This area is intended to provide an appropriate mix in terms of land use and built form between existing and future *development*. As an employment focused mixed use node, the Hospital District will accommodate institutional and office uses that are complemented by commercial, residential, and community uses. It will feature a network of green connections and built form that complements a pedestrian-oriented street character.

Residential uses west of the hospital are envisioned within a campus of care model with a range of housing options from independent to assisted living, long term care, community support uses, medical office and service commercial uses.

The lands east of Third Line and south of William Halton Parkway will have a focus on health science innovation and technology with a diverse range of employment opportunities, including offices, technology incubators, pharmaceutical and biotechnology, post-secondary educational facilities, hotels and entertainment facilities, in addition to complementary residential uses.

The street network will allow for development blocks that provide enhanced opportunities for pedestrian connections and linear green corridors.

Urban Squares will be encouraged where they can be well integrated into the area's urban form.

Innovative and sustainable design practices for buildings, urban squares, streetscapes, energy generation and distribution and stormwater management will also be encouraged throughout the Hospital District.

26.3.1 Development Blocks

- a) Development blocks identified in Figure 26.3.1shall be planned comprehensively.
- b) Each *development* block designated Urban Core should achieve a minimum employment target of 55% jobs.
- c) The location, type and scale of land uses and buildings within each *development* block shall be regulated by the implementing zoning.

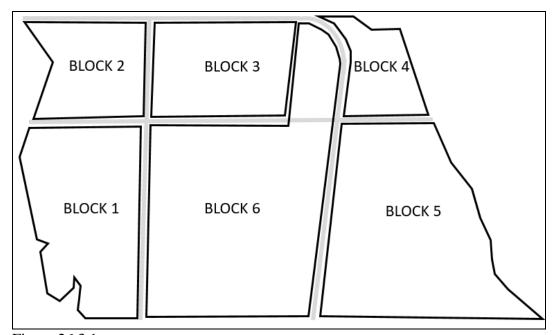


Figure 26.3.1

26.4 Functional Policies

In addition to the policies in Parts C and D of this Plan, the following functional policies apply specifically to the Hospital District.

26.4.1 Transportation

a) Development should be adequately accommodated within the existing transportation system or phased in a manner that aligns with the planned transportation system including higher order transit service. This may also include measures such as transportation demand management and active transportation infrastructure;

- b) **Development** should occur on public roads. Where it is demonstrated through an approved block plan that a public road is not warranted, *development* through plans of condominium on private roads may be permitted, provided all required services are appropriately accommodated and all applicable policies of this Plan are satisfied.
- c) The location of the proposed roads are conceptual and may be subject to change as a result of an approved block plan, detailed stormwater management and/or functional servicing studies, to the satisfaction of the Town.

d) Parking

- Well-designed below grade and above-ground parking structures are preferred.
- ii) Where fronting a public road, above-ground structured parking should be lined by active uses and non-parking areas.
- iii) Surface parking is discouraged. However, where surface parking is demonstrated to be warranted, to the satisfaction of the Town, it should be in the side or rear yard or in areas that can be appropriately screened to ensure the visual impact is mitigated by a combination of setbacks, built form and significant landscaping treatments.
- iv) On-street parking is encouraged and will be permitted wherever possible to calm traffic and buffer pedestrians.
- v) The provision of required parking may be shared among adjacent properties where deemed satisfactory to the Town.

e) Pedestrian Connections

A well-defined pedestrian walkway system shall be required to link lots and blocks within the Hospital District. The system shall provide linkages between buildings, urban squares, adjacent sites, surrounding areas, public streets, particularly those with transit routes and the general pedestrian system in surrounding communities.

f) Bicycle facilities should be provided throughout the Hospital District with the appropriate signage and infrastructure, such as bicycle racks and bicycle lockers.

26.4.2 Stormwater Management

- a) *Development* within the Hospital District shall be required to implement stormwater management techniques in accordance with the policies of this Plan, and to the satisfaction of the Town, the Region and Conservation Authority.
- b) Stormwater management shall not increase flood risk to any other lands.
- c) Best management practices, including low impact *development*, shall be required.
- d) Changes to the location of the stormwater management facilities identified on Schedule R may be permitted without amendment to this Plan, subject to the policies of this Plan.
- e) An Environmental Implementation Report (EIR) shall be prepared for the subcatchment areas within the Hospital District, as identified on Appendix 5, North West Subcatchment Areas, to the satisfaction of the Town.

26.4.3 District Energy

- a) District energy and related infrastructure are encouraged in the Hospital District.
- b) New *development* is encouraged to incorporate the necessary infrastructure and design elements for *district energy* in the building and engineering design.
- c) Notwithstanding S.28.17, a *district energy* feasibility study may be required to be submitted as part of any application for Official Plan amendment, Zoning By-law amendment, draft plan of subdivision or draft plan of condominium.

26.4.4 Urban Design

a) All *development* shall be designed in accordance with the design direction provided in section 6 of this Plan, and the Livable by Design Manual.

26.4.5 Minimum Density

a) The Hospital District shall be planned to achieve a minimum density target of 160 persons and jobs combined per hectare. This target is to be achieved beyond the 2051 planning horizon of this Plan. A minimum planned density target shall be established for the Hospital District through Provincial plan conformity coordinated with Halton Region.

26.5 Land Use Policies

Land use designations for lands within the Hospital District are provided on Schedule R. In addition to the policies in Part C and D of this Plan, the following policies apply specifically to the Hospital District.

26.5.1 Building Heights

- a) Buildings within the Urban Core designation shall be a minimum of six storeys in height and a maximum of 12 storeys in height.
- b) Notwithstanding the above, buildings within the Urban Core designation east of Third Line and south of William Halton Parkway shall be a maximum of 15 storeys in height.
- c) Additional building height may be considered where above-ground structured parking is provided, subject to the following:
 - i) One additional storey of building height for each storey of above-ground structured parking provided in the same building, to a maximum of three additional storeys; and,
 - ii) Where fronting a public road, the above-ground structured parking shall be lined by active uses.
- 26.5.2 On lands designated Urban Core, the following additional uses shall be permitted:
 - a) long term care facilities; and,
 - b) uses permitted within the Institutional designation.
- 26.5.3 Buildings and structures within the Hospital District shall be sited, massed and designed to accommodate the continued use of flight paths to the hospital helipad.

26.6 Hospital District Exceptions – Schedule R

The following additional policies apply to certain lands on Schedule R, Hospital District Land Use.

26.6.1 The lands identified in Figure 26.6.1 are subject to the following additional policies:

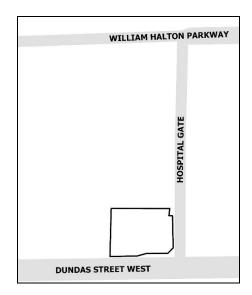


Figure 26.6.1

a) A minimum height of 4 storeys shall be permitted

26.7 Implementation Policies

In addition to the policies in Part F of this Plan, the following implementation policies apply specifically to the Hospital District.

26.7.1 Phasing/Transition

- a) *Development* in the Hospital District will occur gradually over the long-term and be co-ordinated with the provision of *infrastructure*, including:
 - i) transit (conventional and rapid transit);
 - ii) road network capacity;
 - iii) pedestrian and cycling facilities;
 - iv) water and waste water services;
 - v) stormwater management facilities;
 - vi) streetscape improvements; and,
 - vii) utilities.
- b) Further to subsection (a) above, the timing of *development* will be subject to the availability of required *infrastructure*, including but not limited to future transportation network improvements and water and wastewater services.
- c) Initial phases of *development* shall not preclude the achievement of a compact, pedestrian-oriented and *transit-supportive* urban form or the road network identified on Schedule R.
- 26.7.2 As part of any *development* application in the Hospital District, an assessment of the potential impacts of and to the existing radio towers east of the Hospital District may be required.

26.7.3 Block Plans

- a) As part of any *development* application in the Hospital District, a block plan shall be submitted for the entirety of the development block in which the subject lands are located, as identified in Figure 26.3.1.
- b) The block plan shall:
 - i) provide a comprehensive *development* scheme for the entirety of the block in which the subject lands are located, as identified in Figure 26.3.1;
 - ii) demonstrate how the *development* achieves a minimum of 55% jobs;
 - iii) demonstrate compliance with section 6.1.2 and the Livable by Design Manual; and
 - iv) be prepared in accordance with a terms of reference approved by the

26.7.4 Monitoring

- a) The Town will monitor the level of *development* within the Hospital District.
- b) In order to track the pace of development and identify and plan for *infrastructure* improvements, including *active transportation* and transit, the monitoring program shall evaluate the following:
 - i) traffic characteristics on key routes and at key intersections, in accordance with the Town and Region's transportation study guidelines;
 - ii) existing, approved and proposed development, including the number of residential units and the amount of non-residential floor space;
 - iii) transit usage and *modal share*;
 - iv) population and employment generated by development; and,
 - v) indicators of sustainability to be determined by the Town.

26.7.5 Transportation

a) A detailed, intersection level, Transportation Study for the Hospital District shall be completed in accordance with an approved terms of reference, to the satisfaction of the Town and Region, to assess impacts of traffic on Regional and local roadways and to identify road infrastructure upgrades and access improvements required to facilitate *development* in the Hospital District.

b) Should the results of the Transportation Study show that capacity is not available, development may not be permitted until the required improvements to address the capacity constraints have been implemented or a coordinated staging and monitoring plan has been developed to ensure that Regional roads function efficiently as major routes within the Hospital District.

26.7.6 Servicing

- a) An update to the approved servicing plan shall be completed, to the Region's satisfaction, to address updated population estimates and distribution to confirm the preferred water and wastewater servicing strategy for the Hospital District and the broader Regional water and wastewater system, including identifying upgrades and improvements that will be required to support development.
- b) Should the results of the study show that capacity is not available, development may not be permitted until the required improvements to capacity constraints have been implemented or a coordinated staging and monitoring plan has been developed to implement the preferred water and wastewater servicing strategy for the area.

26.8 Site-Specific Official Plan Amendments

- 26.8.1. The Town shall evaluate site-specific official plan amendments in the Hospital District within the context of the goals, objectives and policies of this Plan.
- 26.8.2 The proponent of an official plan amendment shall submit reports to the satisfaction of the Town demonstrating the rationale for the amendment in accordance with the submission requirements set out in Part F of this Plan.
- 26.8.3 Additional building height beyond that identified in section 26.5.1 may be considered through a site-specific official plan amendment that demonstrates, in addition satisfying other applicable policies of this Plan, the proposed *development*:
 - a) is appropriate in the context of the Ttown-wide urban structure;
 - b) has been considered within a block plan applicable to the development block in which the subject lands are located, as identified in Figure 26.3.1;
 - c) addresses parkland dedication requirements;
 - d) meets the parking requirements established in section 26.4.1 and Part C of this Plan including sections 6.13 and 8.15;

- e) meets the stormwater management requirements established in section 26.4.2 and Part C of this Plan;
- f) has been designed to comply with section 6 of this Plan and the direction set out in the Livable by Design Manual; and,
- g) addresses servicing and other infrastructure requirements.



