

ADAPTIVE REUSE OF FORMER HOSPITAL SITES IN ONTARIO: LESSONS LEARNED FROM THE  
PLANNING PROCESS

by

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## ABSTRACT

Since the 1990s, Ontario's health care system has faced a number of changes with respect to increasing expenses not reflected in the allotted funding for hospitals. The restructuring of Ontario's hospital landscape has resulted in amalgamations, takeovers and closures leaving behind viable surplus hospital sites. This paper focuses on the municipal planning process of adaptive reuse through the lens of former hospitals sites in Ontario. The opportunities and challenges that currently exist in the planning process are examined through four case studies of former hospital sites: Sault Area Hospital in Sault Ste. Marie, St. Catharines General Hospital in St. Catharines, St. Joseph's Hospital in Sudbury and St. Joseph's Hospital in Peterborough. The findings are summarized in to a set of lessons learned from the planning process. These lessons can be used by municipalities to enhance the overall planning process for these former institutional buildings.

**Key words:** adaptive reuse; former hospital sites; municipal planning process

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# CHAPTER 1: INTRODUCTION

## 1.1 Context

Jane Jacobs (1961) stated that “old ideas can sometimes use new buildings. New ideas must use old buildings” (p.188). Adaptive reuse is not a new concept. There has been a plethora of scholarly and professional material covering this subject matter. This paper focuses on the municipal planning process of adaptive reuse through the lens of former hospitals sites in Ontario. Chapter 1 provides a general overview of Ontario’s changing hospital landscape from the 1990s up to 2016 as a prelude to the discussion of the adaptive reuse of these former sites.

The healthcare system in Ontario has undergone a number of changes over the years. Sinclair, Rochon and Leatt (2005) detail the financial pressure on hospitals during the 1990s. Hospitals were subject to increasing expenses, largely due to wages and the changing practice and technology of these institutional facilities. These increased expenses were not reflected in the hospitals’ funding. During this time, the government was already facing significant debt and deficits. Sinclair et al (2005) highlight that in 1995, hospitals accounted for an estimated 41 percent of the \$17.8 billion health budget. Budget cuts were inevitable. There was the need to not only manage the budget, but health services also needed to be reformed (Thorlby, 2011).

Bill 26, *The Savings and Restructuring Act*, 1996 resulted in the creation of the Health Services Restructuring Commission (HSRC) by the Ontario Government (Ontario Health Services Restructuring Commission, 2000). The Ontario Health Services Restructuring Commission (2000) produced a report on the legacy of the HSRC, which details their role, among others, as decision makers regarding the restructuring of public hospitals in Ontario. The independent body was given the authority over a four-year term to redefine, amalgamate and close hospitals all together. A strategic framework was developed and applied by the HSRC in order analyze all possible scenarios when restructuring hospitals with the objective of improving quality, accessibility and affordability (Ontario Health Services Restructuring Commission, 2000). Ultimately, the restructuring of the healthcare system in the 1990s resulted in takeovers, closures and the amalgamation of a number of hospitals to make way for larger health care

organizations (Ontario Health Services Restructuring Commission, 2000). The number of hospitals diminished, from 225 in 1989/1990 to 150 in 1999. A total of 27 public hospitals closed in Ontario (Thorlby, 2011).

More recently, the Ontario Health Coalition (2015) released a report entitled *Code Red: Ontario's Hospital Cut Crisis* which draws attention to the fact many hospitals are increasingly facing code gridlock, meaning both the beds and emergency department are at full capacity. The report (2015) designates 51 existing hospitals of the approximate 200 in Ontario as “code red” through a series of maps and explanations detailing what cuts each facility has made. Code red signifies these sites are experiencing significant cuts or are under threat of closure. In 2014, the Health Minister announced the future closure of five hospitals in Southern Ontario with the eventual possibility of creating one new hospital (Howlett and Morrow, 2014).

As shown through the overview provided, Ontario's changing hospital landscape has consequently left a number of hospitals sitting empty over the years. These distinct facilities provide an opportunity to be reimagined in to a new function and rooted in their respective community. While there have been hospitals that have undergone the planning process for adaptive reuse, there is a gap in research for this type of infrastructure.

## 1.2 Research Questions

This paper will address the following questions:

- What are the challenges and opportunities regarding the municipal planning process for the adaptive reuse of former hospital sites in Ontario?
- Do any municipalities include steps beyond those required by the *Planning Act* for the adaptive reuse of former hospital sites?

Ultimately, the goal of this research is to distill a set of lessons learned from the planning processes associated with the adaptive reuse of former hospital sites. This goal is supported by three specific objectives:

- 1) The first objective is formulating an understanding of the benefits of adaptive reuse and its implications in the planning process based on existing literature.
- 2) The second objective is examining case studies of adaptive reuse through the lens of former hospital sites in Ontario to gain an understanding of the planning process these sites are subject to.
- 3) The third and final objective is identifying the challenges and opportunities that exist within the planning process and where commonalities exist in order to develop recommendations to improve the planning process. This will allow professionals to have a sense of what worked and what did not in terms of the planning process prior to taking on future projects.

### 1.3 Paper Structure

Following this chapter which introduces the context and research questions, Chapter 2 provides an overview of the relevant adaptive reuse literature, including the environmental, social and economic benefits of adaptive reuse. Chapter 3 will outline the methodology used for this research, highlighting interviews as a main tool to extract professional opinions regarding the planning process for four selected case studies. The case descriptions are detailed in Chapter 4. For each of the four case studies, the site description and background, redevelopment plans, and planning process are outlined. Chapter 5 will examine the case studies and highlight the opportunities and challenges that exist in the municipal planning process. Chapter 6 concludes the research with a set of lessons learned and directions for future research.

## CHAPTER 2: WHY ADAPTIVE REUSE AND THE PLANNING PROCESS?

This section provides an overview of the existing literature surrounding adaptive reuse and the planning process. Given the fact hospital sites have not been examined closely in existing literature, the objective in this chapter will be to define adaptive reuse and examine the matter more broadly in terms of its advantages from an environmental, social, and economic perspective. The latter portion of this chapter briefly explains how the planning process acts as a barrier to adaptive reuse.

### 2.1 Defining Adaptive Reuse

There are a number of variations of the definition of adaptive reuse. Gorgolewski (2008) outlines three approaches to reusing building components: i) adaptive reuse; ii) relocation; and iii) component reuse. He characterizes adaptive reuse as maintaining the structural component of the building, but that this can also include new additions or extensions to the building.

Bullen and Love (2009) utilize a similar definition from the Department of Environment and Heritage (2004), which defines adaptive reuse as “a process that changes a disused or ineffective item into a new item that can be used for a different purpose” (p.215). Latham (2000) details that adaptive reuse implies the change in function of the building, thereby maintaining as much of the original structure of the building as possible.

The characterization of adaptive reuse for this research aligns with Latham’s (2000) definition as each developer is maintaining as much of the original building as possible. The case studies in this paper have an adaptive reuse component that maintain as much of the original structure as possible. However, each of the case studies also have a demolition component for portions of the site deemed not viable for adaptive reuse.

## 2.2 Advantages

### 2.2.1 Environmental

Adaptive reuse provides numerous environmental, social, and economic benefits. Bullen and Love (2010) emphasize that all three factors, environmental social and economic, need to be considered in terms of their impact when determining whether or not to pursue an adaptive reuse project. From an environmental standpoint, adaptive reuse allows for both preservation and sustainable development. Langston, Wong, Hui and Shen (2008) claim this is because the existing site and public infrastructure is taken advantage of, thereby reducing the amount of landfill waste. On the other hand, developing on a Greenfield site promotes sprawl and public infrastructure may be required to be built (Langston et al., 2008).

Adaptive reuse is more sustainable in contrast to demolition and new construction projects. Itard and Klunder (2007) conducted their own study, which revealed a reduction in the use of materials and waste when a building underwent adaptive reuse in comparison to demolition and new construction projects. Bullen (2007) elaborates on how adaptive reuse produces fewer emissions. Bullen and Love (2010) profess that viable buildings should not be prematurely demolished if they have not yet reached their life expectancy, as they provide the opportunity to be converted in to a new use. Velthus & Spennemann (2007) reaffirm this scenario where a building may last longer than its initial purpose.

However, Langston et al (2007) claim that buildings are often prematurely demolished as the investor or developer is only looking at the economic nature of the project rather than in combination with the social and environmental context. Shipley, Utz and Parsons (2006) allude to this narrow focus where adaptive reuse projects are perceived to be too costly to undertake in comparison to demolition and redevelopment of a property.

### 2.2.2 Social

Langston et al (2008) outline the social benefits of older buildings in that they create a sense of place linking the past to the present. Velthuis and Spennemann (2007) reiterate that adaptive

reuse is important for sense of place as the buildings have a history rooted within the community they are located. A study conducted by Bullen and Love (2011a) revealed that people, in one way or another, have a stronger connection to a heritage building in comparison to newer construction projects that can essentially be reproduced elsewhere. There is a sense of place associated with the local context to which the heritage building is located.

Langston et al (2008) emphasize that adaptive reuse contributes to the vitality of the community through the act of reducing the number of unoccupied buildings. This in turn helps revitalize the surrounding neighbourhood and can reduce the amount of crime in an area. In regards to revitalization, Langston et al (2008) claim older buildings “are often appreciated as comfortable working environments by occupants” (p.1712). They also maintain that investors and developers need to be cognisant of matters such as disability access, as well as heritage requirements that may provide challenges for adaptive reuse projects.

### 2.2.3 Economic

The economic aspect of adaptive reuse is highly debated, which stems from the difficulty of projecting all the associated costs of adaptive reuse projects. Every building is different in terms of its built form and how it operates, meaning expenses will vary in regards to the size and how the building will be ultimately be reused (Bullen and Love, 2011). Adaptive reuse provides significant savings as the building stock already exists (Bullen and Love, 2011). Langston et al (2008) agree that adaptive reuse is cost-effective, so long as there is not a vast amount of reconstruction required or other construction issues that need to be addressed, such as asbestos. In particular, a shorter time frame translates in to lower financing costs for adaptive reuse projects in contrast to demolition and redevelopment (Langston et al, 2008).

Newly built construction projects are increasingly becoming more costly largely due to their vast consumption of transportation, energy and materials (Bullen and Love, 2011). The reuse of a building is generally cheaper than demolition and redevelopment (Bullen and Love, 2010; Shipley et al., 2006). Although there are numerous economic benefits for adaptive reuse, there

are also drawbacks. Bullen and Love (2010) examine the correlation between the age of materials and on-going maintenance fees of an adaptive reuse building. An adaptive reuse building may end up having greater maintenance costs when compared to a new development as a result of the materials utilized. Further, empirical research has shown that sustainability requirements for adaptive reuse projects can result in a potentially more costly project by approximately 3 to 12 percent (Shipley et al., 2006; Ellison, Sayce & Smith, 2007).

### 2.3 Planning Process

The planning process for the adaptive reuse of former hospital sites is the central focus of this research. The planning process has been cited as a barrier to adaptive reuse. However, there is an absence of literature or empirical research that examines the planning process for the adaptive reuse of this type of institutional building.

Bullen and Love (2011) provide a detailed overview of barriers and drivers regarding the adaptive reuse of buildings. The planning process that adaptive reuse projects are subject to is not specified, but planning requirements are identified as potential impediments to adaptive reuse. Bullen and Love (2011) recommend a flexible approach to these sometimes restrictive requirements in order to provide the opportunity for buildings to be rezoned to permit additional uses. This helps avoid a lengthy approvals process. Bullen and Love (2011) provide Western Australia as an example where planning departments permit a degree of flexibility in terms of their parking requirements for adaptive reuse projects.

Additionally, Bullen and Love (2009) explore the City of Los Angeles' Adaptive Reuse Program and ordinance, which was introduced in 1999 as a revitalization strategy. The program provides incentives to the developer and streamlines the application process by permitting exemptions from zoning requirements. This overcomes the barrier of time and introduces flexibility as applicants do not have to apply for variances for non-compliant regulations such as setbacks, density, building height, floor area, and parking.

Similar to Bullen and Love (2011), Remøy and van der Voordt (2007) indicate the possibility for planners to introduce flexibility for adaptive reuse projects. Remøy and van der Voordt (2007) examine adaptive reuse through the lens of vacant office buildings being converted into housing in the Netherlands. Their examination of several case studies reveal how the existing legal and regulatory municipal framework act as barrier to adaptive reuse. This legal risk was shown to cause delays in the overall planning process, leading to concerns regarding the feasibility of the adaptive reuse projects.

Yung & Chan (2012) highlight the matter of community engagement in the planning process in their study concerning sustainability and implementation challenges for the adaptive reuse of heritage buildings. They identify both the importance and difficulty of public engagement and recommend providing ample opportunity to engage citizens so they can fully participate in the planning process. Yung and Chan (2012) suggest that the planning process should provide ongoing opportunities for the community to express their opinion regarding the viability of an adaptive reuse proposal. In this sense, the city and developer are provided with an understanding as to how the adaptive reuse application influences the larger community through a bottom-up rather than top-down approach to engagement.

## CHAPTER 3: METHODOLOGY

### 3.1 Research Design

This research is qualitative in nature. This is because the purpose of this research is to explore what the challenges and opportunities are regarding the municipal planning process for the adaptive reuse of former hospital sites in Ontario. A literature review provides an overview of the existing scholarly and professional material pertaining to the subject matter of adaptive reuse and the planning process. This was completed in order to provide a context for the research and can be referred to in Chapter 2.

Given the nature of the research and questions being addressed, a case study method was employed. A case study is “an examination of a specific phenomenon such as a program, an event, a person, a process, an institution, or a social group” (Lichtman, 2011, p. 111). In the context of this research, the planning process for adaptive reuse applications were examined by looking various at four case studies. Examining multiple case studies provides for a thorough analysis and understanding of the commonalities between the cases. This multiple-case approach ultimately assisted in formulating lessons learned for the adaptive reuse of hospital sites moving forward.

In total, four case studies were identified. The four former hospital sites include Sault Area Hospital in Sault Ste. Marie, St. Catharines General Hospital in St. Catharines, St. Joseph's Hospital in Sudbury, and St. Joseph's Hospital Peterborough. A basic web search of news archives was used to identify a list of former hospital sites that have or are currently in the process of undergoing adaptive reuse. Time was an important factor simply due to the fact these case studies rely on the professional opinions of the interviewees who have been involved in the planning process for these sites.

### 3.2 Data Collection

Beyond developing a literature review of adaptive reuse and the planning process, this research required gathering and examining the relevant municipal regulatory and policy framework of the four former hospital sites previously identified. This consisted of reviewing municipal documents, including the Official Plan and Zoning By-law corresponding with each case study in order to understand the context for each of the former hospital sites. Planning reports and online news articles were also used to collect data pertaining to the case studies. This research looks at whether adaptive reuse is mentioned or accommodated within the existing planning framework for each municipality in order to inform whether the regulatory and policy framework impedes or enables the adaptive reuse of former hospital sites.

A review of key planning documents was used to corroborate the planning process each redevelopment was subject to and determine if steps were taken beyond those required by the *Planning Act*. This information was also extracted using key informant interviews in order to gain an understanding of the existing opportunities and challenges regarding the municipal planning process for the adaptive reuse of former hospital sites.

Interviews are beneficial in that they allow for a more in depth understanding of the subject matter by gaining insight of different views and experiences from respondents (Gill et al, 2008). Interviewees included key informants that were involved in the planning process for each of the four case studies. Interviews were conducted in person and by telephone using a semi-structured format. The format of this type of interview is flexible in that it allows the researcher to direct the conversation away from the main interview questions in order to explore unanticipated avenues (Gill et al., 2008).

### 3.3 Data Analysis

A qualitative analysis was conducted using the data gathered from the interviews and staff reports in order to determine what opportunities and barriers exist in the adaptive reuse

planning process. Ultimately, this analysis was used to inform a set of lessons learned for future adaptive reuse projects.

### 3.4 Limitations

This research presents a number of limitations. These are outlined as follows:

- The former sites studied are not one hundred percent adaptive reuse projects. The case studies revealed demolition and new construction on the same site as the adaptive reuse component.
- Making an informed analysis and recommendations based on data gathered from the four case studies may not accurately represent the planning process for adaptive reuse applications. The limited number of case studies may result in the misidentification of opportunities or challenges.
- The interviewees may not recall all of the information from the case study in which they were a part of. This may have affected their ability to remember details that would help form their professional opinion of the planning process. Beyond a lack of recollection is the fact that not all interviewees were involved throughout the entire planning process. For example, one interviewee was only involved in the rezoning aspect of one of the case studies.
- The former hospital sites have not yet been fully redeveloped as the case studies are developing these large sites in phases. Additionally, there are applications still under review. This means that some pertinent information may have been withheld when conducting interviews as this information has not yet been disclosed to the public.

## CHAPTER 4: CASE DESCRIPTIONS

This chapter provides an overview of four case studies of former hospital sites that have an adaptive reuse component. The four former hospital sites as previously identified include: Sault Area Hospital in Sault Ste. Marie, St. Catharines General Hospital in St. Catharines, as well as St. Joseph's Hospital in Sudbury and Peterborough. The following chapter provides a brief description and background of the site, redevelopment plans, and a general overview of the municipal planning process. This overview of the planning process indicates whether the municipality went beyond the requirements of the *Planning Act*. This information was obtained from the interviewees involved with each of the corresponding case studies in combination with secondary documents. Thus, each case study provides a varying degree of detail outlining the planning process.

### Case Study 1: Former Sault Area Hospital, Sault Ste. Marie, ON

#### Site Description and Background

Located in the east side of the downtown core, overlooking the St. Mary's River, the former Sault Area Hospital site encompasses over 20 acres (See Figure 1).



Figure 1: Former Sault Area Hospital (TVM Group, 2016)

The property had roughly 400,000 square feet of built space when TVM Sault Inc., a subsidiary of the TVM Group acquired the property in 2013 (TVM Group, 2016). Originally listed for \$4.9 million in 2011, the property located at 969 Queen Street East was reduced to \$65,000 (Kelly, 2014). According to an interviewee, there used to be incinerators on site and a dock for oil tankers possibly with underground oil lines running through the property.

The former Sault Area Hospital closed in 2011 as a result of the opening of the new Sault Area Hospital. Before merging into the Sault Area Hospital, the former lands occupied buildings from both the General and the Plummer Memorial Hospital. The General Hospital was founded in 1898 by the *Grey Sisters of the Cross* from Ottawa and then transferred to the Pembroke-based *Grey Sisters of the Immaculate Conception* in 1926. Additions were added in 1908, 1922 and 1953 (Sault Area Hospital, 2016).

A Council Report provides background details pertaining to the former Plummer building stating that in 1920 “Maria Plummer donated their family home Lynhurst to the Algoma Benevolent Hospital Association and the Royal Victoria Hospital on Albert Street was moved to Queen Street and renamed the Plummer Memorial Public Hospital” (Sault Ste. Marie, 2014). Additions were made to the hospital in 1929, 1952 and 1959. By 1962, Lynhurst was demolished and the Plummer Hospital, in a joint effort with the General Hospital, underwent major renovations (Sault Area Hospital, 2016).

#### Redevelopment Plans

The TVM Group (2016) demolished eight buildings during the time period of 2013 to 2014 that were not pertinent to the redevelopment of the site. The remaining structures that are going to be converted have had their interiors gutted. The portion of the site that has been subject to adaptive reuse as of 2016 is the original five-storey building of the former Plummer Hospital site. A Council report details that “the glass lobby connecting the original building to the two-storey building to the east will be demolished” (Sault Ste. Marie, 2014). The structure is currently being renovated into 40 condominium units as part of Phase 1 of the redevelopment

of the entirety of the site (TVM Group, 2016). According to an interviewee, Phase 1 is nearing completion in construction (See Figure 2 on the following page).



*Figure 2: Phase 1 - Riverwalk Condominium Development (Darren Taylor/SooToday, 2016)*

Phase 2, which has not yet been redeveloped, proposes that the former renal clinic from the Plummer building be converted in to 59 condominium units. This is located just east of the first phase with most of the interior demolition already completed (Taylor, 2016). To date, there are no concrete plans for the former General Hospital building and the other remaining lands as opportunities are still being assessed (TVM Group, 2016).

## Planning Process

### *Updating the City's Comprehensive Zoning By-law*

The site was zoned in advance of the hospital closure knowing the Sault Area Hospital would eventually be relocating. According to an interviewee, when the City's comprehensive Zoning By-law was updated and approved by City Council in October 2005, the subject lands were zoned to Riverfront Zone (C3). This allowed the City to predetermine the present zoning of the former hospital lands. The Riverfront zone permits a range of commercial and residential uses as outlined in Section 13.4.1 of the City's Zoning By-law 2005-150.

### *Committee of Adjustment Applications*

According to an interviewee involved in the planning process, the sale of the subject lands was conditional upon the successful severance of the property. An application was submitted to the Committee of Adjustment to request consent to convey the six original parcels. There were also a number of variances applications to facilitate the proposed conveyances. The parcel, which had been merged together on title, was severed back to its original six lots prior to closing the purchase (Sault Ste. Marie, 2013). The first phase of the redevelopment required only a portion of one of the six parcels for the adaptive reuse condominium development. The applicant was given an exemption from requirements of the *Planning Act* for condominium approval.

The requested variances were to legitimize the existing building setbacks that were no longer legal-non conforming once the properties merged, and to provide the equivalent of 100 percent landscape open space (Sault Ste. Marie, 2013). According to the interviewees involved with the former site, the TVM Group transferred a portion of the land to the municipality in lieu of parkland dedication to complete and expand the trail along the waterfront (TVM Group, 2016).

### *Exemption from Requirements of the Planning Act*

One of the six parcels required further severance for the condominium development. As outlined in a report to council (2014), the applicant, TVM Sault Inc. was given an exemption by the City for the former Plummer Hospital building from the requirements of Section 51 and 5.1.1 of the *Planning Act* concerning draft plans of subdivision and condominium. A Certificate of Exemption was authorized on April 28, 2014 under Section 9(3)(b) of the Condominium Act (Sault Ste. Marie, 2014).

### *Site Plan Control Process*

A request for site plan approval has been submitted for the first phase of development, the original five-storey Plummer building. The developer consulted with the municipal planning staff to discuss the application prior to submission.

According to an interviewee, the municipality facilitates a process called DART which stands for Development Assistance Review Team. This is when staff and key local agencies involved in the approvals process review the applicant's proposal. This step helps determine if there are any revisions required and how to move forward with the application. Identifying issues early in the process can help make the circulation and review of an application more efficient. There were a couple of variations of the site plan for phase one, right up to the approval stage where the site plan agreement was registered on title.

## Case Study 2: Former St. Catharines General Hospital, St. Catharines, ON

### Site Description and Background

The former St. Catharines General Hospital opened its doors in 1865 until its closure in 2013 when the hospital opened a new facility in west St. Catharines. The former institution was one of Canada's oldest hospitals (Panoramic Properties, 2013). Panoramic Properties signed a deal to purchase the 12 acre property a year prior to its closure in March 2013. The subject lands fall within the defined boundaries of the Queenston Area Secondary Plan. The site is municipally located at 142 Queenston Street in the City of St. Catharines (See Figure 3).



*Figure 3: Former St. Catharines General Hospital (QMI Agency file photo from the St. Catharines Standard, 2015)*

## Redevelopment Plans

To date, the site has not been redeveloped. The developer proposes that the former hospital be developed into 250 residential rental apartments, office space and a health and wellness centre with a pool that is open to the public (Rosts, 2014). According to an interviewee, the adaptive reuse project will cater to both a younger generation, as well as an elderly clientele. A conceptual rendering of the former hospital is illustrated in Figure 4.



*Figure 4: Rendering Post Adaptive Reuse (Panoramic Properties, 2014)*

Portions of the building are proposed to be demolished as part of the new design and site layout. This includes demolishing around the centre of the existing building in order to create an opening that will result in two separate buildings. Both buildings face onto Queenston Street with the proposed opening allowing for the creation of a landscaped open space along Queenston Street that will provide access to the interior of the site.

The existing 5-6 storey structure located to the east is proposed to be converted to 137 residential apartment units with a one storey health and wellness centre at grade. The building to the west proposes to renovate and repurpose the existing building in to 100 urban suites and 65,000 square feet of office space. The developer taking on the adaptive reuse development, Panoramic Properties Inc., is planning on moving their own office to this location. Finally, the former Schmon building, which is located behind the eastern main building on the site proposes

to provide an additional 23 apartment units in the existing 3 storey structure. Approximately 40 percent of the site will be landscaped (Rosts, 2014).

## Planning Process

### *Amending the Existing Land use Planning Framework*

Prior to Panoramic Properties purchasing the former hospital lands, Niagara Health Systems (NHS) worked with the City of St. Catharines and the community, with approval of council, to predetermine the future use of the hospital lands. The NHS produced conceptual plans for the site, including the reuse of the Community Wing and the Schmon building. Another concept included demolition and redevelopment of the site, which incorporated the Westminster United Church property (City of St. Catharines, 2010a).

An open house meeting was held on March 24, 2009 to discuss the future of the General Hospital Lands. There were a number of concerns expressed at this time, including those around who the proponent may be that would redevelop the subject lands (City of St. Catharines, 2010). In 2010, the existing land use planning framework was amended for the St. Catharines General Hospital lands. Planning was facilitated in advance of the applicant acquiring the property in the form of Official Plan, Secondary Plan and Zoning By-law Amendments to direct the future redevelopment of the site to allow for residential uses. As outlined in the Council Committee Meeting minutes from June 21, 2010, the following summarizes the Official Plan, Secondary Plan, and Zoning By-law Amendments for 142 Queenston Street:

- The Official Plan Land Use Plan Schedule was amended from Major Institutional to Neighbourhood Residential
- The Land Use Plan for the Queenston Area Secondary Plan was amended from Special Study Area (SSA) to Medium Density Residential (MDR)
- The Queenston Area Secondary Plan text was modified to reflect the future direction of the St. Catharines General Hospital Site. These amendments are outlined in Appendix N

of the Council Committee Meeting minutes from June 21, 2010 (City of St. Catharines, 2010)

- Zoning By-law 62-86 was amended from Restricted (R) to Mixed Density Residential Exception 1 Holding (R5-1-H). Mixed Density Residential -Exception 1 (R5-1) was modified to include permitted uses and provisions as outlined in Appendix O of the Council Committee Meeting minutes from June 21, 2010 (City of St. Catharines, 2010). A clinic was also added as an additional permitted use.

The Holding (H) provision applied to the property was to only be removed when documentation was submitted and approved in order to show that there was no environmental contamination on the subject lands (City of St. Catharines, 2010).

There was also the contingency that any necessary amendments would be integrated into the City's new Official Plan, *the Garden City Plan*, to reflect the future direction of the site and surrounding lands. Additionally, it was highlighted that residents would need to be consulted in the site plan process when the hospital was eventually redeveloped (City of St. Catharines, 2010).

#### *Neighbourhood Meeting*

At the request of council, an interviewee indicated that a public meeting was held in May 2014. Panoramic Properties voluntarily facilitates neighbourhood meetings in order to keep the community informed of the proposal and ensure concerns are addressed before the application is presented to council. The *Planning Act* does not require this is a mandatory meeting.

#### *Site Plan Control Process*

In 2012, Panoramic Properties worked with the NHS to purchase the property. A pre-consultation was held in spring 2014 with the applicant and the City as an initial step in the site plan agreement process. An interviewee provided that the applicant will be applying for minor variances through the Committee of Adjustment. The previous Zoning By-law Amendment did

not capture all of the setbacks and parking. City staff are currently reviewing the first submission of the plans that will be sent back to the applicant with the recommended first round of revisions.

### Case Study 3: Former St. Joseph's Hospital, Sudbury, ON

#### Site Description and Background

The subject lands are located at 700 Paris Street in Sudbury, encompassing an area of 1.78 hectares. The property has frontage on Facer Street of approximately 70 metres, as well as 200 metres along Paris Street (City of Greater Sudbury, 2012). The site can be accessed through the Boland intersection, three access points along Paris Street, Bell Park Road and an entrance point at the Paris Street and Facer Street intersection (The Butera Group, n.d.). Figure 5 shows a view of the hospital from Paris Street.



*Figure 5: Former St. Joseph's Hospital (City of Greater Sudbury, 2012a)*

The former facility varies in height up to eight storeys along the rear of the property and up to six storeys where the property fronts on to Paris Street (City of Greater Sudbury, 2012). There is a low density residential neighbourhood located to the north of Facer Street. To the south, one must cross a city owned parking lot to access an estimated 290 parking spots. Additionally, the

municipality's largest green space, Bell Park, abuts the former hospital site to the south and east (City of Greater Sudbury, 2012).

The former St. Joseph's General Hospital opened its doors in 1950 after the Sisters of St. Joseph purchased the property in 1944 to build the acute care hospital (Bradley, 2010). Ultimately, the 1996 Government of Ontario's Savings and Restructuring Act resulted in the decision to amalgamate Sudbury's three hospitals into one site, now known as Health Sciences North (City of Greater Sudbury, 2012). When the Sudbury General Hospital closed in 2010, Panoramic Properties purchased the site from the Sisters of St. Joseph (Gregorini, 2013).

#### Redevelopment Plans

The applicant is proposing to convert the existing hospital in to 125 condominium units and to develop an additional 85 condominiums units to the south of the existing structure (The Butera Group, n.d.). The project will be completed in two phases, with the first being the adaptive reuse component that will see the conversion of the original building to accommodate 125 condominium units, and the second being the newly constructed condominium development with 85 units (The Butera Group, n.d.). Panoramic Properties (2013a) estimates that just under 50 percent of the site will be occupied by landscaping and green space.

As outlined in the Public Hearing Report for the rezoning application for 700 Paris Street (2012), the former Mason residence building, which is situated toward the northern side of the property, next to Facer Street, is being demolished. Although not originally planned, this was one of the concessions made for those who were opposed to the application in order to provide a buffer between the adaptive reuse component and residents to the north. Panoramic (2013a) also proposes to demolish the southern three storey portion of the existing building and chimney in order to accommodate the proposed eight storey condominium development.

The developer is proposing to construct a three storey parking structure below grade of the eight storey condominium development. Panoramic (2013a) estimates there will be 332 parking

spaces, as well as 20 spaces at grade. Bicycle parking stall infrastructure will also be installed in the condominium units and the parking garage. There are 150 stalls proposed for cyclists both on site and in the underground parking garage.

According to the proposal prepared by Panoramic Properties, the subject lands will be accessed by the Boland intersection, which will be re-aligned and become the main point of access to the site. There will only be one entry point from Paris Street in comparison to the three that existed when the site was purchased. Bell Park Road will be used for service access purposes and this road is intended to provide connections to the path network in Bell Park (The Butera Group, n.d.).

To date, the site has not been redeveloped. According to an interviewee, the applicant is preparing drawings to get ready to submit for building permit to begin construction. Another interviewee indicated the developer has completed some demolition, including the incinerator stack and one wing of the hospital, as well as some interior gutting of the existing structures. Figure 6 is a conceptual rendering of the proposed site.



*Figure 6: Rendering of Proposal from Paris Street (The Butera Group, n.d.)*

## Planning Process

### *Zoning By-law Amendment*

According to one interviewee, the application to rezone the hospital lands was submitted by Panoramic Properties in April 2012. . The report from the public hearing (2012a) details the proposed amendment to the City of Greater Sudbury's Zoning By-Law 2010-100Z, to change the zoning classification from Institutional Zone (I) and Park (P) to Residential High Density Special (R4(S)). In accordance with the *Planning Act*, a notice of complete application was sent out on May 16, 2012 to those property owners within 400 feet of the subject lands. Concurrent to this, the application was circulated to municipal staff for comments.

### *Neighbourhood Meeting*

The developer hosted a neighbourhood information meeting prior to the first public hearing for the application to rezone the property. This neighbourhood information meeting held on June 11, 2012 was not required by the *Planning Act*, but according to an interviewee is encouraged to inform the community of the application and obtain their feedback in case the applicant wants to modify their application before it is brought in front of the planning committee.

### *Public Hearings*

The report from the public hearing (2012a) details what occurred during the first public hearing for the application to amend the zoning for the former hospital lands. The original application proposed to permit 190 residential dwelling units, a restaurant on the hospital's former helipad, and a wellness centre. The former Mason residence was to be demolished in order to construct a five storey building with 65 dwelling units near the northerly portion of the property.

The staff report for the public hearing (2012a) outlines that there were a total of 370 parking spaces in the original proposal. The south end of the site proposed to construct a seven level parking structure with 239 spaces, as well as 39 parking spaces below the new five storey building. An additional 92 surface parking spaces were planned at the northern portion of the

site. In total 24.3 percent of the site was to be landscaped and green space. The original proposal also raised the concern over traffic flow and the number of entry and exit access points along Paris Street (City of Greater Sudbury, 2012a).

During this first public hearing, the report detailing the City's request for a decision on the rezoning application states that seven members from the community expressed concerns related to the proposal. Some of these concerns pertained to landscaping, building setbacks, traffic, and having a commercial component on site. After the conclusion of this hearing, it was recommended that Staff complete their review on the applicant's file and a second public hearing be scheduled (City of Greater Sudbury, 2012).

According to an interviewee, a revised submission from the proponent was received in August 2012, which included a revised traffic study. Beyond staff reviewing the file, there was a meeting with the Bell Park advisory panel on the new submission. This was not required under the *Planning Act*. The panel consisted of citizens appointed by council and was formed because of the prominence of Bell Park in relation to the redevelopment of the former hospital site as there were initially concerns regarding the Bell Park Covenant. The panel would look after any changes that were being proposed to Bell Park in relation to the redevelopment of the former hospital lands.

The second public hearing was held October 22, 2012 with a notice being sent out on October 4, 2012 (City of Greater Sudbury, 2012). The report prepared by the Manager of Development Services (2012) details the application to amend the Zoning By-law as previously presented at the public hearing held on June 27, 2012. This was a revised proposal of the original based on feedback from the residents and staff. The major revisions made to the original proposal as highlighted in the public hearing report (2012) are as follows:

- The applicant's revised proposal increased the dwelling units to 210, accommodating 125 dwelling units as part of the adaptive reuse component and 85 newly constructed dwelling units.

- The 85 dwelling units was originally proposed in the northerly area of the property, but was relocated to the southerly portion of the property in order to provide a smoother transition from the surrounding area to the newly proposed condominium development.
- The commercial amenities, which included both the wellness centre and restaurant were removed in the revised application to ease concerns regarding traffic as expressed by residents in the community. There is a servicing/loading area located at the northern section of the site. The south wing of the hospital is still being proposed to be demolished with the construction of the 85 dwelling units, which steps from four to eight storeys in height.
- The revised applicant has less entry and exist access points along Paris Street in order to improve traffic flow and circulation.
- Some of the surface parking originally proposed would be moved to an underground parking structure. The parking structure was originally planned to be above grade and would be visible from Paris Street. Now, there would be a 3 level parking garage with 332 spaces located below grade of the building with 85 dwelling units. The revised submission has less surface parking with approximately 19 at grade and more than 150 stalls for bicycles.
- 41 percent of the entire site is proposed to be landscaped or greenspace, which is an increase from the original proposal, largely as a result in moving the surface parking underground.
- A reduction in the building coverage in the revised proposal from 45 percent to 33.5 percent.

The planning committee approved the rezoning on October 22, 2012 with a number of conditions. The rezoning was ratified by Council on October 30, 2012. The former hospital property was rezoned to H37R4(3), thereby permitting the 210 dwelling units (City of Greater Sudbury, 2014). Zoning By-law 2012-223Z was enacted by Council on November 20, 2012 (City of Greater Sudbury, 2012b).

According to an interviewee for this case study, Zoning By-law 2012-223Z had a number of exemptions to existing regulations, such as setbacks in order to accommodate the design the applicant presented. The Zoning By-law was tailored to the drawings submitted to the City in order to minimize the need for minor variances. The same interviewee indicated there were no appeals filed on the Zoning By-law.

#### *Removal of the Holding Symbol*

There were several conditions attached to the Zoning By-law amendment as carried by Council during the October 22, 2012 public hearing. One of these conditions attached to the rezoning included that an “H”, Holding provision be applied (City of Greater Sudbury, 2012). The request for decision on the application to remove the Holding Symbol for 700 Paris Street was presented to the planning committee July 7, 2014. The Holding Symbol was placed on the property until the developer made arrangements to provide access to the abutting lands owned by the City. Access is required to the lands south of the site owned by the City, as well as along Bell Park to Facer Street (City of Greater Sudbury, 2014).

Panoramic has entered into an agreement concurrent with the site plan agreement to address the easements between the two parties and the concern of ongoing maintenance. According to an interviewee, there were no easements registered on title previously. The City and hospital had their own arrangement. The General Manager of Growth and Development approved that Council could lift the Holding symbol from the former hospital site after a Staff Report, prepared by Eric Taylor, Manager of Development Approvals, recommended to lift the Holding Symbol (City of Greater Sudbury, 2014). Subsequently, By-law 2014-171 was enacted by Council on July 8, 2014.

#### *Site Plan Control Process*

Panoramic submitted a site plan application in June 2013. The interviewee indicated plans have been circulated through the various departments in the City for comments several times. After

a number of resubmissions, the developer finalized a site plan agreement with the City in September 2014. As previously highlighted, concurrent with the site plan agreement there were agreements surrounding easements and off site servicing (City of Greater Sudbury, 2014). According to an interviewee, not all agreements have been received back from the applicant.

#### Case Study 4: Former St. Joseph's Hospital, Peterborough, ON

##### Site Description and Background

The former St. Joseph's Hospital is located in the Hunter East Business District in an area locally known as 'East City' in the City of Peterborough (City of Peterborough, 2012). The site is situated at the southwest corner of Hunter Street and Armour Road in the City of Peterborough. The main building and entrance front on to Rogers Street. Figure 7 provides an aerial view showing a portion of the site from Armour Road.



*Figure 7: Former St. Joseph's Hospital (TVM Group, 2016a)*

The site occupies a 4.96 acre parcel of land and an additional 1.80 ancillary parking lot located at 367 and 384 Rogers Street (City of Peterborough, n.d.). According to the TVM Group (2016a),

the five buildings on the property encompass approximately 250,000 square feet of developed space.

The former facility, which was founded by the Sisters of St. Joseph, was constructed in stages between 1890 and 1964 has 4 wings. The Health Services Restructuring Commission recommended the closure of the facility in 1998 (City of Peterborough, n.d.). Services were moved to Peterborough Regional Health Centre, a newly constructed merged facility with a capacity of 494 beds in 2008 (Peterborough Regional Health Centre, 2016). The St. Joseph's Hospital was put up for sale after it officially closed on June 8, 2008. The surplus hospital lands, originally listed for \$2.8 million, were eventually purchased by the TVM group for \$325,000 in October 2009 (City of Peterborough, n.d.).

#### Redevelopment Plans

The staff report (2012) detailing to Zoning By-law Amendment for 367 and 384 Rogers Street, provides that the redevelopment is intended to cater to a senior population to allow the ability to age in place. TVM intends to adaptively reuse the existing buildings and redevelop the north-easterly portion of the site to accommodate a mix of residential and commercial uses. In total there will be up to 228 apartment dwelling units. The commercial space will encompass approximately 3418m<sup>2</sup> of the site and include clinic, office, personal service, retail, post office and bank uses.

The total number of parking spaces will be approximately 251 and the off-site parking located at 367 Rogers Street will have approximately 75 parking spaces. The staff report (2012) for the Zoning By-law Amendment breaks down the figures presented above and are shown in Table 1 on the following page. These buildings are identified in the Comprehensive Master Plan developed for the site.

<b>Building (Existing/New)</b>	<b>Proposed # Units</b>	<b>Proposed # Parking</b>	<b>Proposed Commercial Space</b>
Building A (existing)	87 apartments	82 spaces	None
Building B (existing)	30 apartments	42 spaces	735 m <sup>2</sup> clinic, professional office, and community service provider
Building C (existing)	46 apartments	36 spaces	None
Building D (existing)	50 apartments	45 spaces	325m <sup>2</sup> concourse small scale clinic and personal service uses
Building E (existing)	15 apartments	14 spaces	None
Building F (new)	None	32 spaces	2358m <sup>2</sup> commercial, retail and office uses

Table 1: Proposed uses for the site (City of Peterborough, 2012)

Of the six buildings presented above, only 2 have been repurposed. The first building subject to adaptive reuse was the former Nurses Residence. This four storey building has a new address of 185 Hunter Street East. Community Care Peterborough occupies the first floor of the building and above this there are a total of 30 residential dwelling units (TVM Group, 2016a). An interviewee indicated that this building at the newly addressed 185 Hunter Street was chosen to convert first because it was a manageable size project as a standalone structure and the developer was able to attract commercial tenants. Figure 8 shows the converted former facility.



Figure 8: Post Adaptive Reuse of 185 Hunter Street (TVM Group, n.d.)

The second building that has been converted is the seven storey main building, which retains the same address as the former hospital. The adaptive reuse of the building has accommodated 69 residential dwelling units (TVM Group, 2016a). The subsequent phases have not been finalized.

## Planning Process

### *Master Site Plan*

A Master Site plan was developed in order to provide a framework for the redevelopment of the property. An interviewee suggested that neither the City nor the developer knew exactly what they wanted to do with the site at the onset. The interviewee stated there were a number of revisions submitted for the Master Site Plan before it was approved and that the entire site was non inclusive to the parking lot located at 367 Rogers Street.

Overall, this process resulted in the identification of the desired severances. The zoning was also amended to facilitate the former lot lines, which will be described when providing an overview of the Zoning By-law Amendment process in the subsequent section.

### *Zoning By-law Amendment*

The former hospital lands required a Zoning By-law Amendment to amend the zoning by-law from the PS. 2 – Public Service District to the SP.356-‘H’ – Special District, to permit a mix of residential and commercial uses for the former St. Joseph Hospital Lands at 384 Rogers Street. The off-site parking lot located at 367 Rogers also required to modify the SP.187 – Public Service District designation for 367 Rogers Street to permit a parking lot. The application proposed to convert the existing hospital structures to approximately 228 residential units, 3418m<sup>2</sup> of commercial space and 251 parking spaces on site, with an additional 75 parking spaces off-site at 367 Rogers Street (City of Peterborough, 2012).

An interviewee provided an overview of the Zoning By-law Amendment process. The first step is typically the pre-consultation meeting between city staff and the applicant where the initial

proposals are reviewed. The applicant consults with staff to determine matters such as the background reports and studies required to complete the application. When the rezoning application is submitted, it is circulated between agencies and the various departments in the municipality. A notice of complete application, as required by the *Planning Act*, was circulated to the public by newspaper advertisement on June 20, 2012 and to various agencies with a 30 day comment period.

#### *Neighbourhood Meeting*

A neighbourhood information meeting was held by the TVM Group July 25, 2012, which had an attendance of approximately 41 people. This is not mandatory, but the interviewee highlighted that the *Planning Act* still suggests this step be taken. The applicant's proposal was generally supported, but there were concerns about the off-site parking lot as expressed by adjoining neighbours (City of Peterborough, 2012).

#### *Public Meeting*

The *Planning Act* provisions are followed for the public notice of the public meeting held by the planning committee. According to the interviewee, The City of Peterborough typically sends this notice 28 days prior to the public meeting held by the planning committee. The notice for the public meeting was issued by mail and newspaper on August 20, 2012 and was held by the Planning Committee on September 17, 2012 (City of Peterborough, 2012).

The Staff Report presented to members of the planning committee (2012) outlines the proposed amendments to the former hospital lands as previously mentioned. The zoning regulations are meant to be applicable to the entire property. However, as will be discussed, the developer made it clear at that time their intention was to create six separate lots on the lands known municipally as 384 Rogers Street (City of Peterborough, 2012). The interviewee whom explained the planning process for the former hospital lands provided that at that time staff had an idea of how the parcel would be subdivided and were proactive in trying to capture the regulations required through the rezoning.

A Holding Symbol was placed on the property, including the off-site parking lot, subject to site plan approval for the redevelopment of the subject lands (City of Peterborough, 2012). Ultimately Council enacted Zoning By-law Number 12-144 to amend the zoning for 367 and 384 Rogers Street.

#### *Committee of Adjustment*

Once the Master Site Plan was more clearly established and the zoning for the site had been granted to permit a mix of residential and commercial uses, on October 30, 2012, TVM Developments Inc. presented their severance application to the committee of adjustment. The developer required consent to sever the property in to six separate lots. According to an interviewee, each parcel needed to be financeable on their own as it would be more difficult to redevelop the site as whole due to the appetite of the market in Peterborough.

The minutes from the Committee of Adjustment (2012a) detailed that proponent needed to preserve the ability of all parts of the property to operate as a combined site. This application included “cross easements to accommodate services, utilities and access over each part in order to facilitate financing of each portion of the property to be redeveloped” (City of Peterborough, 2012a). During the meeting, no one spoke in objection to the request to sever the property into separate lots and the Committee agreed to grant the requested consents (City of Peterborough, 2012a).

#### *Site Plan Control Process*

A week prior to the Committee of Adjustment hearing, the TVM Group submitted a site plan application to the municipality. The City required that each building being redeveloped have its own site plan, which fits in to the master site plan that had been developed for the entire property (City of Peterborough, 2012a). According to an interviewee for this case study, there is typically a pre-consultation meeting and then the applicant will formally submit all required drawings which are then circulated for comments. There is back and forth communication

between the applicant, staff and agencies regarding revisions to the plans up until the point in which they are approved.

The City of Peterborough, although not required under the *Planning Act*, consults with properties that abut the site plan under review. The interviewee indicated they do not have the authority to appeal the application, but are encouraged to provide comments.

## CHAPTER 5: OPPORTUNITIES AND CHALLENGES IN THE PLANNING PROCESS

This chapter provides an analysis of the overall opportunities and challenges regarding the planning process for the adaptive reuse of former hospital sites based on the examination of the four case studies outlined in Chapter 4. Previous literature acknowledges the inherent barriers to adaptive reuse in the planning process. The following looks to further examine the matter in order to add new information on how to deal with this type of institutional building. The opportunities and challenges presented in this chapter were gathered from interviews conducted with those familiar or involved with the planning process for each case study.

### 5.1 Zoning By-law Amendment Process

#### 5.1.1 Predetermined Vs Initiated by the Applicant

For each of the case studies the zoning as amended for the former hospital lands was initiated before or after the applicant purchased the property. As highlighted in Chapter 4, the zoning for the former Sault Area Hospital in Sault Ste. Marie and the former St. Catharines General Hospital in St. Catharines was predetermined and amended prior to being purchased by the current proponents. On the other hand, the former St. Joseph's Hospital in Sudbury and Peterborough had to apply to amend the zoning for the corresponding subject lands.

An interviewee involved with the former Sault Area Hospital case study recommended pre-visualization and planning in advance for the closure of hospital sites, especially if it is known well in advance the building will become surplus. The advantage is that when the property is purchased, the proponent who acquires the property knows from the very beginning of the planning process, the expected future planning framework for the property. This saves time in the planning process with less negotiations and amendments required. As outlined in the Sault Area Hospital case study, the opportunity to pre-zone the former Sault Area Hospital was completed as part of the review to update the City's Comprehensive Zoning By-law.

The issue of time was also highlighted by an interviewee for the former St. Catharines General Hospital case study. As previously mentioned, the zoning for the former hospital was predetermined prior to Panoramic Properties acquiring the site. Their professional opinion was that the only caveat with planning in advance is if you do not know what the future use of the site should be prior to its closure. Another interviewee expressed that although the zoning was predetermined, there are still variances required for the former St. Catharines General Hospital site in terms of parking and buildings that have balconies encroaching on setbacks.

The fact that rezoning is a process itself was further highlighted in the interviews for the former St. Joseph's Hospital in Sudbury. In this case, it was known the land would eventually become surplus property, but it was not predetermined how the site would function in the future. The concern was that the City did not have a clear idea as to what the future use of the site should have been during that time, especially given its prominent location in the city and close proximity to Bell Park. The benefit of the applicant submitting an application to amend the zoning was that planning staff were able, to the best of their ability, tailor the zoning by-law according to the detailed drawings provided by Panoramic Properties. A number of variances were granted through the zoning amendment with the construction drawings. Exemptions included granting reduced minimum setbacks to the City's property lines than what the Zoning By-law otherwise required. The interviewee stated this was completed to avoid the need for minor variances, but the applicant had not yet come in for a building permit to know whether or not any variances would officially be required.

The interviewee for the Sudbury case study did not view the reduced setback to the City's property lines as a major concern, given that the property abuts parkland rather than a residential backyard. However, the City expected parts of Bell Park to be restored that were going to be disturbed by the redevelopment. Prior to the applicant purchasing the former hospital site in Sudbury, there were a number of matters the City perceived needed to be completed with Bell Park, including providing connectivity with new trails and paths. If the use of the site was predetermined, the interviewee suggested the City might not have been able to

achieve all the public benefits to the extent they did through the zoning amendment and site plan agreement.

In terms of the Peterborough case study, the interviewee involved with the planning process for the adaptive reuse of the former St. Joseph's Hospital site also highlighted the fact that the approvals process would be reduced fairly significantly if the zoning was predetermined. However, it was also noted that predetermining the zoning may not be the most efficient option as was the case in Peterborough. Similar to the planning process for the former St. Joseph's Hospital in Sudbury, the findings from the Peterborough case study alluded to the fact there was a lot of interest politically surrounding the well-known landmark and how it could be redeveloped. It was not clear at that time how the site could be potentially reimaged and the application to amend the zoning was seen by the interviewee as a tool to engage the public in the consultation process. This would garner support for the redevelopment of the property.

Both interviewees for the Peterborough case study articulated that it would have been difficult to anticipate what regulations might be specifically required through the rezoning. One interviewee provided the example of looking at concessions with respect to parking, landscape and open space, which are all details that are potentially complicated to understand unless a development application has been submitted. Another interviewee for the case study compared anticipating the regulations for a school or standalone building with that of a larger and more complicated site with multiple structures. When speaking directly about the former hospital site, it was indicated that due to the site specific nature of the property's adaptive reuse plans, there would not have necessarily been a zoning category that would capture all the regulations in terms of how it is now being redeveloped. As such, the former hospital was zoned under the Special District designation.

As explained in Chapter 4, the former St. Joseph's Hospital in Peterborough is unique as the parcel was severed into 6 lots as granted by the Committee of Adjustment. This was completed in order for the applicant to finance each phase of the development separately. There is a blanket provision in the City of Peterborough's Zoning By-law 12-144, which states the

following: “The area zoned SP.356 shall continue to be treated as one lot for the purposes of zoning regulations despite future land division, part lot control exemption or plan of condominium” (City of Peterborough, 2012b). This simply means that that the zoning treats the property as one parcel, notwithstanding the fact it is multiple parcels.

The severing of the former St. Joseph’s Hospital in Peterborough is significant to reiterate as the interviewee advised it would have been difficult to capture all the Zoning By-law provisions, especially the blanket provision from Zoning By-law 12-144 that exists now if the property was pre-zoned. The interviewee expressed that the zoning amendment for the former hospital lands as applied for by the TVM Group, provided the opportunity for municipal staff to proactively work with the proposed severances at the time to capture all the needed zoning regulations.

#### 5.1.2 Neighbourhood Meeting

Three of the four case studies specifically identified that the applicant held a neighbourhood meeting and that this was beneficial to the overall planning process. This is something encouraged, but is not legislatively required by the *Planning Act*. The interviewees all suggested this was helpful in terms of informing the public and addressing concerns with residents before the application was presented to the respective council from each municipality.

An interviewee involved in the planning process for the former St. Joseph’s Hospital in Peterborough stated that the public consultation provided an opportunity to inform the residents of what was happening and provided an outlet to ask questions. The only recommendation provided was that the community is provided with up to date information pertaining to the status of the project up until the application is approved. Ultimately, in the case of the Peterborough site, the public generally had an idea as to what the project was proposing. Although there were concerns regarding the impact of the redevelopment on the neighbourhood, the interviewee expressed that the redevelopment was seen as beneficial for the community, in part, because it was an adaptive reuse project.

The same interviewee for the Peterborough case study suggested the neighbourhood meeting provided an understanding to the developer of what the market might be. There were people who attended the neighbourhood meeting who were interested in renting space for themselves in the proposed adaptive reuse residential building. According to an interviewee, the City of Greater Sudbury encourages applicants to have a neighbourhood meeting in advance of the public hearing in order to inform residents of the proposal. This also provides the opportunity to determine if there are any concerns from residents.

When the former St. Joseph Hospital in Sudbury was sold to a private developer rather than the City, there were some disgruntled residents. One resident in a news article explained that community consultation should happen as soon as possible to deal with concerns surrounding the development application to give people a chance to comment (MacDonald, 2012). TVM Group, the applicant, held the initial neighbourhood meeting to deal with those concerns put forward by the public.

An individual interviewed regarding the former St. Catharines General Hospital site agreed that it is beneficial to inform residents as to the status of the application. However, there needs to be a limit on this, especially if nothing has happened regarding the application since the previous consultation. It was unclear from their perspective whether this consultation should be regulated by the *Planning Act*.

### 5.1.3 Public Hearing

None of the four case studies identified the public hearing stage as a challenge. However, the interviewee for the Sudbury case study explicitly highlighted the opportunity to hold two public hearings during the planning process to amend the zoning of the former hospital lands. Although the *Planning Act* requires one public hearing, when there is a site that garners a lot of public interest or opposition, the City of Sudbury typically holds a second public hearing. The second public hearing allows the dissemination of information on an application early on in the process for the applicant to obtain feedback from the public. Additionally, the planning

committee is able to hear what residents are saying with less pressure to make a decision during the initial public hearing.

The interviewee provided that having a second public hearing has been quite successful in Sudbury in terms of allowing the applicant to revise their original proposal. For the application to amend the zoning for the former St. Joseph's Hospital in Sudbury, two public hearings were held in front of the Planning Committee. From the perspective of staff, there was more acceptance of the proposal during the second public hearing even though there was still some opposition. The interviewee stated no appeals were filed after the second public hearing and speculated this was due to the fact the public's concerns were heard and a number of revisions were made to the original proposal.

## 5.2 Site Plan Control Process

When asked about the Site Plan Control process, several of the apparent opportunities and challenges for all case studies were primarily site specific, relating to the technical and functional aspects of adapting and converting the existing hospital structures. Site specific issues often result from zoning regulations when undertaking an adaptive project. An interviewee for the former St. Joseph's Hospital in Peterborough identified parking as an issue from both a regulatory and practical standpoint. The regulatory aspect makes it difficult to meet the municipality's minimum parking requirements and from a functional aspect, a large number of the spaces required for the adaptive reuse and redevelopment is located off the main site in an ancillary parking lot.

### 5.2.1 Pre-consultation

One interviewee involved in the conversion of the former St. Joseph's Hospital in Sudbury suggested that the applicant could have benefited from a pre-consultation with the municipality. Originally when the application was submitted, the City did not require a pre-consultation meeting. It was acknowledged there were numerous meetings with the City, but

challenges included coordinating between various agencies with multiple resubmissions required to be on the same page.

The Ontario Ministry of Municipal Affairs and Housing (2016) outlines the potential benefits regarding pre-consultation on planning applications. Similarly to what was conveyed by the interviewee, the pre-consultation assists in streamlining the review of the development application, and ensures the applicant provides a complete application, including all necessary plans and relevant supporting studies.

### 5.3 Incentives

Incentives were identified as important to the success of projects in three of the four case studies. The incentives allow these adaptive reuse projects to become a viable option. The *Planning Act* enables municipalities to create and adopt community improvement plans (CIP), thereby providing an opportunity for the municipality to establish objectives that can be attained through the various grant programs and other incentives offered.

One interviewee indicated that the incentives and grants approved by the City of Peterborough for the former hospital largely influenced the decision for the applicant to propose apartment dwelling units rather than condominium units. This is because more grants and incentives were able to be acquired by repurposing the former facility into apartment units.

## CHAPTER 6: LESSONS LEARNED AND CONCLUSION

### 6.1 Lessons Learned

The findings examined from the previous chapter have been summarized in to a set of lessons learned for future practitioners involved with the municipal planning process for the adaptive reuse of former hospital sites. It should be noted that although each adaptive reuse project has been subject to a similar municipal planning process as mandated by the *Planning Act*, each application is site specific. Not every lesson learned provided below will be applicable to all adaptive reuse projects for former hospital sites.

#### Lesson 1: Plan in Advance

Where possible, the municipality should be more proactive and plan in advance for any future closure of hospital sites. The extent to which this is possible varies and should be assessed on a case by case basis. One method of planning in advance can be undertaken when the municipality is reviewing and updating their legislative and regulatory framework. The Official plan, for example, should not only have policies which encourage adaptive reuse generally, but should also specifically mention the hospital sites. As a significant institution, the policies should indicate the future closure of the site and provide some direction to the developer who purchases the property what the municipality anticipates for the site. Adaptive reuse should be encouraged as a viable option, depending on the life span of the existing structure.

Beyond having Official and Secondary Plan policies that support the adaptive reuse of former hospital sites, another method is for the City with council's approval to facilitate the rezoning of the property prior to the closure of the site. This approach is not appropriate for all former hospital sites as articulated through the case studies. This would allow the community to have input on the future use of the land in which adaptive reuse is presented as a potential redevelopment concept to the community. It is beneficial to engage the public early on in order to garner feedback and support for the future use of the hospital site. The developer acquiring

the site would have a clear understanding of what the municipality and community expect to achieve with the site and the approvals process would be reduced fairly significantly.

#### Lesson 2: Provide Flexible Zoning Requirements

Often in adaptive reuse projects, there are issues in meeting all of the municipality's current zoning regulations. The former hospital site may be non-compliant in regards to parking, setbacks and open space, among other facets due to the repurposing rather than demolition and redevelopment of the structure. There should be flexible zoning provided in order to accommodate the adaptive reuse of former hospital sites. This will prevent the applicant from having to apply for multiple minor variances as a result of repurposing an existing structure. As previously discussed in Chapter 2, there are examples in Western Australia where planning departments permit a degree of flexibility in terms of their parking requirements for adaptive reuse projects.

#### Lesson 3: Consult and Keep the Public Informed

It was evident from the case studies, public consultation was pertinent to the success of the adaptive reuse projects. There was a desire to consult the public beyond the minimum requirements of the *Planning Act*. Given the size and location of these large former institutions, there is going to be public interest. There needs to be more than one meeting for public consultation. This can take the form of a neighbourhood meeting hosted by the applicant and a public hearing meeting held by the Planning Committee. If there is major opposition to the proposal, a second public hearing may be required. The meetings should be strategically positioned in order to maximize their effectiveness. This is important as the interviewees and staff reports revealed how the input from public consultation modified the original proposal.

There should be a tool to disseminate up to date information to keep the public informed throughout the project. This is not required by the *Planning Act*, but if the adaptive reuse proposal is contentious, additional information should be distributed and accessible by the public.

#### Lesson 4: Provide Incentives

Although this research focused on the steps required in the planning process for the adaptive reuse of former hospital sites, the financial advantages provided by incentives was emphasized. These larger scale adaptive reuse projects require risk on the end of the investor and issues such as asbestos can provide a financial burden on the repurposing of these sites. Incentives makes adaptive reuse projects a viable option rather than having vacant buildings sitting idle.

It is recommended the municipality provide incentives to encourage the adaptive reuse of former hospital sites. Given the timeframe between the decision to close the hospital and the actual closing date, there is an opportunity to create incentives if they do not already exist.

#### 6.2 Conclusion and Future Research

The findings presented in this paper support existing literature, identifying the planning process as a barrier to adaptive reuse. Through examining the opportunities and challenges that currently exist in the municipal planning process, this research provides further insight as to how this type of institutional building should be dealt with moving forward based on the lessons learned.

The overall findings in this paper indicate the planning process for these applications minimally go beyond the provisions set out in the *Planning Act*. However, when obtaining professional opinions concerning the planning process, benefits and constraints beyond the scope of the research became apparent. For example, there were concerns raised with site work and access, the structural condition of the facilities, and the existing neighbourhood. Further research should examine and address these additional benefits and constraints.

Further, this research did not examine the role of hospitals regarding their role when closing and selling surplus sites. There appears to be disconnect between the role of the hospital and the respective municipality when making the decision to close a site. The interviewee who worked closely with the former Sault Area hospital site recommended that the hospital could

have been more efficient in marketing and selling the property. On the other hand, the Niagara Health System hired a consultant to collaborate with the City of St. Catharines in order to attract an appropriate buyer. Overall, further research is warranted to explore the potential for collaboration when determining what should be done with surplus hospital sites.

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