

**Las Cruces Country Club Redevelopment
Resident/Community Support Petitions
June 25, 2013**

Support for the C-3 zoning for medical use, assisted living and rehabilitation facilities.

Signatures from residents of Las Cruces community and neighborhood surrounding Las Cruces Country Club: 260

Included with signatures are 14 of the 18 owners of town homes on Camino Del Rex that back up to the country club property.

	Status	Name	Address	Petition
1	Owner(s)	Kyu Kelly/Bill Kelly	780 Camino Del Rex	SIGNED
2	Owner(s)	Pam Kelly/Mark Maveety	790 Camino Del Rex	SIGNED
3	Owner(s)	Phillip Larsen	800 Camino Del Rex	SIGNED
4	Owner(s)	Larry Gemoets	810 Camino Del Rex	SIGNED
5	Owner(s)	John/Millie Stevens	820 Camino Del Rex	
6	Owner(s)	Chris Lopez	830 Camino Del Rex	
7	Owner(s)	Charles/Patsy Greene	840 Camino Del Rex	
8	Owner(s)	Richard/Claudia Jensen	850 Camino Del Rex	SIGNED
9	Owner(s)	James/Mary McMullen	860 Camino Del Rex	SIGNED
10	Owner(s)	Keith/Glenda Hansen	870 Camino Del Rex	SIGNED
11	Owner(s)	Billie Ann Haynie	880 Camino Del Rex	SIGNED
12	Owner(s)	Joseph Gonzalez	890 Camino Del Rex	SIGNED
13	Owner(s)	John/Rebecca Mitchener	900 Camino Del Rex	SIGNED
14	Owner(s)	James Monsimer	910 Camino Del Rex	SIGNED
15	Owner(s)	Hector Maese	920 Camino Del Rex	SIGNED
16	Owner(s)	Bernadine Wright	930 Camino Del Rex	
17	Owner(s)	Tom Alexander	940 Camino Del Rex	SIGNED
18	Owner(s)	Jesus/Emma Mora	950 Camino Del Rex	SIGNED

Original petitions held by Susana Montana.

1621
Las Cruces Country Club Redevelopment
Resident/Community Support Petition
June 2013

Purpose:

We, residents of the Las Cruces community and neighborhood surrounding the Las Cruces Country Club, have met with the developers of the proposed mixed-use community and medical campus to be located on the Las Cruces Country Club site. We support this project and the proposed rezoning of the 110 acre site as a PUD (Planned Unit Development) and the C-3 zoning for medical use, assisted living and rehabilitation facilities.

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Signature	Print Name	Address	Date
	Ray Jaramillo	1213 OSAGE Ct. L.C. 88005	6/18/13
	Barbara Dederer	3369 Eastridge LC 88005	6/18/13
	Mary Nalley	1358 Cabin Creek 88012	6/19/13
	Crystal DeLaO	3245 E. University Ave	6/19/13
	ANA FLORES	5290 PUEBLO TR. LCNM	6/19/13
	Debora Andros	2325 College St., L.C. 88001	6/19/13
	Sozette Hall	301 Cowler Rd. Las Cruces 88005	6/19/13
	Kristen Andrews	2160 Garrison Rd. Las Cruces 88001	6/19/13
	Shawna King	2100 SADDLES Ln #25 LCNM 88007	6/19/13
	Barbara Martinez	235 Dona Ana School Rd. LCNM 88007	6/19/13
	Ana Flores	300 E Thorpe Ln, LCNM 88007	6/18/13
	Rhonda Clow	2800 N. Roadrunner Pkwn	6-18-13
	Klarese Hatley	3245 E. University Ave, Apt. 11	6-18-13
	Kelley Witt	5266 Executive Hills Rd Apt. C	6-18-13
	Melissa Navarro	1810 Colorado Ave	6-19-13
	Brittany Polanco	72 S Montana	6-19-13
	Crystal Marcha	1751 W. Hadley #3	6-19-13
	Jessica Brooks-Parkins	1745 Westmoreland L.C. 88012	6/19/13
	Melissa Pate	3246 Ridge Line Dr	6/19/13

Please call, email or return to Billie Haynie - 880 Camino Del Rex
575-635-8921/billie.haynie@gmail.com

Las Cruces Country Club Redevelopment
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Signature	Print Name	Address	Date	
	Harry Hansen	4168 Soto / Lt	5-8-13	owner
	Becky Mitchell	900 Camino del Rey	5-8-13	owner
	Lisa Tillery	1950 Fairfax Ave.	5-8-13	
	Kevin Tillery	1950 Fairfax Ave	5-8-13	
	Hector Maese	920 Camino del Rey	5-8-13	owner
	Rick Jensen	850 " " "	5-8-13	owner
	Johanie Gubaris	1625 Locust St	5-8-13	
	Myra Mae McCabe	2640 DESERT DR	5-8-13	
	Ralph Miller	1525 ALTURA AVE	5-8-13	
	Sharon White	20555 Arlington Ave	5-8-13	
	Pamela Kelly	790 Camino Del Rey	5-8-13	owner
	Ray Jaramillo	1205 E Madrid Ave	5/8/13	
	William Kelly	780 Camino Del Rey	8 MAY 13	owner
	ELVA GRANADA	920 Camino Del Rey	5-8-13	renter
	JIM MONSIMEN	910 Camino Del Rey	6/6/2013	owner
	JOHN MITCHELL	900 Camino Del Rey	6-13-2013	owner

1626
Las Cruces Country Club Redevelopment
Resident/Community Support Petition
June 2013

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Signature	Print Name	Address	Date
	FRANK G. MARTINEZ	1545 Country Club Cir.	6-21-13
	EDWARD P. PEREZ	1515 ALTURA	6-23-13
	THOMAS MARSE	1530 171 LURA	6-25-13
	CHARLES L. FOLK	2655 DESSERT DR.	6-24-13
	RAMIRO GARCIA	1065 CAMINO DEL REX	6/24/13
	SYLVIA B. GARCIA	1065 Camino del Rex	6/24/13
	SYLVIA B. GARCIA	1405 Country Club Cir	6/24/13
	TERESA ROMAN	1045 Camino Del Rex	6/24/13
	RILEY ROMAN	1045 Camino Del Rex	6/24/13
	JACK SAUNDERS	1650 Camino del Rex	6/24/13
	WYLENE SAUNDERS	1650 Camino del Rex	6/24/13
Please call, email or return to Billie Haynie - 880 Camino Del Rex 575-635-8921/billie.haynie@gmail.com			

11

one 70 20
 city Hall
 6 pm
 John Stevens

Las Cruces Country Club Redevelopment
 Resident/Community Support Petition

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Signature	Print Name	Address	Date
<i>[Signature]</i>	JETHORIE CUBANISKI	1625 Country Club Dr	6/2/13
<i>[Signature]</i>	Karla Steen ZIEHL	1908 Aljance	10/13/13
<i>[Signature]</i>	Giovanni Padilla	737 Rowan	10-20-13

Las Cruces County Club Redevelopment
Resident/Community Support Petition

From North Mesa
950 Country Club

Purpose:

We, residents of the Las Cruces community and neighborhood surrounding the Las Cruces Country Club, have met with the developers of the proposed mixed-use community and medical campus to be located on the Las Cruces Country Club site. We support this project and the proposed rezoning of the 110 acre site as a PUD (Planned Unit Development) and the C-3 zoning for medical use, assisted living and rehabilitation facilities.

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Signature	Print Name	Address	Date
<i>Joseph M. Holmes</i>	JOSEPH M. HOLMES	1001 N. ARMISTO LC	05/09/13
<i>John Calvert</i>	John Calvert	3229 Meigs, LC	5/9/13
<i>John Anderson</i>	John Anderson	3261 Highridge LC	5/9/13
<i>Ernesto Santa</i>	ERNESTO SANTA	828 ROUNDT	5-10-13
<i>Tom Izio</i>	TOM IZIO	711 EL PRADO LC	5-21-13
<i>Nancy Jenkins</i>	Nancy Jenkins	2317 Cheyenne Dr LC	5-21-13
<i>Frank Jenkins</i>	FRANK JENKINS	2777 CHEYENNE LC.	5-21-13
<i>Donald G. Johnson</i>	DONALD G. JOHNSON	4351 NAMBE Arc, h.c.	6/21/13
<i>Burton B. Binnett</i>	Burton B. Binnett	3359 Blue Ridge Ln, LC	5/21/13
<i>Larry F. Allen</i>	Larry F. Allen	8180 Constitution	5/23/13
<i>Joseph Novak</i>	JOSEPH NOVAK	265 CRAVER RD	5/25/13
<i>Wayne P. Cunningham</i>	Wayne P. Cunningham	601 N. Raymond	5/24/13
<i>P.A. Sanderson</i>	P.A. Sanderson	5900 N. Jornada	6/7/13
<i>Elizabeth Mays</i>	Elizabeth MAYS	1210 BURKE RD	6/8/13
<i>Debbie Dussan</i>	Debbie Dussan	4150 Whispering Pines Ln	6/8/13
<i>Bruce Erhard</i>	Bruce Erhard	1914 Highland	6/8/13
<i>Jodie L. Evans</i>	JODIE L. EVANS	1865 LA JOLLA	6/11/13

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Signature	Print Name	Address	Date
<i>Cecilia E. Perez</i>	Cecilia E. Perez	2432 Moon River Loop	6-8-13
<i>Refugio Alford</i>	Refugio Alford	STARVIEW #3	6-8-13
<i>Linda Gonzalez</i>	Linda Gonzalez	1215 Poplar Av	6-8-13
<i>Celia Cardena</i>	SALLY Cardena	1215 Poplar Av	6-8-13
<i>Erlinda Gonzalez</i>	ERLINDA Gonzalez	1215 Poplar Av	6-8-13
<i>Damon Gonzalez</i>	Damon Gonzalez	1371 Espejo Ct	6-8-13
<i>James Carrillo</i>	James Carrillo	1371 Espejo Ct	6-8-13
<i>Celia Lopez</i>	Celia P. Lopez	4015 Old River Rd	6-8-13
<i>Juanita Kimble</i>	Juanita Kimble	4988 Bosworth Rd	6-8-13
<i>Cosimo Gonzalez</i>	Cosimo Gonzalez	P.O. Box 6 Mesilla Park	6-8-13
<i>Gilbert Sanchez</i>	Gilbert Sanchez	P.O. Box 16663	6-8-13
<i>Joe A. Duran</i>	JOE A. Duran	1002 Circle Dr. N. 2	6-8-13
<i>Mika A. Burleson</i>	Mika A. Burleson	8936 Lisa Ln	6/8/13
<i>Cosme Kapina</i>	Cosme KAPINA	201 MONTANA	6/8/13
<i>Mickie Calzadas</i>	MICKIE CALZADAS	STARVIEW #9	6/8/13
<i>G. Holden</i>	G. Holden	5670 MESA DR.	6-8-13
<i>Refugio Alford</i>	Refugio Alford	3413 Wintertown Dr	6-8-13
<i>Andy Sadural</i>	ANDY SADURAL	3593 MEN DR.	6-8-13
<i>Christine Dickson</i>	Christine Dickson	2200 Catey Dr #103	6-8-13
<i>Simon G. Brito</i>	SIMON G. BRITO	1413 WALKER DR	6-8-13
<i>Randy Taylor</i>	1891 Guamis	1891 Guamis Hwy	6-8-13
<i>Ernesto Medina</i>	Ernesto Medina	2041 SOMERSET PL	6-8-2013

Ernesto Medina *Ernesto Medina*
Randy Taylor *Randy Taylor* 5337 CREEK TR 6-10-2013
Kristie Burrows *Kristie Burrows* 5337 CREEK TR 6-10-13
Ronnie Taylor *Ronnie Taylor* 1270 Lewis St 6-10-13
Ronnie Taylor *Ronnie Taylor* 1270 Lewis St 6-10-13

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Signature	Print Name	Address	Date
<i>Billie Haynie</i>	Billie Haynie	880 Camino Del Rey	5/10/13
<i>David W. Kinkaid</i>	DAVID W. KINKAID	1608 W LEWIS AVE	5/20/13
<i>John R. Kinkaid</i>	JOHN R. KINKAID	1608 CAMINO DEL REY	5/20/13
<i>Jami Stull</i>	JAMI STULL	4100 SAN YSIDRO	5/22/13
<i>Laura Kazmaik</i>	LAURA KAZMAIK	1905 San Acacio	5/22/13
<i>Randy Gahn</i>	Randy Gahn	880 Camino del Rey	6/4/13
<i>James Owen</i>	James Owen	880 Camino del Rey	6-4-13
<i>Patricia Livingston</i>	Patricia Livingston	1220 Lewis St.	6-4-13
<i>Tyler Tafuya</i>	Tyler Tafuya	1220 Lewis St.	6-4-13
<i>Tackla M. Whinnery</i>	Tackla Whinnery	1220 Lewis St	6-4-13
<i>Lisa Crawford</i>	LISA Crawford	475. BIODA Lane	6/4/13
<i>Ann Stull</i>	Ann Stull	1905 San Acacio	6/8/13
<i>Joseph Gonzales</i>	Joseph Gonzales	890 Camino del Rey	6/8/13
<i>Laura Stull</i>	LAURA STULL	1905 San Acacio	6/11/13

owner

owner

Las Cruces County ~~633~~ Redevelopment
Resident/Community Support Petition

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Signature	Print Name	Address	Date
<i>[Signature]</i>	CLAYTON	1176 Lewis St	6-11-13
<i>[Signature]</i>	ALLEN ALGIBERS	1176 Lewis St	6-11-13
<i>[Signature]</i>	Charlie Key	1309 Thomas	6/11/13
<i>[Signature]</i>	Sylvio Lauer	LC UN	6/11/2013
<i>[Signature]</i>	Jerry Lopez	1914 Second Hill	6/11/13
<i>[Signature]</i>	Bernie Gonda	2244 Fong St	6/11/13
<i>[Signature]</i>	LARRY ALBERT	4825 B...	6-11-13
<i>[Signature]</i>	Chas Brown	1315 Lynx Trl	6-11-13
<i>[Signature]</i>	ALBERT	3222 Voltaire	6-11-13
<i>[Signature]</i>	BETTY BOND	881 SANCHEZ	6-11-13
<i>[Signature]</i>	Don HALLEN	4003 ELKS DR	6-11-13
<i>[Signature]</i>	CHAZ FISHOL	1936 MULBERRY	6-11-13
<i>[Signature]</i>	John Pignone	4066 Fern Post Ave	6-11-13
<i>[Signature]</i>	John Pignone	4454 S...	6/11/13
<i>[Signature]</i>	Rick Jensen	850 Camino del Rex	" " owner
<i>[Signature]</i>	Paula Moore	3340 Karen Dr 88001	6/11/13
<i>[Signature]</i>	Lynna Heikrik	1089 Thula Ct 88001	6/11/13
<i>[Signature]</i>	Mary Rohr	2370 Cheyenne Ct 88011	6/11/13
<i>[Signature]</i>	Jason HERNANDEZ	1095 E. Taylor Rd. 88007	6/11/13
<i>[Signature]</i>	Rudy Wimmer	1095 E. Taylor Rd 88007	6/11/13

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Signature	Print Name	Address	Date
	Tony Lopez	1800 Cedar Ct.	6/11/13
	Paul Glenn	2118 ESTANCO L.C.	6-11-13
	Rick Burke	4870 Calle de Estrella	6-11-13
	Vaughn Larson	2023 Rubia Ct	6-11-13
	David Willey	7510 Rolling Hill	6-11-13
	Nell B Rose	1510 Country Club Cr.	6-11-13
	Beatrice Heath	2305 Maxfield Ln	6-11-13
	Tom Alexander	940 Camino Del REX	6-11-13
	Jack Saunders	1650 Camino del REX	6-11-13
	Steve Livas	3821 Azalea Dr. L.	6-11-13
	Elaine Tilghman	934 Sumner Pl. LC	6/11/13
	GEORGE SOTO	810 Alameda Dr	6-11-13
	Claudia Jansen	850 Camino Del REX LC	6-11-13
	MIKE KELLY	1721 VALLEHERMOSA LN	6-11-13
	CHARLES E. ROTH	2370 CHEYENNE DR	6-11-13
	Dale Russell	7502 MONTE VECIO PL LAS CR.	6-11-13
	JOHN SIGMOND	2842 LOOKOUT Rd	6-11-13
	Roger Knudt	1170 Country Club Rd Las Cruces	6/11/13
	ROY A. CURRIER	224 W. GREENING AVE	6-10-2013

owner

owner

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	JERRY SMITH	4568 MESA CTR DR	6-11-13
	RAY MENDEZ	1089 MESA CT LC	6-11-13
	JACK ARRINGTON		6-11-13
	SEAN MACKEN	2008 Frisco	6-11-13
	JANET L. MCCOY	4422 008 FRISCO	6-11-13
	MADELINE JUSUS	1170 SIERRA LUL	6-11-13
	JOHN HERKERT	2080 PIVELAO WAY	6-11-13
	JUDY CHADWICK	413 PAPAGO CT LC	6-11-13
	M. ROWLANDS	4218 TRILLIUM D	6-11-13
	W. ROWLANDS	4218 TRILLIUM D	6-11-13
	T. MARSH	979 RIO BRAVO WAY LC	6-11-13
	JUNE SANCHEZ	604 La Melodia	6-11-13
	VIC SANCHEZ	601 La Melodia	6-11-13
	RAMONA PADILLA	3329 Solarrise	6-11-13
	GUADALUPE MENDEZ	5010 ROCK CT	6-11-13
	JAMES ROSS	2634 APACHE DR	6-11-13
	EDMUND CHAVEZ	1733 IMPERIAL RIDGE	6-11-13
	HERB HYDE	4019 RIVIERA WOOD	6-11-13
	ROSA V. APARICIO	4140 SALADO CREEK	6-11-13
	PHILLIP APARICIO	4140 SALADO CREEK	6-11-13
	ANNE MONCE	105 REDEVELOPMENT DR	6-11-13
	R. PASSAFIUME	873 WINDSOR CT	6-11-13
	MARSHALL HIGHSMITH	2948 ONATE RD	6-11-13

1646
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June 2013

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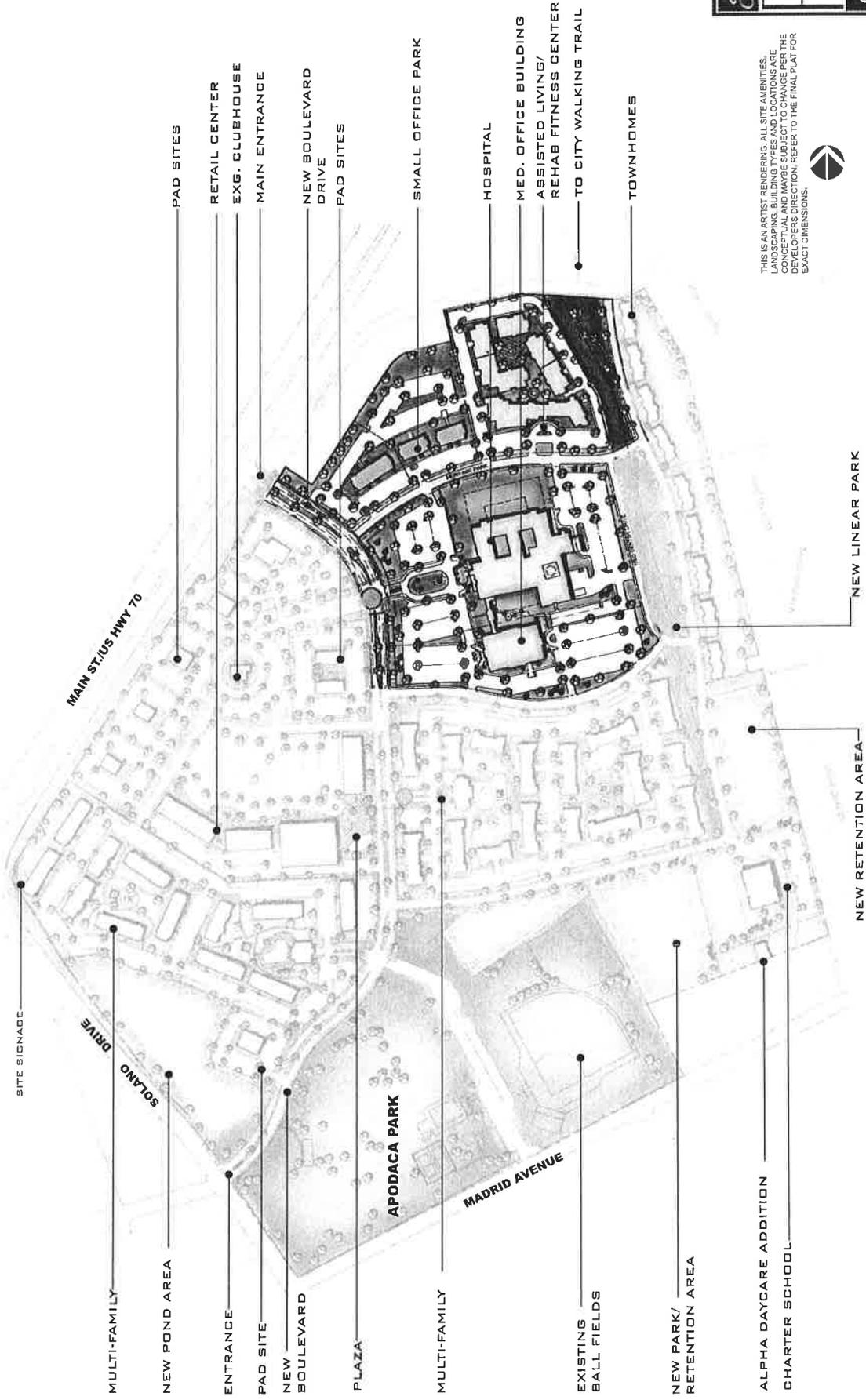
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Signature	Print Name	Address	Date
<i>Sandra M...</i>	Sandra M...	1955 Fairfax	6/21/13
<i>Terri...</i>	Terri...	937 Top...	6/21/13
<i>Joshua Tillery</i>	Joshua Tillery	1910 Fairfax	6/22/13
<i>Bethanie Tillery</i>	Bethanie Tillery	1910 Fairfax	6/23/13
<i>Ashley Anderson</i>	Ashley Anderson	203 W. Madrid #11	6/24/13
<i>Lisa Tillery</i>	Lisa Tillery	1950 Fairfax Ave.	6/24/13
<i>Kevin Tillery</i>	Kevin Tillery	1950 Fairfax Ave.	6/24/13
<i>Sherri Good</i>	Sherri Good	1742 Valencia	6/24/13
<i>Steve Good</i>	Steve Good	1742 Valencia	6-24-13
<i>Zach Olson</i>	Zach Olson	1950 Fairfax	6-24-13
<i>Rodney Ballard</i>	Rodney Ballard	3435 Ridge Line	6-24-13
<i>Deborah Ballard</i>	Deborah Ballard	3435 Ridge Line	6-24-13

Please call, email or return to Billie Haynie - 880 Camino Del Rex
575-635-8921/billie.haynie@gmail.com



THIS IS AN ARTIST RENDERING. ALL SITE AMENITIES, LANDSCAPING, BUILDING MATERIALS, LOCATION, AND FINISHES ARE SUBJECT TO CHANGE PER THE DEVELOPER'S DISCRETION. REFER TO THE FINAL PLAN FOR EXACT DIMENSIONS.



- SITE SIGNAGE
- MAIN STATUS HWY 70
- MULTI-FAMILY
- NEW POND AREA
- ENTRANCE
- PAD SITE
- NEW BOULEVARD
- PLAZA
- MULTI-FAMILY
- EXISTING BALL FIELDS
- NEW PARK/RETENTION AREA
- ALPHA DAYCARE ADDITION
- CHARTER SCHOOL
- NEW LINEAR PARK
- NEW RETENTION AREA
- APODACA PARK
- MADRID AVENUE
- SMALL OFFICE PARK
- HOSPITAL
- MED. OFFICE BUILDING
- ASSISTED LIVING/REHAB FITNESS CENTER
- TO CITY WALKING TRAIL
- TOWNHOMES
- RETAIL CENTER
- EXG. CLUBHOUSE
- MAIN ENTRANCE
- NEW BOULEVARD DRIVE
- PAD SITES

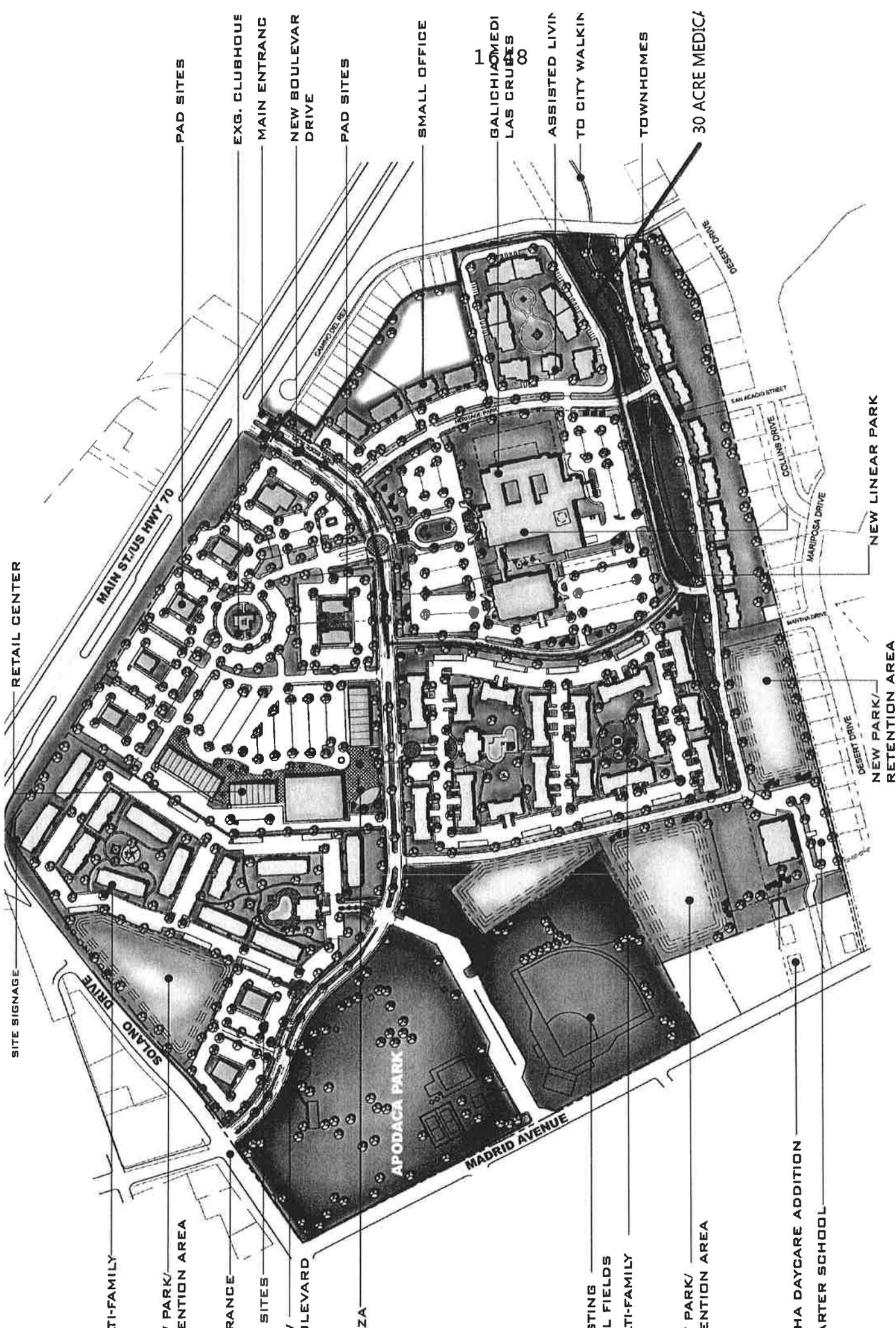
PARK RIDGE - RETAIL/RESIDENTIAL/MEDICAL CAMPUS

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 TEL. 316-262-4800 FAX 316-262-4599



LAS CRUCES, NEW MEXICO

17 JUNE 2013



RETAIL CENTER

SITE SIGNAGE

JTI-FAMILY

V PARK/
ENTION AREA

RANCE

SITES

W

JLEVARDO

LAZA

APODACA PARK

MADRID AVENUE

STING

L FIELDS

JTI-FAMILY

V PARK/
ENTION AREA

HA DAYCARE ADDITION

ARTER SCHOOL

PAD SITES

EXG. CLUBHOUSE

MAIN ENTRANC

NEW BOULEVAR
DRIVE

PAD SITES

SMALL OFFICE

GALICHIOMEDI
LAS CRUCES

ASSISTED LIVING

TO CITY WALKIN

TOWNHOMES

30 ACRE MEDICAL

NEW LINEAR PARK

NEW PARK/
RETENTION AREA

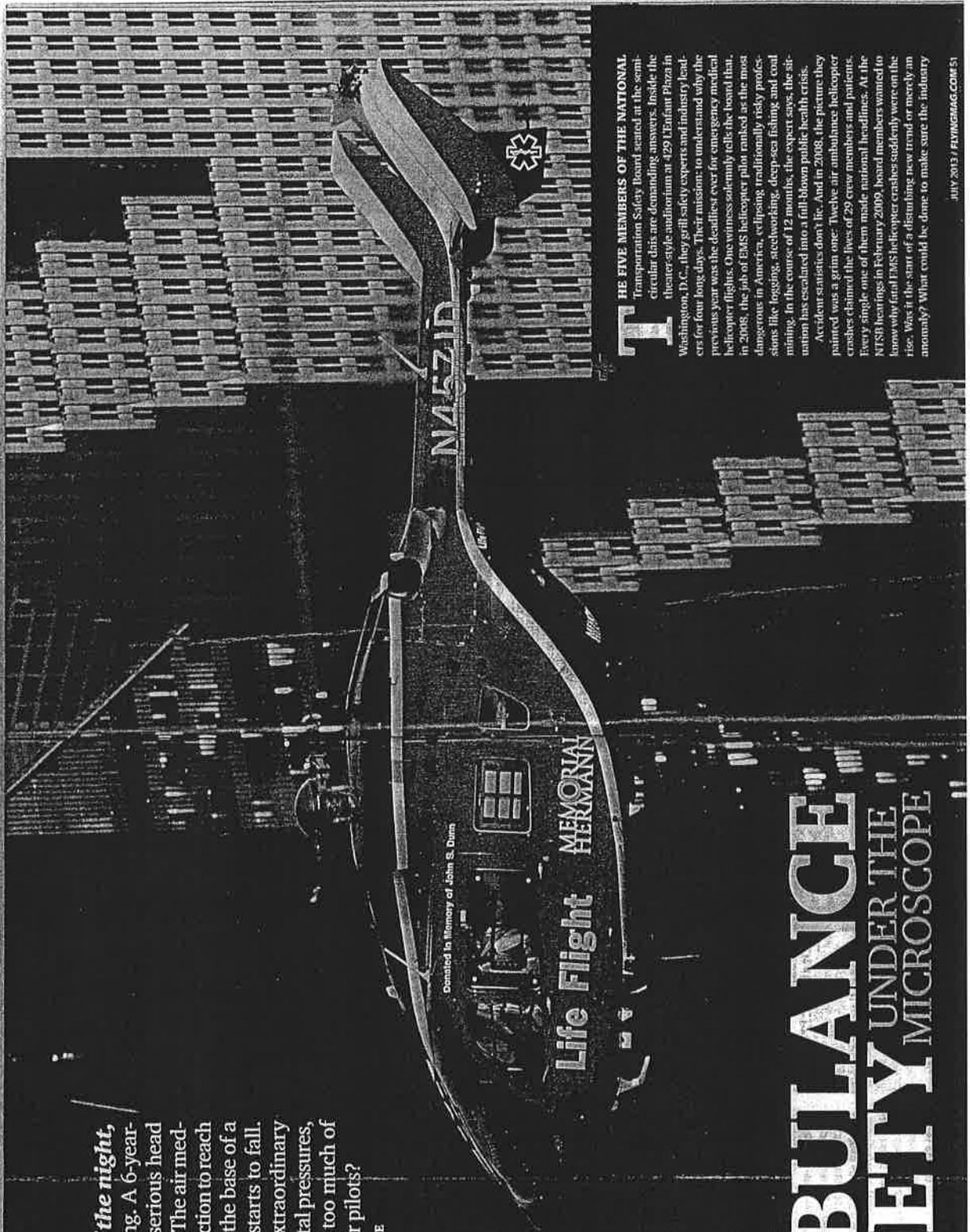
PARK RIDGE - RETAIL/RESIDENTIAL/MEDICAL CAMPUS

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G PHILLIPS TICE
E 201, Wichita, KS 67202
FAX: 316-267-1509

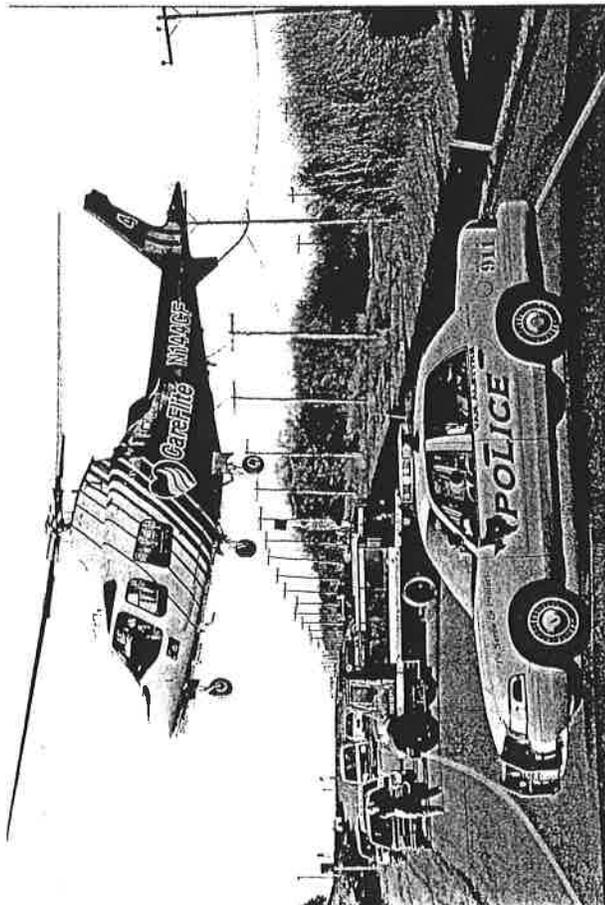
It's the middle of the night, and the clock is ticking. A 6-year-old girl has suffered serious head trauma in a car crash. The air medical crew springs into action to reach the accident scene at the base of a ravine as heavy rain starts to fall. In the face of such extraordinary time and environmental pressures, are we simply asking too much of heroic EMS helicopter pilots?

>>> BY STEPHEN POPE



THE FIVE MEMBERS OF THE NATIONAL Transportation Safety Board seated at the semi-circular table are demanding answers. Inside the theater-style auditorium at 429 L'Enfant Plaza in Washington, D.C., they grill safety experts and industry leaders for four long days. Their mission: to understand why the previous year was the deadliest ever for emergency medical helicopter flights. One witness solemnly tells the board that, in 2008, the job of EMS helicopter pilot ranked as the most dangerous in America, eclipsing traditionally risky professions like logging, steelworking, deep-sea fishing and coal mining. In the course of 12 months, the expert says, the situation has escalated into a full-blown public health crisis. Accidents statistics don't lie. And in 2008, the picture they painted was a grim one: Twelve air ambulance helicopter crashes claimed the lives of 29 crew members and patients. Every single one of them made national headlines. At the NTSB hearings in February 2009, board members wanted to know why fatal EMS helicopter crashes suddenly were on the rise. Was it the start of a disturbing new trend or merely an anomaly? What could be done to make sure the industry

AIR AMBULANCE SAFETY UNDER THE MICROSCOPE



never experienced a repeat of what happened that year? Experts testified it was time for the air ambulance industry "to change the way it does business" by focusing more on safety and less on profits.

Helicopter EMS safety officials made it onto the NTSB's "Most Wanted" list of improvements in the fall of 2008. Dozens of recommendations were under consideration as the news media reported the most heart-wrenching details from each of the crashes that occurred that year. Voluntary industry efforts to reverse the accident trend were having little effect,

So how then do we explain what happened in 2008? For a start, the air ambulance industry has experienced rapid growth in recent years. In 1980, for example, there were fewer than 50 EMS helicopters operating in the United States. By 1986 the figure had tripled to 150 EMS helicopters. Ten years later there were nearly 300. By the time 2008 rolled around, there were an incredible 668 dedicated EMS helicopters flying for more than 200 hospitals and emergency medical service providers across the nation.

So was 2008 merely a statistical blip, or was it the start of

Calling EMS flying the most dangerous job requires a heavy reliance on hyperbole and creative manipulation of the numbers.

witnesses told the board. Some advocated for forcing EMS helicopter operators to become safer through regulation.

The emotionally charged hearings shed light on an important issue, but they also failed to tell the whole story. While it's true that the number of fatal air ambulance helicopter crashes was up in 2008, lifesaving flights by EMS helicopter crews were actually becoming safer over time. In fact, an examination of the accident rate per 100,000 hours of flying — the typical barometer for measuring safety in aviation — shows that EMS flying is one of the safer types of operations helicopters are pressed to perform. The most dangerous? Personal helicopter flying by nonprofessionals.

in 2008 was lower on a 100,000-flight-hours basis than any year in the 1980s. In fact, the overall HEMS accident rate has been consistently lower compared with almost all other types of helicopter flying. The fact is, calling EMS flying the most dangerous job requires a heavy reliance on hyperbole and a creative manipulation of the numbers.

DISTORTED REALITY?

Still, when you read about an EMS helicopter crash, the chances of it involving fatalities will indeed be higher than for most other types of flying. EMS helicopters experience around 2.0 fatal accidents per 100,000 hours of flying versus about 1.3 for general aviation. The reasons should be fairly obvious: More than half of all EMS helicopter crashes happen at night or in poor visibility, and nearly half of all fatal HEMS crashes occur at accident scenes where the terrain and power lines can pose risks. As a result, when an EMS helicopter goes down, it's often with catastrophic results.

But let's face it. Hearing that EMS helicopter flying can be dangerous probably isn't news to you. Still, it's reasonable to pose the question of whether the air ambulance industry is sometimes unfairly judged because of its high visibility. For decades, professionals within the industry have been seeking to make aeromedical flying safer, yet we rarely see news reports about the tens of thousands of uneventful flights of patients who are safely transported to hospitals by helicopter. When there's a crash of a medical helicopter, we can't avoid hearing about it.

"Despite what we might see on the news, the truth is that the helicopter EMS sector of the industry is not experiencing a disproportionate number of accidents," said Matt Zuccaro, president of the Helicopter Association International (HAI). "It's just that these accidents are so high profile that people assume EMS operations have a poor accident history."

In reality, he notes, personal flying and helicopter flight instruction account for the majority of helicopter accidents. In the first half of this year, there were four EMS helicopter crashes, three of them with fatalities. Yet air ambulance flying is near record levels. Obviously, we'd all like to see the accident rate drop as close to zero as possible, but the good news is that air ambulance safety is improving all the time.

Yet it would be unfair to blame the public for having a false impression of EMS helicopter safety, or even the media for reporting on air ambulance crashes. Especially when a patient

is on board, a fatal EMS helicopter crash is inevitably going to attract notice. One tragedy in particular — the Sept. 28, 2008, crash of a Maryland State Police helicopter on an EMS mission at night that killed four people, including an 18-year-old automobile-accident victim — likely caused the NTSB to react with greater scrutiny than others. The story made front-page news in Washington for weeks, after details emerged that the pilot inadvertently flew into fog and three times asked ATC for help diverting to Andrews Air Force Base before crashing into trees in a park.

It was just weeks after this accident that the NTSB added helicopter EMS operations to its Most Wanted list and set the agenda for its four-day EMS helicopter safety hearings. Within a year of the Maryland State Police helicopter crash, the NTSB



>>> Especially in rural areas with population centers spread far apart, the arrival of an emergency medical helicopter often can mean the difference between life and death.

had developed a long list of safety recommendations for the FAA and EMS helicopter operators, as well as the center that governs Medicare and Medicaid reimbursements. The suggestions ran the gamut, from better cockpit technology to more use of simulators in training to changes in the way the government reimburses for EMS helicopter flights.

But the NTSB does not have the power to enforce its recommendations. That responsibility belongs to the agencies within the Transportation Department. The FAA has proposed new regulations for the air ambulance industry, and groups including HAI, the International Helicopter Safety Team and the National EMS Pilots Association have presented data showing that the industry has been proactive about improving safety, especially in the time since the NTSB issued its recommendations.

AIR AMBULANCE CRITICS

Yet not everyone agrees with the assessment that helicopter safety is improving. Michael Slack, an aviation trial lawyer who represents victims and their families in personal-injury lawsuits involving EMS helicopter crashes, said pilots continue to make the same mistakes and get themselves into the same predicaments they have for 30 years.

"Generally, the same factors continue to appear in NTSB accident reports over and over," Slack said. "There are variations on low light, low visibility, flight into IMC—all of this is very prevalent in the cases I handle."

Slack said he sees a "disturbing lack of discipline" among pilots involved in fatal EMS helicopter crashes. The most recent example, he said, was the case of a Missouri pilot who the NTSB says was texting on his smartphone before and even during a flight. Investigators said the pilot engaged in an "extensive text conversation" with a female colleague

about dinner plans while he was pre-flighting his helicopter in August 2011. Because he was distracted, the pilot missed opportunities to note that his helicopter lacked enough fuel for the mission, investigators said. All four aboard the helicopter were killed when it crashed after running out of fuel a mile short of the destination.

"How in the world has this sort of thing crept into air ambulance flying?" Slack asks. "Maybe using a personal electronic device in an airliner is OK, but these are pilots who are flying close to the ground in inherently unstable aircraft. It's incredible that this would even be an issue."

Finally, Slack subscribes to a growing philosophy even within the EMS community that pilots should be kept out of the medical-information loop, so that a go/no-go decision is never based on a situation where, say, the patient is a child who is unlikely to survive unless he or she reaches a hospital quickly. The only choice the pilot should make is whether it's safe to accept the flight. He should not assess the condition of the patient. Slack goes a step further, arguing that first responders at the scene shouldn't be allowed to call for a helicopter either, because their judgment may be clouded as well. The final call about whether to transport a patient by air or ground ambulance, he says, should only come from a doctor at the hospital.

Any EMS pilot who's been flying long enough will tell you that the choices they sometimes face can be difficult, regardless of whether the patient is an 8-year-old boy or a 50-year-old man. The National EMS Pilots Association is confronting this issue through its No Pressure Initiative (NPI), launched

after a survey of members showed that more than a third "sometimes or frequently pressured themselves to accept or complete flights" and sometimes felt pressure from management to do so. NPI features layers of protection, including risk assessments and en route decision-making tools that are designed to keep pilots from forging ahead into deteriorating weather conditions. The en route tools are similar to the decision height on an ILS approach—if the weather drops below a certain predetermined level, the pilot must turn back.

The largest EMS helicopter operators, meanwhile, are implementing a wide range of safety improvements voluntarily, based in part on the NTSB's EMS safety recommendations.



➤➤➤ Last year, air ambulance crews transported more than 300,000 patients to hospitals across the United States, with just two fatal crashes, resulting in four deaths.

Providers are developing operational Safety Management Systems, investing in cockpit technologies and turning more to simulation in pilot training. At EMS helicopter giant Air Methods' base in Colorado, the company has established an Operations Control Center that is staffed 24/7 to provide pilots with weather reports and other resources they can access before and during a flight. The company recently attained the FAA's highest level for its voluntary Safety Management System.

IMPROVING SAFETY

But weather obviously is the biggest challenge EMS helicopter pilots face, especially when conditions start to deteriorate at night. Accurate weather information is essential to flight safety, because inadvertent flight into clouds or fog can be deadly. While weather information is

available for most airports, it's rare at off-airport locations like the scene of a car crash. That's a big part of the reason for the development of the HEMS Weather Tool (available online at weather.aero/hems). Designed to serve the special needs of low-altitude VFR first responders, the tool is capable of overlaying ceiling, visibility, winds, relative humidity, temperature and Nexrad images onto high-resolution base maps, including all streets, hospitals and heliports.

Another special danger to EMS helicopter pilots involves operations into accident scenes and other unprepared landing sites. Heliports are designed on level ground in areas free of wires, trees or other obstacles. When responding to an on-scene call, EMS helicopter pilots often must set down at landing sites that have been neither surveyed for hazards nor otherwise prepared for helicopter traffic. In most cases pilots must rely on what they can see or what first responders on the ground can spot. That's a primary reason many EMS pilots have such bright searchlights and wear night-vision goggles.

voice recorders and digital flight data recorders; and a requirement that pilots in commercial operations demonstrate recovery from inadvertent flight into IMC during annual training.

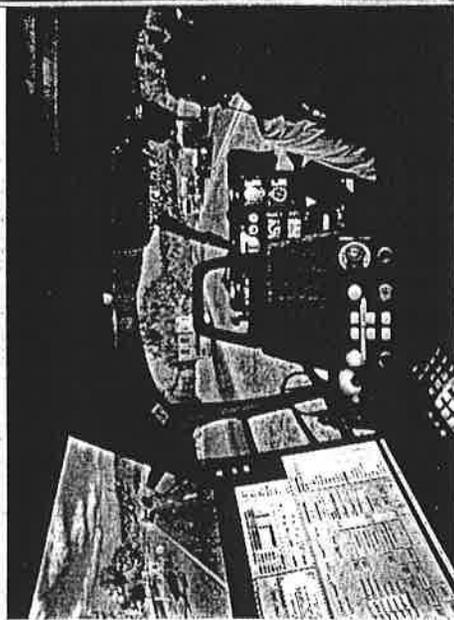
Another FAA proposal seeks to change the industry's terminology from "helicopter EMS" to "helicopter air ambulance." The change is designed to eliminate references to "emergency," since that can put extra pressure on a pilot to complete a given mission. It all goes back to changing the culture of the industry, which some people wrongly still equate with medevac flying in Vietnam.

Regardless of what critics of the industry might say or the media might report in an overly sensationalist news story, the truth is you can call this type of operation whatever you like, but you have to acknowledge what it really is: For rural communities with population centers spread far apart, an air ambulance can truly mean the difference between life and death when minutes count. In large urban centers, EMS helicopters can respond rapidly to the scene of an accident or

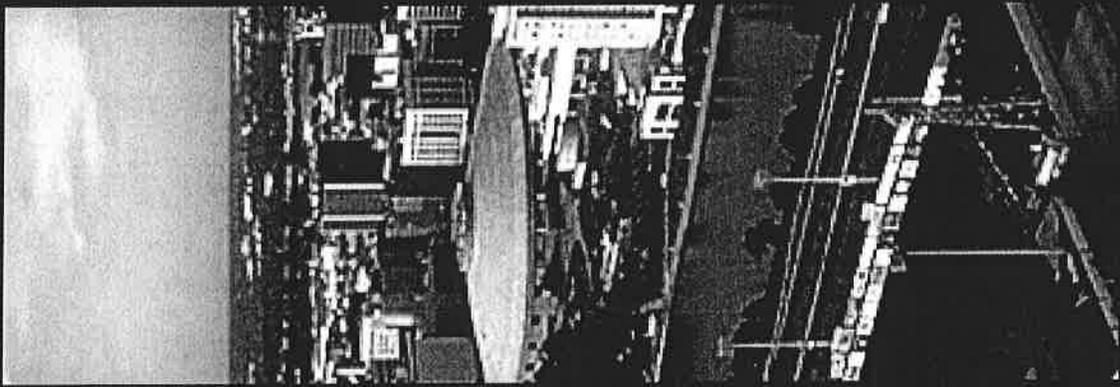
When responding to an on-scene call, EMS helicopter pilots often must set down at landing sites that have been neither surveyed for hazards nor otherwise prepared for helicopter traffic.

quickly transfer a patient from an outlying hospital to a major trauma center with specialized capabilities.

EMS helicopters aren't a marketing gimmick for hospitals, and they don't fly purely to generate profits for their operators. When it comes right down to it, these helicopters exist for one purpose: to save lives. And when we look at all of the data, and not just snippets that suit a particular viewpoint, we find that they perform this mission exceptionally well. ➤



➤➤➤ Experts believe increased use of simulators with pre-loaded mission scenarios can help improve air ambulance safety.



Impact of Physician-owned Limited-service Hospitals: Wichita, KS Case Study

February 16, 2005

*Based on a case study of market dynamics and
community impacts completed by McManis
Consulting between July and December 2004.*



McManis Consulting

Executive Summary

- **Five physician-owned limited-service hospitals opened in Wichita between 1999 and 2003 – two heart hospitals, one spine hospital and two surgical hospitals. ***
- **Physician-owners referred to their own limited-service hospitals patients who:**
 - Needed procedures that were well-paid
 - Had insurance that offered good reimbursement
 - Required procedures that could be scheduled in advance (elective, not emergency)
 - Tended to be in good overall health **
- **Most patients not meeting these criteria continued to be treated at the full-service hospitals.**

* *Four of the limited-service hospitals were established and owned by physicians and local investors. The fifth was a 60/40 joint venture between Via Christi, a full-service healthcare system, and physicians.*

** *Sicker patients admitted to the limited-service hospitals were frequently transferred to the full-service hospitals.*

Executive Summary

- **Impacts included:**

- A reduction in the financial performance of the area's full-service hospitals
- Cutbacks in services offered by the full-service hospitals
- Increased community-wide service capacity for well-reimbursed services but decreased capacity for poorly-reimbursed services
- High profits at the limited-service hospitals
- A 15% increase over a 5-year period in the number of cardiac procedures performed in Wichita

Reductions in Services at Wesley Medical Center *

- Laid off 120 full-time equivalent (FTE) employees in 2001 and another 54 FTEs in 2003
- Sold Occupational Medicine Clinic
- Closed Electron Microscopy Research Center
- Closed pharmacy research program

Profitability at Kansas Heart Hospital, 2002 **

Net revenue	\$43 million
Net income	\$14 million
Profit margin	32%
Net income per admission	\$5,261

* Source: Wesley Medical Center administration.

** Source: Medicare cost reports.

Introduction

A broad complement of health care facilities serve the region.

Regional hospitals in Wichita:

Via Christi–St. Francis and Via Christi–St. Joseph (total of 965 beds, operated as one system, product of a 1995 merger of two Catholic systems, full range of services, 95,000 emergency visits per year)

Wesley Medical Center (469 beds, owned by HCA, full range of services, 58,000 emergency visits per year)

Other regional referral hospitals in the service area:

Community hospitals in Hutchinson, Hays and Salina

Physician-owned surgical and diagnostic facilities in Wichita:

Six physician-owned surgery centers, one plastic surgery center, two endoscopy centers

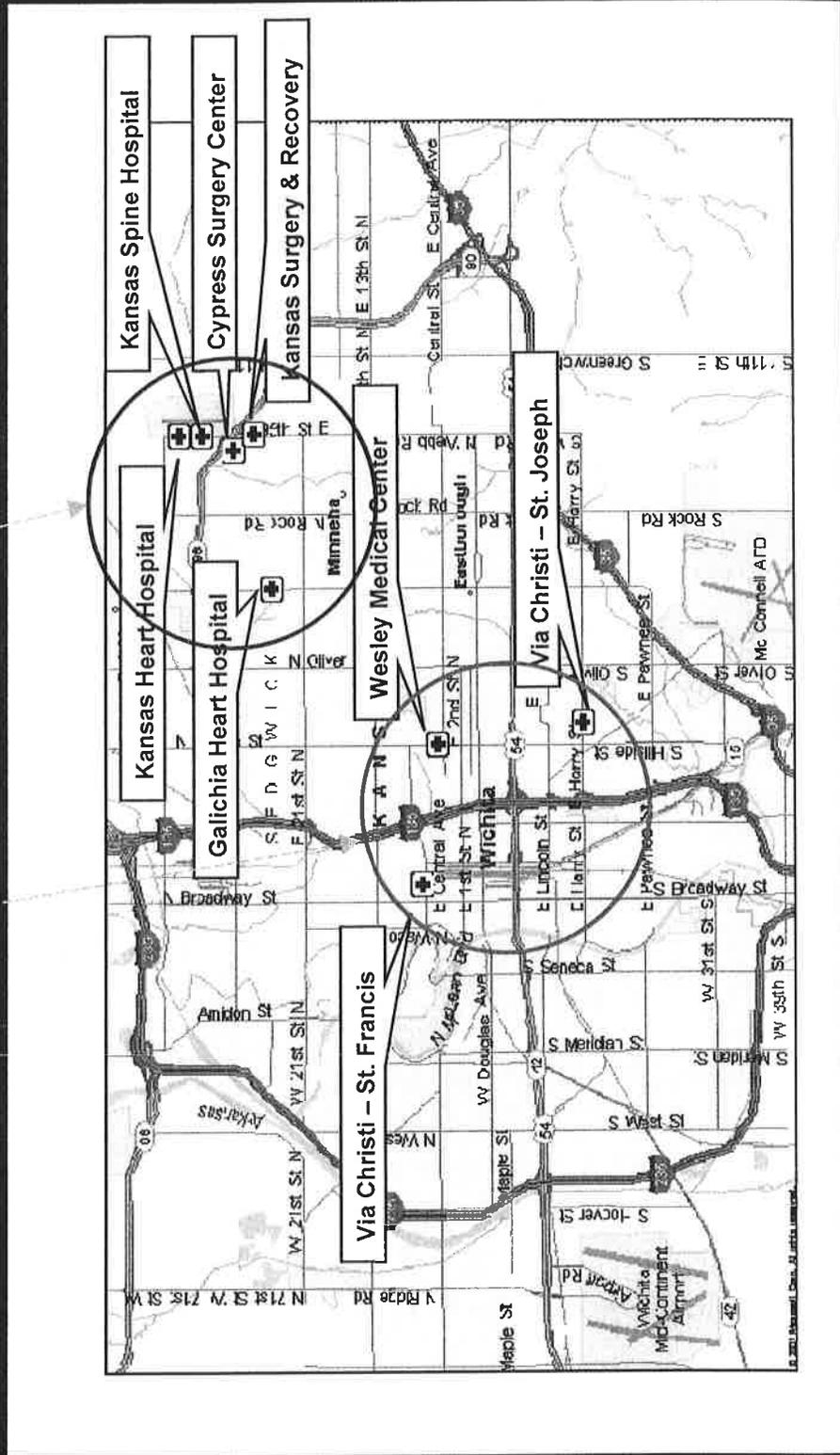
Five limited-service hospitals opened in Wichita between 1995 and 2005.

Limited-service Hospital	Emphasized Services	Ownership / Physician Linkages	Capacity	Opening Date
Kansas Heart Hospital	Heart Surgery, Cardiology	Established and owned by 26 cardiac surgeons and cardiologists (who mostly practiced at Via Christi's hospitals) and local investors	54 inpatient beds, 3 operating rooms	1999
Galichia Heart Hospital	Heart Surgery, Cardiology, Other	Established and owned by two physicians and local investors (linked to and supported by the Galichia Medical Group, a 27-physician multi-specialty, "cardiology-based" practice)	55 beds (adding another 27 beds), 2 operating rooms	2001
Kansas Spine Hospital	Spine Surgery	Established and owned by 9 surgeons and local investors	22 inpatient beds, 4 operating rooms, 2 procedure rooms	2003
Kansas Surgery and Recovery Center	Surgery (focus on orthopedics)	60/40 joint venture between Via Christi and orthopedists	24 inpatient beds, 6 operating rooms, 2 procedure rooms	1995
Cypress Surgery Center	Surgery (focus on gynecological surgery)	Established and owned by 31 physicians and local investors	4 inpatient beds, 6 operating rooms	2000

While the community hospitals are located around downtown Wichita, the limited-service hospitals are clustered in Wichita's more affluent northeast quadrant.

**Full-service
Hospitals**

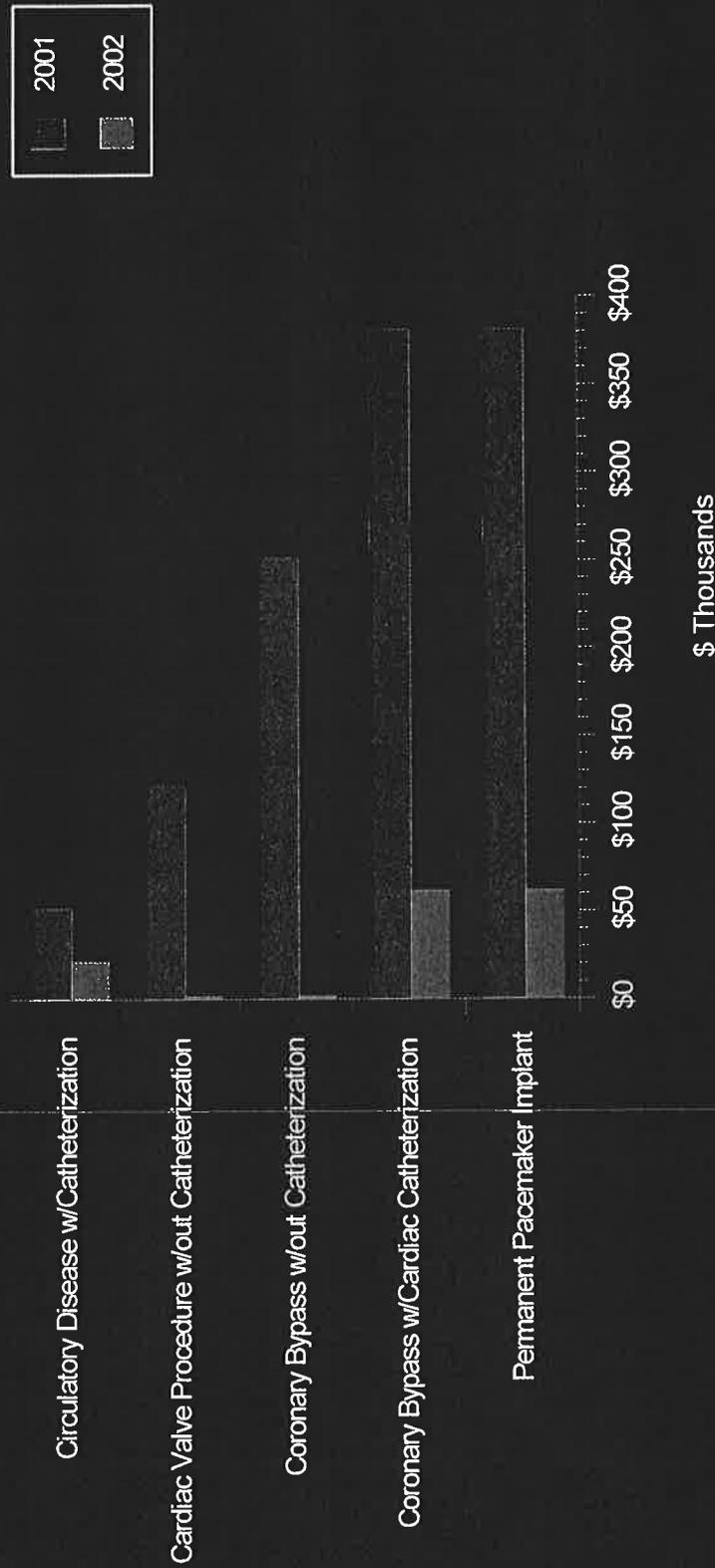
**Limited-service
Hospitals**



Patient Selection

Physician-owners were immediately successful in steering selected patients to the new heart hospitals.

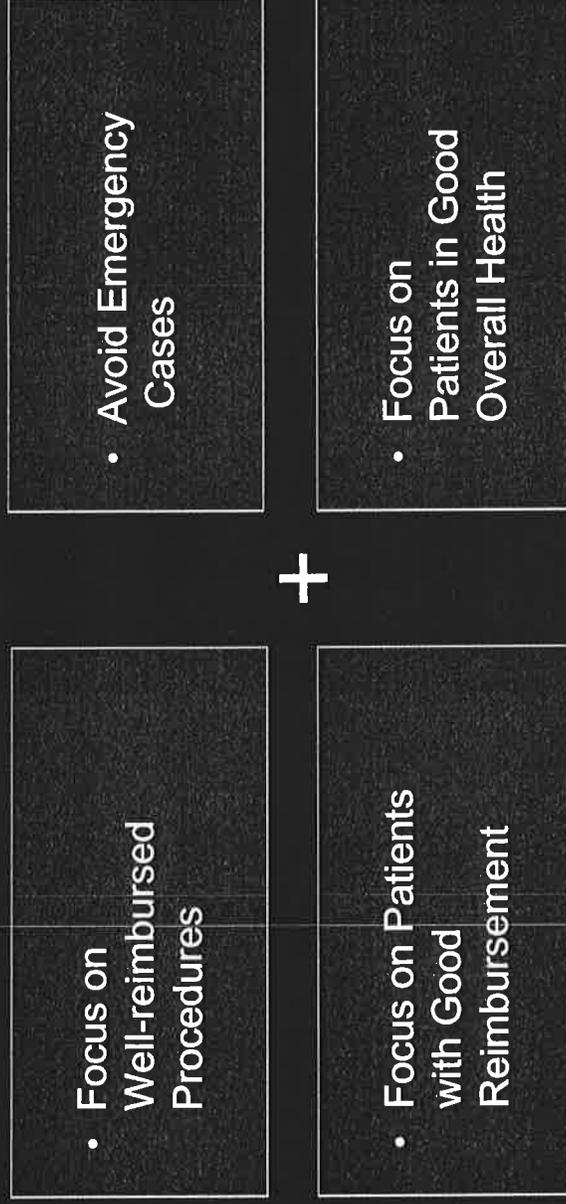
Reductions in Net Revenues from Blue Cross Blue Shield Cardiac Cases at Wesley Medical Center the Year Galichia Heart Hospital Opened



Source: Wesley Medical Center administration. Wesley had a preferred provider relationship with Blue Cross Blue Shield, which meant that patients would normally have to pay more to go to another hospital. However, the heart hospital waived the added fees. This is legal in Kansas but is illegal in some other states.

Patient selection was key to creating high profits in limited-service hospitals ... but adversely impacted the local health care system.

Patient selection tactics by the limited-service hospitals



- resulted in -

High profits for limited-service hospitals and their investors

- but also -

Reduced resources available to meet the community's broader health care needs

Why do these patient selection tactics yield high profits?

Certain services and patients are more profitable than others:

- Procedure-based services -- cardiovascular care, spine surgery, orthopedics, general surgery -- tend to pay more relative to costs than medicine, obstetrics, and behavioral health
- Private payers pay more relative to costs than Medicare and Medicaid
- Fixed payment systems don't reimburse more for sicker patients, except for "outliers"
- The standby capacity for emergency services is costly to maintain and is under-reimbursed
- Not having an emergency department allows a facility to be selective in which patients it serves (in terms of payers, services and acuity level)

The limited-service hospitals focused on well-paid services provided by community hospitals ...

Net Income per Patient Day, Selected Cases, for a Typical Hospital



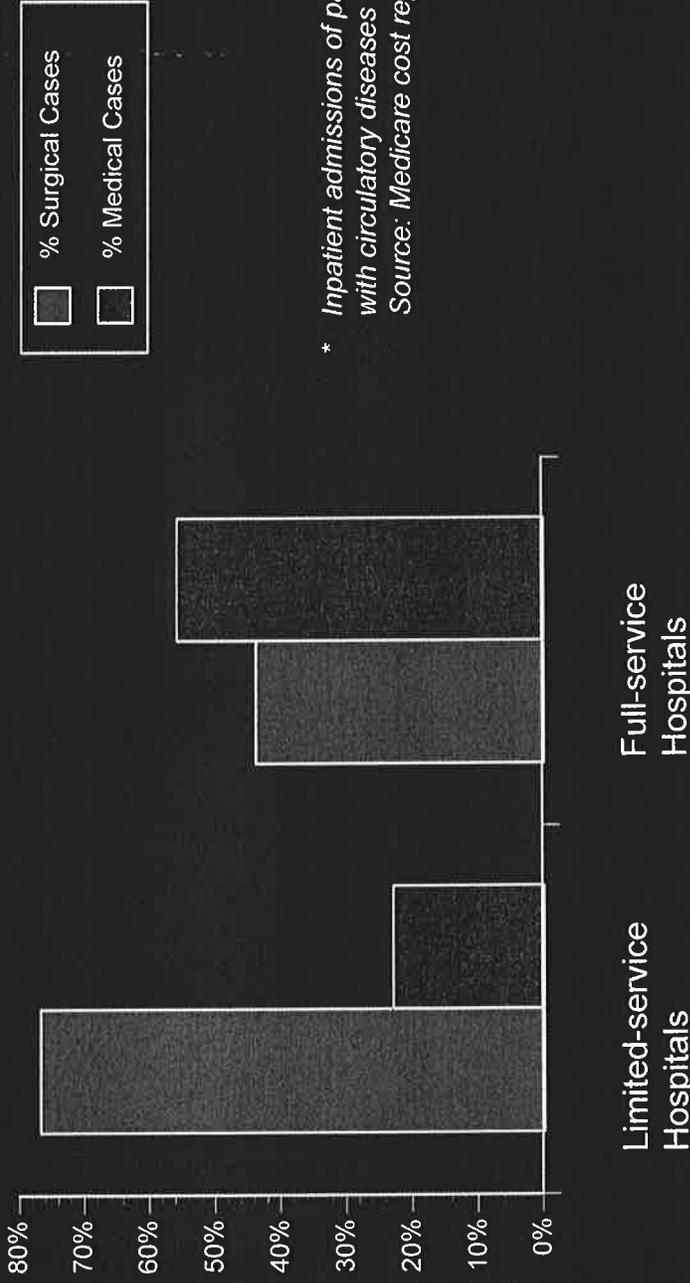
2 heart hospitals

A spine hospital

A surgical hospital focused on orthopedics

The heart hospitals focused on the more well-paid surgical (as opposed to less well-paid medical) procedures.

Distribution of Circulatory System Medical and Surgical Cases *



* Inpatient admissions of patients with circulatory diseases (MDC 5).
Source: Medicare cost reports.

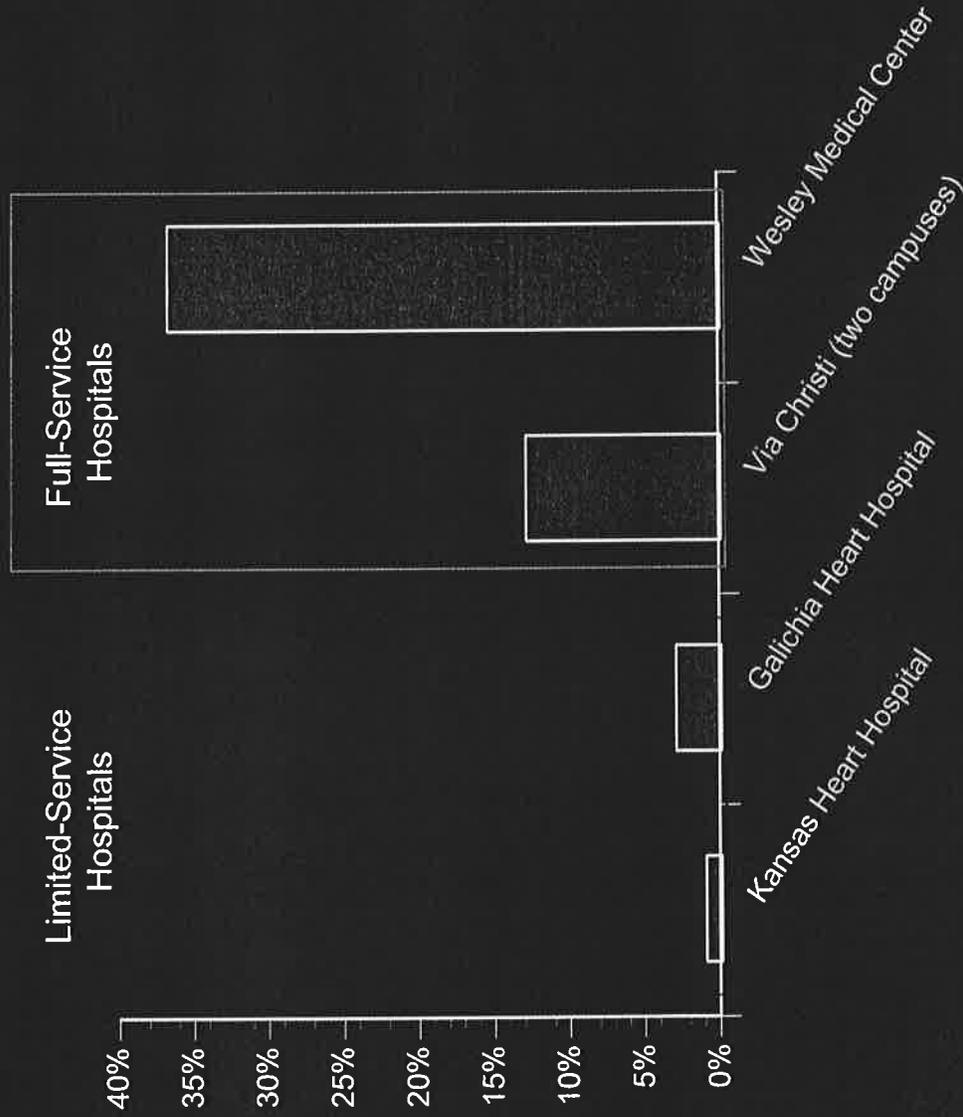
MEDPAC's Findings on Profitability of Heart Cases

“Except for DRG 116, pacemaker implant, all of the surgical DRGs are relatively more profitable than the national average. Medical DRGs are relatively less profitable.”

Source: Julian Pettengill, Medicare Payment Advisory Commission, Public Meeting, October 28, 2004.

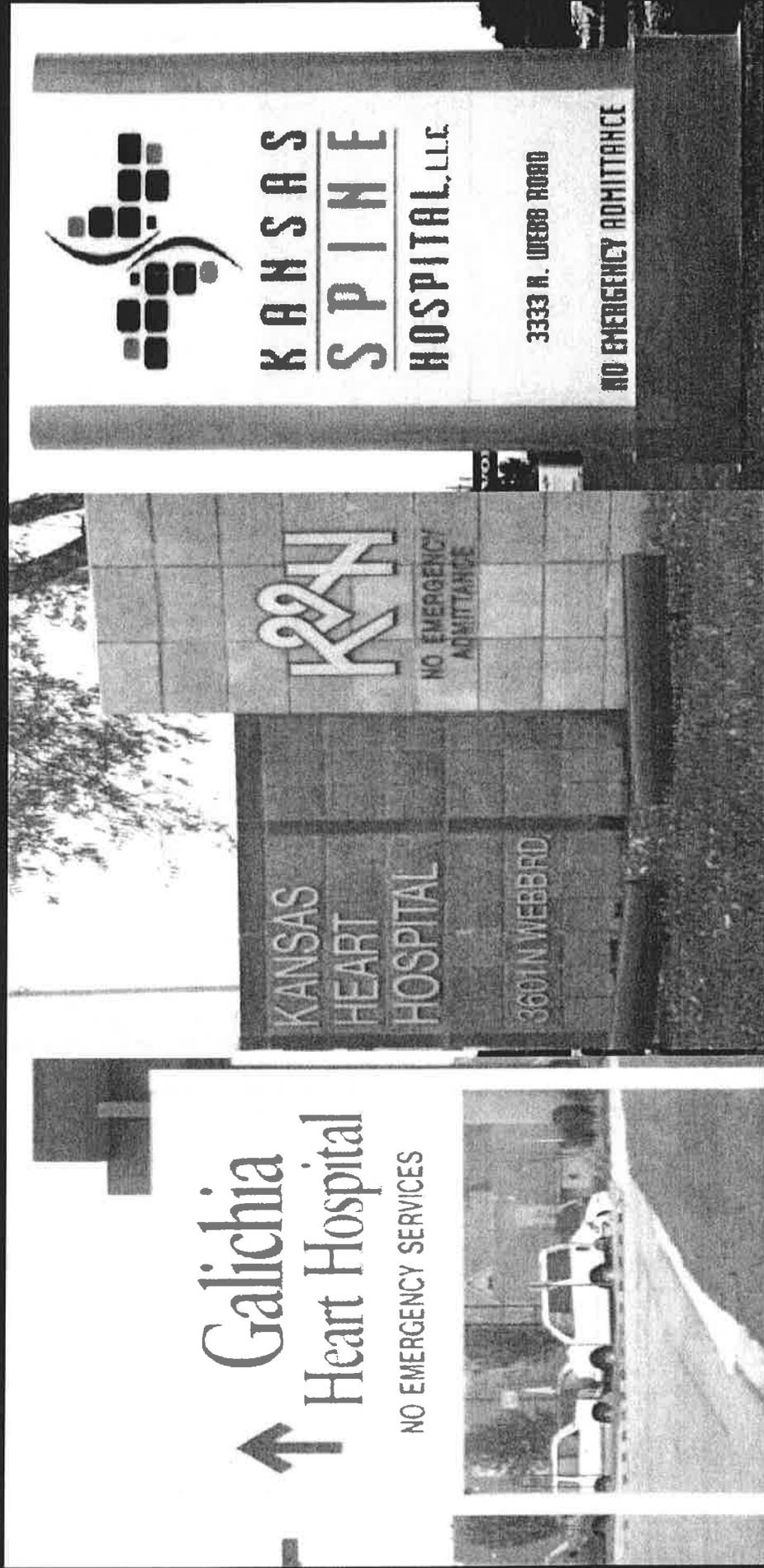
The limited-service hospitals avoided patients with poor reimbursement.

Medicaid as a Percentage of Total Patient Days, 2002



* Source: Medicare cost reports., Data Advantage Corporation. Wesley Medical Center's percentage is unusually high for a full-service hospital because of the center's role in neonatal care.

The limited-service hospitals did not offer emergency services.



Avoiding emergency services allowed the limited-service hospitals to avoid certain costs and scheduling inefficiencies ...

Managers were able to:

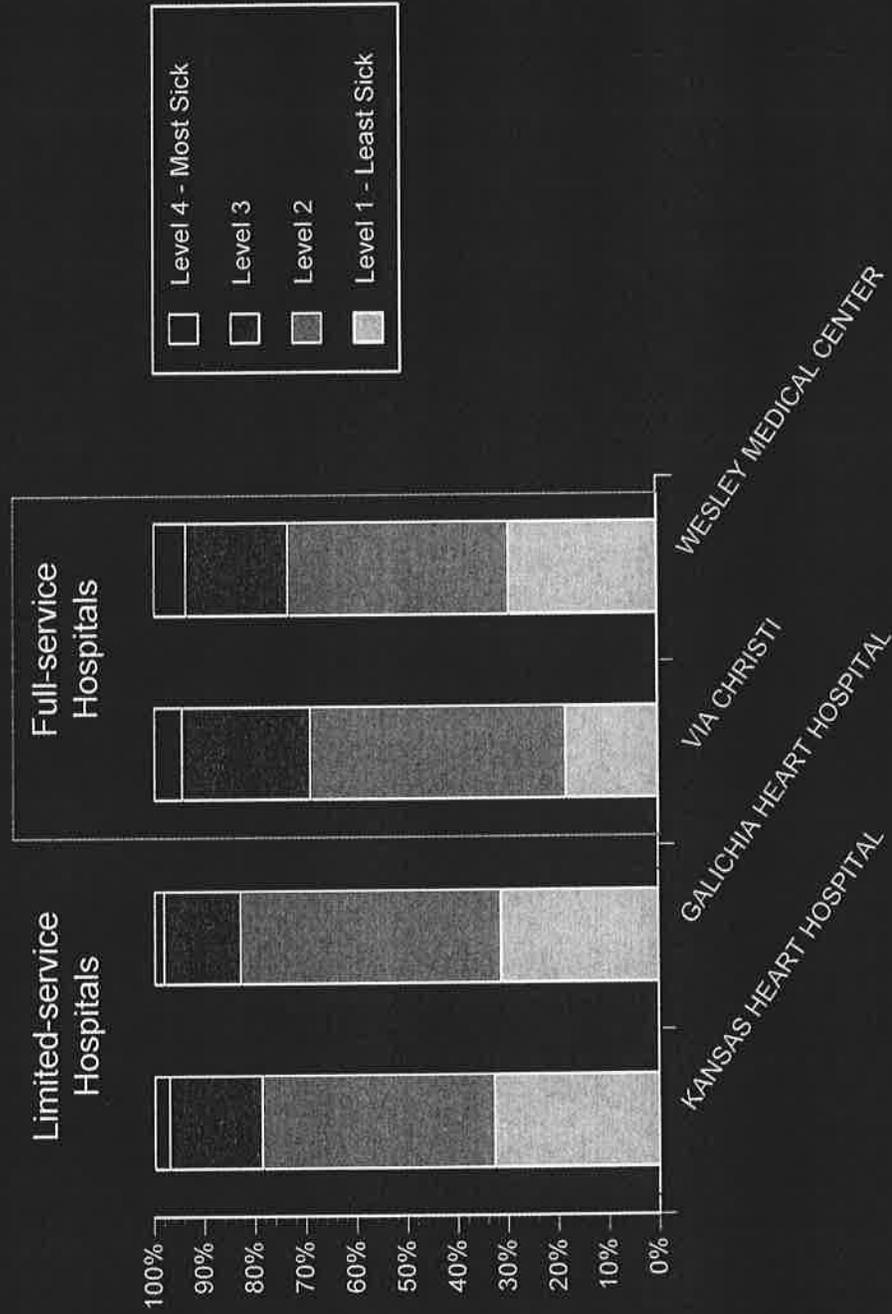
- Avoid purchases of seldom-used equipment
- Plan in advance without the potential for emergency cases to disrupt the schedule
 - Match staffing to cases, avoiding the costs of standby capacity
 - Offer an attractive schedule for physicians (free of interruptions)
 - Provide physicians with a practice environment without the responsibilities of night and weekend call
- Exert control over acuity and payer mix (avoiding EMTALA* mandate)

By contrast, community hospitals must be prepared to handle all emergencies.

* *The Emergency Medical Treatment and Labor Act (EMTALA) requires hospitals with emergency departments to screen and stabilize all patients, regardless of ability to pay.*

Patient selection by physician-owners led to the sickest patients being admitted to the full-service Via Christi.

APR-DRG Mix in Wichita Hospitals (Cardiac Cases)



Source: The Moran Company, analysis of 2003 MEDPAR data. Data are for open heart, cardiology, vascular and thoracic surgery DRGs.

Physicians transferred patients to full-service hospitals when their needs exceeded the capabilities of limited-service hospitals.

Via Christi's Experience with Patient Transfers from Limited-service Hospitals

Limited-service Hospitals	Patients Transferred to Via Christi	Deaths of Transferred Patients at Via Christi
Kansas Heart Hospital	21	8
Galichia Heart Hospital	18	6
Kansas Surgery and Recovery Center	12	0

38% mortality
33% mortality

Source: *Via Christi administration*. Comparable data were not available for Cypress Surgery Center or the Kansas Spine Hospital.

Impacts on the Health Care Delivery System

The limited-service hospitals were quickly profitable.

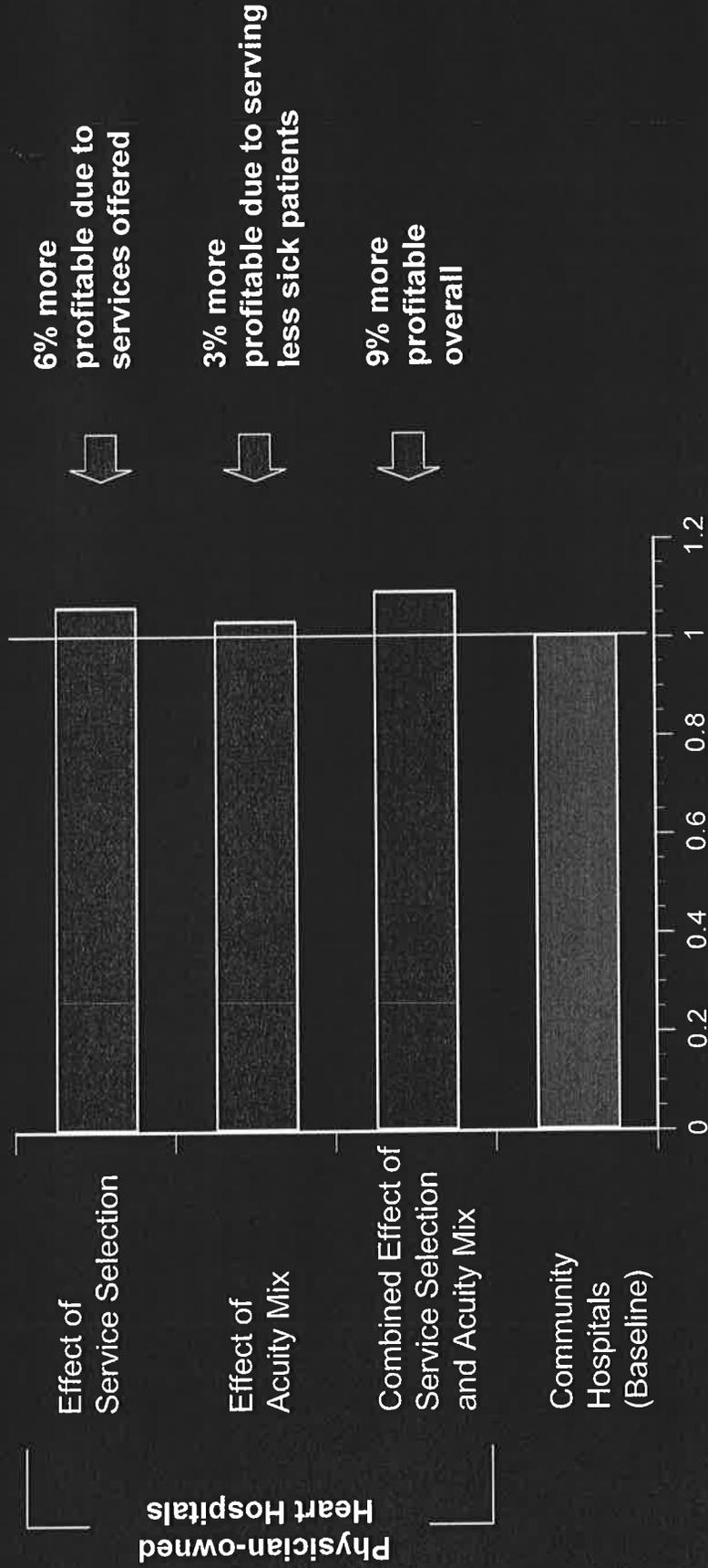
Kansas Heart Hospital Financial Performance, 2000-2002

	2000	2001	2002
Net Revenue	\$34 million	\$ 40 million	\$43 million
Net Income	\$12 million	\$14 million	\$14 million
Profit Margin (Net income / Net Revenue)	36%	34%	32%
Total Discharges	1,980	2,402	2,642
Net Income/Discharge	\$6,184	\$5,751	\$5,255

Source: Medicare Cost Reports, Data Advantage Corporation. The Galichia Heart Hospital and the Kansas Surgery and Recovery Hospital both generated 13% margins in 2002 (the most recent year for which data were available).

Wichita findings are consistent with a recent MedPAC study which found that choosing profitable services and serving less sick patients contribute to higher profits for physician-owned heart hospitals.

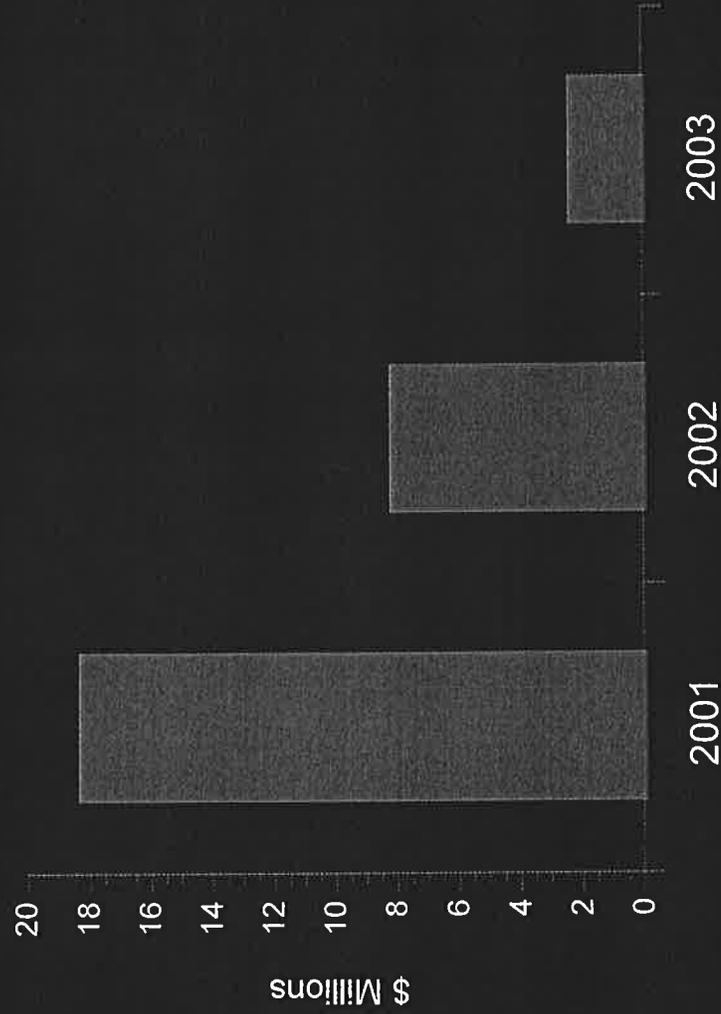
Expected Relative Profitability of Physician-owned Heart Hospitals Given Service Selection and Lower Acuity Mix (Within DRG)



Source: Medicare Payment Advisory Commission (MedPAC), DRG Relative Profitability and Patient Selection in Specialty Hospitals, preliminary data, presented at MedPAC meeting, October 29, 2004

Meanwhile, the full-service hospitals saw corresponding reductions in revenues and net income.

Net Revenues from Wesley Medical Center's Heart Program

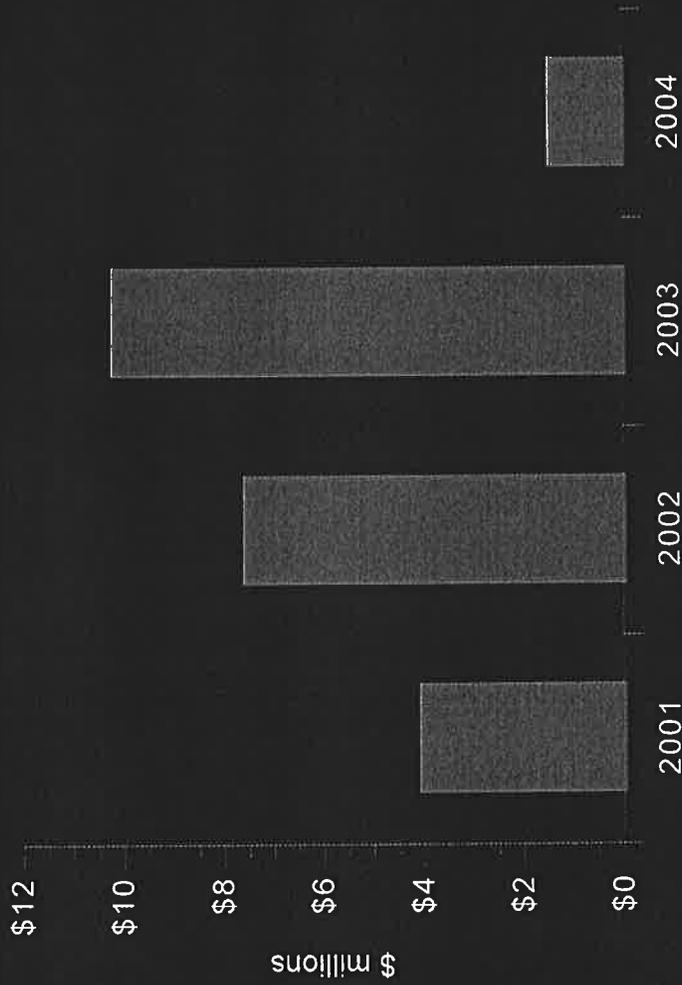


Net revenues in Wesley Medical Center's heart program decreased by \$16 million after the opening of Galichia Heart Hospital in 2001.

Source: Wesley administration.

Full-service hospitals' financial position suffered with the introduction of each new limited-service hospital.

Net Revenues from Wesley Medical Center's Neurosurgery Program

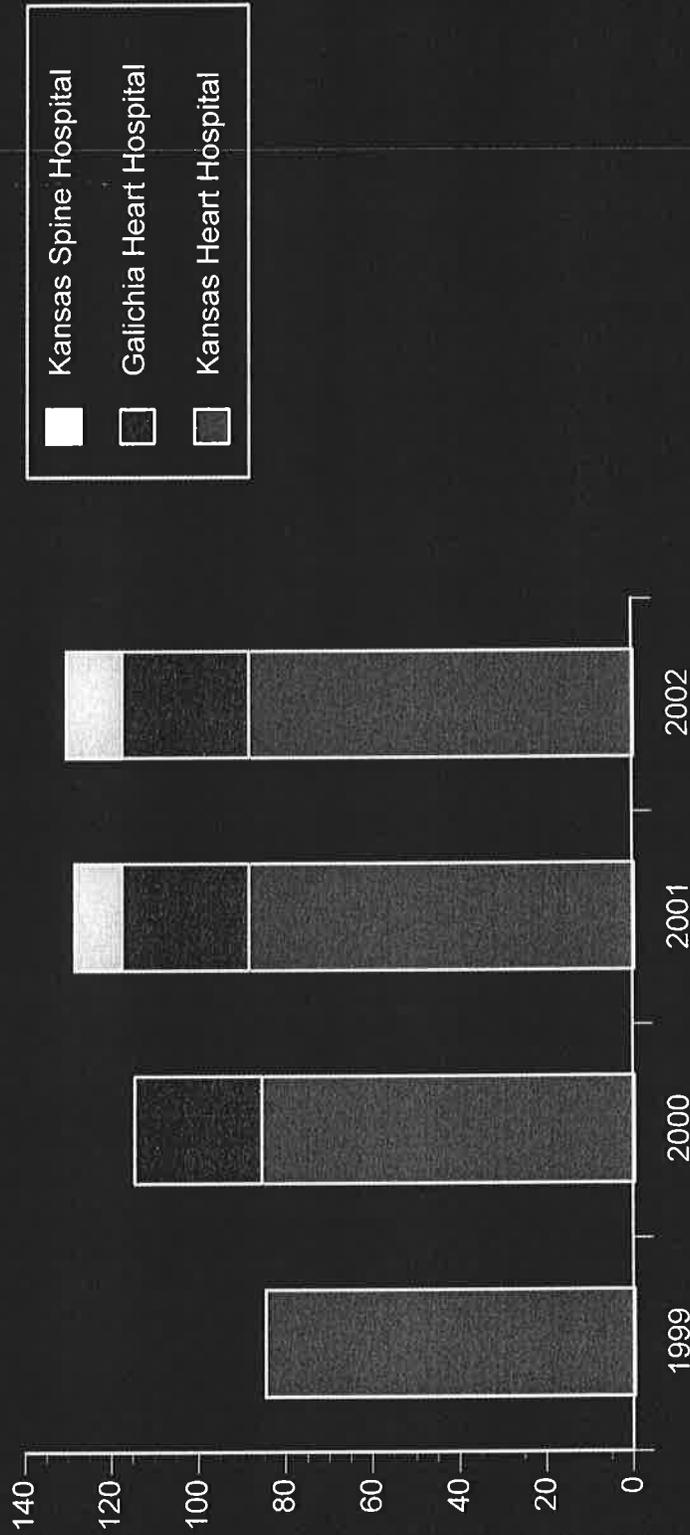


Wesley Medical Center's net revenues in neurosurgery dropped \$8.8 million after the opening of Kansas Spine Hospital in 2003.

Source: Wesley administration.

Key staff left the full-service hospitals to join the limited-service hospitals.

Cumulative Staff Losses by Via Christi to Three Limited-Service Hospitals, 1999-2002



Source: Via Christi administration.

Full-service hospitals had to reallocate resources – investing more to rebuild affected services, while cutting back elsewhere.

Wesley Medical Center's Actions Following the Opening of Galichia Heart Hospital and the Kansas Spine Hospital

Competing with Limited-service Hospitals to Maintain Critical Programs

- Increased cath lab staff salaries an average of \$2 per hour (cost \$2.5 million a year) and paid retention bonuses of \$7,500 each

Cutting Back on Other Subsidized Services

- Laid off 120 full-time equivalent (FTE) employees in 2001 and another 54 FTEs in 2003
- Sold Occupational Medicine Clinic
- Closed Electron Microscopy Research Center
- Closed pharmacy research program

Total resources increased for services targeted by the limited-service hospitals, and so did the number of cases.

Circulatory Cases in Wichita Hospitals, 1998-2002*



* Inpatient admissions of patients with circulatory diseases (MDC 5).
Sources: Medicare Cost Reports, Data Advantage Corporation, Via Christi and Wesley administrations.

Summary

- **Wichita was a highly competitive health care market when five new limited-service hospitals were introduced.**
- **Physician-owners quickly directed selected cases (involving well-paid procedures, good payers, elective procedures, healthier patients) to the limited-service facilities, while the remainder continued to be treated at the full-service hospitals.**
- **Competition became more intense for the cases that were targeted by the limited-services hospitals...**
 - Duplicative investments in facilities
 - Intense competition for skilled staff
 - Forgiveness of out-of-network co-pays by the limited-service hospitals
- **Total utilization for these targeted cases increased.**
- **Meanwhile, other services were reduced as health care dollars that had previously been available to subsidize poorly reimbursed services became profits for physician-investors.**



McManis Consulting

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Susana Montana

From: John Stevens <johnmill9@toast.net>
Sent: Tuesday, June 18, 2013 4:45 PM
To: Bob Pofahl
Cc: Susana Montana; David Weir
Subject: Building heights & Drain fields

Bob,

We still haven't heard from you regarding the one story Hospital. You indicated that you were going to ask for zoning to build a one story Hospital. As a matter of fact you showed us pictures of a one story building. I've reviewed the latest information I have from City Planning, and it appears you are still asking for buildings to be 45 feet high. We've asked that you amend your zoning application to be for a one story Hospital building, but have not received an answer.

In another matter, I'd like clarification of your e-mail to me describing what your part would be in sewer hook ups for the Townhouse properties, if the situation arises. We have you on record as saying that if you're successful in getting the property re-zoned, and hook-ups become necessary, you will pay for that expense. We took that as meaning there would be no expense to the Townhouse owners. If I'm reading your e-mail correctly, you are proposing to run a sewer line with stubs ("Tees") that property owners could hook up to, 40 feet from the Townhouses. If that's the end of your commitment, that would mean the homeowners would be responsible for digging the trench from the house to the sewer line, connect the line, neutralizing the septic tank, etc. which would cost between \$1,700 and \$3,000 according to Johnny's Septic. Also there could possibly be an impact fee from the City for \$1,165.00 If I'm incorrect in my reading of your e-mail, please point out the errors. We need a clear, simple statement of exactly what your role would be in the event of a situation like this.

Sincerely,

John F. Stevens, Pres.

CCNA

Susana Montana

From: John Stevens <johnmill9@toast.net>
Sent: Wednesday, June 19, 2013 10:42 AM
To: Bob Pofahl
Cc: Susana Montana; David Weir
Subject: Re: Building heights & Drain fields

Bob,

Your answer about the sewer hook-ups is finally put in writing, and is what we had in mind when you made your statement in public several months ago. We thank you for putting this issue to rest. Concerning the height of the proposed Hospital building, we're happy to see in print that you are going to ask for a one story building, but the application for the zoning change still says a 45 foot high building. If you were to decide not to build the Hospital, or were prevented in some other way from building it, most any kind of a building could be built there, and it could be almost any kind of a building, as the property would be zoned C-3 commercial.

Best regards,

John Stevens, Pres.

Country Club Neighborhood Association

On Wed, Jun 19, 2013 at 7:28 AM, Bob Pofahl <bob@picachomountain.com> wrote:

> John,

>

> I hope you were satisfied with the answers to your questions last night.

> As stated in the meeting, we are willing to pick up the expenses for town

> home owners to connect to the new sewer line if our plan is approved. We

> will pick up the expenses to decommission the current tanks and hook into

> the new sewer line. Will also pay the tap fee to the City.

>

> We also acknowledged that the hospital planned for the site will not be

> more than one story and the medical office buildings no more than two

> floors.

>

> Thank you for attending the meeting last night. We are glad, once again,

> to be able to keep the community informed about the progress of the

> redevelopment plans.

>

> Bob Pofahl

> 575-680-8812 mobile

> 575-523-2500 office

> 575-993-5342 fax

>

> Picacho Mountain

> 1340 Picacho Hills Dr.

> Las Cruces, NM 88007

> <http://www.cbiholdings.com> <<http://www.cbiholdings.com/>>

Susana Montana

From: Susana Montana
Sent: Thursday, June 20, 2013 8:01 AM
To: CARL JENSEN
Subject: RE: Park Ridge Medical Center (former Country Club site) rezoning

Mr. Jensen, if you like I can forward your email message (below) to the Planning and Zoning Commissioners as a public comment on the rezoning application. The Commission will hear public testimony on the rezoning request at the June 25th public hearing (6 PM, City Hall Council Chambers) and will make a *recommendation* to the City Council. The rezoning application is scheduled to go before the City Council on August 19th (1 PM, City Hall Council Chambers) and it is the *Council* that makes the determination on the re-zoning request. However, both the Commission and the Council take testimony from the public and take very seriously the concerns of neighbors.

If you would like to submit a separate letter or email message to the Commission for the June 25th meeting, I would be happy to forward it to them before the meeting so they have time to read and consider your points. You can also reiterate your concerns at the June 25th Commission meeting.

Please note that though the staff report recommends approval with conditions, the Commission can place new or amended conditions on their recommendation to the City Council, the Commission may recommend denial of the application to Council, or may they vote to table the case for further information from staff or the Applicant. The City Council may place new or amended conditions on any approval of the rezoning, may vote to deny it, or may vote to table it for further information. So, we are still early in the democratic process for this rezoning application. Thank you.

Let me know if you want me to forward your previous email to the Commission or if you want to send a new one. Have a great day.

Susana Montana, Planner

City of Las Cruces Community Development Department

Building & Development Services Division

Physical Location: City Hall at 700 North Main Street, Suite 1100

Mailing Address: P.O. Box 20000, Las Cruces, NM 88004-9002

smontana@las-cruces.org

Main Line: (575) 528-3043

Direct Line: (575) 528-3207

Fax Line: (575) 528-3155

www.las-cruces.org

Susana Montana

From: Susana Montana
Sent: Thursday, June 20, 2013 8:18 AM
To: Connie Potter; Mayor; David Weir
Cc: John Stevens; Carl Baca; Eva Booker; Palmer Clark; Steve Rameriz
Subject: RE: Letter "to whom it may concern" in PDF

Greetings Connie. The Applicant submitted that document as an amendment to his application and it was included within Attachment 5 as part of his application. The Commission will consider it along with all the other materials, including public comments. Your email to David Weir with the web links to the McManis study was included in the public comment Attachment 8

Your comments below can be sent to the Commission in a packet entitled "public comments received after the packet was delivered", as is customary. I compile all the late comments until the Friday before the Commission meeting and then I email the packet to the Commissioners so they have time to read them. After Friday, I cannot be sure that the Commissioners will open their email or have time to read the comments, so I deliver any comments received after then in hard copies that I place in front of their chair at the hearing. This last approach is generally not very effective as they do not have time to thoroughly read those submittals but can only scan them before the case hearing.

Would you like me to send the below message to the Commission or would you like to send me a new message addressed to the Commissioners with the same content? Let me know and I will do so. If Thanks.

Susana Montana, Planner

City of Las Cruces Community Development Department Building & Development Services Division Physical Location:
 City Hall at 700 North Main Street, Suite 1100 Mailing Address: P.O. Box 20000, Las Cruces, NM 88004-9002
smontana@las-cruces.org Main Line: (575) 528-3043 Direct Line: (575) 528-3207 Fax Line: (575) 528-3155 www.las-cruces.org

Providing responsive, cost effective and high quality services to the citizens of Las Cruces P Go Green - Please consider the environment before printing this email or any attachments

-----Original Message-----

From: Connie Potter [<mailto:cjmpotter@comcast.net>]
Sent: Wednesday, June 19, 2013 9:58 PM
To: Susana Montana; Mayor; David Weir
Cc: John Stevens; Carl Baca; Eva Booker; Palmer Clark; Steve Rameriz
Subject: Letter "to whom it may concern" in PDF

Dear Susana,

I want to express my shock and disapproval at finding within the legal Public documents supposedly comprising the City of Las Cruces' Response to the Park Ridge zoning application, an unsigned, undated (June 2013) letter allegedly from Robert Pofahl addressed "to whom it may concern".

This letter, if it was written by him, is factually anonymous and includes legal opinions, and acts to speak in behalf of entities Mr. Pofahl is on record as have no authority to represent. It has no place in a legal and public city record and I and others oppose its publication, circulation, by our City and its posting on the City of Las Cruces website.

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Mr. Pofahl, if he is actually the author, can post it on his own website. Furthermore the City has no more cause to disseminate his opinions than those of the CCNA or any other party to this application other than the City's response.

PLEASE, remove these two pages immediately. They are irrelevant and are spurious and irrelevant. Burying them within the City's response was improper.

Furthermore, Mr. Pofahl held a public meeting June 18, the day after the City stamped the receipt of his ramblings. He should have circulated his opinions at that time.

Sincerely,
Connie J. Potter
2505 Desert Drive
Las Cruces. NM. 88001
524-2443

Sent from my iPhone
Connie J. Potter

Susana Montana

From: CARL JENSEN <jensenc94@yahoo.com>
Sent: Thursday, June 20, 2013 11:37 AM
To: Susana Montana
Subject: Re: Park Ridge Medical Center (former Country Club site) rezoning satisfied

Thank you for your reply . My wife and I took a tour of the project this morning courtesy of Mr. Pofahl. I came away fully satisfied that the program is good for our area as well as the town .

I signed the petition in support of the project and offered to walk the petition through our neighborhood with some of the data. I am very satisfied with the program now.

From: Susana Montana <smontana@las-cruces.org>
To: CARL JENSEN <jensenc94@yahoo.com>
Sent: Thursday, June 20, 2013 8:00 AM
Subject: RE: Park Ridge Medical Center (former Country Club site) rezoning

Mr. Jensen, if you like I can forward your email message (below) to the Planning and Zoning Commissioners as a public comment on the rezoning application. The Commission will hear public testimony on the rezoning request at the June 25th public hearing (6 PM, City Hall Council Chambers) and will make a *recommendation* to the City Council. The rezoning application is scheduled to go before the City Council on August 19th (1 PM, City Hall Council Chambers) and it is the *Council* that makes the determination on the re-zoning request. However, both the Commission and the Council take testimony from the public and take very seriously the concerns of neighbors.

If you would like to submit a separate letter or email message to the Commission for the June 25th meeting, I would be happy to forward it to them before the meeting so they have time to read and consider your points. You can also reiterate your concerns at the June 25th Commission meeting.

Please note that though the staff report recommends approval with conditions, the Commission can place new or amended conditions on their recommendation to the City Council, the Commission may recommend denial of the application to Council, or may they vote to table the case for further information from staff or the Applicant. The City Council may place new or amended conditions on any approval of the rezoning, may vote to deny it, or may vote to table it for further information. So, we are still early in the democratic process for this rezoning application. Thank you.

Let me know if you want me to forward your previous email to the Commission or if you want to send a new one. Have a great day.

Susana Montana, Planner
 City of Las Cruces Community Development Department



MVEDA

nmborderplex.com

P.O. Box 1299 • Las Cruces, NM 88004

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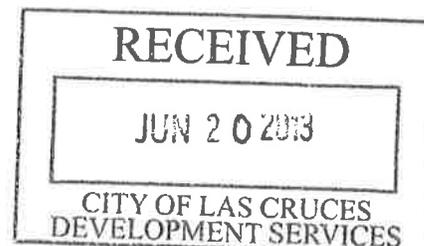
June 20, 2013

Planning and Zoning Committee
City of Las Cruces
P O Box 20000
Las Cruces, NM 88004

RE: MVEDA Economic Impact Disclaimer with respect to Parkridge Medical Campus

The economic impact analysis conducted by MVEDA for Parkridge Medical Center campus assumes 100% new incremental business, jobs, capital investment and tax revenue across all its categories, both medical and retail. We advise, however, that it should not be viewed solely in this manner as our modeling does not enable us to incorporate any potential reduction in tax revenue, jobs and capital investment resulting in the "redistribution" of these economic impacts from other existing similar business services in the community. Should the reader of this impact analysis require full net impact, we would recommend conducting further analysis and dialogue with the developer to fully understand which medical and retail services will be new, and not competitive to other local, existing service providers, and to account for that percentage of economic shifts.

Davin Lopez
President and CEO



U.S. Bank Tower
277 E. Amador, Suite 304

PHONE 575.525.2852

TOLL FREE 800.523.6833

FAX 575.523.5707

mveda.com

To: Las Cruces Planning & Zoning
From: John Hummer
Date: June 20, 2013
RE: Z2860 PARK RIDGE REZONING - CLARIFICATION OF LETTER

It has been brought to my attention, that a letter has been submitted within a rezoning application to the P&Z by Robert Pofahl, stamped June 17th, whereby he began the letter in paragraph two with these comments:

"This project is being driven by the same qualities that drove John Hummer, a long-time family friend of Dr. Galichia, to develop the MountainView Regional Medical Center years ago. A number of people voiced a desire for a new facility in the community to provide services, create jobs and help retain patients in the community that had migrated to other cities for care."

I would like to point out the following clarifications:

1. Mr. Pofahl and I have not visited about my relationship or my family's relationship with Dr. Galichia nor have we discussed the driving qualities that motivated me as compared to Dr. Galichia. Although I do not consider this relevant to the project, but out of respect for my father, I would like to clarify that it is actually my father, also a physician in Wichita, who has been a long-time *acquaintance* of Dr. Galichia. They both worked in Wichita but in two totally different medical groups. The last time I spoke with Dr. Galichia was in early 2007. I have not seen nor visited with Dr. Galichia since that time nor have I had any business involvement in the current Park Ridge Development. Prior to our visit in 2007, I met Dr. Galichia in 1989 on a couple of occasions during my hospital administrative residency in Wichita.
2. As to the reference, "*a number of people voiced a desire for a new facility (i.e. MountainView)*", please note that my public comments on this issue referenced a statistically valid community-wide survey conducted by the Gallup Organization. I do not know if a similar type survey was conducted for Park Ridge. And as for the outmigration of patients, we (myself and Triad) publicly disclosed in the year 2000, the amount of patients out migrating from Las Cruces into El Paso and Albuquerque acute care hospitals was 25%. Likewise, I do not know if any current outmigration data has been shared by the Park Ridge developers. The 2000 Gallup survey, along with the outmigration data, was conducted and publicly disclosed to the community from Triad Hospitals, Inc.

I also sent Mr. Pofahl an email respectfully requesting that he correct any future references to the relationship between me, my family and Dr. Galichia.

Thank you for including this in the public record.



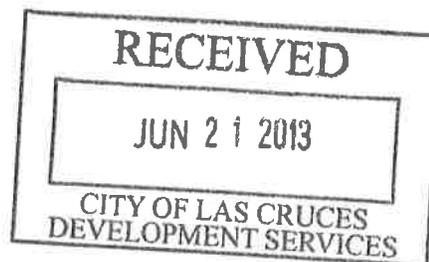
ALSTON & BIRD L.L.P.

TO: John Stevens, President
Country Club Neighborhood Association
Las Cruces, New Mexico

FROM: Alston & Bird, LLP

DATE: June 21, 2013

RE: Analysis of Proposed Physician-Owned Hospital Development



You have asked us to review the proposed development of a new regional hospital on property that is currently occupied by the closed Las Cruces Country Club (the "Proposed Hospital"). Specifically, you have asked us to focus this review on the federal physician self-referral law (the "Stark Law").

Please note that the information and analysis contained herein is intended for use by CCNA and CCNA is the only party entitled to rely on it.

I. Description of Proposed Development

Based on documents and information you provided, it is our understanding that the Proposed Hospital would provide a full range of services, including emergency room, surgical suites, cardiac catheterization, radiology service, laboratory and pharmacy. Up to twenty (20) local physicians are reportedly being recruited to invest in the development of the hospital, by purchasing an interest in an entity that would acquire the real estate, build the hospital facilities, purchase the hospital equipment, and then lease all of those assets to an operating entity at a "fair market value" rate (the "Proposed Arrangement").

Based on a written prospectus from the Galichia Hospital Group (the "Galichia Group"), it has been involved in developing the Proposed Hospital and would potentially serve as the hospital operator. Written materials from the Galichia Group describe its business model as involving local physicians to become stakeholders, with the physicians getting to work in "their hospital." One part of the Galichia Group's written criteria for entering a market includes:

1. Physicians of the highest quality to partner with
2. Physicians with a substantial patient base
3. Physicians from various and complementary specialties
4. Physicians willing to be stake holders and invest in project

June 21, 2013
Page 2 of 7

The prospectus also states their “[i]nvestment strategy aligns goals amongst the shareholders, managers, and physicians who drive the revenue and success of the institutions.”

II. Summary of Analysis

Changes to the Stark Law by the Patient Protection and Affordable Care Act (“PPACA”) have severely restricted the ability of a physician to possess an ownership or investment interest in a hospital to which the physician refers. Based on the facts described above and a review of the Stark law regulations and other related guidance, we believe it is likely that federal regulators would view the physician involvement in the Proposed Hospital as implicating the Stark Law’s prohibitions. If so, each physician investor would be prohibited from referring Medicare patients to the Proposed Hospital, and the Proposed Hospital would be prohibited from billing Medicare for any related services. Failure to comply with the Stark Law restrictions could result in significant financial penalties.

The following analysis is based on the Proposed Arrangement as described above. Any analysis of the Stark Law is a very fact sensitive process. It is important that each party considering involvement in an arrangement that might implicate the Stark Law have independent legal counsel review the details of the proposed relationships for compliance with the law.

III. Summary of the Federal Physician Self-Referral Law (the “Stark Law”)

Under the Stark Law, a physician is prohibited from (1) making a “referral” of a Medicare patient to an entity; (2) for the furnishing of “designated health services;” (3) if there is a “financial relationship” between the referring physician (or an immediate family member of the physician) and the entity; (4) unless an exception applies.¹

The Stark Law defines a “referral” to mean a request by a physician for, or the ordering of, or the certifying of the need for, or the establishment of a plan of care including, any designated health service (“DHS”) for which payment may be made under the Medicare program.²

The Stark Law defines a “financial relationship” to mean either: (1) an ownership or investment interest in the DHS entity; or (2) a compensation arrangement between the

¹ 42 U.S.C. § 1395nn(a)(1).

² The following categories of items and services are considered “DHS” when covered by Medicare: clinical laboratory services; physical therapy, occupational therapy, and speech-language pathology services; radiology services, including magnetic resonance imaging (“MRI”), computerized axial tomography (“CAT”) scans, and ultrasound services; radiation therapy services and supplies; durable medical equipment and supplies; parenteral and enteral nutrients, equipment, and supplies; prosthetics, orthotics, and prosthetic devices and supplies; home health services; outpatient prescription drugs; and *inpatient and outpatient hospital services*. 42 U.S.C. § 1395nn(h)(6); 42 C.F.R. § 411.351 (emphasis added).

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physician and the DHS entity. These ownership or investment interests or compensation relationships may be direct or indirect. Further, in describing certain restrictions on physician ownership of a hospital, PPACA focused on physician “ownership or investment interests held in the hospital, *or in an entity whose assets include the hospital.*”³

The Stark Law is not intent-based. If a financial relationship exists, the physician cannot make a referral for DHS and the service provider cannot bill the government for the service, even when there is no intent to induce referrals, unless an exception applies. Significant civil monetary and administrative penalties may be assessed for certain violations of the Stark Law, and a person violating the law may be excluded from participation in Medicare and Medicaid.

Under the Stark regulations, a person or entity is considered to be furnishing DHS if it either (1) is the person or entity that has performed services that are billed as DHS; or; (2) is the person or entity that has presented a claim to Medicare for the DHS.⁴ The first element of this rule was implemented by the Centers for Medicare & Medicaid Services (the federal agency responsible for drafting Stark regulations) (“CMS”) in 2008, based on the agency’s “continuing concern about the risk of overutilization with respect to services provided ‘under arrangements’ to hospitals and other providers...”⁵

Historically, the Stark “whole hospital” exception has allowed a physician to refer a patient to a hospital in which the physician has an ownership interest if he or she is authorized to perform services at the hospital and his or her ownership interest is in the entire hospital.⁶ Through PPACA, Congress amended the whole hospital exception in a way that largely prohibits the development of new physician-owned hospitals and places strict limitations on the expansion and operation of existing physician-owned hospitals.⁷ On November 24, 2010, CMS issued a Final Rule to implement PPACA’s revisions to the whole hospital exception.⁸

Under this Final Rule, in order to satisfy the whole hospital exception, a hospital had to have physician ownership as of March 23, 2010. Furthermore, going forward, the percentage of physician ownership may not exceed the level that existed on that date. Grandfathered hospitals (that had physician ownership on March 23, 2010) were also required to comply with a range of additional regulatory requirements, including restrictions on expansion of its facilities, disclosures of conflicts of interest, and mechanisms to ensure that each physician’s ownership arrangement qualified as a “bona fide” investment.

³ 42 U.S.C. § 1395nn(i)(1)(D)(i) (emphasis added).

⁴ 42 C.F.R. § 411.351 (definition of Entity).

⁵ 73 Fed. Reg. 48434, 48721 (Aug. 19, 2008).

⁶ 42 U.S.C. § 1395nn(d)(3).

⁷ Patient Protection and Affordable Care Act, Pub. L. No. 111-148, § 6001.

⁸ 75 Fed. Reg. 71800, 72240 (Nov. 24, 2010).

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IV. Analysis

A. Review of the Current Regulatory & Enforcement Environment

The regulatory and enforcement environment around physician-owned health care enterprises, as well as other arrangements that potentially implicate federal “fraud and abuse laws,” has increased dramatically in the last few years.

For 2012, the Department of Justice reported recovering more than \$3 billion from health care fraud related cases, a one-year record. In its March 2013 Semi-Annual Report to Congress, the federal Office of Inspector General, Department of Health and Human Services (“OIG”) reported expected recoveries from October 2012 through March 2013 of about \$3.8 billion. For the same period, the OIG reported exclusions of 1661 individuals and entities from participation in federal health care programs. Enforcement actions involving Stark Law allegations have also increased, including settlements with hospital chains ranging from \$14 million to \$25 million and the Tuomey Healthcare System jury trial that resulted in initial Stark Law damages of nearly \$40 million, with False Claims Act liability still to be determined.

The Patient Protection and Affordable Care Act (“PPACA”), which passed in March 2010, largely eliminated the development of new physician-owned hospitals in the United States. In addition, on March 26, 2013, OIG published a “Special Fraud Alert: Physician-Owned Entities,” which labeled physician-owned distributorships as “inherently suspect.” An entry for certain Physician-Owned Distributors also appears on the OIG’s 2013 Work Plan, a document outlining the OIG’s enforcement priorities for the coming year.

This regulatory and enforcement landscape provides an important backdrop when analyzing any proposed arrangement involving the Stark Law, but particularly in the context of physician investment involving a new hospital, which was the precise subject of PPACA’s changes to the Stark Law. Given this recent Congressional action virtually eliminating new physician-owned hospitals, it seems likely that federal regulators will view any arrangement in this area that comes “close to the line” with a significant degree of skepticism and an eye towards protecting the underlying policy interests expressed by Congress through PPACA.

B. The Proposed Arrangement Would Likely Be Viewed as Creating an Ownership or Investment Interest in the Proposed Hospital

The first question in this analysis is whether regulators would view the Proposed Arrangement as equivalent to the physicians acquiring an ownership or investment interest in the Proposed Hospital.⁹ If so, the Proposed Arrangement would clearly implicate the Stark Law, including its prohibition that (1) the physician-owners not refer

⁹ Without additional information about the structure of the proposed lease payments, we cannot analyze those payments to determine whether or not they satisfy a compensation exception to the Stark Law.

June 21, 2013

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Medicare beneficiaries to the Proposed Hospital and (2) the Proposed Hospital not bill for any of those services.

The definition of “financial relationship” includes both direct and indirect ownership or investment interests. In discussing this definition in 2001, the Health Care Financing Administration (the precursor to CMS) (“HCFA”) stated:

*We believe that limiting the statutory prohibition to direct ownership and compensation arrangements would seriously weaken the statute. Unscrupulous physicians and entities furnishing DHS would simply interpose entities between themselves and funnel the money through them.*¹⁰

Under PPACA, a section of the Stark Law discussing the whole hospital exception defines the applicable ownership or investment interest as including any interest “held in the hospital *or in an entity whose assets include the hospital...*”¹¹ Under the Proposed Arrangement, the physician investors would own interests in an entity whose assets include the hospital, including the real estate, the hospital facilities, and all equipment utilized by the hospital.

In the only published Advisory Opinion examining the question of whether a particular arrangement constituted an ownership or investment interest by physicians, CMS focused, among other things, on whether the physician-shareholders had a “pecuniary incentive to enhance their investment interests . . .”¹² It seems likely that, under the Proposed Arrangement, the physician investors would have a pecuniary incentive to ensure that the Proposed Hospital generated revenue and was profitable. Even if the proposed “fair market value” lease payments were not directly tied to the profitability of the Proposed Hospital, the hospital’s success would benefit the physician-investors in at least two ways: (1) it would ensure that the lease remained viable and rent payments continued to flow and (2) it would likely cause the physicians’ investment in the underlying real estate to appreciate in value. We believe these are the kinds of economic indicia that would lead CMS, OIG or other regulators to conclude the physician-investors had an ownership or investment interest in the Proposed Hospital, were regulators to analyze the Proposed Arrangement.

Finally, the Galicia Group’s own documents illustrate the parties’ view of the Proposed Arrangement. The documents state that the physicians will become “stakeholders” and get to work in “their hospital.” It is likely that these statements would be viewed by regulators as further evidence that the developers and physicians considered the physicians to be owners of the Proposed Hospital. Furthermore, part of the Galicia Group’s stated criteria for entering a new market includes the presence of physicians “with a substantial patient base,” who are also “willing to be stake holders and invest in

¹⁰ 66 Fed. Reg. 856, 867 (Jan 4, 2001).

¹¹ 42 U.S.C. § 1395nn(i)(1)(D)(i) (emphasis added).

¹² See Advisory Opinion No. CMS-AO-2005-08-01, available at: <http://www.cms.gov/Medicare/Fraud-and-Abuse/PhysicianSelfReferral/Downloads/MS-AO-2005-08-01.pdf>

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[the] project.” This implies a connection between (a) a potential physician-investor; (b) the size of the physician’s patient population; and (c) the Galicia Group’s willingness to enter the market. The Group also reports that its “[i]nvestment strategy aligns goals among shareholders, managers, and *physicians who drive the revenue* and success of the institutions.” (Emphasis added).

This type of connection – between physicians, patient referrals, and investment opportunities – was exactly what Congress hoped to mitigate by passing the Stark Law. As HCFA stated in 2001:

Prior to enactment of [the Stark Law] there were a number of studies, primarily in the academic literature, that consistently found that physicians who had ownership or investment interests in entities to which they referred ordered more services than physicians without those financial relationships . . . Increased utilization occurred whether the physician owned shares in a separate company that provided ancillary services or owned the equipment and provided the service as part of his or her medical practice. This correlation between financial ties and increased utilization was the impetus for [the Stark Law].¹³

C. An Entity That Owns the Real Estate, Hospital Facilities & Equipment Would Likely be Viewed as the Entity That “Performs” the Hospital DHS

In 2008, CMS revised the Stark regulations to address physician-owned entities that were providing services to hospitals “under arrangements.” An “under arrangements” arrangement involves a hospital purchasing a health care service (such as dialysis or advanced imaging) for its patients from a third party vendor. The services are then billed by the hospital to third party payers “under arrangements.” The under arrangements provider receives a fee from the hospital, generally pursuant to a written services agreement.

CMS became concerned about a proliferation of physician-owned “under arrangements” companies and revised the regulations in 2008 to curtail their use. In preliminary guidance, CMS described this concern as follows:

We agree with the commenter that arrangements structured so that referring physicians own leasing, staffing and similar entities that furnish items and services to entities furnishing DHS . . . but [the physicians] do not submit claims raise significant concerns under the fraud and abuse laws and would appear contrary to the plain intent of the physician self-referral law. These structures are particularly problematic because referrals by physician-owners of leasing, staffing and similar entities to a contracting DHS entity can significantly increase the physician-owned entity’s profits and investor returns, creating incentives for overutilization and corrupting medical decision-making.¹⁴

¹³ 66 Fed. Reg. 856, 859 (Jan. 4, 2001).

¹⁴ 72 Fed. Reg. 51012, 51014 (Sept. 5, 2007).

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Prior to 2008, for purposes of Stark, only the entity that submitted a bill to Medicare was considered a DHS entity. This meant a physician-owned under arrangements company was not a DHS entity and therefore the physician could refer patients to the company without violating Stark. By changing the definition of entity to include both the entity that billed the service and the entity that “provided” the service, CMS largely foreclosed the use of physician-owned under arrangements companies.

In its regulatory discussion of this change, CMS specifically declined to provide a specific definition of “perform.”¹⁵ While a physician-owned company that provides a narrow, discrete service to a hospital (e.g., the company only leases a single piece of equipment to the hospital) might not be viewed as “performing” the DHS service, we believe the scope of assets being provided under the Proposed Arrangement (the real estate, the hospital facilities, and all equipment) would likely result in the physician-owned entity being viewed as the “performing” entity.

It appears that the Proposed Arrangement is attempting to avoid these regulatory restrictions by breaking apart a hospital’s assets between two entities: one that possesses the hospital license and the other that possesses nearly all other assets necessary for operating the hospital, including the real property, the facilities, and the equipment. While not structured as an “under arrangements” arrangement *per se*, we believe it was this type of bifurcation that the 2008 under arrangements rules were attempting to prohibit.

V. Conclusion

Based on the facts that we have been provided (as described above) and available guidance, the Proposed Arrangement appears to be an effort to “end-run” both PPACA’s prohibition on new physician-owned hospitals and the 2008 “under arrangements” rule changes.

Given the clear Congressional policy behind the PPACA revisions to the whole hospital exception, and the other guidance discussed above, we believe it is likely that regulators would construe the Proposed Arrangement as creating an ownership interest between any physician investor and the Proposed Hospital, thereby implicating the Stark Law.

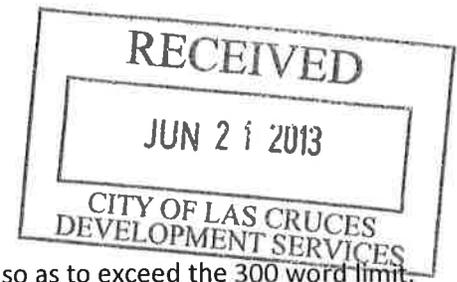
Please note that the information and analysis contained herein is intended for use by CCNA and CCNA is the only party entitled to rely on it.

¹⁵ 73 Fed. Reg. 48434, 48726 (Aug. 19, 2008).

June 19, 2013

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To the Editor
Sun News
Las Cruces NM



Because of the complex nature of this topic I request it be printed as Other Views so as to exceed the 300 word limit.

Perspective about rezoning for a physician-investor hospital complex on the Las Cruces Country Club (LCCC) property.

For clarification, I am not simply a “resident on record opposed to any development” as stated by our City Manager, Robert Garza. I have never been “on or off record” opposing any development. In fact, I have worked for over six years with three developers to align their vision with the realities of Las Cruces zoning laws and neighborhood property rights, as former President of the Country Club Neighborhood Association (CCNA), which is a legally recognized entity by the City. I and others in the CCNA have always advocated safe, sustainable development consistent with the neighborhood character as defined in City zoning laws. We have been cordial, collaborative, and reasonable but are as protective of our private property rights as are the potential new LCCC owners.

The LCCC property is currently zone R-1a (medium density residential) for only one home. The Park Ridge application is for rezoning as 23 acres C-3 high-intensity commercial within 25 feet of R-1a homes in the CCNA neighborhood as well as 7 acres C-4 commercial within 50 feet of existing R-1b Townhomes. The application requests approval for a 60 foot high acute care hospital with ER, helipad, and an anticipated nearly 7000 additional car trips per day, 24/7. There is no way into this land except via Main (US 70) and Camino Del Rex and through the Country Club neighborhood.

There are numerous issues involved with this application;

First and foremost, the residents of the CCNA and this County have rights to know the implications of this application as to costs to the City (taxpayers) because infill is exempt from the impact fees and the City is required to pay for all infrastructure without the property boundaries. New “visions” for the entire 110 acres were published, distributed and shown at a public meeting on June 18, 2013, by Park Ridge Development, LLC, without having filed a renewed PUD application. This “vision” includes realignment of public-owned property (Apodaca Park land) that adds a high traffic street north of Apodaca park land without any public input or approval. This secondary access is a requirement to any hospital in this State. CCNA issues such as traffic, noise, safety (helicopter and ambulances), and to other parties concerns about the viability of the two existing safety net hospitals that we have depended on for decades have not been addressed.

The Galichia “prospectus” provided to the City and the media notes entry into a market criteria such as “low barriers to entry, potential to produce strong recurring business earnings, manageable regulatory environment” amongst others. However, three important studies conducted in Kansas and six Midwestern states show that physician-investor, specialty hospitals dramatically and adversely affect the safety-net existing hospitals both financially and through competition for scarce staffing, particularly nurses. The economic analysis included in the City response to the 30 acre proposal for Park Ridge Medical Center is flawed because recent outmigration studies available to this author show barely 6% of patients leaving this area for care, assuring that this proposed hospital’s anticipated revenues can only come from the cannibalization of our two existing medical centers’ highest payor mix patient base. and staff as is the business model of the physician investor hospital.

<http://www.aha.org/content/00-10/Wichita%20Final%20PDF.pdf>

http://www.aha.org/content/00-10/Summary%20Report_2-7-05.pdf

<http://www.slideshare.net/cardiainfo/impact-of-physicianowned-limitedservice-hospitals-lincoln-case>

Rather than a net gain or even a zero sum effect based on ¹⁶⁹⁷revenue, household incomes, and physician practice collections, the developer has utilized, in a misleading manner, the Mesilla Valley EDA (MVEDA) estimates regarding new jobs, new state and local taxes and could be considered intellectually dishonest because they do not subtract the losses at the two currently economically viable existing hospitals from whence physicians, staff, and patients will be selectively transferred within the city to the new physician investor specialty hospital. MVEDA has clarified such in the public record. Those hospitals, as predicted by past history of these specialty hospital structures and business models, will lose revenue, have to operate at fixed rates of staffing at a loss, and pay increased salaries and (commonly) retention bonuses to keep experienced staff at their facility. It is rudimentary knowledge in healthcare administration that staff retention is less expensive than replacement, with the cost of hiring and orienting a new RN averaging \$40,000. That figure is from regions where there is not an acute nursing shortage, which is not the case in Las Cruces.

We should all ask why, for such an important addition to our city's medical infrastructure, the history of the Galichia Group has not been scrutinized? Both in 2000 and 2009, there were large Medicare settlements paid by the Group. The Department of Justice (DOJ) press release of March 3, 2009, reports that Dr. Joseph P. Galichia, M.D. and Galichia Group, P.A. "have agreed to pay \$1.3 Million to settle claims that the Group violated the False Claims Act between 2001 and 2006". The release also states that Galichia and Galichia Medical Group agreed to pay more than \$1.5 Million in May 2000 for (another) False Claims Act settlement based on "up coding, double billing, and billing for services not provided". Nowhere in the press release does the DOJ exonerate the Physician or the Group. In fact, the DOJ commends the cooperation of the other agencies in "exposing Medicare fraud" which they state is a top government priority.

<http://www.justice.gov/opa/pr/2009/March/09-civ-184.html>

Furthermore, why is it a secret, when in the local healthcare community it is common knowledge, that the primary physician soliciting investments in this medical entrepreneurial venture is Robert Alan Graor, MD? Is there no one investigating the criminal and medical board history of the lead physician who is asking other local physicians specializing in high compensation, low risk procedures that would siphon this desirable patient population away from our safety net hospitals to join this venture? Although Dr. Graor may well be a fine, compassionate, competent physician, his professional career has left a trail of public documents including court records and State Board of Medicine public documents from both Ohio and New Mexico that challenge his integrity and ethics as well as other flaws. Is this what this city needs for a competing hospital for which there is no demonstrable need?

http://www.circare.org/pd/graoor_20041210.pdf

<http://www.nmmb.state.nm.us/pdf/minutes/OldMinutesAgenda/minutes021606.pdf>

Final question, if real estate is a great investment for physicians, why do they not build a shopping mall or perhaps a restaurant, instead of a hospital? The aforementioned studies showed that the new physician investor hospitals were extremely profitable and resulted in a 15% increase in invasive cardiac procedures being performed in Kansas City along with a devastating drop in revenue and positive payer mix from the safety net hospitals. Bryan LGH in Lincoln NE lost \$10 Million in one year while the new physician specialty hospitals had profit margins averaging around 35%. What could be the most likely causative factor: a sudden epidemic upsurge in angina or increased professional fee revenues? The America Hospital Association studies also showed the most profitable services in this healthcare market were cardiac, orthopaedic, followed by neurologic. What is this proposed specialty hospital going to perform? Mostly elective interventions in this market. The Galichia Group "prospectus" specifically targets Las Cruces for their newest entrepreneurial venture because of its "rapid population and economic growth". That's surely news to most of us living in the poorest large city in the second poorest state, with the second highest population of uninsured in the entire country.

I care because my husband and I are citizens of this city and taxpayer owners of two Las Cruces homes. Yes, I am acknowledged expert in healthcare economics, but also am the Former: Co-founder and manager of Grande Ronde Airmedical, Trauma System Manager for the State of Oregon, Administrator of ER and Trauma Services at two Level I Trauma Centers: R.E. Thomason and UCI Medical Center; SVP for Bishop + Associates, the nation's preeminent trauma consulting firm which helped design and implement the NM Trauma System; and co-Founder and immediate past CEO of the Trauma Center Association of America, previously the National Foundation for Trauma Care. I know every page of

PPACA because part of my role as NFTC's CEO was to introduce and advocate for the Trauma Center Stabilization Act of 2007 (Murray D-WA, Isakson R-GA), which funds trauma care at \$224 Million and is now part of the PPACA.

Even worse. this proposal may actually be a Trojan horse to obtain Commercial High Intensity zoning for the LCCC and its Realtor and Developer (who stand to gain nearly \$500,000 each) and then move on to rezone the remaining 80 acres. Should the hospital complex fail to be built (likely under PPACA, legal analysis presented separately), the City and CCNA neighborhood will then left with the LCCC having high intensity commercial zoning status that allows any of the myriad allowable uses that is now plaguing Indian Hollow as a zoning precedent, but on a huge scale and the taxpayers billed for infrastructure.

I won't even get into all of the hazards of airmedical helicopter transport over a residential area into a heavily treed property with high tension power lines. As a former flight nurse and medic, my service's Bell LongRanger would never attempt such a landing, much less in a twin mast rotorwing craft. Read the information about helicopter crashes, hearing and structural damage (120 db) and more, such as loss of property values on the linked website from residents near San Francisco General Hospital, which is over Ten (10) stories tall. We are being asked to believe that landing on the roof of this small hospital will improve safety and mitigate damage to nearby residents.

<http://www.stophelipad.org/home.shtml>

Regarding statements made by the developer. Mr. Robert Pofahl. It is essential for both the City and its residents to remember that Bob Pofahl is not the owner of the project but the Developer and thus cannot speak to the commitments of the eventual owner. If he claims to be the owner, surely the City has done the most basic of due diligence and pre-qualified and verified Mr. Pofahl's personal financial ability to successfully undertake what he is asking to be zoned. This isn't about a Park, nor about No Growth. It is about why residents must be fully informed about their city and its government. Government should do its due diligence, not private citizens and journalism, to provide exposure or sunshine. It is the American way.

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Country Club Neighborhood Association

Comments Regarding Zoning Application for Park Ridge Medical Center

June 25, 2013

I. The Entire 110 acre Country Club Site Should be Considered as a Planned Unit Development, Not Piecemeal in Separate Zoning Applications

-The developer has a contract to purchase all 110 acres of the Country Club site. The developer distributed its latest conceptual rendering of its proposed development of the entire 110 acres at a community meeting held on June 18, 2013.

-The owners submitted a Park Ridge PUD Concept Plan to the City of Las Cruces "(the City)" on March 4, 2013. On March 18, 2013, the City released its comments and asked that each comment be addressed with the next submittal. The City's planning staff concluded it "cannot support this application as currently proposed".

-The following concerns were raised by the City regarding the Park Ridge PUD Concept Plan.

-Applicant has not filed waiver requests for design deviations required

-Each requested deviation must be accompanied by specific public benefits.

-A second entrance/exit to the property must be identified.

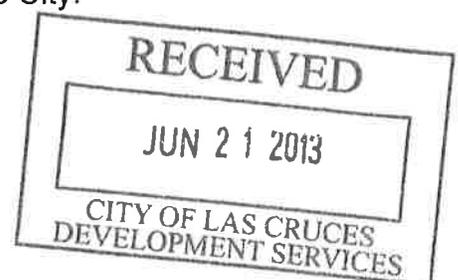
-The City requested section drawings, illustrations, or plan drawings, including internal circulation plan; complete streets illustrations; detailed section drawings; connectivity to adjacent neighborhoods for all modes of travel; schematic elevation drawings for apartments; renderings/illustrations of "parks, plazas and walking trails"; building footprint conceptual drawing; and landscaping.

-The City requested a green space/open space plan. The only open spaces appear to be drainage facilities and the adjacent public park.

-The City requested noise impacts for day and night use of the heliport in decibels.

-The City requested written approval from Design Review and Approval Board to be submitted with any permit application submitted to the City.

-ADA is missing throughout.



-Driving lane and sidewalk widths are too narrow, insufficient bike lanes. The city has requested drawings showing internal bike and pedestrian access, circulation and exit.

-3-foot parkways are inadequate to accommodate a tree.

-Signage details and locations are missing.

-The City requested "a schedule for phasing of development and full-build out".

-The City requested the developer identify types of regional shopping and entertainment.

-The City noted the lack of affordable housing in the proposed development.

-Instead of responding to the City's comments, applicants submitted a Zoning Application for 30 acres of the Country Club site on April 22, 2013, representing Phases I and 2 of the Park Ridge PUD.

-The original Park Ridge PUD Concept Plan included a realignment of Madrid Avenue at Solano and relocation of Apodaca Park. Residents are concerned that the developer and the City may be continuing negotiations without community input on these drastic changes to one of the city's largest and oldest parks.

-Section 38-49 of the Zoning Code states that the "PUD process shall be required for those proposed developments that are to be subdivided and multi-phased and that request three or more deviations to planning-related minimum development standards". The Park Ridge project is to be "subdivided and multi-phased" and is requesting "three or more deviations to planning-related minimum development standards", based on their original Park Ridge PUD Concept Plan. "All contiguous property owned or legally controlled by the developer shall be included within the PUD."

-The City's Planning Commission Staff Report talks about the Purpose and intent Statements of the Zoning Code, which include "mitigate congestion", "prevent overcrowding of land", "avoid undue concentration of population", "ensure development proposals are sensitive to the character of existing neighborhoods", "conserve the value of buildings and land", "reduce noise, glare and odor" and "mitigate conflicts among neighbors". These objectives can only be met if the proposed development is evaluated as the planned unit development it is.

-Instead of approving a development plan for less than a third of the site, the development plan for the full 110 acres needs to be presented for a thorough assessment of the total economic, environmental, social and traffic impacts of the fully

developed site *before* any zoning changes are approved. The highly visible central location of the site makes this all the more imperative.

II. The Zoning Application is Incomplete

-The Country Club property is located within the Infill Development Overlay District; however, applicant chose to use the standard zone change process.

-Section 38.10 of the Zoning Code requires applicants appearing before the Planning and Zoning Commission for zoning district changes, special use permits, planned unit developments and variances to include the following with their application.

- 1) Site plan – at adequate scale; with improvements and setbacks; dimensions of buildings; existing and proposed vehicular circulation systems, including parking, storage, service, and loading areas; major points of access, including street pavement width and right-of-way; a landscaping plan; pedestrian and bicycle circulation systems; arrangement of all open space, common recreational and private open space; architectural renderings, with illustrations of all exterior building materials and colors, site lighting, sign location, materials, color, size, shape and lighting; a drainage facilities plan and environmental impact statement.
- 2) Description and justification of requested variances.
- 3) Application signed by all property owners of record.
- 4) Special use permits and variances.
- 5) Planned unit developments and variances.

Applicant has not provided any of the above.

-The City's Planning Commission Staff Report on this Zoning Application recommends conditional approval, but references the need for construction drawings, a traffic study, and a utility master plan for the entire 110 acres. These should be provided for review *before* the Zoning Application is approved.

-The City's Planning Commission Staff Report on this Zoning Application states that the application meets the Comprehensive Plan Land Use Element related to serving "commercial demand". No proof of demand for a third hospital has been provided, such as a market study or any other indicator of demand.

-The Zoning Application does not include a second entrance/exit into the proposed development. The rendering of the proposed development provided at the June 18, 2013 community meeting shows this second entrance/exit as the road along the north border of Apodaca Park that begins at the intersection of Solano and Madrid. The

increase in traffic congestion at this location will pose a threat to the children and families that use Apodaca Park.

-Since no second entrance/exit has been included in the application, no traffic study has been conducted and no detailed site plan has been provided (including existing and proposed vehicular circulation systems, parking, storage, service, and loading areas; major points of access, including street pavement width and right-of-way; pedestrian and bicycle circulation systems), it cannot be determined whether the Comprehensive Plan Transportation Element which seeks to “attain maximum vehicular movement and minimum congestion in a cost effective, timely, and environmentally sound manner” is possible with this development.

-For the reasons stated above, it cannot be determined whether the Comprehensive Plan Transportation Element which seeks to make “reasonable accommodations for alternative modes to access the site” is possible with this development.

-Because the application is incomplete, it cannot be determined whether the proposed development would meet the Comprehensive Plan Economic Development Element that requires “the City receives a direct or foreseen benefit in exchange for creative and unique designs that differ from mandatory development requirements.”

-The City’s Planning Commission Staff Report includes the following Planning and Zoning Commission criteria for decisions.

- 1) Adverse impacts on adjoining properties.
- 2) Unreasonable increases in traffic in public streets.
- 3) Increased danger of fire or endangering public safety.
- 4) Orderly and phased growth and development.
- 5) Unreasonable impairment of established property values within the surrounding area.

It is our position that an incomplete application for a portion of the total planned development is insufficient for the P&Z Commission to properly apply these criteria.

III. C-3 and R-4 Zoning Requested in Zoning Application for 30 Acres of Country Club Site is Too High

-C-3 and R-4 zoning is too high density for the location and surrounding neighborhood. Immediately east of the property is zoned R-1a for single-family residential. West and south of the property included in the Zoning Application is the remainder of the golf course, which is zoned R-1a. The only commercial zoning is C-2 and C-3 zoning north of the property on Main Street.

-The Zoning Application anticipates approximately 6,950 trips per day, which is expected to increase traffic on residential streets near property.

-As noted by Paul Michaud, Senior Planner, in the Planning Commission Staff Report “the site is not technically along a Principal/Major Arterial once you subdivide the parcels and that the proposed uses are not exactly at the intersection of Main St and Solana Dr.”

-With regard to the heliport, the City’s Planning Commission Staff Report provides conflicting information.

“It should be noted that a heliport is not a use by right; rather, approval of a Special Use Permit (SUP) by the planning and Zoning Commission (P&Z) during a public hearing is required for the use of a heliport in the C-3C zone. SUPs are not a part of this zone change and will be processed as a separate application.” (Page 2 of 11)

“The conditional zoning would allow by right a heliport, ordinarily allowable with a special use permit, and the assisted living facility, which is currently allowed only in R-2, R-3 and R-4 zones.” (Page 1 of Long Range Planning Comments)

-C-2 zoning would be sufficient for the one story hospital the developer claims it intends to build. Although the developer’s current renderings reflect a one story hospital, C-3 zoning will allow structures up to 60 feet, which would not meet the Comprehensive Plan Land Use Element related to “compatibility with the existing architecture” and “character of the surrounding neighborhood”, which is predominately R-1a single-family. Furthermore, the developer’s current renderings include the disclaimer: “ALL IMPROVEMENTS, PLANS, AMENITIES AND LAND USES HEREIN ARE PROPOSED AND *SUBJECT TO CHANGE WITHOUT NOTICE PER THE DEVELOPERS DISCRETION*. THERE CAN BE NO ASSURANCE THAT THE CURRENT PROPOSED IMPROVEMENTS OR AMENITIES WILL BE COMPLETED.” (Emphasis added.)

-The highest intensity uses, including the hospital and heliport, are to be 80 feet from existing townhomes. With the ability to build up to 60 feet, residents of the townhomes are concerned about the loss of their views. Residents prefer a park or residential development behind the townhomes.

-There are serious concerns about having a heliport in such a high density area. There are safety issues (utility wires and nearby properties). The noise can cause hearing loss. The extra lighting required will contribute to light pollution in the neighborhood.

-The developers are proposing to include high-end retail, but have not disclosed who or what type of high-end retail. Kary Bulsterbaum, associated broker with Steinborn TCN Commercial Real Estate, expressed his doubts about the developer's ability to attract high-end retail. Las Cruces has proven unable to attract high-end retail, in general, and there is a higher probability for high-end retail in the Telshor and Lohman corridor up to Sonoma Ranch.¹

-We are concerned that this zoning application is really a Trojan Horse. Zoning would allow undesirable uses if a hospital is not built, unless zoning is conditional for a hospital only. This appears to be what happened with Indian Hollow. The zoning application said the tenant would be an upscale "mini Trader Joe's". That tenant pulled out, but C3 zoning remains. Currently, there is a posting at the site of a notice of an application for a liquor license.

-Concerns about runoff and flooding, especially at Three Crosses and North Alameda. The Las Cruces Country Club and Apodaca Park have served as the location for runoff from the country club neighborhood. If fully developed without a means to divert this runoff, it will end up in the Three Crosses and North Alameda area, which is also being developed with high intensity residential.

IV. Feasibility of physician-owned/investor hospital

-The Galichia Hospital Group is "partnering with over 20 local physicians who are investing in the real estate and equipment", which would make this a physician-owned hospital.²³ They have described the proposed Park Ridge Medical Center to the City as "a cross between the Ritz Carlton (Hotel) and a hospital".⁴

-Section 877 of the Social Security Act (Stark law) prohibits a physician from making referrals for certain "designated health services" payable by Medicare to an entity with which the physician has a financial relationship. Stark included a "whole hospital" exception, which was limited by the Patient Protection and Affordable Care Act (PPACA) Section 6001 to physician-owned hospitals with a Medicare provider number before December 3, 2010. A hospital which does not meet this exception will not be able to accept Medicare referrals from any physician owner or person related to the physician owner. This ban on physician-owned hospitals has halted construction on over 30 facilities.⁵

¹ Steve Ramirez, *Ambitious rezoning: City to review plans for property* (Las Cruces Sun-News, June 2, 2013)

² Galichia Hospital Group prospectus

³ Steve Ramirez, *Ambitious rezoning: City to review plans for property* (Las Cruces Sun-News, June 2, 2013)

⁴ Steve Ramirez, *New hospital would look to serve niche market* (Las Cruces Sun-News, June 2, 2013)

⁵ Baker Donelson, *Thirteen Things Providers Should Know About Stark Law and Physician Ownership Changes Under Health Reform*

-NM certification of a hospital owned or operated by Galichia Hospital Group is questionable, based on their history of Medicare/Medicaid fraud, according to sources at the New Mexico Department of Health Medicare Compliance Division.

-We disagree with the City's Planning Commission Staff Report's conclusion that the proposed development meets the Comprehensive Plan Land Use Element objective that the use serves commercial demand. There has been absolutely no proof of demand for a third hospital.

-We believe the proposed hospital will adversely impact the two existing hospitals in Las Cruces. Memorial Medical Center currently has an occupancy rate of less than 50% and Mountain View Regional Medical Center is about 2/3 full.⁶ Physician-owned hospitals often cherry pick the highest paying patients, leaving other hospitals with lower paying Medicare/Medicaid patients and sicker emergency patients. Also, it would increase competition for staff, especially nurses. In a Lincoln case study, two physician-owned hospitals had a negative impact on the financial performance of the two existing full-service hospitals; and higher labor costs and staff shortages. Elective cases were lost to the physician-owned hospitals, leaving a stronger concentration on emergency cases. The physician-owned hospitals also hired away a lot of nurses and clinical staff from the existing full-service hospitals.⁷ In a Wichita case study, the five physician-owned hospitals that opened between 1999 and 2003 also had a negative impact on the financial performance of the existing full-service hospitals, with reductions in revenues and net income; led to cut backs in services offered by the full-service hospitals; and a high number of key staff left the full-service hospitals to join the physician-owned hospitals.⁸

v. Concerns about Investors and Developer

-The Galichia Hospital Group has two settlements with the Department of Justice for Medicare/Medicaid fraud. The first was a \$1.3 million settlement in 2000 for false claims filed between 1993 and 1998. The second was a \$1.3 million settlement in 2009 for false claims filed between 2001 and 2006.⁹

-Dr. Robert Alan Graor is the primary investor seeking physician investors for Park Ridge Medical Center. Dr. Graor has been convicted of embezzlement of over \$1 million from the Cleveland Clinic. The State of Ohio first suspended his medical license for 5 years, then permanently revoked his license to practice medicine in 2003 for embezzlement and ongoing misrepresentations that he was board certified. State

⁶ Steve Ramirez, *New hospital would look to serve niche market* (Las Cruces Sun-News, June 2, 2013)

⁷ <http://www.slideshare.net/cardiainfo/impact-of-physicianowned-limitedservice-hospitals-lincoln-case>

⁸ <http://www.aha.org/content/00-10/Wichita%20Final%20PDF.pdf>

⁹ Steve Ramirez, *Concerns raised about new hospital proposal* (Las Cruces Sun-News, June 9, 2013)

Medical Board members referred to “a pattern of deception”, “continued dishonesty” and “deception after deception after deception”.¹⁰ In 2006, the New Mexico Medical Board placed Mr. Graor’s license on indefinite probation, issuing a Stipulated License requiring a mental health evaluation and participation in NM MTP, full disclosure of disciplinary history to all employers and associates, Board approval of practice settings and other monitoring requirements.¹¹

-Concerns related to Las Cruces developer Robert Profahl’s Enchanted Desert subdivision at Picacho Mountain. Only 24 homes sold in 4 years. This development was also supposed to include upscale shopping and restaurants that never materialized. In May 2012, the developer sold over 171 acres of undeveloped lots at Enchanted Desert subdivision to the Village of Hatch, making the property exempt from property taxes. The Village of Hatch will have to install all basic infrastructure, such as water, sewer and paved roads. The contract includes a provision that gives Profahl the option to repurchase the land in the future.¹²

-On March 4, 2013, Park Ridge submitted the Park Ridge Planned Unit Development Plan Concept Plan to the City of Las Cruces. On March 14, 2013, Park Ridge held a community meeting, where it presented a draft map of the proposed development. The map presented at the community meeting on March 14, 2013 was not the same as that submitted to the City of Las Cruces on March 4, 2013. It did not include the proposed changes to Madrid and Apodaca Park. This misrepresentation calls into question the integrity of the developer and its representatives.

CCNA is in favor of sustainable development of the Country Club property that is safe and consistent with the neighborhood character.

¹⁰ http://www.circare.org/pd/graor_20041210.pdf

¹¹ <http://www.nmmb.state.nm.us/pdf/minutes/OldMinutesAgenda/minutes021606.pdf>

¹² Steve Ramirez, *Developer optimistic about sale of land near Las Cruces to Hatch* (Las Cruces Sun-News, November 10, 2012)

HEALTHCARE COMPONENT OF ZONING



1707

Connie J. Potter, RN, BSN, MBA;HCA
Chair, CCNA Infrastructure Committee



There is No Need for Another Hospital in Las Cruces

- Current (2011) data shows total outmigration since MountainView Regional Medical Center built has dropped from 25% to less 7%
 - El Paso: 5% excluding OB which Galichia Medical Center apparently will not provide
 - Trauma care
 - Many for convenience for extended families
 - Albuquerque: 1.8%
 - **LAS CRUCES HAS NO TRAUMA CENTER**
 - 13 Trauma
 - 2 Burns (Trauma)
 - 2 TBI (Trauma)
- Source: AHA.com, Solucient, and Texas Healthcare Information Council



Impact on Safety Net Hospitals and Increase Cost of Care when Specialty Limited Service Hospitals Enter the Market

- Four communities studied
 - Black Hills, SD; Lincoln NE, Oklahoma City, OK & Wichita KS (*McManus Consulting, AHA, et al*)
- Collectively 18 physician-investor specialty service hospitals opened 1995-2005
- 3 communities had 2 safety net hospitals, one (OC) had ten full service hospitals
 - OC market experienced an additional 7 physician owned/investor small specialty hospitals



Key Factors in Specialty Physician Investor Hospitals

- Patient selection by redirecting physician practice
 - “the ability to schedule consecutive cases without pre-emption by emergency procedures” (*IPO to Investors, Black Hills Surgery Center*)
- Patient selection tactics yield high profits at expense of broader healthcare needs
 - Focus on well reimbursed procedures
 - Focus on patients with Good Reimbursement
 - Avoid emergency cases (transfer anything complex via EMTALA)
 - Focus on patients in overall good health



Physician Investors Move Patients at Will to “Their Hospital”

- Bryan LGH, Lincoln NE cardiac surgeries
 - 1999 = 1512 procedures
 - 2004 = 60 after NHI opened its new heart hospital
- “One great cardiac program became two good programs”
- Focus on well reimbursed procedures
 - All case studies showed pattern
 - 4 Heart Hospitals = net income/case \$8,285
 - 3 Neurosurgery = net income/case \$3,430
 - 6 General Surgery = net income/case \$3,300



Physician Investor Specialty Hospitals Serve More Commercial and Fewer Medicaid Patients

- Leaves the full service safety net hospital with predominance of Medicare, Medicaid, and Self Pay

Offer limited emergency services

- EMTALA requires acceptance of transfers if hospital doesn't offer service 24/7

- **OB, Pediatrics, complex medical**

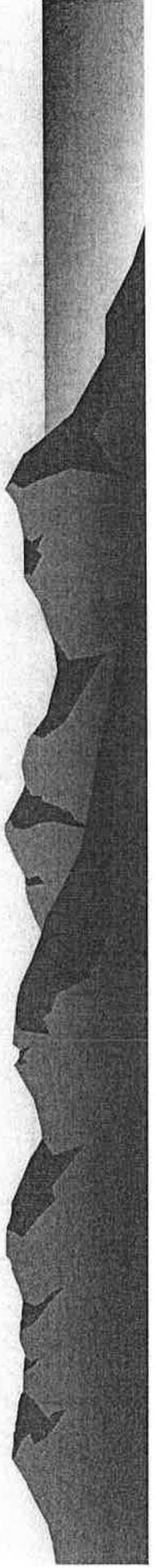
- Specialty hospitals entry point is through physician offices who can pre-screen for complexity and co-existing conditions
- Refer complex cases to tertiary safety net hospitals
- Higher profit margin of 3-7% compared to 0% at community hospitals



Focus on Profits, not Patients

“And the last thing and the easiest thing is money. There’ll be a lot of money out there... Why go to a surgical facility? Profit, profit, profit.”

– Larry Teuber, Founding Partner of Black Hills Surgery Center, addressing the American Association of Neurological Surgeons Annual Meeting, 2000



Impact, Declining Finances and Resources at Safety Net Hospitals

“The Nebraska Heart Hospital doesn’t provide anything we don’t already have in the community... fragmentation spreads out the business, erodes margins and puts quality at risk...”

Lincoln Physicians at Bryan LGH, Lincoln NE



Net Incomes at Safety Net Hospitals Dropped Drastically

Wesley Medical Center, Wichita KS

- Net income fell \$16 Million after the opening of Galichia Heart Hospital in 2000

- **Rapid City Regional Medical Center**

- Net income fell \$18 Million after opening of Black Hills Surgery Center
- BHSC income grew by the **SAME AMOUNT**



Safety Net Hospitals Cut Staff and Patients Have Access Problems

- Key physician investors/owners opted out of community emergency call
- Trauma centers closed or reduced their level from II to III (OK)
- OK Trauma System nearly disintegrated
 - Required a \$6 Million taxpayer Medicaid bailout (*Bishop + Associates*)



Critical Unprofitable Services Cut

- Behavioral health
- Trauma
- Subsidized services for Low Income population
 - Outpatient clinics, outreach, prenatal
 - Health education and wellness
- Medical education
- More borrowing with downgrading of some bond ratings



Wesley in Wichita: Layoffs and Stiff Competition for Essential Staff

- Wesley: laid off 120 FTEs in 2001 and 54 more in 2003
- Sold occupational health
- Closed electron microscopy research
- Closed Pharmacy research
- Closed outpatient pharmacy
- Downsized other unprofitable programs
- Increased cath lab salaries \$2/hr. (cost \$2.5 Million) and paid retention bonuses of \$7,500 each



Specialty Hospitals Decrease Utilization at Safety
Net Facilities and Increase Overall Cost of Care

“This now doubles (or more) the
capital investment in the
community... to provide the same
services.”

**Senior Manager, Blue Cross Blue
Shield of Kansas**



Specialty Hospitals Raise Issues of Over-Utilization

- Black Hills region
 - Outpatient surgeries up 120%
 - Inpatient surgeries up 50%
- The Dartmouth Atlas places the four cases above the 65th percentile for targeted procedures (back, coronary bypass, hip replacements, etc)
- Rapid City hit the 99th percentile for back surgery



Helipad Presents Extraordinary

Risks: *Source: StopTheHelipad.com*

- Airmedical crashes are 14x that of general aviation
- Research shows no better outcomes from air transport
- Cost is >\$25,000 per flight
- Data shows hearing damage occurs at 80 db and helicopter landing is 120 db
- Structural damage occurs to neighboring buildings
- Loss of property values near source of noise
- Trees and high tension lines make GMC an unsafe landing site
- Other hospitals average only 30 flights/month
- Flights over residential neighborhood, Park and schools are inherently unsafe



MVEDA Revenue Forecast

- MVEDA did not consider that few to none of the patients, procedures, visits would be new to the community
- Staff and physicians are already in practice here and paying taxes
- Income and revenue stream for Galichia Medical Center and its clinics will be derived from the existing practices and patients currently treated locally



MVEDA Analysis Totals 2013-2015*

*BASED ON FLAWED DATA; MONIES WILL BE SCAVENGED FROM SAFETY NET HOSPITALS WHICH WILL HAVE EQUAL OR GREATER NET LOSSES

Employee	Personal Income	Output (Revenue)	Local Tax Revenue	State Tax Revenue
456 GMC	\$61,454,300	\$136,512,190	\$6,459,444	\$4,861,336
54 Parkridge Medical Office	\$7,169,668	\$15,926,422	\$1,221,392	\$ 924,423
61 Assisted Living Center	\$8,193,907	\$18,201,625	\$1,317,447	\$1,049,337
45 Transitional Rehab	\$6,145,430	\$13,651,219	\$ 526,569	\$ 444,113



MVEDA Analysis Totals 2013-2015*

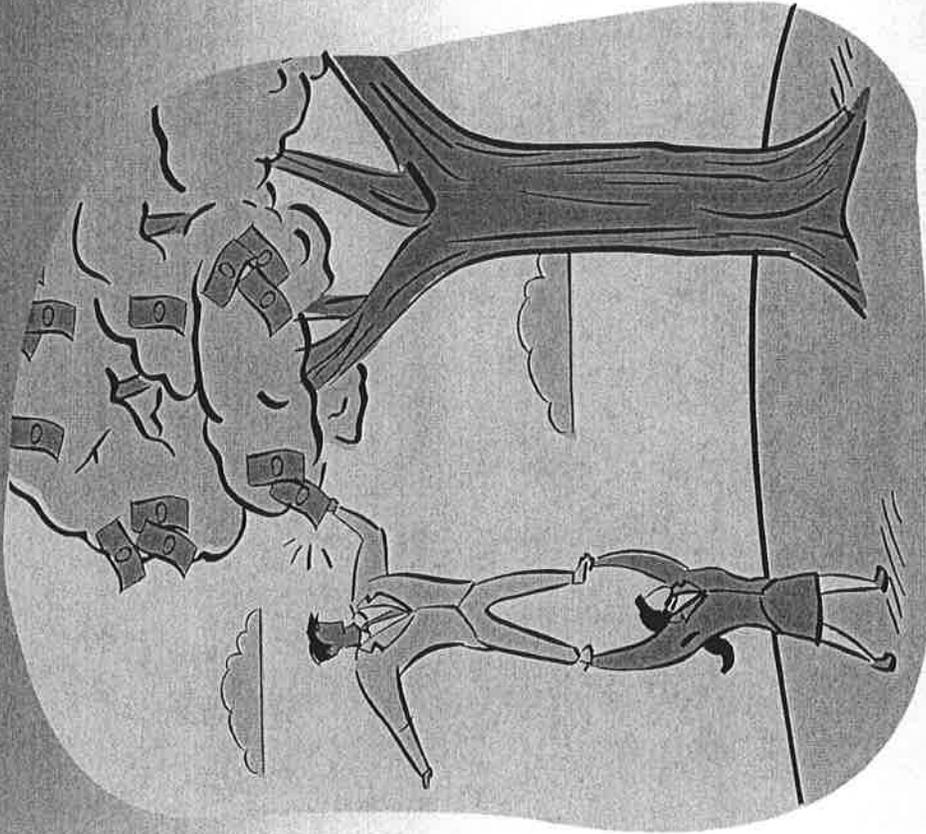
*BASED ON FLAWED DATA; MONIES WILL BE SCAVENGED FROM SAFETY NET HOSPITALS THAT WILL HAVE EQUAL OR GREATER TOTAL NET LOSSES

Employee	Personal Income	Output (Revenue)	Local Tax Revenue	State Tax Revenue
20 - Build to Suit #1	\$2,663,020	\$ 5,915,528	\$ 219,213	\$ 170,637
44 - Build to Suit #2	\$5,940,528	\$13,196,178	\$ 804,657	\$ 484,689
175 - Build to Suit #3	\$23,537,482	\$52,329,673	\$1,367,394	\$1,102,505
20 - Build to Suit #4	\$ 2,663,020	\$ 5,915,528	\$ 177,779	\$ 140,567



Flawed Economic Analysis

Rather than a net gain or even a zero sum effect based on revenue, household incomes, and physician practice collections, the developer has utilized, in a misleading manner, the Mesilla Valley EDA (MVEDA) estimates regarding new jobs, new state and local taxes and could be considered intellectually dishonest because they do not subtract the losses at the two currently economically viable existing hospitals from whence physicians, staff, and patients will be selectively transferred within the city to the new physician investor specialty hospital. MVEDA has clarified such in the public record.



Summary

- Lack of need for specialty hospital services negatively impacts safety net hospitals
- Cost of labor for lost staff, recruitment and orientation, bonuses at OU cost over \$2.5 Million
- Las Cruces has a severe nursing shortage already and competes with El Paso for its nursing resources. The closure of the DCCC nursing program exacerbated this problem
- Physician community is typically divided and devicive after these healthcare situations occur



??????????

Economic Development Element to Zoning

Goal 1: To provide strong development policies that allow the retention, expansion, and attraction of existing and new businesses and industries to Las Cruces.

Fundamental Zoning Question

How does a third hospital, with no new healthcare services, utilizing and shifting the same local physicians and hospital workforce, in a community with significant excess capacity and only 7% outmigration, meet this important criteria for approval? Does it help retain and expand Memorial Medical Center and its vital services?



Country Club Neighborhood Association

Position on

RECEIVED

JUN 21 2013

CITY OF LAS CRUCES
DEVELOPMENT SERVICES

Country Club Neighborhood Association Boundaries



CCNA represents over 700 homes, with an average density of 3 homes per acre.

Park Ridge Proximity to R-1

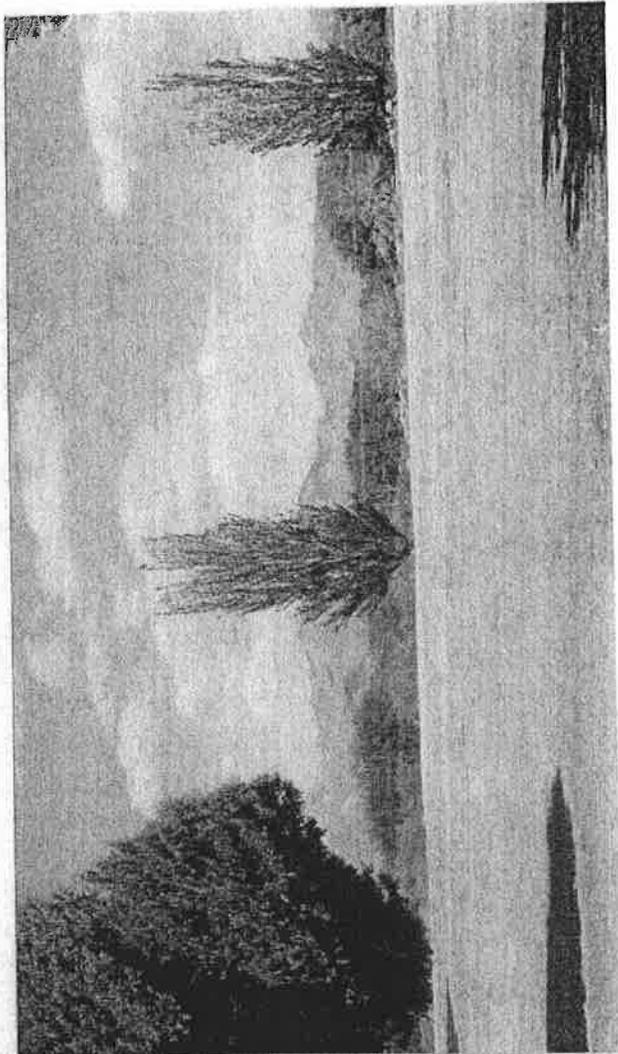
1730



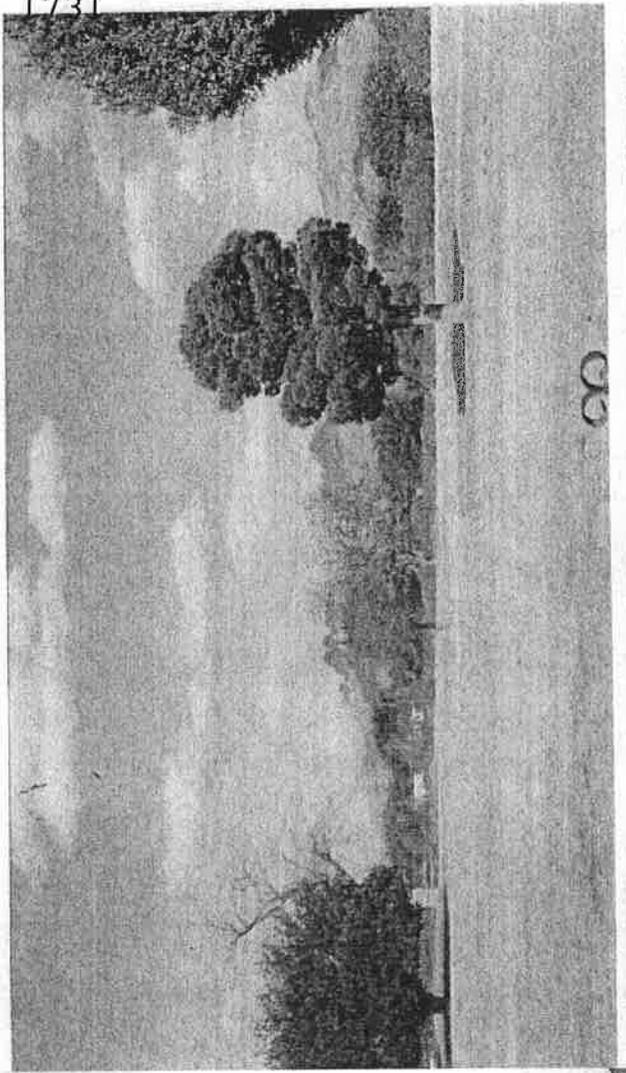
80 Ft. setbacks, 25 Ft. Green Barrier



R-1 Existing Beautiful Views

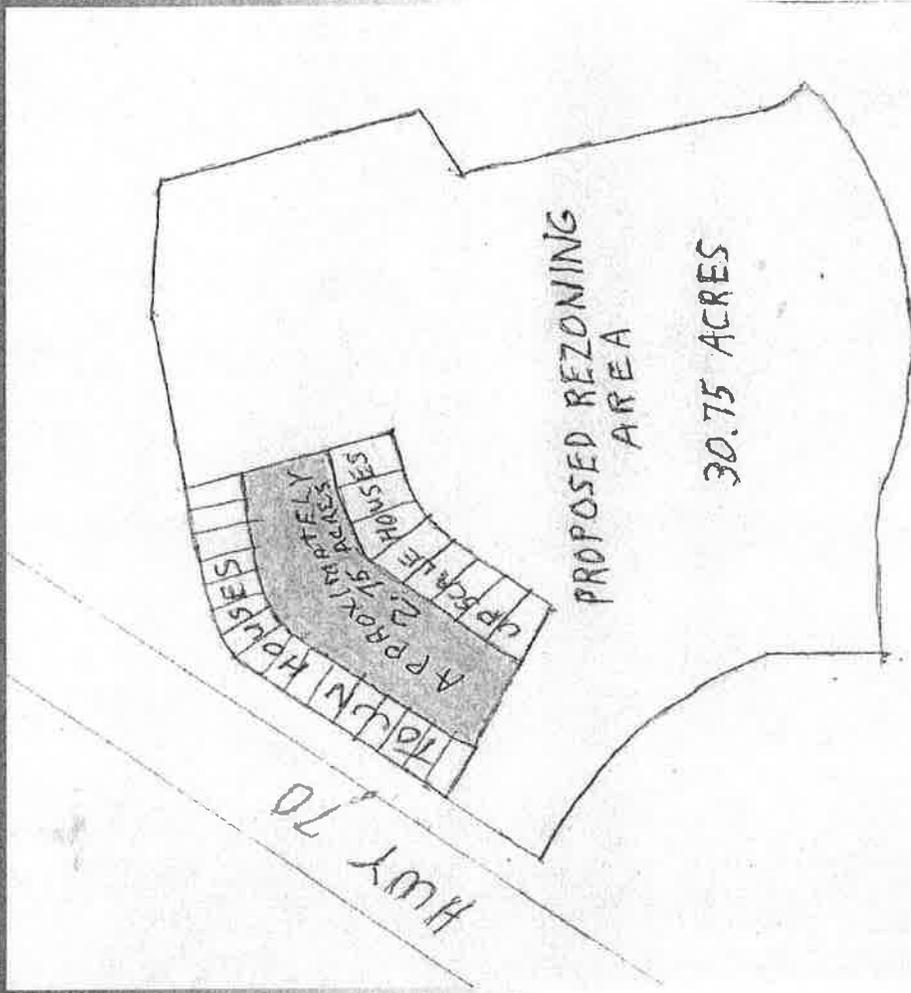


1731



City Recommends Small Parks

“consider usage, fit within the neighborhood, and environmentally friendly design” ... “Preserve and respect scenic views, sites, and corridors in a manner that reasonably compensates, provides incentives, maintains similar existing rights, or in another similar manner that balances the public and property owner interests” .



CCNA is in Favor of Development

- CCNA members voted unanimously in favor of “sustainable development of the Country Club property that is safe and consistent with the neighborhood character.” (June 10, 2013)

CCNA has worked with three (3) developers since 2006.



CCNA Members are Concerned

- Entire site should be considered as PUD
- 30 acre zoning application is incomplete
- C-3 and R-4 zoning is too high for the entire site

Feasibility of physician-owned/investor hospital

Concerns with investors and developer



Original PUD Application

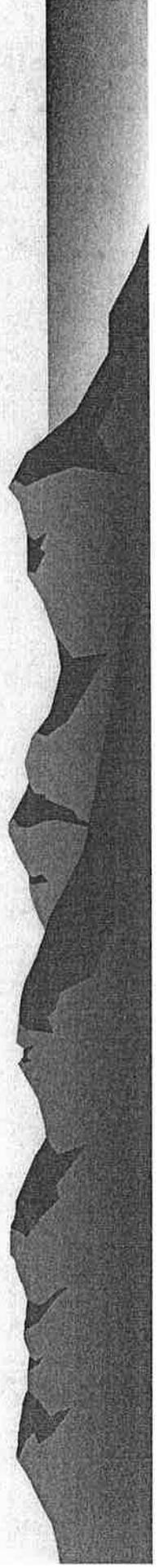
- Original 110 acre PUD Concept Plan filed March 4, 2013
- City raised numerous concerns
 - No waiver requests for design deviations
 - City requested development schedule, drawings and plans (open space plan, flood plan, noise impacts, ADA, etc.)

City planning staff “cannot support this application as currently proposed” .



Traffic Issues

- Second needed entrance/exit not identified
 - Driving lanes and sidewalks too narrow
 - Bike lanes insufficient
 - Parkways inadequate for promised trees
- No vehicular, bicycle and pedestrian circulation plans
- No streets illustrations
- No traffic mitigation plan to keep non-residents off Country Club minor residential streets



Zoning Application

- Instead of responding to the City's comments on its PUD application, a zoning application was submitted on April 22, 2013 for 30 acres, representing phase 1 & 2 of the PUD.

The entire 110 acre development needs a thorough assessment of economic, environmental, social and traffic impacts.



Zoning Application is Incomplete

- Applicant has not provided a site plan at adequate scale with
 - improvements and setbacks
 - architectural renderings and dimensions of buildings
 - vehicular, pedestrian and bicycle circulation
 - landscaping, open space and drainage facilities plans
 - site lighting and signage
 - environmental impact statement



City Response to Zoning Application

- City planning staff recommends conditional approval, but references the need for:
 - construction drawings
 - traffic study
 - utility master plan for entire 110 acres

CCNA believes the above should be provided *before* approval, not *after*.



C-3 and R-4 Zoning is too High Density

- All property east of the proposed development is zoned R-1a
- South and southwest of the property is the rest of the golf course (R-1a) and C-1 and C-2 zoning on Madrid and Solano

Properties along Main Street north of the property are zoned C-2 and C-3

C-2 would be sufficient for the one story hospital that the developer says it intends to build



Impact on Townhouses

- The planned two-story Assisted Living buildings will:
 - surround the R-1b townhomes
 - block existing views of the townhomes, diminishing their value
 - produce noise and traffic 24/7 with staff shift changes, visitors, medical personnel, and suppliers



Traffic Issues

- Zoning application estimates 6,950 trips per day.
- An existing traffic study shows streets in the Country Club neighborhood are already used frequently by non-residents to get to school and to East Las Cruces.

Residents are concerned about ambulances and other traffic using neighborhood streets (to avoid stop lights, US 70 construction and congestion), posing a safety hazard to children and elderly pedestrians in the Country Club neighborhood.



Drainage Issues

- Madrid to Mesquite is a Flood Plain/Zone
- Development will alter this land from 10% retention to +30% runoff – a 40% increase
- Madrid and Solano are already inadequate for runoff



Trojan Horse

- Zoning can become a Trojan Horse, if hospital isn't built but land remains C-3/R-4 High Intensity Zoning
- Full development instead of phases would provide some protection to residents and taxpayers from Trojan Horse development
 - Indian Hollow: zoned for “mini Trader Joe’s, now Liquor store and ???



Susana Montana

From: Susana Montana
Sent: Tuesday, July 02, 2013 11:15 AM
To: bob@picachomountain.com; gvezlez@ziaeec.com; Carl Jensen; Clark; Connie Potter; John Stevens; Lipson; Peter Goodman; Tamie Smith; White Knyght
Cc: Katherine H. Rogers; Robert Kyle; David Weir; Harry (Pete) Connelly; Rusty Babington; Esther Martinez-Carrillo; Linda Lewis
Subject: Park Ridge Medical Center rezoning application, Case No. Z2860 public comments for City Council
Attachments: PZC Notice of Decision Z2860.pdf

Greetings folks. The Park Ridge Medical Center rezoning application was recommended for conditional approval by the Planning and Zoning Commission on June 25, 2013 (see attached Notice of Decision).

Greetings folks.

The current schedule for City Council review of the Park Ridge Medical Center rezoning application is August 5th for a "first read" during which the City Councillors will determine whether they have enough information in their case report packet to place the rezoning request on the agenda for a future public hearing. Please note that the case report packet for this "first read" Council meeting will include all the information that the Planning and Zoning Commission saw and heard at the June 15th public hearing. If you are satisfied with the materials and comments you presented to the Planning and Zoning Commission then you need not repeat them as the Council will receive those comments.

However, if you wish to send new materials or comments for the City Council, I will include them in the case report that goes to the Councillors, through the City Clerk's Office, for their August 5th "first read" meeting and their August 19th "action" public hearing **if you provide them to me by 5 PM, Friday, July 12, 2013.**

I can be reached at the mailing address, physical address, phone number or email address noted below. Because the public hearing on the rezoning is a quasi-judicial hearing, you may not contact individual City Councillors individually about this rezoning application. You may testify at the August 19th public hearing (tentative date) and you may submit written materials to me by July 12th if you want the Councillors to review the material in advance of the public hearing.

Please forward this message to other persons who may be interested in providing written materials and comments to the City Council in their case report packet.

Thank you for your attention and participation in this process.

Susana Montana, Planner

City of Las Cruces Community Development Department

Building & Development Services Division

Physical Location: City Hall at 700 North Main Street, Suite 1100

Mailing Address: P.O. Box 20000, Las Cruces, NM 88004-9002

smontana@las-cruces.org

Main Line: (575) 528-3043

Direct Line: (575) **528-3207**

Fax Line: (575) 528-3155

www.las-cruces.org



City of Las Cruces

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Susana Montana

From: Bob Pofahl <bob@picachomountain.com>
Sent: Wednesday, June 19, 2013 7:28 AM
To: John Stevens
Cc: Susana Montana; David Weir
Subject: Re: Building heights & Drain fields

John,

I hope you were satisfied with the answers to your questions last night.

As stated in the meeting, we are willing to pick up the expenses for town home owners to connect to the new sewer line if our plan is approved. We will pick up the expenses to decommission the current tanks and hook into the new sewer line. Will also pay the tap fee to the City.

We also acknowledged that the hospital planned for the site will not be more than one story and the medical office buildings no more than two floors.

Thank you for attending the meeting last night. We are glad, once again, to be able to keep the community informed about the progress of the redevelopment plans.

Bob Pofahl
575-680-8812 mobile
575-523-2500 office
575-993-5342 fax

Picacho Mountain
1340 Picacho Hills Dr.
Las Cruces, NM 88007

<http://www.cbiholdings.com> <<http://www.cbiholdings.com/>> <http://www.picachomountain.com>
<<http://www.picachomountain.com/>> [blog.picachomountain.com](http://www.picachomountain.com) <applewebdata://8984518C-8582-43B3-BA30-12E834637AE9/blog.picachomountain.com>

On 6/18/13 4:44 PM, "John Stevens" <johnmill9@toast.net> wrote:

>Bob,

>

>We still haven't heard from you regarding the one story Hospital. You
>indicated that you were going to ask for zoning to build a one story
>Hospital. As a matter of fact you showed us pictures of a one story
>building. I've reviewed the latest information I have from City
>Planning, and it appears you are still asking for buildings to be 45
>feet high. We've asked that you amend your zoning application to be
>for a one story Hospital building, but have not received an answer.

>
>In another matter, I'd like clarification of your e-mail to me
>describing what your part would be in sewer hook ups for the Townhouse
>properties, if the situation arises. We have you on record as saying
>that if you're successful in getting the property re-zoned, and
>hook-ups become necessary, you will pay for that expense. We took that
>as meaning there would be no expense to the Townhouse owners. If I'm
>reading your e-mail correctly, you are proposing to run a sewer line
>with stubs ("Tees") that property owners could hook up to, 40 feet
>from the Townhouses. If that's the end of your commitment, that would
>mean the homeowners would be responsible for digging the trench from
>the house to the sewer line, connect the line, neutralizing the septic
>tank, etc. which would cost between \$1,700 and \$3,000 according to
>Johnny's Septic. Also there could possibly be an impact fee from the
>City for \$1,165.00 If I'm incorrect in my reading of your e-mail,
>please point out the errors. We need a clear, simple statement of
>exactly what your role would be in the event of a situation like this.

>
>Sincerely,
>
>John F. Stevens, Pres.
>
>CCNA

Sec. 28-90. Refunds and interest; enforcement.

(a) All deposits required by this division shall at a customer's request be refunded or applied to the customer's account after 13 consecutive, prompt monthly payments. Where a deposit has been refunded and the customer is subsequently delinquent for two consecutive months, a new deposit shall be required.

(b) Interest shall be credited on all deposits at a rate to be set forth by the city council by resolution from time to time, and may be credited to the customer's account on an annual basis. Unrefunded deposits and interest accumulated thereon shall be applied to final billings. Interest shall not be paid on any deposits that are refunded within 90 days of the deposit date.

(c) Interest on deposits shall be earned from the deposit date to the final service date.

(d) Unclaimed deposits and interest refunds shall be handled as specified by law.

(e) Failure to make a deposit as set forth in this division shall result in refusal or termination of services.
(Code 1988, § 29-65)

Sec. 28-91. Effect of transfer, moving.

There shall be no transfer or so-called transfer from one location to another of deposits made for utility service, and in each case the transfer shall be considered a new application for service and shall be treated as such. When premises are vacated, any amounts due for water service shall be paid in full, and utility service shall not be commenced at another place until this is done. Such removal from one place to another shall be considered as a new request for utility service, and applicants shall be required to make the current deposit that shall be in effect at the time such request is made.
(Code 1988, § 29-66)

Secs. 28-92—28-120. Reserved.

ARTICLE III. SEWERS ★**Sec. 28-121. Use mandatory.**

(a) It shall be mandatory for owners or occupants within the city to connect to the city sewer system unless such premises commence at a point beyond 200 feet from the nearest point to which a connection with the sewer system could be made or unless access to the city sewer system is not available due to insufficient grade or right-of-way limitations.

(b) It shall not be mandatory for owners or occupants of such premises to connect to the city sewer system if the premises are connected to a properly maintained and functioning septic system until such time as:

- (1) The septic system ceases to function or to be properly maintained; or
- (2) The owner or occupant is required to apply to the state for a permit to modify the existing septic system.

(Code 1988, § 29-151)

Sec. 28-122. Septic tanks. ★

Owners or occupants of premises which do not adjoin streets and alleys where sewer pipes are laid or whose premises lie more than 100 feet beyond such sewer pipes shall construct and install plumbing to proper septic tanks in a manner prescribed by the city manager and in compliance with the state code.
(Code 1988, § 29-152)

Sec. 28-123. Outdoor privies.

The construction or use of outdoor privies or toilets is expressly prohibited.
(Code 1988, § 29-163)

Sec. 28-124. Connections.

Connections to the city sewer system shall be made in a manner and with such materials as are prescribed by the city manager.
(Code 1988, § 29-154)

Chapter 28 of the City of Las Cruces Municipal Code, Article III, Sewers

Sec. 28-121. - Use mandatory.

(a) It shall be mandatory for owners or occupants within the city to connect to the city sewer system unless such premises commence at a point beyond 200 feet from the nearest point to which a connection with the sewer system could be made or unless access to the city sewer system is not available due to insufficient grade or right-of-way limitations.

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(Code 1988, § 29-152)

As far as cost to connection city sewer – If there is no main line extension needed (meaning sewer stub-out to the property), each property owner will pay a sewer impact fee when signing up for a sewer account. This fee is based on water meter size which, for the majority of residential homes, the fee is \$1,165. Then there is a monthly sewer charge based on the average of Dec, Jan and Feb (winter months) water usages. There will also be plumbing cost to connect sewer plumbing line from house to the stub-out. This cost could vary from lot to lot depending on landscape and distance.

As far as cost to abandon septic system – New Mexico Environment Department (NMED) requires the septic tank to get pumped out, drill couple of holes on the bottom, fill with sand/dirt and abandon in place. It could cost a few hundred dollars and the home owners can quotes from local septic companies.

Meei Montoya, P.E.; Operations Engineer, Las Cruces Utilities, Regulatory Environmental Services & Technical Support, (575) 528-3525

Susana Montana

From: Susana Montana
Sent: Wednesday, June 12, 2013 10:44 AM
To: Tomlasc@aol.com
Subject: RE: sewer connection issues

All good points. Your concerns can and should be addressed in any Memorandum of Understanding or contract between yourself as homeowner and the developer who installs the sewer line in your drainage easement. The City would not be involved in those negotiations.

Susana Montana, Planner

City of Las Cruces Community Development Department
 Building & Development Services Division
 Physical Location: City Hall at 700 North Main Street, Suite 1100
 Mailing Address: P.O. Box 20000, Las Cruces, NM 88004-9002
smontana@las-cruces.org
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City of Las Cruces

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From: Tomlasc@aol.com [mailto:Tomlasc@aol.com]
Sent: Wednesday, June 12, 2013 10:40 AM
To: Susana Montana
Subject: Re: sewer connection issues

Susana: A remaining concern I still have with the info you sent me is that of existing Septic System maintenance. i.e. if a homeowner elects to keep his/her existing septic system, he/she should be assured that unrestricted future access to the system for maintenance purposes needs, including drain field replacement, will be guaranteed. I certainly would not want to see a future situation where the components of my Drain Field need to be replaced results in a determination by the City that my Septic System is no longer functioning and I must therefore connect to the City System. Thanks for your prompt attention to my concerns on this issue.

Tom Alexander

In a message dated 6/12/2013 8:10:01 A.M. Mountain Daylight Time, smontana@las-cruces.org writes:

Greetings Tom. Thank you for your phone call about the sewer connection offered by the rezoning Applicant (see attached).

I am copying John Stevens so he can forward this¹⁷⁵³ message and attachment to other Camino del Rex homeowners via his email list.

If you have a working septic system you do not have to connect to the sewer line that the Park Ridge developer is proposing to install in the 40 foot septic drainage easement behind the townhomes. Of course, if the sewer line is installed the homeowners should make sure that the sewer main line does not damage any septic drainage pipes for the homeowners that wish to keep their working septic systems. That is for the homeowners and the developer to negotiate.

For homeowners who wish to connect to the sewer system, the attached document describes the hook-up fee and what must be done to de-activate and abandon the septic system. Please pass this information on to your neighbors. Thanks and have a great day.

Susana Montana, Planner

City of Las Cruces Community Development Department

Building & Development Services Division

Physical Location: City Hall at 700 North Main Street, Suite 1100

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-----Original Message-----

From: Bob Pofahl <bob@picachomountain.com>
To: John Stevens <johnmill9@toast.net>
CC: Susana Montana <smontana@las-cruces.org>, David Weir
<dweir@las-cruces.org>
Subject: Re: meeting
Date: Mon, 10 Jun 2013 20:50:30 +0000

John,
In response to your email, we checked the survey and the current easement of record for the drain field is 40 feet. If we obtain the property and rezoning, we will bring the sanitary sewer line and stub outs behind all the town homes. This will allow each town home owner to connect to that line.

The sewer line will be done when we commence construction on the parcels behind the town homes. We've already been in discussions with City staff for several months regarding the sanitary sewer line.

Thank you.

Bob Pofahl
575-680-8812 mobile
575-523-2500 office
575-993-5342 fax

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<http://www.cbiholdings.com> <<http://www.cbiholdings.com/>>
<http://www.picachomountain.com> <<http://www.picachomountain.com/>>
blog.picachomountain.com
<[applewebdata://8984518C-8582-43B3-BA30-12E834637AE9/blog.picachomountain.c](http://applewebdata://8984518C-8582-43B3-BA30-12E834637AE9/blog.picachomountain.com)
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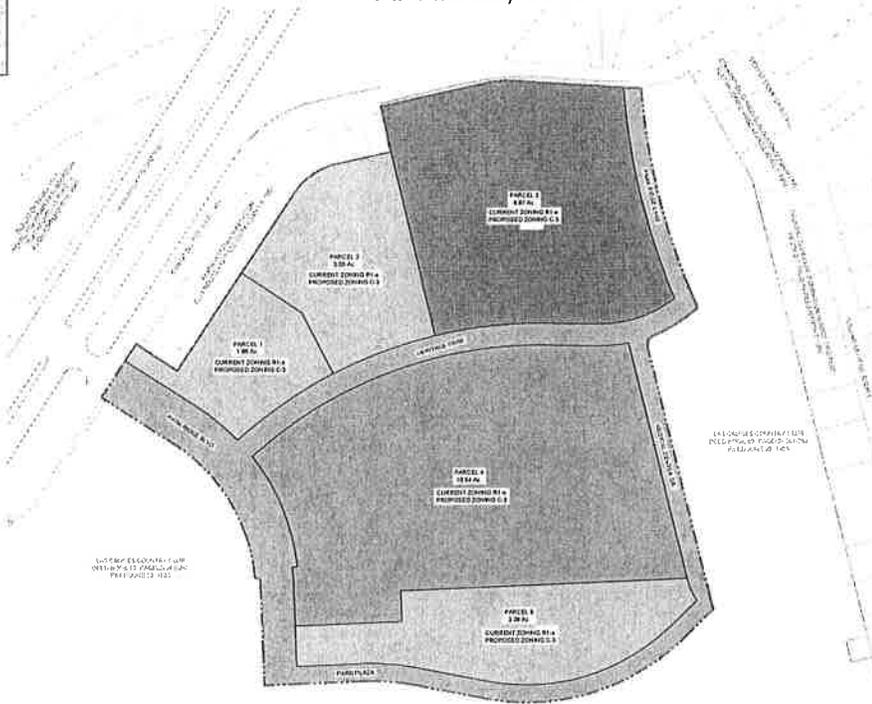
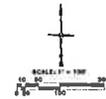
On 6/9/13 11:20 AM, "John Stevens" <johnmill9@toast.net> wrote:

>On Thu, Jun 6, 2013 at 5:33 PM, John Stevens <johnmill9@toast.net> wrote:
>> On Thu, May 30, 2013 at 4:35 PM, John Stevens <johnmill9@toast.net>
>>wrote:

>>> ----- Forwarded message -----
>>> From: John Stevens <johnmill9@toast.net>
>>> Date: Tue, May 28, 2013 at 2:19 PM
>>> Subject: Re: meeting
>>> To: Bob Pofahl <bob@picachomountain.com>
>>> Cc: Susana Montana <smontana@las-cruces.org>, David Weir
>>><dweir@las-cruces.org>

>>>
>>>
>>> Bob,
>>>
>>> I would appreciate an answer to this e-mail.
>>>
>>> John Stevens, Pres.
>>>
>>> CCNA
>>>
>>> On Wed, May 15, 2013 at 5:02 PM, John Stevens <johnmill9@toast.net>
>>> wrote:
>>>> Bob,
>>>>
>>>> The officers of CCNA met with City planning today, and the subject of
>>>> drain
>>>> field easements came up. It was stated that our drain field
>>>> easements were
>>>> for 50 feet, and you were offering a 40 foot open space-green space
>>>> barrier
>>>> behind our townhouses. One member said that you had stated verbally
>>>> that if
>>>> you're successful in obtaining the property, City sewer would have to
>>>> be
>>>> installed, and your company would do that at your expense. All of us
>>>> heard
>>>> you make that statement, but we would like something in writing to
>>>> that
>>>> effect. We're hoping an answer to this e-mail can settle this small
>>>> matter,
>>>> so we won't have to visit it again.
>>>>
>>>> Best regards,
>>>>
>>>> John Stevens, Pres.
>>>>
>>>> Country Club Neighborhood Association
>>>>
>>>>

PARK RIDGE MEDICAL CENTER ZONING PLAN 30.745 ACRES APRIL 22, 2013



LEGEND

- C-3 HOSPITAL
- C-1 OFFICE
- C-3 ASSOCIATED LIVING
- C-3 ROAD

AMBIENCE PERMITS

PARCEL	AREA	PERMITS	PERMITS	PROPOSED LAND USE
PARCEL 1	1.81	B1-A	C-3	OFFICES
PARCEL 2	1.81	B1-A	C-3	OFFICES
PARCEL 3	1.88	B1-A	C-3	ASSOCIATED LIVING
PARCEL 4	1.88	B1-A	C-3	HOSPITAL
PARCEL 5	3.29	B1-A	C-3	OFFICES
PARCEL 6	1.80	B1-A	C-3	HW

SURVEYOR
PROFESSIONAL SURVEYORS
1041 VALLE DE ORO DRIVE
EL PASO, TEXAS 79907
375.640.0478 PHONE

DEVELOPER
PARK RIDGE PROPERTIES LLP
1340 PICACHO HILL DRIVE
LAS CRUCES, NEW MEXICO 88007

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1-800-521-ALERT (2573)
www.onecall.nm.gov
CALL TWO WORKING
DAYS BEFORE YOU USE

REPLICATION FOR REPAIR OR ALTERATION
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AN ENGINEER AND SHALL NOT BE USED FOR ANY
PURPOSE OTHER THAN THE REFERENCED PROJECT FOR
WHICH THESE DRAWINGS WERE CREATED.

LET OF ALL COUNCIL ZONING ADMINISTRATOR APPROVAL

THIS ZONING PLAN HAS BEEN APPROVED BY THE ZONING ADMINISTRATOR OF THE CITY OF LAS CRUCES AND ALL THE REQUIREMENTS FOR APPROVAL IN THE ABOVE ZONING PLAN HAVE BEEN COMPLETED TO THE SATISFACTION OF THE CITY OF LAS CRUCES SUBJECT TO ANY AND ALL CONDITIONS REQUIRED BY THE PLANNING AUTHORITY FOR APPROVAL OF THE ZONING PLAN.

ZONING ADMINISTRATOR: _____ DATE: _____

Project Name: PARK RIDGE MEDICAL CENTER
Client: PARK RIDGE PROPERTIES LLP

Zia Engineering & Environmental Consultants, LLC
2025 Calle de la Libertad, Suite 100
Las Cruces, New Mexico 88001
Phone: (773) 320-1209 Fax: (575) 520-1587

Scale: 1" = 500'

Sheet Title: ZONING PLAN
Project Name: PARK RIDGE MEDICAL CENTER
Client: PARK RIDGE PROPERTIES LLP

DATE: _____

BY: _____

Susana Montana

From: Bob Pofahl <bob@picachomountain.com>
Sent: Monday, June 10, 2013 2:51 PM
To: John Stevens
Cc: Susana Montana; David Weir
Subject: Re: meeting

John,

In response to your email, we checked the survey and the current easement of record for the drain field is 40 feet. If we obtain the property and rezoning, we will bring the sanitary sewer line and stub outs behind all the town homes. This will allow each town home owner to connect to that line.

The sewer line will be done when we commence construction on the parcels behind the town homes. We've already been in discussions with City staff for several months regarding the sanitary sewer line.

Thank you.

Bob Pofahl
 575-680-8812 mobile
 575-523-2500 office
 575-993-5342 fax

Picacho Mountain
 1340 Picacho Hills Drive
 Las Cruces, NM 88007
<http://www.cbiholdings.com> <<http://www.cbiholdings.com/>> <http://www.picachomountain.com>
 <<http://www.picachomountain.com/>> [blog.picachomountain.com](http://www.picachomountain.com) <applewebdata://8984518C-8582-43B3-BA30-12E834637AE9/blog.picachomountain.com>
 om>

On 6/9/13 11:20 AM, "John Stevens" <johnmill9@toast.net> wrote:

>On Thu, Jun 6, 2013 at 5:33 PM, John Stevens <johnmill9@toast.net> wrote:

>> On Thu, May 30, 2013 at 4:35 PM, John Stevens <johnmill9@toast.net>

>>wrote:

>>> ----- Forwarded message -----

>>> From: John Stevens <johnmill9@toast.net>

>>> Date: Tue, May 28, 2013 at 2:19 PM

>>> Subject: Re: meeting

>>> To: Bob Pofahl <bob@picachomountain.com>

>>> Cc: Susana Montana <smontana@las-cruces.org>, David Weir

>>><dweir@las-cruces.org>

>>>

>>>

>>> Bob,

>>>

>>> I would appreciate an answer to this e-mail.

>>>

>>> John Stevens, Pres.

>>>

>>> CCNA

>>>

>>> On Wed, May 15, 2013 at 5:02 PM, John Stevens <johnmill9@toast.net>

>>>wrote:

>>>> Bob,

>>>>

>>>> The officers of CCNA met with City planning today, and the subject
>>>>of drain field easements came up. It was stated that our drain
>>>>field easements were for 50 feet, and you were offering a 40 foot
>>>>open space-green space barrier behind our townhouses. One member
>>>>said that you had stated verbally that if you're successful in
>>>>obtaining the property, City sewer would have to be installed, and
>>>>your company would do that at your expense. All of us heard you
>>>>make that statement, but we would like something in writing to that
>>>>effect. We're hoping an answer to this e-mail can settle this small
>>>>matter, so we won't have to visit it again.

>>>>

>>>> Best regards,

>>>>

>>>> John Stevens, Pres.

>>>>

>>>> Country Club Neighborhood Association

>>>>

>>>>

Susana Montana

From: Susana Montana
Sent: Wednesday, May 08, 2013 3:25 PM
To: David Weir; Katherine H. Rogers; Robert Kyle
Cc: Willie Roman
Subject: FW: Traffic
Attachments: RE: Park Ridge Medical Center rezoning

The rezoning application does not require a TIA. The City's Traffic Engineer and NM DOT has agreed that a condition on the rezoning would state something to the effect that at the first Site Plan or construction permit for any development within the rezoning area would require a TIA which would address the full build-out of the rezoning area. Willie does have concerns about the 6,000 ADT generated by the medical campus, so a TIA would have to be approved by him prior to approval of any permit for the medical center.

Shall I convey this approach to John Stevens?

Susana Montana, Planner

City of Las Cruces Community Development Department
 Building & Development Services Division
 Physical Location: City Hall at 700 North Main Street, Suite 1100
 Mailing Address: P.O. Box 20000, Las Cruces, NM 88004-9002

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Fax Line: (575) 528-3155

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From: David Weir
Sent: Wednesday, May 08, 2013 1:40 PM
To: 'John Stevens'
Cc: Susana Montana; Katherine H. Rogers
Subject: RE: Traffic

John: I have asked Susana to assist with the review of the TIA when it is provided. I also received your earlier e-mail in regards to the P&Z meeting and Public notice. Thank you for working with staff on this case.

David

From: John Stevens [<mailto:johnmill9@toast.net>]
Sent: Wednesday, May 08, 2013 1:30 PM
To: David Weir
Cc: Susana Montana; Connie and Murray Potter
Subject: Traffic

1760

David,

We would appreciate it if you could expedite the TIA report to us. We received the notice that the P & Z meeting has been set ahead to June 25th. Thank you.

John Stevens, Pres.

CCNA

Susana Montana

From: Rusty Babington
Sent: Monday, July 01, 2013 3:18 PM
To: Susana Montana
Cc: Harry (Pete) Connelly; Esther Martinez-Carrillo; Linda Lewis; David Weir; Katherine H. Rogers
Subject: RE: Recommendation for zoning change: Las Cruces Country Club

Susana:

I think the normal rule is 7 minutes subject to questions per public speaker. If a person/association needs more time, they need to submit a written application to the City Clerk who forwards the request to the Mayor. Mayor controls how much time a person gets to speak.

Rusty

W.R.Babington Jr.
 Deputy City Attorney
 City Attorney's Office
 City of Las Cruces
 P.O. Box 20000
 Las Cruces, NM 88004
rbabington@las-cruces.org
 575.541.2128
 575.541.2017 Fax

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From: Susana Montana
Sent: Monday, July 01, 2013 2:58 PM
To: Rusty Babington
Subject: RE: Recommendation for zoning change: Las Cruces Country Club

They asked for two 10-minute time slots as association representatives at the P&Z meeting. Does the Council offer similar extended time slots for presentations from organizations?

Susana Montana, Planner
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City of Las Cruces

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From: Rusty Babington
Sent: Monday, July 01, 2013 2:19 PM
To: Susana Montana
Cc: Harry (Pete) Connelly
Subject: FW: Recommendation for zoning change: Las Cruces Country Club

Susana: I talked with Pete about the "recommendation". My analysis is below. In a nutshell, it isn't an appeal, they (the Association) doesn't have to do anything and they have the opportunity to speak in a public forum at the 2nd reading.

Give me a call.

Rusty

W.R.Babington Jr.
 Deputy City Attorney
 City Attorney's Office
 City of Las Cruces
 P.O. Box 20000
 Las Cruces, NM 88004
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From: Rusty Babington
Sent: Monday, July 01, 2013 1:37 PM
To: Harry (Pete) Connelly
Subject: Recommendation for zoning change: Las Cruces Country Club

Pete:

Susana sent the following request to us:

Does the Country Club Neighborhood Association have a "right" to appeal the P&Z Commission's recommendation of approval to the City Council on the rezoning? An appeal would assure the CCNA their "time" to address the issues they deem important on this rezoning. I know that they can speak to Councillors as part of the August 19th rezoning public hearing but can they speak to the Council as part of the August 5th "first reading"?

I just want to be sure that if they are entitled to an appeal that they do not miss any appeal deadline if one is available to them.

1763

I have reviewed the Case # Z2860 which is described as a rezoning. The applicant decided to use standard zoning process instead of the infill process. LCMC Sec 38-10 governs the responsibilities of P&Z commission. Section 38-10.B.2.b states that P&Z Commission "shall recommend to the city council approval, denial or modifications of all requests"...for zoning changes. Section 38-10.B.2.c. states that when P&Z commission recommends denial of any matter, no appeal to City Council is required. As P&Z commission is making a recommendation, City Council would review either a recommendation to approval or denial of a zoning change. There is no "appeal" and accordingly no appeal deadlines.

As you pointed out, since this is a zoning change and a change to the existing zoning ordinance, the change goes before Council with two readings required.

The first reading receives no public comment. (the August 5th reading). The 2nd reading is open to public comment and the Neighborhood Association would be given the opportunity to address City Council subject to any time limitations the Mayor imposes for public comments on the zoning change. The City Council should receive the minutes of the P&Z commission meeting of 25 June 2013 for their review.

Rusty

W.R.Babington Jr.
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Susana Montana

From: Robert Kyle
Sent: Thursday, May 09, 2013 8:14 AM
To: Susana Montana; David Weir
Cc: Katherine H. Rogers
Subject: RE: CCNA request

My understanding is the association is responsible to notify the membership. We will send notice in accordance with our requirements and they can notify any extras...

*Robert Kyle, AICP, CBO
 Building & Development Services Administrator
 Chief Building Official*

From: Susana Montana
Sent: Wednesday, May 08, 2013 3:19 PM
To: David Weir
Cc: Katherine H. Rogers; Robert Kyle
Subject: RE: CCNA request

The Country Club Neighborhood Association is a registered neighborhood association with the City and the contact person is John Stevens. John has received email notice of the PUD and rezoning applications, and the scanned PDF applications, which he sends on via email to his neighborhood assn.. members via email. John and Millie's address is included in the 114 owners of property located within the 250 foot radius of the 110-acre Country Club property.

Mailing to each property owner within the association's boundary (see attached slides) would be in the hundreds. I won't create a mailing list for that extent unless you tell me because it is agony to produce those mailing lists. I await your instructions.

Susana Montana, Planner

City of Las Cruces Community Development Department
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From: David Weir
Sent: Wednesday, May 08, 2013 1:05 PM

1765

To: Susana Montana
Cc: Katherine H. Rogers; Robert Kyle
Subject: FW: CCNA request

FYI

From: John Stevens [<mailto:johnmill9@toast.net>]
Sent: Wednesday, May 08, 2013 11:18 AM
To: David Weir
Subject: CCNA request

Mr. Weir,

Nice talking on the phone yesterday, and your information that the P & Z meeting for the re-zoning of the 30 acres of LCCC property will not take place until sometime in June, made it unnecessary for me to request more time to prepare, at this time. My 2nd request is for the size of the area for people to be informed of the meeting to be enlarged from 150 feet from the border of the proposed development to something that would include more than those of us who live on Camino Del Rex and Desert Drive. Our Association which is recognized by the City of Las Cruces encompasses the area of Main Street, Triviz, and Spruce. We would ask for at least that area to be included in any notifications, and also include an area across Main St. (Hwy. 70) because that area would also be affected by the increase in traffic, and especially the noise and possible danger of helicopter flights that are connected with the proposed Hospital with a helipad.

If I haven't made this clear, please give me a call at 524-8506. I'm sure we'll be talking quite frequently in the future.

Respectfully,

John Stevens, Pres.

Country Club Neighborhood Association

Requested
Mail notice area



ARTICLE II. ADMINISTRATION OF THE ZONING CODE

Sec. 38-10. Planning and Zoning Commission

- A. CREATED. A Planning and Zoning Commission is created by the City Council with the adoption of this Code. The Planning and Zoning Commission shall review the planning, zoning and platting of the City, investigate any related problems and make recommendations to the City Council.
- B. DUTIES.
1. **FINAL ACTION.** The Planning and Zoning Commission shall take final action on the following:
 - a. All Special Use Permits, Master Plans (except as part of an annexation request), Subdivisions (except Alternate Summary Plats and Final Plats as defined in the City's Subdivision Code and subdivisions requesting three or more waivers to planning-related issues), and Final Site Plans of Planned Unit Developments (unless the Final Site Plan is submitted with the Concept Plan),
 - b. Within the Infill Areas, all Infill development proposals, and associated variances,
 - c. All variances on property whether stand alone or that require a Special Use Permit or where a Planned Unit Development is proposed,
 - d. All challenges to administrative decisions or interpretations of the Zoning Code, Sign Code, or Landscape provisions of the City Design Standards,
 - e. Appeals of design-related interpretation disagreements between the City staff and the University Avenue Corridor Citizens' Design Review Committee,
 - f. Appeals of City staff decisions on matters associated with the Avenida de Mesilla Gateway Overlay Zone District,
 - g. Appeals of City staff decisions on matters associated with the Lohman Avenue Overlay District, and
 - h. All matters submitted pursuant to Section 3-19-11 NMSA.

Any decision of the Planning and Zoning Commission may be appealed to the City Council in accord with Section 38-13.
 2. **RECOMMENDATION TO CITY COUNCIL.**
 - a. The Planning and Zoning Commission, with the assistance of City staff and interested persons, shall recommend the Comprehensive Plan to the City Council. In discharging this duty, the Commission shall consult with and coordinate the planning activities of departments and agencies of the City to assist in the development of the Comprehensive Plan. In its planning activities, the Commission shall take due cognizance of the planning activities of adjacent units of government and other affected public agencies. The Commission shall periodically review the plan and recommend amendments whenever necessary. The Plan may be prepared and adopted in sections, each of which relates to a major subject of the Plan or to a major

geographical section of the City. Before adopting the Comprehensive Plan or any section of amendment of the Plan, the Commission shall hold at least one public hearing. The Comprehensive Plan or any section thereof shall be adopted by a majority of all members of the Commission. A copy of the Plan or of any section or amendment thereof adopted by the Commission shall be sent to the City Council for consideration. Until adopted by the City Council, the Plan shall constitute only the recommendation of the Planning and Zoning Commission.

- b. The Planning and Zoning Commission shall recommend to the City Council approval, denial or modification of all requests for Zoning Code amendments, Sign Code amendments, zone changes, annexations (a master plan that is part of an annexation request), initial zonings, the Concept Plan (and Final Site Plans if submitted with the Concept Plan) of Planned Unit Developments, and associated variances. As noted in Sec. 38-10B.1.b, the Planning and Zoning Commission shall take final action on all requests regarding Infill Parcels.
- c. When the Planning and Zoning Commission recommends denial of any matter on which the City Council takes final action, an appeal to City Council is not required.
- d. Community Development Department staff may make a recommendation, if applicable, on any matter to come before the Planning and Zoning Commission.

C. APPLICATION PROCEDURES.

Planning and Zoning Commission. Application for all zoning district changes, annexations, initial zonings, special use permits, planned unit developments, Sec. 38-10 variances, and Zoning Code and Sign Code text amendments shall be submitted to the Community Development Department. The submittal requirements for the above-listed requests include, but are not limited to, the following:

- a. Zoning District Changes, Annexations (Refer to Chapter 37, Article IX: Annexations, of the Subdivision Code), Initial Zoning and Sec. 38-10 variances:
 - 1) Official Zoning application and Development Statement,
 - 2) Submittal fee,
 - 3) Notarized affidavit,
 - 4) Copy of property's survey and legal description:
An accurate and complete boundary survey shall be made of the land to be developed. Property lines shall be shown giving the bearings in degrees, minutes and seconds. Distances shall be shown in feet and hundredths. Curved boundaries or lines on the survey shall provide sufficient data to enable the re-establishment of curves on the property. The location and description of all monuments set or found shall be included where applicable.
 - 5) Copy of site plan, if applicable:

The site plan shall be at a scale that adequately represents the information as determined by the Community Development Director or designee. The plans shall be prepared on sheets of paper that are at least 8 1/2" x 11" in size. Copies provided shall be legible and of a good quality, with no limit to the number of sheets used. The plans shall indicate the following:

- a) Title of site plan.
- b) Total acreage of site.
- c) Date of preparation, north arrow, written and graphic scale.
- d) Identification of site by lot, block, subdivision, if applicable.
- e) Name and address of property owner.
- f) Name and address of applicant, if applicable.
- g) Name and address of consulting firm or representative, if applicable.
- h) Location and type of all land uses.
- i) All site improvements with all setbacks indicated.
- j) Dimensions of all buildings.
- k) Existing and proposed vehicular circulation systems, including parking areas, storage areas, service areas, loading areas, and major points of access, including street pavement width and right-of-way.
- l) A landscaping plan, to include the location, size, common name, and biological name of all landscaping materials.
- m) Where applicable, pedestrian and bicycle circulation system, and its relation to surrounding circulation.
- n) Where applicable, location and arrangement of all open space, common recreational space, and private open space.
- o) Architectural renderings or artistic drawings. The drawings shall be prepared on sheets of paper that are at least 8 1/2" x 11" in size. Copies provided shall be legible and of a good quality, with no limit to the number of sheets used. The drawings shall illustrate the following:
 - (1) All new development illustrating all exterior building materials and colors.
 - (2) All new development illustrating relationships to neighboring uses, including site lighting.
 - (3) Sign location, materials, color, size, shape, and lighting.
- p) A drainage facilities plan, environmental impact statement and/or other items not listed above may be required by the Community Development Director or designee, the Planning and Zoning Commission, or the City Council.
- q) Application materials which are illegible and/or otherwise of a low quality will not be accepted.
- r) A portion of the submittal requirements may not be required in all cases. Upon receipt of a written request justifying the deletion of required information, the Community

Development Director or designee may waive any submittal requirement. The Planning and Zoning Commission may require additional information before acting on a request. The City Council may require additional information before acting on an appeal.

- 6) Description and justification of requested variances,
 - 7) Request and justification to waive submittal requirements, and
 - 8) An application that meets the following conditions:
 - a) The application shall be signed by all property owners of record (including all trustees of an estate or all persons that have a specific "power of attorney" for the subject property as recorded in the Dona Ana County Clerk's Office.) Persons who have an equitable interest in the subject property, but no legal title, shall not be deemed the "owners of record" of said property for purposes of this Code.
 - b) Any pending litigation or any Final Order entered by any Court of Law regarding the ownership of the subject property shall be disclosed by the applicant at the time the application is submitted.
 - c) The Community Development Director or designee may reject any application if the ownership of the subject property is not clearly established.
- b. Special Use Permits and Sec. 38-10 variances: See Sec. 38-54.
 - c. Planned Unit Developments and Sec. 38-10 variances: See Sec. 38-55.
 - d. Zoning Code and Sign Code Text Amendments: Submit fee and a draft of the proposed code text amendment to the Community Development Department. The Community Development Director or designee may require that a proposed text amendment to the Comprehensive Plan, affected Plan element or other affected plans be submitted with the code text amendment.

Submittal requirements may be waived by the Community Development Director or designee. The staff may require more information before processing a request. The Planning and Zoning Commission and/or the City Council may require additional information before acting on a request and/or appeal.

D. PUBLIC HEARING AND NOTICE REQUIREMENTS.

1. Public Hearing - The Planning and Zoning Commission shall conduct a public hearing at a regular or special meeting on the following:
 - a. Proposed amendment to the Comprehensive Plan, Plan element, other plans required to be reviewed,
 - b. Proposed amendment to the Zoning Code and Sign Code,
 - c. Zoning district change, with or without conditions,
 - d. Special Use Permit,

- e. Planned Unit Development,
 - f. Annexation and Initial zoning,
 - h. Variances (See Sec. 38-10G), and
 - i. Infill Development Proposals.
2. Agenda - The agenda for Planning and Zoning Commission meetings shall be available no later than six (6) calendar days prior to any meeting.
 3. Posting - Notice of the public hearing about a request shall be posted in conspicuous places on the property by Community Development Department staff at least ten (10) calendar days prior to the Planning and Zoning Commission meeting.
 4. Notice –
 - a. Notice of the Planning and Zoning Commission public hearing shall be sent by certified mail to all property owners, (except zone change-related cases, see Section 38-10B2b, where notice shall be sent by regular, non-certified, mail), as shown by the records of the County Assessor, within at least two hundred (200) feet of the subject property of the proposed request, excluding streets, alleys, channels, canals, railroads, and all other public rights-of-way. A minimum of fifteen (15) property owners shall be notified even if there are fewer than fifteen within the mandatory 200 foot radius. Notice shall be mailed at least ten (10) calendar days prior to the required public hearing. Notice of the time and place of the public hearing shall be published at least fifteen (15) calendar days prior to the public hearing in a newspaper of general circulation in the City.
 - b. Notice of the City Council public hearing regarding zone change-related cases, see Section 38-10B2b, shall be sent by certified mail and shall comply with the other requirements of paragraph D4a.
- E. SPECIAL NOTIFICATION. The Community Development Department shall provide notification, by certified mail, to the Town of Mesilla of all cases presented to the Planning and Zoning Commission. Notification shall be required for only those cases south and west of Interstate Highway 10, north of Union Avenue and east of Motel Boulevard (N.M. State Highway 292). For notification area, see Figure 1: Town of Mesilla Special Notification Area Map at the end of this Article.
- F. ANNEXATION AND INITIAL ZONING.

A petition for annexation shall include an annexation plat, master plan and initial zoning request. Annexation plat, master plan and initial zoning shall be heard as one case, but separate action shall be taken on the annexation plat, master plan and initial zoning. The City Council shall take final action on the annexation plat, master plan and the initial zoning request after the Planning and Zoning Commission provides a timely recommendation. For detailed information about annexation, refer to Chapter 37, Article IX: Annexations, of the Subdivision Code.

G. ZONING DISTRICT CHANGES WITHOUT CONDITIONS (Unconditional Zoning).

A zoning district change or rezoning is a change in classification of property. When approved by the City Council and the thirty (30) calendar day appeal period has expired, the zoning district change shall be recorded and shown on the appropriate zoning district map within the "Official Zoning District Atlas." Approved initial zoning shall be shown on the appropriate zoning district map within the Official Zoning District Atlas. Special Use Permits shall not be considered a zoning district change. No condition that restricts the use of land beyond that otherwise provided by district provisions shall be concurrently imposed with the approval of a zoning district change, except as outlined in Sec. 38-10H. However, a variance may be recommended by the Planning and Zoning Commission and granted by the City Council as part of a zoning district change request.

H. ZONING DISTRICT CHANGES WITH CONDITIONS (Conditional Zoning).

1. AUTHORIZATION. Zoning district changes may be approved subject to one or more conditions that restrict the use of land beyond that otherwise provided by the district. Variances may be recommended by the Planning and Zoning Commission and granted by the City Council as part of conditional zoning consideration.
2. PURPOSE AND INTENT. A rezoning subject to a condition is to be used only in circumstances where the proposed change of district is appropriate to allow certain uses which are in accordance with the Comprehensive Plan, and which are not incompatible with the surrounding neighborhood.
3. SCOPE. It shall be unlawful to utilize, sell, or lease property rezoned with conditions without first providing to any prospective buyer or lessee a disclosure statement stipulating the conditions and the time limitation prescribed, if any, and without filing a copy of said disclosure with the office of the Doña Ana County Clerk. A condition attached to a zoning district change shall be consistent with the goals, objectives and policies of the Comprehensive Plan, Plan elements or other plans adopted by the City Council and may
 - a. Limit the use of property affected so that one or more of the uses which would otherwise be permitted in the district being adopted shall not be permitted in the specific district as conditioned, and/or
 - b. Require compliance with such design standards or time limitations relating to the construction, placement and size of buildings, landscaping, streets, roadways, pathways, utilities, drainage ways, and other site design features as may be necessary to protect the community from the impact of future development.
4. LIMITATION ON USING CONDITIONAL ZONING. Any use or structure that requires a Special Use Permit under Sec. 38-54 shall not be permitted by using conditional zoning.

5. INITIATION OF CONDITIONAL ZONING. Conditional Zoning may be initiated by the Community Development Director or designee, the Planning and Zoning Commission, City Council, or by the applicant. Requests shall specify those uses, site design features, time limitations, or other conditions for the conditional zoning.
6. PLANNING AND ZONING COMMISSION ACTIONS. The Planning and Zoning Commission shall follow procedures specified in this Section when acting on proposed zoning district changes with conditions. The Planning and Zoning Commission may consider and take action on all aspects of the proposed conditions and limitations. The substance of all proposals, site plans, and other pertinent information with regard to conditional zoning shall be made a permanent part of the action recommending approval of said conditional zoning.
7. AMENDMENT OF OFFICIAL ZONING DISTRICT ATLAS. The Official Zoning District Atlas shall be amended as necessary to reflect the existence of zoning changes with conditions. Areas affected by conditions shall be identified by the use of the suffix "C" and shall be clearly distinguished from areas in like zoning district that are not subject to special limiting conditions. The action creating a district subject to conditions and a copy of all conditions shall be available in the Community Development Department as a supplement to the Official Zoning District Atlas.
8. CONDITIONAL ZONING CONTROL. Conditions attached to a zoning district change shall govern over any less restrictive zoning regulations unless specifically provided otherwise. All other regulations not specifically affected by a condition shall apply in the same manner as if the property were not subject to conditions.
9. REVOCATION OF CONDITIONAL ZONING DESIGNATION. A conditional zoning designation shall be revoked and revert to the previous zoning district designation if the designated property is not used or developed in accordance with the conditions and all other applicable regulations within two (2) years from the date of City Council approval. Upon a formal request from the property owner, the Community Development Director or designee may grant a one (1) time, one (1) year extension as deemed appropriate. When the only conditions placed upon a zoning designation are prohibitions (such as No billboards allowed or No medical offices allowed), the conditions shall run with the land until the property is either used in a fashion contrary to the stated prohibition or a re-zoning action causes the condition to be removed. If used contrary to the condition, the property shall revert back to the prior designation unless the Community Development Director or designee certified in writing that remedial action can bring about compliance with approved conditions in a timely fashion. Reversion shall cause the use of the property to follow appropriate zoning requirements as applicable.

- I. VARIANCES. The Planning and Zoning Commission and the Public Works Director or designee (See Sec. 38-10I.1) are authorized to grant variances.
1. A variance shall be defined as a variation in the numerical requirements of this Code, the Sign Code, or the Design Standards (landscaping). Numerical variances to the clear sight triangle requirements shall be considered, reviewed, denied, or approved by the Public Works Director or designee, as per Article III of Chapter 26.
 2. A variance proposal to be acted on by the Planning and Zoning Commission may either be part of a request for rezoning, initial zoning, special use permit or planned unit development, or be submitted independent of such proposals and heard based on the individual merits of the request. Use variances, which are non-numerical, as well as numerical variances to the provisions of this Code, may be granted by the Planning and Zoning Commission only in accordance with the Infill Development Process (IDP), Sec. 38-48. Administrative decisions on or interpretations of the Zoning Code or the Sign Code by staff may be affirmed, reversed, or modified pursuant to this section and appealed to the City Council in accord with Sec. 38-13, except as provided in Sec. 38-4D.
 3. In the event of a denial decision by the Planning and Zoning Commission and/or City Council, there shall be no reapplication for the exact same variance, which was properly advertised and acted on, for a period of one (1) year after the date of the decision of the Planning and Zoning Commission and/or City Council. A modified variance request processed through the IDP, Sec. 38-48, may be resubmitted at any time following action by the Planning and Zoning Commission.
 4. A variance shall be automatically revoked if a building permit, sign permit or business registration/license for the approved variance has not been obtained within one (1) year. Upon a formal request from the property owner, the Community Development Director or designee may grant a one (1) time, one (1) year extension as deemed appropriate.

J. CRITERIA FOR DECISIONS.

The Planning and Zoning Commission shall review each request in relation to the goals, objectives and policies of the Comprehensive Plan, Plan elements, other applicable plans, and the purpose and intent of this Code, Sec. 38-2 and 36-1 of the Sign Code, when appropriate, and determine whether the request is consistent or inconsistent with stated criteria. Members of the Planning and Zoning Commission shall state the factual basis and the findings for their vote.

Furthermore, granting any variance shall not merely serve as a convenience to the applicant, but the variance shall be the minimum necessary for relief in order to accomplish the stated objective(s) of the applicant's request or demonstrable hardship. Hardships are not considered personal or monetary. In addition to criteria already referenced, decisions may consider:

1. A physical hardship relative to the property (i.e., topographic constraints or right-of-way takes resulting reduced development flexibility, etc.) in question.
2. The potential for spurring economic development at a neighborhood or city-wide level if requested allowances are granted.
3. Monetary considerations not as a whole, but relative to options available to meet the applicant's stated objectives when such options cause considerable monetary hardship under strict application of code provisions.

K. NOTICE OF DECISION.

Upon making a recommendation to the City Council or taking final action on matters for which the Planning and Zoning Commission has been granted final authority, the Community Development Department shall promptly

1. Prepare a written decision that includes an order stating the factual basis and the findings of the Planning and Zoning Commission which support the order
 - a. Recommending the granting or denying of relief, or
 - b. Granting or denying relief;
2. File the written decision with the City Clerk's Office;
3. Send by certified mail a document with appropriate signatures that includes a copy of the written decision of the Planning and Zoning Commission to all parties whose rights are adjudged by the decision and that contains the requirements for filing an appeal;
4. Send by regular mail, or otherwise provide, a copy of the document that includes a copy of the written decision of the Planning and Zoning Commission to every person who has filed a written request with the Community Development Department for notice of the decision.

L. APPEAL TO CITY COUNCIL.

Decisions of the Planning and Zoning Commission may be appealed to the City Council in accord with the provisions of Sec. 38-13.

M. RESUBMITTAL OF REQUEST.

A request denied by the Planning and Zoning Commission and/or the City Council shall not be resubmitted or reconsidered for a period of one (1) year. However, after meeting with Community Development Department staff, a different request on the same property may be submitted no less than six (6) months after such denial decision. Special use permits or planned unit developments processed through the IDP that are denied by the Planning and Zoning Commission may be modified and resubmitted at any time following action by the Planning and Zoning Commission.

Sec. 38-11. Reserved**Sec. 38-12. Reserved****Sec. 38-13. City Council**

- A. FINAL ACTION. After recommendation from Community Development Department staff, if applicable, and the Planning and Zoning Commission, the City Council shall take final action on the following:
1. Comprehensive Plan, Plan elements, other plans sent from the Planning and Zoning Commission and all amendments,
 2. Zoning district change requests,
 3. Initial zoning requests,
 4. Concept Plan and Final Site Plans submitted with the Concept Plan of Planned Unit Developments (subdivisions requesting three or more waivers to planning-related issues become planned unit developments),
 5. Associated variances with A.2 through A.4 above,
 6. Zoning Code and Sign Code amendments, and
 7. Appeals of decisions of the Planning and Zoning Commission.
- B. CHANGING AND RECONSIDERATION OF PETITIONED ZONING PROPOSALS. A zoning district change or initial zoning request may be amended by the City Council to be more restrictive. Such amendment and reconsideration shall not require readvertisement or notice to surrounding property owners if considered by the City Council at the original (first) Public Hearing. Subsequent public hearings shall require readvertisement and notice to surrounding property owners unless the hearing is continued or the request is postponed to a specific date.
- C. GROUNDS FOR APPEAL TO CITY COUNCIL. Any person, or any department, commission, board or bureau of the City that is affected by a decision of an administrative official, commission, committee, or board in the administration or enforcement of this Code, or any other resolution, rule or regulation adopted pursuant to Sections 3-21-1 through 3-21-12 and 3-21A New Mexico State Statutes Annotated, 1978 Compilation, may appeal such decision to the City Council. Such appeal must be initiated in writing within fifteen (15) calendar days after the decision and after all other procedures established by this Code have been exhausted. Any person that is a party to an appeal may request a "Battershell" due process proceeding in place of the automatic standard due process.
- D. STAY OF PROCEEDINGS. An appeal shall stay all proceedings in furtherance of the action appealed unless the officer, official, commission, committee, or board from whom the appeal is taken certifies that by reason of facts a stay would cause imminent peril of life and property. Upon certification, the proceedings shall not be stayed except by order of District Court after notice to the official, commission, committee, or board from whom the appeal is taken.

- E. APPELLANT RESPONSIBILITY IN APPEALS. All appellants under this Section are required to submit to the Community Development Department a detailed written statement of the grounds of their appeal, including findings, no later than fifteen (15) calendar days after the decision is filed with the City Clerk's Office. The appeal shall state all issues to be considered. Only the issues stated shall be considered during the applicable proceeding.
- F. APPEAL NOTICE. Notice on all appeals, except Zoning and Sign Code amendments and interpretations, on decisions of the Planning and Zoning Commission shall be sent by certified mail to all property owners, as shown on the records of the County Assessor, within two hundred (200) feet of the area of the proposed change, excluding streets, alleys, channels, canals, other public rights-of-way and railroad rights-of-way. A minimum of fifteen (15) property owners shall be notified even if there are fewer than fifteen within the mandatory 200 foot radius. Notice to said property owners shall be mailed at least ten (10) calendar days prior to the meeting. Notice of the time and place of the meeting shall be published in a newspaper of general circulation in the City at least fifteen (15) calendar days prior to the meeting. Notice of the time and place of the appeal shall be posted in conspicuous places on the property by Community Development Department staff at least ten (10) calendar days prior to the appeal public hearing.
- G. AUTHORITY OF THE CITY COUNCIL. When an appeal alleges that there is error in any order, requirement, decision or determination by an administrative official, commission, committee, or board in the enforcement of this ordinance, or any other resolution, rule or regulation adopted pursuant to the above stated State Statutes, the City Council, by a majority vote of all its members may, after all other procedures established by the provisions of this Code have been exhausted, reverse or affirm any order, requirement, decision or determination of an administrative official, commission, committee or board; or make any change in an order, requirement, decision, or determination of an administrative official, commission, board, or committee.

Members of the Planning and Zoning Commission shall not participate in any way in an appeal before the City Council of any decision of their Commission. The minutes of each Commission meeting are the public record that indicates each Commission member's participation. This restriction applies to members of other groups or committees, e.g., University Avenue Corridor Citizens' Design Review Committee, when the group or committee is required to make a recommendation to the Planning and Zoning Commission.

- H. NOTICE OF DECISION. Upon City Council making any final decision, the Community Development Department shall promptly
1. Prepare a written decision that includes an order stating the factual basis and the findings of the City Council which support the order;
 2. File the written decision with the City Clerk's Office;
 3. Send by certified mail a document with appropriate signatures that includes a copy of the written decision of the City Council to all parties to the appeal submitted to the City Council, including persons who had filed a formal protest as an aggrieved person, and that contains the requirements for filing an appeal;

4. Send by regular mail, or otherwise provide, a copy of the document that includes a copy of the written decision of the City Council to every person who has filed a written request with the City Clerk for notice of the decision.

I. AMENDMENT, REPEAL, AND REVIEW OF THE ZONING CODE.

1. The City Council, after a public hearing and after a recommendation from the Planning and Zoning Commission, may amend, supplement, or repeal any portion or all of this Code.
2. There shall be a continuous evaluation of the provisions of this Code, and amendments shall be submitted to the City Council as deemed necessary.

Sec. 38-14. Appeal to District Court

Any person dissatisfied with an order or determination of the Planning and Zoning Commission, after review of the order or determination by City Council; may commence an appeal in District Court pursuant to the provisions of Section 12-8A-1 NMSA 1978, as amended, and Section 39-3-1.1 NMSA 1998, as amended.

Any person aggrieved by a determination of the City Council may appeal to the District Court within thirty (30) calendar days after the final decision of the City Council has been filed with the City Clerk's Office.

Sec. 38-15. Violations of the Zoning Code

- A. VIOLATIONS. It shall be a violation of this Code for any person, firm, or corporation to neglect, refuse to comply with, or resist the enforcement of any provision of this Code or any requirement pursuant thereto, or in any way use, change, or construct a building or structure in non-conformance with zoning approval. Each day that such violation exists shall constitute a separate offense. Any violation herein described is governed by the provisions of the Las Cruces Municipal Code and its subsequent amendments.
- B. PENALTIES. The Las Cruces Municipal Court shall impose the penalties for each day the violation of this Code exists. In addition to fines, the Las Cruces Municipal Court may grant injunctive relief in accordance with the provisions of the Las Cruces Municipal Code and its amendments.
- C. OTHER REMEDIES. Nothing herein shall limit the City from seeking other remedies at law or equity to enforce the Zoning Code. Violations of this Code shall be brought into compliance, abated, removed, and/or pursued in the applicable court of law. In all such cases that the Court rules to allow non-conformance with this Code, there shall be a pro forma action by the Planning and Zoning Commission permitting such non-conformance. Such action shall be consistent with the Court's ruling, and thereafter said non-conformance shall be considered legal non-conforming and be subject to the provisions thereof.

Sec. 38-16. Enforcement Provisions

- A. DUTY TO ENFORCE. The official(s) designated by the City Manager shall enforce this Code.
- B. BUILDING PERMITS AND PLANS. No building or structure, except those exempted by the City's Building Code, shall be erected, enlarged, or structurally altered until a building permit has been issued and zoning approval of all plans has been granted by the Community Development Director or designee.
- C. CERTIFICATE OF OCCUPANCY. Certificate of Occupancy approving a structure or use of land shall be required for all of the following prior to occupancy:
1. Occupancy and use of a building hereafter erected or structurally altered;
 2. Change in use of an existing building to a use of a different classification;
 3. Occupancy and use of vacant land;
 4. Change in the use of land to use of a different zoning district classification;
 5. Change in the use of a non-conforming use, including the alteration or expansion of a non-conforming use or structure.
- D. LEGAL DOCUMENTS TO INSURE COMPLIANCE. The Community Development Director or designee may require affidavits, disclosure statements, deed restrictions, or other legal documents to assure compliance with the provisions of this Code. Such documents may be approved for use in specific cases by the City Attorney.

Sec. 38-17. Fees

All fees relating to this Code shall be adopted by resolution of the City Council.

Sec. 38-18 -- 38-19. Reserved.

Figure 1: Town of Mesilla Special Notification Area, see page 14

Susana Montana

From: Susana Montana
Sent: Friday, April 26, 2013 1:31 PM
To: Katherine H. Rogers; Robert Kyle
Subject: FW: Meeting next week
Attachments: Rezoning of LCCC property

In March, John Stevens, representing the Country Club Neighborhood Assn., asked to be informed by the City of updates to the Park Ridge project. As a courtesy to both the Applicant and the neighborhood association, I asked Bob Pofahl to advise John of the rezoning application.

Bob has invited John and Millie Stevens to a meeting next Wednesday to update them on the new rezoning application. If, after that meeting, John and Millie ask for a copy of that rezoning application, I will make them a copy. They usually come in for copies, but Millie recently broke her pelvis so I may just mail them a copy.

Thanks.

Susana Montana, Planner
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 Building & Development Services Division
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From: Bob Pofahl [<mailto:bob@picachomountain.com>]
Sent: Friday, April 26, 2013 1:19 PM
To: John Stevens
Subject: Meeting next week

John,

We would like to update you on the Country Club project. Would you and Millie be able to come to our office next Wednesday around 4? Let me know.

Thanks.

Bob Pofahl

1782

575-680-8812 mobile
575-523-2500 office
575-993-5342 fax

Picacho Mountain
1340 Picacho Hills Dr.
Las Cruces, NM 88007
<http://www.cbiholdings.com>
<http://www.picachomountain.com>
blog.picachomountain.com

Susana Montana

From: Bob Pofahl <bob@picachomountain.com>
Sent: Wednesday, May 01, 2013 1:49 PM
To: John Stevens
Cc: Susana Montana
Subject: Meeting

John,

Our intention in meeting with you was more on the line of keeping you informed. We are not in a position to offer anything until we work street connections and the best options to connect to Madrid. In addition the Parks Department needs to be involved in any discussions of open space and parks. We are planning to meet with the Parks Department on May 16th. As you suggest, maybe it is best to wait until we have more information before we meet.

We are meeting with the MPO technical group tomorrow and hope to have more information to address the proposed master plan. We are also looking at just zoning the medical campus as a first step while we determine the best alternatives for the PUD Plan. We will keep you informed.

Thanks,
Bob Pofahl
575-680-8812 mobile
575-523-2500 office
575-993-5342 fax

Picacho Mountain
1340 Picacho Hills Drive
Las Cruces, NM 88007
<http://www.cbiholdings.com>
<http://www.picachomountain.com>
blog.picachomountain.com

Country Club Neighborhood Association contacts

John & Millie Stevens
820 Camino del Rex
Johnmill9@toast.net

Connie Potter 524-2443
2505 Desert Drive
cjmpotter@comcast.net

Tamie Smith 526-2509

Tamie.s@gmail.com

Susana Montana

From: Susana Montana
Sent: Thursday, May 16, 2013 12:17 PM
To: John Stevens
Subject: RE: meeting & zoning request

I told you all at the meeting that the City Agency comments were coming in and that Planning was requiring the Applicants to change the zoning designation for the area that would be the residential care/nursing facility because that land use is not permitted in the C-3 district. So the Application will be changed to show the upper right hand corner of the 30-acre medical center site as R-4c the little "c" would limit the R-4 uses to the residential care uses. I also showed you all, and gave you, the colored map showing the red C-3c zone and the green R-4c zone. When the Applicant submits a revised application, responding to all of the City Agency comments, then I will send you a copy of the revised application and map(s).

I have to go now, I have a meeting at the County Building the rest of the afternoon. But I will be back in the office tomorrow morning. Thanks.

Susana Montana, Planner

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From: John Stevens [<mailto:johnmill9@toast.net>]
Sent: Thursday, May 16, 2013 10:53 AM
To: Susana Montana
Cc: David Weir
Subject: meeting & zoning request

Susana and David,

It looks as though the zoning request has been changed from all commercial to some residential. Am I correct, and, if so, why wasn't that brought up at yesterday's meeting?

Thank you for the PUD information, etc.

John Stevens

Susana Montana

From: Susana Montana
Sent: Thursday, May 23, 2013 7:54 AM
To: golfretire@live.com
Subject: rezoning for the medical center

Good morning, Chuck.

I am working on the staff report to the Planning and Zoning Commission regarding the rezoning request for the 30 acres to accommodate the medical center. I have a few questions I hope you can answer about the Country Club to give the Commissioners as background:

1. When was the Country Club and golf course first opened for business and when was it closed?
2. What was the purpose for its closure?
3. Does the Country Club LLC have any intention of retaining and redeveloping any part of the property?
4. If the medical center rezoning is approved by City Council, would the clubhouse and any other accessory structures be demolished right away?
5. If the Commissioners want to conduct a Site Visit inside the compound on the week prior to the Commission meeting, can that be arranged for up to three Commissioners at a time (so there is no quorum)?
6. Any other background you want to convey to the Commissioners?

Thanks so much for your assistance in this matter. Have a great day!

Susana Montana, Planner

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Susana Montana

From: Susana Montana
Sent: Tuesday, May 21, 2013 5:00 PM
To: bob@picachomountain.com; gvelez@ziaeec.com
Subject: condition of approval for Z2860 for second access for Fire and emergency vehicles

I remember that the Fire Department will require a second access from Madrid for the medical center if it is built prior to the PUD main road. Here is a condition of the rezoning to address that requirement.

3. Prior to issuance of a certificate of occupancy for the first building within the rezoning area, the Applicant or developer shall provide a second road access directly to E. Madrid Avenue to be used exclusively by Fire Department and other Emergency Medical vehicles. The City's Traffic Engineer and Fire Chief shall approve of the design and materials for this emergency access road which may be designed as a temporary road if the remaining 80 acres is approved for development with a permanent second access road to E. Madrid Avenue or to the signalized intersection of E. Madrid Avenue and N. Solano Drive.

Susana Montana, Planner

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Susana Montana

From: Susana Montana
Sent: Wednesday, May 08, 2013 7:49 AM
To: sgalichia@galichia.com; mphilips@galichia.com; jgalichia@galichia.com
Subject: Park Ridge Medical Center Planning Commission meeting

Greetings, folks. I hope you haven't booked your flights to Las Cruces for the May 28th Planning and Zoning Commission meeting because we do not have a quorum for that meeting. Three of our six Commissioners will be out of town on that date and we had to cancel that meeting. The rezoning application will be placed on the next Commission meeting which is June 25th. We apologize for any inconvenience this delay may cause. Otherwise, things are moving forward on this project. We look forward to seeing you on June 25th, 6 PM in our City Hall Council Chambers.

I will be in contact with you before that date to send you a copy of our staff report and to explain what some of the issues we think the Commission would like you to address. I am sure they would like to learn of your services and what you would provide to Las Cruces, particularly the downtown area. If you can provide a little handout describing what services you would bring to the Park Ridge Medical Center, similar to the booklet entitled "Galichia Hospital Group" that you brought to our meeting, but focusing on the Park Ridge project, I can send it to the Commission with their packet one week before the meeting. They like things in advance. The Commissioners are very conscientious and read the staff reports, conduct site visits, and will ask questions of Applicants at the hearing. Dr. Galichia's knowledge, experience and passion for this project should communicate very well to the Commissioners.

Well, until then, have a great day and weeks.

Susana Montana, Planner

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Susana Montana

From: Susana Montana
Sent: Monday, May 06, 2013 3:11 PM
To: johnmill9@toast.net
Subject: 5 parcel map
Attachments: Rezoning area site plan.pdf

Greetings, John.

The red color zoning plan map that I sent earlier replaced the first submittal "5 parcel map" as part of the application. That was not an acceptable submittal so we required a revision showing just the rezoning area as one whole area. With the revised submittal, I deleted the earlier one from the electronic file because it is not a correct part of the application. I have a full-size hard copy of that earlier submittal here in the docket file if you want to see it. It is not part of the rezoning. If the rezoning were approved by Council, a Master Plan for a subdivision of the 30 acre parcel would show the 5 lot split. I hope that is not too confusing. See you soon. My regards to Millie.

Susana Montana, Planner

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Susana Montana

From: Susana Montana
Sent: Thursday, June 13, 2013 4:48 PM
To: 'John Stevens'
Cc: David Weir; Bob Pofahl
Subject: RE: notification, etc.
Attachments: Revised page 7 06 05 13.pdf; requested mail notice area.pptx

John, the hospital is proposed to be further south than the Applicant's commitment to 2-story structures. In fact, the C-3 zone allows a 60 foot height limit. The medical offices north of the hospital, and "directly behind the townhomes" would be limited to 2 -stories. The attachment is a PDF of the most recent revised page 7 of the Application and it provides a distance of 80 feet between the townhome lots rear property line and the first building of the medical offices.

I had sent a copy of the property owner public notice and also a public notice for our web page which is for the general public and not just for the adjacent property owners. Per your earlier request about the expanded notice, we determined that we just cannot afford to mail notice to the 2,140 owners of properties within that larger notice area you suggested to Mr. Weir. Regular mail (for the Planning and Zoning Commission meeting) is 41 cents but notice for the City Council meeting is by certified mail at \$5.00 each. So, we are noticing the 114 owners of property located within 250 feet of the whole 110-acre Country Club Site.

I advised the Commission Chair of your request and, typically, at the meeting the Chair will poll the Commissioners to find out if they agree.

Susana Montana, Planner

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-----Original Message-----

From: John Stevens [<mailto:johnmill9@toast.net>]
Sent: Thursday, June 13, 2013 4:10 PM
To: Susana Montana
Cc: David Weir; Bob Pofahl
Subject: Re: notification, etc.

Thank you, Susana,

If I'm reading it correctly, the Hospital Could still be 45 feet high, and they've amended the height of the buildings which would be behind the townhouses on Camino Del Rex to 2 stories. Also they've changed the setbacks of the office buildings from 40 feet to 80 feet. If I'm wrong please correct me. I'm assuming that the 2nd attachment is the notice to CCNA? The 3rd one wouldn't open for me.

1791
Did we get the larger area of notification that we asked for, and are Connie Potter and I each allotted 10 minutes to speak?

Thank you for all your help.

John Stevens, Pres.

CCNA

On Thu, Jun 13, 2013 at 1:34 PM, Susana Montana <smontana@las-cruces.org> wrote:

> Greetings John. The attached Application noted as 05 05 13 is the most recent change to page 7 and is the application that will be an attachment to the staff report. The staff report will be delivered to the Commissioners on June 18th and we can post it on the Planning and Zoning Commission webpage that afternoon and I will send you a PDF copy via email as well. The CCNA public notice is in the mail but I have attached some here if you want to forward it to your members via email.

>
> Just a note: commercial floor-to-floor building heights are usually a minimum of 12 feet to fit in HVAC systems and other mechanical elements.

>
> Susana Montana, Planner
> City of Las Cruces Community Development Department Building &
> Development Services Division Physical Location: City Hall at 700
> North Main Street, Suite 1100 Mailing Address: P.O. Box 20000, Las
> Cruces, NM 88004-9002 smontana@las-cruces.org Main Line: (575)
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>
>
> -----Original Message-----
> From: John Stevens [<mailto:johnmill9@toast.net>]
> Sent: Thursday, June 13, 2013 11:04 AM
> To: Susana Montana
> Cc: David Weir; Bob Pofahl
> Subject: notification, etc.

>
> Susana and David,
>
> I received my notification of the P&Z meeting to be held on the 25th of June, but haven't received any notification for the Association.
> CCNA. Also, at our brief meeting with Bob Pofahl yesterday, it was stated that the developer is asking for 1 story office buildings, and a 1 story Hospital. The latest copies of the application that I have received from you say nothing about 1 story buildings, but DO say 40'
> buildings. To me that suggests 4 stories. If there has been a change in their application where they're asking for 1 story buildings I would appreciate a copy of those changes. In their information sent out by Galicia it says they like to start small, and then expand.
> Thank you for your help.

>

> John Stevens, Pres.

1792

>

> Country Club Neighborhood Association

Susana Montana

From: John Stevens <johnmill9@toast.net>
Sent: Wednesday, May 01, 2013 4:23 PM
To: Susana Montana
Cc: Bob Pofahl
Subject: Fwd: Meeting

Susana,

I noticed that Bob sent you a carbon copy, so to keep you informed I'm forwarding my response. Also, as I said in our last meeting, We don't want the Hospital on our end of the development. We want it to be put on the south end with the other commercial properties. We don't want all of the traffic from ambulances, E.R. patients, visitors, etc.

Will you please notify me when their 2nd plan has been filed?

Cordially,

John Stevens, Pres.

Country Club Neighborhood Association

P.S. We've discussed the name Park Ridge, and are asking that the name be changed. There are many of us who have worked very hard for 6 years to have the property preserved as a Premier Park, and to have this development use the name PARK in their title is taken as a slap in the face to us.

----- Forwarded message -----

From: John Stevens <johnmill9@toast.net>
Date: Wed, May 1, 2013 at 3:43 PM
Subject: Re: Meeting
To: Bob Pofahl <bob@picachomountain.com>

Bob,

As I said, we were disappointed with the last meeting, as the basis was that you would have something to offer, which didn't happen. We heard about your 1st filing from the City, without a heads-up from you, and I'm not trying to be abrasive, but I'm guessing that we'll hear about the 2nd filing in the same way. We've tried to work with you, but our suggestions of more open space-green space and amenities have not been answered, and from my reading of the City's comments, it would seem that they have the same things in mind that we have been asking for.

In our 1st meeting I said that you "have to give something to get something". Unfortunately this hasn't happened. You're insisting on complete "wall-to-wall" infill, and in the process ruining the properties along Camino Del Rex and Desert Drive.

Hopefully we can keep in touch, but I'm not hopeful that we can work with you for workable solutions for the disposition of this property.

John Stevens, Pres.

Country Club Neighborhood Association

On Wed, May 1, 2013 at 1:49 PM, Bob Pofahl <bob@picachomountain.com> wrote:
John,

Our intention in meeting with you was more on the line of keeping you informed. We are not in a position to offer anything until we work street connections and the best options to connect to Madrid. In addition the Parks Department needs to be involved in any discussions of open space and parks. We are planning to meet with the Parks Department on May 16th. As you suggest, maybe it is best to wait until we have more information before we meet.

We are meeting with the MPO technical group tomorrow and hope to have more information to address the proposed master plan. We are also looking at just zoning the medical campus as a first step while we determine the best alternatives for the PUD Plan. We will keep you informed.

Thanks,
Bob Pofahl
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Susana Montana

From: Susana Montana
Sent: Friday, June 21, 2013 3:26 PM
To: Commissioner Charles Beard; Commissioner Charles Scholz; Commissioner Godfrey Crane; Commissioner Ray Shipley; Commissioner William Stowe; Joanne Ferrary
Cc: Katherine H. Rogers; Robert Kyle; David Weir
Subject: late public comments RE Park Ridge Medical Center rezoning, Z2860
Attachments: Z2860 Park Ridge Public Comments 06 21 13.pdf

Greetings Commissioners. I apologize for the size of the attachment. It contains late comments related to the Park Ridge Medical Center rezoning that will be considered by the Commission on Tuesday, June 25th. Most of the comments are from the Country Club Neighborhood Association (CCNA). If any more comments come in I will bring hard copies to the meeting on Tuesday as I do not want to barrage you with emails. Thank you and have a great weekend.

Susana Montana, Planner

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