



City Commission Agenda

for

January 2, 2007

Please Note: *The City Commission agenda format allows citizens to speak on each issue prior to Commission discussion. We encourage your participation.*

CALL TO ORDER: 7:00 P.M.

PLEDGE OF ALLEGIANCE

ROLL CALL

NEIGHBORHOOD COUNCILS

1. Miscellaneous reports and announcements.

PUBLIC HEARINGS

2. Ord. 2933, Amending OCCGF Title 6, Chapter 8, Pertaining To Animals. Action: Conduct public hearing and adopt or deny Ord. 2933. **(Presented by: Kory Larsen)**

OLD BUSINESS

NEW BUSINESS

ORDINANCES/RESOLUTIONS

3. Res. 9631, Intent to Vacate unused segments of 11th Avenue North and 10th Street North. Action: Adopt Res. 9631 and set public hearing for January 16, 2007. **(Presented by: Ben Rangel)**

CONSENT AGENDA *The Consent Agenda is made up of routine day-to-day items that require Commission action. Items may be pulled from the Consent Agenda for separate discussion/vote by any Commissioner.*

4. Minutes, December 19, 2006, Commission meeting.
5. Total Expenditures of \$1,304,316 for the period of December 15-27, 2006, to include claims over \$5000, in the amount of \$1,157,779.
6. Contracts list.
7. Lien Release List.
8. Set public hearing for January 16, 2007, on Res. 9630, Building, Plumbing, Electrical and Mechanical Permit Fee Increase.
9. Approve co-sponsorship of the Great Falls Regional Science and Engineering Fair on February 10, 2007, by contributing up to \$500 for use of the Convention Center.
10. Adopt Medical District Master Plan.
11. Approve Final Payment to Dave Kuglin Construction in the amount of \$4,244.92 and to the State Miscellaneous Tax Division in the amount of \$42.88 for the Sludge Basin Rehabilitation Project, Phases Two and Three.

12. Approve Final Payment to Dave Kuglin Construction in the amount of \$2,970 and to the State Miscellaneous Tax Division in the amount of \$30 for the Malmstrom Air Force Base Outfall Sewer Upsizing & Replacement.
13. Award contract for the 2nd Avenue S.W. Storm Drain Extension to Advanced Earthworks in the amount of \$59,484.
14. Award contract for the Water Plant Flocculation Basin and Rapid Mix Improvements to Dick Anderson Construction, Inc., in the amount of \$1,098,000.

Action: Approve Consent Agenda or remove items for further discussion and approve remaining items.

BOARDS & COMMISSIONS

15. Appointment, Great Falls Planning Advisory Board. Appoint one member to fill the remainder of a three-year term through December 31, 2007.
16. Miscellaneous reports and announcements.

CITY MANAGER

17. Miscellaneous reports and announcements.

CITY COMMISSION

18. Miscellaneous reports and announcements.

PETITIONS AND COMMUNICATIONS

19. Miscellaneous reports and announcements.

ADJOURN

AGENDA REPORT

DATE: January 2, 2007

ITEM ORDINANCE 2933, AMENDING OCCGF TITLE 6 CHAPTER 8
PERTAINING TO ANIMALS

ACTION REQUESTED CONDUCT PUBLIC HEARING AND ADOPT ORDINANCE
2933.

PRESENTED BY KORY LARSEN, CHIEF PROSECUTOR

RECOMMENDATION

Staff recommends the City Commission adopt Ordinance 2933 on final reading.

MOTION

“I move the City Commission adopt Ordinance 2933”

SYNOPSIS

Ordinance 2933 amends and replaces the Official Codes of the City of Great Falls (OCCGF) 6.08 pertaining to Animals.

BACKGROUND

Based upon months of hard work by the members of the Blue Ribbon Committee for Animal Control Issues the city was presented with a proposed amended animal ordinance. It was very broad in its scope but presented a community consensus for changes to the Animal Ordinance. After a staff review, some small tweaks were made and the proposed ordinance was presented to the Commission at a work session earlier this year. After some lively discussion, the Commission decided that some areas required public comment and input and thus a public comment period was set. Many community members made comments by email, on the webpage, by letter and by phone and a few hardy souls actually ventured out and made the effort to come to the office and actually speak to me about the amended ordinance. Numerous requests were made for copies of the proposed ordinance and the comments continued to roll in past the deadline.

Based upon the Commissions suggestions, the numerous citizen commentaries and further guided by the facts learned by the contract review conducted by city staff shortly after, several changes were clearly needed. The final version is now ready for final review and adoption. The changes made since the last review do not entail a major overhaul of the original document presented, but rather resolve the questions that were raised at the work session. What has resulted is an ordinance that should have clear community support based upon the plethora of valuable input provided along the way.

Our existing animal ordinance was re-adopted in 1989 based upon prior code sections adopted in the mid seventies. It is clearly time for a fresh approach to animal issues. With this in mind, the Blue Ribbon Committee reviewed the existing animal control ordinance with an eye for

appropriateness, utility, function, effect on animal welfare, and included a review to the current licensing fees and fine schedules with respect to funding of local animal control and welfare efforts. The amended ordinance covers all of these issues and provides a more appropriate fine schedule and fee structure for animal control.

The City Attorney's Office and City staff has reviewed the proposed amendments and fully support the changes.

Attachment A is the newly amended City ordinance. The analysis section below highlights some of the primary ordinance amendments proposed by this draft.

ANALYSIS

The following is a summary of changes contained in the revised ordinance:

- Clarify definitions of “dangerous” vs. “vicious” vs. “nuisance”
- Limit number of animals to 2 dogs and 2 cats (no more than 4 total) without a multiple animal permit and Outlines procedures to be followed for issuance of Multiple Animal Permits
- Clarify barking/nuisance animal behavior and reporting requirements
- Clarify when animals may be impounded by animal control
- Set differing fines for altered versus unaltered animals for certain offenses
- Require registration of cats and dogs for appropriate fees
- Clarifies requirement for removal of excrement and increases penalties for failure to remove
- Clarifies issues related to rabies exposure and quarantine
- “Tightens” the leash law (pun intended)
- Clarifies duties upon striking a pet animal with a motor vehicle
- Increases general penalties and impoundment procedures to provide a better deterrent to repeat offenders

Kory Larsen
Chief Prosecutor
City Attorney

I, Peggy J. Bourne, City Clerk of the City of Great Falls, Montana, do hereby certify that the foregoing Ordinance 2933 was placed on its final passage and passed by the Commission of the City of Great Falls, Montana, at a meeting thereof held on the 2nd day of January, 2007, and approved by the Mayor of said City on the 2nd day of January, 2007.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Seal of said City this 2nd day of January, 2007.

Peggy J. Bourne, City Clerk

(SEAL OF CITY)

State of Montana)
County of Cascade : ss
City of Great Falls)

Peggy J. Bourne, being first duly sworn, deposes and says: That on the 2nd day of January, 2007, and prior thereto, she was the City Clerk of the City of Great Falls, Montana; that as said City Clerk she did publish and post as required by law and as prescribed and directed by the Commission, Ordinance 2933 of the City of Great Falls, in three conspicuous places within the limits of said City to-wit:

On the Bulletin Board, first floor, Civic Center Building;
On the Bulletin Board, first floor, Cascade County Court House;
On the Bulletin Board, Great Falls Public Library

Peggy J. Bourne, City Clerk

(SEAL OF CITY)

TITLE 6

Chapter 6.8 ANIMALS

Sections:

| | | | |
|---------|---|---------|--|
| 6.8.005 | Definitions | 6.8.160 | Dangerous Animal |
| 6.8.010 | Conflict of Laws | 6.8.170 | Impounded Animals--Redemption--Disposition |
| 6.8.020 | Canine Unit Exemption | 6.8.180 | Adoption of Animals |
| 6.8.030 | Vaccination Required | 6.8.190 | Disposal Fee--Dogs and Cats |
| 6.8.040 | Dog and Cat Registration | 6.8.200 | Cruelty to Animals |
| 6.8.050 | Pet Registration, Agents, Reimbursement | 6.8.210 | Provoking Animals |
| 6.8.060 | Tag--Collar | 6.8.220 | Abandonment |
| 6.8.070 | Number of Dogs/Cats | 6.8.230 | Duty of Driver Upon Striking a Pet-Animal |
| 6.8.080 | Multiple Animal Permit | 6.8.240 | Wild Animals |
| 6.8.090 | Commercial Kennel | 6.8.250 | Wild Animals—License Certificate |
| 6.8.100 | Removal of Excrement | 6.8.260 | Steel Jaw Traps or Snares |
| 6.8.110 | Rabies-Exposure | 6.8.270 | Animal Control Officer--Duties |
| 6.8.120 | Rabies-Emergency Control | 6.8.280 | Animal Control Officer—Investigative authority |
| 6.8.130 | Contagious Disease | 6.8.290 | Animal Control Officer—Interference prohibited |
| 6.8.140 | Animals Running at Large | 6.8.300 | Copies of Regulations |
| 6.8.150 | Nuisance Animal | 6.8.310 | Violation – Other Penalties |
| | | 6.8.320 | Persons Responsible for Violation—Transfer of Registration |

6.8.005 Definitions

As used in this chapter, unless the context otherwise indicates, the following terms shall have the meaning ascribed to each:

“Adequate shelter” means a structure designed specifically to shelter an animal, with a roof and three sides free of leaks or openings to the wind and rain, and a fourth side allowing access that is protected from the elements. The structure must be physically located in a dry area allowing the animal dry keeping and access outside the structure to dry ground that is mud free.

"Animal" means any living vertebrate creature, other than human beings, whether wild or domestic including but not limited to all livestock and any domestic pet.

"Animal Control Officer" means any person charged with the duty of enforcement of the City's animal control ordinances. Animal Control Officers shall be peace officers for the limited purpose of animal control. (Ord. 2656, 1992).

"Animal Shelter" means any premise provided for impounding and caring for dogs and other animals. (Ord. 2656, 1992).

“Animal Control Agency” means the agency designated by the City to administer and enforce this Ordinance, the animal shelter and animal control services;

"At large" means off the premises of the owner and not under the immediate, continuous and effective control of its owner or some other competent person.

"Collar" means a restraining or identifying band of leather, metal, nylon, or plastic placed around the neck of an animal.

"Commercial kennel/cattery" means any building, structure, or premise which is used for the business of charging fees for boarding, training, or breeding of animals, exclusive of medical or surgical care, or for quarantine purposes.

"Dangerous Animal" means any animal that:

- A. Has inflicted bodily injury upon or has caused the death of a person or domestic animal; and/or
- B. Has demonstrated tendencies that would cause a reasonable person to believe that the animal may inflict injury upon or cause the death of any person or domestic animal, including but not limited to the following behaviors;
 - 1. Attacked, without provocation, requiring defensive action by any person to prevent bodily injury and/or property damage in a place where such person is conducting himself peaceably and lawfully;
 - 2. Attacked, without provocation, resulting in an injury to a person in a place where such person is conducting himself peaceably and lawfully;
 - 3. Attacked, without provocation, resulting in injury or death to other animals unless the other animal is trespassing on the attacking animal owner's property, or injuring or attempting to injure the person, family or property of the owner.
- C. Has engaged in or been trained for animal fighting.

"Hybrid animal" means an animal resulting from the crossbreeding between two different species of animals. These may include, but are not limited to, crosses between wild animal species such as lions, tigers, and wolves. For the purpose of this chapter, a hybrid animal will be considered a wild animal.

"Leash" means a cord, rope, chain, or strap attached to the collar or harness of an animal, and used to lead it or hold it in check.

"License Certificate" for the purpose of this chapter means a certificate issued to an individual who intends to keep or maintain a wild animal on their premises but is not a business.

"Licensing authority" means any designated representative of the City or Animal Control Agency charged with administering the issuance and/or revocation of permits and pet registrations under the provisions of this chapter.

"Livestock" means cattle, sheep, swine, poultry, ostriches, emus, goats, horses, mules and llamas.

"Microchip Implant" means a passive electronic device that is injected into an animal by means of a pre-packaged sterilized implanting device for purposes of identification.

"Multiple Animal Permit" means a permit authorizing a household, individual or family unit to keep, harbor or maintain more than the limited number of dogs and cats permitted by this Chapter.

"Owner" means any person owning or harboring a dog or other animal, who is presumed to be the adult head of the household owning or harboring an animal.

"Pet animal" means any animal sold or kept for the purpose of being kept or domesticated as a household pet. Pet animal includes but is not limited to dogs, cats, birds, rabbits, ferrets, hamsters, guinea pigs, gerbils, rats, mice, non-poisonous arachnids, non-poisonous insects, non-venomous snakes and fish.

"Premises" means a building, group of buildings and/or contiguous parcels of land under the control of a single person and used for a single purpose. Continuous parcels of land separated by a public road are considered to be

separate premises. Separate buildings and adjoining buildings in a group of buildings, which are directly accessible to the public and function independently from the others, are separate premises.

“Secure enclosure” means a fence or structure designed to confine an animal in a humane manner.

“Service Animal” means an animal that is individually trained to do work or perform tasks for the benefit of a person with a disability.

"Tether" means a leash or similar device, attached to a well-fitted collar or harness of an animal, and of sufficient strength to restrain and control that animal to which it is attached.

"Vaccination" means the inoculation of a dog, cat, ferret, or horse with anti-rabies vaccine administered under the direction of the public health officer by a licensed veterinarian or with any other vaccine approved by the public health officer and the state veterinarian. “Current vaccination” means the inoculation of a dog, cat, ferret or horse with anti-rabies vaccine. Animals vaccinated initially will receive a booster shot one year after the initial vaccination and thereafter according to manufacturers’ recommendations. (Ord. 2534 §2(Exh. B(part)), 1989).

“Wild Animal” means any living vertebrate animal normally found in the wild state and for which there is no FDA approved anti-rabies vaccination

6.8.010 Conflict of Laws

In all instances where Montana State Law (as evidenced by the Montana Code Annotated, applicable case law or otherwise) mandates standards or requirements that conflict with the provisions of this Chapter, Montana State law shall govern and the same shall be incorporated by this reference as a part of this Chapter. For purposes of this Chapter, a conflict shall exist where, upon a particular matter, Montana Law addresses the matter in a manner that is more strict than the provisions of this Chapter, where the provision of Montana Law are specifically referenced in this Chapter as providing for criminal penalties or where a matter is addressed by Montana Law that is not addressed by this Chapter. In these two situations, Montana Law shall control. In situations where this Chapter addresses a matter in a manner that is stricter than that of Montana Law, the provisions of this Chapter shall control.

6.8.020 Canine Unit Exemption

Trained police dogs utilized by an official law enforcement agency as assigned to a sworn peace officer as part of a canine team/unit shall be exempt from all provisions of this chapter.

6.8.030 Vaccination Required

It is unlawful for any person to keep, maintain or harbor any dog, cat, ferret or horse over six months of age unless it has had a current vaccination, as defined in Section 6.8.005. A person found guilty of a violation of this section is guilty of a misdemeanor punishable by a maximum fine of \$500. (Ord. 2534 §2(Exh. B(part)), 1989).

6.8.040 Dog and Cat Registration

- A. Any person keeping or harboring any dog over twelve weeks of age must register such animal as provided for in this section. A keeper of a domestic cat over eight weeks of age must register such cat by paying a registration fee as established in this section.
- B. Registrations shall be issued by duly appointed registration agents upon payment of a registration fee. Registration fees shall be established by resolution of the City Commission.
- C. Registrations for service animals and governmental police dogs shall be furnished without charge.
- D. Registrations shall not be issued to any person under the age of eighteen years unless a parent or guardian signs the application as co-owner. The provisions of this section shall not apply to nonresidents having animals under restraint within the City less than sixty days.
- E. A person found guilty of a violation of this section is guilty of a misdemeanor punishable by a maximum fine of \$250. (Ord. 2534 §(Exh. B(part)), 1989).

6.8.050 Pet Registration--Agents—Reimbursement

Registration agents shall receive partial reimbursement at a level to be established by resolution of the City Commission. A copy of the Animal Control Agency's action related to reimbursement rates shall be available to anyone who requests it at the Animal Shelter. (Ord. 2656, 1992).

6.8.060 Tag--Collar

- A. Upon receipt of a proper application and the pet registration fee, the registration agent shall issue to the applicant a pet registration certificate and metallic tag. The tag shall have stamped thereon a number to correspond with the number of the certificate issued to the applicant.
- B. Every owner is required to provide each dog or cat with a substantial collar or harness, to which the registration tag or other identification tag shall be affixed at all times. In the event a registration tag is lost or destroyed, another tag shall be issued by the Animal Control Agency upon presentation of an affidavit to that effect, a receipt or duplicate receipt showing payment of the pet registration fee for the current year, and the payment of a fee for such duplicate. No refunds shall be made on any pet registration fee because of the death of the pet or the owner leaving the City before the expiration of the registration period.
- C. Any pet animal found off the owner's premises without a registration tag shall be deemed to be not registered, even though a registration has been issued for such animal. Pet registration tags are not transferable from one animal to another and any animal found with a registration tag issued for another pet animal shall be deemed to be not registered.
- D. It is unlawful for any person to cause or permit a pet registration tag to be placed upon an animal for which it was not issued.
- E. A person found guilty of a violation of this section is guilty of a misdemeanor punishable by a maximum fine of \$250. (Ord. 2573, 1990: Ord. 2534 §2(Exh. B(part)), 1989).

6.8.070 Number of Dogs/Cats

- A. It is unlawful for any person, persons, or family to keep, harbor or maintain in or on the same premises a total of more two (2) dogs over twelve weeks of age and two (2) cats over eight (8) weeks of age without first obtaining a multiple animal permit as provided in Section 6.8.080. (Ord. 2534 §2(Exh. B(part)), 1989).
- B. Owners of rental properties can establish policies that may place further restrictions on the number of animals allowed on their properties.
- C. A person found guilty of a violation of this section is guilty of a misdemeanor punishable by a maximum fine of \$500 and may also be subject to the other penalties specified in 6.8.310.

6.8.080 Multiple-Animal Permit

A multiple animal permit is required for any person, family, or household owning or harboring any more than the number of dogs and cats permitted by Section 6.8.070 for more than thirty (30) days. Application for the permit shall be made with the Animal Control Agency. The intended facilities are subject to inspection by an Animal Control Officer. The permit shall be issued upon the following conditions:

- A. All dogs must be registered;
- B. Cats must be registered or micro-chipped;
- C. There must be adequate shelter and secure enclosure for animals on the premises;
- D. The owner uses suitable means of disposing of animal feces so that it does not become a nuisance or a health hazard;
- E. That in the investigating officer's opinion, the animals receive proper care, food, water, shelter and humane treatment;
- F. The Animal Control Agency shall approve or deny the application based on the information submitted by the applicant and on the recommendation of the investigating officer. The Animal Control Agency may issue a conditional permit, but must state the permit conditions on the document and ensure that the applicant is advised of the conditions;
- G. After receiving notification of the Animal Control Agency's approval, the applicant must pay the Animal Control Agency an application fee which shall be established by resolution of the City Commission;
- H. All premises for which a multiple animal permit is issued may be subject to annual inspections by the Animal Control Officer. The inspections may also be instigated if a complaint is filed. The Animal Control Agency, on determining that such premises are not being maintained and/or the conditions of the permit are not met, may

recommend a revocation or denial of the permit if it is deemed necessary. The permittee shall be given a 30 day written notice of the Animal Control Agency's recommendation/revocation/denial;

I. A permit authorized by the Animal Control Agency must contain the following information:

1. Name and address of the person to whom the permit is granted;
2. The number of dogs and cats for which the permit is granted; and
3. Any special conditions required by the Animal Control Agency.

J. If the holder of a Multiple-Animal permit moves, he or she must provide written notice of their new address if it is within the city limits of Great Falls within 30 days of moving. The Animal Control Agency will then conduct an inspection and take appropriate action under this section based on any changes at the permit holder's new residence.

6.8.090 Commercial Kennel

- A. A commercial kennel permit shall be required for any person, persons, or family who wish to engage in the boarding and/or breeding of dogs, cats, reptiles, or any other pet animal for compensation.
1. Inspection. The intended facilities must be inspected by an Animal Control Officer, such inspection to include the physical facilities as well as the effect on the neighborhood.
 2. Recommendation. Following the inspection, the Animal Control Officer will recommend to the licensing authority either approval or disapproval of the application.
 3. Fee. The annual commercial kennel fee shall be established by resolution of the City Commission.
 4. Zoning. Commercial kennels will be permitted only in areas of the City zoned for such usage as defined in Title 17 OCCGF. A zoning permit and safety inspection certificate must be obtained prior to applying for a commercial kennel license.
 5. Renewals. Licenses must be renewed within sixty days of the expiration date or the application will be treated as a new application.
 6. License Revocation. All kennel licenses will expire one year from the date of issuance unless sooner revoked. The Animal Control Officer will investigate all complaints concerning licensing or improperly operated kennels and may recommend revocation of the license if it is deemed necessary. The licensee will be given at least five days written notice of such recommendation during which time the licensee may appeal the Animal Control Officer's recommendation to the Animal Control Agency. The licensing authority will then take action as required. (Ord. 2534 §2(Exh. B(part)), 1989).
- B. Exclusions. No fee may be required of any veterinary hospital, animal shelter or government zoological park.
1. Separate Facilities. Every facility regulated by this section shall be considered a separate enterprise and shall have an individual license.
 2. Penalty. Failure to obtain a license before opening any facility covered in this section shall result in a fine of \$500.

6.8.100 Removal of Excrement

- A. It is unlawful for any person in control of an animal to cause or permit such animal to be on any property, public or private, not owned or possessed by such person, to fail to remove feces left by the animal. When accompanying the animal outside his or her property, the owner shall have on his or her person suitable means for the removal of such feces, which then must be placed in a double bag or fly proof container and then in an approved refuse container for sanitary removal. (see also OCCGF 8.32.310)
- B. The provisions of Section A shall not apply to the ownership or use of Seeing Eye dogs by blind persons, dogs when used in law enforcement activities, or tracking dogs when used by or with the permission of the City.
- C. The accumulation of animal feces on any private property is hereby declared a nuisance. Every person who is the owner or occupant of private property or the agent in charge of such property is charged with the duty of keeping such property free of any accumulation of feces.
- D. "Accumulation" for purposes of this section shall mean:
1. Any quantity that constitutes a hazard to the health, safety, or convenience of persons other than the owner of the animal; or
 2. Any quantity that interferes with the use or enjoyment of any neighboring property as the result of odors, visual blight, or attraction of insects or pests.
- E. Each owner, occupant, or agent having charge of such property who is notified in accordance with the provisions set forth herein by the Animal Control Officer to remove such feces shall be charged with the duty of removing such feces and satisfactorily disposing of the same within 48 hours of the effective date/hour of the notice to do so.

- F. Notice of violation shall set forth in writing the date of inspection, the address of the property found in violation and the fact that an accumulation of feces was observed. Notice may be served either personally by leaving a copy with an occupant of the premises, or by posting notice in a conspicuous place upon the property.
- G. If the premises where an accumulation of feces is found contains only a single-family dwelling, then notice shall be directed to the occupant of such premises whether such occupant be the owner or leasee. If the premises where the accumulation of feces is found contains more than one dwelling unit, then notice shall be directed to the record owner of such premises or the agent in charge of the premises.
- H. Any owner, occupant or agent in charge of such property who violates this section is guilty of a misdemeanor punishable by a maximum fine of \$500 and shall be ordered to remove the excrement within a reasonable time and may also be subject to the other penalties specified in 6.8.310.

6.8.110 Rabies—Exposure

- A. Every pet animal, dog, cat or ferret which has been bitten by, or exposed to any animal suspected to have been infected with rabies shall be:
 - 1. Revaccinated with an appropriate vaccine and released if the animal has a current vaccination history. The animal must be kept under the owner's control and observed for 45 days. Any illness in the animal must be reported to the City/County Health Department.
 - 2. Seized and taken up by the Animal Control Officer or any law enforcement officer and securely and separately impounded if the bitten animal has not been vaccinated or if the vaccination history is obscure. Seized animals shall be quarantined at a licensed veterinary hospital, at the owner's expense, within the City for a period of six months or euthanized and tested for rabies. It shall be the duty of the Animal Control Officer to notify the public health officer of every such animal impounded. If, after observation, such animal is adjudged free of rabies, the animal must then be vaccinated and held in quarantine for an additional ten days after which the owner may reclaim the animal upon payment of the regular keeping fees and upon compliance with registration requirements. In the event that the animal under quarantine is diagnosed as being rabid, it shall be disposed of only under the orders of the public health officer in absolute discretion.
- B. Any pet animal which bites or otherwise exposes a person or animal to rabies shall:
 - 1. If not currently vaccinated be quarantined at a veterinarian hospital at the owner's expense for a period of at least ten days after the day of exposure. The owner of such animal shall have twenty-four hours from the time of exposure to provide proof of current vaccination to the Animal Control authority or release the animal to a veterinarian for quarantine. In the event an owner will not voluntarily release the animal for quarantine, the Animal Control authority or law enforcement officer shall obtain a court order to seize the animal and place it in quarantine at the veterinarian hospital of the authority's choice, at the owner's expense. The order, if the owner cannot be found at his/her place of residence, may be served by leaving it with a person of suitable age and discretion or by placing it in a prominent place at the front door of such residence.
 - 2. If the animal is currently vaccinated the animal may at the discretion of the Animal Control authority be quarantined at the owner's home. If at any time the animal is known to run at large during the quarantine period the animal shall be impounded by the Animal Control authority and shall remain at a veterinary hospital for the remainder of the quarantine period at the owner's expense.
 - 3. If the animal is a stray and no owner is identified within seventy-two hours, the animal shall be euthanized and tested for rabies.
 - 4. The aforesaid procedure shall be suspended on order of the City/County Health Department where an animal exhibits symptoms of rabies. (Ord. 2534 §2(Exh. B(part)), 1989).
- C. Any hybrid-type animal or any other animal other than those included in Item A of this section which bites or otherwise exposes a person or animal to rabies shall, at the discretion of the City/County Health Department, be quarantined or destroyed and tested for rabies:
 - 1. If the animal is quarantined, the animal shall be placed at a veterinarian hospital at the owner's expense for a period of at least ten days after the day of exposure. In the event an owner will not voluntarily release the animal for quarantine, the Animal Control authority or law enforcement officer shall obtain a court order to seize the animal and place it in quarantine at the veterinarian hospital of the authority's choice, at the owner's expense.
 - 2. If the animal is a stray and no owner is identified within twenty-four hours, the animal may be euthanized and tested for rabies.

3. The aforesaid procedure shall be suspended on order of the City/County Health Department where an animal exhibits symptoms of rabies.
- D. A person found guilty of a violation of this section is guilty of a misdemeanor punishable by a maximum fine of \$500 and may also be subject to the other penalties specified in 6.08.310. (Ord. 2534 §2(Exh. B(part)),1989).

6.8.120 Rabies--Emergency Control

Upon the positive diagnosis of rabies infection of any animal in the City, the public health officer shall notify the City Manager, or designee, who may issue a citywide quarantine order providing for the summary destruction of all animals known to have been exposed to rabies, or all unconfined animals, or may make such other orders as it deems necessary or expedient for the protection of the public. All orders issued by the City Manager, or designee, under this section shall have the same force and effect as any City law. (Ord. 2534 §2(Exh. B(part)), 1989).

6.8.130 Contagious Disease

Upon the positive diagnosis of a contagious communicable disease in any animal in the City, the diagnosing veterinarian shall notify the City County Health Department Director, or designee, who may issue a city-wide alert. Any animal displaying symptoms of the disease must be quarantined and confined either upon the premises of the owner or at a licensed veterinary hospital. The location of quarantine shall be determined by the Animal Control authority. (Ord. 2534 §2(Exh. B(part)), 1989).

6.8.140 Animals Running at Large

- A. It is unlawful for any person who owns or harbors a cat or dog, or the parents or guardians of a person under the age of eighteen, to allow such animal to run at large within the corporate limits of the City. All animals not confined within a secure enclosure (as defined in Section 6.08.005) shall be kept on a leash (as defined in Section 6.08.005) not more than ten feet long. Cats are not required to be on a leash, but they must be confined to the owner's property or be under the physical control of the owner. Any animal which has been duly and properly trained and registered as a service animal as described in Section 6.08.005 is exempt from this section.
 1. When a chain, rope, or other restraint is used to tether an animal, it shall be so placed or attached that it cannot become tangled with the chain of any other animal or with any other object, and will permit the animal to move freely and make all normal body movements in a comfortable, normal position. It shall be affixed by means of a well-fitted collar, and shall be at least 10 feet in length and shall allow the animal convenient access to food, water, and shelter adequate to protect the animal from the elements. Such tethering shall be located so as not to allow the animal to trespass on public or private property, nor in such a manner as to cause harm or danger to persons or animals.
- B. It is unlawful for any firm, person or corporation owning or having control of any goats, cattle, swine, or sheep to keep the same within the corporate limits of the City, except to bring the same to market for commercial or exhibition purposes, and when brought therein for that purpose the same shall be kept and cared for by the owner or person in charge thereof at such place as directed by the Chief of Police. It is unlawful to keep livestock, as defined in Section 6.08.005, within the corporate limits of the City with the exception of suburban districts, as defined in Title 17. In suburban districts livestock must be kept within fences or secured in such a manner which prevents them from running at large. Veterinarian's premises are exempt from this provision.
- C. It is unlawful to allow livestock to run at large within the corporate limits at any time.
- D. It is unlawful for an owner or keeper of any fowl or rabbits to permit them to run at large upon any street, alley, avenue, boulevard or public park or to trespass upon the premises of another person within the City; except, that such animals owned and/or maintained by the City in the City parks are exempt from this provision.
- E. Any person may take up any animal running at large in the City, or tethered therein contrary to the provisions of this chapter, and take the animal to the Animal Control Officer. Neither compensation nor reward shall be paid directly or indirectly for such taking and delivery. (Ord. 2534 §2(Exh. B(part)),1989).
- F. It is unlawful for any person to take or drive any animal out of any enclosure, stable or other building with the intent that such animal shall be impounded.
- G. It is unlawful for any person to open gates or doors or otherwise cause or permit any animal to escape confinement against the wishes of the owner. (Ord. 2534 §2(Exh. B(part)), 1989).
- H. It is unlawful for any person to break open, or in any manner directly or indirectly, aid or assist in, or counsel or advise the breaking open of the Animal Shelter.

- I. It is unlawful for any person to hinder, delay or obstruct any person while engaged in taking to the Animal Shelter any animal liable to be impounded under the provisions of this chapter. (Ord. 2534 §2(Exh. B(part)), 1989).
- J. A person found guilty of a violation of this section is guilty of a misdemeanor punishable by a maximum fine of \$500. If the animal is unaltered the minimum fine shall be \$200

6.8.150 Nuisance Animal

Any person owning or harboring an animal shall ensure it does not engage in any of the following nuisance behavior:

A. Animal Noise.

- 1. No person shall allow an animal to bark, howl, or make sounds common to its species in excess, taken to be continuous noise for a period of fifteen (15) or more minutes or intermittent noise for a period of thirty (30) or more minutes, although animal control may investigate any complaint in its sole discretion. Evidence of violation of this section can be served by any of the following:
 - a. Written affirmation from at least two persons having separate residences within a one-block area; and/or
 - b. Videotapes and/or written documentation (such as barking logs); and/or
 - c. Dates, times, and duration of nuisance animal noise as documented by an Animal Control Officer on the scene.
- 2. The reasonable man standard shall be applied in all cases. "Reasonable man" is defined as the normal healthy person of ordinary habits and sensibilities who is entitled to enjoy ordinary comfort of human existence and not the extra-sensitive or fastidious person or the hardened individual inured to such irritation or annoyance. (Ord. 2534 §2(Exh. B(part)), 1989).

B. Nuisance Behavior.

- 1. Persons who own or harbor an animal must prevent such animal from engaging in any of the following acts:
 - a. Chasing vehicles or bicycles in public streets, ways, or parks;
 - b. Stealing or causing damage to private or public property;
 - c. Chasing persons who are not at the time trespassing on the property of the owner, nor injuring or attempting to injure the owner, his family or property;
 - d. Rummaging through or scattering garbage or rubbish;
 - e. Defecating on land over which the person does not have the right to possession, without cleaning up and disposing of the waste immediately;
 - f. Being inside a public area which is designated as prohibiting animals. Any animal which has been duly and properly trained and registered as a service animal as described in Section 6.08.005 may be allowed in such an area when acting in that capacity.
- C. Female in Estrus. Any person owning, possessing or harboring any female animal in heat (estrus) must keep such female animal in a secure and enclosed area not accessible to male animals running at large.
- D. A person found guilty of a violation of this section is guilty of a misdemeanor punishable by a maximum fine of \$500 and may also be subject to the other penalties specified in 6.08.310. In addition if the animal is unaltered the minimum fine shall be \$200.

6.8.160 Dangerous Animal

It is unlawful for any person to own or harbor a dangerous animal as defined in Section 6.8.005.

- A. Any dangerous animal may be immediately taken up and impounded by the Animal Control Officer. Upon a second or subsequent conviction under this chapter or in a single instance where the facts indicate that such action is necessary for the safety of the citizens of this community or their property, the dangerous animal shall be seized by an Animal Control Officer. A court hearing will then determine if the animal is to be ordered spayed or neutered, euthanized or permanently removed from the City.
- B. Lawful Presence. For the purposes of this section, a person is peaceably and lawfully upon the private property of an owner when in the performance of any duty imposed by the laws of this state or any city or county, or by the laws or postal regulations of the United States, or when on such property upon invitation, express or implied.
- C. Any person may protect their pets, their property, their person, or the person of any other human being by reasonable force against the dangerous animal.
- D. Impounded animals may be redeemed by the owner after compliance with all registration and vaccination requirements if the animal is not being held for a court hearing. If the owner wishes to appeal the seizure of the animal the owner may file a petition in Court for the return of the animal.

E. A person found guilty of a violation of this section is guilty of a misdemeanor punishable by a minimum fine of \$300 and a maximum fine of \$1,000. If a person has purposely, knowingly or negligently violated this section, up to 12 months in jail may be imposed. The person may also be subject to the other penalties specified in 6.08.310. In addition if the animal is unaltered, the minimum fine shall be \$500.

6.8.170 Impounded Animals--Redemption—Disposition

- A. The owner of any pet animal which has been impounded, upon proving ownership thereof, may redeem the pet from the Animal Control Agency upon payment of the following:
1. Registration fee (for unregistered pet animals); and
 2. An impound fee established by the Animal Control Agency for each day that the animal has been held in the Animal Shelter; and
 3. A fee for rabies vaccination if the pet is not vaccinated; and
 4. Any veterinary fees incurred.
- B. If any unregistered dog or other animal is impounded, the owner shall redeem it within seventy-two hours (Sundays and holidays excluded), or it shall be subject to adoption or disposal by the Animal Control Agency as provided in this chapter. If such impounded animal has a registration tag or microchip, the animal will be held for 96 hours (Sundays and holidays excluded) before being subject to adoption or disposal. In addition, the Animal Control Officer will attempt to contact the owner by phone and/or in writing. If the animal carries a designation as a service animal together with the phone number or address of the owner, the Animal Control Officer will make an attempt to return the animal. The Animal Control Officer may issue a citation to the person redeeming an impounded animal for violation of any provision of this chapter.
- C. The owner of any animal other than a pet animal (dog or cat) which has been impounded, upon proving ownership thereof, may redeem the animal from the shelter upon satisfying the following conditions and payment of the following:
1. The animal is legally allowed within the incorporated limits;
 2. Proof of compliance that the animal has all required Federal, State or Local permits.
 3. An impound fee established by the Animal Control Agency for each day, or part thereof, that the animal has been held in the Animal Shelter; and
 4. Any veterinary fees incurred. (Ord. 2534 §2(Exh. B(part)), 1989).
- D. A person found guilty of a violation of this section is guilty of a misdemeanor punishable by a maximum fine of \$500 and may also be subject to the other penalties specified in 6.08.310.

6.8.180 Adoption of Animals

If an animal is not redeemed by the owner within the prescribed time limit, the owner thereof forfeits all right, title and interest therein, and the Animal Control Agency may offer the same for sale to the public.

- A. A person may adopt an animal pursuant to the requirements set by the Animal Control Agency.
- B. It is unlawful for any person to adopt an animal from the animal shelter and fail to comply with the stipulations in the adoption contract. Such violation may result in forfeiture of the animal and a fine of up to \$500.
- C. No animal suffering from an infectious disease will be released unless the public health officer shall so order. (Ord. 2534 §2(Exh. B(part)), 1989).

6.8.190 Disposal Fee-Dogs and Cats

- A. The Animal Control Agency will dispose of dead dogs or dead cats for a fee to be established by the Animal Control Agency if the animal is transported to the Animal Shelter by the owner.
- B. A surrender fee will be established by the Animal Control Agency and charged to an owner who is a resident of the City for unwanted animals brought to the Animal Shelter.
- C. A surrender fee will be established by the Animal Control Agency and charged to non-residents (except those covered by a contract) for unwanted animals brought to the Animal Shelter. (Ord. 2534 §2(Exh. B(part)), 1989).

6.8.200 Cruelty to Animals.

Please refer to Montana Code §45-8-211.

6.8.210 Provoking Animals

It is unlawful for any person to provoke, tease or in any way disturb a dog or other animal with the intent to harass the dog or other animal, cause it to bark, or attack any person (or other animal). Any person violating this section is guilty of a misdemeanor punishable by a maximum fine of \$500 and/or up to six months in jail. (Ord.2534 §2(Exh. B(part)), 1989).

6.8.220 Abandonment

It is unlawful for any person to abandon any animal within the City. Any person violating this section is guilty of a misdemeanor punishable by a maximum fine of \$500 and shall bear all expenses incurred by the Animal Control Agency in caring for said animal and shall reimburse the Animal Control Agency all said costs as determined by the Animal Control Agency. (Ord. 2534 §2(Exh. B (part), 1989; Ord. 2656, 1992).

6.8.230 Duty of Driver upon Striking a Pet-Animal

Every operator of a self-propelled vehicle upon the ways of this State open to the public shall immediately upon injuring or striking a pet-animal shall give aid to such animal or immediately notify the Animal Control Officer or police officer, furnishing sufficient facts relative to such injury. Any person violating this section is guilty of a misdemeanor punishable by a maximum fine of \$500. (Ord. 2534 §2(Exh. B(part)), 1989).

6.8.240 Wild Animals

- A. It is unlawful for any person to allow a wild animal in their possession to be in or upon any public place, including but not limited to public parks and public buildings.
- B. It is unlawful for any person to keep or maintain, or cause to be kept or maintained, any wild animal without first applying for and receiving a License Certificate from the Animal Control Agency. The fee for this license shall be established by resolution of the City Commission. Any animal(s) illegally possessed may be immediately seized by Animal Control with all costs of seizure charged to the person in possession of the wild animal.
- C. The Animal Control Agency shall set written policies as to what animals are exempted from licensing; however no License Certificate may be issued where the purpose is to breed wild animals. "Game farms" as defined in Montana Code Annotated 87-4-406 are not permitted in the City.
- D. The provisions of this section shall not prohibit the keeping or maintaining of animals under the following conditions:
 1. Any wild animals which are kept confined in publicly funded zoos, museums, or any other place approved by the Police Department where they are kept as live specimens for the public to view;
 2. Any wild animals which are kept confined and placed on exhibit in a circus, carnival, fairground or a sponsored academic exhibit.
 3. Wild animals in bona fide, licensed veterinary hospitals for treatment. (Ord. 2534 §2(Exh. B(part)), 1989).
 4. Any wild animals placed on exhibit by a commercial business possessing a Safety Inspection Certificate for wild animals. All applicable Federal, State, and Local permits must be obtained prior to bringing the wild animals into the City. (Ord. 2705; 1996)
- E. Any person violating this section is guilty of a misdemeanor punishable by a maximum fine of \$500.00.

6.8.250 Wild Animals—License Certificate

- A. A Wild Animal License Certificate shall be required for any person, persons, or family who wish to keep or harbor a wild animal. The Animal Control Agency shall issue License Certificates based upon the following:
 1. Inspection. The intended location must be inspected by an Animal Control Officer, such inspection to include the physical facilities as well as the effect on the neighborhood.
 2. Recommendation. Following the inspection, the Animal Control Officer will recommend to the licensing authority either approval or disapproval of the application.
 3. Fee. The annual License Certificate fee shall be established by resolution of the City Commission.
 4. Consent. Anyone wishing to harbor wild animals must obtain the written consent of at least seventy-five percent of the adjoining neighbors within two hundred feet east and west and one hundred fifty feet north and south, excluding public right-of-way.
 5. Renewals. Licenses must be renewed within sixty days of the expiration date or the application will be treated as a new application.
 6. License Revocation. All License Certificates will expire one year from the date of issuance unless sooner revoked. The Animal Control Officer will investigate all complaints concerning licensing or complaints

related to the wild animal and may recommend revocation of the license if it is deemed necessary. The licensee will be given at least five days written notice of such recommendation during which time the licensee may appeal the Animal Control Officer's recommendation to the Animal Control Agency. The licensing authority will then take action as required. (Ord. 2534 §2(Exh. B(part)), 1989).

- B. Exclusions. No fee may be required of any veterinary hospital, animal shelter or government zoological park.
- C. Penalty. Failure to obtain a license before harboring any wild animal shall result in a maximum fine of \$500.

6.8.260 Steel Jaw Traps or Snares

It is unlawful for any person to set any steel jaw traps or snares within the City limits of Great Falls. A person found guilty of a violation of this section is guilty of a misdemeanor punishable by a minimum fine of \$300 and a maximum fine of \$1,000 and/or up to six months in jail. (Ord. 2534 §2(Exh. B(part)), 1989).

6.8.270 Animal Control Officer—Duties

In addition to the duties and powers of the Animal Control Officer otherwise prescribed, the officer shall:

- A. Keep and maintain adequate records of all animals impounded and of all actions taken in the course of their duties. These records shall be public records and available for viewing at the Animal Control Agency.
- B. Carry out and enforce all of the provisions of this chapter and amendments thereto.
- C. Enforce the licensing and control of all animals in the City as provided in this chapter.
- D. Seize and take up all animals violating the terms of this chapter and maintain the same in a suitable and humane manner at the Animal Shelter.
- E. Where this chapter requires that an animal be put to death, the officer shall accomplish this in a humane manner.
- F. Be empowered to pursue upon private property any animal violating any provision of this chapter in their presence or when acting under a court order, warrant, affidavit of a dangerous animal, or when attempting to seize any animal suspected of having been exposed to rabies.
- G. File complaints in the Municipal Court for violations of this chapter and attend and testify in court when required.
- H. Make a timely notification to the City/County Health Department regarding bite reports submitted to Animal Control.
- I. Maintain regular hours as assigned during which the Animal Shelter shall be open and post the hours in a conspicuous place at the Animal Shelter. (Ord. 2534 §2(Exh. B(part)), 1989).

6.8.280 Animal Control Officer--Investigative Authority

- A. For the purpose of discharging the duties imposed by this chapter and enforcing its provisions, the Animal Control Officer or any Police Officer is empowered to demand from the occupants of any premises upon or in which a dog or other animal is kept or harbored the exhibition of such dog or other animal and the registrations and permits for such dog and/or other animals. The Animal Control Officer may make such a demand at the premises where any animal is kept in a reportedly cruel or inhumane manner and examine such animal and take possession of the animal, when it requires humane treatment.
- B. For the purposes of investigating complaints of unsanitary conditions and/or inhumane treatment of animals, Animal Control Officers shall have the right to inspect any premises where animals are kept at any reasonable time. This includes removing animals from vehicles if the animal's health is endangered by such confinement in hot or cold weather.
- C. On refusal of entry, the Animal Control Officer may obtain a search warrant. (Ord. 2534 §2(Exh. B(part)), 1989).

6.8.290 Animal Control Officer--Interference Prohibited

- A. It is unlawful for any person to hinder or interfere with the Animal Control Officer or any police officer in the performance of any duty or power imposed on by this chapter, or to release, or attempt to release, any animal in the custody of the Animal Control Officer, except as provided in this chapter. (Ord. 2534 §2(Exh. B(part)), 1989).
- B. It shall be unlawful for any person to remove, alter, damage, or otherwise tamper with any approved traps or equipment lawfully set for the purpose of capturing dogs, cats, or any other animals or wildlife that may be deemed at large or a public nuisance.

- C. A person found guilty of a violation of this section is guilty of a misdemeanor punishable by a maximum fine of \$500 and/or 6 months jail and may also be subject to the other penalties specified in 6.8.310.

6.8.300 Copies of Regulations

An abbreviated copy of City code applicable to the control of animals shall be available to all persons adopting or reclaiming an animal. A complete copy of Title 6, Chapter 6.08 shall be from the Animal Control Agency for a fee established by resolution of the City Commission. (Ord. 2534 §2(Exh. B(part)), 1989).

6.8.310 Violation—Other Penalties

In addition to any penalties specified in this Chapter, the Court in its discretion may Order any of the following conditions;

- A. The Court may order relinquishment of an animal(s) deemed to be a public safety risk and/or a repetitive nuisance that has not been abated or an animal that is a victim of cruelty, neglect, or abandonment to the Animal Shelter for disposition.
- B. Upon finding of violation under sections pertaining to animal fighting, a dangerous animal jeopardizing public safety, and animal cruelty or neglect (including provoking, poisoning, abandonment of an animal), the court may order no animal ownership for a determinate period.
- C. Violations of this chapter may result in immediate impoundment of the animal(s).
- D. Violation of any provision of this chapter may result in revocation of any license(s) or permit(s).
- E. The Court may in its discretion order any animals on the premises be spayed or neutered.

6.8.320 Persons Responsible for Violation—Transfer of Registration

In all prosecutions for violations of this chapter, the person who applied for and obtained the registration for the pet animal in question shall be deemed the person responsible for the violation unless there has been a transfer of ownership prior to the violation. In the event the pet animal is not registered, then the person deemed responsible for the violation is the person who owns, maintains or harbors the animal. Any transfer of ownership must be evidenced by a new registration issued by the licensing authority. (Ord. 2534 §2(Exh. B(part)), 1989).

CITY OF GREAT FALLS, MONTANA

AGENDA # 3

A G E N D A R E P O R T

DATE January 2, 2007

ITEM Resolution No. 9631 Intent to Vacate unused segments of 11th Avenue North and 10th Street North

INITIATED BY Gary Lewis, President, Lewis Construction Company, Abutting Property Owner

ACTION REQUESTED Adopt Resolution No. 9631, and set Public Hearing for January 16, 2007

PREPARED BY Charles Sheets, Planner I

APPROVED & PRESENTED BY Benjamin Rangel, Planning Director

RECOMMENDATION:

It is recommended the City Commission approve the abandonment of the unused segments of 10th Street North, north of 11th Alley North and 11th Avenue North abutting Block 33, Great Falls Original Townsite and Blocks 30 and 34, First Addition to Great Falls Townsite.

MOTION:

“I move the City Commission adopt Resolution No. 9631.”

SYNOPSIS:

Resolution No. 9631 sets a Public Hearing for January 16, 2007, to consider vacating unused segments of 11th Avenue North and 10th Street North rights-of-way in the vicinity of 1025 11th Street North. An amended plat has been prepared to aggregate the proposed vacated rights-of-way and the abutting portions of Block 33, Great Falls Original Townsite and Blocks 30 and 34, First Addition to Great Falls Townsite into one parcel.

BACKGROUND:

The applicant has been working with Owen Robinson of Lumber Yard Supply and the City to rededicate a previously vacated portion of 11th Street North between River Drive North and 11th Avenue North. The City will continue to maintain the graveled portion of 11th Street North proposed to be rededicated and will consider options to improve the street to City standards. An easement from the City to Lewis Construction Company will be required for a portion of the existing building encroaching on the west boundary of 11th Street North proposed to be rededicated. It appears that no City utilities are located in the rights-of-way being vacated but there may be private utilities (gas, telephone or power) for which easements will be necessary. Blocks 30 and 34 within the Amended Plat are zoned I-1 Light industrial and Block 33 is zoned M-2 Mixed-use transitional which allows the current light industrial/warehouse uses.

For additional information, please refer to the attached Vicinity Map, reduced Preliminary Amended Plat and Exhibit A attached to Resolution No 9631.

Attachments: Vicinity Aerial Photo
Reduced Copy of Amended Plat
Resolution No. 9631, with Exhibit “A”

cc: Jim Rearden, Public Works Director
Dave Dobbs, City Engineer
Lewis Construction Co., Gary Lewis, P.O. Box 2669
Lumber Yard Supply, Owen Robinson, 1029 17th Ave SW

RESOLUTION NO. 9631

A RESOLUTION OF INTENTION BY THE CITY
COMMISSION OF THE CITY OF GREAT FALLS, MONTANA,
TO VACATE THE UNUSED SEGMENTS OF
10TH STREET NORTH, NORTH OF 11TH ALLEY NORTH,
AND 11TH AVENUE NORTH ABUTTING BLOCK 33,
GREAT FALLS ORIGINAL TOWNSITE AND BLOCKS 30 AND 34,
FIRST ADDITION TO GREAT FALLS TOWNSITE,
IN ACCORDANCE
WITH THE PROVISIONS OF SECTION 7-14-4114,
MONTANA CODE ANNOTATED

* * * * *

WHEREAS, the segments of rights-of-way of 10th Street North, north of 11th Alley North and 11th Avenue North abutting Block 33, Great Falls Original Townsite and Blocks 30 and 34, First Addition to Great Falls Townsite, were dedicated when the City of Great Falls was incorporated; and

WHEREAS, said segments of 10th Street North and 11th Avenue North dead-end into abutting city-owned land adjacent to River Drive North; and

WHEREAS, said segments of 10th Street North and 11th Avenue North presently contain no roadway improvements; and

WHEREAS, it has been determined retention and eventual improvement of said segments of 10th Street North and 11th Avenue North serve no practical or functional purpose; and

WHEREAS, Gary Lewis of Lewis Construction Company, who owns and uses abutting property for light industrial/warehouse business desires to consolidate the vacated rights-of-way with the balance of his ownership in said Blocks 30, 33 and 34; and

WHEREAS, Gary Lewis and Owen Robinson of Lumber Yard Supply, agree to rededicate their portions of required right-of-way for 11th Street North between 11th Avenue North and River Drive North; and

WHEREAS, subject rights-of-way proposed to be vacated are shown on the drawing attached as Exhibit A and by this reference made a part hereof; and

WHEREAS, an Amended Plat of Portions of Block 33, Great Falls Original Townsite and Blocks 30 and 34, First Addition to Great Falls Townsite, has been prepared which reflects the proposed disposition of the rights-of-way requested to be vacated and dedication of the involved segment of 11th Street North; and

NOW, THEREFORE, BE IT RESOLVED BY THE COMMISSION OF THE CITY OF GREAT FALLS, MONTANA

That Tuesday, the 16th day of January, 2007, at 7:00 P.M. in the Commission Chambers of the Civic Center, Great Falls, Montana, be and the same is hereby set as the time and place at

which the City Commission shall hear all persons relative to the proposed vacation of 10th Street North, north of 11th Alley North and 11th Avenue North abutting Block 33, Great Falls Original Townsite and Blocks 30 and 34, First Addition to Great Falls Townsite; and

BE IT FURTHER RESOLVED BY SAID CITY COMMISSION that the City Clerk of the City shall forthwith cause notice of this Resolution to be: (1) published once in the Great Falls Tribune, the newspaper published nearest such land; and, (2) posted in three public places.

PASSED AND ADOPTED by the City Commission of the City of Great Falls, Montana, on this 2nd day of January, 2007.

Dona R. Stebbins, Mayor

ATTEST:

Peggy J. Bourne, City Clerk

(SEAL OF CITY)

APPROVED FOR LEGAL CONTENT:

David V. Gliko, City Attorney

State of Montana)
County of Cascade :ss
City of Great Falls)

I, Peggy J. Bourne, City Clerk of the City of Great Falls, Montana, do hereby certify that the foregoing Resolution No. 9631 was placed on its final passage by the Commission of the City of Great Falls, Montana, at a meeting thereof held on the 2nd day of January, 2007, wherein it was approved by said City Commission.

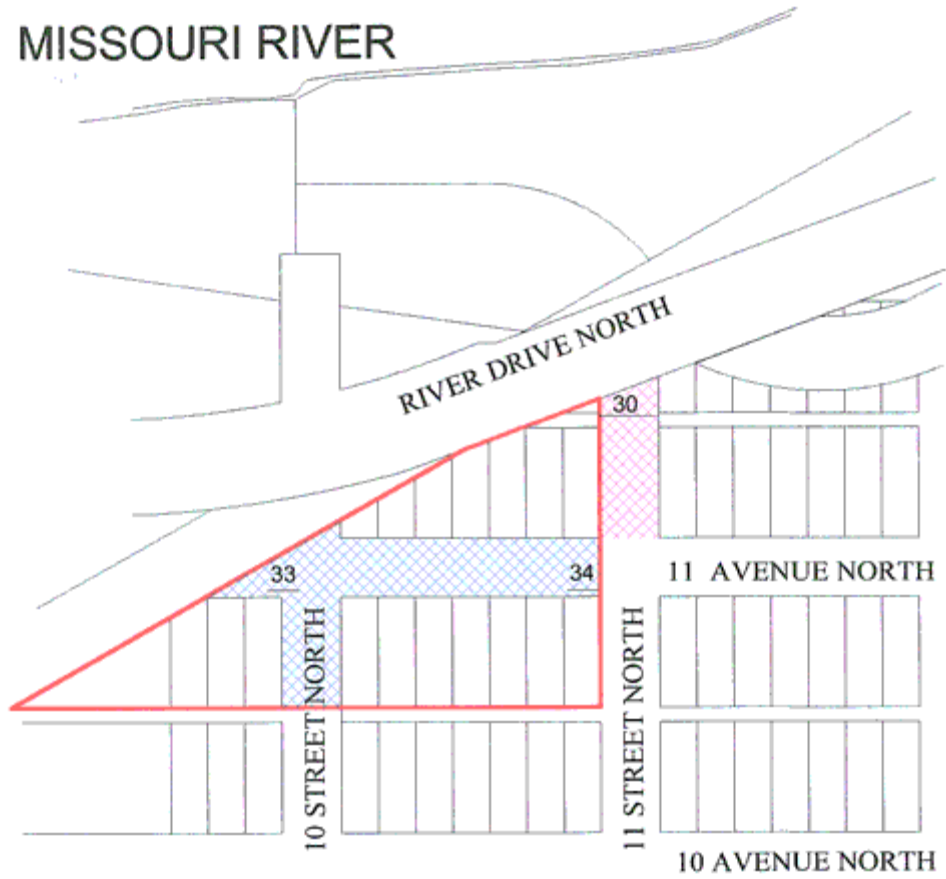
IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Seal of said City this 2nd day of January, 2007.

Peggy J. Bourne, City Clerk

(SEAL OF CITY)

EXHIBIT "A"

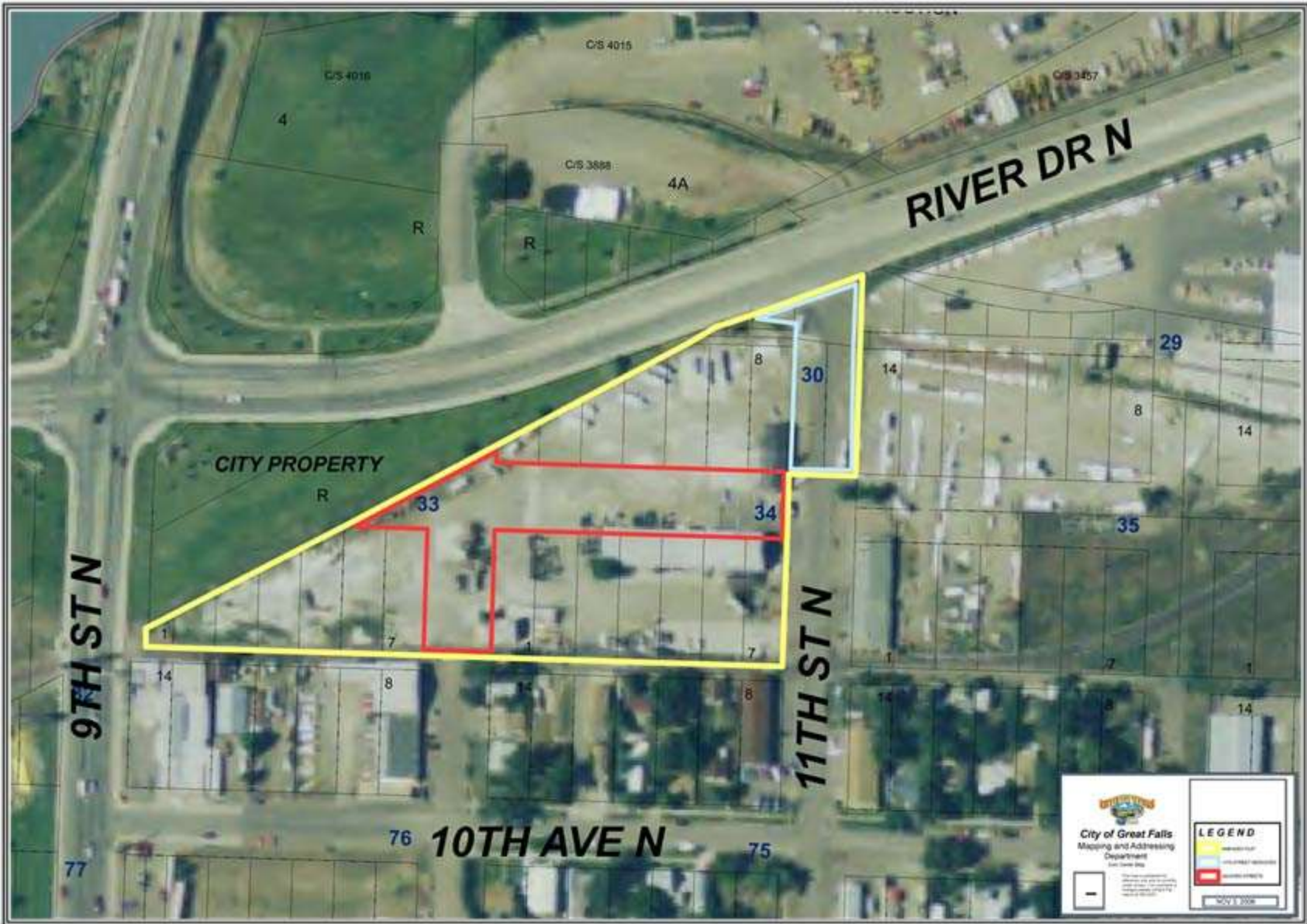
MISSOURI RIVER



— AMEND TO ONE PARCEL

▨ VACATE

▨ DEDICATE



Regular City Commission Meeting

Mayor Stebbins presiding

CALL TO ORDER: 7:00 PM**PLEDGE OF ALLEGIANCE**

ROLL CALL: City Commissioners present: Dona Stebbins, Bill Beecher, Sandy Hinz, Diane Jovick-Kuntz and John Rosenbaum. Also present were the City Manager, Assistant City Manager, City Attorney, Directors of Planning, Library, Public Works, Park and Recreation, Fiscal Services, Police Chief, Acting Fire Chief, Acting Community Development Director, and the City Clerk.

PRESENTATIONS: Jayci Kolar, Weed and Seed, provided an update to the City Commission regarding the Weed and Seed Program.

Mayor Stebbins presented the Annual CAFR Award to Fiscal Services Director Coleen Balzarini. This was the City's 12th consecutive year to receive this honor.

NEIGHBORHOOD COUNCILS**West Bank Urban
Renewal Project.**

1. **Phyllis Hemstad and Robert Mehlhoff**, representatives from Neighborhood Council 2, stated they supported the West Bank Urban Renewal Project. However, they wanted to ensure that West Bank Park would be protected and not eliminated or reduced in a land swap of any type; that West Bank Park would be improved; and that Neighborhood Council 2 would be included in the discussions and the process.

PUBLIC HEARINGS**Res. 9624,
Nuisance
Abatement, GF 1st
Add., B462, L7.
Adopted.**

2. **RESOLUTION 9624, NUISANCE ABATEMENT, GF 1ST ADDITION, BLOCK 462 LOT 7.**

Acting Community Development Director Jeff Jenkins reported that OCCGF 8.49.040 authorizes the City to declare a property a nuisance if certain conditions were met and to take action to remedy the nuisance. Staff received a complaint on July 12, 2006, regarding property located at 510 11th Street South (legally described as GF 1st Addition, Block 462, Lot 7). Following an inspection of the property, a letter was sent to the property owner requesting that the situation be remedied. A final inspection of the property was completed on October 3, 2006. Staff found that the nuisance remained and initiated the abatement process.

Mayor Stebbins declared the public hearing open. **Mike Whitsoe**, 510 11th Street South, explained that he had been cleaning up the property and requested the City Commission grant him an additional day to finish. City Manager John Lawton explained that City staff would continue to work

with Mr. Whitsoe and as long as progress was being made to remedy the nuisance staff would not take additional action. He recommended the City Commission adopt Resolution 9624 which would give staff the necessary authorization in the event Mr. Whitsoe did not completely remove the nuisance.

Stuart Lewin, 615 3rd Avenue North, said that the nuisance on Mr. Whitsoe's property did not compare to the nuisance the proposed coal fired plant would do to the area.

There being no one further to address the City Commission, Mayor Stebbins declared the public hearing closed and asked for the direction of the City Commission.

Commissioner Rosenbaum moved, seconded by Commissioner Beecher, that the City Commission adopt Resolution 9624.

Motion carried 5-0.

Res. 9628, Land Development Principles and Guidelines for East End Development. Conducted public hearing.

3. RESOLUTION 9628, LAND DEVELOPMENT PRINCIPLES AND GUIDELINES FOR EAST END COMMERCIAL AND RESIDENTIAL DEVELOPMENT.

Planning Director Ben Rangel reported that during the past several months, there has been public discussion and debate regarding plans to develop commercial and residential projects at the east end of 10th Avenue South and how that might affect long term interest to secure a flying mission at Malmstrom Air Force Base. In January 2006, a "Discussion Paper" was prepared by the City to assist in framing the issues and providing relevant information. An outcome of the lengthy debate has been a set of development principles and guidelines, as facilitated by Dan Rice and supported by the involved property owners, the involved developers and the Great Falls Area Chamber of Commerce Board of Directors.

The City further documented these principles and guidelines in an additional paper, dated November 2006. The intent was to apply the principles and guidelines during the land development review processes involving subdivision, annexation and zoning of properties near the east end of 10th Avenue South.

Mayor Stebbins declared the public hearing open. Those addressing the City Commission were as follows:

John Brutosky, 1618 11th Avenue South, asked if development was halted why voters should be asked to compensate the land owners.

Joe Briggs, Cascade County Commissioner, reiterated the County's position as stated in the Cascade County Growth Policy which "was given

the importance of Malmstrom AFB to the economic vitality of the region, the potential reduction in Minuteman forces and the potential value of future flying missions at Malmstrom, it was vital for Cascade County to actively pursue the reopening of its runway. Those efforts should include, but were not limited to, protecting the runway's Accident Potential Zones as described in the 1994 Malmstrom AFB AICUZ study from encroachment by any non-compatible land uses." He suggested that to resolve this issue and to secure the future of the base, the land should be purchased. He suggested that remaining BRAC funds and some CDBG Funds could be available to offset the costs of the land acquisition. He added that an additional study to determine the impact of potential development should be conducted and that the City Commission not act on this Resolution until the study was completed.

Chip Beck, 4241 2nd Avenue North, representative of the Military Affairs Committee, thanked staff for preparing Resolution 9628, but disagreed with any decision that might impact or potentially impact a future flying mission at Malmstrom. He stated that the guidelines mortgage the future and deem a tremendous asset in the community worthless. He added that it was not a question of "if" but "when" Malmstrom will have a new flying mission. In closing, he cautioned that the timeline stipulated in the Resolution did not follow that of the military when they considered which missions would be located at the individual bases.

Gloria Smith, 8 Cheyenne Drive, concurred with Mr. Beck and with a guest editorial in the Great Falls Tribune written by former Mayor Randy Gray. Mr. Gray suggested purchasing the land in order to protect future missions at Malmstrom and to be fair to the current property owners.

Greg Schwandt, 2708 Evergreen Drive, member of the Committee of 80, concurred with Mr. Beck's testimony. He stated that if the community could spend \$2.5 million on swimming pools, then certainly the community could spend \$400,000 to purchase the land and protect the future of Malmstrom. Mr. Schwandt then read a letter from Mike Brown who was a former aide to Senator Burns. In Mr. Brown's letter, he encouraged the City Commission prohibit any encroachment in the clear zones and asked them to protect the future of the runway.

Gloria Bedker, 3333 17th Avenue South, Neighborhood Council 5, read a letter supporting the adoption of Resolution 9628 from Neighborhood Council 5.

Teresa Olds, President of the Great Falls Chamber of Commerce, stated that in light of the outcomes of the 2005 BRAC and the recent changes in the US Senate with the election of Jon Tester, it was imperative that the Chamber take a lead to help define, craft and communicate a Military Development Strategy. The impetus would be to maintain the viability of

the military presence by securing additional missions relative to Malmstrom's military assets. Additionally, the Chamber Board of Directors welcomed the introduction of any new data or facts and applauded the efforts of the Great Falls Development Authority in commissioning additional studies that would provide more up-to-date data.

Dan Heustis, 2901 4th Avenue North, stated that many people, along with the Great Falls Tribune, Planning staff, Neighborhood Council 5, and the Great Falls Development Authority, supported Resolution 9628. He hoped doing nothing was not an option.

John Stevens stated that no matter what the community decided the military would do what they want anyway. He suggested that the Commission not hold up development and adopt Resolution 9628.

Mike Whitsoe, 510 11th Street South, stated that if Malmstrom was closed, Great Falls would severely suffer.

Stuart Lewin, 615 3rd Avenue North, concurred with Mr. Heustis but wondered why the City would agree to protect the view of the Highwood Mountains for this project, but eliminate the view with the construction of the Highwood Generating Station.

Warren Wenz, concurred with Mr. Beck and Mr. Schwandt. He added that if the base closed, Great Falls would be done.

There being no one further to address the City Commission, Mayor Stebbins closed the public hearing.

OLD BUSINESS

NEW BUSINESS

**Audit Report.
Accepted.**

4. AUDIT REPORT, FY 2005 – 2006.

Kelby Donnelly, of Junkermier, Clark, Campanella, Stevens, P.C., Certified Public Accountants, reported that they conducted the City's FY 2005-2006 Annual Audit and based on the information, the general purpose financial statements present fairly, in all material respects, the financial position of the City, as of June 30, 2006, and the results of its operations and the cash flows of its proprietary fund types ended in conformity with generally accepted accounting principles.

Commissioner Jovick-Kuntz moved, seconded by Commissioner Hinz, that the City Commission accept the FY 2005-2006 Comprehensive Annual Financial Report and Independent Auditor's report as presented.

Motion carried 5-0.

ORDINANCES/RESOLUTIONS

Ord. 2933, Amend OCCGF 6.8 pertaining to animals. Accepted on first reading and set the public hearing for January 2, 2007.

5. ORDINANCE 2933, AMENDING OCCGF TITLE 6 CHAPTER 8 PERTAINING TO ANIMALS.

Chief Prosecutor Kory Larsen reported that after months of hard work by the members of the Blue Ribbon Committee for Animal Control Issues, the City was presented with a proposed amended animal ordinance. It was very broad in its scope but presented a community consensus for changes to the animal ordinance. After a staff review, some small tweaks were made and the proposed ordinance was presented to the Commission at a work session earlier this year. The Commission decided that some areas required public comment and input and a public comment period was set. Many community members made comments by email, by letter and by phone and in person. The amended ordinance covers all of the issues and provides a more appropriate fine structure for animal control.

Commissioner Hinz moved, seconded by Commissioners Beecher and Rosenbaum, that the City Commission accept Ordinance 2933 on first reading and set the public hearing and final reading for January 2, 2007, at 7 pm.

Motion carried 5-0.

Ord. 2957, Sign Code revisions. Adopted.

6. ORDINANCE 2957, SIGN CODE REVISIONS.

Acting Community Development Director Jeff Jenkins reported that Ordinance 2957 would amend the Official Codes of the City of Great Falls (OCCGF) Title 17, Chapter 60 pertaining to signs. The proposed revisions address minor housecleaning items; provide additional clarification; and add a provision to address signage if a premise was subsequently subdivided.

Specific changes included:

- Signs for home occupations, family day cares, adult group homes and other approved home uses would not require sign permits, provided size and location standards were met.
- All references to specific dollar amounts for fees and costs were deleted and instead payment of fees and costs would be as set by Commission resolution.
- To be consistent with the narrative description in the Code, Exhibit 60-6 was revised to note that one free-standing pole sign would be allowed per premise frontage for premises exceeding 50,000 square feet in area.
- Reference was made to the appropriate section of the Code that addresses signs for home occupations, family day cares and the like.

- Clarification was provided that on-premise signs were authorized for approved commercial uses in residential zoning districts, neighborhood commercial zoning districts, and central business periphery zoning districts.
- A new provision was added to address signage if a premise was subsequently subdivided.
- If a sign permit was revoked and the sign was not removed, the City may remove the sign and the sign owner may then reclaim the sign within ten working days. After that time, the sign may be destroyed. The requirement that the owner pay a \$50 fee to reclaim the sign was removed.

Commissioner Beecher moved, seconded by Commissioner Rosenbaum, that the City Commission adopt Ordinance 2957.

Motion carried 5-0.

Res. 9623, Support federal recognition of the Little Shell Tribe of the Chippewa Indians. Adopted.

7. RESOLUTION 9623, SUPPORTING THE FEDERAL RECOGNITION OF THE LITTLE SHELL TRIBE OF THE CHIPPEWA INDIANS OF MONTANA.

City Clerk Peggy Bourne reported that in 1984 the Little Shell Tribe of Chippewa Indians of Montana petitioned the Department of the Interior, Bureau of Indian Affairs, Office of Federal Acknowledgements (OFA) for federal recognition, and has made several supplementary submissions to the OFA since then. On July 14, 2000, the OFA issued its favorable Proposed Findings to acknowledge the Tribe and requested additional information from the Tribe and the Little Shell Tribe responded to the OFA's comments and requests and awaits the OFA's review and analysis of the documentation. Federal recognition is expected to bring benefits and services to the Little Shell people, including health care and child welfare services.

In an effort to demonstrate community support for this formal recognition, leadership of the Little Shell requested local governments to adopt resolutions of support and forward them to the appropriate federal agency. In 2001, the State Legislature adopted a House Joint Resolution showing support. In 2004 and again in 2005 Cascade County adopted resolutions supporting the Little Shell recognition. In October 2006, Governor Schweitzer signed a declaration supporting recognition of the Tribe.

Resolution 9623 was submitted to honor the request of the Little Shell Tribe of Chippewa Indians for the City Commission to support the Tribe's efforts to obtain recognition by the federal government.

James Parker Shield, Vice-Chair of the Little Shell Tribe, thanked the City Commission for this consideration.

Commissioner Jovick-Kuntz moved, seconded by Commissioners Hinz and Beecher, that the City Commission adopt Resolution 9623.

Motion carried 5-0.

**Res. 9629,
Community
Recreation Center
Office Space Fees.
Adopted.**

8. RESOLUTION 9629, COMMUNITY RECREATION CENTER OFFICE SPACE FEES.

Park and Recreation Director Jim Sullivan reported that the second floor of the Community Recreation Center has been leased by Big Brothers and Sisters since December of 1999. On November 13, 2006, staff received written notice that they would be terminating their lease in 30 days per the termination agreement in the lease. Staff proposes entering into a Use Permit. Adoption of Resolution 9629 would set the price for a Use Permit at \$7/square foot.

Commissioner Rosenbaum moved, seconded by Commissioner Beecher, that the City Commission approve Resolution 9629, Community Recreation Center Office Space Fees.

Motion carried 5-0.

**Consent Agenda.
Approved as
printed.**

CONSENT AGENDA

9. Minutes, December 5, 2006, Commission meeting.
10. Total Expenditures of \$2,155,364 for the period of November 16 through December 13, 2006, to include claims over \$5000, in the amount of \$1,907,167.
11. Contracts list.
12. Engaging RW Beck as independent engineers to review the Highwood Generating Station project for an estimated cost of \$78,000. (OF 1472)
13. CDBG Policies, and approve the 2007-2008 Community Development Block Grant Funding Priorities.
14. Professional Services Agreement with Interstate Engineering, Inc., in the amount of \$217,500 for the Rehabilitation of the Mitchell, Water Tower and Jaycee Pools. (OF 1501)
15. Concession/Café Use Permit with Cian Enterprises, Inc., at the Community Recreation Center.
16. Final Payment to Forde Nursery in the amount of \$1,990.25 and the State Miscellaneous Tax Division in the amount of \$18.60 for the North Entry Landscaping—Phase II Project. (OF 1306.4)
17. Final Payment to Ed Boland Construction in the amount of \$61,280.29 and the State Miscellaneous Tax Division in the amount of \$618.99 for the 1st and 2nd Avenues North Water Main Replacement. (OF 1450)
18. Final Payment to Wickens Construction, Inc. and the State Miscellaneous Tax Division in the amount of \$122,175 for the Northeast Regional Stormwater Retention Pond Extension. (OF 1058.2)

19. Engineering Services Contract with Thomas, Dean, Hoskins, Inc. for the Sunnyside/East Pressure Zone Pump Station and Elevated Water Tank and Water Main River Crossings in an amount not to exceed \$42,500. (OF 1494.2)

Commissioner Hinz asked the City Manager to explain what Item 12 was and the process used to select the consultant. City Manager John Lawton explained that in order for the City to secure 25 percent of the Highwood Generating Station's output, the City was required to finance 25 percent of the costs to construct the facility. The City plans to acquire the financing through the sale of revenue bonds. He added that the project has reached the point where the City needed to complete the financing and in order to do that the underwriters and bond buyers required an independent review of what has been done on the project to date. If approved, RW Beck would conduct a thorough evaluation of the reasonableness of the cost estimates and the price of electricity. The scope of the contract was designed to increase the knowledge base of the project and to give the City an impartial assessment of the project.

Fiscal Services Director Coleen Balzarini reported that the process used to select RW Beck for this project included soliciting proposals from five nationally qualified firms which included RW Beck, Black and Veatch, Burns and Roe, HDR and Sargent & Lundy. All the firms responded to the request for proposals and phone interviews were conducted with the two top ranked firms based on the written proposals. After evaluating all the information, Staff recommended the City accept RW Beck's proposal.

Mayor Stebbins asked for the direction of the Commission regarding the Consent Agenda. **Commissioner Beecher moved, seconded by Commissioner Rosenbaum, that the City Commission approve the Consent Agenda as presented.**

Motion carried 5-0.

BOARDS & COMMISSIONS

Park and Recreation Board, appoint Austin and Timmer; reappoint Hickey and Simmons.

20. APPOINTMENTS AND REAPPOINTMENTS TO THE PARK AND RECREATION BOARD.

The terms of Leslie Postlethwait and Wyman Taylor expire December 31, 2006. Ms. Postlethwait served on the board since 1998 and was not eligible for reappointment. Mr. Taylor was appointed in 1999 and also was not eligible for reappointment. Therefore, it was necessary to appoint two new members to fill their positions. The terms of Doug Hickey and David Simmons expire on December 31, 2006. Both Mr. Hickey and Mr. Simmons were eligible for and interested in reappointment.

Commissioner Jovick-Kuntz moved, seconded by Commissioners

Beecher and Rosenbaum, that the City Commission appoint to the Park and Recreation Board Tim Austin and Kelly Timmer for three-year terms, beginning January 1, 2007, and expiring December 31, 2009; and reappoint Doug Hickey and David Simmons for three-year terms expiring December 31, 2009.

Motion carried 5-0.

**Health Board,
Appoint Hoffman
and reappoint
Meeks.**

21. APPOINTMENT AND REAPPOINTMENT, HEALTH BOARD.

Iva "Boots" Wiseman served on the City-County Health Board since 1999. Ms. Wiseman was not eligible for reappointment, therefore; it was necessary to appoint one member to the Board. Lyle Meeks served on the Board since 2004. Mr. Meeks was interested in and eligible for reappointment.

Commissioner Hinz moved, seconded by Commissioner Rosenbaum, that the City Commission appoint Raymond Hoffman and reappoint Lyle Meeks to the City-County Health Board for three-year terms, expiring December 31, 2009.

Motion carried 5-0.

PETITIONS AND COMMUNICATIONS

**Highwood
Generating Station
and Electric City
Power.**

25. HIGHWOOD GENERATING STATION AND ELECTRIC CITY POWER.

The following people addressed the City Commission regarding the Highwood Generating Station and Electric City Power.

John Hubbard, Richard Liebert, 289 Boston Coulee Road, Neil Taylor, 3417 4th Avenue South, Larry Rezendes, 2208 1st Avenue North. Lisa Hardiman (sp), 3726 4th Avenue North, Larry Crawl (sp), 210 24th Avenue South, Rick Van Loss (sp), 606 Adams Blvd, Jeff Monheim, 3709 20th Avenue South, Charles Boccock, 51 Prospect, Larry Vaccaro, Merton Freyholtz, Gildford Montana, Arthur Dolman, 3016 Central Avenue, Stuart Lewin, 615 3rd Avenue North, Ron Mathsen, 122 Treasure State Drive, Vicky Freyholtz, Gildford Montana, Sandy Dimauro, 4215 7th Avenue North, Alena Nardinger, 812½ 13th Street North, John Stevens, and Carol Fisher, 500 53rd Street South.

Their comments (except for Mr. John Stevens) were in opposition to the proposed coal fired plant.

Christmas.

Mr. Mike Whitsoe, wished everyone a Merry Christmas.

Adjourn.

ADJOURNMENT

There being no further business to come before the Commission, the regular meeting of December 19, 2006, adjourned at 9:40 p.m.

Mayor Dona R. Stebbins

Peggy Bourne, City Clerk

ITEM: \$5000 Report
 Budget or Contract Claims in Excess of \$5000

PRESENTED BY: City Controller

ACTION REQUESTED: Approval With Consent Agenda

APPROVAL: _____

TOTAL CHECKS ISSUED AND WIRE TRANSFERS MADE ARE NOTED BELOW WITH AN ITEMIZED LISTING OF ALL TRANSACTIONS GREATER THAN \$5000:

| | |
|---|----------------------------|
| MASTER ACCOUNT CHECK RUN FOR DECEMBER 20, 2006 | 287,774.87 |
| MASTER ACCOUNT CHECK RUN FOR DECEMBER 27, 2006 | 802,437.20 |
| MUNICIPAL COURT ACCOUNT CHECK RUN FOR DECEMBER 15, 2006 | 52,636.53 |
| MUNICIPAL COURT ACCOUNT CHECK RUN FOR DECEMBER 22, 2006 | 4,670.00 |
| WIRE TRANSFERS FROM DECEMBER 20, 2006 | <u>156,797.52</u> |
| TOTAL: \$ | <u><u>1,304,316.12</u></u> |

SPECIAL REVENUE FUND

| | | |
|-------------------------------|------------------------------------|------------|
| STREET DISTRICT | | |
| UNITED MATERIALS | PMT #1 MEDICAL TECH PARK | 68,584.80 |
| FEDERAL BLOCK GRANTS | | |
| NEIGHBORHOOD HOUSING SERVICES | DRAWDOWN ON REVOLVING LOAN | 114,024.90 |
| CARPS DRAIN CLEANING | LABOR PIPE UNDER NAT POOL | 17,721.00 |
| DICK OLSON CONSTRUCTION | PMT#3 BATHROOM, PARK MANOR | 5,096.00 |
| NCI TECH | PMT#2 PHASE 2 UP/LOW RIVER RD PROJ | 31,776.56 |

CAPITAL PROJECTS

| | | |
|--|--|-----------|
| GENERAL CAPITAL | | |
| STATEWIDE CONTRACTING, ABC SEAMLESREROOF FIRE STATION #4 | | 63,360.00 |

ENTERPRISE FUNDS

| | | |
|----------------------------------|--------------------------------------|-----------|
| WATER | | |
| THOMAS DEAN AND HOSKINS | PMT# 8 OF 1332.2, FLOCCULATION BASIN | 19,428.76 |
| THATCHER CO | PMT #8 AND #9 SULFATE | 7,417.36 |
| DANA KEPNER CO | METERS | 10,426.63 |
| INDUSTRIAL AUTOMATION CONSULTING | OF #1332.2 FLOCCULATION | 8,662.50 |

ENTERPRISE FUNDS CONTINUED

| | | |
|-----------------------------------|-----------------------------------|-------------------------------|
| HAROLD MORA | 8" WATER MAIN FROM ULRR | 36,522.00 |
| ROY VOLK | 8" AND 12" WATER MAIN FROM ULRR | 92,320.00 |
| SEWER | | |
| PHILLIPS CONSTRUCTION | OF 1368.1 2ND AVE NW SEWER EXT | 18,537.75 |
| VEOLIA WATER NORTH AMERICA | DECEMBER CHARGES,CAPITAL IMPROVE | 204,781.92 |
| STORM DRAIN | | |
| UNITED MATERIALS | PMT #1 MEDICAL TECH PARK | 51,962.62 |
| SANITATION | | |
| SOLID WASTE SYSTEMS | VERTICAL BALER, COMPACTOR | 37,835.00 |
| MONTANA WASTE SYSTEMS | NOVEMBER MONTHLY CHARGES | 61,456.07 |
| ELECTRIC UTILITY | | |
| DORSEY & WHITNEY | HIGHWOOD GENERATING STATION | 24,379.78 |
| SAFETY SERVICES | | |
| QWEST | DECEMBER 2006 CHARGES | 6,114.72 |
| PARKING | | |
| APCOA/STANDARD PARKING | JANUARY 2007 COMPENSATION | 22,650.01 |
| SWIM POOLS | | |
| MONTANA ELASTOMERS | FLOW RIDER REPAIRS | 7,414.75 |
| CIVIC CENTER | | |
| MISSOURI RIVER DANCE CO | TICKET PROCEEDS, NUTCRACKER | 28,250.68 |
| SHOE STRING LLC, BRICK SPORTS PUB | TICKET PROCEEDS, G.F. RUMBLE | 15,653.23 |
| INTERNAL SERVICES FUND | | |
| HEALTH INSURANCE | | |
| BLUE CROSS BLUE SHIELD | GROUP & HMO CLAIMS 12/13-12/19/06 | 59,576.33 |
| BLUE CROSS BLUE SHIELD | GROUP & HMO CLAIMS 12/20-12/26/06 | 53,317.28 |
| CENTRAL GARAGE | | |
| MOUNTAIN VIEW CO-OP | UNLEADED FUEL | 14,312.90 |
| MOUNTAIN VIEW CO-OP | DIESEL FUEL | 16,412.90 |
| WHALEN TIRE | 11R22.5 WASTE LUG BF GOODRICH | 9,839.20 |
| MUNICIPAL COURT | | |
| CITY OF GREAT FALLS | FINES AND FORFEITURES | 49,943.53 |
| CLAIMS OVER \$5000 TOTAL: | | \$ <u>1,157,779.18</u> |

**CITY OF GREAT FALLS, MONTANA
COMMUNICATION TO THE CITY COMMISSION**

**AGENDA: 6
DATE: January 2, 2007**

ITEM: CONTRACT LIST
Itemizing contracts not otherwise approved or ratified by City Commission Action
(Listed contracts are available for inspection in the City Clerks Office.)

PRESENTED BY: Peggy J. Bourne, City Clerk

ACTION REQUESTED: Ratification of Contracts through the Consent Agenda

MAYOR'S SIGNATURE: _____

CONTRACT LIST

| | DEPARTMENT | OTHER PARTY (PERSON OR ENTITY) | PERIOD | FUND | AMOUNT | PURPOSE |
|----------|-------------------|---|-------------------|-------------|---------------|---|
| A | Park & Recreation | Good Eats Take Out and Catering | December 31, 2006 | N/A | N/A | Terminates Lease Agreement for Concessions and Restaurant in Community Recreation Center. |

**CITY OF GREAT FALLS, MONTANA
COMMUNICATION TO THE CITY COMMISSION**

**AGENDA: 7
DATE: January 2, 2007**

ITEM: LIEN RELEASE LIST
Itemizing liens not otherwise approved or ratified by City Commission Action
(Listed liens are available for inspection in the City Clerks Office.)

PRESENTED BY: Peggy Bourne, City Clerk

ACTION REQUESTED: Ratification of Lien Releases through the Consent Agenda

MAYOR'S SIGNATURE: _____

LIEN RELEASES

| | DEPARTMENT | OTHER PARTY (PERSON OR ENTITY) | PERIOD | FUND | AMOUNT | PURPOSE |
|----------|---------------------|--|---------------|-------------|---------------|---|
| A | City Clerk's Office | John D. Buchanan, Charlie M. Byrne and Buchanan Enterprises, Inc. | Current | | \$430,000.00 | Satisfaction and Release of March 20, 1987, Mortgage for Real Estate, described as Original Townsite of Great Falls, Block 312, Lots 1, 2 and 3. |

CITY OF GREAT FALLS, MONTANA
A G E N D A R E P O R T

AGENDA # 8
DATE January 2, 2007

ITEM Res. 9630, Building, Plumbing, Electrical and Mechanical Permit Fee Increase

INITIATED BY Community Development Department

ACTION REQUESTED Set Public Hearing for January 16, 2007

PREPARED & PRESENTED BY Jeff Jenkins, Building Official

REVIEWED & APPROVED BY Mike Rattray, Community Development Director

- - - - -

RECOMMENDATION:

Staff recommends the City Commission approve the following motion:

MOTION:

I move to set a public hearing for January 16, 2007, on Resolution 9630.

SYNOPSIS:

Resolution 9630 sets new rates for building, plumbing, electrical and mechanical permit fees that were established in 2006. The proposed fee schedule generally represents a 4% increase. Permit fees are calculated based on value of construction. The fee increase is proposed to be effective March 1, 2007.

BACKGROUND:

An increase in fees is necessary to cover the cost of service delivery and keep with inflation.

In order to support this enterprise fund, staff will review fee schedules annually to be certain cost of providing the services are recovered. Annual adjustments will avoid the necessity of a large percentage increase at any point in the future.

If approved, the fees for service addressed in Resolution 9630 will support the cost of service at existing staffing levels.

| BUILDING PERMIT VALUATIONS | CURRENT | PROPOSED |
|----------------------------|----------|----------|
| \$1,000 | \$46.80 | \$49.00 |
| \$10,000 | \$148.16 | \$154.00 |
| \$30,000 | \$363.56 | \$378.00 |
| \$100,000 | \$821.16 | \$854.00 |

The basic fee for issuing an electrical, plumbing and mechanical permit increases from \$26 to \$27.

RESOLUTION NO. 9630

A RESOLUTION TO ESTABLISH RATES IN ACCORDANCE WITH TITLE 15, O.C.C.G.F., RELATING TO PERMIT FEES FOR BUILDING, PLUMBING, MECHANICAL, AND ELECTRICAL PERMITS IN THE CITY OF GREAT FALLS EFFECTIVE MARCH 1, 2007.

* * * * *

WHEREAS, the City Commission of the City of Great Falls having met and conducted the hearing this day in regular session at the Civic Center, Great Falls, Montana, at 7:00 p.m., and having considered the cost of service to promote safe buildings for the citizens of Great Falls, do hereby establish and approve the fee schedule, attached as Exhibit A, for the City of Great Falls, Montana.

PASSED by the Commission of the City of Great Falls, Montana, on this 16th day of January, 2007.

Dona R. Stebbins, Mayor

ATTEST:

Peggy J. Bourne, City Clerk

(SEAL OF CITY)

APPROVED FOR LEGAL CONTENT:

David V. Gliko, City Attorney

State of Montana)
County of Cascade : ss.
City of Great Falls)

I, Peggy J. Bourne, City Clerk of the City of Great Falls, Montana, do hereby certify that the foregoing Resolution No. 9630 was placed on its final passage and passed by the Commission of the City of Great Falls, Montana, at a meeting thereof held on the 16th day of January, 2007, and approved by the Mayor of said City, on the 16th day of January, 2007.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Seal of said City, this 16th day of January, 2007.

Peggy J. Bourne, City Clerk

(SEAL OF CITY)

A G E N D A R E P O R T

DATE January 2, 2007

ITEM Great Falls Regional Science and Engineering Fair

INITIATED BY Ruth Carlstrom, North Middle School

ACTION REQUESTED Co-Sponsor Science Fair on February 10, 2007

PRESENTED BY Peggy Bourne, City Clerk

- - - - -

RECOMMENDATION: It is recommended that the City co-sponsor the Great Falls Regional Science and Engineering Fair on February 10, 2007, by contributing up to \$500 for the use of the Convention Center.

MOTION: I move the City Commission co-sponsor the Great Falls Regional Science and Engineering Fair on February 10, 2007, by contributing up to \$500 for the use of the Convention Center.

SYNOPSIS: In a letter from Ruth Carlstrom, the Great Falls City Science and Engineering Fair is scheduled to be held in the Civic Center on February 10, 2007. This is completely a non-profit event organized to encourage all students to participate in and learn about science research. Many Great Falls businesses make this fair possible by providing funding for student prizes, refreshments for the judges, personnel to judge the fair and mentors to guide the students.

In the past, the City Commission has used the following criteria when considering requests of this type.

- Requests should only be accepted from non-profit, public service organizations; and
- Requests will be granted only where the City Commission or another City agency finds a public purpose in co-sponsoring an event; and
- Requests will be considered when the event is to serve the public rather than to raise funds; and
- The event is free to the public; and
- The event benefits the youth of the community.

This event meets all the criteria.

A G E N D A R E P O R T

DATE January 2, 2007

ITEM Great Falls Medical District Master Plan

INITIATED BY Medical District Master Plan Oversight Committee

ACTION REQUESTED Adopt Master Plan

PREPARED AND PRESENTED BY Benjamin Rangel, Planning Director

- - - - -

RECOMMENDATION:

It is recommended by the City Planning Board that the City Commission adopt the Great Falls Medical District Master Plan.

MOTION:

“I move the City Commission adopt the Great Falls Medical District Master Plan.”

SYNOPSIS:

A master plan for the Great Falls medical area was prepared to help envision and produce a functional, attractive, inviting, interrelated, and growth friendly medical district to positively serve the medical community and its patients and customers, the surrounding neighborhoods, and the citizens of Great Falls. The plan is also intended to help enhance the community’s competitiveness as a regional medical center.

BACKGROUND:

The City of Great Falls, in partnership with Great Falls Clinic and Benefis Healthcare retained an assemblage of consulting firms equally represented by L’Heureux Page Werner and CTA Architects/Engineers, including LarsonAllen; Thomas, Dean & Hoskins; WGM Group; and, Winter & Company to prepare a master plan for the medical district area.

The master plan acknowledges that the Great Falls medical institutions and businesses have been experiencing substantial growth and development during the past several years and that the general area encompassing the Great Falls Clinic and Benefis HealthCare (East Campus) is undergoing another period of significant growth and change, as demonstrated by current construction projects and future expansion and renovation plans.

The master plan was prepared to help facilitate the growth of this important industry and to better manage and develop it as an integral function and physical component of the City. As such, the master plan will serve as an important tool to envision future overall growth and development in the area.

Because of the public and private benefits that would be derived from such a plan, its preparation was equally financed by the City, Great Falls Clinic, and Benefis Healthcare.

An oversight committee consisting of representatives of these three stakeholders, plus City Planning Board and Neighborhood Council #5 representatives was created to oversee the development of the master plan. Specific representation included: Laura Goldhahn and John Goodnow (Benefis); John Kinna and Greg Hagfors (Great Falls Clinic); Bill Bronson (City Planning Board); Stan Meyer and Diane Gelernter (NC#5); Sandy Hinz (City Commissioner), John Lawton, Cheryl Patton and Ben Rangel (City staff).

This study process has now been wrapped up with the preparation of a draft master plan and brochure. Copies of each are attached for review and approval.

The overall purpose of the master plan is to produce a highly functional, attractive, inviting, interrelated, and growth friendly medical district that would positively serve the medical community and its patients and customers, the surrounding neighborhoods, and the citizens of Great Falls. It would also serve to enhance the community's competitiveness as a regional medical center.

The master plan is not a regulatory document, but is a guide for future development and redevelopment in the area. The City Land Development Code will be amended sometime in the future to include provisions to help implement the master plan concepts and initiatives.

The core of the master plan document is Chapter V, which includes a series of implementation initiatives and recommendations regarding land use and zoning, economic development, transportation and circulation, site improvements, public services and facilities, and infrastructure and utilities. Chapter VI includes design guidelines which, if followed, will help to create a "sense of place" and set the future tone and character for the district.

District property owners were mailed copies of the brochure and advised that the full draft master plan could be viewed on the City webpage and in Planning Office.

On December 12, 2006, the City Planning Board approved the master plan and brochure and recommended adoption by the City Commission.

The City Commission will be provided an overview of the master plan during its work session on January 2, 2007 and will be requested to adopt the plan later that same evening at its regular meeting.

Attachments: Master Plan & Brochure

Cc w/o attachments: Oversight Committee Members
Steve L'Heureux, L'Heureux Page Werner
Marty Byrne, CTA Architects/Engineers



VISION FOR THE FUTURE

*“What can be more crucial
than the surroundings in which
we spend our waking lives, the
relations we have with others,
and our own physical vigor?”*

*-H.V. Savitch, Research Professor
of Urban and Public Affairs,
University of Louisville*

GREAT FALLS MEDICAL DISTRICT MASTER PLAN

PREPARED BY

CTA ARCHITECTS ENGINEERS
L'HEUREUX PAGE WERNER
LARSON ALLEN

AFFILIATED CONSULTANTS

THOMAS, DEAN AND HOSKINS, INC.
WINTER & COMPANY



NOVEMBER 1, 2006

Great Falls Medical District Master Plan

TABLE OF CONTENTS

| | | |
|-------|--|----|
| I. | Acknowledgements | 4 |
| II. | Introduction | 5 |
| | A. Vision for the Future | |
| | B. Stakeholder and Community Participation | |
| III. | Goals and Objectives | 7 |
| IV. | Existing Conditions | 8 |
| | A. General | |
| | B. Land Use and Zoning | |
| | C. Economic Development | |
| | D. Transportation and Circulation | |
| | E. Public Services and Facilities | |
| | F. Infrastructure and Utilities | |
| | G. Vacant Lands Analysis | |
| | H. Medical District Identity | |
| V. | Recommended Implementation Initiatives | 15 |
| | A. General | |
| | B. Land Use and Zoning | |
| | C. Economic Development | |
| | D. Transportation and Circulation | |
| | E. Site Improvements | |
| | F. Public Services and Facilities | |
| | G. Infrastructure and Utilities | |
| VI. | Design Guidelines | 34 |
| | A. Introduction | |
| | B. Design Review and Approval Process | |
| | C. General Site Design | |
| | D. General Architectural Design | |
| | E. Specific Area Guidelines | |
| VII. | References | 47 |
| | A. City of Great Falls Publications | |
| VIII. | Design Quality | 48 |
| | A. Medical | |
| | B. Commercial | |
| | C. Residential | |

Great Falls Medical District Master Plan

TABLE OF CONTENTS

| | | |
|-----|--|----|
| D. | Mixed Use | |
| IX. | Background | 51 |
| A. | Overview | |
| B. | Planning Process | |
| C. | Market Analysis | |
| D. | Analysis of Opportunities and Constraints | |
| E. | Design Solution Synthesis | |
| X. | Contacts | 56 |
| A. | Contacts | |
| XI. | Exhibits | 59 |
| | Exhibit A: Location Map | |
| | Exhibit B: City Zoning Map | |
| | Exhibit C: Property Ownership and Vacant Lands Map | |
| | Exhibit D: Transportation Map | |
| | Exhibit E: Existing Utilities Map | |
| | Exhibit F: Landscape, Parks and Undeveloped/Vacant Lands Map | |
| | Exhibit G: Framework Master Plan | |

Great Falls Medical District Master Plan

I. ACKNOWLEDGEMENTS

Stakeholders and Participants

| | |
|-------------------------|-------------|
| Benefis Healthcare | Stakeholder |
| Great Falls Clinic | Stakeholder |
| City of Great Falls | Stakeholder |
| City Planning Board | Participant |
| Neighborhood Council #5 | Participant |

Oversight Committee Members

| | |
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| Laura Goldhahn-Konen | Benefis Healthcare |
| Greg Hagfors | Great Falls Clinic |
| John Kinna | Great Falls Clinic |
| Sandy Hinz | City Commission |
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| Nancy Blackwood | Blackwood & Company |

Great Falls Medical District Master Plan

II. INTRODUCTION

A. VISION FOR THE FUTURE

“What can be more crucial than the surroundings in which we spend our waking lives, the relations we have with others, and our own physical vigor?”

-H.V. Savitch, Research Professor of Urban and Public Affairs, University of Louisville

The City of Great Falls is unique in that it has an active and diverse array of community members, employment opportunities, a rich and colorful

history, and beautiful surroundings. Great Falls has been experiencing a revitalization of its downtown area with considerable improvements to its streetscape and pedestrian and vehicular connections, and renovation of its historic structures and civic amenities. Its riverfront is a focal point for year-round recreation and community activities, including swimming, jet-skiing, boating, skateboarding, bicycling, running, walking, and other outdoor pursuits.

Paralleling these exciting opportunities, Great Falls has also seen significant growth in its medical and health care related businesses and services. The key players in this upsurge have seen the need to better coordinate and accommodate this growth. These key players include the City of Great Falls, Benefis Healthcare, Great Falls Clinic, and other community leaders. This group feels its vision for the expansion and provision of future medical and health care facilities and services should be more explicitly defined so that proposed growth and development are well planned.

The vision for the Great Falls Medical District will be accomplished through attainment of the following goals and objectives:

1. Develop a plan to facilitate the physical growth, development, redevelopment and renovation of the medical core area and its adjoining neighbors.
2. Develop a plan to produce a functional, attractive, interrelated and growth friendly medical district.
3. To enhance our community’s competitiveness in attracting both individuals and businesses to locate in the area.
4. Promote the medical industry as a major component of the City’s economy.



Courtesy of CTA

Great Falls Medical District Master Plan

II. INTRODUCTION (CONTINUED)

It was decided early in the master planning process that the “Medical District” area should include the adjoining properties along 10th Avenue South. As a major access route for the Medical District, 10th Avenue South also needed to be considered as a major component in the development and redevelopment of the Medical District.



Courtesy of CTA

Land use, zoning, aesthetics, and related considerations and decisions can greatly affect resident and visitor perceptions of the Medical District. As such, there was a keen interest to include nearby and adjacent properties in the overall master planning process. This would help to assure the vision for the Medical District would be developed in concert with nearby properties. A major component of the visioning process was to determine if an identity for the Medical District could be created to help establish a unique physical image and an aesthetic environment. To create this overall vision, the use of signage, outdoor plazas and seating, and site amenities were discussed and deemed appropriate.

B. STAKEHOLDER AND COMMUNITY PARTICIPATION

Stakeholders and community participant involvement was an integral part of the planning process. The stakeholders were selected because of their direct connection to the District, their interest in the project and their willingness to finance the master plan. They were directly involved in the development of the Request for Proposals for consultant services, in the selection of the Design Team and in the preliminary planning of the project, including design solutions and programming. The specific community participants were non-solicited, but were given opportunity to take part in the project through notice of public meetings. A few of the community participants were present at all the public meetings and were integral in offering “real life” design and planning solutions

to the Design Team. The Design Team was rewarded with plentiful public input at every public meeting.



Courtesy of CTA

As in all community based planning projects, the Great Falls Medical District Master Plan was developed based on intense stakeholder and community member input. It was critical for the success of the master plan that people directly involved with the eventual build-out of projects within the District be part of the planning process.

Great Falls Medical District Master Plan

III. GOALS AND OBJECTIVES

The preliminary planning process identified the following goals and objectives:

- A. Develop a plan to facilitate the physical growth, development, redevelopment and renovation of the medical core area and its adjoining neighbors.
- B. Develop a plan to produce a functional, attractive, interrelated and growth friendly medical district.
- C. To enhance our community's economic competitiveness in attracting both individuals and businesses to locate in the area.
- D. To identify alternative financing approaches, capital strategies, and organizational models to support implementation of the Medical District Plan.



An example of rehabilitation of a dilapidated building, using simple architectural design solutions and structural improvements.

The revitalized building utilizes local zoning, design ingenuity, investment, and possibly alternative funding sources to function more productively than before.



Great Falls Medical District Master Plan

IV. EXISTING CONDITIONS

A. GENERAL

The Design Team researched existing conditions early in the master planning process. Many site visits to the Medical District were done to assess current land use, circulation, infrastructure and utilities, and built projects or facilities. Aforementioned, experts in economic issues, as well as infrastructure and utilities were retained to research and evaluate local conditions. Economic issues in Great Falls were compared to those in other areas of Montana or in similar communities throughout the Rocky Mountain West.

The Design Team and stakeholders also visited the Medical District together on many occasions, discussing ideas for improvements to the medical core as well as adjacent properties. The team visited the area during different times and seasons of the year. The team was able to observe the medical district during rush hours, changes of shifts, construction with delays, and other times in order to observe traffic patterns, visitation levels and pedestrian-vehicular interactions.

The Design Team also conducted interviews with stakeholders, residents, members of community groups, local business and property owners and city staff. These interviews and meetings were paired with research of existing city zoning ordinances, regulations and policies to ascertain what growth patterns the city and the public desired.

Existing conditions were explored for the following items, including land use and zoning, economic development, transportation and circulation, public services and facilities, and infrastructure and utilities.

B. LAND USE AND ZONING

Land uses within the Medical District vary as much as the types of businesses within it. Because some of the properties within the Medical District are not annexed into the City, the different zoning or lack of city zoning has affected the overall compliance of many projects built in the area over the last 50 years. Within the City Limits, projects are subject to the review and approval process dictated by regulations adopted to protect the community from issues such as detrimental zoning, lack of zoning, and lack of appropriate infrastructure or services.

The city zoning map and districts were recently updated for all properties within the city limits. These new zoning designations reflect the careful planning of City staff and officials. The new zoning takes into consideration existing and historical land uses, as well as the future land use needs for the area to be designated as a medical district. The current land use and zoning regulations should help foster smart growth and orderly development within the Medical District, which is experiencing growth.

A land use and zoning map has been provided in Exhibit B.

Great Falls Medical District Master Plan

IV. EXISTING CONDITIONS (CONTINUED)

C. ECONOMIC DEVELOPMENT

The health care delivery system and its related industries are a major economic force in both Great Falls and Cascade County. Benefis Healthcare and Great Falls Clinic currently have facilities located in the Medical District area. Benefis is the largest non-governmental employer in the region and is the state's largest acute care hospital system, with 502 beds in multiple locations. Based on a 2004 study, Benefis is estimated to directly and indirectly impact 21% of all wage income payments to households and families in the Great Falls/Cascade County regional economy (Report prepared by Dr. Steve Seninger, BBER, 2004). Great Falls Clinic is the largest independent multi-specialty group practice in the state with over 134 physicians, physician assistants, and nurse practitioners. Great Falls Clinic also offers an outreach program that brings needed health care services to 20 other Montana communities. Other health care providers located in the community include independent and small group physician offices, long term care and senior services organizations, and many other smaller ancillary health care providers.

In addition to the direct economic impact of dollars spent by the health care industry and its employees in the community, there are many related and spin-off businesses and services impacted by a strong and vibrant health care delivery system. Examples of complementary functions include technology and research, education, medical supply, laboratory testing and diagnostic services, lodging, and restaurants. Many of these companies sell products and services required by the health care providers, employees, and visitors that come to the area. Therefore, ancillary but associated and important uses in the Medical District include related commercial and retail uses for employees and visitors. The Medical District currently contains a large number of residential living units that have little or no connection to the more compact medical core. Some of these residential living units or buildings are in disrepair and would benefit from architectural and site improvements.

Continued growth and expansion of the health care industry and its related businesses in Great Falls requires the ability to recruit and retain highly qualified personnel to the community. Although the educational system in Great Falls provides education and training for selected health-related personnel, the growing demand for highly skilled professionals will need to be met by attracting new residents to the community. In fact, the demand for skilled workers in a variety of businesses in Great Falls requires the ability to attract and retain professional personnel to the area. Creating a medical district coupled with a strong and vibrant community will support Great Falls' ability to compete effectively on a national platform, enabling the city to attract the skilled workforce required to deliver high quality health care.

While the health care industry has continued to grow and expand in Great Falls, from both a facilities and employment perspective, other businesses and services have experienced or been concerned about potential downsizing. Concerns with the possible closure or downsizing of

Great Falls Medical District Master Plan

IV. EXISTING CONDITIONS (CONTINUED)

Malmstrom Air Force Base, a major employer and key component in the economic vitality of the city, were put to rest in 2005 after review by the Federal Base Realignment and Closure Committee. Although the base is not scheduled to close at this time, the concern about dependence on any one employer is recognized as a significant risk for the community.

The community has had success in attracting new businesses to the area to support its economic development agenda as evidenced by the location of a satellite or branch office of the Centene Company to Great Falls in 2005. Centene is an example of a health care related business. It provides health care claims processing services to many states throughout the country. The combination of relocation incentives, transportation alternatives, educated workforce, labor costs, tax climate, and quality of life were all noted as factors that influenced the decision to select Great Falls for their expansion.

As Great Falls looks to the future and its options for attracting and retaining businesses and residents to the area, it will need to base its strategies on the changing demographics of the region. Recent estimates for Cascade County anticipate a 1.6% annual increase in population for those aged 65 and older from 2000-2020 (DPA Data Services, Inc. 2004). An aging population will continue to support the demand for and growth in health care services. Supporting the delivery of high quality health care in the community through the Medical District can become an important step in positioning Great Falls as “A Healthy Place to Be.”

D. TRANSPORTATION AND CIRCULATION

Preliminary discussions with the stakeholders and subsequent site visits made the Design Team aware of vehicular and pedestrian circulation issues that were potentially unsafe. In addition, “way finding” throughout the Medical District was difficult given the lack of a cohesive signage plan and direct pedestrian linkages between facilities and properties.

It was determined that a major necessary component of the master plan was to improve pedestrian access to and from the medical core area. The two major medical providers in the area serve a wide variety of clients and patients from throughout the region. It is critical that the safety and comfort of these clients and patients are addressed for current and future uses at these facilities and those adjacent or related to them.

Vehicular circulation was observed to be heavy at most times of the day, especially during shift



Courtesy of CTA

Great Falls Medical District Master Plan

IV. EXISTING CONDITIONS (CONTINUED)



changes and the traditional rush-hour. Often times the shift change and the rush hour traffic overlapped, placing even higher impacts on the road systems. This was especially apparent in the medical core area.

Employee, resident, and visitor traffic are heaviest on 10th Avenue South, 11th Avenue South, 26th Street South, and 32nd Street South during shift changes. The 10th Avenue South corridor is especially busy during normal rush hour. This street collects traffic from the medical core area. Traffic volumes are highest where 10th Avenue South intersects with 26th Street South and 29th Street South.

Major pedestrian movement occurs in the medical core area, which is often mixed with the heavy vehicular traffic on 11th Avenue South and intersecting north and south bound streets (26th Street South and 29th Street South). There was consensus that the pedestrian experience in the medical core must be improved so that it is a safer and more enjoyable experience. It was also determined that creating improved street sections and circulation was of utmost importance in creating a safer experience for drivers within the Medical District. With the pedestrian and vehicular circulation systems both getting attention, it should assure that each will in turn function better alone and together.

The only east-west through-street south of 10th Avenue South that can be utilized to traverse the entire Medical District area is 11th Avenue South. In a north-south direction, 26th Street South is the only one that traverses the entire District. Existing streets in the area are generally in good condition. Sidewalks are missing in many key areas.

The public bus transportation system in Great Falls is fairly extensive compared to other state-wide, urban systems. The Great Falls Transit District provides major east-west and north-south connections around town, linking the Medical District with the Malmstrom Air Force Base, downtown, and residential neighborhoods on the north end of town. This system's "Southeast"



route has stops in and near the Medical District, along 11th Avenue South, 16th Avenue South, 26th Street South, and 29th Street South. The transit route is adjacent to Benefis Healthcare and the Great Falls Clinic. The route is close to the University of Great Falls and the MSU-Great Falls College of Technology.

Great Falls Medical District Master Plan

IV. EXISTING CONDITIONS (CONTINUED)

E. PUBLIC SERVICES AND FACILITIES

Public services and facilities include those available for public use: these are typically built and maintained by a government agency or utility provider. Examples include community centers, recreational buildings, athletic fields, passive and active parks, trail networks, government buildings, and meeting facilities.

The Medical District does not contain many of these public services and facilities. Most development has been historically implemented by private enterprise.

There is one City park within, and two just outside, the Medical District boundary. Sand Hills Park is located between 25th Street South and 23rd Street South, and South of 15th Avenue South. This park features landscaping, a walking trail with a gravel surface and a storm retention pond. C.M. Russell Park is located east of 32nd Street South, south of 15th Avenue South and north of 17th Avenue South. It contains walking trails, tennis courts and picnic benches. This park borders a medium density residential area.

Lions Park is located along the north side of 10th Avenue South, between 27th Street South and 29th Street South. Of all the parks, this one is the most developed and is located in an established residential neighborhood with commercial adjacencies.

All of the above parks would benefit greatly from a master planning effort, which would include input from local residents as well as the medical community. It is predicted that if these parks received additional amenities, they would be even more enjoyed by the community.

F. INFRASTRUCTURE AND UTILITIES

A key component in the master plan was the selection of a Design Team that featured a civil engineering consultant experienced with urban street improvements, infrastructure design and installation, subdivision design, site development, traffic engineering and planning, and public involvement in the planning process. TD&H Engineering was retained to research existing conditions, utilities, infrastructure, street conditions, pedestrian facilities, and opportunities in redeveloping these. An existing infrastructure and utilities map has been provided in Exhibit E.

TD&H Engineering had already collected survey and existing conditions data for many areas within the Medical District. Additional research was done to assess current conditions of the existing infrastructure and facilities. Knowledge of future needs and requirements is critical to lowering overall costs and coordinating installation of those improvements.

As the Great Falls Medical District Master Plan is implemented, services can be improved and adjusted according to the master plan but also to the individual needs of existing property

Great Falls Medical District Master Plan

IV. EXISTING CONDITIONS (CONTINUED)

owners who may wish to make their own improvements. The larger infrastructure plan is meant to complement existing facilities and services as well as to be flexible for future development.

Sanitary Sewer – There is an existing east-west trunk main that runs along 16th Avenue South from 20th Street South to 23rd Street South. It then goes south along 23rd Street South for approximately one-half block and then extends west to the extension of 31st Street South. The main varies in size. It is a 21-inch diameter pipe from 20th Street to approximately 22nd Street extended. It is 15-inch diameter pipe from 22nd Street extended to 26th Street South. From 26th Street South to 31st Street South extended, the sewer main is a 12-inch diameter pipe. The area north of this sanitary sewer main is served by an eight-inch diameter sanitary sewer main. The only existing sanitary sewer service south of this east-west main is located between 23rd and 26th Streets South from 17th Avenue South to approximately 20th Avenue South. These lines serve Forest Glen South Subdivision and the Centene Building.

Water Service – There is an existing 30-inch diameter east-west main serving the northerly portion of the master plan area. The remainder of the area north of 16th Avenue is served by eight inch diameter mains. The only water service south of 16th Avenue serves Forest Glen South and Medical Tech Park Subdivision. The Medical District is located within two water pressure districts. The dividing line is 23rd Street South.

Storm Drainage – The existing system consists of a regional storm drain detention pond and storm drain collection systems up and down gradient from the detention pond. The detention pond is located between 15th Avenue South and 16th Avenue South from 25th Street South to 24th Street South.

The collection system to the west also serves as the out fall for the detention pond. It consists of a 24-inch diameter pipe to the westerly boundary of the Medical District. The collection system to the east has been upgraded and consists of a 54-inch diameter pipe from the detention pond to 26th Street South. Then, going north along 26th Street South is a 42-inch diameter pipe to 11th Avenue South. The storm drain in 11th Avenue South is 30-inch diameter pipe from 26th Street South to 29th Street South. There is a 24-inch diameter storm drain in 15th Avenue South from 26th Street South to between 27th and 28th Streets South. There is also a main extending south from the detention pond that serves Forest Glen South and the Medical Tech Park Subdivision.

Private property and development projects should evaluate their existing systems to determine if immediate or eventual improvements are warranted. There may be the possibility of coordinating private improvements with public improvements so as to minimize costs and impacts on adjacent properties, and to create more efficient systems for infrastructure and utilities.

Great Falls Medical District Master Plan

IV. EXISTING CONDITIONS (CONTINUED)

G. VACANT LANDS ANALYSIS

The locations of vacant lands has been provided on in Exhibit C. As illustrated on this map, there are a great deal of vacant lands on the south side of the Medical District. In addition, many of these vacant lands are surrounded by properties that have seen redevelopment during the last five to ten years. As Benefis Healthcare and Great Falls Clinic continue to see growth and expansion to vacant lands within the Medical District, the underlying uses will become predominantly related to medical and health related functions.

Vacant land also takes the form of undeveloped and unannexed parcels on the outskirts of the Medical District. These have slowly been transformed from empty lots into viable commercial and institutional projects. There are also large acreages of land held in ownership for future expansion of those property owners' facilities or establishments (i.e. ecclesiastical uses in the southeastern portion of the Medical District). Landscape, open space and undeveloped lands have been illustrated in Exhibit F.

H. MEDICAL DISTRICT IDENTITY

During the early planning discussions of the Medical District, it was clear that a common goal for the Medical District was to establish a common identity based on the consideration that the District should have a cohesive appearance. It was determined that this cohesive appearance did not exist between the two medical provider's facilities nor the other properties within the District. A common, unifying set of elements would enhance the overall working and living experience within the District as well as make it more appealing to visitors and new residents. A "branding" or identity program with strict parameters was not desired, as it might exclude property owners with other creative ideas or financial barriers. Instead, a set of Design Guidelines have been created to achieve a higher level of design continuity than currently exists. These Design Guidelines would assist property owners, developers and contractors with implementing projects that promote good design principles. Design Guidelines for the Medical District have been created and are included in this document.

Great Falls Medical District Master Plan

V. RECOMMENDED IMPLEMENTATION INITIATIVES

A. GENERAL

The master plan is intended to be implemented on a project-by-project basis, based on the overall vision for the entire district as well as the Master Plan. With this type of implementation, it may require more time to see the ultimate long-term results than if an area wide implementation program were initiated; however it also allows property owners of smaller parcels or of limited financial means to make improvements over time. The Design Team has summarized the most relevant and realistic recommended implementation initiatives below. These will provide the most progressive and useful solutions that will ensure the success of the Master Plan.

B. LAND USE AND ZONING

The development of the Medical District area has historically been piecemeal. Development in the medical core area has primarily been conducted by the two primary health care providers. Most development or construction in the area has taken place without an overall “big picture” or master plan. Some of the larger parcels of land just south of the Medical Core area have not yet been annexed into the city limits. However, as the Medical District grows, this will change.

Some of the properties and structures in the Medical District have been partially renovated or changed use over the last few years. With changes in land use maps, amended regulations, and other controls, future revitalizations or changes in properties would be easier to accomplish since they would be more compatible with the overall purpose and intent of the Master Plan.

Land use patterns were researched and evaluated as they relate to developed and undeveloped lands within the Medical District. Developed lands fell into three major categories: commercial, residential and institutional. Undeveloped lands were mostly planned to be parking lots, future parks, and future expansions for medical facilities. The undeveloped lands within the Medical District have good potential for development given their proximity to existing infrastructure and services.

The Master Plan works hand in hand with the proposed zoning district to be designated as the “Medical District.” The “Medical District” zoning designation encourages a wide variety of land uses and development, as well as redevelopment opportunities. This zoning district was established in order to allow complementary uses to exist in and near the medical core area. Land uses include residential, commercial, retail, technology, research, institutional, and education.

The City of Great Falls will adopt amendments to the Zoning Regulations in order to allow the new Master Plan to work seamlessly with the adopted regulatory code, the growth policy and other relevant documents. The City of Great Falls believes that these initiatives will effectively enable redevelopment and revitalization to occur more easily throughout the Medical District.

Great Falls Medical District Master Plan

V. RECOMMENDED IMPLEMENTATION INITIATIVES (CONTINUED)

These Design Team recommends the following initiatives:

1. Create a “Medical District” zoning district.

-A “Medical District,” or MD, zoning district will be adopted in the Land Development Code. This section describes the Medical District as accommodating medical, clinical, hospital, pharmaceutical, physician, and related business service and activities. This district would generally include the existing Benefis Healthcare and Great Falls Clinics facilities.

2. Create the “Medical Overlay District” within the Land Development Code.

-The “Medical Overlay District” was adopted in the Land Development Code. This new overlay district describes the area included in the Primary Study Area boundary. This district was established to allow the implementation of the concepts, visions and proposals presented in the Master Plan. This district is intended to produce a functional, attractive, inviting, interrelated and growth friendly medical area with its own unique identity.

3. Outline the prohibited and permitted uses within the Land Development Code to encourage mixed use and redevelopment within the Medical District.

-The individual uses within the Medical District have been amended to allow a mixed use and complementary approach to infill, redevelopment and revitalization. These uses do not detract from each other, but rather provide a symbiotic relationship with a mixture of commercial, residential, institutional, and public uses.

4. Encourage mixed use development throughout the Medical District.

-Through planning and zoning controls, mixed use development can be encouraged. The city should encourage development or redevelopment that promotes the combination of residential living opportunities with office, small-scale commercial or complementary land uses.

5. Pursue and encourage redevelopment of “gray” sites or properties into complementary businesses or services.

-The city should promote the development of gray sites by offering incentives including expedited review procedures and/or tax incentives. Individual property owners can pursue and receive grants, funds or other incentives to develop or redevelop their site (including tax credits).

6. Develop land close to the Medical Core in the most financially sound way, including complementary businesses or services.



Courtesy of CTA

Great Falls Medical District Master Plan

V. RECOMMENDED IMPLEMENTATION INITIATIVES (CONTINUED)

C. ECONOMIC DEVELOPMENT

Aforementioned, the economic vitality of the entire Great Falls community can benefit from a successful and vital medical district. There is much evidence that suggests the future of the area included in the Great Falls Medical District Master Plan will be successful and will foster expansion, smarter growth and the revitalization of properties within.

The economic component of the master plan is important in that it provides for the process of creating the wealth or means by which to mobilize community, physical, capital, and natural resources to produce marketable goods, services or development opportunities.

Several communities across the country have developed medical districts with the goal of enhancing the physical design and economic impact of their local health care delivery system. Research was conducted on several medical districts and interviews were conducted with four medical districts located in various parts of the country. Interviewees included City Planners and executive directors of community development corporations that were significant to the formation of the medical district. Examples of alternative models for the medical districts included medical district overlay zones established to develop and enforce the city's planning and zoning codes; creation of nonprofit entities using developer incentives, public-private partnerships, and tax-exempt funding mechanisms to revitalize blighted areas; to special taxing districts that combine a multitude of public/private funding sources to re-invest in the area and benefit the community as a whole. Depending on the vision and ultimate goals for the Medical District, governance, structure, and leadership issues will need to be addressed in order to best position the plans and resources required for success.

The economic component of the Master Plan is an important one. It recognizes that growth in the community with enhanced access to new sources of capital will translate into a stronger base to support infrastructure needs and other investments required for strong and vibrant communities. The desired benefits that can accrue from a well-developed and successfully implemented Master Plan will require a commitment to the vision with allocation of sufficient resources. Rather than a specific recommendation to address the proposed structure and implementation model, the Master Plan identifies alternative means by which to mobilize and leverage community and additional capital resources to achieve the desired outcomes.

The Design Team recommends the following economic development-based initiatives:

1. Establish a mix of businesses in the Medical District including housing, retail,



Courtesy of CTA

Great Falls Medical District Master Plan

V. RECOMMENDED IMPLEMENTATION INITIATIVES (CONTINUED)

business and commercial services. This may be achieved by:

-Identifying partners to develop housing projects, with particular attention to affordable housing, student housing, senior independent housing, and assisted living to meet the needs of workers and residents that choose to live proximate to the Medical District.

-Identifying a lodging/hotel partner to develop convenient access to lodging for guests and patients coming from outside the City for health care services and access to conference space.

-Exploring the feasibility of locating child care programs within or near the Medical District to meet the needs of health care and other employees in the community.

-Coordinating with Police Department resources to assure that the Medical District area is well patrolled and viewed by the community as a safe place to work and live.

-Coordinating with City/County Health Department to co-locate services in the Medical District that are convenient to other health care providers and ancillary support services.

-Coordinating with McLaughlin Research Labs to identify future facility needs and opportunities to expand clinical and translational research programs in the Medical District as well as shared conference space.

-Utilizing various local, state and national funding mechanisms to attract additional capital partners and encourage development within the Medical District.

Examples include:

- Tax Increment Financing
- Special Improvement Districts
- Montana Board of Investments
- Federally Designated Renewal Centers, Enterprise Communities and Empowerment Zones
- Community Development Block Grants
- Municipal Revenue Bond Financing
- Revolving Loan Program for Renovation of Residential Units
- National, Regional and Local Philanthropic Funding Sources
- USDA Rural Development Program
- Montana Treasurer State Endowment Program
- Montana Public Infrastructure Investment Program
- Montana Board of Housing Incentives

Great Falls Medical District Master Plan

V. RECOMMENDED IMPLEMENTATION INITIATIVES (CONTINUED)

Current Montana State statutes restrict the use of tax increment financing to Industrial Districts and Urban Renewal Areas. Within the Urban Renewal Area, a designation of “blight” is required. Additional changes to the State financing statutes may need to be considered to expand the use of tax increment financing for the Medical District.

-Implementing, on a per case basis, the use of special incentives such as waiving of City charges and utility hook-up fees, and cost-sharing models to reduce infrastructure costs required for project development.

-Meeting routinely with representatives from community partners including Benefis, Great Falls Clinic, McLaughlin Research Institute, University of Great Falls and others to learn about the successes and challenges in recruiting and retaining employees and identifying ways to assist in addressing their needs.

2. Develop a marketing plan to highlight and communicate the various functions within the Medical District and to create a “buzz” or excitement around the growth and development happening in the area.

-Create a Fact Sheet regarding the Medical District and its plans to be used when communicating with interested parties.

-Create a method for routinely communicating information to the community regarding progress and new initiatives within the Medical District.

-Coordinate with Great Falls Development Authority to help position Great Falls Medical District, in regional and national venues, as an asset in the community in support of the broader economic development agenda for the community.

-Coordinate with MSU Great Falls College of Technology to identify ways to support future development of the Health Sciences programs at the school through co-branded communications and expansion of activities located within the Medical District

3. Identify the desired alternative organizational and governance models. Select them to implement the Master Plan.

Three alternative scenarios are outlined below for



Courtesy of CTA

Great Falls Medical District Master Plan

V. RECOMMENDED IMPLEMENTATION INITIATIVES (CONTINUED)

consideration by the City/County Planning Department. With each scenario, the level of resources and infrastructure devoted to the Medical District Master Plan implementation intensifies and represents a more aggressive role in spurring future development.

Scenario One: Medical District Planning and Zoning Requirements. Examples of this model include Bend, Oregon and Springfield, Oregon.

Under this scenario, the medical district is a geographically defined, planning overlay zone controlled by the City/County Planning Department. Specific zoning ordinances are adopted to create a desired look and feel to the designated area. Future facility investments may be made within the district by independent parties subject to the long-term planning agendas and regulatory codes. Changes to or variances from the ordinances require adherence to a defined City process for approval. This approach is primarily design-oriented and controlled by a municipal government entity. There is limited expectation of generating a significant economic impact through the Medical District function other than creating a sense of place and consistency in the design parameters. This approach is more reactive to development proposals and would not be considered a proactive strategy for soliciting or developing improvement initiatives. Current funding sources available to support future development in the Medical District include:

- Street District Fund
- Lighting Maintenance District Fund
- Support and Innovation Fund
- Economic Revolving Fund
- Community Development Fund
- Enterprise Funds
- Tax Increment Funds
- Improvement District Funds

Access to other funding sources from federal or other sources would need to be coordinated by the developer/organization sponsoring the facility investment.

Scenario Two: The City/County Planning Department and a Non-Profit Development Corporation (501(c) 4 corporation) Partner to Promote Future Public/Private Partnerships in Support of the Medical District.



Courtesy of CTA

Examples of this model include Fort South, Inc. Fort Worth, Texas and Buffalo/Niagra Medical Campus, Buffalo, New York.

This scenario represents a collaborative model designed to (1) coordinate development activities among its members, (2) attract new businesses and capital to the area, and (3) generate

Great Falls Medical District Master Plan

V. RECOMMENDED IMPLEMENTATION INITIATIVES (CONTINUED)

economic benefits for the broader community. By establishing a non-profit entity to initiate and develop specific strategies for development in the Medical District, the needed leadership and infrastructure can be put into place to advance the development agenda for the area and garner new resources to support its goals.

This model would require either formation of a new corporate entity or partnership with an existing development corporation. This entity would be responsible for building alliances among its members, identifying priority projects, and soliciting resources (at a local, state, and national level) to accomplish the development agenda. The City/County Planning Department would interface with the non-profit board through representation and would continue to control the zoning aspects of the District.

In addition to funding mechanisms identified in Scenario One, it would be expected that the funding sources such as the Federal Block Grants, Federal Housing Grants, Community Development Funds, Economic Revolving Funds, Small Cities Block Grant Programs, philanthropic funding, and other loan programs would be explored as a means to bring additional resources to support future development. The development corporation is typically funded from membership dues, development fees, tax increment financing fees, other assessments, and philanthropic contributions.

Scenario Three: Establish a Business Improvement District (New Governmental Entity) for the Medical District With Broad Stakeholder Representation to Develop Recommendations to the City Council and Implement the Medical District Plan.

Examples of this model include the Memphis Center City Commission (CCC), Memphis, Tennessee.

A “Commission” or advisory board would be appointed by the city council to coordinate the activities of the business improvement district and manage the development of the Medical District. Key functions of the Commission and its staff would include (adapted from CCC materials):

- Serve as public-interest developer
- Encourage redevelopment through adaptive reuse and new project construction.
- Offer financial incentives and assistance to encourage development
- Initiate plans and studies to develop strategies for revitalization
- Provide research data to prospective developers and tenants
- Advise the city and county governments on redevelopment issues
- Recommend and coordinate needed public improvements
- Monitor maintenance and safety of public and private spaces
- Serve as an information clearinghouse for Medical District activities
- Inform the media and general public of Medical District issues and activities
- Produce marketing and promotional materials

Great Falls Medical District Master Plan

V. RECOMMENDED IMPLEMENTATION INITIATIVES (CONTINUED)

- Coordinate community programs with businesses in the District

This model would need to be further evaluated within the context of Montana state law. Funding of the Commission activities would typically come from several sources: City/County planning funds, a portion of property or special tax revenues from the District, developer fees, and contributions from public and private entities in support of the redevelopment effort.

This model would:

-Encourage and foster development opportunities that include a diverse combination of medical, support, ancillary services, neighborhood commercial, and residential land uses for cooperative function and enjoyment of the Medical District.

-Require amendment of City zoning regulations to allow for more diverse land uses in appropriate areas of the medical district.

-Encourage developers and/or property owners to pursue projects that create a dynamic mixed-use approach where suggested by the Master Plan.

D. TRANSPORTATION AND CIRCULATION

The transportation and circulation network consists of streets, walkways, sidewalks, trails, parking lots and garages, and other related facilities and structures. These all contribute to the function and experience of the visitor, employee, resident, or community member within and adjacent to the Medical District.

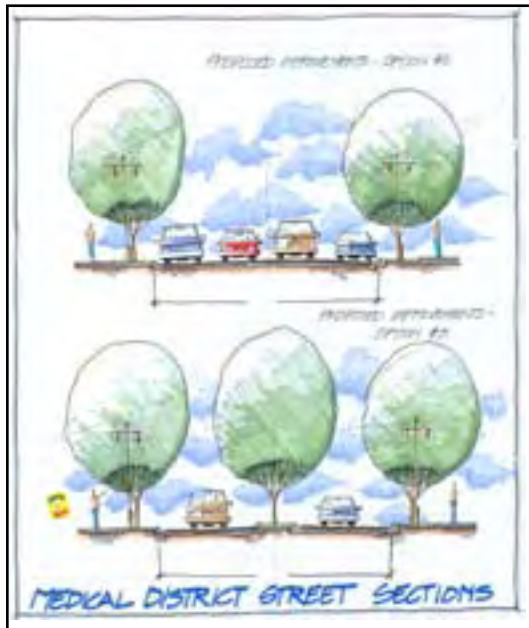
A major component to implementing the master plan is to improve the existing transportation and circulation situation as well as plan for future growth and facilities. Because some of the vehicular connections are either weak or unsafe, it is imperative that the overall organization of vehicular travel be improved throughout the Medical District. The stakeholders and Design Team discussed ways to achieve more efficient and safer vehicular connections or relationships. Several methods were highlighted, including signalization, closing or partially closing streets, narrowing roads, improving signage, improving pedestrian crossings, enforcing speed limits, introducing one-way streets, and developing more direct north-south and east-west access routes throughout the Medical District.



Courtesy of CTA

Great Falls Medical District Master Plan

V. RECOMMENDED IMPLEMENTATION INITIATIVES (CONTINUED)



Courtesy of CTA

The Design Team recommends that the following transportation and circulation initiatives be implemented:

1. Streets and Roads

There was specific discussion about possibly closing or limiting vehicular traffic on 11th Avenue South. This concept was prompted by feedback from stakeholders and site investigations that identified unsafe conditions on the street, due to the interaction of hospital visitors, employees, and vehicles using the street for access to the hospital and adjacent properties. During the public meetings, the Design Team solicited public opinion on this subject. Responses were in opposition to closing 11th Avenue South. Given this result, the stakeholders and the Design Team felt that it was more practical to implement other traffic controls on roadways serving

the area to improve pedestrian and vehicular safety.

The stakeholders and Design Team determined that there were other critical areas that warranted improved circulation. These included 15th Avenue South, 18th Avenue South, 23rd Street South, 20th Avenue South, 29th Street South, and 32nd Street South. It was also determined that streets and vehicular facilities within the Medical District should have consistent standards for paving, curb and gutter, adjacent pedestrian walkways and safe access, signage, and street-side landscaping. The network of streets and alleys are maintained and administered by several different agencies. Coordination of improvements or projects will be of utmost importance in implementing the plan.

Street and road improvement initiatives should involve the following, which have been conceptually illustrated in Exhibit D.

a. 10th Avenue South:

-Provide improved pedestrian crossings and amenities at key entrances to the Medical District, namely at 26th Street South and 29th Street South.

-Improve awareness of the Medical District by providing cohesive signage at key entrances to the Medical District, at 26th Street South and 29th Street South.



Courtesy of CTA

Great Falls Medical District Master Plan

V. RECOMMENDED IMPLEMENTATION INITIATIVES (CONTINUED)

-Install traffic signals at 29th Street South and 10th Avenue South to improve access to and from the Avenue and to help relieve congestion at the intersection of 26th Street South and 10th Avenue South.

b. 11th Avenue South:

-Provide traffic calming measures to slow through traffic along this corridor, especially between 26th and 29th Streets South.

-Implement better signage to direct traffic to parking areas and building entrances.

-Create visible and safe pedestrian crossings at the intersections of 26th Street South and 29th Street South.

-Remove on-street parking in strategic areas so that sight-lines are free of visual obstructions. Pedestrians should have a clear view of on-coming traffic.

c. 15th Avenue South:

-Extend 15th Avenue South to the east and 32nd Street South to the south to connect with adjacent residential neighborhoods. This would help alleviate some of the east-west traffic currently on 11th Avenue South.

-Create enhanced pedestrian amenities and a safer street crossing at the intersection of 29th Street South and 15th Avenue.

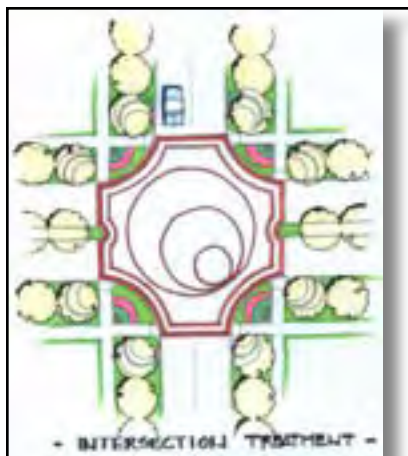
d. 18th Avenue South:

-Construct new street between the east edge of the MSU College of Technology (23rd Street South) and the southerly extension of 32nd Street South.

-Create enhanced pedestrian amenities and a safer street crossing at the intersections of 18th Avenue South at 23rd Street South and at 26th Street South.

e. 20th Avenue South:

-Extend 20th Avenue South between 20th Street South and 23rd Street South. This will provide a link from the Primary and Secondary Medical District areas to the adjoining residential neighborhoods.



Courtesy of CTA

f. 23rd Street South:

-Extend 23rd Street South from 16th Avenue South to 24th Avenue South to create connection to the areas beyond the Primary Study Area. This will also provide a link to the technology and education areas to the southwest.

g. 29th Street South:

-Extend south to connect with the above referenced 18th Avenue South extension.

Great Falls Medical District Master Plan

V. RECOMMENDED IMPLEMENTATION INITIATIVES (CONTINUED)

h. 32nd Street South:

-Extend south to connect with the above referenced 18th Avenue South extension.

2. Pedestrian Facilities

It was determined that a major component in the Master Plan was to improve pedestrian access to and from the medical core area. It was also determined that interconnections between the medical core, 10th Avenue South and key destinations were weak and would benefit from improvements and/or enhancements. The upgrade of existing pedestrian facilities such as sidewalks, handicap ramps and crossings should be improved immediately, especially near the medical core and the 10th Avenue South pedestrian crossings in the Medical District. Note that some pedestrian facility improvements are also listed in the previous section.

Pedestrian facility improvement initiatives should involve the following:

a. Conduct a detailed inventory of existing sidewalks, handicap ramps, and street crossings within the Medical District.

-This initiative will outline existing pedestrian facilities most likely in need of replacement or removal as well as which features should remain. In addition, missing sections of sidewalk should be noted and improved to City standard.

-It is critical in a Medical District, and especially in the medical core, that access be provided to pedestrian facilities via handicap ramps or other devices. In addition, safe crossings would benefit both impaired users and others by providing delineated and obvious crossing locations. This Medical District experiences a high volume of traffic on busy streets during most hours of the day. Incorporating more “safety” features is necessary and beneficial.

b. Implement a plan for replacement of existing sidewalks, ramps and crossings that are in need of repair or replacement. Implement a plan for construction of new sidewalks, ramps and crossings.

-This type of implementation plan could be funded through a Medical District capital improvements plan, special improvement districts or other means.

c. Create a design standard for pedestrian crosswalks in key areas of the medical core.



Great Falls Medical District Master Plan

V. RECOMMENDED IMPLEMENTATION INITIATIVES (CONTINUED)

-Creating unique and consistent crosswalk patterns and treatments establishes a sense of place for pedestrians and enhances motorist awareness of pedestrian crossings.

d. Strengthen physical connections between the two major health care providers.

-Provide pedestrian connections between the two major health care providers with intermediate public plazas or spaces.

-Improve signage so that facilities' locations are clear from all major vehicular access routes.

-Implement common "theming" for site amenities, such as signage, pavement treatment, street tree plantings, furnishings, etc.

e. Strengthen physical connections between the core medical area and the adjacent land uses as well as the entire community.

-Provide pedestrian connections between the two with crosswalks, seating areas, public plazas, and other pedestrian amenities.

-Improve existing or construct new sidewalks and trails between these areas, especially between the academic campus and the medical core and between the residential areas and the medical core.

-Utilize common "theming" for site amenities such as signage, pavement treatments, street tree plantings, furnishings, etc.

3. Trail Facilities

In addition to providing improved sidewalks and pedestrian facilities in the Medical District, it was determined that informal pedestrian linkages were just as important as formalized ones. Footpaths and trails are an ideal method of providing informal pedestrian facilities on the outskirts of the core medical area. Much of this land is undeveloped and would benefit from a network of trails and pedestrian amenities, connections to nearby parks and open space, and connections to residential neighborhoods on the east and west sides of the core medical area.

Trails encourage informal and casual enjoyment of open space during many hours of the day. Employees of the Medical District and surrounding area could enjoy a lunch time run or walk. Residents of surrounding neighborhoods could enjoy a weekend bike or hike with



Courtesy of Landforms

Great Falls Medical District Master Plan

V. RECOMMENDED IMPLEMENTATION INITIATIVES (CONTINUED)

the dog. Trails offer many opportunities for many different types of recreational enjoyment. Trails are also inexpensive to build and maintain compared to more formal pedestrian facilities.

Trail facility improvement initiatives should involve the following:

a. Conduct a trail inventory of the Medical District.

-This inventory should include connections, trail heads and parking associated with trail facilities. This inventory should also include a viability study for each trail.

b. Create a trail specific plan for the Medical District.

-The Master Plan suggests areas for trails, including a formation of the Lewis and Clark trail connection. A more comprehensive Trail Plan should illustrate proposed trails, trailheads and parking areas.

c. Construct a trail project that acknowledges the Lewis and Clark Expedition through the southeastern part of the Medical District.

-The concept is to connect the northeast section of the Medical District with the southwest part of the District. The trail corridor would basically connect the Charles Russel Park near the east part of the Medical District with the proposed park area at the southwest corner of the Medical District. This has been conceptually illustrated in Exhibit G.

d. Construct bike lanes in order to provide room on main streets for bicycle traffic.

-Key north-south and east-west streets should include bike lanes, which could link to off-road trail facilities. Ideal locations would be on 23rd Street South and 26th Street South.

4. Public Transit

a. Perform an evaluation of the existing public transit routes to determine if adequate opportunities exist in connecting residents throughout the city to the Medical District.

-This evaluation should take into consideration current stops along the route, proximity to major facilities and residential nodes, number of user trips, and frequency of stops along the route.

b. Based on evaluation of current route schedule, if need exists for additional routes or stops along a route, implement these to increase public transit service to the Medical District.

-An increase in public transit service to the Medical District will greatly benefit the employees at the major facilities. It will also reduce the amount of employees requiring parking, which will reduce trips per day into the Medical District.

Great Falls Medical District Master Plan

V. RECOMMENDED IMPLEMENTATION INITIATIVES (CONTINUED)

E. SITE IMPROVEMENTS

1. Signage

Signage will play an important role in the Medical District, as well as to surrounding uses. Signage directs traffic, both vehicular and pedestrian, to desired destinations. It is important that signage function both efficiently and safely. Signage should not detract from the nearby buildings, architecture or pedestrian experience. Signage need not be obtrusive or unsightly in order to be effective and informative. Directional signage, such as that used in parking lots and private drives, to direct visitors to facilities and areas of interest, should be obvious but not obtrusive.

Most importantly, as it relates to function and safety, signage in the Medical District should be informative so that users can locate key facilities and services, including the Emergency Room, drop-off areas, handicap parking, and parking areas. Currently, there is a lack of organized and visible signage in the Medical District. It is difficult to “way find” due to signs having too much information and text being too small. Signs are also placed in locations that do not offer advance warning as to what they are locating.

Improvements in signage should include signs with less text, but more concise information. Signage should also be placed in locations that strategically inform visitors of main entrances to primary buildings within the medical core.

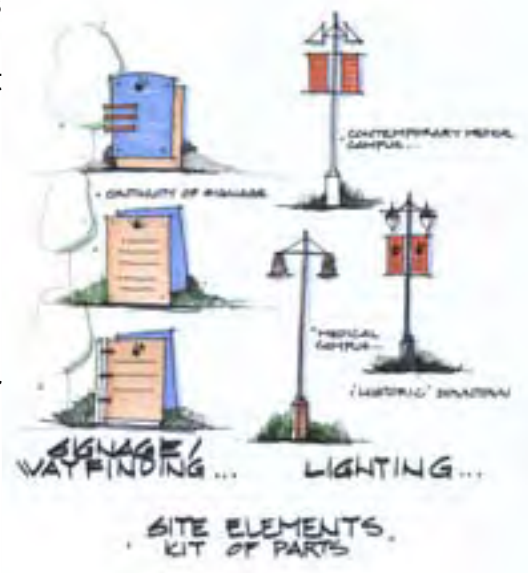
The Design Team recommends the following signage initiatives be implemented:

a. Implement a sign inventory for the Medical District, especially the medical core area.

-It is important to determine which signage is effective and is ineffective at describing or illustrating intended messages. Messages should be clear, legible and in locations that adequately advise users of their desired destinations. All signs should be visible and not blocked by parked cars, landscaping or buildings.

b. Develop a signage standard for style, materials, font, logo, height, and size.

-Reference the Design Standards and Guidelines for information regarding signage design for the Medical District.



Courtesy of CTA

Great Falls Medical District Master Plan

V. RECOMMENDED IMPLEMENTATION INITIATIVES (CONTINUED)

2. Site and Landscape

Site improvement initiatives should involve the following:

a. Improve the presence of the Medical District as viewed or encountered from 10th Avenue West.

-Implement improvements along this corridor. These improvements should at least include turning lanes, signalization and signage to alert drivers that the Medical District is near.

-Develop an overall “campus style” arrangement of buildings, facilities, open space, parks, and other amenities.

-Utilize an orderly layout between buildings with common open space areas, pedestrian facilities and shared general parking on the perimeter.

-Incorporate pedestrian spaces throughout the medical district, especially in the medical core

b. Improve the entrance into the Medical District

-Address the overall appearance of 10th Avenue South where it intersects the primary study area boundary. Identify areas for improvement.

-Inside the Medical District boundaries, install signage and entry features to enhance way finding and experience.

c. Create a “Sense of Place” within the Medical District.

-Design and implement design standards and guidelines that assist developers, property owners and residents with the development or redevelopment of their properties. Establish a body to enforce the use of these standards and guidelines.

-All new buildings, structures or projects should have plentiful outdoor pedestrian space that is landscaped attractively and is interconnected to other spaces via pedestrian paths.



Courtesy of CTA

Great Falls Medical District Master Plan

V. RECOMMENDED IMPLEMENTATION INITIATIVES (CONTINUED)

-All new projects should implement professionally designed outdoor spaces that provide space for relaxation, shelter and enjoyment near the buildings or structures adjacent to it. This might include landscaped beds, water features, flower gardens, sculpture, seating, play equipment for children, or space for concessionaires or outdoor/mobile vendors.

The City of Great Falls is very fortunate to experience an excellent and mild climate that allows plant material to thrive in the spring and summer. Advantage should be taken of these conditions. A medical district is a prime place to showcase excellence in landscape architectural design. It is also a place that desperately needs “green” or “soft” spaces to provide shelter and visual relief from the “hardscape” that covers most parking lots, plazas, streets, and open space. Improved or enhanced landscape features will provide “softer,” quieter and more enjoyable spaces for use by visitors, residents, passersby and medical professionals.

Landscaped buffers can enhance relationships between two different uses or two conflicting uses. Vegetative screens add interest as well as provide a buffer between uses. These vegetative screens should be tall enough to create an adequate screen. The species chosen should be either evergreen or leafed out a good portion of the year.

Landscape improvement initiatives should involve the following:

a. Conduct a detailed inventory of existing conditions for all major properties, buildings and structures.

-This initiative will outline existing landscaping features most likely ready for replacement or removal, as well as which features should remain. A viability rate of 10 to 15 years is adequate for evaluating plant material longevity.

Other landscape materials, such as mulch, flowers, perennials, and related “softscape” items should also be inventoried. Maintenance of these and other landscape improvements is integral to preserving the Medical District initiatives, as well as promoting an aesthetic atmosphere

b. For all major properties, develop an outline of proposed improvements, including type, phasing, cost, and implementation timeframe.

-By actively planning landscape improvements as part of other capital improvement or major projects, it is more likely to be implemented. Planning over a period of five to ten years to implement a certain amount (either in space



Courtesy of CTA

Great Falls Medical District Master Plan

V. RECOMMENDED IMPLEMENTATION INITIATIVES (CONTINUED)

or finances) of landscape improvements will help to budget funding. Certain key or high impact areas can be planned for immediate improvement or enhancement, while other areas can be improved through replacement of dead or dying material and/or repair of “hardscape” features, as needed.

c. Create an organized maintenance plan in order to care properly for plant material and “hardscapes.”

-Outline a plan that includes maintenance standards for replanting, pruning, disease prevention, irrigation, and seasonal care. All plant material should be planted and pruned according to accepted industry standards. These activities should be performed by qualified personnel. For example, tree pruning should be done yearly or as needed by a Certified Arborist.

-“Hardscape,” such as pavers, edging, seating, and stonework should be maintained in its best condition to remain safe, as well as to maintain its appearance. This maintenance work should be done by qualified contractors, according to industry standards.

d. All new buildings, structures or projects should provide plenty of outdoor pedestrian space that is attractively landscaped and is interconnected to other spaces via pedestrian paths.

-All new projects should include professionally designed outdoor spaces that provide space for relaxation, shelter and enjoyment. These might include landscaped beds, water features, flower gardens, public art, sculptures, seating, and play equipment for children or space for concessionaires or outdoor vendors (i.e. hot dog, ice cream, lemonade).

e. Plant materials should include a mixture of native, naturalized, drought tolerant or low maintenance species.

-Representative species should require low to moderate maintenance and watering. Irrigation should be applied to plants more heavily during planting and early establishment periods or when weather requires. As plant material becomes more established irrigation can be decreased, weather permitting. Native and naturalized species of plant materials are encouraged to be used to complement turf grass.

f. Create a “healing environment.”

-Indoor and outdoor spaces should provide a relaxing, reflective, calming, or safe environment for visitors, patients and staff/employees.



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Great Falls Medical District Master Plan

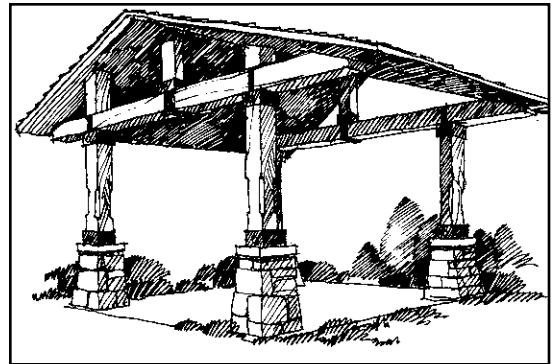
V. RECOMMENDED IMPLEMENTATION INITIATIVES (CONTINUED)

-Create a green oases in the middle and to the edges of the medical core area. These spaces may be pedestrian plazas, seating areas, outdoor eating, playgrounds, pedestrian connections, or water features.

F. PUBLIC SERVICES AND FACILITIES

The Design Team recommends that the following public services and facility improvement initiatives include the following:

1. The City of Great Falls should initiate an inventory of all public lands within the Medical District Master Plan area to determine availability and quality of services and amenities. City parks and open space should be improved to create enjoyable spaces for community gatherings, recreation and use. These parks or open space areas should be linked to the rest of the Master Plan area via a network of sidewalks and trails. Parking should also be provided.



Courtesy of CTA

2. Pavilions should be considered in the parks, in order to provide a place for community gatherings, farmers markets, flea markets, cook-outs, or informal uses. These would also provide shade and cover during inclement weather.

3. The City of Great Falls should investigate the opportunity to further develop the neighborhood parks in the Medical District with additional pedestrian amenities and facilities, such as shelters, play equipment, and walkways.

G. INFRASTRUCTURE AND UTILITIES

The Design Team recommends that the following infrastructure and utility initiatives include the following:

1. Sanitary Sewer – No major upgrades are needed at this time. As each area is developed, an analysis will be required to determine if existing line capacities are exceeded. As development occurs, existing mains will need to be extended to service the new areas.

2. Water Mains – The water system in the entire Medical District needs upgrading. There is inadequate pressure and supply to serve a major development in the area. A recently compiled water master plan provides details of improvements required. Major improvements include:

Great Falls Medical District Master Plan

V. RECOMMENDED IMPLEMENTATION INITIATIVES (CONTINUED)

- a new water storage tank in the area
- a new booster pump to service the area
- looping and cross connection of existing water mains in the area.

The most critical cross connection is between 26th Street South and 33rd Street South, along 18th Avenue South with a new 12-inch diameter water main.

3. Storm Drainage – The existing storm drain system downstream from the detention pond is at or near capacity. As new areas are added, on-site detention will be required to prevent overloading of the detention pond or downstream piping.

Structure – One major street project that would benefit the Medical District would be completion of another east-west connector street. The logical choice would be completion of 15th Avenue South from 23rd Street South to 32nd Street South.

4. Private utilities and infrastructure should be upgraded or replaced concurrent with major public upgrades or replacements if the two can be coordinated. This will reduce overall costs and inconvenience associated with projects. In addition, private utilities should be installed, replaced or upgraded according to all applicable regulations and requirements, in order to provide the most up to date services.

Great Falls Medical District Master Plan

VI. DESIGN GUIDELINES

A. INTRODUCTION

This section of the document sets forth the Design Guidelines for the Great Falls Medical District. These guidelines have been created to establish the vernacular and design criteria for the built environment for the Medical District, as well as to create a “sense of place.”

Design Guidelines help potential improvements meet the overall Medical District vision. They also assist the developer, property owner, and professional in preparing a development or redevelopment plan. The Design Guidelines address basic principles of design which promote an environment that is attentive to the goals and objectives of the Master Plan, as well as to the overall identity of the District, while respecting the surrounding neighborhoods and existing uses.

It is important to note that the Design Guidelines outlined herein are to be implemented in concert with the standards and requirements in the City of Great Falls Land Development Code and all other applicable regulatory documents. The Code should be consulted prior to submitting plans and projects for review to assure conformance.

B. DESIGN REVIEW AND APPROVAL PROCESS

All development or construction projects within the Medical District are subject to review and approval by the City of Great Falls and the Design Review Board (DRB). All development or construction projects within the Medical District are subject to the Design Guidelines, regulations set forth by the City of Great Falls, the Medical District Master Plan, and any other jurisdictional agencies with authority. The Design Guidelines are available in hard copy and electronic formats.

The review and approval process includes several steps. It is advised that prior to submitting a proposal or plans to the City of Great Falls for review and approval, that the developer or property owner carefully review the applicable requirements or retain the services of a design professional in order to prepare a plan that respects the overall vision for the Medical District.

The developer or property owner should also become familiar with other applicable Federal, State, County, and local regulations and requirements. The Design Guidelines supplement other relevant regulations and requirements. All developers and property owners should become familiar with city and county zoning regulations, general development standards, building setbacks, building heights, etc.

The Design Guidelines will assist the developer or property owner in creating a project that has a high quality of design and function provided that the Design Guidelines are followed closely. The Design Review Board may also be consulted on many development issues, including site planning, architectural treatments, and landscape design.

Great Falls Medical District Master Plan

VI. DESIGN GUIDELINES (CONTINUED)

Variations requested within the Medical District will be reviewed the same as any other variance within the jurisdiction of the City of Great Falls.

C. GENERAL SITE DESIGN

1. Building Placement and Orientation

Buildings should be oriented toward the street with a strong relationship between the street and other related similar-use buildings.

Environmental issues and influences, such as sun, wind, blowing snow, shadows, and ventilation should be considered during site and building design.

2. Lot Size and Setbacks

Minimum lot sizes and setbacks outlined in the City of Great Falls Land Development Code shall be followed for all development within the Medical District Master Plan area.

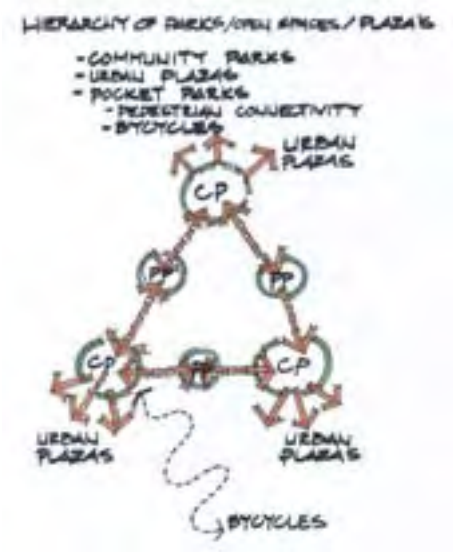
3. Open Space

Open space is a critical element of any development project as well as of the entire health and vitality of a community or neighborhood. Open space should be created where appropriate opportunities exist for passive and active recreation, pedestrian space, open lawn or landscape, or in areas between projects (transition areas).

Retain open spaces between projects by cooperatively working with adjacent property owners during the planning stages of a development project. Preservation of existing open space is a priority where it makes sense to maintain it in its current location.

4. Vehicular Circulation

Driveways for all commercial development projects shall adhere to the standards of development for Great Falls. Ingress and egress drives should be only large enough to accommodate traffic flow. Wide approaches should be avoided unless necessary due to commercial or delivery traffic (i.e. delivery trucks, panel trucks, tractor trailer trucks).



Courtesy of CTA

Great Falls Medical District Master Plan

VI. DESIGN GUIDELINES (CONTINUED)

If possible, it is preferred to align driveway entrances which are on opposite sides of the street from each other; otherwise a city standard offset is required for safety purposes. Shared driveways are encouraged, so as to prevent excess pavement areas and to facilitate organized and limited curb cuts.

Parking Lots shall be constructed with standard 6” curb and a 18” gutter, or a ribbon concrete border to provide a well-defined paving edge. All planting beds or islands within the parking lot shall also be constructed with curb and gutter.

All non-handicap accessible parking spaces shall be in accordance with the City of Great Falls regulations. All handicap accessible spaces shall conform to the federal standards enumerated in the Americans with Disabilities Act (ADA) and the Federal Standard 795 (Uniform Federal Accessibility Standards) and other applicable current regulations.

Parking lots shall be screened according to the landscape requirements in this document.

Service Areas should be located in areas where truck traffic and delivery vehicles will not interrupt the flow of pedestrian traffic through plazas, building entrances, or other key areas nor cause conflict with customer traffic. Careful consideration to screening the service areas should include landscape buffers and the use of architectural walls and features.

Bicycle Parking shall be provided at all commercial and institutional development projects at a rate of six spaces on the bike rack for every building entrance. Residential, Multi-family apartment development projects shall provide bicycle parking at a rate of one space on the bike rack for every dwelling unit. Bicycle racks can be of any style or type, provided that they are sturdy in construction and allow effective for locking of bikes.

5. Pedestrian Circulation

Pedestrian facilities, such as sidewalks, plazas, seating areas, and crosswalks are integral to the success of the Medical District Master Plan area.

Pedestrian plazas should be placed in strategic areas so that multiple buildings or facilities can access them. Plazas should contain seating, refuse cans, water fountains, shaded areas, and other amenities.



Courtesy of CTA

Great Falls Medical District Master Plan

VI. DESIGN GUIDELINES (CONTINUED)

6. Streetscape

a. Street Trees

Street trees add a green touch to the streetscape. They also provide a cooling effect and shade for pedestrians. These should be planted every 35 to 50 feet in the streetscape, following City policies. Property owners shall work with the City Forester to plan street tree plantings.

b. Site Furnishings

Benches, bistro tables, trash receptacles, bike racks, and other amenities can be utilized to furnish interesting spaces for pedestrian interaction. These should be constructed of high quality, durable materials.

7. Landscaping

a. Tree Preservation

Existing large trees over 4" in caliper and other vegetation on-site shall be preserved and maintained whenever possible. Proposed developments should strive to preserve the maximum number of existing trees or mature plant material that would maintain a healthy state for at least twenty years after construction.

The developer should avoid compaction of the soil in sensitive areas where tree stands or preserved trees exist. The developer should also avoid backfilling against tree trunks; disturbing or felling trees needlessly; carelessly pruning or cutting tree branches; burning slash piles near existing trees; and changing grades excessively by means of cut and/or fill.

b. Acceptable Landscape and Plant Materials

Plant material palettes shall be simple and durable in nature. Plant materials should be chosen for their drought tolerance, native and/or naturalized characteristics, and ability to weather the climate/planting zones for the area.

Landscapes shall not include plantings of noxious classifications according to the local weed control district. Newly installed landscapes shall use plant materials in quantities and sizes that will have meaningful impact in the early years of the project.

Simple, bold forms in planting design are preferred over sporadic and singular plantings or those of marginal species

Great Falls Medical District Master Plan

VI. DESIGN GUIDELINES (CONTINUED)



Courtesy of CTA

c. Plant Sizes

All plant material installed in non-residential development projects shall conform to the Land Development Code.

d. Foundation Planting

Foundation plantings should be used to screen foundations or areas on the building that are undesirable for views. Retaining walls and other large vertical surfaces also benefit from foundation style plantings. It is also desirable to accent the architectural features or qualities of buildings with well-designed foundation plantings.

e. Native Landscaping

Native landscape materials are desired due to their compatibility with the climatic conditions of the area. They also require less grooming, watering and care than most introduced, non-native species. Oftentimes though, these species are hard to locate at local nurseries or they are deemed too “wild” looking for a particular development. If this is the case, naturalized or drought tolerant species should be used.

f. Parking Lot Landscaping

All commercial or medical projects within the Medical District shall design landscaped areas to all parking lots according to the Land Development Code.

In addition, parking lots should be screened from other non-vehicular uses by means of a vegetative buffer, according to the Land Development Code.



Courtesy of CTA

11. Stormwater Management

Stormwater detention and retention ponds should be landscaped so that they are attractive and part of the overall aesthetic amenities of a site. In many situations, these ponds can become large, square, unattractive holding areas for standing, stagnant water or trash; this should be avoided. These areas should be designed and maintained to be free of trash, debris and standing water. These can become areas where native, moisture-loving vegetation is used to either conceal or diminish the size, shape or use of the facility.

Great Falls Medical District Master Plan

VI. DESIGN GUIDELINES (CONTINUED)

12. Refuse and Storage

All refuse areas shall be screened using fencing, walls, landscaping or a combination thereof. Storage areas shall be screened similarly.

13. Outdoor Lighting

Outdoor lighting should be used to create safe environments for night time use and directional way-finding. All outdoor lighting shall take into consideration the adjoining use or property owner during design and implementation of lighting plans. Lighting fixtures should be used that do not spill light or cause glare to disturb adjacent properties.

14. Signage

In general, signage should reflect the built project by using colors or treatments that reflect the overall architectural qualities. Signage should be built of durable materials that can withstand the elements.

Unless a comprehensive signage plan is created for the Medical District, all new signage shall be designed and constructed according to the Land Development Code.

15. Public and Private Art

Public and private art can be a vital component of well designed public and private projects. Sculpture, outdoor paintings and murals, and other public art has the ability to bring together the community in indoor and outdoor spaces. Public and private art may be commissioned, purchased or rented for a particular project or space or be rotated on a regular basis to provide a venue for multiple artists to show their work. Public and private art should be incorporated into a project where applicable or appropriate.

D. GENERAL ARCHITECTURAL DESIGN

1. Style

Overall, the most important factor related to architectural design and style is that the projects, whether new construction or redevelopment, should embody quality construction techniques and durable materials. A variety of styles within the Medical District will ultimately lend to a more interesting Medical District.



Courtesy of CTA

Great Falls Medical District Master Plan

VI. DESIGN GUIDELINES (CONTINUED)

Medical architecture has much in common from facility to facility, given their common goals and operational techniques. However, it is a good idea to differentiate between facilities and ownership by branding an individual facility or organization's style. Where a full service hospital may be multi-story, multi-building facility, an out-patient facility might be of a smaller scale with all services under one roof.

Generally speaking, all architectural design should represent the use principle to the building by displaying qualities of permanence, strength and security. For medical architecture, much like that of a bank or financial institution, the public views the buildings and surrounding spaces as a place to recover, recuperate and renew oneself. Architecture and outdoor spaces can essentially provide spaces that capitalize on this.

2. Scale

Buildings should have a scale that is complementary and relative to the buildings adjacent to them and respective of the site. In addition, buildings should establish and reinforce a pedestrian scale environment, by using first floor or ground level accents or construction that invites pedestrians in from the street and welcomes them to the facility or building.

3. Building Materials

Buildings should be constructed of durable and aesthetically pleasing materials, including plain or textured concrete, masonry (such as brick, stone, cast stone, or cultured stone), high quality siding, and high quality (non-glare) glass products. Attention to detail should be paid to the combination of these building materials, their placement and interaction with the overall building and site context.

4. Building Height and Setbacks

All buildings within the medical district shall conform to the building height and setback requirements described in the Land Development Code.

5. Fenestration, Windows and Doors

Exterior windows and doors should be used to allow light and air to enter interior spaces as well as provide a "street level" view or interface with interior spaces. Energy conserving glazing features that do not detract from the overall architecture or visibility are encouraged. Careful consideration should be given to preventing glare on exterior windows.

Fenestration, windows and doors not only provide utilitarian functions in building design, they also add aesthetic detail to otherwise plain facades or walls. They also allow valuable and healing light to enter buildings. Use of day lighting can also cut down on costs involved with electricity for lighting fixtures.

Great Falls Medical District Master Plan

VI. DESIGN GUIDELINES (CONTINUED)

6. Access and Entrance

Entrances to buildings should be obvious. They should also be accented with unique or appropriate building materials to accentuate arrival or experience. Landscaping can also be used to create a sense of arrival. Benches or seating should be provided at public and private entrances or access points.



Courtesy of CTA

7. Detailing, Color and Materials

Buildings shall be articulated using at least one primary exterior color and at least two subordinate and complementary exterior colors. In addition, buildings should incorporate at least one dominant building material and at least two complementary building materials. Exterior colors should be subdued in nature and should not detract from the overall architectural quality of the building. Exterior building materials, such as trim, accent banding, masonry, wood, wood products, and metal should be arranged to promote cohesive form and function.

Durable materials should be used for exterior construction. Materials such as masonry, stone, brick, wood siding, textured concrete and certain types of metals are appropriate. Mixing at least two to three types of building materials can create architectural and tactile interest to the building. Using too many different materials can lead to confusion.

8. Roof Design

Building roof forms should vary in order to create interest in architectural design. Roof forms can effectively vary the appearance of an otherwise simple, small or bland building. Example: Shorter buildings with steeper roofs often appear taller simply because of the roof angles. Low slope or flat roofs are appropriate for commercial or institutional buildings. However, these buildings can be embellished with overhangs, facade treatments or other methods to create interest on the ground level. Residential architecture should incorporate pitched and sloped roof forms.



Courtesy of CTA

9. Mechanical Equipment

All roof top mechanical equipment shall be screened from pedestrian level view using architectural treatments or walls. Also, these can be incorporated into dormers, screenings on roofs or on the facade of the building. All ground-mounted

Great Falls Medical District Master Plan

VI. DESIGN GUIDELINES (CONTINUED)

mechanical equipment shall be effectively screened from view by fencing, walls, landscaping or a combination thereof.

10. Service Areas

Ideally, service areas should be situated to the rear of buildings. If it is necessary to site a service area in the front or sides of the building, it is required that these areas be screened using a combination of fencing, walls or landscaping to effectively shield them from view.

11. Phased Development

Phasing of development projects is permitted. It is encouraged that phased development be initiated so that adjacent properties will be the least affected or inconvenienced by construction activities.

12. Lighting

Outdoor lighting shall conform to the requirements dictated in the Land Development Code. It is encouraged that low-level lighting, such as bollards, landscape lighting, street lamps and building entrance lighting be used to highlight pedestrian spaces and provide night-time use opportunities. Lighting shall not create a nuisance for adjacent properties by causing glare or undesirable conditions.

13. Energy Efficiency and Sustainability

All building designs should strive for energy efficiency and sustainability. The designs should meet energy efficiency by utilizing cutting-edge building materials and technologies to prevent heat loss, take advantage of alternative home heating opportunities and create more effective operational systems. Buildings can be made more sustainable by using reclaimed or renewable building materials or systems such as flooring, siding, roof shingles, stone, or other products. Healthy living and working environments can also be designed to utilize second generation water treatment (i.e. filtering or reverse osmosis), low-VOC paints or stains, and formaldehyde free wood products or glues in construction.

E. SPECIFIC AREA GUIDELINES

1. MEDICAL AND ASSOCIATED USES

a. Facade Treatment

Front, side and rear facades should all receive equal attention when it comes to design. In particular, any facade that fronts a public area, parking, a pedestrian space or plaza, or another

Great Falls Medical District Master Plan

VI. DESIGN GUIDELINES (CONTINUED)

building entrance, shall have a finished architectural look. Rear facades need only have a finished look if they are visible from a public area or parking.

b. Accesses and Entrances

Entrances to commercial and retail buildings or complexes should be readily visible from the street or parking areas. Shared entrances should be obvious, with signage identifying differing establishments.

c. Canopies and Awnings

Canopies and awnings can effectively create interesting pedestrian scale streetscape and low-level features. They also provide shelter near the building. Canopies and awnings are suggested for commercial and retail establishments. The color and materials for canopies and awnings should be complementary to the overall architecture and materials in construction. These should be constructed of durable, commercial grade materials.

d. Outdoor Seating

Outdoor seating and pedestrian level amenities in the streetscape interface adjacent to commercial buildings, are excellent ways to create interaction between the built environment and people walking through the neighborhood. Restaurants can take advantage of street-level exposure by placing warm-weather seating facilities out-of-doors. In Montana, it is especially popular, given the length of the cold weather months.

e. Site Furnishings

Benches, bistro tables, trash receptacles, bike racks, and other amenities can be utilized to furnish interesting spaces for pedestrian interaction. These should be constructed of high quality, durable materials.

2. COMMERCIAL AND RETAIL USES

a. Facade Treatment

Front, side and rear facades should all receive equal attention when it comes to design. In particular, any facade that fronts a public area, parking, a pedestrian space or plaza, or another building entrance, shall have a finished architectural look. Rear facades need only have a finished look if they are visible and from a public area or parking.



Courtesy of CTA

Great Falls Medical District Master Plan

VI. DESIGN GUIDELINES (CONTINUED)



b. Accesses and Entrances

Entrances to commercial and retail buildings or complexes shall be readily visible from the street or parking areas. Shared entrances shall be obvious, with signage identifying differing establishments.

c. Canopies and Awnings

Canopies and awnings can effectively create interesting pedestrian scale streetscape and low-level features. They also provide shelter near the building. Canopies and awnings are suggested for commercial and retail establishments. The color and materials for canopies and awnings should be complimentary to the overall architecture and materials in construction. These should be constructed of durable, commercial grade materials.

d. Outdoor Seating

Outdoor seating and pedestrian level amenities in the streetscape interface adjacent to commercial buildings, are excellent ways to create interaction between the built environment and people walking through the neighborhood. Restaurants can take advantage of street-level exposure by placing warm-weather seating facilities out-of-doors.



Courtesy of CTA

e. Site Furnishings

Benches, bistro tables, trash receptacles, bike racks, and other amenities can be utilized to furnish interesting spaces for pedestrian interaction. These should be constructed of high quality, durable materials.

3. RESIDENTIAL USES

The residential areas within the Medical District contain a diversity of single and multi-family housing. There are condominiums, apartments for rent, a limited number of single-family residences, and several retirement or assisted living facilities. The multi-family and apartment building type residential structures should be built of durable and quality materials. These projects should also have pedestrian or common areas that are attractive and usable by the residents and guests. Bike racks should be installed as a standard for all multi-family, apartment building projects.

Great Falls Medical District Master Plan

VI. DESIGN GUIDELINES (CONTINUED)

4. MIXED USES

a. Facade Treatment

Front, side and rear facades should all receive equal attention when it comes to design. In particular, any facade that fronts a public area, parking, a pedestrian space or plaza, or another building entrance, shall have a finished architectural look. Rear facades need only have a finished look if they are visible from a public area or parking.



Courtesy of CTA

b. Accesses and Entrances

Entrances to commercial and retail buildings or complexes shall be readily visible from the street or parking areas. Shared entrances shall be obvious, with signage identifying differing establishments.

c. Canopies and Awnings

Canopies and awnings can effectively create interesting pedestrian scale streetscape and low-level features. They also provide shelter near the building. Canopies and awnings are suggested for commercial and retail establishments. The color and materials for canopies and awnings should be complementary to the overall architecture and materials in construction. These should be constructed of durable, commercial grade materials

d. Outdoor Seating

Outdoor seating and pedestrian level amenities in the streetscape interface adjacent to commercial buildings, are excellent ways to create interaction between the built environment and people walking through the neighborhood. Restaurants can take advantage of street-level exposure by placing warm-weather seating facilities out-of-doors.



Courtesy of CTA

Great Falls Medical District Master Plan

VI. DESIGN GUIDELINES (CONTINUED)

e. Site Furnishings

Benches, bistro tables, trash receptacles, bike racks, and other amenities can be utilized to furnish interesting spaces for pedestrian interaction. These should be constructed of high quality, durable materials.



Courtesy of CTA

Great Falls Medical District Master Plan

VII. REFERENCES

A. CITY OF GREAT FALLS PUBLICATIONS

Several City publications are available from the City of Great Falls offices and on-line to guide development and assist property owners. These include the City of Great Falls Growth Policy, Title 17-Land Development Code, and the City of Great Falls 2003 Transportation Plan. Others may be available from time to time, including amendments and updates. It is recommended that property owners contact the City offices for current documents and publications.

Great Falls Medical District Master Plan

VIII. DESIGN QUALITY

A. MEDICAL

The Great Falls Medical District brings together some of the finest technological advances and talented professionals to provide state-of-the-art medical care to the residents of Great Falls and the region. It is especially impressive given the fact that Great Falls is a relatively small community in the larger regional perspective. Great Falls attracts some of the most talented and dedicated professionals in the medical industry. These medical professionals often come from larger communities throughout the United States. Other medical campuses in the Rocky Mountain region have already updated campuses to reflect improved design and amenities. This Master Plan is intended to introduce quality design to the Great Falls Medical District in order to improve the experience of the medical professional, the visitor and patient, and the residents within, as well as, of the surrounding neighborhoods.



Courtesy of CTA

Quality design in the Medical District should reflect local flavor as well as overall good design principles. The Medical District should have clear and legible signage that directs traffic, both vehicular and pedestrian, to the appropriate places for parking, entrance to buildings and primary area destinations. A good number of the patients or visitors to the Medical District may be from out of town. Well designed signage should consider this and provide for easy and convenient access to desired destinations. The Medical District should also contain plentiful pedestrian amenities such as safe walkways and ramps to buildings and parking, comfortable seating, public plazas and open space, and outdoor amenities such as water fountains, shaded pavilions and sheltered seating.

B. COMMERCIAL

The commercial areas within the Medical District are well patronized by the residents of Great Falls. In addition to use by local residents, these commercial areas can be better used and enjoyed by the many incoming new residents and even visitors of the area if, in some cases, improvements were implemented. These improvements should take into consideration the need for architectural and building construction enhancements or improvements and the need for additional pedestrian amenities.



Courtesy of CTA

Great Falls Medical District Master Plan

VIII. DESIGN QUALITY (CONTINUED)

C. RESIDENTIAL

Residential neighborhoods in the Medical District should seek to improve the overall connectivity to other neighborhoods and the appearance of architecture and site amenities. In addition, new residential living opportunities should be explored in order to provide additional living units for area residents. The Medical District employs many residents that would appreciate proximate apartments or condominiums. The demographic of the Medical District is such that many young singles and couples would appreciate affordable housing opportunities within walking distance to their place of employment.



Courtesy of CTA

The residential living opportunities in the Medical District are currently very disconnected from each other as well as from the main services and amenities of the district and surrounding vehicular corridors. There is very little incentive to walk to area businesses and recreation opportunities given the distance between neighborhoods and those opportunities. Enhancing the connections between residential, commercial, medical, and other major use areas is critical for the long term implementation of the Master Plan.



Courtesy of CTA

D. MIXED USE

The “Mixed Use” designation encompasses a wide variety of land use scenarios and combinations for development. “Mixed Use” may include combining a residential and commercial use into a “work-live” situation where individuals can live near their place of employment. It may also suggest that retail uses on the first floor may be complemented with residential units on the second or third floor. “Mixed Use” may also allow for a combination of office and retail uses. In any situation, it is important that the combination of uses complement each other and allow for individuality of the use to exist and function on an every day basis. This means that adequate parking and circulation for both uses exists. It also means that hours of operation, types of transactions or operations, and intensity of use are considered before two uses are combined in a “Mixed Use” project.

Combining uses can create interesting and dynamic relationships that allow visitors, residents and property owners to draw from a potentially larger number of users. This benefits businesses located in “Mixed Use” areas. These areas also provide amenities closer to other establishments

Great Falls Medical District Master Plan

VIII. DESIGN QUALITY (CONTINUED)

with either similar or diversified services, which decrease the need to use the car as a sole mode of transportation. In an area as busy as the Medical District, this creates a vast improvement to the current situation. Disjointed and unconnected services or facilities are not an asset to a well functioning Medical District.

Great Falls Medical District Master Plan

IX. BACKGROUND

A. OVERVIEW

The Great Falls Medical District Master Plan area is a diverse collection of residential, commercial, institutional, and technological land uses. This varied land use profile, as well as multiple ownership and jurisdictions, presented unique challenges for implementation of the master plan.

It was decided early that immediate and mandatory adherence to the master plan would be difficult to accomplish, given these diversities. Instead, the stakeholders felt it would be in the best interest of the plan to implement it on a volunteer basis. As such, improvements, redevelopment and new construction would conform with the overall master plan over time as they were initiated by individual property owners.

Section V “Existing Conditions” describes some of the existing conditions in the Medical District. These existing conditions introduce the opportunities and constraints of the District. They assist in the understanding of the goals and objectives of the master plan that will be later described in Section VI “Implementation Initiatives.”

B. PLANNING PROCESS

Following a rather extensive consultant selection process, the consultant team was retained in early 2005.

The stakeholders and participants decided early that community and public participation were critical for the success of the project. Following consultant team and stakeholder planning sessions, a series of meetings were held to establish the goals and objectives of the project, as well as the study area parameters. This series of meetings was instrumental in determining that the original boundaries identified in the Request for Proposals may need to be expanded to include similar and related land uses and properties beyond the original boundary. Two boundaries were established, thus creating a Primary and a Secondary Study Area. The Primary Study Area consisted of the core of the medical and health care related facilities within the Medical District. The Secondary Study Area consisted of adjacent properties that exhibit related or complementary services or functions. These include institutional, technology, professional offices, residential, and ecclesiastical uses.

The Primary Study Area boundary was also expanded to include mainly retail properties along the north and south sides of 10th Avenue South. Because of discussions on the relevance of the corridor and its relationship to the functional and aesthetic components of the Medical District, the design team decided to include this major vehicular thoroughfare in the Medical District.

The Medical District boundary is illustrated in Exhibit A.

Great Falls Medical District Master Plan

IX. BACKGROUND (CONTINUED)

It became clear during preliminary discussions that, with the expanded boundaries, the ability to plan the district became more exciting due to the potential for additional development options and opportunities. With the inclusion of 10th Avenue South in the Primary Study Boundary and the addition of the Secondary Study Boundary the scope increased slightly. So too did the ability for the design team to see how micro-sized changes in the District could potentially affect the overall area on a macro level.

The first series of stakeholder charrettes and public meetings was held in early July 2005. This three-day design session and discussion proved to be fruitful in revealing the opportunities and constraints within the district. The stakeholder charrettes were instrumental in establishing clear goals and objectives for the project as well as for the overall vision of the master plan. The public meetings were an ideal forum for introducing the members of the community to the stakeholders, the goals and objectives, and the visioning of the project. Many community members participated in constructive discussions on the conceptual designs and ideas developed by the stakeholders and the design team during the week of charrettes and public meetings.

Following the first round of charrettes and public meetings, the design team reconvened to discuss the next steps involved in the planning process. Opportunities and constraints were discussed at length. It was clear that some of the opportunities included a strong medical and health care related presence, an ideal location amidst a mix of land uses, and support from the City and the surrounding community. Some constraints mentioned included the lack of a cohesive infrastructure plan, disjointed circulation and often unsafe pedestrian and vehicular interfaces, and the lack of presence of the District from the 10th Avenue South corridor.

The design team determined that with cooperation from the City, the use of incentives and appropriate funding, and the careful integration of the master plan into other currently functioning regulatory documents and controls, that the goals and objectives of the master plan could be implemented over time. The amount of change and the type of change would be incremental and based on overall master plan design standards and guidelines. Changes would also be based on which property owners would be willing to invest in the master plan goals and objectives by either modifying or improving their properties to meet overall visioning. During the public meeting in July 2005, it was clear that a few of the non-medical business or property owners would be excited about change, especially if there were incentives, funding assistance, and if it was not forced by the City.

A second series of stakeholder charrettes and a public meeting were held in November 2005. The focus for the charrettes was to initiate discussion on some of the key areas within the master plan. During the charrettes in July 2005, it was determined there were three key areas within the District that had unique and critical features. The three areas were identified as the 10th Avenue South corridor from 23rd Street to 32nd Street; the core medical and health care area; and the combined residential and mixed use properties directly to the west of the core medical

Great Falls Medical District Master Plan

IX. BACKGROUND (CONTINUED)

and healthcare area, generally bounded by 10th Avenue South, 26th Street South, 14th Avenue South and 23rd Street South.

The stakeholders split into small groups and were assisted by design team members to brainstorm and sketch ideas about the overall look and feel of the key areas of the District. Exciting and progressive ideas came out of each group's efforts, especially for the mixed use area just west of the core medical and healthcare area. The mixed use area is very diverse in land use and quality of existing conditions and infrastructure. Some of the groups suggested that this area become more pedestrian friendly and that the streetscape be more usable for residents and business owners. It was agreed that a physical connection between the west-side technology and educational facilities and the east-side of the Medical District should be reinforced to reflect the key link between them. These educational facilities offer medical and healthcare related study curriculum and students may benefit from a physical and psychological connection to the Medical District.

A public meeting followed the day of charrettes. A large group of local citizens, city staff, planning board members, and commissioners attended the interactive public meeting. A productive open discussion followed a presentation of the charrette results. The design team solicited input and answered questions from interested community members. The community was assured that they would have a voice in the master plan. They were also assured that they would have access to on-line draft versions of any future planning documents.

The two initial charrettes and public meetings were productive, enabling the design team to compile the comments and suggestions in order to formulate further in-house planning sessions.

The Master Plan began to take shape in the form of a written document, with photos, imagery and maps. The "Framework Master Plan," provided as Exhibit G, was compiled at the end of the charrette sessions, to illustrate the overall intent of the Goals and Objectives as well as the Implementation Initiatives that would ultimately be used to bring the vision for the Medical District to fruition. The "Framework Master Plan" illustrates land use, street and pedestrian improvements that are general in nature and relate to the Implementation Initiatives. Not illustrated on this map are economic and smaller scale initiatives, which are described in a narrative format later in this Master Plan.

C. MARKET ANALYSIS

A key component in the development of the master plan was the selection of a design team that included an expert in the field of healthcare operations, market planning, business plan management, program evaluation and planning, physical resource management planning, and analysis of existing resources and opportunities. A consultant team from LarsonAllen was retained to research current trends in the Great Falls healthcare market and offer advice on future

Great Falls Medical District Master Plan

IX. BACKGROUND (CONTINUED)

growth and opportunities in the healthcare and medical fields. LarsonAllen also was charged with researching the mechanism by which improvements to the existing healthcare and district facilities could be implemented given varying funding sources.

C. ANALYSIS OF OPPORTUNITIES AND CONSTRAINTS

Aforementioned, the Great Falls Medical District Master Plan area has opportunities as well as constraints. The stakeholders and the City of Great Falls are very interested in the potential that exists with the development of new projects as well as the revitalization of existing properties, buildings and open space. The community has expressed interest in creating a more cohesive community without financially impacting the property owners too directly. Piecemeal development often translates into random, unplanned development or critical infrastructure and public amenities. Obviously, it is important to correctly plan new projects so that they are in harmony with existing conditions and necessities.

The Master Plan calls for both capital and property owner-based initiatives. Using existing infrastructure and public amenities or expanding on existing ones is an excellent way to take advantage of opportunities within the medical district. The growth in the Medical District is also an opportunity, with the influx of additional higher paying, professional jobs, to revitalize existing properties. Besides general good business reasons for initiating redevelopment, it often translates into neighboring properties working in cooperation to achieve improvements and mitigate costs by sharing responsibility or burden.

Improved pedestrian connections between the medical district and adjacent projects or properties would benefit not only employees of the health provider facilities and adjacent businesses but also the local residents. This could translate into more walkable spaces and increased visitors to area businesses. Pedestrian friendly and safe environments create comfortable and dynamic spaces for mixed uses, providing usable open space and increased foot traffic throughout the Medical District.

The potential exists for a positive interaction between the living and working components of the medical district. This could result in the possible mixing of land uses that complement each other, such as hospital and medical supply; medical office and pharmacy; retail on the first floor and residential on the second floor; or medical and restaurant. Providing opportunities for inclusion of support or ancillary businesses or services would improve overall living and working opportunities by providing services within short driving and walking distances.

The most obvious constraints were identified during the research and analysis phase of existing conditions. Existing conditions were an identified constraint. Existing public infrastructure and services should be upgraded to allow “turn-key” style redevelopment of properties within the medical district. Many of the existing streets, buildings, parking lots, residences, walkways,

Great Falls Medical District Master Plan

IX. BACKGROUND (CONTINUED)

sidewalks, and other site amenities, have been constructed or installed in a piecemeal fashion. This type of “piecemeal” development can turn its back on surrounding properties, leaving all properties isolated in a sea of parking, alleys or unusable spaces. Car-dominated development also leads to uninteresting and unsafe spaces. Every effort should be made to work with adjoining neighbors to address access issues, to consider shared parking opportunities and to collaborate on outdoor pedestrian spaces.

The City of Great Falls will be an advocate for redevelopment and reinvestment in the District. The City of Great Falls will be diligent in ascertaining what incentives and opportunities are available for financing improvement projects. They will also facilitate design review that promotes creative solutions for redevelopment and reinvestment, recognizing opportunities and constraints present in the Medical District.

D. DESIGN SOLUTION SYNTHESIS

Benefis Healthcare and the Great Falls Clinic have been actively expanding their facilities during the past few years. They both see a continuation of this expansion in coming years, for the Medical District. However, both have been operating somewhat independently regarding land acquisition, facility expansion and site amenities. With initiation of the master planning process, these two major stakeholders have been brought together to assist the design team with visions and ideas for the core medical area within the District.

The overall stakeholder group and the design team felt that the potential synergy between the two providers would be beneficial to the ultimate master planning of the entire District. Both providers were more than willing to discuss potential linkages between facilities, and to incorporate some common directional and informational signage throughout the District. They agreed that the Medical District needed to be better defined along 10th Avenue South. Both providers also felt that more amenities for their visitors, employees and patients needed to be integrated into the area, including restaurants, hotels/motels, retail shopping, residential living opportunities, and visitor facilities.

Great Falls Medical District Master Plan

X. CONTACTS

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(406) 452-6256 Fax
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*Includes the Subdivision, Rezoning & Annexation Division, Transportation Planning Division, Historic Preservation Division, Master Planning, and Planning Board/Zoning Commission

Mike Rattray, CD Director
Community Development Department
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*Includes the Building Permit and Zoning Administration Divisions, Design Review Board, Neighborhood Council Coordinator (455-8496) and Board of Adjustments (455-8405)

Dave Dobbs, City Engineer
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B. CASCADE COUNTY

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Great Falls Medical District Master Plan

X. CONTACTS (CONTINUED)

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Great Falls Medical District Master Plan

X. CONTACTS (CONTINUED)

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Great Falls Medical District Master Plan

XI. EXHIBITS

Exhibit A: Location Map

Exhibit B: City Zoning Map

Exhibit C: Property Ownership and Vacant Lands Map

Exhibit D: Transportation Map

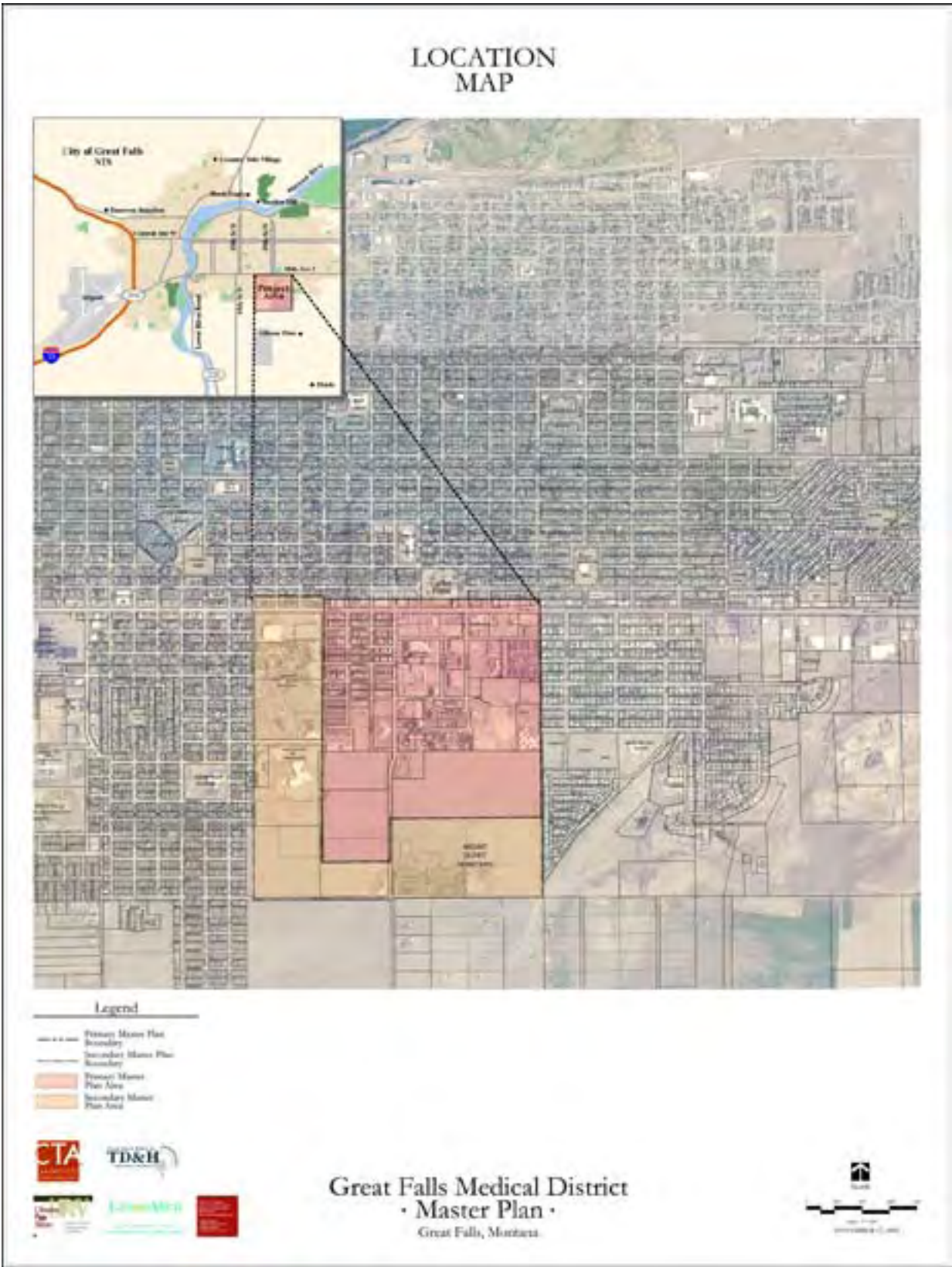
Exhibit E: Existing Utilities Map

Exhibit F: Landscape, Parks and Undeveloped/Vacant Lands Map

Exhibit G: Framework Master Plan

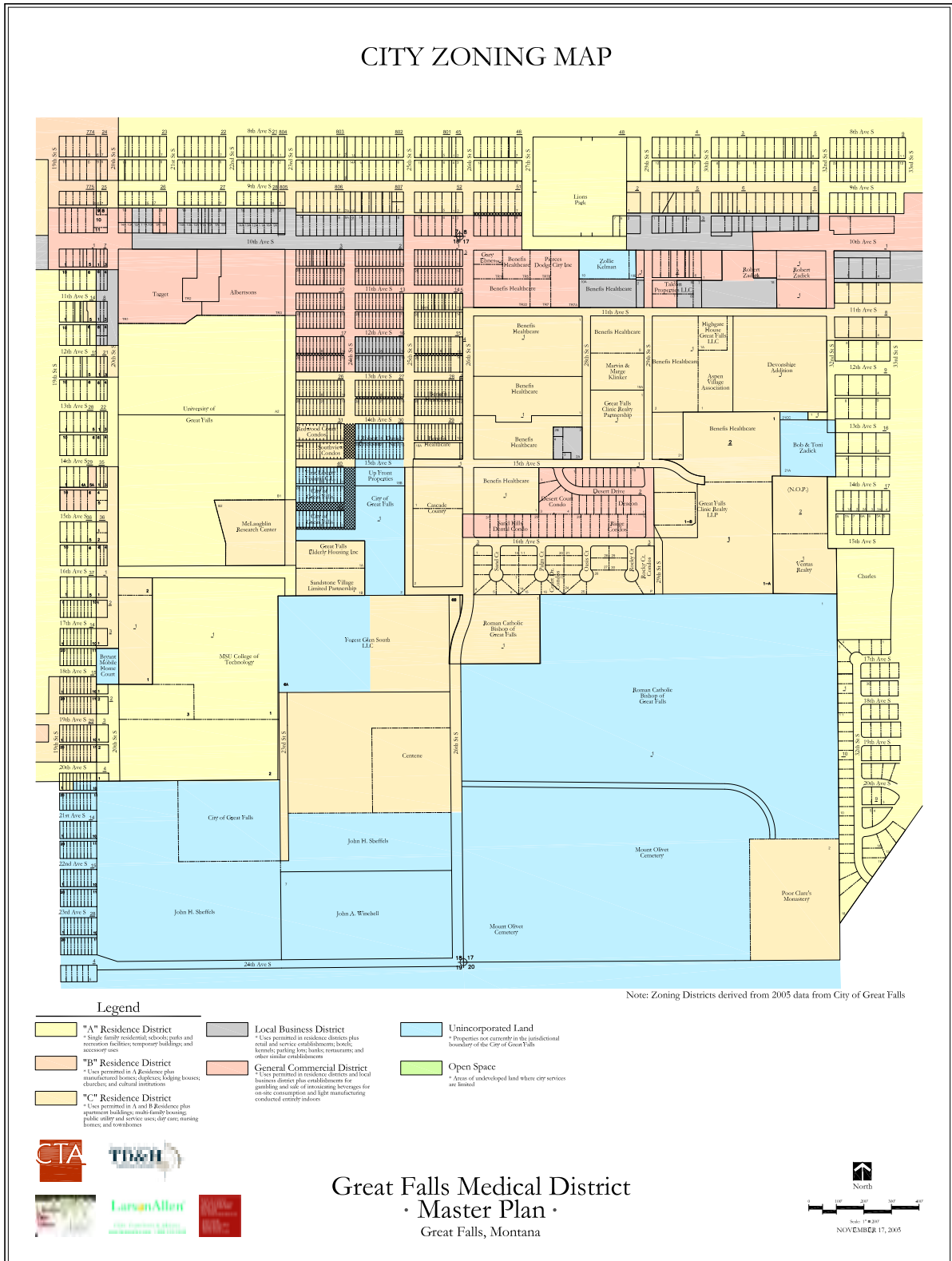
Great Falls Medical District Master Plan

EXHIBIT A: LOCATION MAP



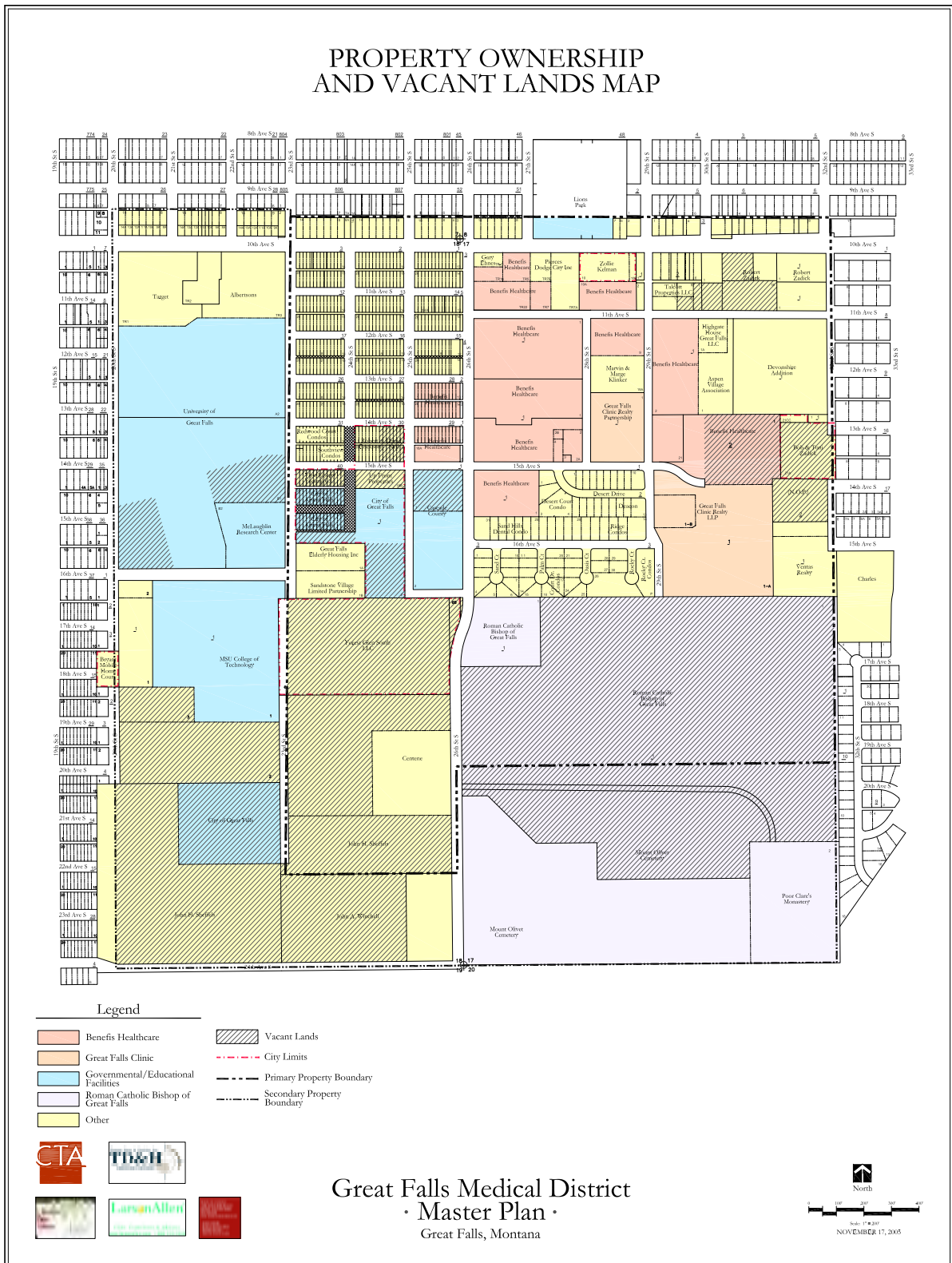
Great Falls Medical District Master Plan

EXHIBIT B: CITY ZONING MAP



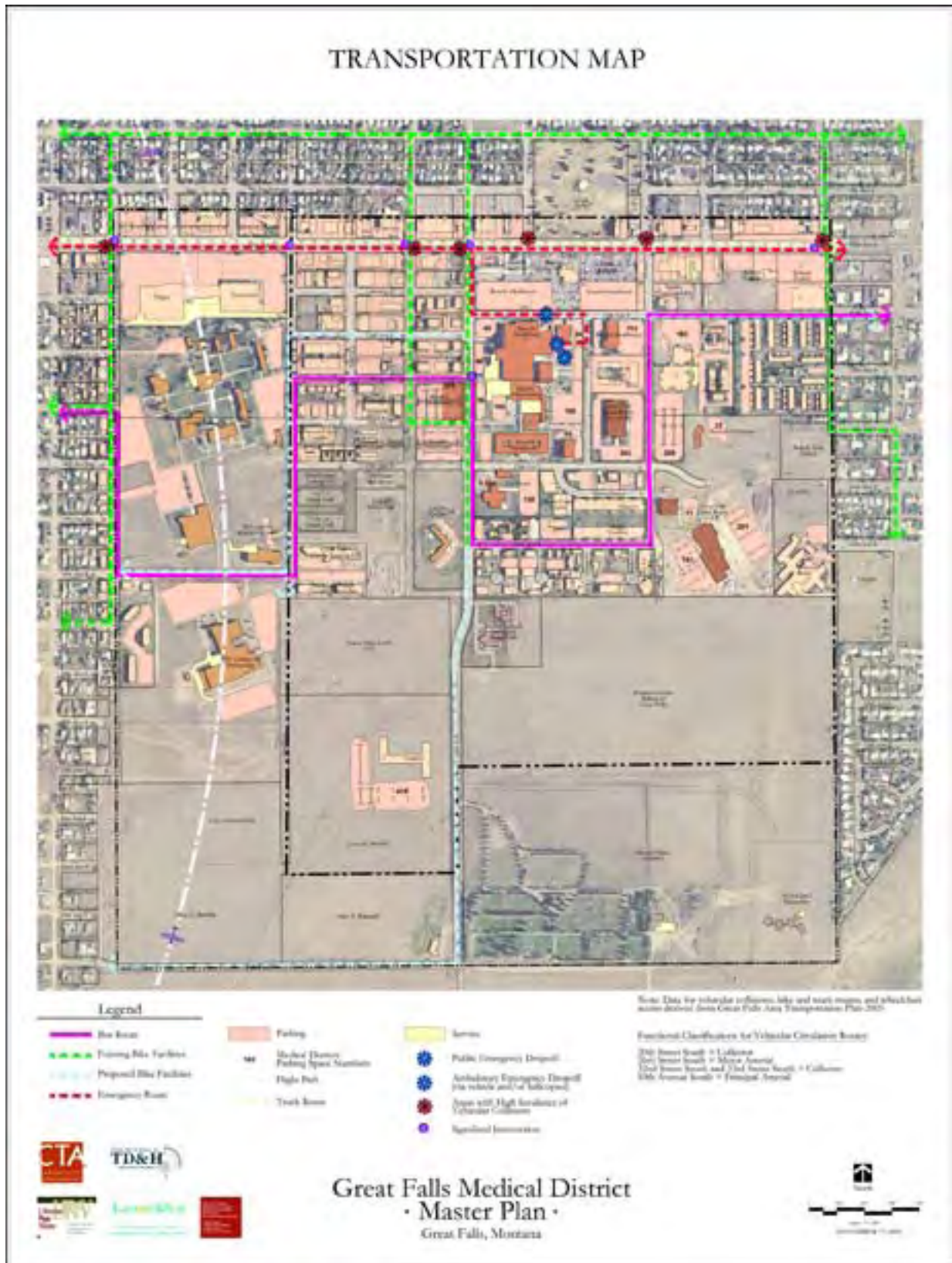
Great Falls Medical District Master Plan

EXHIBIT C: PROPERTY OWNERSHIP AND VACANT LANDS MAP



Great Falls Medical District Master Plan

EXHIBIT D: TRANSPORTATION MAP



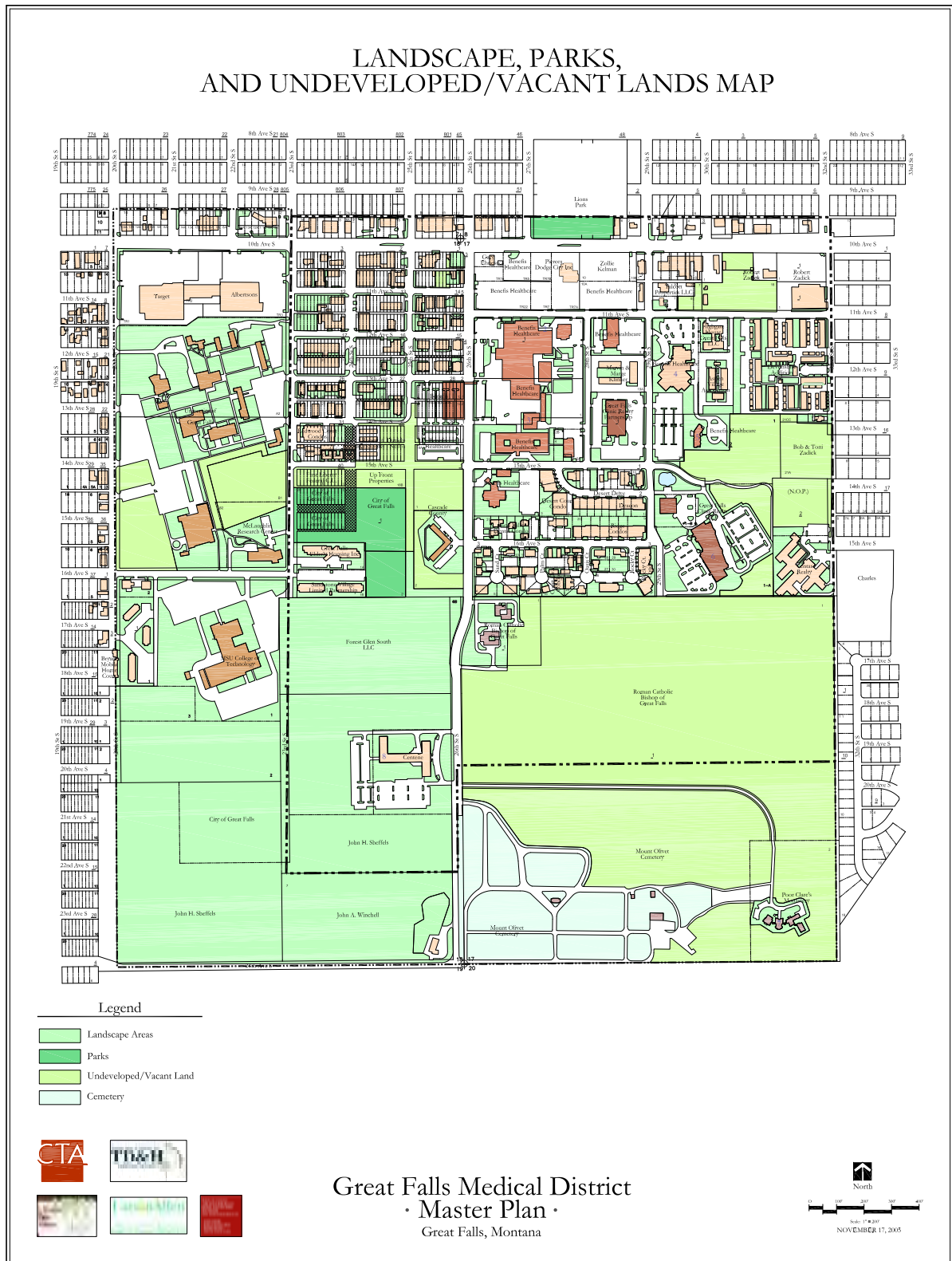
Great Falls Medical District Master Plan

EXHIBIT E: EXISTING UTILITIES MAP



Great Falls Medical District Master Plan

EXHIBIT F: LANDSCAPE, PARKS AND UNDEVELOPED/VACANT LANDS MAP



Great Falls Medical District Master Plan

EXHIBIT G: FRAMEWORK MASTER PLAN



AGENDA REPORT

DATE January 2, 2007

ITEM: FINAL PAY REQUEST: SLUDGE BASIN REHABILITATION PROJECT, PHASES TWO AND THREE, O.F. 1332.5

INITIATED BY: PUBLIC WORKS DEPARTMENT/ENGINEERING DIVISION

ACTION REQUESTED: APPROVE FINAL PAY REQUEST

PRESENTED BY: JIM REARDEN, PUBLIC WORKS DIRECTOR

RECOMMENDATION: Staff recommends that Final Payment to Dave Kuglin Construction for the Sludge Basin Rehabilitation Project, Phases Two and Three, O.F. 1332.5 be approved and the necessary documents executed by the City Manager.

MOTION: "I move the City Commission approve the Final Pay Request for Dave Kuglin Construction in the amount of \$4,244.92 and payment of \$42.88 to the State Miscellaneous Tax Division for the Sludge Basin Rehabilitation Project, Phases Two and Three, O.F. 1332.5, and authorize the City Manager to make the payments."

SYNOPSIS: This was the second and third phases of three similar sludge basin rehabilitation projects at the Water Treatment Plant. The first sludge basin was rehabilitated in the same manner in 2005. Bids were opened on May 2, 2006 with Dave Kuglin Construction being the only bidder. The bid was for \$428,780. Final construction cost was also \$428,780. The two year warranty period began on August 3, 2006.

BACKGROUND: The Sludge Basin Rehabilitation Project, Phases Two and Three, O.F. 1332.5 is part of a series of Water Treatment Plant infrastructure upgrades.

The project consisted of excavation and backfill of the two unlined sludge drying basins back to their original contours, replacement of the under drain piping, and installation of concrete liners in the bottoms of the basins. This has greatly enhanced the ability of city staff to clean out the ponds. In the past, the ponds were over excavated when cleaned with a loader and track-type skid steer. It was difficult to maintain design elevations on the bottom of the ponds. In addition, excess water seeped between ponds and made it more difficult to de-water the sludge properly. Installing concrete liners in the bottoms of the sludge basins has made sludge removal easier and accelerated sludge de-watering.

Neil Consultants Inc. completed the project design. City Engineering staff performed construction inspection and project administration duties.

Attachment: Final Pay Estimate (Not available online. On file in the City Clerk's Office)

AGENDA REPORT

DATE January 2, 2007

ITEM: FINAL PAY REQUEST: MALMSTROM AIR FORCE BASE OUTFALL SEWER UPSIZING & REPLACEMENT (OUTFALL TO 57th STREET), O.F. 1425.5

INITIATED BY: PUBLIC WORKS DEPARTMENT/ENGINEERING DIVISION

ACTION REQUESTED: APPROVE FINAL PAY REQUEST

PRESENTED BY: JIM REARDEN, PUBLIC WORKS DIRECTOR

RECOMMENDATION: Staff recommends that Final Payment to Dave Kuglin Construction for the Malmstrom Air Force Base Outfall Sewer Upsizing & Replacement (Outfall to 57th Street) O.F. 1425.5 be approved and the necessary documents executed by the City Manager.

MOTION: "I move the City Commission approve the Final Pay Request for Dave Kuglin Construction in the amount of \$2,970.00 and payment of \$30.00 to the State Miscellaneous Tax Division for the Malmstrom Air Force Base Outfall Sewer Upsizing & Replacement (Outfall to 57th Street) O.F. 1425.5, and authorize the City Manager to make the payments."

SYNOPSIS: Bids were opened on September 20, 2006. Dave Kuglin Construction submitted the lowest responsible bid of \$186,490. Final construction cost was also \$186,490. The two year warranty period began on November 22, 2006.

In late 2003, it was discovered that the Northeast Interceptor sanitary sewer was in need of major repairs or replacement. In the summer of 2004, a project to upgrade and upsize a portion of sewer was completed. This project was a continuation of the above mentioned project and upgraded the existing sewer from just east of 57th Street (Northeast Bypass) to the Malmstrom Air Force Base (MAFB) force main discharge manhole. This is the location in which the City takes over operations and maintenance.

This contract accomplished two main objectives. First, the deteriorated concrete sewer main was replaced with a new PVC plastic main that will not deteriorate in the corrosive sanitary sewer environment. Second, the new main is larger than the old main, which allows for future development of the ethanol plant, power plant, and other growth.

BACKGROUND: The project installed approximately 1,100 feet of new 30 inch diameter PVC sanitary sewer main and four new manholes from the east side of 57th Street (Northeast Bypass) to the MAFB force main discharge. The old mains were made of reinforced concrete and had been greatly deteriorated by hydrogen sulfide gas over the last 25 years. Emergency maintenance had been required at times to avoid complete collapse. The original portion of the main was also undersized and flowing near capacity.

City Engineering Staff completed the project design and performed construction inspection and administration.

Attachment: Final Pay Estimate (Not available online. On file in the City Clerk's Office)

DRAFT
CITY OF GREAT FALLS, MONTANA

AGENDA # 13

A G E N D A R E P O R T

DATE January 2, 2007

ITEM: CONTRACT AWARD: 2ND AVENUE S.W. STORM DRAIN EXTENSION - O.F. 1449

INITIATED BY: PUBLIC WORKS DEPARTMENT/ENGINEERING DIVISION

ACTION REQUESTED: CONSIDER BIDS AND AWARD CONTRACT

PRESENTED BY: JIM REARDEN, PUBLIC WORKS DIRECTOR

MOTION: "I move the City Commission award a contract in the amount of \$59,484.00 to Advanced Earthworks for the 2nd Avenue S.W. Storm Drain Extension - O.F. 1449, and authorize the City Manager to sign the contract documents."

PROJECT TITLE: 2nd Avenue S.W. Storm Drain Extension - O.F. 1449

RECOMMENDED CONTRACTOR: Advanced Earthworks

CONTRACT AMOUNT: \$59,484.00

ENGINEERS ESTIMATE: \$74,110.00

BUDGETED FUND: Storm Drain

START DATE: Early 2007

COMPLETION DATE: Early 2007 (30 Calendar Days)

PENALTY/INCENTIVE TERMS: Unspecified Liquidated Damages - \$500/Day

SYNOPSIS: This project was initiated to replace an unsafe/high maintenance drainage ditch located along the north edge of 2nd Avenue S.W. between 24th and 25th Streets S.W. with underground pipe.

Ten bids were received (See attached Bid Tabulation Summary) on December 20, 2006. Advance Earthworks submitted the low bid. Storm drain funding is budgeted for the contract award amount.

DRAFT

BACKGROUND: The project work scope includes construction of approximately 450 lineal feet of 30-inch diameter pipe along with an outlet structure. The new storm drain pipe is an extension of existing pipe on 24th Street S.W.

The existing seven-foot deep drainage ditch is located adjacent to the edge of 2nd Avenue S.W. and some residential driveways, creating a hazard to traffic. Also, the ditch catches unsightly debris, requiring increased maintenance.

The drainage improvements serve nearby residential areas located to the east along 24th Street S.W. and to the north along Central Avenue West. The storm drainage conveyance will continue to outlet to a Sun River Levee drainage structure.

City engineering staff completed the project design including preparation of the plans and contract document, and will provide construction phase engineering and inspection.

Attachments: Bid Tabulation Summary

CITY OF GREAT FALLS
P.O. BOX 5021
GREAT FALLS, MT 59403

BID TABULATION SUMMARY

2nd Avenue SW Storm Drain Extension
O.F. 1449

Project Number _____
Bids Taken at Civic Center
Date: December 20, 2006
Tabulated By: Kari Wambach

| | Name & Address of Bidder | Acknowledge Addendum #1 | Acknowledge Addendum #2 | 10% Bid Security | Affidavit of Non-Collusion | Certificate of Non-Segregated Facilities | Certificate of Compliance with Insurance Req. | Total Bid |
|----|----------------------------|-------------------------|-------------------------|------------------|----------------------------|--|---|--------------------|
| 1 | Shumaker Trucking & Excav. | n/a | n/a | √ | √ | √ | √ | \$87,490.00 |
| 2 | H & H Construction, Inc. | n/a | n/a | √ | √ | √ | √ | \$68,844.00 |
| 3 | Kuglin Construction | n/a | n/a | √ | √ | √ | √ | \$69,890.00 |
| 4 | AppleValley Backhoe | n/a | n/a | √ | √ | √ | √ | \$71,664.34 |
| 5 | Phillips Construction | n/a | n/a | √ | √ | √ | √ | \$66,949.00 |
| 6 | Poncelet Landscaping | n/a | n/a | √ | √ | √ | √ | \$68,182.00 |
| 7 | Falls Construction | n/a | n/a | √ | √ | √ | √ | \$80,890.00 |
| 8 | Advanced Earthworks | n/a | n/a | √ | √ | √ | √ | \$59,484.00 |
| 9 | United Materials | n/a | n/a | √ | √ | √ | √ | \$61,045.00 |
| 10 | Geranios Ent. | n/a | n/a | √ | √ | √ | √ | \$77,945.10 |
| 11 | Engineer's Estimate | | | | | | | \$74,110.00 |

AGENDA REPORT

DATE January 2, 2007

ITEM: CONSTRUCTION CONTRACT AWARD: WATER PLANT FLOCCULATION BASIN AND RAPID MIX IMPROVEMENTS, O.F. 1332.2

INITIATED BY: PUBLIC WORKS DEPARTMENT/ENGINEERING DIVISION

ACTION REQUESTED: AWARD CONTRACT

PRESENTED BY: JIM REARDEN, PUBLIC WORKS DIRECTOR

MOTION: "I move the City Commission award a contract in the amount of \$1,098,000.00 to Dick Anderson Construction, Inc for the Water Plant Flocculation Basin and Rapid Mix Improvements, O.F. 1332.2, and authorize the City Manager to sign the construction contract documents."

PROJECT TITLE: Water Plant Flocculation Basin and Rapid Mix Improvements, O.F. 1332.2

RECOMMENDED CONTRACTOR: Dick Anderson Construction, Inc.

CONTRACT AMOUNT: \$1,098,000.00

ENGINEER'S ESTIMATE: \$1,069,406.00

START DATE: January 15, 2007

COMPLETION DATE: May 15, 2007 (120 Calendar Days)

PENALTY/INCENTIVE TERMS: Liquidated Damages, \$400.00/Day

SYNOPSIS: This project involves the installation of new diffuser walls for the flocculation basins, flocculation equipment replacement and rapid mix equipment replacement at the water treatment plant.

The bid opening was held on December 22, 2006 with 2 bids submitted. Dick Anderson Construction, Inc submitted the low bid in the amount of \$1,098,000.00. The bid tabulation summary is attached. Funding for this project will come from the water capital funding.

BACKGROUND: The existing flocculation and rapid mix equipment is nearing fifty years old and reliability has become an issue. The water plant cannot function without this equipment so it is important to ensure that it continues to function properly. This replacement was a recommendation of the Water Master Plan

This project will remove the old rapid mixer and flocculation equipment and install new equipment. The removals include the existing rapid mixers, flocculation drive shafts and paddles, and the diffuser walls. Two new rapid mixer assemblies will be added to replace the two removed. The two flocculation shafts and paddles will be replaced with twelve centrally located mixers between the

two flocculation tanks. New diffuser walls will also be spaced between the new flocculation mixers.

Thomas, Dean & Hoskins, Inc. completed the project design and will perform construction inspection and contract administration duties. City engineering and water treatment plant staff will assist with project administration duties.

Attachment: Bid Tabulation Summary

File Name: 1332.2 BidTab

Water Plant Flocculation Basin And Rapid Mix Improvements

Friday, December 22 2007

| Item # | Description of Pay Items | Quantity | Unit | Dick Anderson | | Sletten | |
|--------------------------|-----------------------------------|----------|------|----------------|-----------------------|----------------|-----------------------|
| | | | | Unit Price | Total | Unit Price | Total |
| 1 | Base Bid | 1 | L.S. | \$1,098,000.00 | \$1,098,000.00 | \$1,338,000.00 | \$1,338,000.00 |
| 2 | Redwood Diffuser and Baffle Walls | 1 | L.S. | \$35,000.00 | \$35,000.00 | \$10,000.00 | \$10,000.00 |
| Total Amount Item | | | | | \$1,098,000.00 | | \$1,338,000.00 |

AGENDA REPORT

DATE January 2, 2007

ITEM Appointments, Great Falls Planning Advisory Board

INITIATED BY City Commission

ACTION REQUESTED Appoint One New Member

PRESENTED BY City Commission

RECOMMENDATION: It is recommended that the City Commission appoint one member to fill the remainder of a three-year term through December 31, 2007, to the Great Falls Planning Advisory Board.

MOTION: I move the Commission appoint _____ to the Great Falls Planning Advisory Board to fill the remainder of a three-year term through December 31, 2007.

SYNOPSIS: Mark Gunderson has resigned his position on the Board; therefore, it is necessary to appoint a replacement.

BACKGROUND: The Great Falls Planning Advisory Board was created in lieu of the Great Falls City-County Planning Board. Further, the advisory board has jurisdiction within the City limits; consists of nine citizen members appointed by the City Commission; and, performs and provides the duties, services and functions specified in Ordinance No. 2913, generally involving growth policies, subdivision applications and plats, annexation applications, zoning and rezoning petitions, conditional use permits, long range planning, transportation planning, Community Transportation Enhancement Program administration, historic preservation services, etc. Members must reside within the city limits.

Current members of the Great Falls Planning Advisory Board include:

- William O. Bronson (term through December 31, 2008)
- Danna Duffy (term through December 31, 2007)
- Gregory D. Madson (term through December 31, 2008)
- Arthur E. Bundtrock (term through December 31, 2008)
- John Harding (term through December 31, 2009)
- William Roberts (term through December 31, 2009)
- Ron Kinder (term through December 31, 2009)
- Joseph Schaffer (term through December 31, 2007)

Citizens interested in serving on Great Falls Planning Advisory Board include:

- Paula M. Brandon
- Adrian R. Doty
- Elmer Eugene Feldman
- Pat Goodover II
- Terry Hilgendorf
- Dennis B. Lott*
- Jan Marie Osterhoudt
- John M. Rogers
- Joy M. Schenck