

COW Nov 5, 2024, PL-85-24
D. Jewitt, C.Burt, M. Gauthier
Presentation

DOWNTOWN BURLINGTON

THE 2030 CAROLINE STREET DEVELOPMENT PROPOSAL





THE 2030 CAROLINE STREET DEVELOPMENT **PROPOSAL**

**28-STORY MIXED
USE BUILDING- 302 RESIDENTIAL UNITS**

**6-STORY GARAGE 215 SPACES
2 LEVELS BELOW GROUND- 62 SPACES
277 PARKING SPACES TOTAL
FOR THE EXCLUSIVE USE
OF THE RESIDENTS**

INTRODUCTION

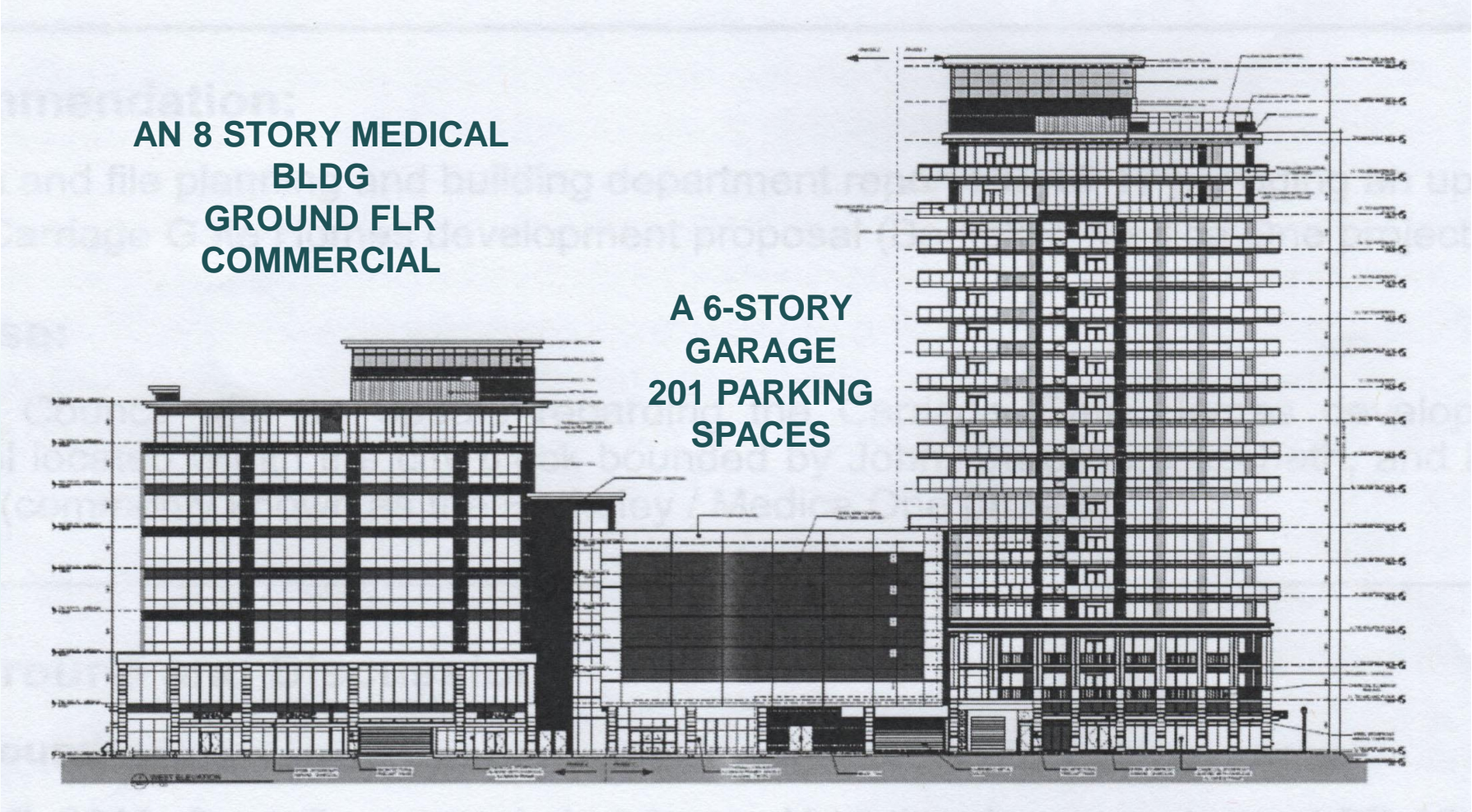
- ▶ **THIS PRESENTATION HAS BEEN PREPARED, NOT ONLY TO SUPPORT THE PLANNING DEPARTMENT'S RECOMMENDATION TO REFUSE THE DEVELOPER'S APPLICATION, BUT TO RECOMMEND THAT ANY FUTURE APPLICATION WITH RESPECT TO THIS PROPERTY SHOULD HAVE TO COMPLY WITH THE CURRENT BYLAW.**
- ▶ **TO UNDERSTAND THE STRONG OBJECTIONS TO THE DEVELOPER'S PROPOSAL, YOU NEED TO DELVE INTO THE BACKGROUND OF THIS PROPERTY AND THE DEVELOPER'S FAILURE TO HONOUR PAST OBLIGATIONS.**

BACKGROUND 2009 LAND ASSEMBLY

- ▶ **IN FEBRUARY 2009 COUNCIL APPROVED THE SALE OF THE CITY PARKING LOT, (37 SPACES) LOCATED WITHIN THE BLOCK.**

AS A CONDITION OF THE SALE ANY DEVELOPMENT HAD TO PROVIDE 60 PUBLIC PARKING SPOTS.

THE CURRENT BYLAW ENACTED 2010



**AN 8 STORY MEDICAL
BLDG
GROUND FLR
COMMERCIAL**

**A 6-STORY
GARAGE
201 PARKING
SPACES**

**A 17-STORY MIXED
USE BLDG. – 16
FLOORS
RESIDENTIAL
GROUND FLOOR
COMMERCIAL**

COMMUNITY BENEFITS PER PB-15-10

THE 2010 AMENDMENT INCREASED THE PERMITTED HEIGHT FROM 8 STOREYS TO 17 STOREYS. **IN EXCHANGE**, THE CITY WAS TO RECEIVE THE FOLLOWING COMMUNITY BENEFITS:

- 1 A MINIMUM OF 269 ADDITIONAL PARKING SPACES 60 OF WHICH WERE TO BE PUBLICLY ACCESSABLE
- 2 THE APARTMENTS WERE TO BE CONSTRUCTED TO LEED CERTIFIED STANDARDS
- 3 PARKING GARAGE TO CONTAIN A GREEN ROOF DESIGN
- 4 A MINIMUM OF 70% AFFORDABLE HOUSING UNITS

THE COMMUNITY BENEFITS WERE VALUED AT \$6 TO \$7 MILLION

THE MEDICAL CENTER

- ▶ **ALTHOUGH A MEDICAL CENTER WAS NOT LISTED AS A “COMMUNITY BENEFIT” WITHIN THE CITY’S DOCUMENTS, THE DEVELOPER CLAIMED:**

1.

THE COMPLEX WOULD CREATE 200 JOBS

THERE WOULD BE DOCTORS, SPECIALISTS, OPTOMETRIST, DERMATOLOGIST, CARDIAC DIAGNOSTICS, NUCLEAR IMAGING, BLOOD LAB, HEARING LAB, PHARMACY AND LASER EYE, ANTI-AGING AND WALK-IN CLINICS

A PROJECT COUNCIL WOULD WANT – AND IT DID

BYLAW SUBJECT OF A **HOLD** DESIGNATION

CONDITIONS:

- 1. COMPLETION OF PARKING LOT PURCHASE**
- 2. AGREE TO PAY FOR AND COMPLETE ALL WORK ASSOCIATED WITH BURYING HYDRO AJACENT TO PROPERTY**
- 3. COMPLETE AND SUBMIT A RECORD OF SITE CONDITION TO THE MINISTRY OF THE ENVIRONMENT**
- 4. ISSUANCE TO BUILDING PERMITS FOR THE MEDICAL BUILDING AND THE PARKING GARAGE**

THE 2013 FIASCO

ALL DOCUMENTS WERE TO BE SIGNED WITHIN 18 MONTHS, BUT THE DEVELOPER HAD NOT SIGNED THEM, NOR HAD HE PAID THE REZONING FEES
COUNCIL GRANTED AN 18 MONTH EXTENSION

NEXT, THE DEVELOPER ARGUED HE WASN'T BOUND BY THE 2010 SECTION 37 "COMMUNITY BENEFITS" BECAUSE HE HADN'T SIGNED THE AGREEMENTS.

FURTHER, HE ARGUED THAT THE \$6-\$7 MILLION DOLLARS OF COMMUNITY BENEFITS WERE RELATED TO THE ADDITIONAL PARKING AND HAD NOTHING TO DO WITH THE NON-MONETARY BENEFITS I.E. AFFORDABLE HOUSING OR THE LEED CERTIFICATION

THE STAFF REPORT RECOMMENDED TO COUNCIL THAT THE CITY SOLICITOR BE DIRECTED TO RE-WORK THE SECTION 37 AGREEMENT AND HAVE IT CONFORM TO WHAT THE DEVELOPER WANTED AND HE DID

2013 AMENDED SECTION 37 COMMUNITY BENEFITS

		COMPLETED	
		YES	NO
▶ 1	A MINIMUM OF 269 CHANGED TO 201 ADDITIONAL PARKING SPACES	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2	THE APARTMENTS WERE TO BE CONSTRUCTED TO LEED CERTIFIED STANDARDS ADDED (OR LEED EQUIVALENT)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3	PARKING GARAGE TO CONTAIN A GREEN ROOF DESIGN	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4	A MINIMUM OF 70% CHANGED TO 27% AFFORDABLE HOUSING UNITS	<input type="checkbox"/>	<input checked="" type="checkbox"/>

STATUS OF **CONDITIONS** SUBJECT OF A HOLD DESIGNATION IN 2013

	COMPLETED	
	YES	NO
1. COMPLETION OF PARKING LOT PURCHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. AGREE TO PAY FOR AND COMPLETE ALL WORK ASSOCIATED WITH BURYING HYDRO AJACENT TO PROPERTY	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. COMPLETE AND SUBMIT A RECORD OF SITE CONDITION TO THE MINISTRY OF THE ENVIRONMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. ISSUANCE TO BUILDING PERMITS FOR THE MEDICAL BUILDING AND THE PARKING GARAGE	<input type="checkbox"/>	<input checked="" type="checkbox"/>

THE 2017 SITE PLAN AGREEMENT

IN 2017, FOLLOWING PROVISION WAS ADDED THE SITE PLAN AGREEMENT

IF THE MEDICAL BUILDING AND THE PARKING GARAGE **WERE NOT BUILT BY MARCH 2020**, THE DEVELOPER WOULD BE REQUIRED TO:

- PAY THE CITY \$300,000 AND
- LANDSCAPE THE PROPERTY FOR PUBLIC ACCESS

COMPLETED

YES

NO

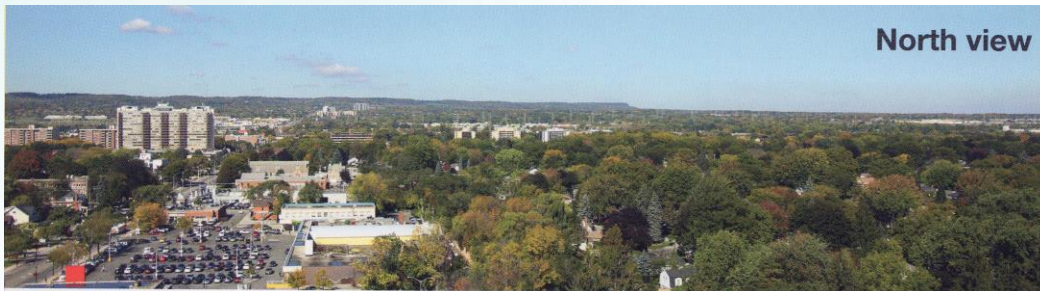
BROKEN PROMISES TO BERKELEY OWNERS

1. APARTMENTS BUILT TO LEED CERTIFIED STANDARDS
2. GUEST PARKING,
3. ACCESS TO THE ROOF TOP GREEN SPACE
4. A MEDICAL BUILDING WITHIN WALKING DISTANCE
5. UNOBSTRUCTED VIEWS TO THE NORTH

HONOURED

YES

NO



MEDICAL BUILDING



PARKING GARAGE



THE BERKELEY



WHY A CHANGE NOW?

TWO POSSIBILITIES:

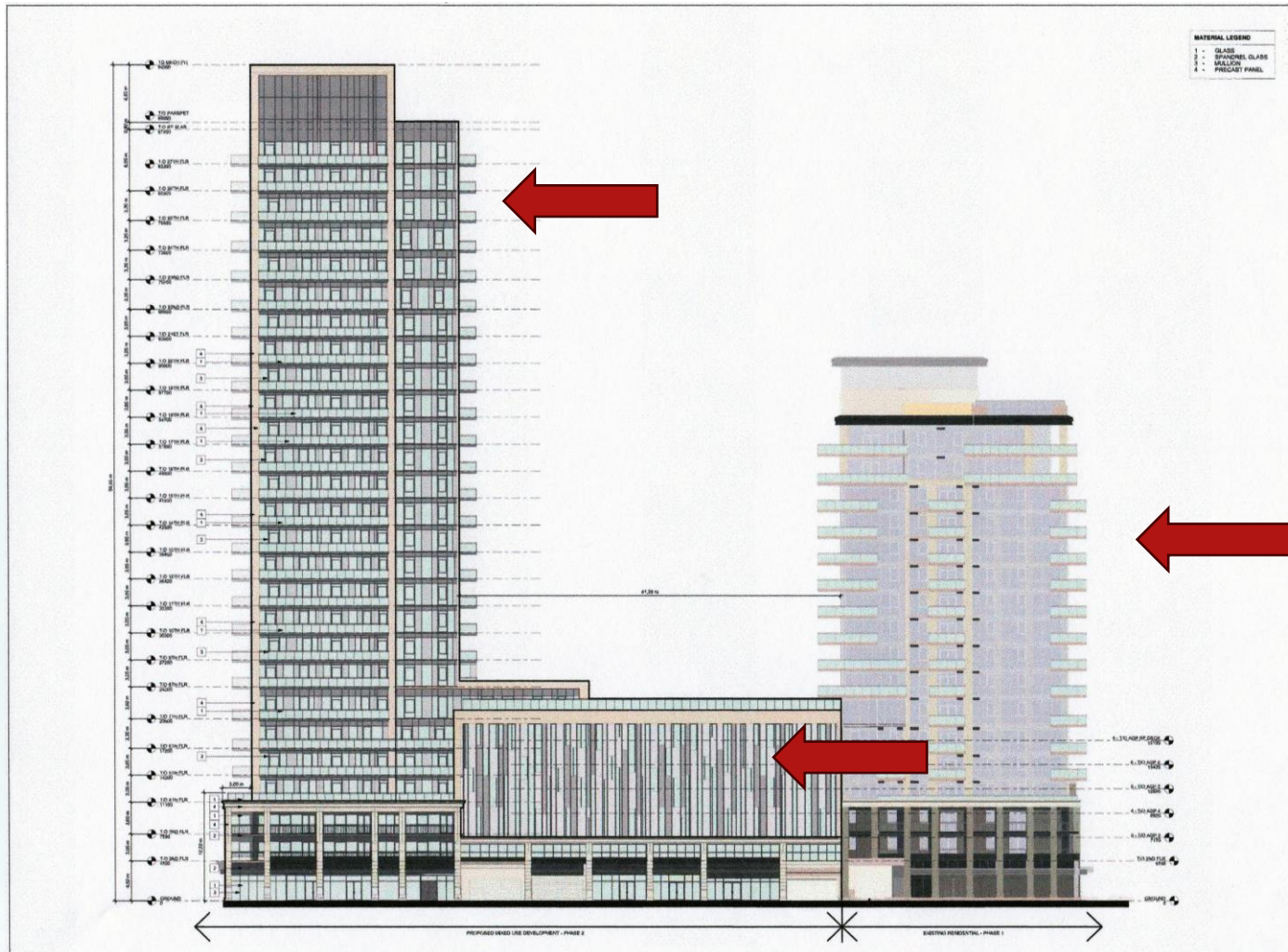
- ▶ 1. THE DEVELOPER CLAIMS HE HAS, AFTER 8 YEARS OF TRYING, BEEN UNABLE TO PRELEASE THE MEDICAL BUILDING

BUT PROVIDED NO PROOF THAT THE MEDICAL BUILDING WAS ACTUALLY MARKETED AND TODAY WE ARE IN THE MIDST OF A HEALTH CARE CRISIS

- ▶ 2. A CHANGE IN ZONING FROM 8-STOREYS COMMERCIAL TO ONE STOREY COMMERCIAL AND 27 STOREYS RESIDENTIAL WOULD INCREASE THE VALUE OF THE LAND BY AN **ESTIMATED \$14 MILLION**

WHICH DO YOU THINK IS THE REAL REASON FOR THE CHANGE?

THE RESULTANT PROPOSAL



**28-STORY MIXED
USE BUILDING**

**THE 17-STORY
MIXED USE BLDG.
BUILT**

**A 6-STORY
GARAGE
215 PARKING
SPACES**

OBJECTION - THERE ARE NO COMMUNITY BENEFITS

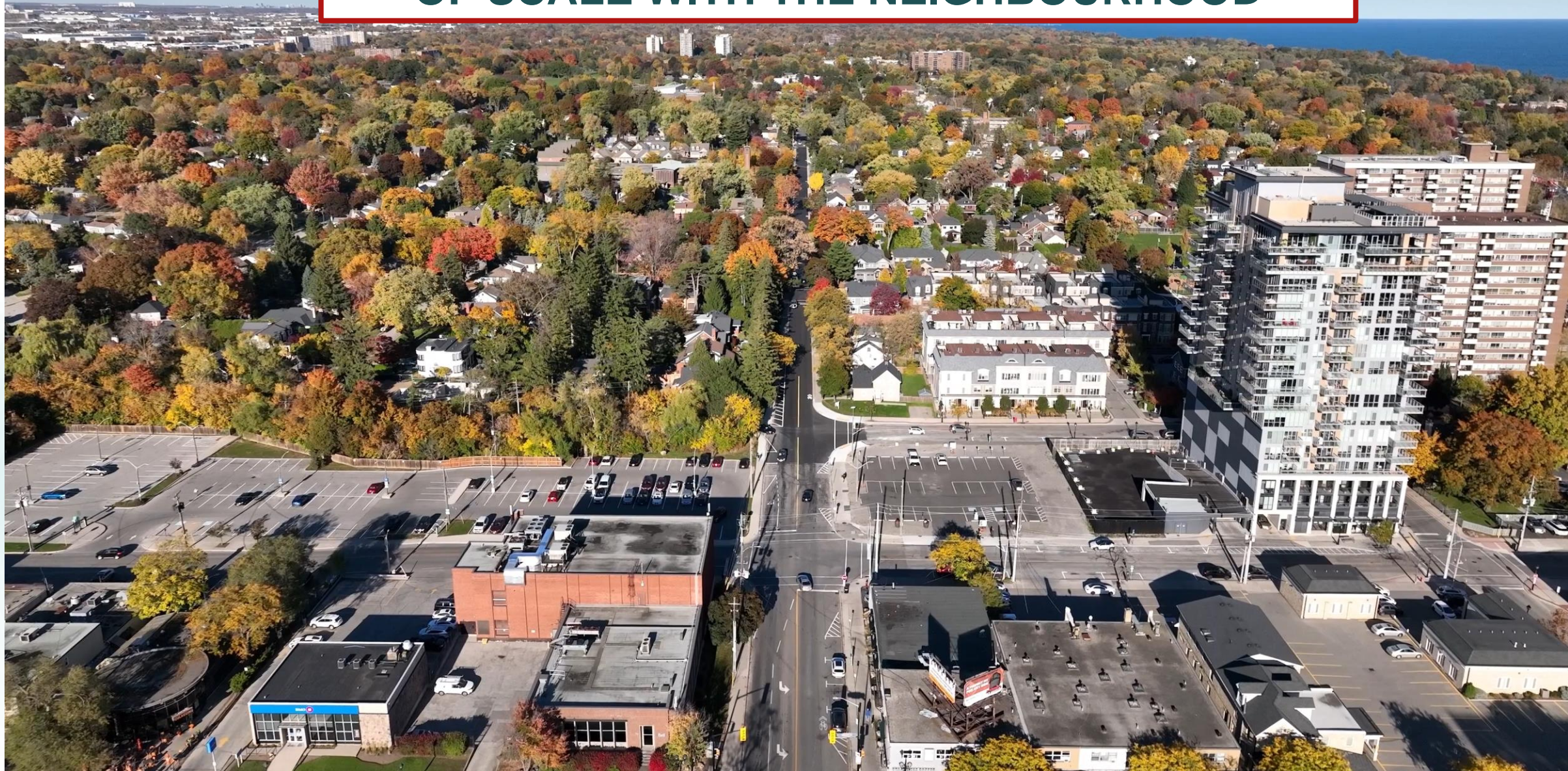
THE DEVELOPER HAS FAILED TO PROVIDE THE COMMUNITY BENEFITS UNDER PREVIOUS AGREEMENTS VALUED AT \$6 TO \$7 MILLION.

THE DEVELOPER PREVIOUSLY STATED THE \$6 TO \$7 MILLION VALUATION RELATED TO THE ADDITIONAL PARKING PROVIDED.

IF THE PARKING IS NOT TO BE PROVIDED, IT SEEMS LOGICAL THAT THE DEVELOPER OWES THE CITY \$6 OR \$7 MILLION

THERE ARE NO COMMUNITY BENEFITS UNDER THE CURRENT PROPOSAL ALTHOUGH THE DEVELOPER DOES PROMISE TO PAY DEVELOPMENT CHARGES AND FUTURE OWNERS WOULD PAY PROPERTY TAXES!

OBJECTION - A 28-STOUREY BUILDING IS OUT OF SCALE WITH THE NEIGHBOURHOOD



OBJECTION TO BOTH HEIGHT AND DENSITY

- ▶ **THE DEVELOPER'S CONSULTANTS ARGUE THE CITY NEEDS TO APPROVE HIGH DENSITY PROJECTS TO COMPLY WITH PROVINCE'S DENSITY DIRECTIVES BUT:**
 - ▶ **THE DOWNTOWN IS NO LONGER CONSIDERED AN URBAN GROWTH CENTER BUT RATHER, A SECONDARY REGIONAL NODE AND PROVINCIAL DENSITIES' TARGETS NO LONGER APPLY**
 - ▶ **FURTHER, THE PROVINCIAL PLANNING STATEMENT (2024) GIVES THE DECISION AUTHORITY BACK TO THE CITY, PROVIDED IT MEETS THE PROVINCE'S BROAD GENERAL GUIDELINES.**

OBJECTION – INSUFFICIENT PARKING

DESPITE THE NEED FOR DOWNTOWN PARKING:

THERE IS NO REQUIREMENT FOR PARKING RE: COMMERCIAL

60 PUBLIC PARKING SPOTS REQUIRED UNDER THE SALE OF THE CITY PARKING LOT. - NOT PROVIDED

THE PREVIOUS AGREEMENT REQUIRE 201 ADDITIONAL PARKING SPOTS PURSUANT TO THE SECTION 37 AGREEMENT – NOT PROVIDED

1.25 SPACES PER RESIDENTIAL UNIT UNDER THE CURRENT BYLAW – NOT PROVIDED

THE DEVELOPMENT WOULD ELIMINATE AT LEAST FIVE PUBLIC ROADSIDE SPACES.

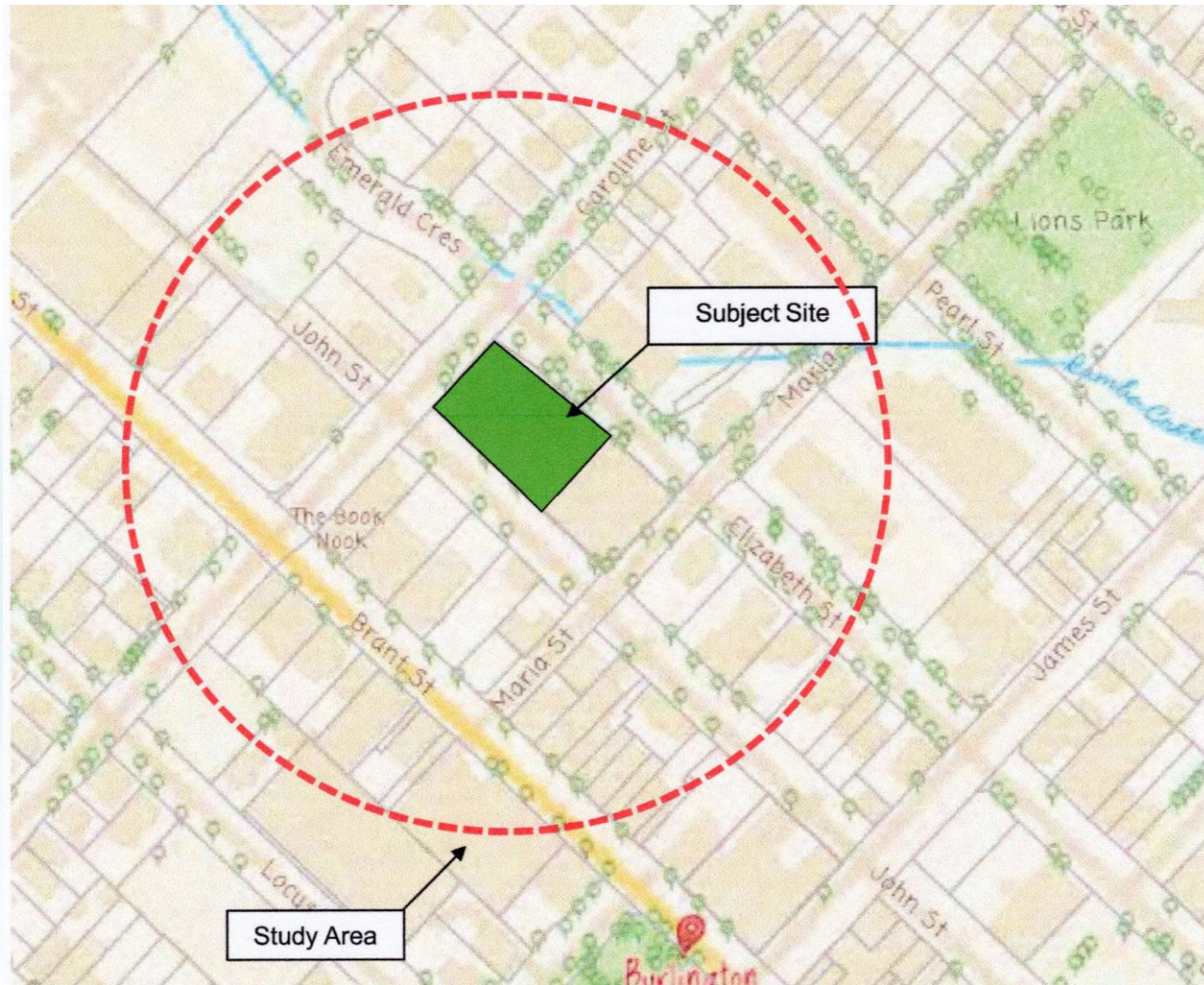
THE CURRENT TEMPORARY PARKING LOT (HALF PAID FOR BY THE CITY) - ONLY CONTAINS 29 SPACES OF WHICH, 5 ARE RESERVED FOR THE DEVELOPER'S PRIVATE USE.

OBJECTION - TRAFFIC CONCERNS

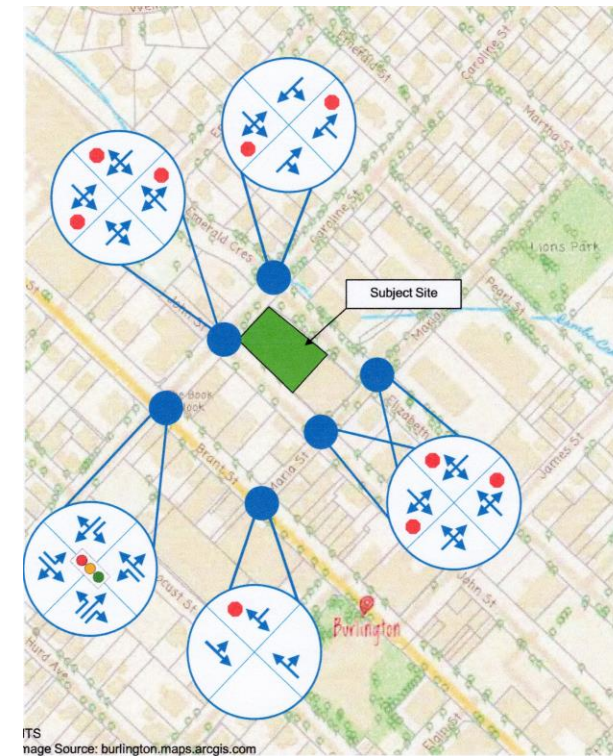
THE CITY RECOGNIZES THAT DURING PEAK HOURS THERE IS **TRAFFIC GRIDLOCK** IN THE DOWNTOWN CORE AND INCREASED GROWTH WILL TRANSLATE INTO INCREASED TRAFFIC.



OBJECTION - THE CONSULTANT'S STUDY AREA



THE STUDY AREA IS TOO SMALL TO PREDICT THE IMPACT OF DOWNTOWN DEVELOPMENTS ON TRAFFIC.



OBJECTION - THE CONSULTANT'S GROWTH ASSUMPTION

- ▶ **ACCORDING TO THE DEVELOPER'S CONSULTANT, ONE FREQUENTLY USED APPROACH TO ESTIMATE FUTURE TRAFFIC VOLUMES IS TO ESTIMATE AN ANNUAL PERCENTAGE INCREASE IN TRAFFIC GROWTH AND APPLY THAT INCREASE TO THE STUDY AREA TRAFFIC VOLUMES.**
- ▶ **THIS APPROACH MAY HAVE SOME MERIT IF THE "ANNUAL PERCENTAGE INCREASE" IS REPRESENTATIVE OF THE ACTUAL POPULATION GROWTH IN THE DOWNTOWN CORE.**

THE CONSULTANT USED A 1% GROWTH RATE WHICH CERTAINLY DOES NOT REPRESENT THE DOWNTOWN GROWTH OVER THE PAST DECADE OR THE ANTICIPATED FUTURE GROWTH..

TRAFFIC IMPACT STUDY BACKGROUND GROWTH

THE SECOND APPROACH IDENTIFIED MAJOR PROJECTS IN THE STUDY AREA TO IDENTIFY ESTIMATED TRAFFIC GENERATED BY THESE DEVELOPMENTS THAT WOULD BE EXPECTED TO AFFECT THE PROJECT STUDY AREA ROADWAYS.

ONLY FOUR PROJECTS WERE IDENTIFIED SINCE THE STUDY AREA IS TOO SMALL. ALL DOWNTOWN DEVELOPMENTS SHOULD HAVE BEEN TAKEN INTO ACCOUNT.

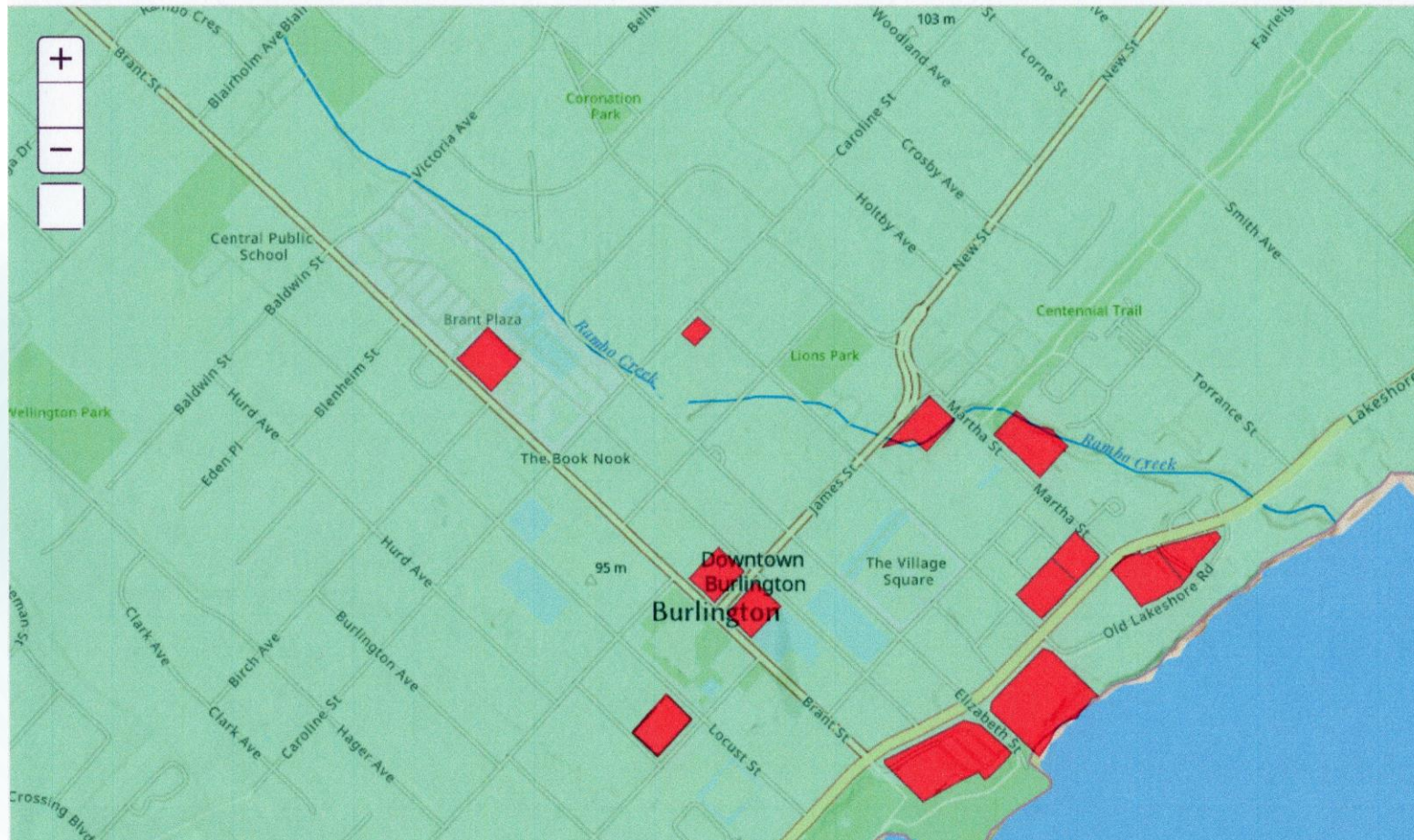
THIS STUDY IS GROSSLY MISLEADING AND BEARS NO RELATIONSHIP TO CURRENT REALITY.



IN FACT, GROWTH & TRAFFIC – SHOULD CONSIDER ALL DOWNTOWN DEVELOPMENT PROJECTS

Home ▾ Development Projects: Ward 2

Details | Basemap |



OF MAJOR CONCERN IS THE LAKESHORE GRIDLOCK WHEN TRYING TO GET THROUGH DOWNTOWN DURING PEAK HOURS.

WHEN THIS OCCURS, EAST WEST TRAFFIC, FIRST TRIES NEW STREET THAN DURY LANE TO CAROLINE AND ACROSS TO MAPLE.

NOT TAKING ALL THE MAJOR DOWNTOWN PROJECTS INTO ACCOUNT DISCREDITS THE CONSULTANT'S REPORT

CONSIDER



- 688-698 Brant St. **Approved**
- 11-storey 305 residential units ground floor retail. 12 2-storey townhouse units



- 535-551 Brant St.
Approved a 27-storey, 259 units

CONSIDER



774 Brant & Ghent - **Under Review** a mixed-use development comprised of a 25-storey tower and an 18-storey tower (with ground floor commercial area) and 444 residential units



2107 Old Lakeshore Rd.
Approved 196 units mixed-use

CONSIDER



2069 Lakeshore Rd. and 383 Pearl St
Under Construction
291 residential units



2090 James Street & 374 Martha Street
Under Construction
240 residential units

CONSIDER- ONE OF CITY HALL'S FAVOURITES



The Gallery, 421 Brant, **Just Completed** - 22 storeys, 161 suites Ground floor commercial

CONSIDER



- The Burleau
- 2072 Lakeshore Rd.
- **Pre Application**
- 27 storey mixed-use building, 276 residential units
Lakeshore Road and Old Lakeshore Road.



- 2093, Old Lakeshore Road, 2100 Lakeshore Road
Approved
- 27-storey, 310 unit mixed use building with commercial at grade and residential units above.

CONSIDER



- ▶ 407 Martha St. **Appealed**
- ▶ 11-storey residential building consisting of 130 units,

CONSIDER



409 Brant **Approved**
24-story mixed-use high-rise
building 227 Residential Units
Across from City Hall



789 – 795 Brant, **Approved**
31-storey mixed use building
356 residential units

SCARIER YET, 2020 LAKESHORE OLT REJECTION



35 storeys (west tower) and 30 storeys (east tower) **Rejected** but expect a modified application

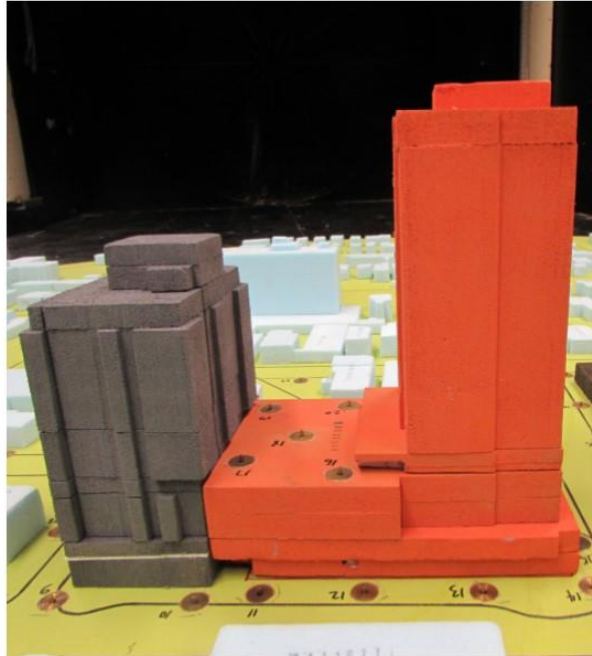
OBJECTION - PEDESTRIAN WIND STUDY



100 Stone Road West, Suite 201
Guelph, Ontario, N1G 5L3
226.706.8080 | SLRCONSULTING.COM

Date: June 21, 2024

Re: Pedestrian Wind Study
2030 Caroline Street
Burlington, Ontario
SLR Project #241.031144.00001



THE Pedestrian Wind Study was based on climate wind data from Hamilton Airport, (32km – driving distance away) which would have been the best available at the time.

Our location experiences very significant winds which may not be reflected from that far away.

Wind gauge monitoring by a former resident indicated winds averaging 35 km/h daily and often exceeds 55 km/h. A one time reading in excess of 89 km/h was recorded

Suggest monitoring be setup on 2025 Maria Street over as long a time as possible to get more local data in inform a revised study.

OBJECTION - PEDESTRIAN WIND STUDY CON'T



Open balconies with high winds pose a severe safety hazard

Many objects have flown off balconies onto the ground below.

Currently, many residents have found that balconies are so windy they are unusable much of the time

Residents have taken to tying down or securing furniture, planters etc. in order to prevent them blowing away.

OBJECTION - PEDESTRIAN WIND STUDY CON'T

Based on resident measurements, it is believed that winds in excess of 30 km/h are present on an all too frequent basis.

The study states “ The directions from which stronger winds (eg.30 km/h) approach are also of interest as they have the highest potential of creating problematic wind conditions....”

Resident’s readings were above 30 km/h much of the time.

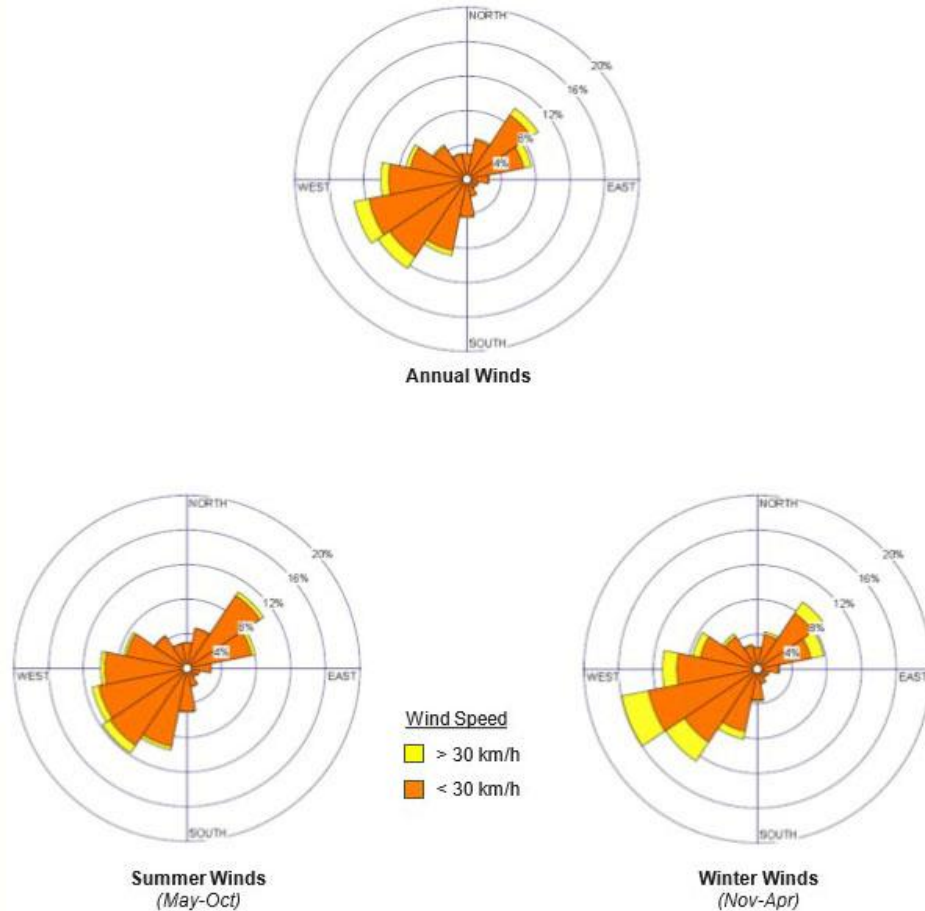


Figure 5: Wind Roses for John C. Munroe International Airport (1993 to 2019)

OBJECTION - PEDESTRIAN WIND STUDY CON'T

Table 1: Wind Comfort Criteria

Comfort Category	GEM Wind Speed Exceeded 20% of the Time	Description of Wind Comfort
Sitting	≤ 10 km/h	Calm or light breezes desired for outdoor restaurants and seating areas where one can read a paper comfortably.
Standing	≤ 14 km/h	Gentle breezes suitable for main building entrances and transit stops.
Leisurely Walking	≤ 17 km/h	Moderate breezes suitable for walking along pedestrian thoroughfares.
Fast Walking	≤ 20 km/h	Strong breezes that can be tolerated if one's objective is to walk, run or cycle without lingering.
Uncomfortable	> 20 km/h	Strong winds of this magnitude are considered a nuisance for most activities, and wind mitigation is typically recommended.

Table 2: Wind Safety Criterion

Criterion	Gust Wind Speed Exceeded Once Per Year (0.1%)	Description of Wind Effects
Exceeded	> 90 km/h	Excessive gust speeds that can adversely affect a pedestrian's balance and footing. Wind mitigation is typically required.

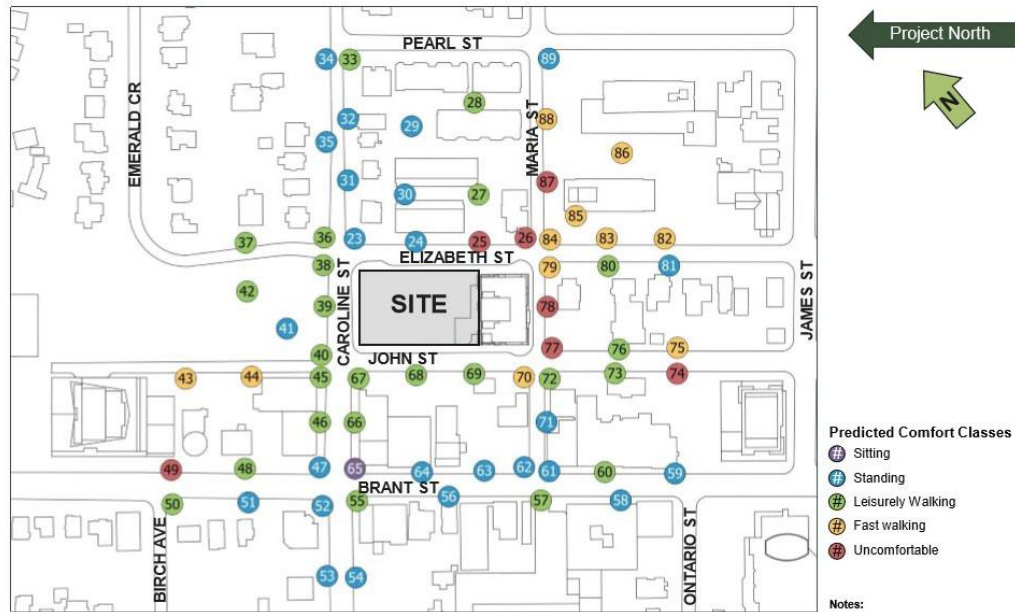
The study designates wind speeds above 20 km/h more than 20% of the time “uncomfortable”.

The study primarily concentrates on pedestrian levels however the balconies would also be classified as “uncomfortable” and possibly dangerous.

Items falling from or flying off balconies are very much a concern.

What parties will be considered liable when a pedestrian is injured or worse?

OBJECTION - PEDESTRIAN WIND STUDY CON'T



The study classifies pedestrian conditions along Maria Street north of the existing Berkeley on Elizabeth Street as “uncomfortable”

The study results in this being only a winter condition. We believe an amended study will reflect that the windy conditions are year-round. Elderly people walking along Elizabeth can be overpowered by very strong winds.

Mitigation methods are indeed required even for the existing conditions.

4.3 Surrounding Sidewalks (Locations 23 through 65)

Wind conditions on the surrounding sidewalks of Caroline Street, Maria Street, Elizabeth Street, John Street, and Brant Street are generally comfortable for fast walking or better throughout the year in the Existing Configuration (Figures 8a and 8b). The exceptions are along Maria Street and Elizabeth Street in the winter, where wind conditions are considered to be uncomfortable (Locations 25, 26, 77, 78, and 87). Uncomfortable wind conditions also occur on John Street (Location 74) and on Brant Street in the winter (Location 49). At the nearby transit stops (Locations 52 and 65) wind conditions are comfortable for sitting or standing year-round in the Existing Configuration.

In the Proposed Configuration, wind conditions on the surrounding sidewalks are generally remain comfortable for fast walking or better year-round (Figures 9a and 9b). The exceptions are along Caroline Street and Maria Street in the winter where wind conditions uncomfortable in the winter (Locations 38, 39, 77 and 78). In addition, uncomfortable wind conditions occur on Brant Street (Location 39) and on John Street (Locations 68 and 74) in the winter. At the nearby transit stops wind conditions remain conducive to sitting or standing year-round (Locations 52 and 65) in the Proposed Configuration.

To improve wind conditions along the nearby sidewalks of Caroline Street at the Site Plan stage of development, the design team should consider wind mitigation measures to deflect and disrupt the downwashing flows from the prevailing southwesterly winds. The details of such features can be determined at the time.

OBJECTION - PEDESTRIAN WIND STUDY CON'T

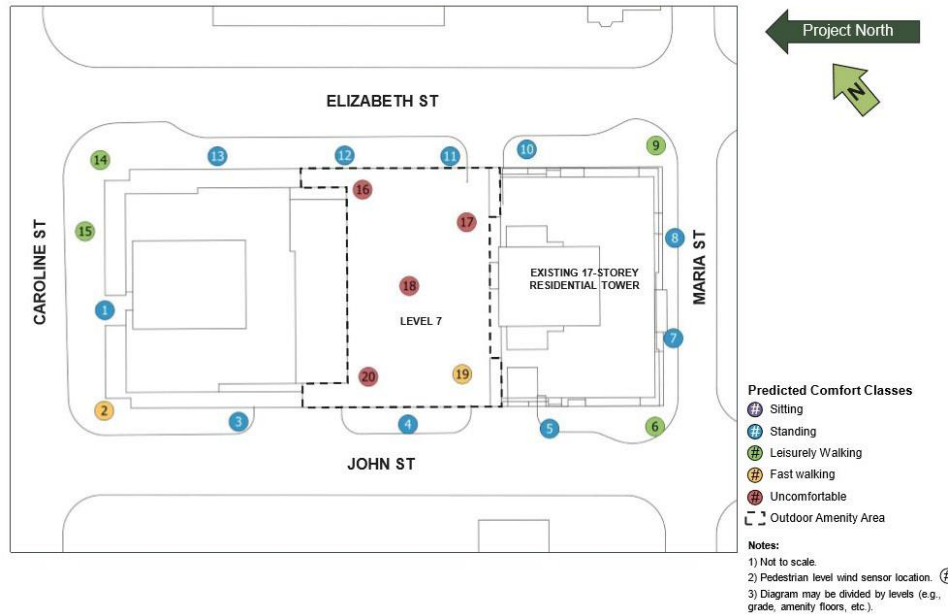


Figure 7a: Proposed Configuration – Pedestrian Wind Conditions – Building Entrances, Retail Entrances & Sidewalks – Summer

The study confirms that Level 7 would be “uncomfortable” throughout the year.

4.2 Outdoor Amenity Terraces Wind conditions on the 7th floor outdoor amenity terrace are generally uncomfortable throughout the year. The exception is on the southwest corner of the terrace

where wind conditions in the summer are conducive to fast walking.

The strong wind flows that occur on the 7th floor terrace are partially due to the down washing of the prevailing winds off the proposed and adjacent towers. These wind flows are then channel between the towers, creating local accelerations.

To improve wind conditions on the 7th floor terrace, the design team should consider mitigation options including, but not limited to:

- Wind screens on the north and south edges of the space.
- Pergolas and/or trellises over passive activity areas.
- Local wind screens throughout the space, to the north and south of passive activity areas.

June 21, 2024

OBJECTION - PEDESTRIAN WIND STUDY CON'T

Balconies are so windy, they become unusable most days.

Residents have to tie down furniture to prevent movement

Cushions, rugs, furniture on the ground after high winds

The strongest gusts seem to come from the south west, flow around the north west and south west corners at increased speed.

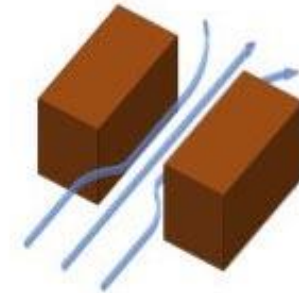
Hoarding blew down 4-5 times at NE corner of 2025 Maria.

Garage door at rear unit of 509 Elizabeth by flying debris required replacement.

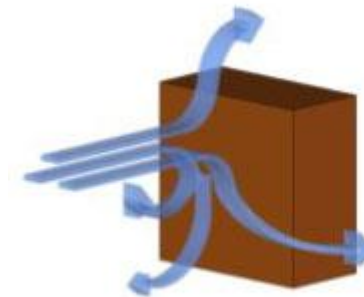
Signs blown down or away – real estate signage frequently found in creek

Debris found in 509 Elizabeth service court

Winds so severe at south corner of 509 Elizabeth that a tree and landscaping plants destroyed and had to be replaced with decorative grass

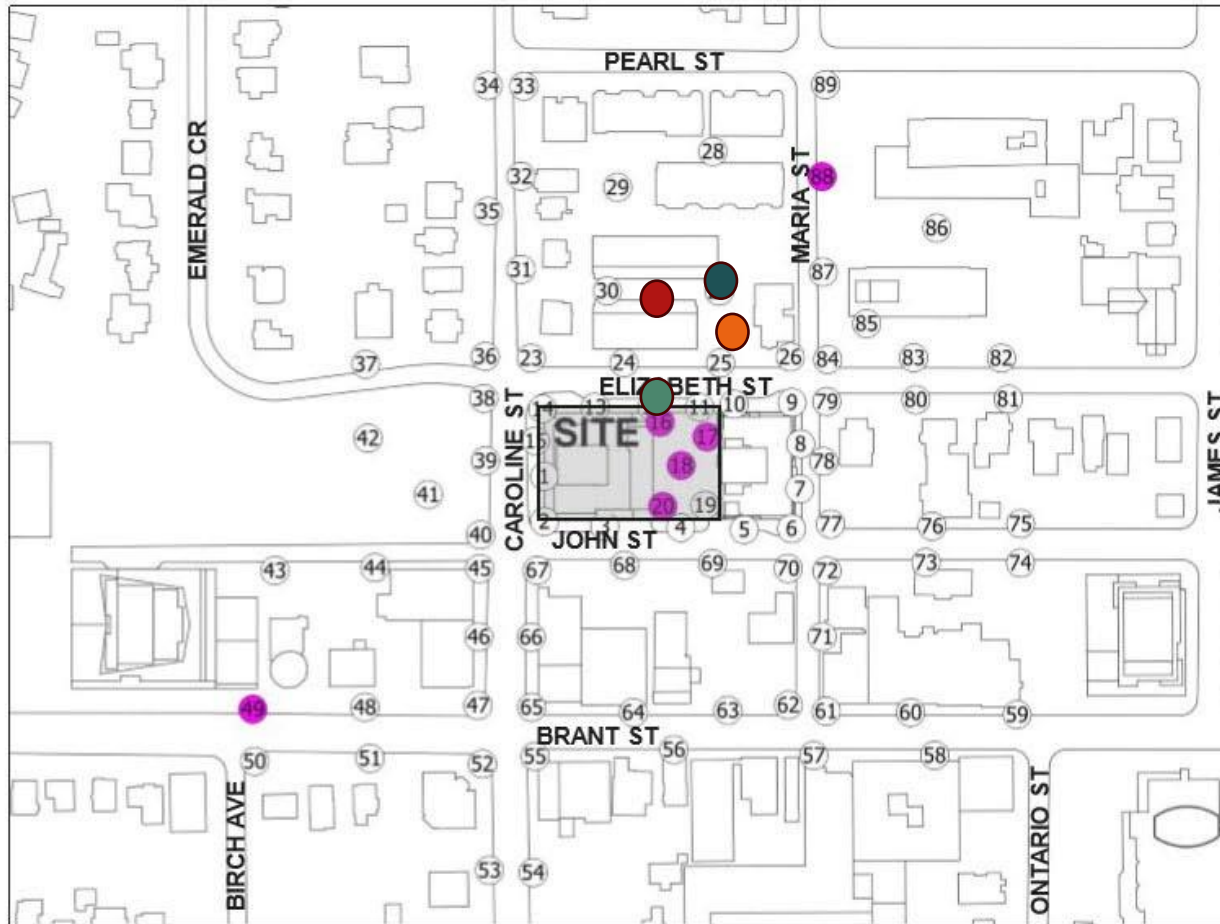


Channeling Flow



Downwashing Flow

OBJECTION - PEDESTRIAN WIND STUDY CON'T



← Project North



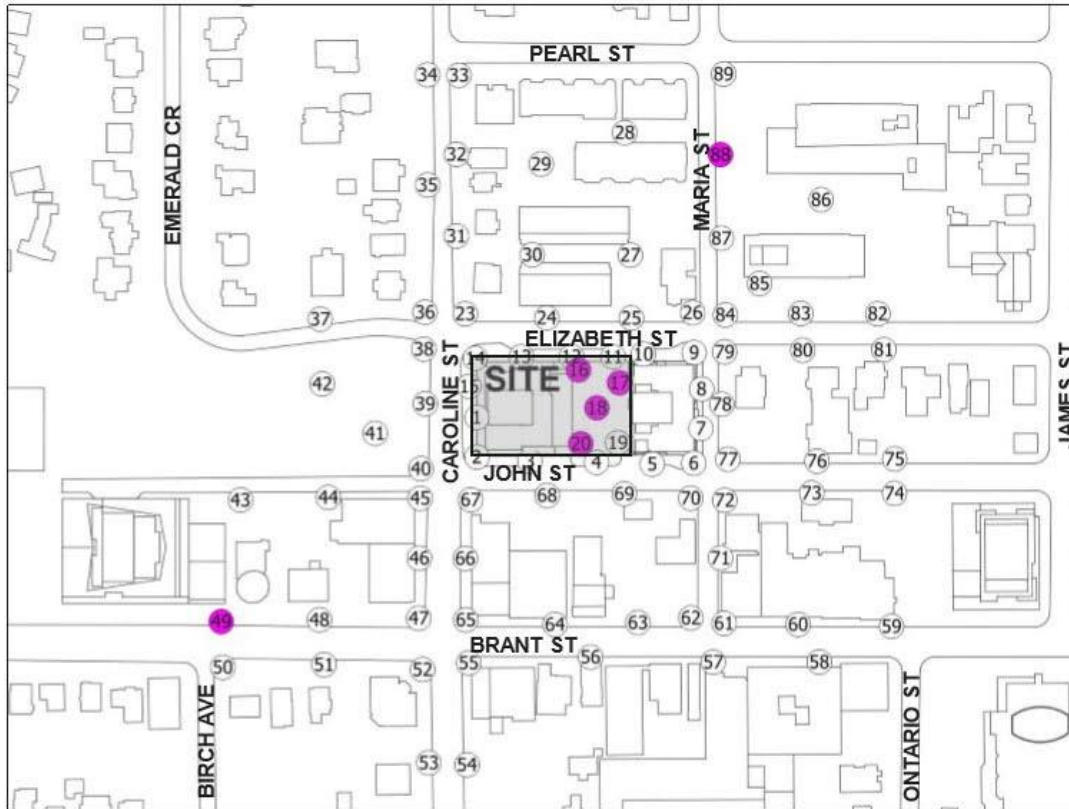
Wind event observations from 509 Elizabeth

- Cushion
- Garage Door
- Rug
- Hoarding

Safety
● Exceed Criterion

Notes:
1) Not to scale.
2) Pedestrian level wind sensor location. #

OBJECTION - PEDESTRIAN WIND STUDY CON'T



Safety
● Exceed Criterion

Notes:
1) Not to scale.
2) Pedestrian level wind sensor location. #

WIND SAFETY:

The balconies would also exceed the wind safety criteria

Due to the very strong winds, no open balconies should be permitted

Recessed balconies would be safer

Open balconies + high wind + tall buildings = DANGER

OBJECTION – SHADOW ANALYSIS

SUN / SHADOW STUDY *2030 CAROLINE*

Proposed Mixed-Use Development
2030 Caroline Street
City of Burlington

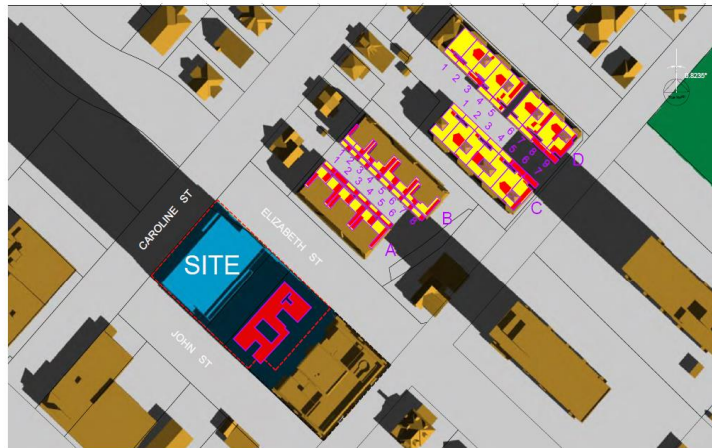
Prepared for:
Inaria Burlington Inc.
c/o Carriage Gate Homes

Prepared by:
Ralph Bouwmeester, P. Eng.

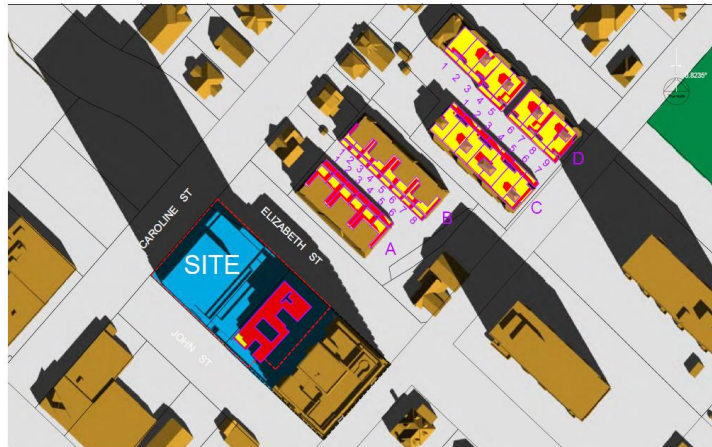


Criterion 4.3 includes a requirement that the Sun Access Factor on a private outdoor amenity space be a minimum of 0.22 in all cases. Shadowing of the townhouses on the east side of Elizabeth is of considerable concern with the potential proximity of a 28-storey mass directly in front of it.

OBJECTION – SHADOW ANALYSIS



Criteria 4.3 - Private Outdoor Amenity Space 11:00 AM
ALL TIMES IN EDT
SCALE 1:1250



Criteria 4.3 - Private Outdoor Amenity Space 12:00 PM
MAR 21

9. Shadow Criteria:

Criterion 4.2 - Key Civic and Cultural Spaces - Mar 21 and Sep 21

No net new shadows are permitted on Key Civic and Cultural Spaces between 10:00 and 16:00 hours on Mar 21 and Sep 21.

Criterion 4.3 - Private Outdoor Amenity Spaces - Mar 21

Shadows from proposed developments should not exceed 2 hours in duration, between 09:00 and 18:00 on Mar 21.

Net new shadows resulting from proposed buildings should allow a minimum amount of sunlight to reach nearby private residential outdoor amenity areas, including common outdoor amenity areas, such that a Sun Access Factor of at least 0.22 is provided in such areas between the hours of 09:00 and 18:00 on Mar 21.

Criterion 4.3 – Proposed new shadows reach a number of private residential outdoor amenity areas (rooftop patios) at the townhomes in the block directly east of the site.

Our analysis of the above amenity areas is included in Drawings 4.3-1 to 4.3-5 and summarized in Tables 2 to 5 following. The Sun Access Factors for the individual amenity areas meet and exceed the minimum required 0.22 in all cases.

In addition to adjacent private residential outdoor amenity areas, the City has indicated that Criterion 4.3 applies to on-site common outdoor amenity spaces. Rooftop outdoor amenity space is proposed on the roof of the podium (at the 7th-floor level). Our analysis of this area is included in Drawings 4.3-1 to 4.3-5 and summarized in Table 1 following. The Sun Access Factor for this amenity area meets and exceeds the minimum required 0.22.

We are satisfied that this guideline criterion has been met.

OBJECTION – SHADOW ANALYSIS



Criteria 4.3 - Private Outdoor Amenity Space

5:00 PM

ALL TIMES IN EDT

- ROOFTOP AMENITY SPACE
- AREA EXPOSED TO SUNSHINE
- AREA IN SHADOW



Criteria 4.3 - Private Outdoor Amenity Space

6:00 PM

MAR 21

Almost total shade along Elizabeth townhouses on March 21 at 5:00 pm and 6:00 pm

OBJECTION – SHADOW ANALYSIS

2030 Caroline
Burlington

TABLE 2

June 2024
R. Bouwmeester & Associates

Sun Access Factor Analysis - Existing Rooftop Amenity Space
Criteria 4.3 - Private Outdoor Amenity Spaces

Existing Townhouses Roof Amenity Space Areas (sm)

Bldg A Unit 1 45

Time of Day	Area in Sun (sm)	
	Test Time Area (As) *	Interval Ave Area (Aa)
9:00	11	
10:00	19	15
11:00	23	21
12:00	16	20
13:00	13	15
14:00	10	12
15:00	2	6
16:00	0	1
17:00	0	0
18:00	3	2
Total Area	90	

Average Area 10
Amenity Area 45

Sun Access Factor (SAF) = 0.22
> 0.22; therefore, meets criteria

* Note: See Drawings 4.3-1 to 4.3-5

Bldg A Unit 2 47

Time of Day	Area in Sun (sm)	
	Test Time Area (As) *	Interval Ave Area (Aa)
9:00	5	
10:00	22	14
11:00	24	23
12:00	17	21
13:00	14	16
14:00	13	14
15:00	13	13
16:00	0	7
17:00	0	0
18:00	0	0
Total Area	106	

Average Area 12
Amenity Area 47

Sun Access Factor (SAF) = 0.25
> 0.22; therefore, meets criteria

* Note: See Drawings 4.3-1 to 4.3-5

Bldg A Unit 3 48

Time of Day	Area in Sun (sm)	
	Test Time Area (As) *	Interval Ave Area (Aa)
9:00	5	
10:00	24	15
11:00	25	25
12:00	17	21
13:00	13	15
14:00	10	12
15:00	12	11
16:00	1	7
17:00	0	1
18:00	0	0
Total Area	105	

Average Area 12
Amenity Area 48

Sun Access Factor (SAF) = 0.24
> 0.22; therefore, meets criteria

* Note: See Drawings 4.3-1 to 4.3-5

Bldg A Unit 4 48

Time of Day	Area in Sun (sm)	
	Test Time Area (As) *	Interval Ave Area (Aa)
9:00	5	
10:00	24	15
11:00	25	25
12:00	17	21
13:00	14	16
14:00	12	13
15:00	13	13
16:00	10	12
17:00	0	5
18:00	0	0
Total Area	118	

Average Area 13
Amenity Area 48

Sun Access Factor (SAF) = 0.27
> 0.22; therefore, meets criteria

* Note: See Drawings 4.3-1 to 4.3-5

Bldg A Unit 5 46

Time of Day	Area in Sun (sm)	
	Test Time Area (As) *	Interval Ave Area (Aa)
9:00	4	
10:00	23	14
11:00	22	23
12:00	14	18
13:00	12	13
14:00	9	11
15:00	12	11
16:00	10	11
17:00	0	5
18:00	0	0
Total Area	104	

Average Area 12
Amenity Area 46

Sun Access Factor (SAF) = 0.25
> 0.22; therefore, meets criteria

* Note: See Drawings 4.3-1 to 4.3-5

Bldg A Unit 6 46

Time of Day	Area in Sun (sm)	
	Test Time Area (As) *	Interval Ave Area (Aa)
9:00	5	
10:00	28	17
11:00	28	28
12:00	25	27
13:00	22	24
14:00	15	19
15:00	9	12
16:00	10	10
17:00	0	5
18:00	0	0
Total Area	140	

Average Area 16
Amenity Area 46

Sun Access Factor (SAF) = 0.34
> 0.22; therefore, meets criteria

* Note: See Drawings 4.3-1 to 4.3-5

Sun Access Factors (SAF) tabulated

Amenity areas listed are not correct

The amenity areas shown vary between 45 and 48 square metres while the actual area of each unit is about 60 square metres

OBJECTION – SHADOW ANALYSIS

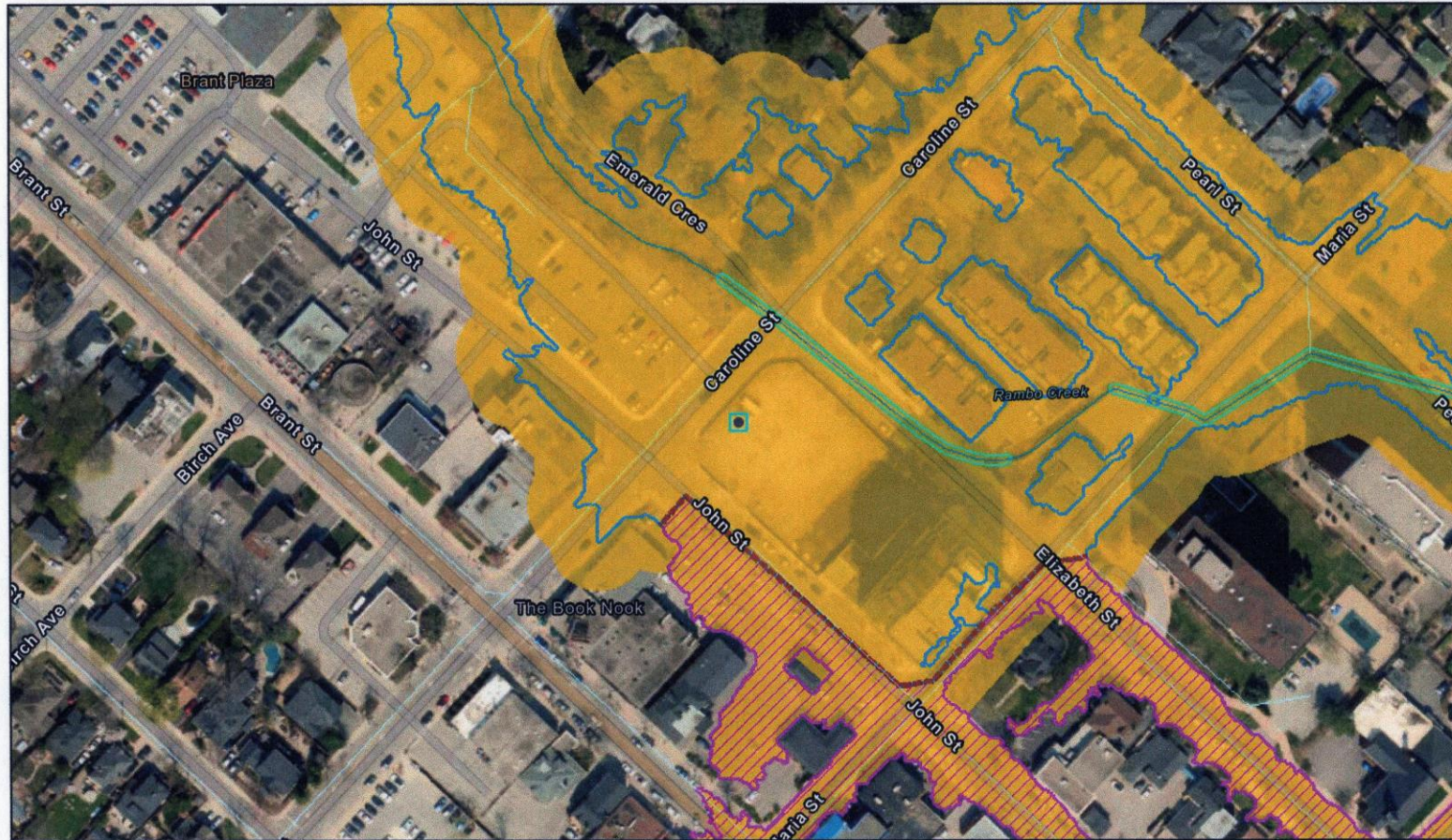
Corrected Sun Access Factor Table

Location	Sun Access Factor as suggested in Study	Sun Access Factor With Amenity Area corrected dimension
Bldg A Unit 1	0.22	0.168
Bldg A Unit 2	0.25	0.202
Bldg A Unit 3	0.24	0.201
Bldg A Unit 4	0.27	0.218
Bldg A Unit 5	0.25	0.202

The planning department relied on SAF data presented, which was incorrect and these corrected numbers due not satisfy the 0.22 requirement..

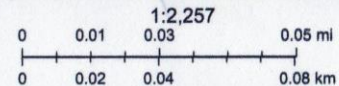
OBJECTION – TO BE BUILT ON A FLOOD PLAIN

Conservation Halton Regulation Mapping



10/5/2024, 11:45:30 AM

- | | | | |
|---|----------------------------------|-----------------------------|---------------------|
| Approximate Regulation Limit | Stable Top of Bank (STOB) Hazard | Headwater Floodplain Hazard | Spill Lines |
| Shoreline 100 year Flood Elevation Hazard | Wetland Hazard | Meander Belt Hazard | Waterflow |
| Shoreline Dynamic Beach Hazard | Spill Zone Hazards | Consult Conservation Halton | Non-Regulated |
| Shoreline Hazard | Floodplain Hazard | Spill Arrows | Regulated |
| | | | Conservation Halton |



Town of Oakville, Maxar, Microsoft, Conservation Halton, 2023, Esri Community Maps Contributors, City of Burlington, City of Hamilton, Province of Ontario, Town of Oakville, Esri Canada, Esri, TomTom, Garmin, SafeGraph, GeoTechnologies, Inc. METI/NASA, USGS, EPA, NPS, US Census Bureau.

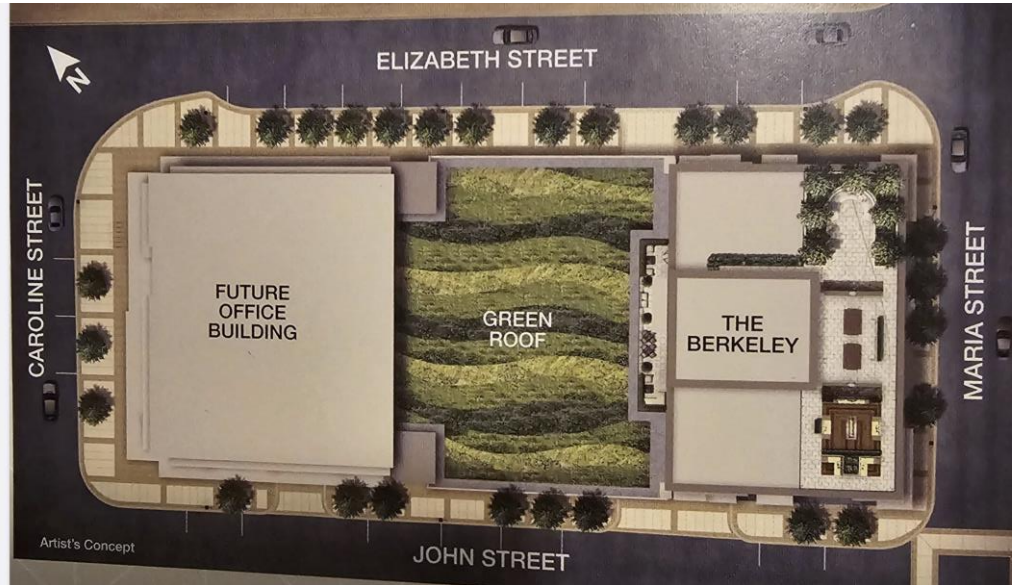
Conservation Halton, 2023
Conservation Halton, 2023

Analysis was thoroughly reviewed by Conservation Halton

Conservation Halton not able to support approval of proposal

“likely to create conditions which might jeopardize the health and safety of persons”

OBJECTION – SUSTAINABILITY



The proposal does include a draft “Sustainable Building and Development Guideline but does not indicate if LEED Certification will be pursued and obtained. The developer was to obtain LEED certification Phase 1 but did not do so.

If the proposal was approved, it does not appear the developer intends to obtain LEED certification

Table 1: Sustainable Building and Development Guidelines

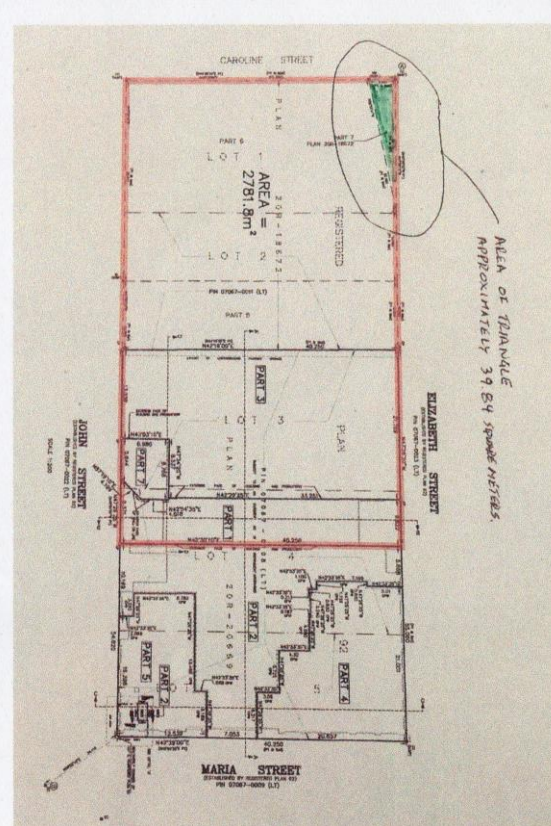
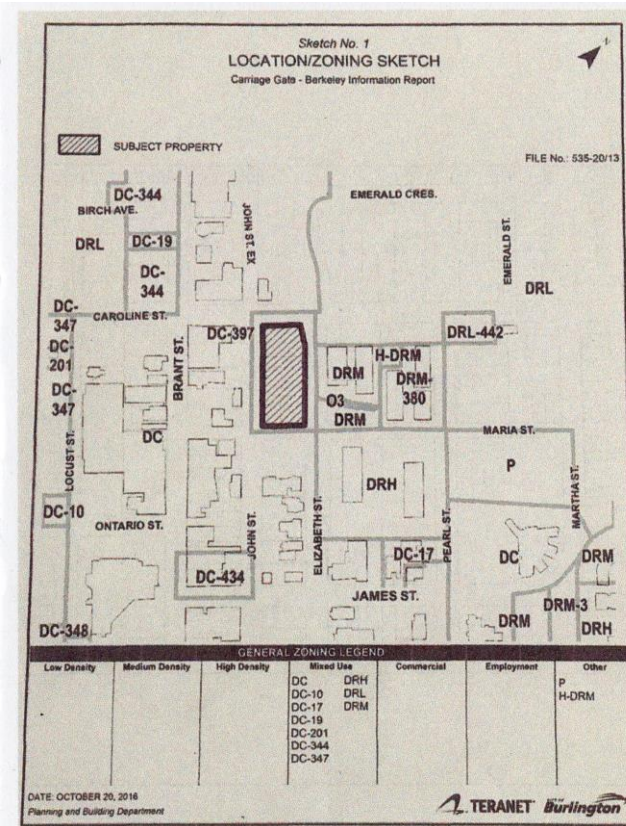
Address of Subject Land: 2030 Caroline Street, Burlington, Ontario

Draft: To be Refined at Site Plan Application Stage

Prepared on: June 21, 2024

Section 1: SITE DESIGN				
Required or Voluntary	Objective	Rationale, Incentives and Resources	Comments	Implementation
Required	Adjacent Topsoil: Maintain a minimum 15cm (6") quality topsoil.	Rationale: Appropriate topsoil levels stimulate runoff and helps to ensure plants survive and thrive. Resource: N/A	A 15cm(6") quality topsoil will be maintained	Site Plan
Required	Storm Management: For sites with surface parking, identify a designated snow storage area. For all sites, all snow will be stored and compacted promptly to separate groundwater and surface water. Appropriate on-site snow storage is preferable to off-site snow removal.	Rationale: Road salt poses risk to plants, animals, birds, fish, lakes and green ecosystems and groundwater. Appropriate snow storage areas can help manage and mitigate the risks associated with road salt. Resource: City of Burlington Site Plan Guidelines, www.burlington.ca/en/development-services/development_and_design/development_applications/the_plan_application_guidelines.pdf Guidelines for Snow Disposal and De-icing Operations in Ontario, www.ontario.ca/content/ontario/guidelines-snow-disposal-and-de-icing-operations-ontario	N/A	Site Plan
Voluntary	Adjacent Topsoil, Enhanced: Maintain a minimum 30cm 12" quality topsoil, protect areas from disturbance and/or compact subsoil in landscaped areas and non-landscape areas.	Rationale: Enhanced topsoil levels absorb runoff and helps to ensure plants survive and thrive. Protecting areas from disturbance and compacting soil in disturbed areas further ensures the health of disturbed material. Resource: Preserving and Restoring Healthy Soil: Best Practices for Urban Construction, TRCA, June 2012 Incentive: Sustainable Building Award	All planting soil required will be brought in to provide optimal growing conditions for proposed planting. In addition, the site/landscape plans included with the OPA/SLA submission have been designed in accordance with the City of Burlington Overviews: Streetscape Guidelines	Site Plan
Voluntary	Storm Management, Enhanced: Achieve the Smart About Salt Site Certification.	Rationale: The Smart About Salt Site Certification ensures that design and management best practices are in place to mitigate the impacts of road salt. Resource: www.smartaboutsalt.com Incentive: Sustainable Building Award	N/A	Site Plan
Voluntary	Reuse Topsoil: Retain and reuse uncontaminated inside topsoil in areas not covered by the building and parking/surface areas. Proper storage of topsoil to retain soil health and quality.	Rationale: Retaining and reusing topsoil is a natural resource and minimizes the need to truck soil to and from the site. Resource: Preserving and Restoring Healthy Soil: Best Practices for Urban Construction, TRCA, June 2012 Incentive: Sustainable Building Award	All planting soil required will be brought in to provide optimal growing conditions for proposed planting.	Site Plan
Voluntary	Site Disturbance: On greenfield sites, limit site disturbance including earthwork and clearing of vegetation to 12 metres beyond the building perimeter, 1.5 m beyond existing roadway curbs, sidewalks, and areas with rough paving, and 7.5 m beyond operational areas with permeable surfaces (such as parking areas) that require additional staging areas in order to limit compaction in the landscaped area. On or previously developed sites, restrict a maximum of 5% of the site area (excluding the building footprint) by replacing impervious surfaces with native or adapted vegetation.	Rationale: Maintains the local landscape and helps to ensure soils and vegetation remain undisturbed. Resource: LEED ND Innovative Sustainable Building Award	N/A	OPA/SLA and Site Plan
Voluntary	Adaptive Reuse: Development includes adaptive reuse or rehabilitation of any designated heritage buildings with cultural heritage value or potential.	Rationale: The City's Official Plan contains policy to encourage adaptive reuse of built heritage resources where appropriate. Adaptive reuse integrates cultural heritage resources or their key attributes into a new development and makes use of existing building stock. Resource: N/A Incentive: Sustainable Building Award	N/A	OPA/SLA and Site Plan
Voluntary (see exception)	Accessible Units: In ground or mixed residential developments such as townhomes, 15% of units are constructed as inclusive housing. Features include: long-term storage, wider entrances and clear pathways on the route from a main floor bathroom or powder room. NOTE: Currently required for multi-unit apartment and condo buildings under the Ontario Building Code.	Rationale: Inclusive housing is the concept of designing and building homes with broad accessibility. Inclusive homes enable a welcoming environment for visitors of all ages and abilities. It also helps a person of any age who develops a temporary or permanent mobility disability stay in their home without having to undergo extensive renovations. Resource: Inclusive Housing Canada, www.inclusivehousingcanada.com; CBC, Accessible Housing by Design, www.cbc.ca/1.5640360; 508-Only Award for Leadership in Accessibility Incentive: Sustainable Building Award, Burlington Accessibility Award, David C. O'Reilly Award for Leadership in Accessibility	15% of the units will be barrier-free units for each suite size as per building code.	Building Permit

OBJECTION – CITY PROPERTY?



The triangular piece of land at the north west corner of Caroline and Elizabeth is in close proximity to a buried portion of Rambo Creek. Since 2010 this land was shown as outside the scope of the Carriage Gate development. The latest proposal includes this land. It is understood that a transfer of this parcel to the developer is not complete.

The area is about 40 square metres. Based on a 10:1 residential density, this land may have a value of over \$300,000.

The fact that this property is still in the City's name may create some leverage when dealing with the developer, no matter what development is eventually approved.

OBJECTION – PHASE 1 INCOMPLETE



The developer has never completed the area around the transformer vault and the parking ramp.

The exposed insulation has not even been covered with an appropriate covering material(s).

This has been reviewed in person on several occasions with a representative of the City.

Notwithstanding, the developer has not attended to this issue even though 2025 has been occupied for about five years.

OBJECTION – LOSS OF THE MEDICAL CENTER

IN 2010, THE CITY HAD THE VISION AND THE FORESIGHT TO CHANGE THE EXISTING BYLAW FOR THE PROPERTY (NOW) AT 2030 CAROLINE STREET AND 2025 MARIA STREET TO ALLOW THE CONSTRUCTION OF THE BERKELEY MEDICAL ONE PROJECT

THE PUBLIC IS NOT IN FAVOUR OF THIS NEW PROPOSAL OF A 28-STOREY CONDO BUILDING, THREE PETITIONS WITH SIGNATURES TALLING 331 NAMES INCLUDING COUNTLESS LETTERS OBJECTING TO THIS PROPOSAL

WE CURRENTLY HAVE A MEDICAL CRISIS. 22% OF CANADIANS DO NOT HAVE ACCESS TO A FAMILY MEDICAL DOCTOR. AS A RESULT, DOUG FORD HAS APPOINTED DR. JANE PHILPOTT TO PRESENT FINDINGS AND RECOMMENDATIONS

CANADA/ ONTARIO IS FAR BEHIND THE REST OF THE WORLD WHEN IT COMES TO PROVIDING THEIR CITIZENS WITH THE PROPER HEALTH CARE.

OBJECTION – LOSS OF THE MEDICAL CENTER

ON BEHALF OF ALL THE PEOPLE WHO HAVE SIGNED PETITIONS AND SENT LETTERS, I PLEAD TO CITY COUNCIL TO CONTINUE TO DO THE RIGHT THING, MAKE THE RIGHT DECISION, CONTINUE TO BE VISIONARY LEADERS AND **DENY / REJECT THIS NEW APPLICATION.**

INSTEAD, KEEP THE CURRENT BYLAW, WORK WITH A VERY ENTHUSIASTIC PROVINCIAL GOVERNMENT, THE PUBLIC AND OTHER PARTNERS WHO ARE DESPERATELY LOOKING FOR SOLUTIONS TO SOLVE TODAY'S HEALTH CARE CRISIS.

*The City of Burlington can continue to be **VISIONARY LEADERS** and instrumental in helping to solve this **HEALTH CARE CRISIS** problem at a time when the population is increasing at such a rapid rate. Hospitals don't have the capacity and are not designed to fix this crisis.*

OBJECTION – LOSS OF THE MEDICAL CENTER

- Canada's population is booming – access to family doctors hasn't kept pace

The OurCare report concludes that the best way to solve Canadians' crisis of confidence in primary care is with a relatively straightforward, if elusive, fix: bring in more doctors and nurse practitioners.

"When people don't have access to primary care, it fundamentally means people aren't getting the care that they need," Kiran said. "They're not getting the preventative care. Chronic conditions aren't being managed."

Kiran said that in a system where family doctors play a crucial gatekeeping or "quarterback" role — treating patients, coordinating care and providing referrals to specialists — everyone should have some sort of relationship with a primary care clinician.

"If we don't make meaningful change to primary care, we're going to see people's health deteriorate. That means their mental health, their physical health, their social well-being. And, ultimately, it's going to mean people having a worse quality of life," she said.

More doctors will lead to a healthier population, improved death rates and lower health care costs, the report concludes.

OBJECTION – LOSS OF THE MEDICAL CENTER

rch NATIONAL POST Sub

BREITLING 1884 | 140 YEARS OF FIRSTS DÉCOUV

Health / News / Canada

Canada's family doctor shortage: 10 million will soon lack access to primary care

Family doctors are retiring and moving into other areas of medicine, creating a disaster for a country with universal health care

OBJECTION – LOSS OF THE MEDICAL CENTER



CMAJ
<https://www.cmaj.ca> > content



National survey highlights worsening primary care access

by D Duong · 2023 · Cited by 34 — More than one in five Canadians — an estimated 6.5 million people — do not have a family physician or nurse practitioner they see regularly, ...

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Global News
<https://globalnews.ca> > news > can...



Half of Canadians do not have a doctor, or battle for appointments: survey - National

Aug 17, 2023 — More than one in five Canadians — an estimated 6.5 million people — do not have a family physician or nurse practitioner they see regularly, ...



CBC
<https://www.cbc.ca> > news > politics



Massive new survey finds widespread frustration with access to primary health...

Feb 27, 2024 — About 35 per cent of Canadians aged 18 to 29 are without a primary care provider, according to OurCare. Access to family doctor or nurse ...

OBJECTION – LOSS OF THE MEDICAL CENTER



Watch World Canada Local ▾ Politics Money Health Enterta

WATCH: Canadians giving up on finding a family doctor, according to a CMA report – Aug 17, 2023



In the midst of a **family doctor** shortage across the country, half of Canadians do not have a primary care physician or have difficulty securing a timely appointment with their current one, according to a recent survey.

The survey, released Thursday by Angus Reid Institute and the **Canadian Medical Association** (CMA), found that one in five Canadians said they don't have a family doctor.

For those fortunate enough to have one, the struggle persists, as 29 per cent of respondents said it was difficult to get an appointment. Thirty-seven per cent of respondents said it usually takes a few days to get an appointment with their family doctor, while 15 per cent said they get in right away.

Among Canadians who do not have a family physician, 26 per cent have abandoned their search, while another 38 per cent have been looking for more than a year, the survey found.

**SOURCE:
GLOBAL NEWS
NETWORK**

OBJECTION – LOSS OF THE MEDICAL CENTER

cbc.ca — Private

Source: OurCare (CBC)

Canada lags well behind other wealthy countries on access to primary care. In the United Kingdom, Norway, the Netherlands and Finland, more than 95 per cent of the population has a primary care clinician or place of care, according to [data](#) published in the Canadian Medical Association Journal.

Those countries guarantee access by automatically registering people to a physician or practice.

In Canada, meanwhile, many people spend years on waiting lists just to get access to a general practitioner. Many family medicine practices have simply closed their doors to new patients.

OurCare also found that many people who do have some sort of provider still struggle to access primary care in a way that best serves their needs.

Only 35 per cent of those surveyed said they could get a same-day or next-day appointment when they need care urgently, said the OurCare report.

Doctors' office hours are limited, and relatively few people (36 per cent) reported access to a clinician on weekends or after 5 p.m. on weekdays.

That lack of access has consequences. The number of unscheduled emergency room visits jumped from about 14 million in 2021-22 to 15.1 million in 2022-23, according to Canadian Institute for Health Information (CIHI) [data](#).

- [Canada's population is booming — access to family doctors hasn't kept pace](#)

**SOURCE:
CBC..CA**

OBJECTION – LOSS OF THE MEDICAL CENTER

internationalinsurance.com — Private

1. Singapore	28. Czech Republic	55. Oman	81. Mauritius
2. Japan	29. Cyprus	56. Saudi Arabia	82. Ecuador
3. South Korea	30. Costa Rica	57. Panama	83. Brazil
4. Taiwan	31. Thailand	58. Iran	84. Russia
5. China	32. Canada	59. Latvia	85. Azerbaijan
6. Israel	33. UAE	60. Argentina	86. Morocco
7. Norway	34. United Kingdom	61. Lithuania	87. Indonesia
8. Iceland	35. Uruguay	62. Belarus	88. Paraguay
9. Sweden	36. Colombia	63. Turkey	89. Dominican Republic
10. Switzerland	37. Estonia	64. Trinidad and Tobago	90. Georgia
11. Netherlands	38. Qatar	65. Bulgaria	91. Belize
12. Luxembourg	39. Seychelles	66. Albania	92. Cambodia
13. Germany	40. Portugal	67. Jamaica	93. Moldova
14. Hong Kong	41. Greece	68. Armenia	94. São Tomé and Príncipe
15. Finland	42. Malaysia	69. United States	95. Bosnia-Herzegovina
16. Denmark	43. Kuwait	70. Algeria	96. Philippines
17. Italy	44. Vietnam	71. Mexico	97. Venezuela
18. Belgium	45. Slovakia	72. Romania	98. El Salvador
19. Malta	46. Hungary	73. Cabo Verde	99. Honduras
20. France	47. Sri Lanka	74. Macedonia	100. Jordan
21. Australia	48. Poland	75. Tajikistan	101. Ukraine
22. Austria	49. Uzbekistan	76. Kyrgyzstan	102. Lebanon
23. Ireland	50. Bahrain	77. Kazakhstan	103. Montenegro
24. Slovenia	51. Chile	78. Nicaragua	104. Guatemala
25. New Zealand	52. Peru	79. Tunisia	
26. Spain	53. Croatia	80. Serbia	
27. Cuba	54. Turkmenistan		

Source: Legatum Institute and Prosperity.com

OBJECTION – LOSS OF THE MEDICAL CENTER

It's that last point that may motivate some politicians to address primary care gaps with a greater sense of urgency, Kiran said.

Adding doctors costs more upfront but could save money in the long run through a greater focus on preventative medicine — treating conditions before they require more costly interventions like surgery.

The federal government's [latest health accord](#) with the provinces — and a series of [bilateral side deals](#) — amount to a meaningful improvement but they don't deliver all the country needs, Kiran said.

The federal government agreed last year to spend \$46.2 billion more on health care than originally planned over the next ten years.

The government needs to spend tens of billions of dollars more than that to meaningfully improve primary care, Kiran said, citing her research.

"Incremental improvement isn't enough. Going from 77 per cent covered to 80 per cent or 85 — that won't cut it," she said.

"We actually have to design around full population coverage and that means actually looking at our health-care system differently. We need 10 times the investment that has been committed to realize that vision of high-quality primary care for everyone."

OBJECTION – LOSS OF THE MEDICAL CENTER

A Toronto-based research team met with and surveyed some 10,000 Canadians about the state of the health-care system — and what they found is deep dissatisfaction and frustration with primary care as the country grapples with a severe shortage of family doctors.

The OurCare Initiative — led by Dr. Tara Kiran, a family doctor and scientist with the MAP Centre for Urban Health Solutions at Toronto's St. Michael's Hospital — conducted a national survey, assembled five "provincial priorities panels" and convened a series of community roundtables over the past 16 months. It just released a 72-page report describing its findings.

It's one of the most comprehensive surveys ever conducted on Canadians' views of the health system and it provides crucial data on the poor state of primary care access in a growing and aging country.

- **Meet some of the 6 million Canadians who don't have a family doctor**

While Canadians are generally proud of a health system that delivers care based on need rather than the ability to pay, the OurCare researchers found many people believe the system has failed on its promise to deliver universal and high-quality health care in a timely manner.

"Despite the diversity of the voices that we heard from, it was clear there is so much people in Canada agreed on. They want everyone to have access to primary care," Kiran told CBC News.

"Primary care is falling short. Far too many people don't have access to what is the front door to the health-care system. We're a country of have and have-nots.

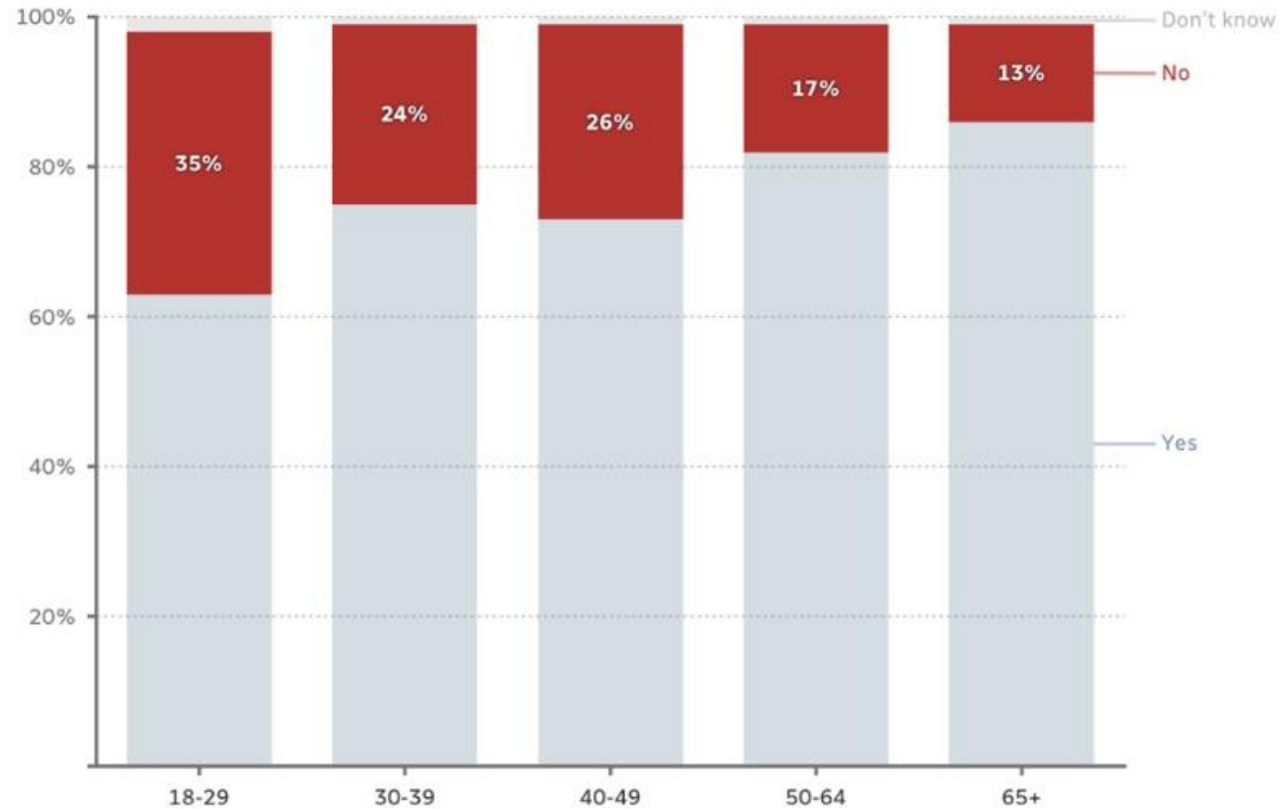
"So many people have absolutely nothing — no access — and I think that's shameful, actually."

OBJECTION – LOSS OF THE MEDICAL CENTER

The data also reveals a significant age disparity, with fewer young adults reporting regular access to a doctor.

About 35 per cent of Canadians aged 18 to 29 are without a primary care provider, according to OurCare.

Access to family doctor or nurse practitioner, by age group



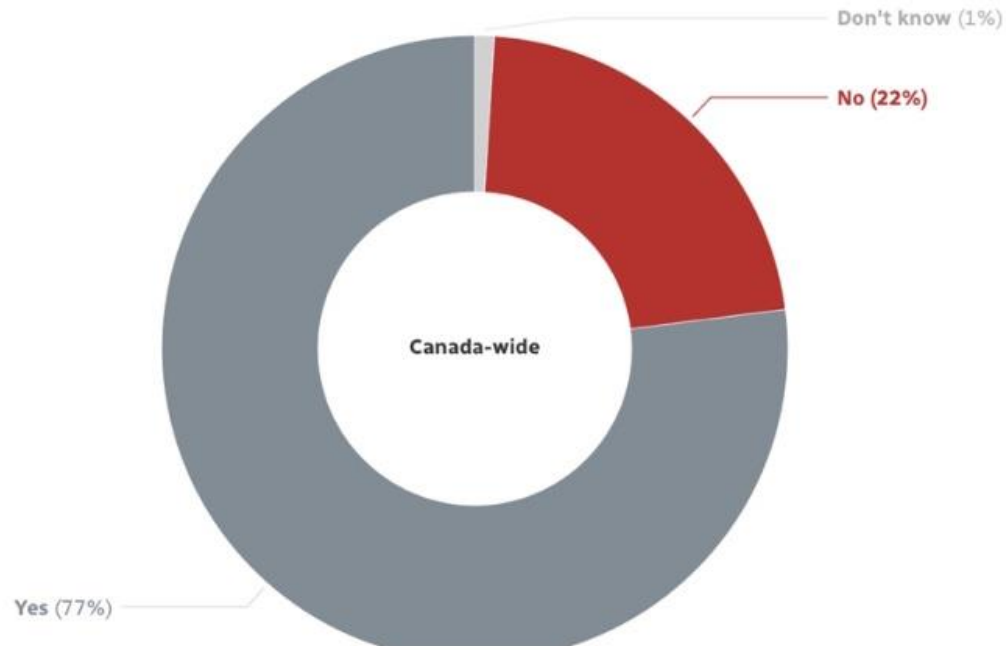
OBJECTION – LOSS OF THE MEDICAL CENTER

Dr. Tara Kiran and her team of researchers surveyed 10,000 people. The biggest takeaway was a desire for more doctors to improve primary care. (Oliver Walters/CBC)

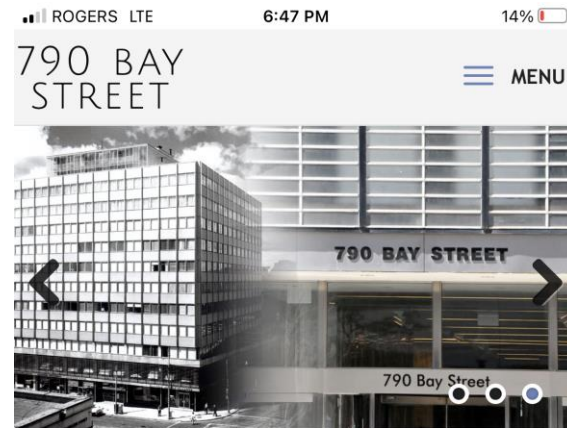
The report found evidence of what it calls an "attachment crisis" — an estimated 22 per cent of Canadian adults (about 6.5 million people) do not have a family doctor or nurse practitioner they can see regularly.

The problem appears to be getting worse. In a [2019 Statistics Canada survey](#), 14.5 per cent of Canadians aged 12 and over reported not having regular access to primary care.

Number of Canadians who have a family doctor or nurse practitioner



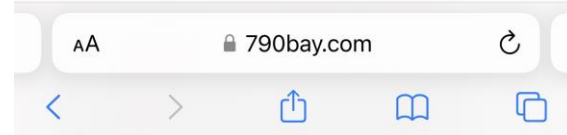
OBJECTION – LOSS OF THE MEDICAL CENTER



Building:

790 Bay Street is a medical office building. Services include physician offices, diagnostic imaging, laboratory, physiotherapy, dentistry and research. It is now one of the largest medical office buildings in Canada

Location:



OBJECTION – LOSS OF THE MEDICAL CENTER



Health Sciences



Introducing "Health for All"

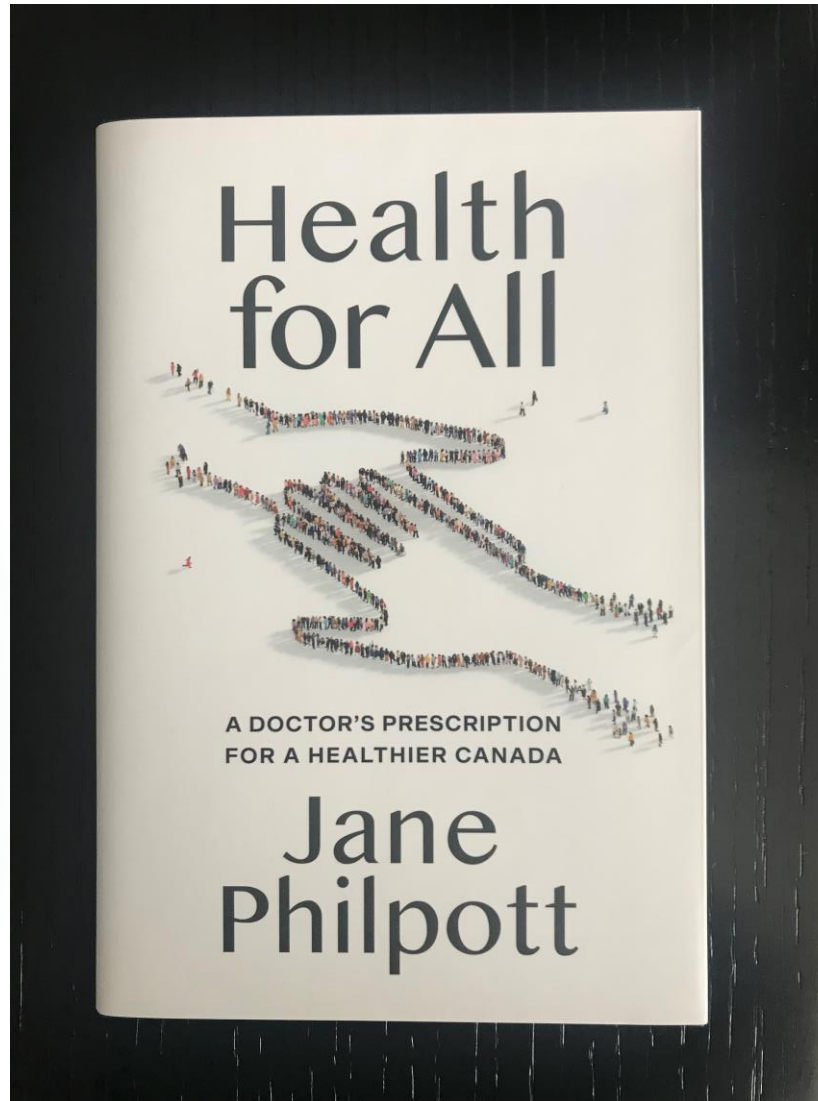
DEAN'S BLOG | 03 Apr 2024



Photo by Liz Cooper

Early in 2022, my husband and I had planned a trip to Uganda to visit our son, but we had to cancel our trip due to the Omicron outbreak. We were terribly disappointed and found ourselves with some unexpected free time. In a spontaneous decision, I decided to do some writing. I started writing about health systems, my experiences in them, and lessons learned over my career. I didn't intend to write a book, but once I started, I couldn't stop. Over the next year and a half, I would

healthsci.queensu.ca



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Doug Ford appoints Jane Philpott to lead Ontario's new primary care action team

LAURA STONE > QUEEN'S PARK REPORTER
PUBLISHED OCTOBER 21, 2024



CONCLUSION...

REASONS TO DENY THIS APPLICATION

GIVEN THAT THERE IS NO PUBLIC SUPPORT FOR THIS 28-STOREY CONDO DUE TO THE LOSS OF AN APPROVED AND URGENTLY NEEDED MEDICAL BUILDING, AND COUNTLESS OTHER REASONS IDENTIFIED IN THIS PRESENTATION, WE IMPLORE CITY COUNCIL TO **REJECT / DENY THIS APPLICATION.**