
INTERNAL AFFAIRS COMMITTEE AGENDA

A Committee of the Chico City Council: Councilmembers O'Brien, Tandon, and Chair Reynolds

Meeting of October 4, 2021 – 2:00 p.m.

Council Chamber Building, 421 Main Street, Conference Room 1

REGULAR AGENDA

A. ENLOE MEDICAL CENTER AREA PARKING PLAN – PRESENTATION BY CONSULTANT

The City of Chico hired consultant, Dixon Resources Unlimited (DIXON) in 2019, to assess the operation and management of parking for the Enloe Medical Center and surrounding residential areas. The assessment included multiple site visits and stakeholder outreach. A community workshop took place in April 2018 where City staff met with stakeholders. A virtual community meeting took place in October 2020. Based on the site visits, stakeholder discussions, and industry parking practices, DIXON has formulated a strategic and cooperative parking management solution to benefit the surrounding community through a parking implementation plan. (*Report – Robert Murdoch, Interim Public Works Director-Engineering*)

RECOMMENDATION:

The Interim Director of Public Works – Engineering recommends that the Internal Affairs Committee approve the recommendation for the City Council to accept the “Enloe Medical Center Area Parking Implementation Plan”.

B. BUSINESS FROM THE FLOOR

Members of the public may address the Committee at this time on any matter not already listed on the agenda, with comments being limited to three minutes. The Committee cannot take any action at this meeting on requests made under this section of the agenda.

C. ADJOURNMENT AND NEXT MEETING

The meeting will adjourn to the next regular Internal Affairs Committee meeting scheduled for Monday, November 1, 2021 at 2:00 p.m.

SPEAKER ANNOUNCEMENT

NOTE: Citizens and other interested parties are encouraged to participate in the public process and will be invited to address the Committee regarding each item on the agenda.

Distribution available in the office of the City Clerk

Posted: 9-29-21 prior to 5:00 p.m. at 421 Main St. Chico, CA 95928 and www.ci.chico.ca.us

Copies of the agenda packet are available for review at: City Clerk’s Office, 411 Main St. Chico, CA 95928



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**Internal Affairs Committee
Agenda Report**

Meeting Date: October 4, 2021

TO: Internal Affairs Committee

FROM: Interim Public Works Director – Engineering, Robert Murdoch, (530) 879-6901

RE: Enloe Medical Center Area Parking Implementation Plan

REPORT IN BRIEF:

In 2019, Dixon Resources Unlimited (DIXON) was hired by the City of Chico as a consultant to assess the operation and management of parking for the Enloe Medical Center and surrounding residential areas, and to provide guidance on how to improve parking. The guidance was formulated using industry best practices, assessment of both residential and Enloe Medical Center parking needs, as well as city goals and priorities. After outreach meetings with the residential and medical community of the Enloe Medical Center Area, DIXON has formulated a strategic and cooperative parking management solution to benefit the surrounding community through a parking implementation plan.

Recommendations:

The Interim Director of Public Works – Engineering recommends that the Committee approve the recommendation for the City Council to accept the “Enloe Medical Center Area Parking Implementation Plan”.

FISCAL IMPACT:

The costs associated with the preparation of the proposed plan, including consultant services, staff time, and printing activities, was approximately \$30,000.

BACKGROUND:

A community workshop took place on April 5, 2018 where City staff met with community stakeholders, representatives from the Enloe Medical Center and Chico Avenues Neighborhood Association. From March to April 2018, an initial survey of residents and business owners was also conducted.

The City of Chico hired DIXON in 2019 to prepare an implementation plan for the Enloe Medical Center Area Parking. To prepare the “Enloe Medical Center Area Parking Implementation Plan”, DIXON and City staff performed surveys, occupancy studies, site assessment of parking resources, wayfinding and parking guidance, and transit alternatives.

A virtual community meeting took place on October 9, 2020. During this meeting, DIXON discussed options with stakeholders. DIXON reviewed parking management steps, previous studies, and the City’s ordinances that relate to parking to provide the City with suggested updates and changes to implement in the Enloe Medical Center Area to meet the residential and business needs of current and future parking demands.

ENVIRONMENTAL REVIEW:

The Enloe Medical Center Area Parking Implementation Plan provides alternative concepts and a phased approach for addressing the current and future parking needs at and around the Enloe Medical Center and adjacent residential neighborhood. Acceptance of the Enloe Medical Center Area Parking Implementation Plan is exempt from environmental review pursuant to California Environmental Quality Act (CEQA) Section 15262 (Feasibility and Planning Studies). Upon City Council acceptance of the Plan, it is

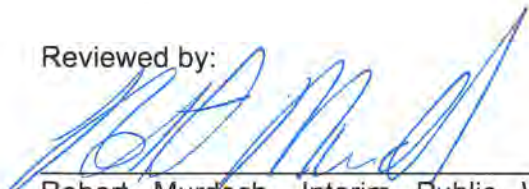
anticipated that the City would file a Notice of Exemption (NOE) with the Butte County Clerk Recorder's Office. Where applicable, any future projects resulting from the Plan will be subject to individual CEQA review. The acceptance of this Plan will not have a legally binding effect on later activities.

DISCUSSION:

The purpose of this meeting is to get feedback from the Committee to finalize the "Enloe Medical Center Area Parking Implementation Plan" (Plan) and then present the Plan to the City Council for consideration. The Department of Public Works has been working with DIXON to assess the operation and management of parking in the Enloe Medical Center Area. Included in this assessment is a review of the City's parking policies and ordinances. As a result, DIXON has provided the City with recommendations. DIXON has also provided recommendations to further monitor and adapt to the needs of parking demands for both on-street parking and Enloe Medical Center employee parking.

The culmination of DIXON's efforts are provided in the Plan which includes a phased implementation approach. The Plan includes implementation recommendations on parking demand management and mitigation, wayfinding, compliance and enforcement strategies, data collection, and employee education. Staff would utilize this plan to implement DIXON's recommendations to improve and better manage parking in the Enloe Medical Center Area.

Reviewed by:



Robert Murdoch, Interim Public Works
Director – Engineering

Approved and recommended by:



Mark Orme, City Manager

DISTRIBUTION:

City Clerk (3)

ATTACHMENTS:

Enloe Medical Center Area Parking Implementation Plan



Enloe Medical Center Area Parking Implementation Plan

What:

The City's parking consultant, Dixon Resources Unlimited, will present the "Enloe Medical Center Area Parking Implementation Plan" to the Internal Affairs Committee.

When:

October 4th, 2021 2:00 PM

Where:

421 Main Street, Council Chambers Building, Conference Room 1, Chico, CA 95927

More:

We would like to hear your comments and suggestions about the implementation plan. The meeting will be in-person. If you are unable to attend, please feel free to email directly or call our staff to provide feedback. The plan can be accessed from the City's webpage using this link: <https://chico.ca.us/enloe-medical-center-area-parking-implementation-plan> or using the QR code displayed.

Phone: 530-879-6940

E-mail: traffic@Chico.ca.gov



Enloe Medical Center Area Parking Implementation Plan



Enloe Medical Center Area Parking Implementation Plan

City of Chico, CA



Prepared by Dixon Resources Unlimited
June 2021

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1. Introduction

1.1. Project Overview

Dixon Resources Unlimited (DIXON) has prepared this Enloe Medical Center Area Parking Implementation Plan (Implementation Plan) on behalf of the City of Chico (City) to comprehensively assess and recommend a strategic approach to parking management in the Enloe Medical Center Area. This document provides an implementation approach based upon:

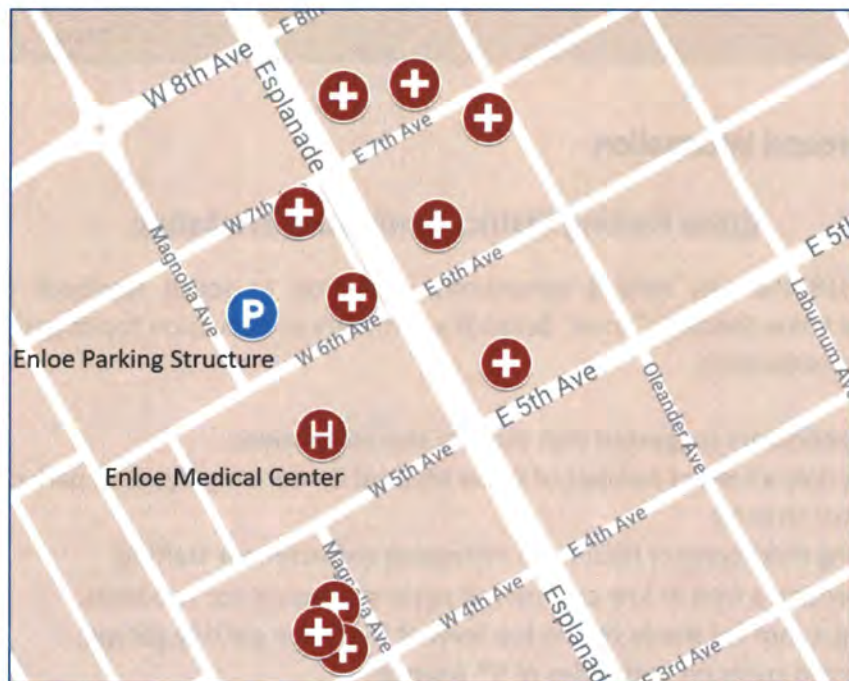
- industry best practices,
- residential parking needs,
- Enloe Medical Center parking needs, and
- City goals and priorities.

The Enloe Medical Center, nearby Chico Avenues Neighborhood Association, and City have all been cooperative and eager to find a solution that is mutually beneficial.

1.2. Enloe Medical Center

The Enloe Medical Center (Medical Center) is a 298-bed non-profit hospital located north of Downtown Chico. The Medical Center operates a total of 24 medical facilities; the main Medical Center and 11 facilities are located along the Esplanade between West 4th Avenue and West 8th Avenue. The Medical Center has approximately 4,200 total staff, with an estimated 1,400 staff on site at any given time during the day during typical times.

Figure 1: Enloe Medical Center Buildings



1.3. Chico Avenues Neighborhood Association

Surrounding the Medical Center are residential streets and small office parks along the Esplanade. The Chico Avenues Neighborhood Association (Neighborhood Association) represents the interest of the residential community adjacent to the Medical Center. The Neighborhood Association covers a portion of Central Chico including the numbered avenues that intersect the Esplanade. The Neighborhood Association is bounded on the south by Big Chico Creek, to the north by Lindo Channel, to the east by Mangrove Avenue and to the west by the Union Pacific Railroad tracks.

Figure 2: The Chico Avenues Neighborhood Association



1.4. Background Information

1.4.1. Enloe Parking District Community Workshop

On April 5, 2018 the City held a community workshop to solicit feedback about parking surrounding the Enloe Medical Center. Below is a summary of discussion topics gathered from the workshop for consideration.

Community stakeholders suggested that the City should consider:

- allowing only a limited number of Enloe Medical Center employees to park on surrounding residential streets;
- expanding enforcement hours and increasing enforcement staffing;
- implementing a free or low cost permit parking program for residents;
- installing a roof for shade on the top level of the Enloe parking garage;
- painting red curbs on both sides of 5th Avenue;

- implementing a 2-hour time limit surrounding the Enloe Medical Center, Monday through Friday from 8:00 a.m. to 5:00 p.m.; and
- improving parking guidance signage and wayfinding to direct drivers to the Medical Center parking garage.

1.4.2. Initial Survey

During March and April 2018, the City surveyed residents and business owners within the Enloe Medical Center area. There were a total of 12 participants. Key takeaways are outlined below:

- The majority of respondents found it very difficult to find convenient parking around the Medical Center.
- 66% of respondents were interested in creating a Preferential Parking District (PPD) around the Enloe Medical Center.
- On average, respondents were willing to pay \$38.00 per month for a residential parking permit in a PPD. This is significantly higher than the current annual permit rate of \$21.00 in existing PPDs elsewhere in the City.

Due to the small sample size during the 2018 survey, an additional online survey was conducted in 2020 to reach a broader audience and better understand parking needs. This survey received a total of 68 responses. See Section 3.1.2 for a summary and Appendix A for complete results.

1.4.3. Parking Data

On-street parking occupancy data were collected on Friday, January 12, Tuesday, January 16, and Wednesday, January 17, 2019 at 8:00 a.m., 12:30 p.m., and 6:00 p.m. The City's goal of data collection was to understand parking supply and demand in on-street locations around the Enloe Medical Center. Data was not collected within the Medical Center garage, but Medical Center staff report that parking demand in the garage declines sharply by around 5:30 p.m. or 6:00 p.m.

Key takeaways of the on-street data collection include:

- Peak occupancy typically occurred at 12:30 p.m.
- The highest daily average occupancies were typically on Tuesdays and Wednesdays.
- Parking occupancy typically decreased by 6:00 p.m.
- West 5th Avenue between Magnolia Avenue and the Esplanade had the highest overall average occupancy at 96%.
- West 5th Avenue between Magnolia Avenue and the Esplanade reached capacity between 8:00 a.m. and 12:30 p.m. on all days collected.
- West 6th Avenue between Arcadian and Magnolia had an overall average occupancy of 90%.
- Magnolia Avenue between West 4th and West 7th Avenues was on average 87% occupied.
- The Esplanade between West 6th Avenue and West 7th Avenue was on average 49% occupied. This block has 2-hour time limits.

2. Site Assessment

DIXON met with representatives from the City, Enloe Medical Center and the Chico Avenues Neighborhood Association initially on November 4th, 2019 to understand key objectives. DIXON also conducted a site assessment to evaluate existing conditions. There are several opportunities to improve the parking operations in the Enloe Medical Center Area. Below is a summary of primary observations and feedback from key stakeholders regarding Enloe Medical Center Area parking.

2.1. Parking Resources

2.1.1. Enloe Medical Center Garage

The Enloe Medical Center parking garage has four levels with 747 spaces. It is conveniently located on West 6th Avenue and Magnolia Avenue and is free for both visitors and employees of the Medical Center. The garage also includes electric vehicle (EV) stations and bike parking.

The fourth-floor roof of the garage (Figure 3) is not covered and can be used as an emergency helicopter landing pad. Feedback from stakeholders suggests that the lower floors are utilized at a higher rate than the fourth floor, and during emergencies the fourth floor is sometimes used for landing helicopters.

Figure 3: Fourth Floor of the Parking Garage



The parking garage is equipped with interior signage to direct drivers to entrances and exits. There are emergency call boxes and lighting throughout the garage, however the garage appeared to be dark in the evening hours. The parking garage was designed with the ability to expand it over the alley to the east if additional parking capacity is needed.

2.1.2. Valet Parking

The Medical Center operates a free valet service for visitors and patients on weekdays from 7:00 a.m. to 9:00 p.m. The valet drop-off and pick-up is located at the main entrance, and vehicles are stored in a surface lot on west side of West 5th Avenue and Magnolia Avenue (Figure 4).

The utilization rate of the valet program over a 15-month period between August 2018 and October 2019 averaged

Figure 4: Valet Parking Lot



2,671 cars per month. A peak of 3,675 vehicles utilized the valet program in August 2018, versus 2,141 users in September 2018 which was the lowest amount recorded.

2.1.1. Off-Street Parking

There are additional parking lots surrounding the Medical Center that provide free parking for visitors, patients, and employees as shown on Figure 5. Parking lot resources include:

- Lot 6, located on the north side of Magnolia Avenue and West 6th Avenue has approximately 40 parking spaces.
- The surface lot adjacent to the main Medical Center has approximately 32 parking spaces.
- Lot 3, located on the east side of West 5th Avenue and Magnolia Avenue has approximately 70 parking spaces.
- There are additional lots associated with health clinics nearby the Medical Center.

2.1.2. On-Street Parking

The majority of streets surrounding the Medical Center do not have time limits with the exception of the following streets near the Medical Center that have 2-hour time limit parking:

- Esplanade between West 6th Avenue and West 7th Avenue, and
- West 5th Avenue between Esplanade and Magnolia Avenue.

The Neighborhood Association street parking is unregulated without permit parking restrictions or time limits. Medical Center staff and visitors were observed parking and returning to their vehicles on-street outside of residential homes.

2.1.3. Parking Trends

Due to Medical Center staffing and scheduling, the following estimated parking trends were reported by stakeholders based on typical times.

- On average there were 929 patients and visitors that entered the main lobby per day in 2017.
- The average length of stay for visitors at the Medical Center is approximately 4 hours.
- Tuesday through Thursday typically have the highest parking demand rates due to scheduled surgeries. Patients who are in for surgery could be on site for 8 or more hours.

Figure 5: Enloe Medical Center Area Parking Options



- Parking demand typically decreases by 6:00 p.m. due to Medical Center staff who are scheduled for normal business hours.
- There are two nursing shift changes at 7:00 a.m. and 7:00 p.m. These shift changes impact the parking turnover around the Enloe Medical Center.
- The fourth floor of the garage can typically accommodate additional long-term daily parkers who are staying for more than a few hours.

2.2. Wayfinding and Parking Guidance

Figure 6: Visitor Parking Sign



Currently, there is a monument sign at the garage entrance and there are two static parking wayfinding signs along the Esplanade that direct visitors to the Medical Center parking garage. Signage visibility can be challenging and may not provide drivers enough time to change lanes as needed to access the garage. The northbound sign is also partially obscured by a tree in the center median.

There is a large sign directing visitors to the main entrance of the Medical Center. The sign is located at the main entrance but can be seen from the intersection of West 5th Avenue and Magnolia Avenue, and West 5th Avenue and Arcadian Avenue. Directional signage to visitor and valet parking lots does not currently exist; however, there are signs in front of all entrances of each parking lot to indicate the intended users. There is also a sign located at the main entrance to advertise the valet parking program. For example, Figure 6 above shows the visitor parking sign for the Enloe parking garage. The sign is small and is located on the westbound side of West 6th Avenue directly in front of the parking garage entrance.

2.3. Transit Alternatives

2.3.1. Bike Parking

The Enloe parking garage and Lot 3 have bike parking. Bike parking within Lot 3 is conveniently located by the main entrance of the parking lot. There is no signage indicating that there is secure bike parking prior to getting the entrance of the lot. There are several bike lockers for approximately eight bikes located outside of the main Medical Center entrance intended for employee use.

2.3.2. Transit Incentives

Butte Regional Transit (B line) operates convenient bus service to Enloe Medical Center, and the Medical Center used to provide free bus passes for employees with the goal of reducing parking demand. This program was only valid for bus trips to and from the Enloe Medical Center area. The free bus pass program had extremely low participation so it was discontinued.

Figure 7: B Line Bus Service



The free bus pass program had extremely low participation so it was discontinued.

There are two convenient bus routes, the 15 and 16S/17 that stop near the Enloe Medical Center. Both routes stop along Esplanade northbound and southbound at West 5th Avenue. Route 15 runs from the Chico Transit Center in downtown, northeast to East Lassen Avenue and Ceres Avenue. Route 15 runs from 6:50 a.m. to 9:10 p.m. approximately every 40 minutes Monday through Friday. Weekend service operated approximately every hour. Route 16S/17 runs from the Chico Transit Center in downtown, north to SR 99 and

Esplanade. Route 16S/17 operates from 7:30 a.m. to 6:30 p.m. approximately every hour Monday through Friday, with the first and last trips not running on the weekends. With 40-minute and hour-long headways, existing transit options may not be conducive for commuters.

2.3.3. Remote Parking & Construction Mitigation

The Medical Center operated shuttle and vanpool programs during the construction of the Enloe parking garage between August 2007 and August 2008. Upon completion of the project, the programs were discontinued due to the significant cost and low utilization.

The surface parking lot at the Chico Nut was used as a remote parking location, supported with free shuttles throughout the construction of the Medical Center parking garage. The Chico Nut is approximately a 10-minute walk from the Medical Center or a quick shuttle ride. At the time there were two circulating shuttles with a 3-5 minute wait time. The Medical Center also offered incentives and rewards at the shuttle stop to improve the rider experience.

The Medical Center also uses the Chico Nut surface lot on occasions when there is an influx of visitors, such as when hosting Chico State clinical students on campus. This parking option is typically only leveraged 2-3 days per year.

3. Stakeholder Feedback

To better understand stakeholder priorities, DIXON facilitated a virtual community meeting and conducted an online survey:

3.1.1. Community Meeting

A virtual community meeting was hosted by DIXON on October 9, 2020. This meeting was an opportunity for community members to learn about potential parking management options and provide feedback or suggestions. DIXON presented preliminary draft recommendations and ideas to mitigate parking challenges. Nearby residents discussed parking challenges related to Medical Center staff and visitor parking impacts on residential streets. Some residents were in favor of a permit parking program and/or permit exempt time limits, and most agreed that additional wayfinding signage would be helpful. Attendees were encouraged to participate in the subsequent online survey, described below.

Figure 8: Community Meeting Flyer



3.1.2. Online Survey

The City published an online survey regarding parking near the Enloe Medical Center. The survey was live between November 30, 2020 – February 17, 2021. The City received a total of 68 responses, four from Enloe Medical Center employees and 64 from City of Chico residents that do not work at the Enloe Medical Center.

According to those respondents that reside near the Medical Center, a majority:

- believe a reasonable number of employees and/or visitors should be allowed to park on residential streets;
- believe there should be a time limit on residential streets for those without a resident permit;
- are willing to pay less than \$30.00 for an annual residential parking permit;
- prefer a \$1.00/hour paid parking rate if paid parking were to be introduced; and
- half of the respondents prefer a two-hour time limit if time limits were to be introduced.

A summary of all 2020 online survey results is included in Appendix A.

4. Implementation Plan Structure

The Implementation Plan recommendations are organized into three estimated phases. The actual timing of each phase is flexible and may vary depending upon ongoing data collection, monitoring, and oversight. The City is encouraged to adjust the implementation approach as needed to design a program that best fits the unique and ever-changing needs of the community and Medical Center.

Figure 9: Implementation Plan Phases

Section	Estimated Timing
Phase 1	Immediate – Year 1
Phase 2	Year 2
Phase 3	Year 3+

5. Phase 1

Phase 1 describes the initial parking management steps that are recommended to address immediate challenges and prepare for future recommendations. These are meant to be low-cost and low-impact strategies that may influence employee, patient, and visitor parking behavior enough to mitigate residential area parking impacts.

5.1. Wayfinding and Parking Guidance

Wayfinding and parking guidance signage can have an immediate impact on parking behavior simply by making it easier to understand where parking is allowed and encouraged. It is important to increase awareness of parking options to both optimize parking asset utilization and enhance the parking experience. Small changes to wayfinding and parking guidance signage can improve utilization of the existing Medical Center garage, surface lots, and valet parking lot. Some visitors might be unaware of these options and opt to park on nearby residential streets.

It is recommended that **wayfinding signage be installed along the major intersections of West 5th and West 6th along the Esplanade** to direct drivers to the garage. Signage must be visible in advance of each turn to give drivers enough time to make a decision. The wayfinding signage should also direct drivers to the valet parking lot. **Valet parking signs should clearly indicate that the program is “free” to visitors.** The hospital already promotes the valet parking option to patients online when they schedule an appointment, and additional signage can be a helpful reminder for patients and useful for visitors driving to the Medical Center.

Depending on the budget, **low-cost temporary signage could be used as an interim solution** to evaluate signage placement locations, visibility, content, and impact before manufacturing and installing permanent signage. These could be A-Frame signs or similar, which cost roughly \$200-\$400 each, and the cost could potentially be shared between the City and the Medical Center.

To best communicate parking availability, it is recommended that the Medical Center incorporate **parking occupancy sensors** at garage ingress and egress points. A **facility-wide count**, versus a per-space or per-level count, is recommended because it is a more affordable way to communicate overall parking availability to drivers without requiring additional sensors throughout the garage. The main priority should be to direct drivers to the garage when it has available parking. Once a driver enters the garage, there is only one way up and it is not challenging to visually locate available parking spaces. **The Medical Center should install a digital sign outside of the garage entrances with real-time parking availability information.** This could either be in the form of available space counts, or the use of “OPEN” or “FULL”. The cost for this type of solution varies significantly by vendor, but there are options for approximately \$10,000 - \$20,000 per garage entrance point that include the sensor and digital sign.

Figure 10: Example Digital Parking Sign



If digital signage is installed, the Medical Center should continue to **monitor the accuracy of parking occupancy technology** and reset the counting systems as recommended by the selected vendor. Any discrepancies noticed between the level of accuracy advertised by the vendor and the actual accuracy level should be immediately addressed with the technology vendor.

The selected vendor should have the ability to push real-time parking occupancy information through an application program interface (API) so it can be leveraged for other purposes such as automated parking guidance signage (APGS) and online applications. The Medical Center could promote the real-time parking availability information on their website so that visitors, patients, and employees can look up how much parking is available before they travel to the Medical Center. The ability to do so can enable motorists to make informed decisions about how to get to their destination, evaluate alternative modes of transit, and, if they choose to drive, reduce traffic congestion by letting drivers know where they can likely find available parking.

Using the API, the City should also deliver this real-time parking availability data through additional digital signage leading to the garage. APGS signage could be installed along the Esplanade to direct drivers to the garage so that drivers understand ahead of time if there is available parking. If additional parking locations are an option, such as a remote parking lot at the Chico Nut, the APGS should redirect drivers to the alternate location(s) once the garage is near or at capacity. The dynamic messaging capabilities would also allow for custom communications related to special events, emergencies, or other targeted messaging as needed.

5.2. Preferential Parking District with Time Limits

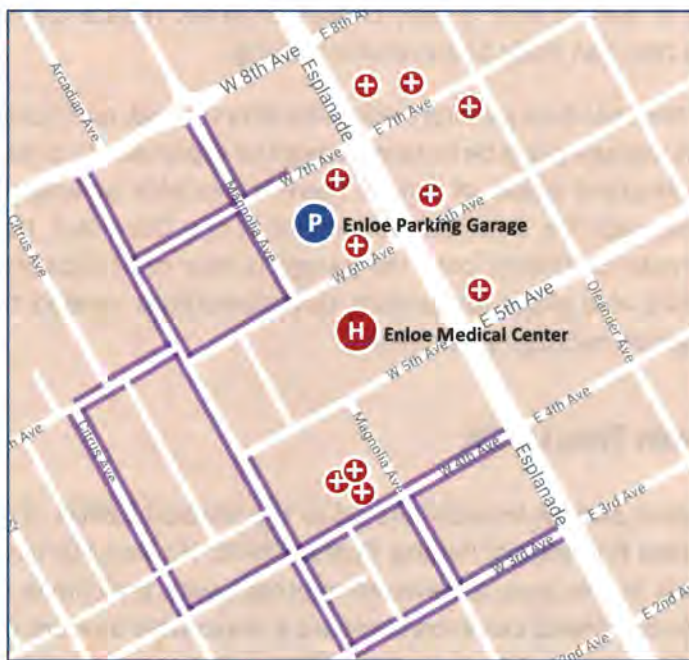
To safeguard nearby residents from spillover parking impacts related to the Medical Center, it is recommended that the City **introduce a new Preferential Parking District (PPD)**. However to best accommodate the variety of parking needs in this area, a **balanced approach with time limits** is recommended. It is estimated that **residential streets can accommodate a reasonable amount of Medical Center parking demand¹**, but it's important not to exceed an **85% occupancy rate** (parking spaces occupied/total parking supply) so that residents and their guests can maintain easy and convenient access to their homes.

The 85% occupancy target is a widely accepted parking industry standard. At this rate, there are enough vacant parking spaces to minimize congestion from drivers searching for spaces while still optimizing the use of parking supply.

¹ A majority (52.4%) of respondents to the 2020-21 online survey believe that a reasonable number of Enloe Medical Center employees and/or visitors should be allowed to park on residential streets.

To achieve a balanced approach, the City should introduce a PPD program **along with a two-hour time limit**². Those without a permit would be subject to the two-hour limit, which would accommodate some Medical Center visitor parking as well as resident service worker and guest parking. A time limit helps encourage parking space turnover which can create more availability, especially when combined with a no re-parking policy (see Section 5.3.1). The use of the time limit would also improve convenience for residents since they would not need to acquire a guest permit unless their guest is staying beyond two hours. According to the online survey, the majority of guest or service worker visits last between 1-2 hours³. Like in existing PPDs, **the guest permit option should still be available to residents when needed.**

Figure 8: Proposed Enloe Preferential Parking District



As a starting point, the recommended streets (in purple on Figure 8) include residential streets adjacent to the Enloe Medical Center. These streets reached high occupancy rates during the January 2019 data collection.

Since parking demand may have shifted since data was last collected in 2019, the City should **collect additional parking occupancy data once LPR is acquired** for parking enforcement to determine which residential streets reach or exceed 85% occupancy. The City is already planning on implementing LPR, and the same system can be leveraged for ongoing data collection. Results will

help the City determine if and when adjustments are needed to PPD boundaries over time. However, it is important to start somewhere **and make incremental adjustments as needed.** For example, it is possible that once a PPD is introduced that spillover parking could occur on surrounding streets. The City should be mindful of these potential impacts and periodically collect data in and around PPD boundaries to evaluate if PPD boundaries should be expanded. Regardless, the City must ensure that consistent parking enforcement coverage is provided in order to accurately understand the true impact of parking policies.

² A majority (79%) of residents that responded to the 2020-21 online survey support the idea of a time limit option for those without a permit. Additionally, a majority (50%) of residents that responded to the survey would prefer a two-hour time limit.

³ A combined 47.6% of respondents to the 2020-21 online survey do have regular services works visits to their home. 33.3% of respondents have regular service worker visits to their home that last 1-2 hours.

Permits should be reasonably priced so they are affordable while still providing a revenue source to help sustain a portion of ongoing program administration and enforcement costs⁴. The City should consider the projected cost of the new signage, staff time for the installation, and any additional fees associated with permit fulfillment. It is recommended that the City **charge at least \$21.00 annually** for PPD permits, which is the current cost in other existing PPDs. PPD permit rates should ideally be tied to annual Consumer Price Index (CPI) adjustments and updated on a regular scheduled basis.

Residents who wish to park on-street within the PPD should be able to **apply for PPD permits online through the City's existing permit management system (PMS)** with Turbo Data Systems. For consistency with existing PPD policies, the City could **expand the same business rules to this new PPD**. However, **one option to consider is reducing the number of permits allowed per household to two or three**. This could help improve on-street availability and support the balanced approach that also allows for some Medical Center parking demand in residential areas.

All permits must be linked to a license plate number so they may be enforced with license plate recognition (LPR) cameras (see Section 5.3.2). If the City does not have LPR at the time of implementation, physical decals or hangtags are recommended as a temporary interim solution to enable enforcement through visual verification in the meantime. Regardless, each permit must be tied to a license plate number to enable a smooth transition to fully virtual permits. Virtual permits are ideal because they provide the most flexibility for residents and minimize the City's administrative support requirements. This will eliminate the need for physical permit fulfillments and will allow residents to edit their permit information as needed. For guest permits, residents should be able to enter in license plate numbers ahead of time to prepare for upcoming stays.

5.3. Compliance

Effective parking enforcement should always be one of the City's highest parking management priorities. Compliance is critical for the success of the City's parking operation since it will improve the effectiveness of posted policies and will allow the City to measure their true impact. Without proper enforcement, the City will not be able to reach its overall parking management goals, and investments in parking assets and technology are unlikely to be effective.

The 2019 Downtown Access Action Plan recommended additional part-time Parking Enforcement Officers (PEOs) to provide additional coverage for the downtown and surrounding areas. It is important that **sufficient parking enforcement coverage be provided** to allow for consistent coverage of the Enloe Medical Center area parking policies. The frequency of patrols will depend on the policies and programs, such as a potential new Preferential Parking District (PPD), as described in Section 5.2. Ideally, officers should have set routes that ensure consistent coverage within their enforcement areas. Cyclical routes should be established to allow for a minimum of three to four patrols per day for the Enloe Medical Center area and within any future PPD.

⁴ A majority (64.9%) of residents that responded to the 2020-21 online survey would be willing to pay less than \$30 per year for a residential parking permit.

If paid parking, permit parking, and/or mobile payment are introduced in the future, all systems should be integrated with the City’s existing citation management vendor and future license plate recognition (LPR) technology vendor for ease of enforcement (see Section 5.3.2)

5.3.1. No Re-Parking

The City previously adopted a no re-parking ordinance in November 2019, which is applicable to the time limit spaces within the Enloe Medical Center area. According to the City’s policy, a “vehicle will be deemed to have been stopped, parked or left standing for longer than the posted time limit, if it has not been moved out of the block face following the expiration of the posted time limit in a timed parking zone.”

When consistently enforced, a no re-parking rule can have the following benefits:

- It will improve the effectiveness of time limits by discouraging the use of time limit spaces for long-term parking sessions.
- Long-term visitors and employees will be encouraged to utilize long-term parking options such as the Valet Parking Lot or Enloe Parking Garage rather than time limit parking options.

To communicate the no re-parking rule, the City should consider attaching additional “rider” signage underneath existing time limit signs. An example no reparking sign designed utilized in San Leandro, CA is included in Figure 9. The sign should communicate that there is no re-parking on the same block face, as defined by Chico Municipal Code (CMC) 10.20.050.

Figure 9: Example Rider Sign



5.3.2. License Plate Recognition Cameras

The City should **prioritize equipping Parking Enforcement Officer (PEO) vehicles with mobile license plate recognition (LPR) cameras** in the near-term to make enforcing the time limits and associated no re-parking rule more efficient compared with traditional methods like chalking tires. LPR was recommended as part of the Downtown Access Action Plan and the Bidwell Park Impact Fee Implementation Plan. The use of LPR will also improve efficiency when monitoring for virtual license plate-based permits, which were recently introduced in other areas of the City.

Figure 10: License Plate Recognition Camera



verification are outdated and inefficient. Additionally, the legality of chalking tires has recently been reevaluated in other areas of the country.

Using LPR as a parking management tool means that manual enforcement processes will be automated. There is no additional information that will be tracked or provided to the PEOs that is not already manually tracked with traditional processes. Examples include:

- **Time limit tracking:** Instead of manually entering each license plate number, tire valve stem position, and location into a handheld, or using chalk to mark tires, the LPR system can automate the process by logging the same information and notifying PEOs of violations.
- **Verifying permits:** Instead of verifying that each vehicle has a physical permit displayed, that the permit number is tied to the correct license plate number, and that the date is valid, the LPR system can automate the process by using the license plate number as the permit number and verifying permit status using a database with real-time information.

Other databases can also be integrated with the LPR system for enforcing scofflaws and stolen or wanted vehicles. According to state law, the City should be sure to publish a privacy and usage policy online before beginning to utilize LPR.

5.4. Ongoing Data Collection

It will be important for the City to closely monitor parking occupancy rates to determine whether adjustments to operating hours, time limits, rates, or other policies are needed. The City should be aware of **potential spillover parking impacts** into nearby non-regulated areas. The parking programs must be **dynamic and adaptable** to evolving parking needs.

The City should continue to **collect occupancy data on a recurring basis** to monitor program effectiveness. The heaviest period of data collection should focus on the first two or three years as new programs are introduced and adjusted. Occupancy data could be collected one or two times per year. Due to the expense of manual data counts, ideally the recommended LPR system could be leveraged for ongoing data collection. The same LPR system recommended for parking enforcement also has the added benefit of providing ongoing data that may be leveraged to

calculate **occupancy and utilization rates** for little or no extra cost beyond staff time to conduct the analysis. The system allows data to be exported for analysis and review. The City could develop a data collection plan with fixed routes, days, and hours or simply leverage the data already being collected by PEOs during their regular enforcement routes. Collecting data with LPR would be a cost-effective way for the City to understand occupancy and utilization trends, which will allow for data-driven decisions about potential policy adjustments around the Medical Center area.

Ongoing parking data collection will enable the City to make data-driven decisions based on actual parking trends, rather than perceptions. Data has become more relevant than ever after the COVID-19 pandemic since predictions about commuter behavior and parking demand impacts are largely speculative.

Data will allow the City to take incremental steps, evaluate changes, and adjust the approach as needed. No solution will be perfect, but data can guide future decisions to help optimize parking management in the near-term and long-term.

5.5. Ongoing Employee Education

Medical Center employees are already encouraged to be mindful of their parking impacts through education and outreach campaigns. When complaints are received, the Medical Center Human Resources Department proactively reaches out to employees about parking challenges and goes above and beyond to try to influence driver behavior. The Medical Center aims to be a good neighbor, and management staff are willing to work collaboratively with the City and surrounding residents to come up with solutions. However, based on existing on-street policies, there is no way to legally prevent Medical Center employees from parking on-street in residential areas, so efforts are not always successful. If the PPD is introduced, employees should be informed of new policies and encouraged to take advantage of Medical Center parking facilities. Employee outreach efforts will be more effective once on-street policies are introduced.

The Medical Center could also use **creative strategies to improve the employee experience of parking in the parking garage** such as providing a free coffee station, Allspice Café coupons, or raffle prizes to randomly selected license plate numbers observed within the garage.

5.6. Parking Demand Mitigation

Encouraging the use of alternative modes of transportation will help mitigate parking demand. This includes walking, biking, transit, carpooling, and even telecommuting or virtual work. **Transitioning to remote or virtual operations when it is possible and reasonable to do so** is an option to consider. The recent COVID-19 pandemic has made some people more comfortable and accustomed to using online meeting tools, and there could be opportunities to expand remote access or operations.

There are helpful **commute tracking and incentive vendor platforms** such as Luum, SmartRideshare, and RideAmigos that should be considered for ease of tracking and management.

The Medical Center should evaluate these vendor systems, or similar options, and determine which platform may be the best fit solution through vendor demonstrations and reference interviews.

The Medical Center should **incentivize employees to carpool** to work in order to reduce the overall parking demand and level of congestion. Initially, the Medical Center could start by incentivizing carpooling using prizes or other incentives such as a monthly raffle prize drawing, discounts to nearby businesses, or an opportunity to win a dedicated parking space each month. The Medical Center can leverage a vendor commute tracking platform for staff to log if and when they carpool (or leverage other modes of transportation). If the information can be tracked through a leaderboard or open forum, this can help discourage participants from lying or abusing the program.

Additional incentives could be offered for walking, biking, and taking transit. Users would log their trip in the application to become eligible for prizes. The Medical Center would be able to set the specific rules and policies and track all of the utilization data.

A guaranteed ride home program is recommended along with any alternative mode incentive program. A guaranteed ride home program will help employees feel more comfortable commuting to work without their car if they know they have access to a ride in cases of emergencies. Most guaranteed ride home programs are rarely used, but they can increase transit ridership because it provides a backup option if a car is needed for peace of mind. One option that may be simple to implement is to reimburse employees for their rideshare (e.g. Uber or Lyft) trips made through the guaranteed ride home program.

After initial implementation of the commute tracking and incentive program, the Medical Center should regularly monitor how effective it is at influencing behavior change. Data would include the number of participating employees, non-driving commutes logged, commute durations, incentives chosen/earned, etc. Tracking trends will help the Medical Center understand how the program is leading to accomplishing objectives or not. For example, the Medical Center should know if sign up rates and utilization rates are meeting program goals. If they are not, a survey or focus groups can be deployed to find out why. Also, if certain incentives are more popular than others, the Medical Center can base future decisions on which incentives to offer on that information. Data-driven adjustments such as these can enable the program's success.

6. Phase 2

The timing of Phase 2 is flexible and dependent on the impact of initial recommendations on parking behavior and trends. These strategies should be considered to further safeguard residential parking access and achieve a balanced approach to parking management.

6.1. Potential Policy Adjustments

After introducing the PPD, the City should continue to monitor on-street parking utilization, and the Medical Center should monitor parking garage utilization, in order to determine whether to make program adjustments. Potential adjustments to consider are summarized below in Figure 11. If PPDs are effective at mitigating parking demand, and the PPD streets are consistently underutilized (well below 85% occupancy), the City could **leverage any excess parking capacity** to accommodate a reasonable number of Medical Center employees, visitors, or patients. The same 85% occupancy target is also relevant for tracking utilization of the Enloe Medical Center parking garage. The recommended occupancy tracking technology (see Section 5.1) will provide useful ongoing metrics for the garage. For example, if after the PPD is introduced the garage is consistently at capacity while nearby areas are underutilized, the City could choose to sell a small number of permits to Medical Center employees so they may park within the PPD. If so, **permit allocations should be tightly controlled by the City to ensure that PPD streets do not exceed the 85% occupancy target**. The City should take an incremental and adaptable approach if implementing this strategy.

Figure 11: Potential PPD Data-Driven Adjustments

Data Finding	Potential Adjustments
Enloe Medical Center parking garage frequently reaches 85% occupancy or above while nearby PPD street(s) are consistently below 85%	<ul style="list-style-type: none"> Consider selling a small number of Enloe Medical Center employee permits for the underutilized PPD street(s) while closely monitoring results to avoid overly impacting neighborhood streets
Nearby street(s) outside of PPD frequently reaches 85% occupancy or above	<ul style="list-style-type: none"> Expand PPD boundaries and time limit to impacted street(s)
PPD parking occupancy is consistently near or above 85%	<ul style="list-style-type: none"> Reduce the number of permits allowed per address Reduce the number of Medical Center employee permits allowed
PPD parking occupancy is consistently below 85%	<ul style="list-style-type: none"> Expand the number of permits allowed per address Expand the time limit to 3 hours Increase the number of Medical Center employee permits allowed

It is not recommended that time limits be expanded beyond 3 hours. This is because a time limit of 4 or more hours is more challenging to monitor or enforce, and it is long enough to be leveraged

by some Medical Center employees who would only need to move their vehicle once (such as during their lunch break) to re-park on a different residential block. Ideally employees should be parking in Medical Center parking lots or the garage, and if they must park in the PPD it should be through the City's permit program for maximum control.

To start, the City should establish a separate Employee Parking Permit Zone for each residential block (or small group of blocks). This will allow the City to control the number of employee permits that may be sold per location, and it will provide a granular level of flexibility that will allow the City to adjust the quantities sold depending on occupancy rates. Certain residential streets may have higher parking occupancy rates compared to others based upon factors such as car ownership rates, whether residents have driveways, housing density, and the typical number of service workers and guests. The zones can be named using a simple lettering system such as A, B, C, etc.

The City can utilize the same **automated permit management system** discussed in Section 5.2 to allow employees to apply and purchase permits for each zone. A separate cap on the number of permits allowed per zone should be configured within the permit management system to prevent overselling. The City's enforcement technology described in Section 5.3.2 can also be configured to automatically verify the permits by license plate number depending on the GPS location of each plate read and the corresponding zone boundaries. Permits should only be valid for up to one year at a time to allow the City to make adjustments to the permit caps as needed over time in order to safeguard resident access. As a starting point, approximately three or four employee parking permits per block could potentially be allocated.

Each Employee Parking Permit Zone in the residential areas can be **designated on signage using decals**. Since employee permit parking rules will be communicated to permit holders at the time of purchase, there is no need to include excess information or instructions on signage. There could be a low-cost way to modify existing signage within PPD with decals. Decals could be color coordinated by zone with a corresponding letter in the center to display the zone letter. The top or bottom of the decal could simply state "Enloe Employee Permits Allowed". An alternative is to hang smaller rider signs underneath existing signage, mounted to the same poles.

Residential areas should be used for employee permit parking during the **daytime between 7:00 a.m. to 6:00 p.m. Monday through Friday**. Evening hours are not recommended in residential areas because there is typically higher residential parking demand in the evening once residents return home from work. Any expansion into the evening hours should be evaluated on a case by case basis based upon occupancy data in order to avoid impacting residential access.

A reasonable **monthly employee parking permit rate could be at or around \$30.00 per month**. Permits should be assigned a nominal value to sustain the program and to encourage transit alternatives, carpooling, biking, and walking. If paid parking is introduced in the future, the permit rate should be lower than the cost of parking on-street during the daytime to incentivize participation in the program and prevent spillover parking into other residential areas.

6.1.1. Pay-to-Stay

It is possible that additional long-term parking options beyond the 2 or 3-hour time limit may be needed to accommodate Medical Center visitor or patient parking needs. The City should work collaboratively with the Medical Center over time to understand parking demand. **One option is to replace time limits within the PPD with a pay-to-stay model using a combination of pay stations and a mobile payment application. The City could still offer the first 2 hours at a low rate (or free) but then charge extra for additional time.** This would still incentivize turnover for those wanting to avoid paying for parking, but provides flexibility to accommodate longer parking sessions as needed. Depending on the price, this could also minimize the need for guest permits by providing residents' guests another option to park beyond 2 hours when needed.

If implemented, the paid parking area should include existing time limit parking areas, the PPD, and any additional streets immediately surrounding the Enloe Medical Center properties. Paid parking locations should be evaluated and adjusted based upon data collection.

To offer the first one or two hours free, drivers must initiate their parking session using their license plate number. This will prevent abuse of the free time since the system will automatically recognize if a license plate number has already received free time each day. The use of LPR for parking enforcement will automatically notify the PEO when a vehicle is not tied to an active parking session. Additionally, if the City introduces a mobile payment option, the sessions will also be tracked by license plate which will streamline enforcement. One benefit is that paid parking can be easier to enforce than time limits since the officer only needs to verify once if a parking session is valid rather than returning again after the time limit to confirm length of stay.

For paid parking, operating times **between 7:00 a.m. to 6:00 p.m. Monday through Friday** would be a reasonable starting point. Operating times should be adjusted based on data to ensure that coverage is provided during peak demand periods. Whatever times are selected, the City must provide consistent parking enforcement coverage to encourage compliance.

The City should **utilize a small number of pay stations** (multi-space meters) for all paid parking locations. Compared to single-space meters, pay stations have a number of advantages. Pay stations:

- minimize the amount of infrastructure required for ongoing maintenance and collections,
- improve the community aesthetic by minimizing the amount of street furniture,
- have larger screens which can promote additional customized information and features, and
- offer the ability for license plate-based enforcement.

The City should also **offer a mobile payment option** along with paid parking locations. Mobile payment is a solution that was also recommended for Downtown Chico and Bidwell Park, so the City should aim to utilize a consistent mobile payment vendor as it is introduced. The mobile

application will allow users to pay for their parking session using a mobile device, monitor their parking time, and add more time remotely when their parking session is nearing its end.

Most mobile payment vendors also provide validation programs which could be leveraged by the Medical Center in order to validate visitor and patient parking if desired. As with any validation program, the Medical Center should closely monitor validation data to identify potential program abuse by employees. Employees that are found that be validating their own parking sessions should be made ineligible for the validation program based upon their license plate number.

All mobile payment transactions will be tracked and verified by license plate. In addition, the **Pay-by-Plate configuration is recommended** for all pay stations which means that the license plate number will be the payment identifier for both payment options for ease of enforcement. This approach does not require users to return to their vehicle to display a receipt for proof of payment and it will allow drivers to validate or extend their parking session remotely from within the Medical Center.

The implementation of paid parking should include roughly **one pay station per two or three blocks within the proposed PPD⁵**. Ideally, most pay stations would be located in convenient locations near the Medical Center facility entrances for ease of payment by visitors and patients. The placement of pay stations near the Medical Center entrances only will also mitigate the aesthetic impact on nearby neighborhood streets. Pay stations normally support 7 to 12 on-street parking spaces, but because parking within the PPD will primarily be utilized by residents, the pay stations will likely have low utilization. Additionally, the recommendation to offer a mobile payment option will reduce overall infrastructure requirements. The use of mobile payment should be encouraged since this will also reduce maintenance and revenue collections requirements. The City should ensure that signage is easily visible throughout paid parking areas to ensure that drivers are aware to pay at the pay station or by mobile application.

If the first two hours are provided for free, it is recommended that the City charge at least \$2.00 per each additional hour. If no free time is provided, it is recommended that the City utilize a tiered rate structure with \$1.00 per hour for the first two hours and \$1.50 thereafter. **Drivers who display a handicap placard or an Enloe PPD permit will be exempt from paid parking requirements.**

It is recommended that the City utilize pay stations that **accept quarters and credit cards only.** By only accepting quarters and eliminating the use of bills, this will reduce maintenance and minimize collections requirements. The bill note acceptor (BNA) is typically the part that most frequently jams or breaks on a pay station. Encouraging credit card payments will also reduce the amount of coins that need to be collected and extend the amount of time between collections.

⁵ If the City does not yet have LPR for enforcement at the time of implementation, it is recommended that that Pay-and-Display configuration for pay stations be used as an alternative. This form of proof of payment requires the user to return to their vehicle to display their receipt; Therefore with this approach one pay station per block face, rather than per two block faces, should be provided.

New paid parking areas and methods of payment should be communicated with patients, visitors and Medical Center employees. The Medical Center should aim to encourage employees to park within the parking garage and in Medical Center parking lots. The valet parking program can also be further promoted to visitors and patients as a free parking option instead of the on-street parking within the PPD.

Equipment Maintenance

If pay stations are installed, the City should ensure that the equipment is properly maintained to maximize equipment lifespan. Pay station vendors typically offer robust backend systems with reporting features with usage and maintenance data. Pay stations should wirelessly communicate usage, payment status, meter access and maintenance alert data in real-time and should be managed through a web-based meter maintenance system that provides robust monitoring and reporting features. The recommended pay station configuration will minimize maintenance and collections needs, so it is anticipated that all maintenance and collection duties can be handled by an existing position within the City.

Preventative maintenance should be completed on all pay stations once every three weeks to ensure that the pay stations continue to function properly. Preventative maintenance should include lubrication of the locks, general cleaning and removal of graffiti, testing of coin chutes, and card swipe cleaning. Scheduled basic maintenance of the pay stations can keep small problems associated with daily use of pay stations from becoming larger issues that require mechanisms to be repaired or replaced.

Revenue Collections

In addition to ongoing maintenance of the pay stations, the City should be prepared to collect coins on an as-needed basis. The recommendation to limit pay stations to quarters and credit card only, along with the promotion of a mobile payment option, will minimize the frequency of coin collections. Staff should **monitor the pay station backend reporting system** to determine when machines need to be collected.

Revenue Allocations

For context, the City's existing parking revenue is currently deposited into a separate fund rather than the General Fund, and it is restricted to expenditures for parking facilities operations and improvements only. A separate special parking fund and/or Parking Benefit District could be established for this PPD that would allow revenue from PPD permits and paid hourly parking to be reinvested into the program to sustain the cost of equipment, technology, and staffing required within that district. Any additional revenue, beyond what is required to sustain the program, could be utilized specifically for improvements within the district. For example, improvements could include roadway resurfacing and maintenance, street sweeping, landscaping, or other similar

projects. The City should evaluate the feasibility of this option and develop a plan for revenue allocation before implementing the program.

7. Phase 3

Phase 3 includes longer-term recommendations that are dependent on the impact of previous strategies. It is possible that these steps will not be needed in the future if other strategies are successful at mitigating parking challenges. Ongoing data collection, monitoring, and oversight should inform long-term decision-making.

7.1. Remote Parking

To expand the amount of parking supply available to staff, patients, and/or visitors, the Medical Center could explore options to leverage additional nearby or remote parking options on a regular basis through shared parking agreements. This could be similar to the previous agreement with the Chico Nut. The Medical Center should seek other properties that may have underutilized parking facilities and pursue partnerships. Depending on the level of parking demand over time, the additional supply could help minimize spillover into residential areas. It is recommended that **remote parking be offered for free** in order to encourage utilization. Encouraging employees to park in perimeter and remote locations can also improve parking availability for visitor and patient parking. While a circulating shuttle would improve convenience, there is also a significant cost associated with shuttles that must be considered. **One option to explore is using smaller 5-passenger shuttles**, which may have lower operating and insurance costs. Also described in the Downtown Access Action Plan, there are companies like Circuit (formerly called The Free Ride) that offer lower-cost shuttle program options that incorporate advertisements onto vehicles to minimize costs.

7.2. Enloe Parking Garage Expansion

If after implementing the recommended operational and policy adjustments the City and Enloe Medical Center continue to experience occupancy rates consistently in excess of 85% throughout the Enloe Medical Center area, the **Medical Center should strongly consider expanding the parking garage**. If possible, this should cross over, but not close, Magnolia Avenue so that particular block of Magnolia Avenue could be retained. As described in Section 2.1.1, the parking garage was designed with the ability to expand it into the existing alleyway space. This would increase off-street parking capacity that could be leveraged by Medical Center staff, visitors, and patients. There might also be an option to add an additional level to accommodate a helicopter landing pad that would then be out of the way of top-floor vehicle parking. These options must be evaluated by an engineering firm to confirm viability. The Medical Center should **consider this expansion after earlier strategies have been implemented**. It is important to recognize that just because additional parking supply is built, it doesn't necessarily mean that drivers will park there. This is why the recommendations need to be pursued to maximize and encourage parking within the garage.

As during the initial construction of the garage in 2007-2008, the Medical Center should consider methods to **temporarily mitigate parking demand during construction**. It is recommended that the Medical Center provide a remote parking lot and shuttle program again to offset parking impacts.

8. Comprehensive Implementation Guide

This section provides a comprehensive implementation guide based upon strategies within Phases 1 through 3. These implementation steps are meant to be realistic and actionable. The timing is flexible and dependent on evolving parking trends and utilization over time, City and Medical Center priorities and budget, staffing, and resources.

The following symbols are used for ease of review:

- **\$** : May require a budget allocation, investment, or purchase.
- **CMC** : May require a municipal code update.

Figure 12: Comprehensive Implementation Guide

Phase 1
1. Design, order, and install temporary wayfinding signage. \$
2. Expand PEO staffing as needed to prepare for new PPD and time limits. \$
3. Establish a PPD with time limits. CMC \$ <ol style="list-style-type: none">Finalize initial PPD boundaries, permit rates, and operating times, and begin outreach to residents.Design, order, and install PPD, time limit, and no re-parking signage.Educate Medical Center employees about new regulations.Update the PMS to include new permit options so residents can apply for and purchase permits.Evaluate and allocate the necessary enforcement coverage to support the program.
4. Implement LPR for parking enforcement. \$ <ol style="list-style-type: none">Equipment configuration and testing.
5. Develop an LPR data collection plan and begin sampling and analysis.
6. The Medical Center should evaluate commuter platforms and begin developing a program with incentives for walking, biking, transit, and carpooling. <ol style="list-style-type: none">The Medical Center should also evaluate options for additional remote work.
7. The Medical Center should evaluate and procure parking occupancy sensors for garage ingress and egress points that can interface with future APGS. \$ <ol style="list-style-type: none">Install and monitor equipment performance and accuracy.
8. The City should evaluate APGS options and procure signage for along the Esplanade that can interface with the Medical Center sensors. \$ <ol style="list-style-type: none">Install and configure the equipment.
9. Ongoing monitoring of the program to determine next steps, if any.
Phase 2
10. Consider introducing policy adjustments such as boundary changes, permit allocations, employee parking permit options, and paid parking based on ongoing data collection. CMC
11. If employee permits are introduced, establish Employee Parking Permit Zones and determine appropriate permit allocations/caps based on data. CMC

- a. Establish permit program business rules, rates, caps, and operating times.
 - b. Design, order, and install rider signage or decals.
 - c. Incorporate permit option into the City's existing PMS.
 - d. Outreach to Medical Center employees.
12. If paid parking is introduced, the City should evaluate pay station and mobile payment vendor options and features to determine next steps and procure the equipment and signage. *CMC* §
- a. Determine paid parking areas, rate structure, operating times, and how/where revenue will be allocated.
 - b. Evaluate and allocate the necessary enforcement coverage to support the program.
 - c. Outreach to residents and Medical Center employees, patients, and visitors about upcoming program changes.
 - d. Install paid parking equipment and signage including mobile payment signage.
 - e. Configure the mobile payment application and consider options for merchant validation if desired.
 - f. Utilize the pay-by-plate configuration and integrate with the City's citation management and LPR systems.
 - g. Establish an equipment maintenance and collections plan.
13. Ongoing monitoring of the program to determine next steps, if any.

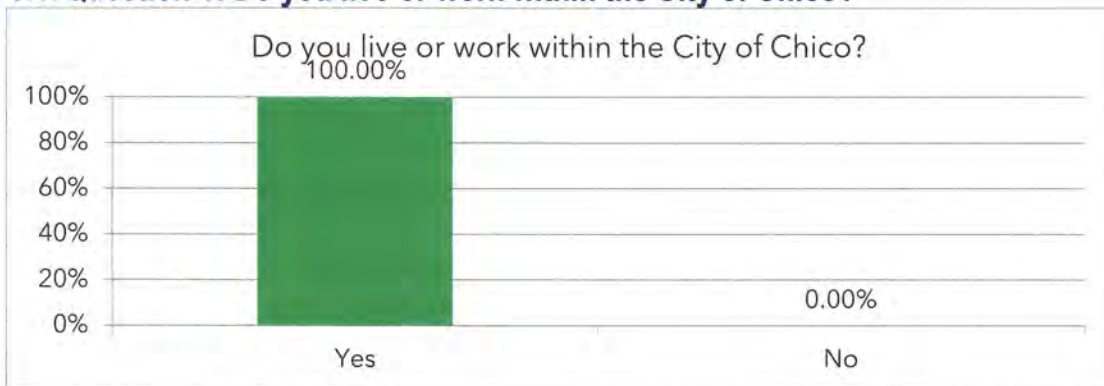
Phase 3

14. Ongoing monitoring of the program to determine if adjustments are needed to PPD boundaries, policies, rates, etc.
15. The Medical Center could consider offering remote parking with a shuttle depending on the level of parking demand. §
- a. Offer remote parking for free to encourage utilization.
 - b. Consider opportunities for smaller shuttles for cost savings.
16. The Medical Center should consider expanding the parking structure to provide more off-street parking capacity. §
- a. Provide a remote parking option with a shuttle for construction mitigation.

Appendix A – Online Survey

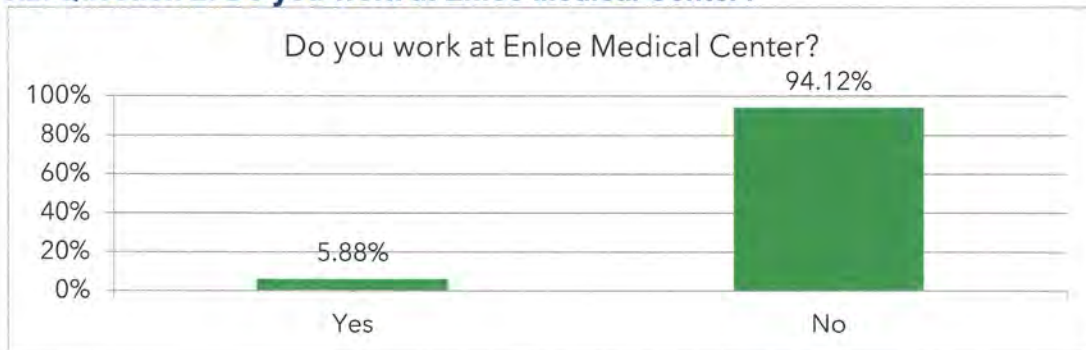
The City of Chico (City) posted an online survey regarding parking near the Enloe Medical Center. The City received a total of 68 responses, four from Enloe Medical Center employees and 64 from City of Chico residents that do not work at the Enloe Medical Center. The survey was live from November 30, 2020 until February 17, 2021. Below is an overview of results organized by survey question.

8.1. Question 1: Do you live or work within the City of Chico?



100% of respondents live or work within the City of Chico. No respondents skipped this question.

8.2. Question 2: Do you work at Enloe Medical Center?

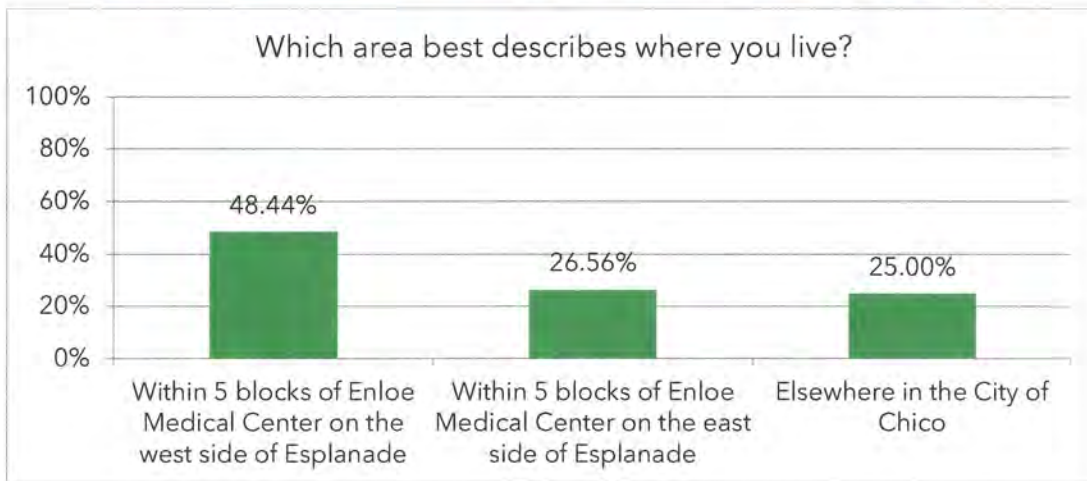


94.1% of respondents do not work at Enloe Medical Center and 5.8% work at Enloe Medical Center. No respondents skipped this question.

8.3. Chico Resident Responses

64 of the 68 total respondents are City residents that do not work at the Enloe Medical Center. 48 respondents live within five blocks of the Enloe Medical Center.

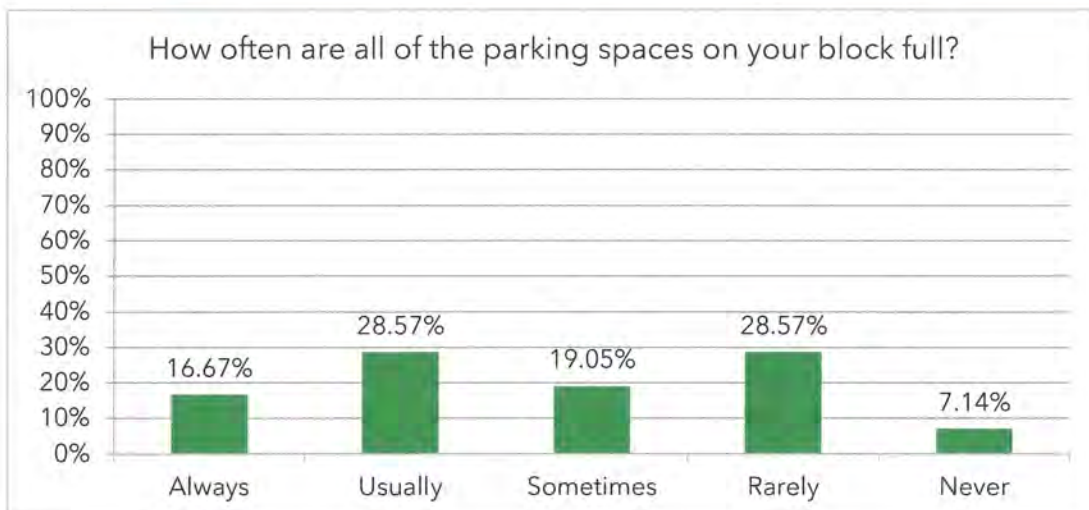
8.3.1. Question 3: Which area best describes where you live?



48.4% of respondents indicated that they live within five blocks of Enloe Medical Center on the west side of Esplanade, 26.6% of respondents live within five blocks of Enloe Medical Center on the east side of Esplanade, and 25% of respondents live elsewhere in the City of Chico. Four respondents skipped this question.

One Enloe Medical Center employee lives within five blocks of Enloe Medical Center on the east side of Esplanade.

8.3.2. Question 4: How often are all of the parking spaces on your block full?

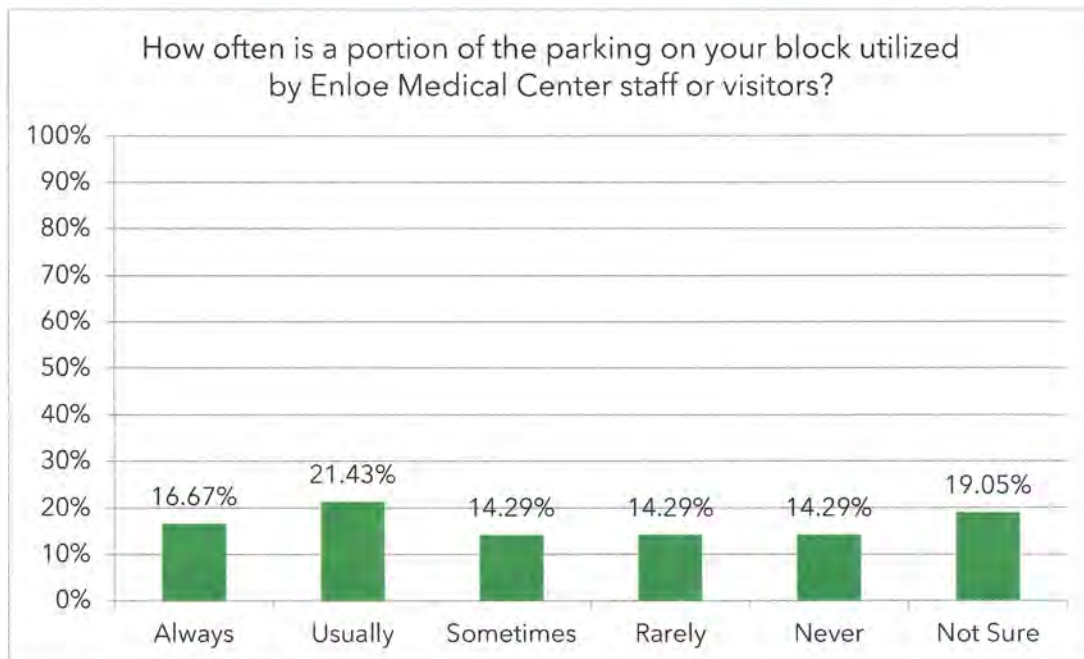


16.7% of respondents indicated that the parking spaces on their block are always full. A combined 47.6% of respondents indicated that the parking spaces on their block are usually or

sometimes full. A combined 35.7% of respondents indicated that the parking spaces on their block are rarely or never full. 26 respondents skipped this question.

The one Enloe Medical Center employee respondent indicated that all of the parking spaces on their block are sometimes full.

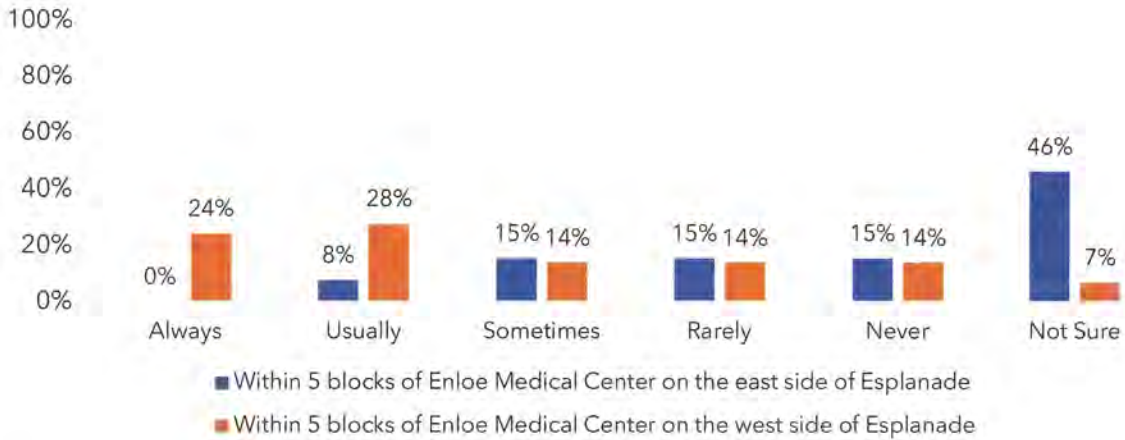
8.3.3. Question 5: How often is a portion of the parking on your block utilized by Enloe Medical Center staff or visitors?



16.7% of respondents indicated that a portion of the parking on their block is always utilized by Enloe Medical Center staff or visitors. A combined 35.7% of respondents indicated that a portion of the parking on their block is usually or sometimes utilized by Enloe Medical Center staff or visitors. A combined 28.6% of respondents indicated that a portion of the parking on their block is rarely or never utilized by Enloe Medical Center staff or visitors. 19.1% of respondents were not sure whether a portion of the parking on their block is utilized by Enloe Medical Center staff or visitors. 26 respondents skipped this question.

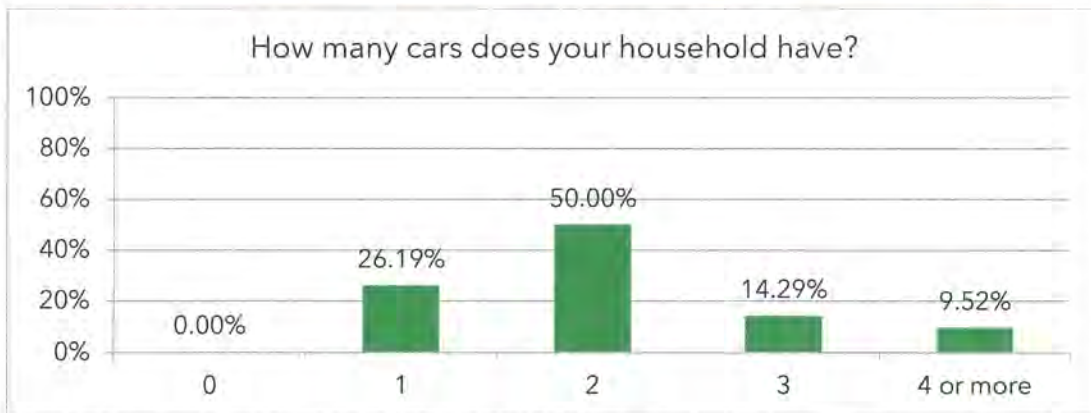
The one Enloe Medical Center employee respondent indicated that a portion of the parking on their block is never utilized by Enloe Medical Center staff or visitors.

How often is a portion of the parking on your block utilized by Enloe Medical Center staff or visitors?



A combined 52% of respondents that live within five blocks of Enloe Medical Center on the west side of Esplanade indicated that a portion of the parking on their block is always or usually utilized by Enloe Medical Center staff or visitors. Only 8% of respondents that live within five blocks of Enloe Medical Center on the east side of Esplanade indicated that a portion of the parking on their block is usually utilized by Enloe Medical Center staff or visitors. 46% of respondents that live within five blocks of Enloe Medical Center on the east side of Esplanade indicated that they were not sure if a portion of the parking on their block is utilized by Enloe Medical Center staff or visitors.

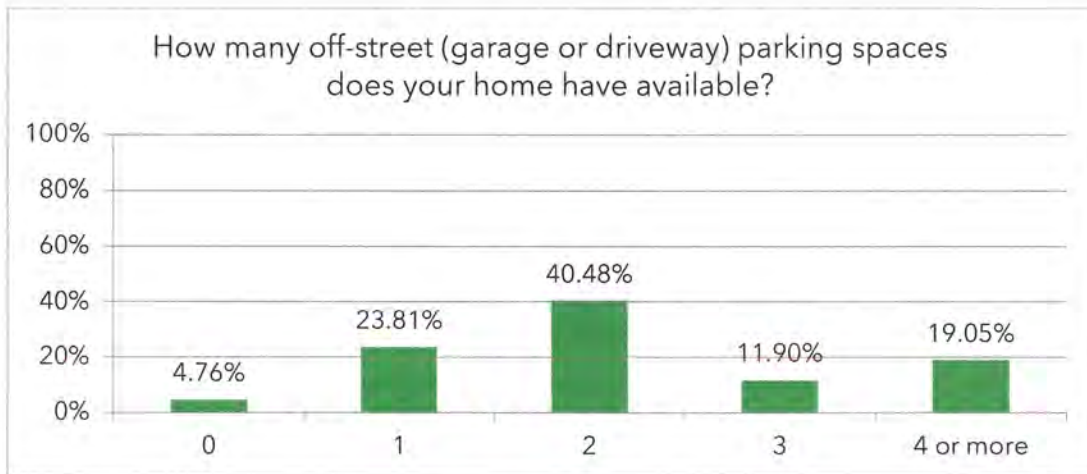
8.3.4. Question 6: How many cars does your household have?



All respondents' households have at least one car. 50% of respondents' households have two cars, 26.2% have one car, 14.3% have three cars, and 9.5% of respondents' households have four or more cars. 26 respondents skipped this question.

The one Enloe Medical Center employee respondent indicated that their household has two cars.

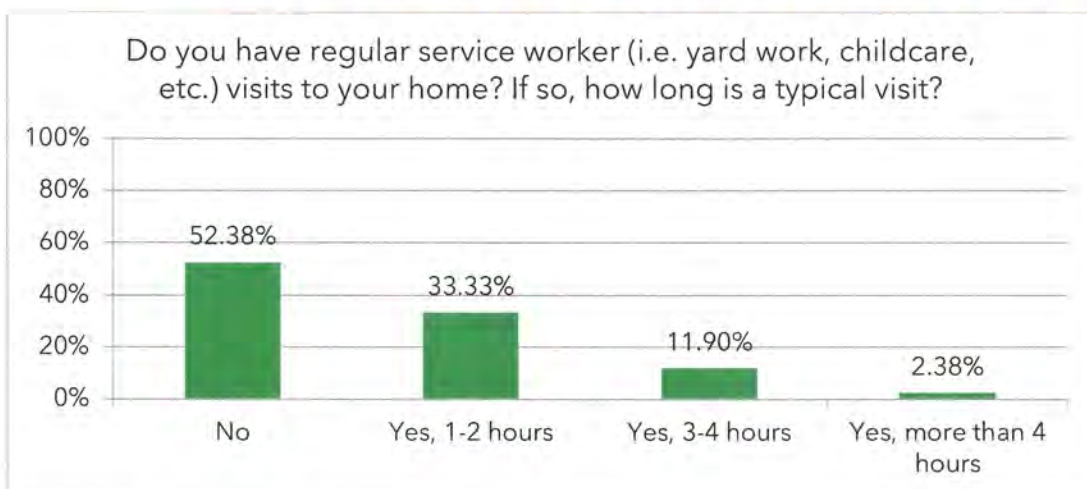
8.3.5. Question 7: How many off-street (garage or driveway) parking spaces does your home have available?



40.5% of respondents have two off-street parking spaces available at their home. 23.8% of respondents have only one off-street parking space available at their home. 19% of respondents have four or more off-street parking spaces available at their home. 11.9% of respondents have three off-street parking spaces available at their home. 4.8% of respondents have no off-street parking spaces available at their home. 26 respondents skipped this question.

The one Enloe Medical Center employee respondent indicated that their home has one off-street parking space available.

8.3.6. Question 8: Do you have regular service worker (i.e. yard work, childcare, etc.) visits to your home? If so, how long is a typical visit?

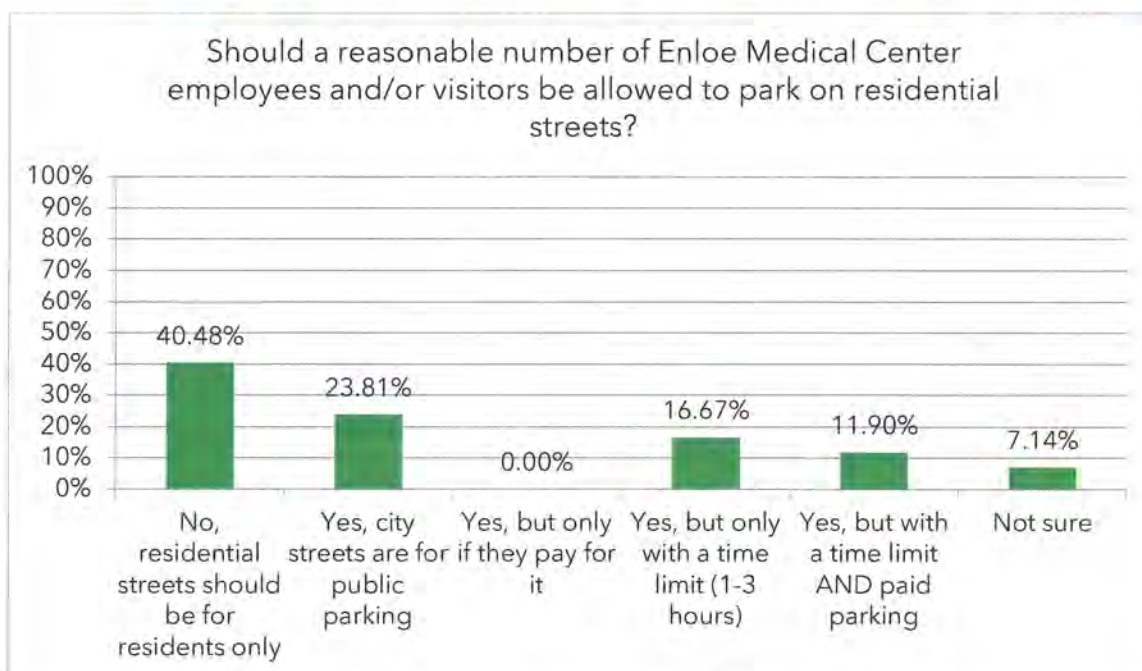


A majority (52.4%) of respondents do not have regular service worker visits to their home. A combined 47.6% of respondents do have regular services works visits to their home. 33.3% of

respondents have regular service worker visits to their home that last 1-2 hours. 11.9% of respondents have regular service worker visits to their home that last 3-4 hours. 2.4% of respondents have regular service worker visits to their home that last more than four hours. 26 respondents skipped this question.

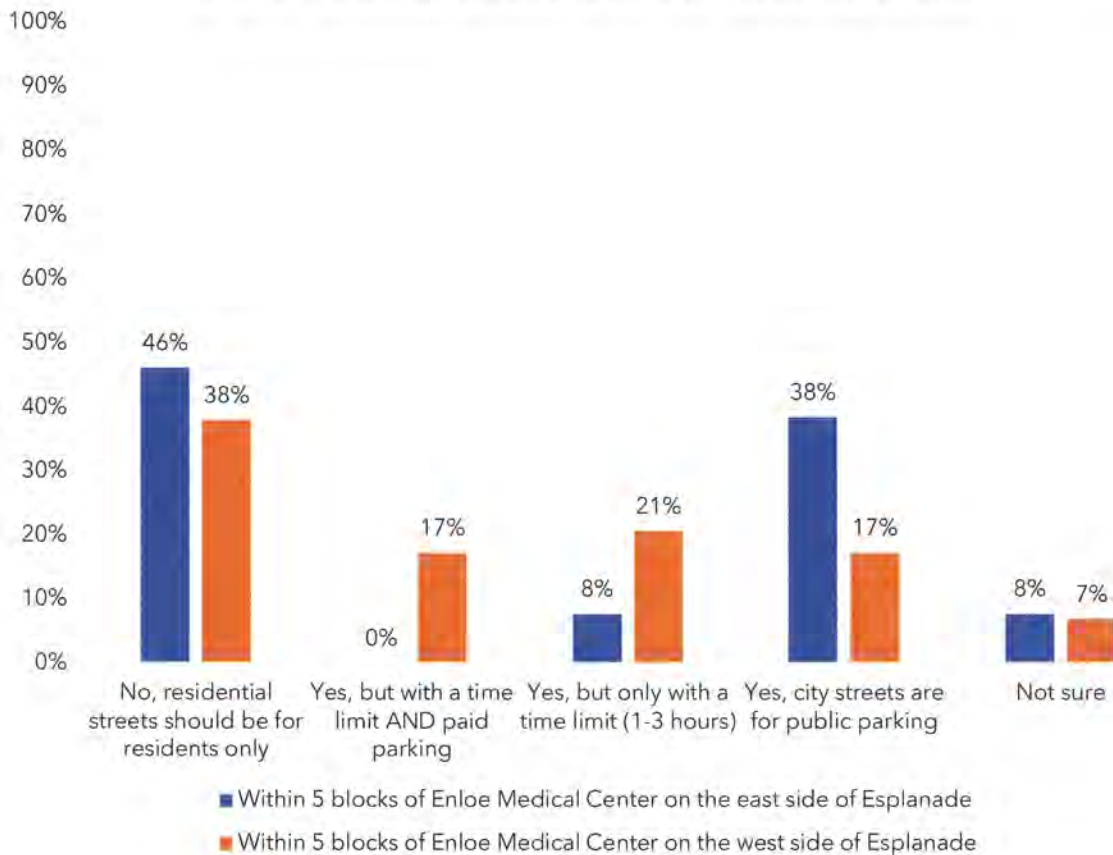
The one Enloe Medical Center employee respondent indicated that they do not have regular service worker visits to their home.

8.3.7. Question 9: Should a reasonable number of Enloe Medical Center employees and/or visitors be allowed to park on residential streets?



40.5% of respondents believe that residential street should be for residents only. A combined majority (52.4%) of respondents believe that a reasonable number of Enloe Medical Center employees and/or visitors should be allowed to park on residential streets. 23.8% of respondents believe that Enloe Medical Center employees and/or visitors should be able to park on residential streets with no restrictions because city streets are for public parking. 16.7% of respondents believe that employees and/or visitors should only be able to park on residential streets with a time limit (1-3 hours). No respondents believe that employees and/or visitors should only be required to pay for parking on residential streets. 11.9% of respondents believe that Enloe Medical Center employees and/or visitors should be able to park on residential street with both a time limit and paid parking. 7.1% of respondents are not sure whether a reasonable number of Enloe Medical Center employees and/or visitors should be allowed to park on residential street. 26 respondents skipped this question.

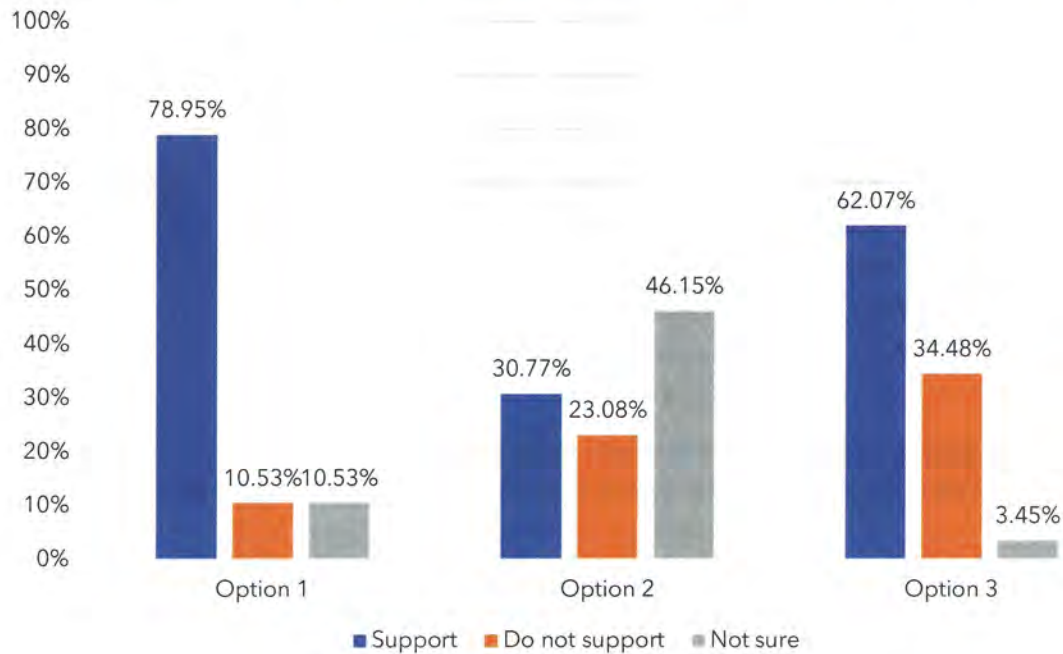
Should a reasonable number of Enloe Medical Center employees and/or visitors be allowed to park on residential streets?



46% of respondents that live within five blocks of Enloe Medical Center on the east side of Esplanade and 38% of respondents on the west side of Esplanade do not believe Enloe Medical Center employees and/or visitors should be allowed to park on residential streets. 38% of respondents that live within five blocks of Enloe Medical Center on the east side of Esplanade and 17% of respondents on the west side of Esplanade believe that Enloe Medical Center employees and/or visitors should be allowed to park on residential streets because city streets are for public parking.

17% of respondents that live within five blocks of Enloe Medical Center on the west side of Esplanade believe that Enloe Medical Center employees and/or visitors should be allowed to park on residential streets with a time limit AND paid parking. 21% of respondents that live within five blocks of Enloe Medical Center on the west side of Esplanade and 8% of respondents on the east side of Esplanade believe that Enloe Medical Center employees and/or visitors should be allowed to park on residential streets with a 1-3 hour time limit.

8.3.8. Question 10: To balance resident and Enloe Medical Center parking needs, the City is considering implementing a residential parking permit program on the streets impacted by Enloe Medical Center staff and visitor parking. Residents and their guests would be required to purchase a parking permit to park on-street. Which of the following options would you support for those without a permit?

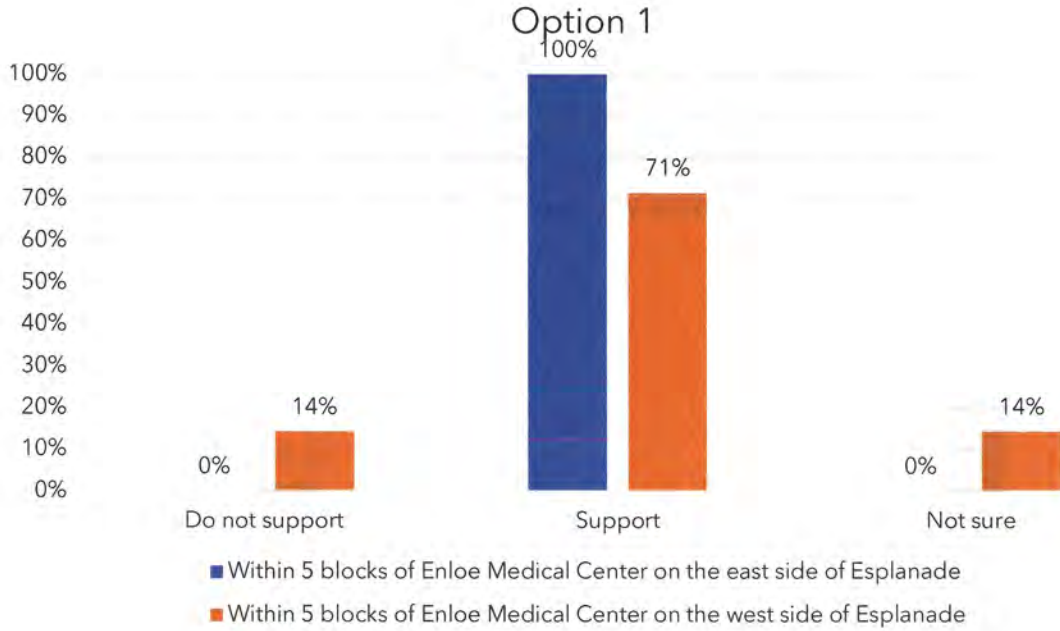


Respondents were presented three options to balance resident and Enloe Medical Center employees and/or visitors parking needs:

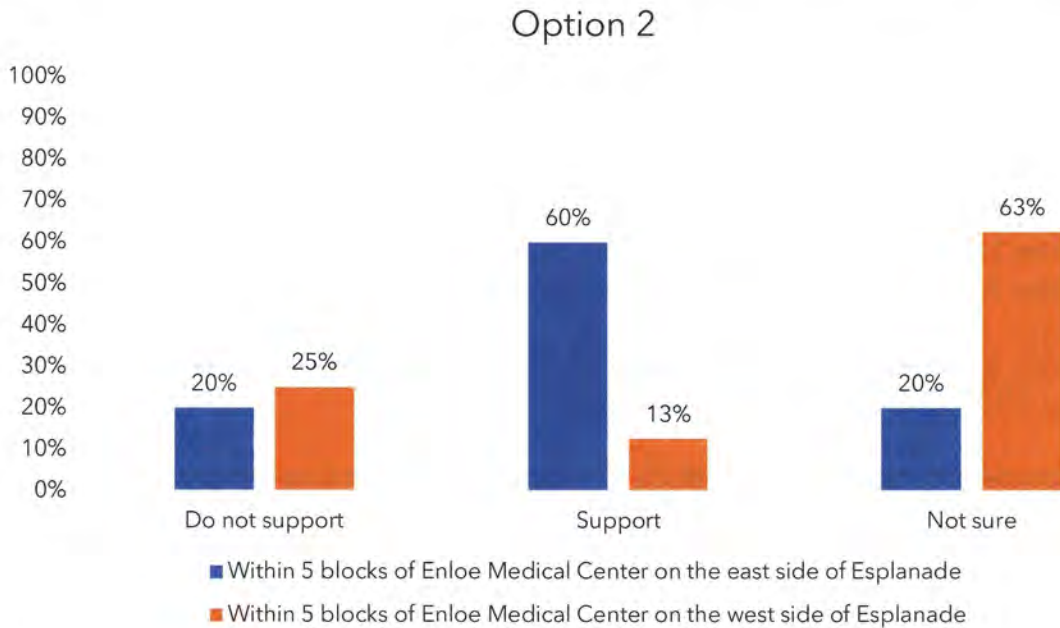
1. Option 1: Those without a resident permit should be subject to a time limit.
2. Option 2: Those without a resident permit should be required to pay for parking by the hour.
3. Option 3: Those without a resident permit should be required to pay for parking by the hour AND should be subject to a time limit.

79% of respondents support Option 1. 46.2% of respondents are not sure about Option 2. 62.1% of respondents support Option 3. 28 respondents skipped this question.

The one Enloe Medical Center employee respondent supported Option 1 and does not support Option 2 or Option 3.

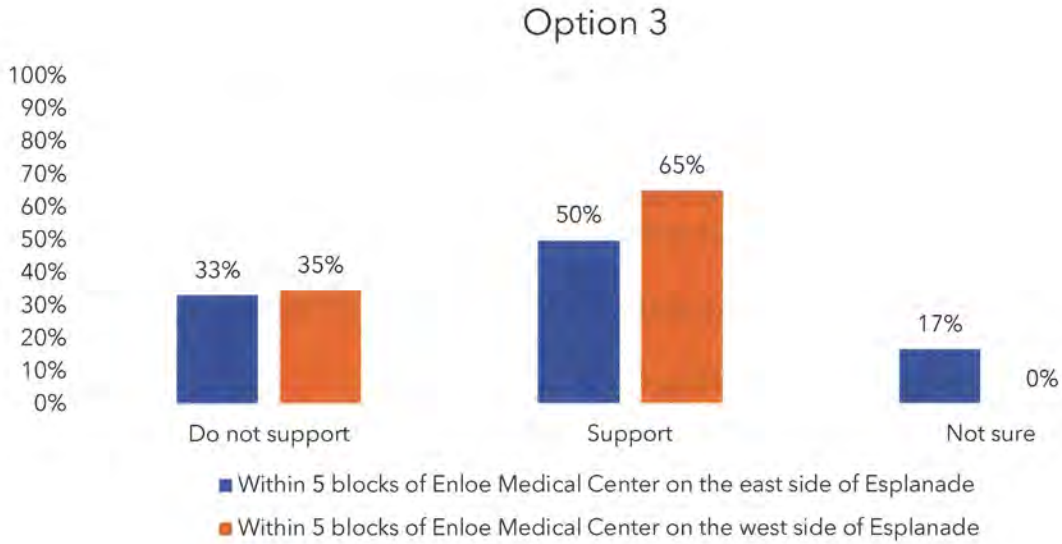


100% of respondents that live within five blocks of Enloe Medical Center on the east side of Esplanade and 71% of respondents that live on the west side of Esplanade support Option 1.



60% of respondents that live within five blocks of Enloe Medical Center on the east side of Esplanade and 13% of respondents that live on the west side of Esplanade support Option 2.

63% of respondents that live within five blocks of Enloe Medical Center on the west side of Esplanade are not sure about Option 2.



50% of respondents that live within five blocks of Enloe Medical Center on the east side of Esplanade and 65% of respondents that live on the west side of Esplanade support Option 3. 33% of respondents that live within five blocks of Enloe Medical Center on the east side of Esplanade, and 35% of respondents that live on the west side of Esplanade do not support Option 3.

8.3.9. Question 11: If any paid parking revenue is generated in your neighborhood, what improvements would you like the City to consider in your neighborhood using that revenue?

If any paid parking revenue is generated in your neighborhood, what improvements would you like the City to consider in your neighborhood using that revenue?



68% of respondents would like paid parking revenue to be put towards street repairs in their neighborhood. 12% of respondents would like any paid parking revenue to be put towards more

traffic controls such as additional stop signs, speed bumps, and cameras on the bike paths. 9% of respondents would like improvements made to sidewalks and curbs/gutters with any paid parking revenue generated. 12% of respondents has miscellaneous suggestions such as the location of generators. 34 respondents skipped this question.

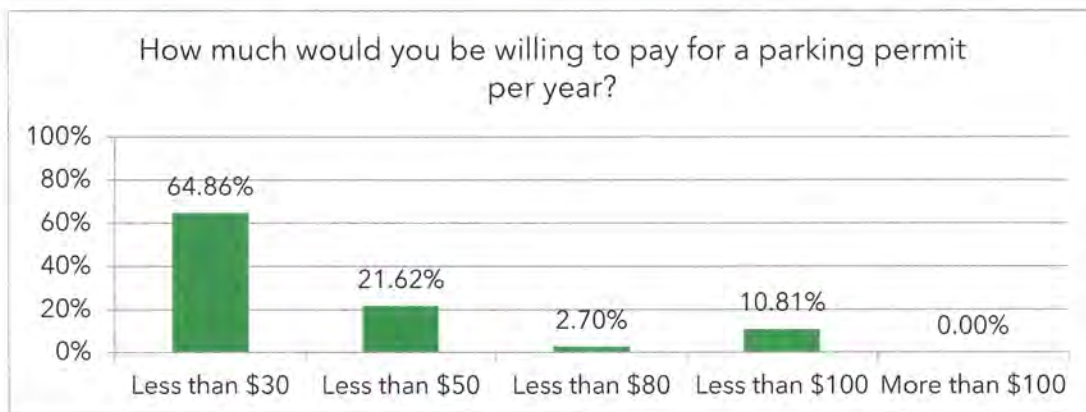
The one Enloe Medical Center employee respondent indicated that any paid parking revenue generated in their neighborhood should be used for sidewalk improvements.

Common responses among respondents that live within five blocks of Enloe Medical Center on the east side of Esplanade include street and sidewalk repairs.

Common responses among respondents that live within five blocks of Enloe Medical Center on the west side of Esplanade include:

- Street and sidewalk repairs and beautification
- More traffic controls

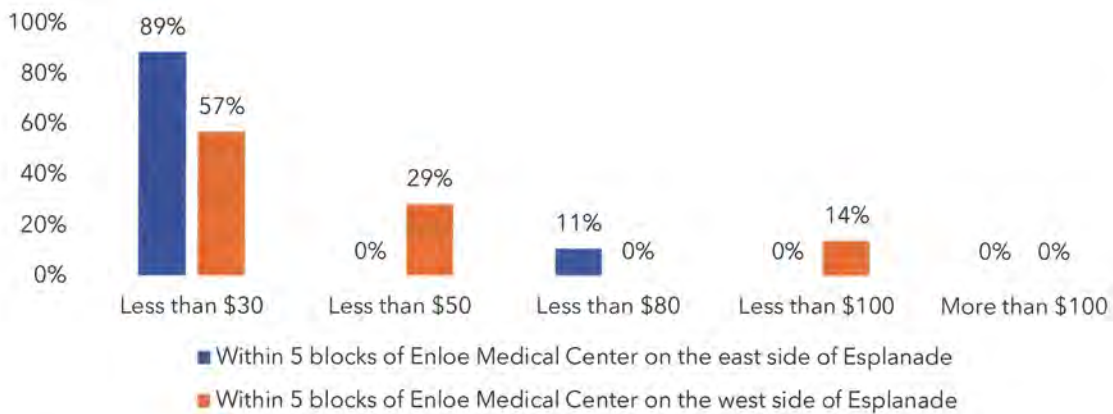
8.3.10. Question 12: If the City introduced a residential permit parking program, there will be costs associated with the management and enforcement of the program. With this in mind, how much would you be willing to pay for a parking permit per year?



A majority (64.9%) of respondents would be willing to pay less than \$30 per year for a residential parking permit. 21.6% of respondents are willing to pay less than \$50 for a residential parking permit, 2.7% are willing to pay less than \$80, and 10.8% are willing to pay less than \$100 for a residential parking permit. No respondents would be willing to pay more than \$100 for a residential parking permit. 31 respondents skipped this question.

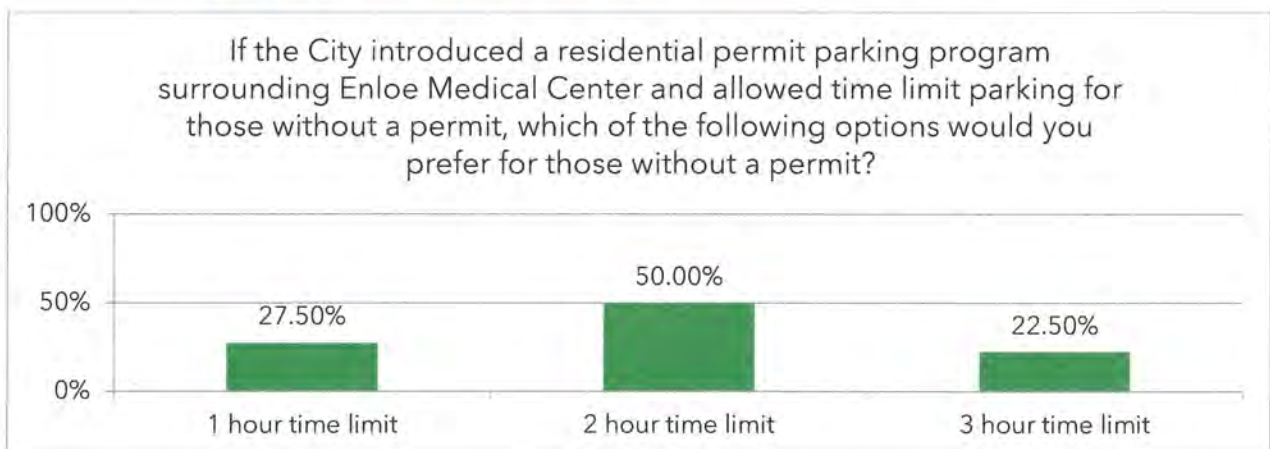
The one Enloe Medical Center employee respondent would be willing to pay less than \$100 for a parking permit per year if the City introduced a residential permit parking program.

How much would you be willing to pay for a parking permit per year?



89% of respondents that live within five blocks of Enloe Medical center on the east side of Esplanade and 57% of respondents that live on the west side of Esplanade would be willing to pay less than \$30 for a parking permit per year. 29% of respondents that live within five blocks of Enloe Medical center on the west side of Esplanade would be willing to pay less than \$50 for a parking permit per year. 11% of respondents that live within five blocks of Enloe Medical center on the east side of Esplanade would be willing to pay less than \$80 for a parking permit per year. 14% of respondents that live within five blocks of Enloe Medical center on the west side of Esplanade would be willing to pay less than \$100 for a parking permit per year. No respondents are willing to pay more than \$100 for a parking permit per year.

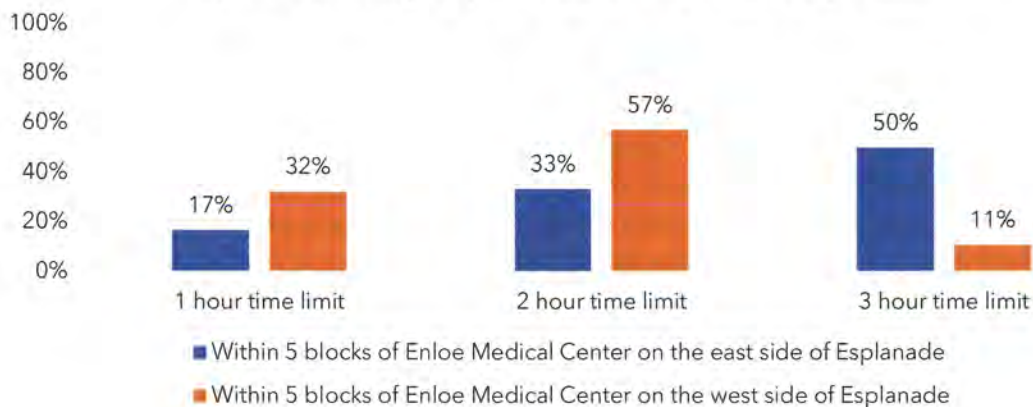
8.3.11. Question 13: If the City introduced a residential permit parking program surrounding Enloe Medical Center and allowed time limit parking for those without a permit, which of the following options would you prefer for those without a permit?



A majority (50%) of respondents would prefer a two-hour time limit if the City introduced a residential permit parking program surrounding Enloe Medical Center and allowed time limit parking for those without a permit. 27.5% of respondents would prefer a one-hour time limit and 22.5% of respondents would prefer a three-hour time limit. 28 respondents skipped this question.

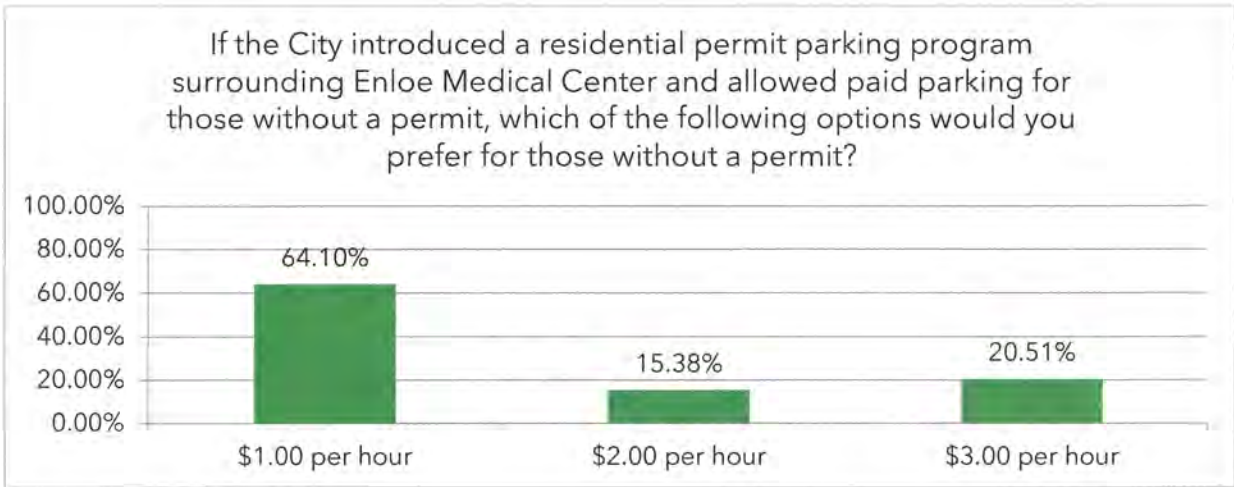
The one Enloe Medical Center employee respondent indicated that they would prefer a three-hour time limit if the City introduced a residential permit parking program surrounding Enloe Medical Center that allowed time limit parking for those without a permit.

If the City introduced a residential permit parking program surrounding Enloe Medical Center and allowed time limit parking for those without a permit, which of the following options would you prefer for those without a permit?



57% of respondents that live within five blocks of Enloe Medical center on the west side of Esplanade and 33% of respondents on the east side of Esplanade would prefer a two-hour time limit for those parking on residential streets without a permit. 50% of respondents that live within five blocks of Enloe Medical center on the east side of Esplanade and 11% of respondents on the west side of Esplanade would prefer a three-hour time limit for those parking on residential streets without a permit.

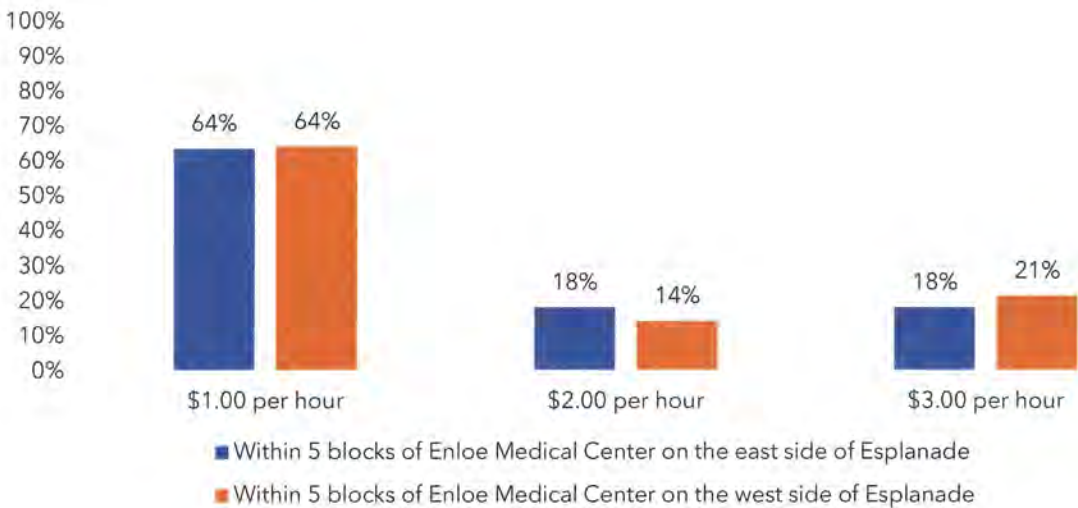
8.3.12. Question 14: If the City introduced a residential permit parking program surrounding Enloe Medical Center and allowed paid parking for those without a permit, which of the following options would you prefer for those without a permit?



A majority (64.1%) of respondents would prefer a \$1.00 per hour paid parking rate if the City introduced a residential permit parking program surrounding Enloe Medical Center and allowed paid parking for those without a permit. 15.4% of respondents would prefer a \$2.00 per hour rate, and 20.5% of respondents would prefer a \$3.00 per hour rate. 29 respondents skipped this question.

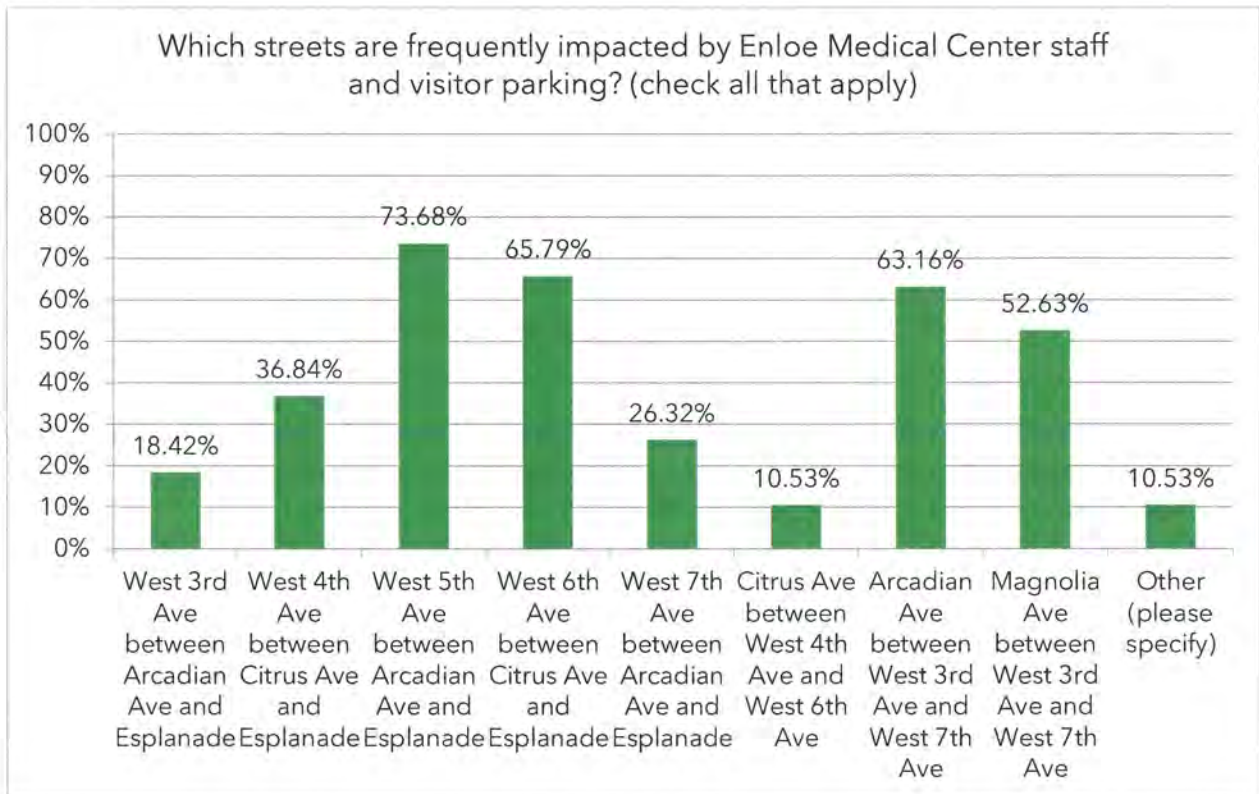
The one Enloe Medical Center employee respondent indicated that they would prefer a \$1.00 per hour paid parking rate if the City introduced a residential permit parking program surrounding Enloe Medical Center and allowed paid parking for those without a permit.

If the City introduced a residential permit parking program surrounding Enloe Medical Center and allowed paid parking for those without a permit, which of the following options would you prefer for those without a permit?



64% of respondents that live within five blocks of Enloe Medical center on both the west and east sides of Esplanade would prefer a \$1.00 paid parking rate for those parking on residential streets without a permit.

8.3.13. Question 15: Which street are frequently impacted by Enloe Medical Center staff and visitor parking? (check all that apply)



Over 50% of respondents indicated that the following streets are frequently impacted by Enloe Medical Center staff and visitor parking:

- West 5th Avenue between Arcadian Avenue and Esplanade
- West 6th Avenue between Citrus Avenue and Esplanade
- Arcadian Avenue between West 3rd Avenue and West 7th Avenue
- Magnolia Avenue between West 3rd Avenue and West 7th Avenue

36.8% of respondents indicated that West 4th Avenue between Citrus Avenue and Esplanade are frequently impacted by Enloe Medical Center staff and visitor parking. 26.3% of respondents indicated that West 7th Avenue between Arcadian Avenue and Esplanade are frequently impacted by Enloe Medical Center staff and visitor parking.

Less than 20% of respondents indicated that the following streets are frequently impacted by Enloe Medical Center staff and visitor parking:

- West 3rd Avenue between Arcadian Avenue and Esplanade
- Citrus Avenue between West 4th Avenue and West 6th Avenue

10.5% of respondents specified the following locations that are frequently impacted by Enloe Medical Center staff and visitor parking:

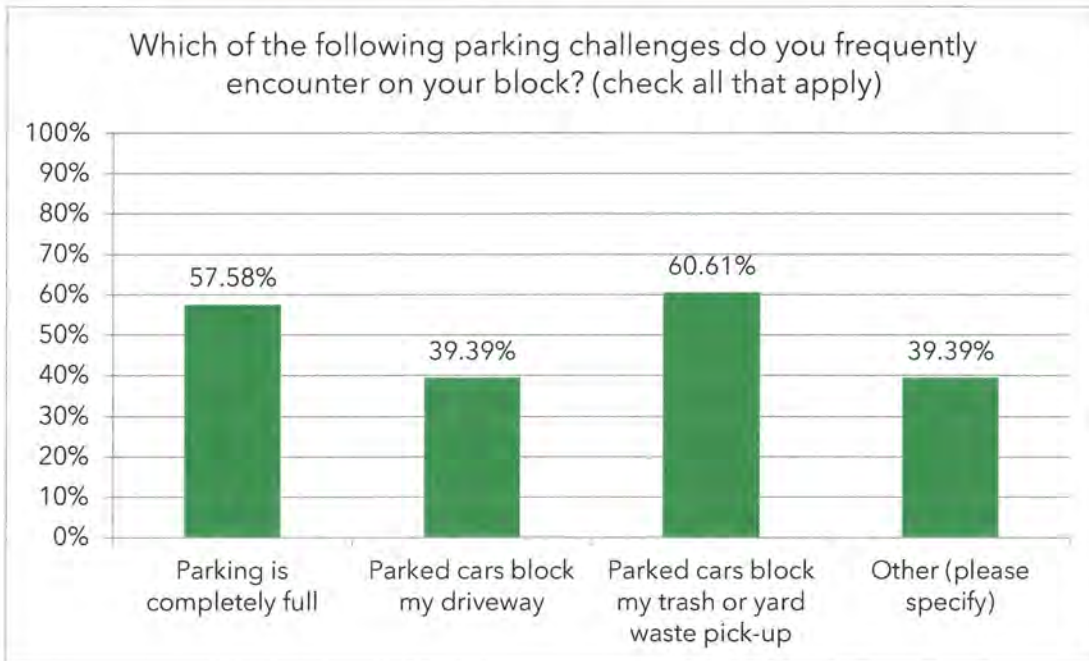
- All streets
- East 6th Avenue between Esplanade and Oleander
- West 7th between Esplanade and Magnolia

30 respondents skipped this question.

The one Enloe Medical Center employee respondent indicated that the following streets are frequently impacted by Enloe Medical Center staff and visitor parking:

- West 5th Avenue between Arcadian Avenue and Esplanade
- West 6th Avenue between Citrus Avenue and Esplanade
- West 7th Avenue between Arcadian Avenue and Esplanade
- Arcadian Avenue between West 3rd Avenue and West 7th Avenue
- Magnolia Avenue between West 3rd Avenue and West 7th Avenue

8.3.14. Question 16: Which of the following parking challenges do you frequently encounter on your block? (check all that apply)

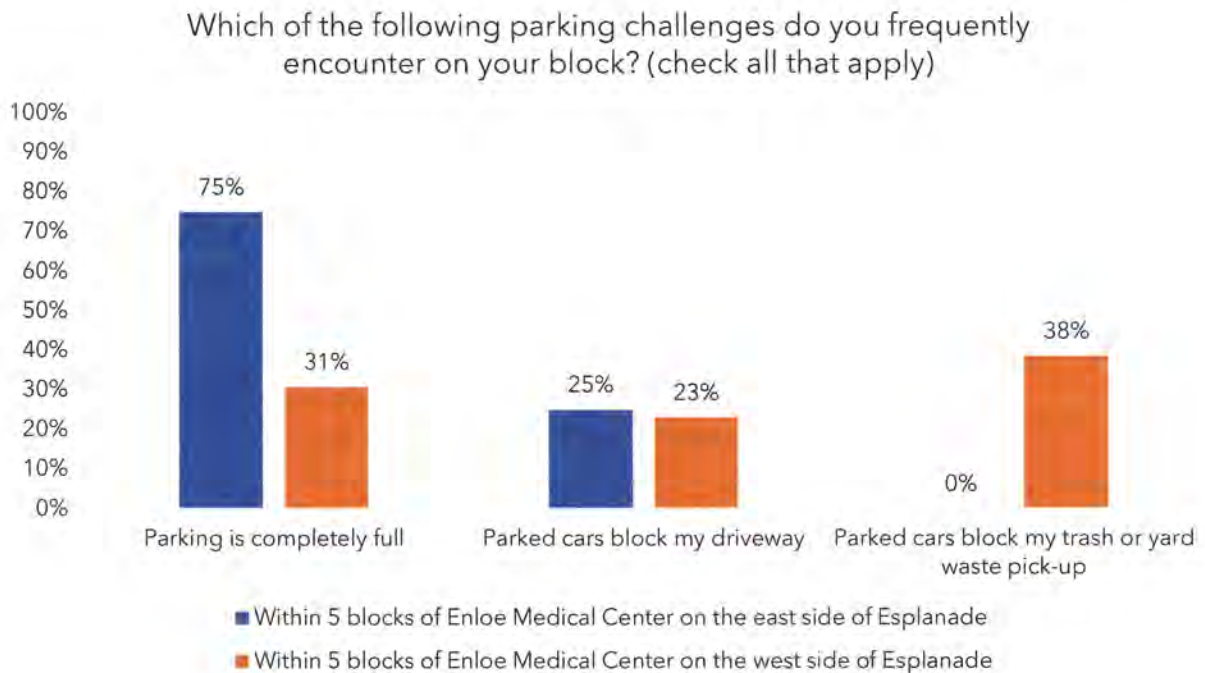


Over 50% of respondents indicated that parking is completely full and parked cars block their trash or yard waste pick-up occurs frequently on their block. 39.4% of respondents indicated that parked cars frequently block their driveway. 39.4% of respondents indicated other parking challenges they frequently encounter on their block, including:

- Cars parked on leaf piles
- Impaired pedestrian safety and increased traffic
- Increased trash from people waiting in their parked cars
- Cars parked for two to three days
- Parent and employee parking from Citrus School

35 respondents skipped this question.

The one Enloe Medical Center employee respondent indicated that while there is traffic, they do not experience specific parking challenges on their block.



75% of respondents that live within five blocks of Enloe Medical center on the east side of Esplanade and 31% of respondents that live on the west side of Esplanade frequently encounter completely full parking on their block. 39% of respondents that live within five blocks of Enloe Medical center on the west side of Esplanade frequently encounter parked cars blocking their trash or yard waste pick-up.

Common other responses among respondents that live within five blocks of Enloe Medical Center on the east side of Esplanade include:

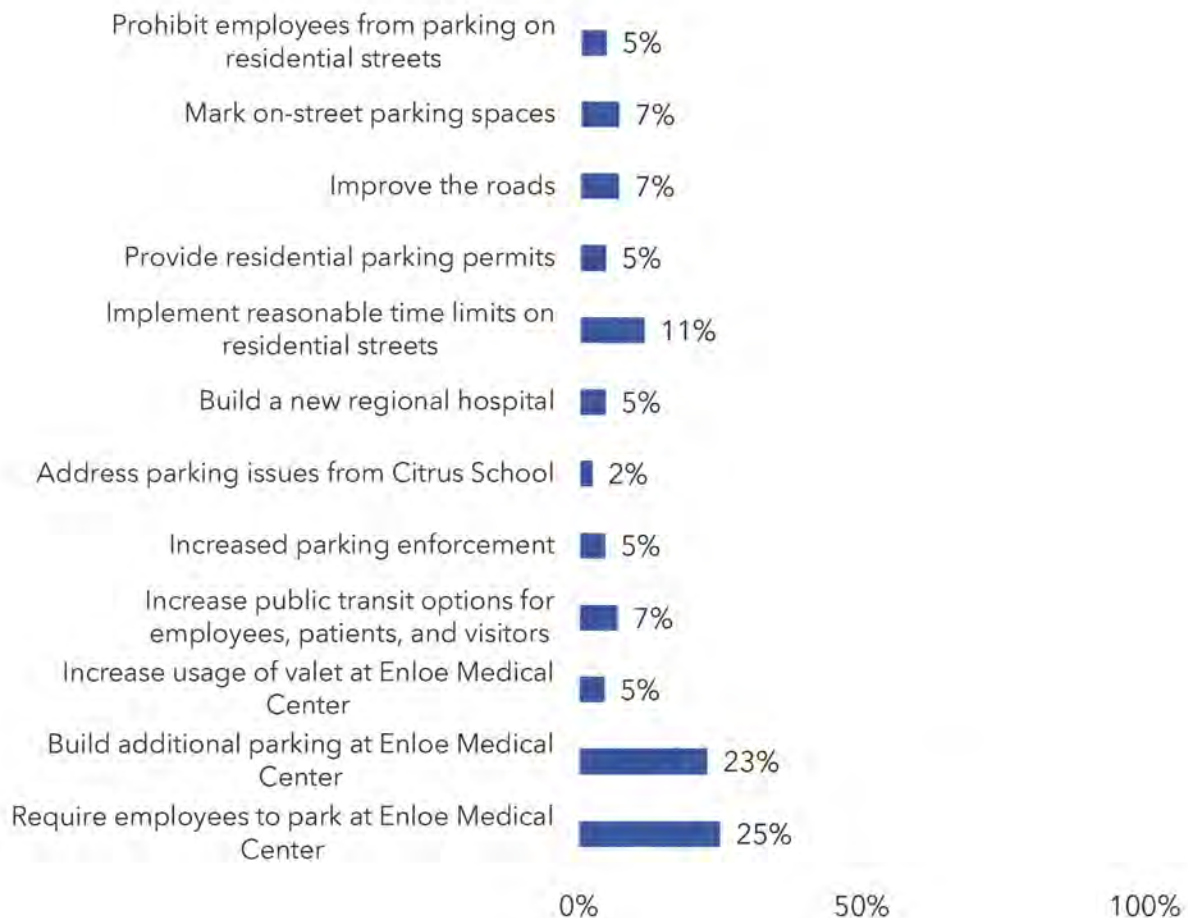
- Infrequent problem

- Cars not associated with Enloe, but other nearby businesses

Common other responses among respondents that live within five blocks of Enloe Medical Center on the west side of Esplanade include:

- Increased trash from people waiting in their parked cars
- Parent and employee parking from Citrus School
- Impaired pedestrian safety and increased traffic
- Cars parked on leaf piles

8.3.15. Question 17: If you could change, fix, or improve anything about parking surrounding the Enloe Medical Center, what would you do?



From largest percentage to smallest, respondents indicated that they would do the following if they could change, fix, or improve anything about parking surrounding Enloe Medical Center:

- Require employees to park at Enloe Medical Center
- Build additional parking at Enloe Medical Center
- Implement reasonable time limits on residential streets
- Increase public transit options for employees, patients, and visitors
- Improve the roads
- Mark on-street parking spaces
- Increase usage of valet at Enloe Medical Center
- Increased parking enforcement
- Build a new regional hospital
- Provide residential parking permits
- Prohibit employees from parking on residential streets
- Address parking issues from Citrus School

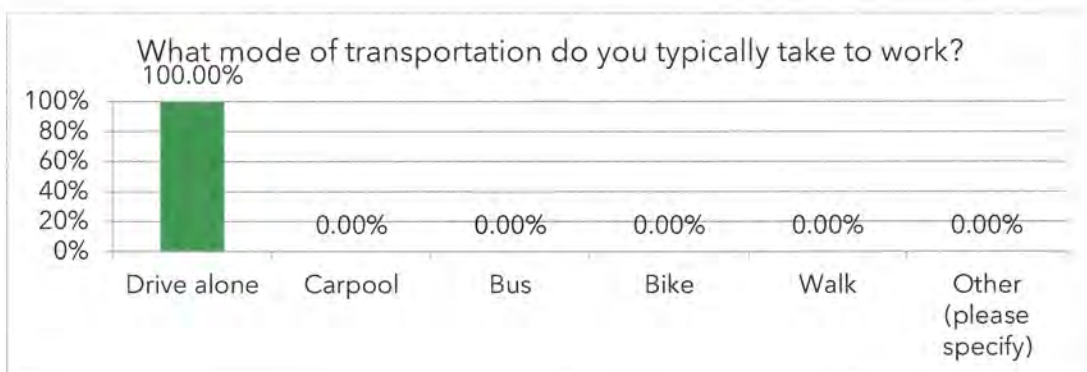
The four employee respondents indicated that if they could change, fix, or improve anything about parking surrounding Enloe Medical Center, they would:

- Improve the streets (sidewalks, gutters, storm drains, potholes)
- Have more surface parking
- Enforce residents to have off-street parking in their older homes
- Nothing

8.4. Enloe Medical Center Employee Questions

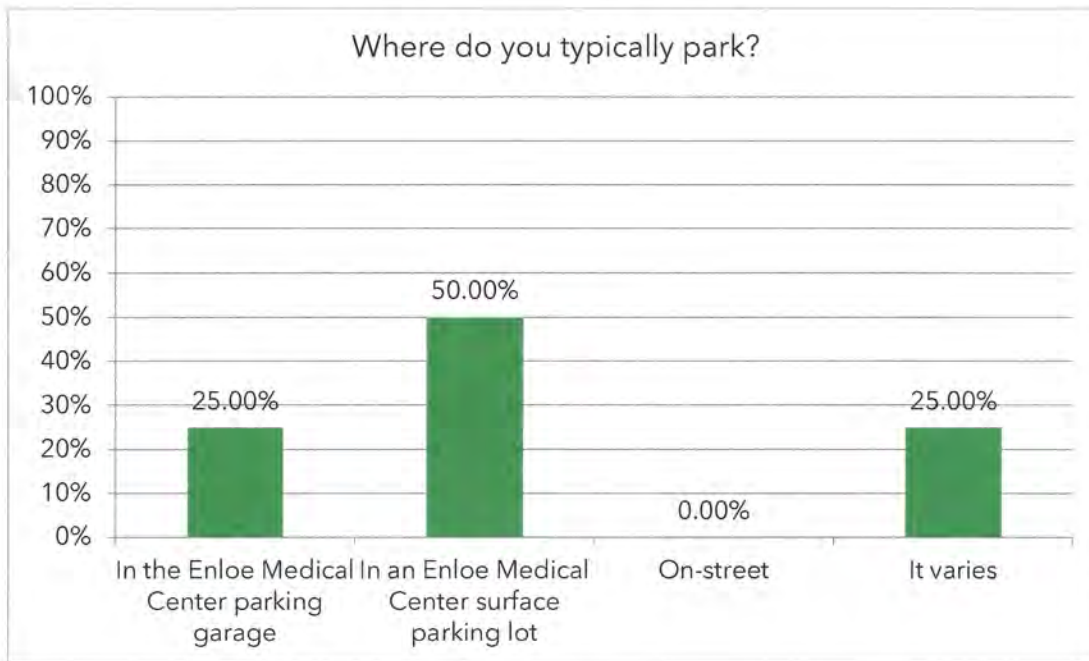
Only 4 of the 68 total respondents are employees at Enloe Medical Center.

8.4.1. Question 18: What mode of transportation do you typically take to work?



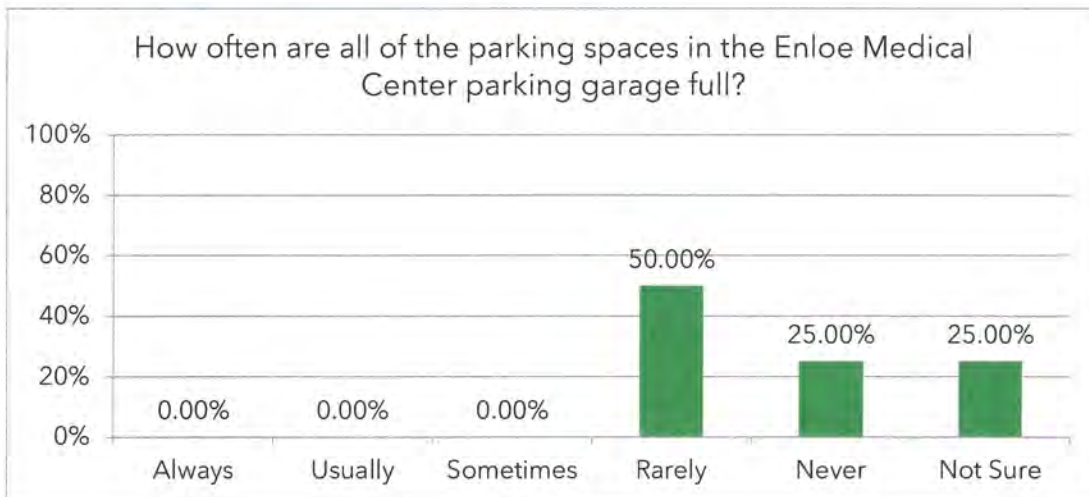
100% of respondents drive alone to work. Only 4 respondents answered this question.

8.4.2. Question 19: Where do you typically park?



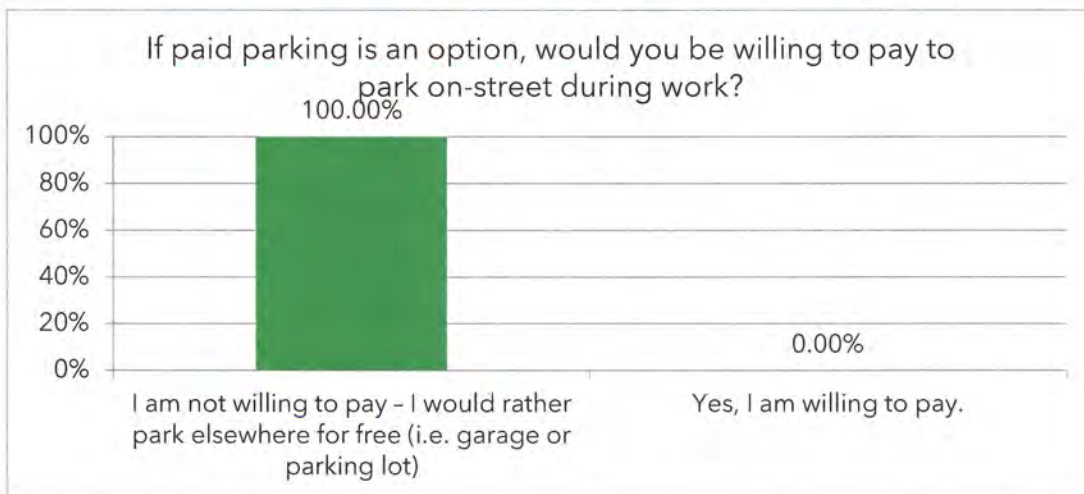
50% of respondents park in an Enloe Medical Center surface parking lot, 25% of respondents parking in the Enloe Medical Center parking garage, and 25% of respondents park in various locations. No respondents park on-street.

8.4.3. Question 20: How often are all of the parking spaces in the Enloe Medical Center parking garage full?



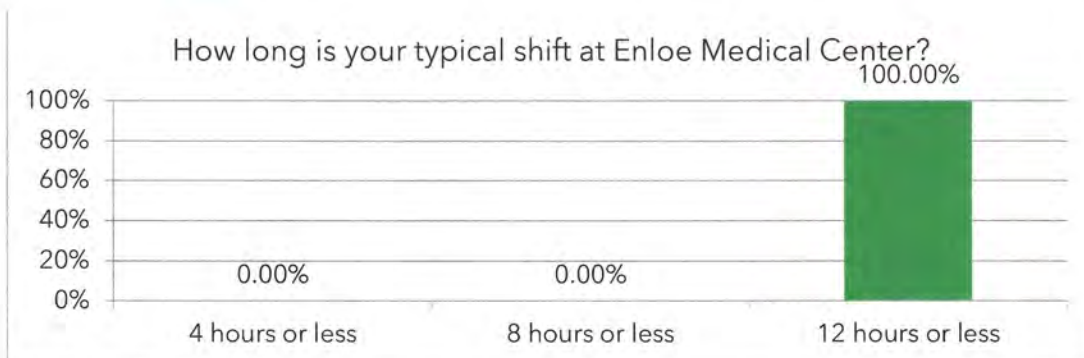
No respondents indicated that the Enloe Medical Center parking garage is always, usually, or sometimes full. 50% of respondents indicated that the parking garage is rarely full. 25% of respondents indicated that the parking garage is never full. 25% of respondents are not sure how often all of the parking spaces in the Enloe Medical Center parking garage are full.

8.4.4. Question 21: To balance resident and Enloe Medical Center parking needs, the City is considering implementing a residential parking permit program on-street surrounding Enloe Medical Center which would require residents to purchase a parking permit. One option would be to also allow Enloe Medical Center staff and visitors to park on residential streets for a paid hourly rate. If paid parking is an option, would you be willing to pay to park on-street during work?



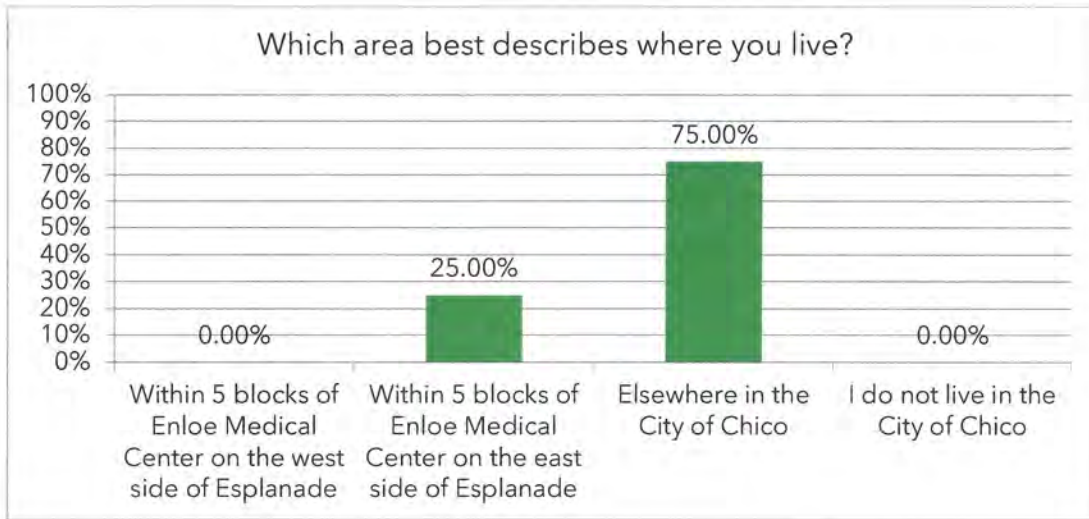
100% of respondents are not willing to pay to park on-street during work, they would rather park elsewhere for free. No respondents are willing to pay to park on-street during work.

8.4.5. Question 22: How long is your typical shift at Enloe Medical Center?



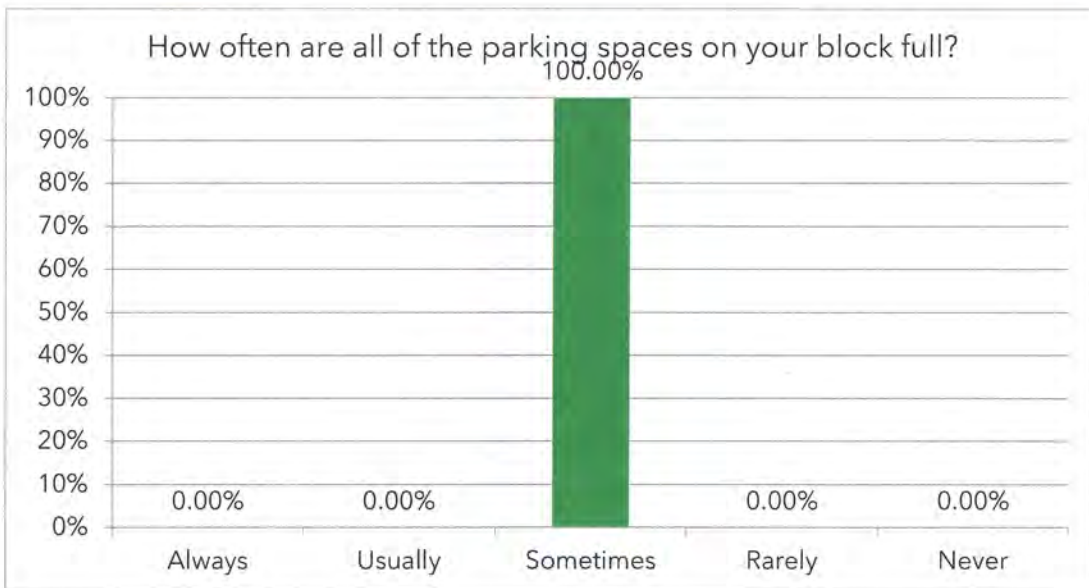
100% of respondents indicated that their typical shift at Enloe Medical Center is 12 hours or less.

8.4.6. Question 23: Which area best describes where you live?



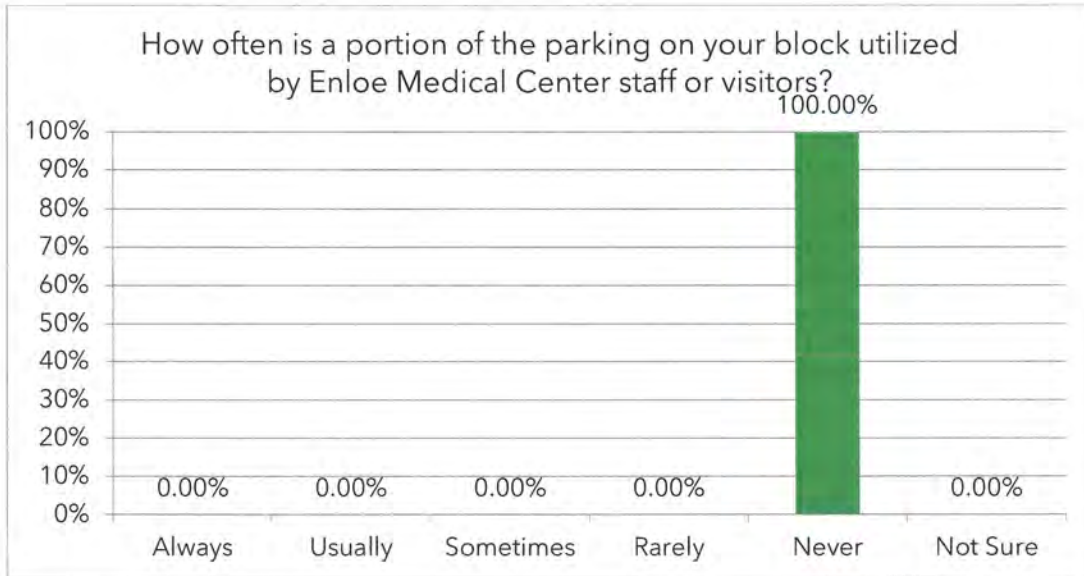
All respondents indicated that they live within the City of Chico. No respondents live within five blocks of Enloe Medical Center on the west side of Esplanade. 25% of respondents live within five blocks of Enloe Medical Center on the east side of Esplanade. 75% of respondents live elsewhere in the City of Chico.

8.4.7. Question 24: How often are all of the parking spaces on your block full?



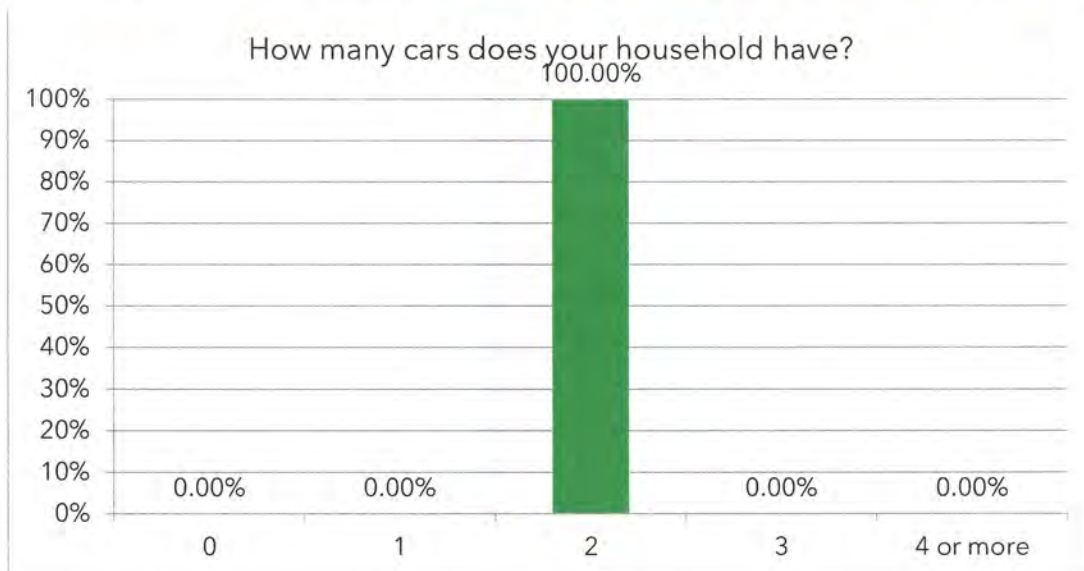
One respondent indicated that all of the parking spaces on their block are sometimes full.

8.4.8. Question 25: How often is a portion of the parking on your block utilized by Enloe Medical Center staff or visitors?



One respondent indicated that a portion of the parking on their block is never utilized by Enloe Medical Center staff or visitors.

8.4.9. Question 26: How many cars does your household have?



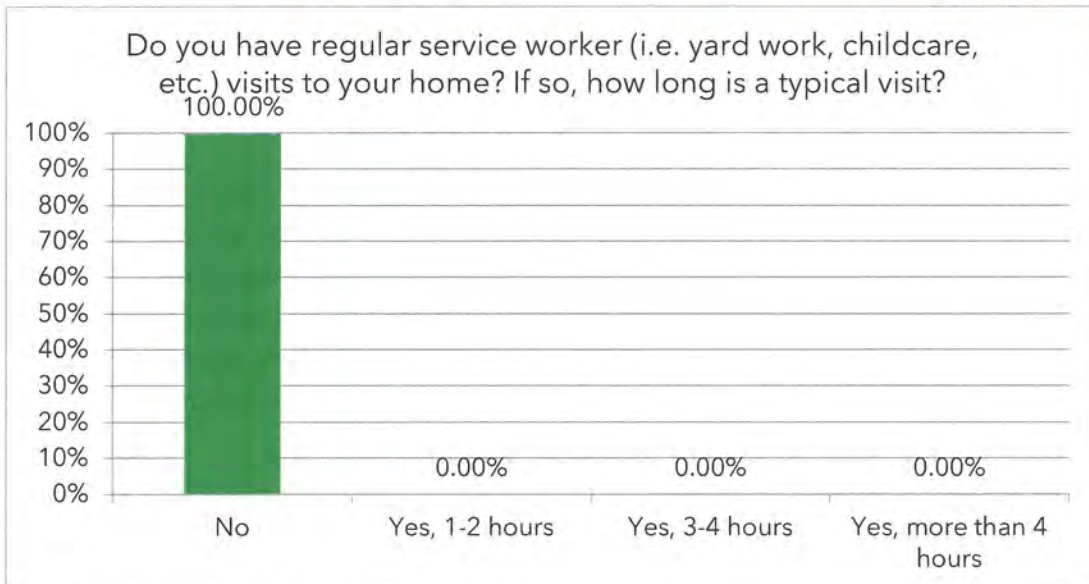
One respondent indicated that their household has two cars.

8.4.10. Question 27: How many off-street (garage or driveway) parking spaces does your home have available?



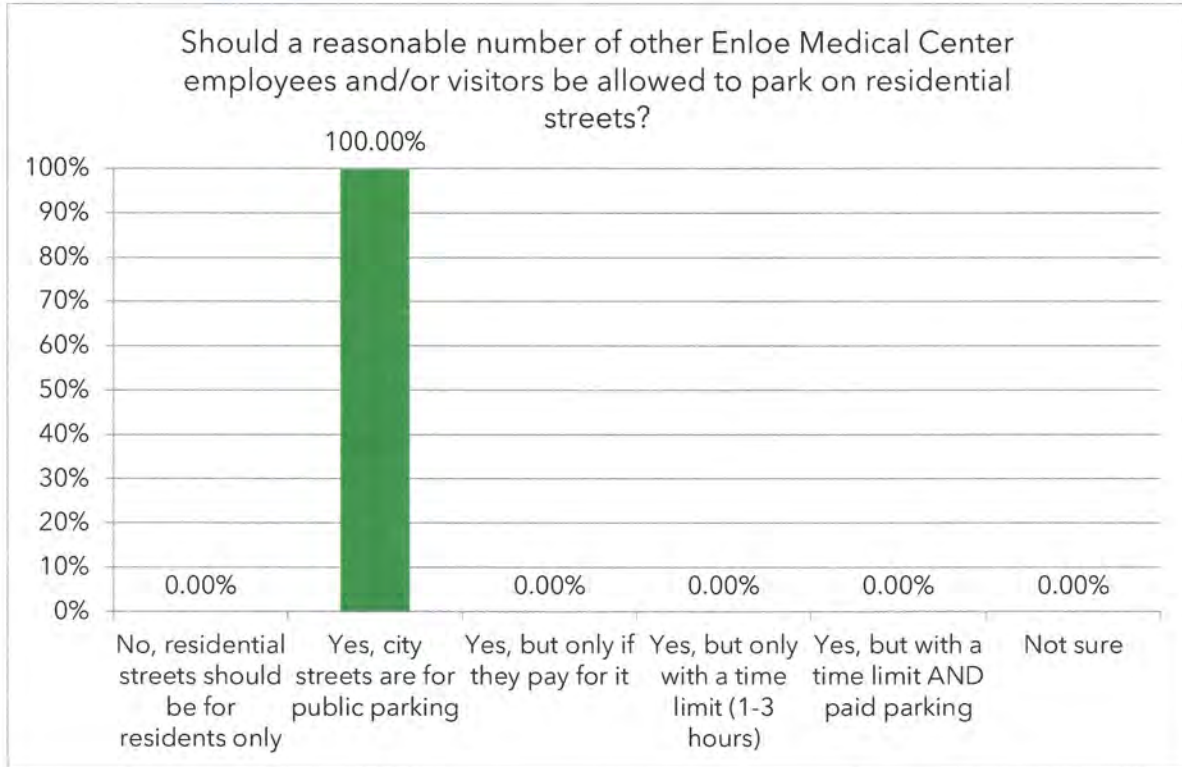
One respondent indicated that their home has one off-street parking space available.

8.4.11. Question 28: Do you have regular service worker (i.e. yard work, childcare, etc.) visits to your home? If so, how long is a typical visit?



One respondent indicated that they do not have regular service worker visits to their home.

8.4.12. Question 29: Should a reasonable number of other Enloe Medical Center employees and/or visitors be allowed to park on residential streets?



One respondent indicated that a reasonable number of Enloe Medical Center employees and/or visitors should be allowed to park on residential streets with no restrictions because city streets are for public parking.

8.4.13. Question 30: To balance resident and Enloe Medical Center parking needs, the City is considering implementing a residential parking permit program on the streets impacted by other Enloe Medical Center staff and visitor parking. Residents and their guests would be required to purchase a parking permit to park on-street. Which of the following options would you support for those without a permit?

Respondents were presented three options to balance resident and Enloe Medical Center employees and/or visitors parking needs:

1. Option 1: Those without a resident permit should be subject to a time limit.
2. Option 2: Those without a resident permit should be required to pay for parking by the hour.

- 3. Option 3: Those without a resident permit should be required to pay for parking by the hour AND should be subject to a time limit.

One respondent supported Option 1 and did not support Option 2 or Option 3.

8.4.14. Question 31: If any paid parking revenue is generated in your neighborhood, what improvements would you like the City to consider in your neighborhood using that revenue?

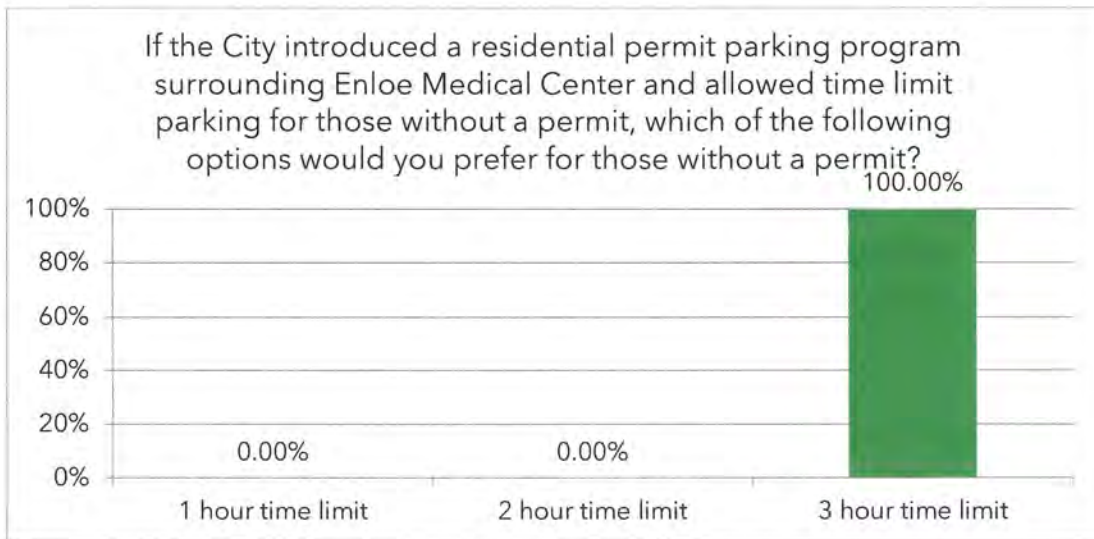
The one respondent indicated that any paid parking revenue generated in their neighborhood should be used for sidewalk improvements.

8.4.15. Question 32: If the City introduced a residential permit parking program, there will be costs associated with the management and enforcement of the program. With this in mind, how much would you be willing to pay for a parking permit per year?



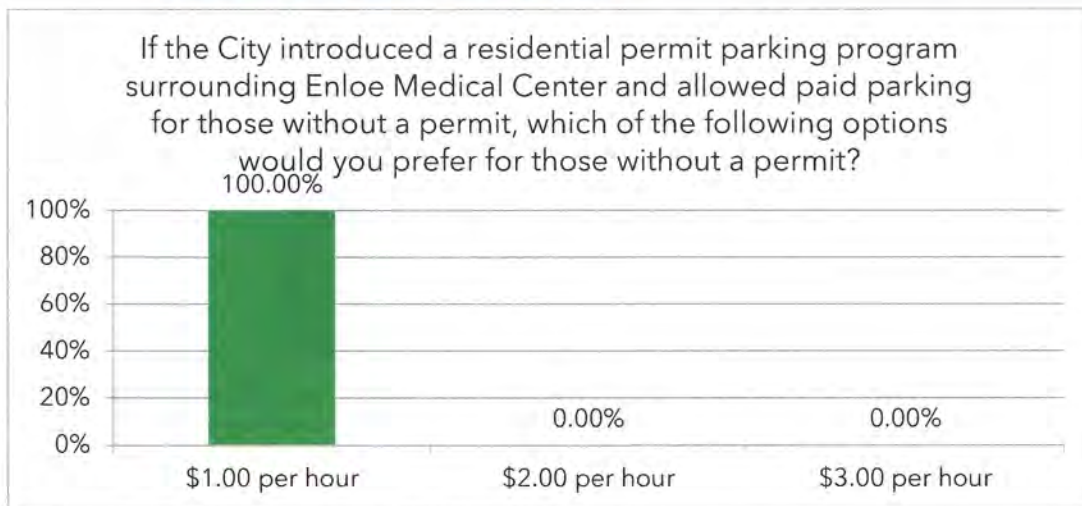
The one respondent would be willing to pay less than \$100 for a parking permit per year if the City introduced a residential permit parking program.

8.4.16. Question 33: If the City introduced a residential permit parking program surrounding Enloe Medical Center and allowed time limit parking for those without a permit, which of the following options would you prefer for those without a permit?



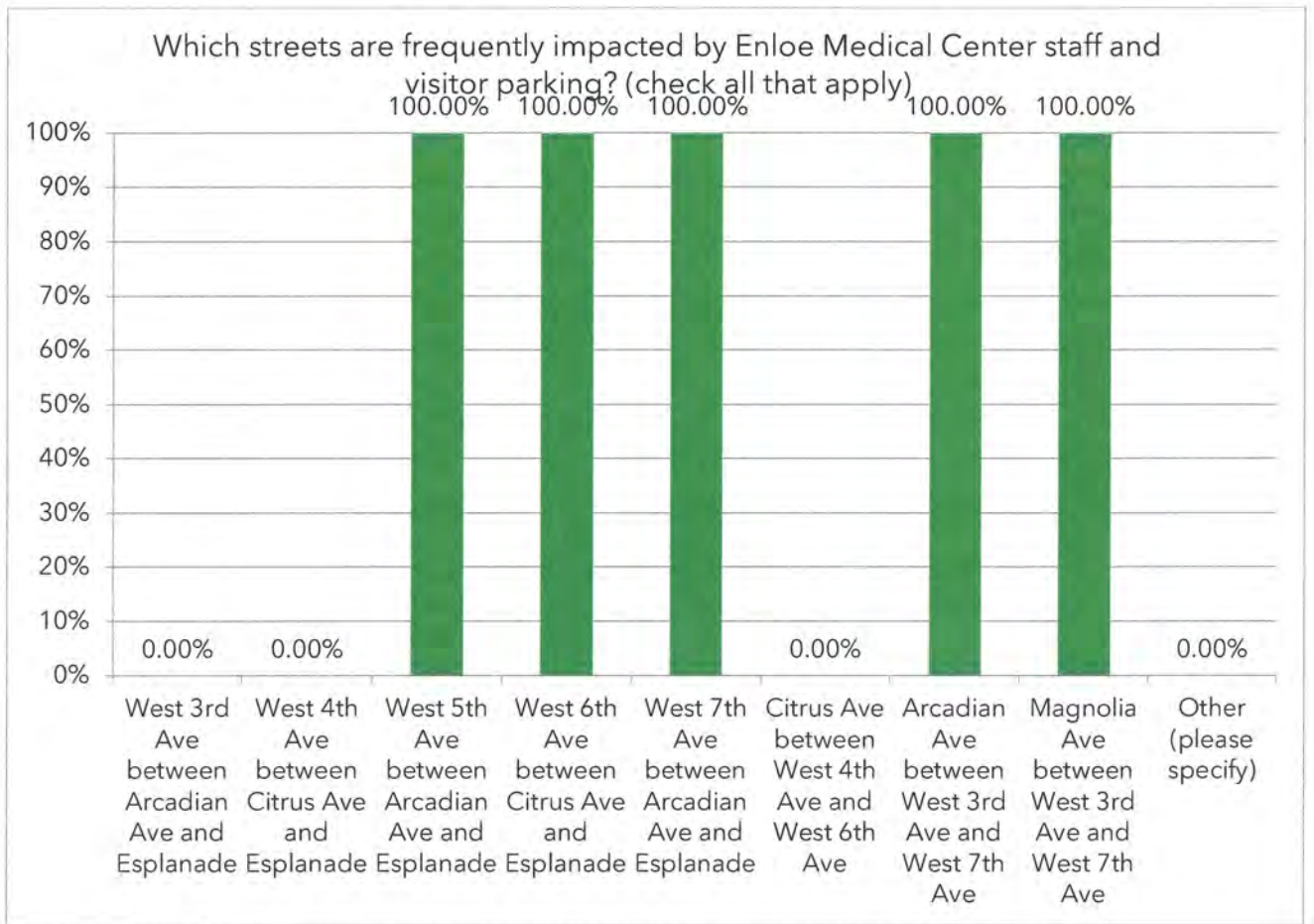
The one respondent indicated that they would prefer a three-hour time limit if the City introduced a residential permit parking program surrounding Enloe Medical Center that allowed time limit parking for those without a permit.

8.4.17. Question 34: If the City introduced a residential permit parking program surrounding Enloe Medical Center and allowed paid parking for those without a permit, which of the following options would you prefer for those without a permit?



The one respondent indicated that they would prefer a \$1.00 per hour paid parking rate if the City introduced a residential permit parking program surrounding Enloe Medical Center and allowed paid parking for those without a permit.

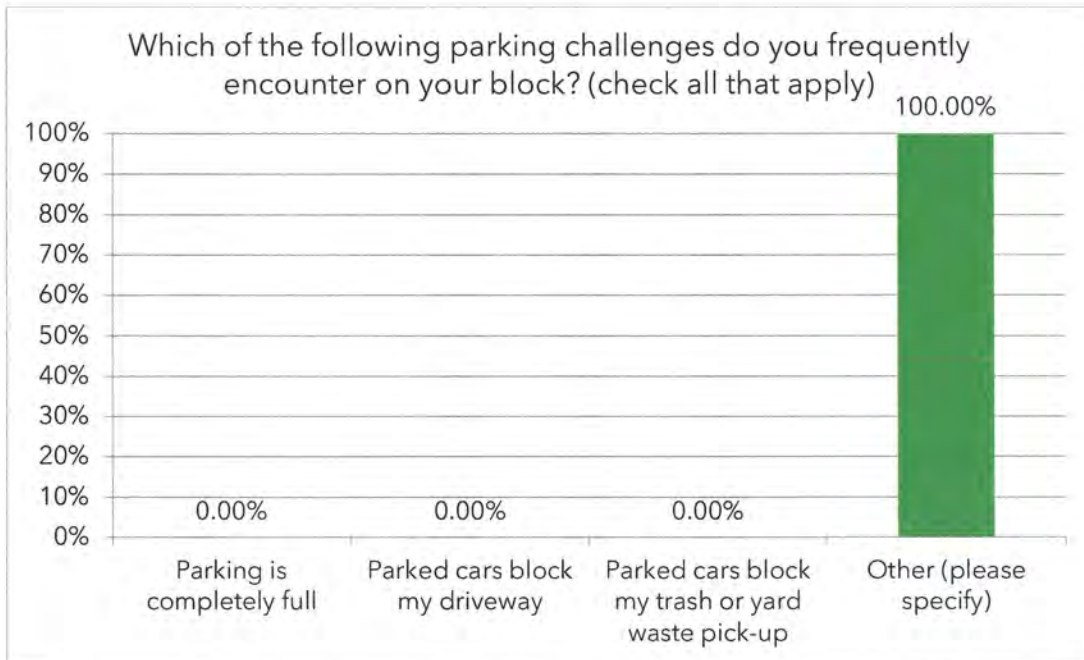
8.4.18. Question 35: Which streets are frequently impacted by Enloe Medical Center staff and visitor parking? (check all that apply)



The one respondent indicated that the following streets are frequently impacted by Enloe Medical Center staff and visitor parking:

- West 5th Avenue between Arcadian Avenue and Esplanade
- West 6th Avenue between Citrus Avenue and Esplanade
- West 7th Avenue between Arcadian Avenue and Esplanade
- Arcadian Avenue between West 3rd Avenue and West 7th Avenue
- Magnolia Avenue between West 3rd Avenue and West 7th Avenue

8.4.19. Question 36: Which of the following parking challenges do you frequently encounter on your block? (check all that apply)



The one respondent indicated that while there is traffic, they do not experience specific parking challenges on their block.

8.4.20. Question 37: If you could change, fix, or improve anything about parking surrounding the Enloe Medical Center, what would you do?

The four employee respondents indicated that if they could change, fix, or improve anything about parking surrounding Enloe Medical Center, they would:

- Improve the streets (sidewalks, gutters, storm drains, potholes)
- Add more surface parking
- Encourage residents to add off-street parking on their properties
- Nothing

8.4.21. Question 38: If you could change, fix, or improve anything about parking surrounding the Enloe Medical Center, what would you do?

There were no responses to question 38.