

TROY MIYASATO DIRECT TESTIMONY

WAIVER HEARING

Department of Veterans Affairs Multi-Specialty Outpatient Clinic (KAL 21-006)

Q Please state your name, place of employment, and position.

A Troy Miyasato, Principal and President, Ferraro Choi and Associates Ltd.

Q How long have you been in this position?

A I joined Ferraro Choi in 1997 and have been a principal since 2003. I have been a licensed architect for over 28 years.

Q Please describe your educational background and experience.

A Please see my resume, which is marked as an exhibit in this proceeding. In addition to my degree in architecture, I also hold a Bachelor of Science degree in Food Science and Human Nutrition, and a Master's Degree in Business Administration. Among other professional affiliations, I am a member of the American Institute of Architects, and I served as a director of the Honolulu Chapter in 2007-2008. I am also a member of the Hawaii Society of Business Professionals. I served as president of the Hawaii Society of Business Professionals in 2012-2013.

Q Please describe your firm's experience.

A Ferraro Choi's mission is to preserve, protect and enhance the natural and built environment through sustainable architecture, interior architecture and research. Since 1988, our firm has provided architectural planning design and interior design services for commercial and institutional projects for private and government clients including K through 12 schools for the DOE, the NOAA Inouye Regional Center on Ford Island, and the Culinary Institute at Diamond Head for the University of Hawaii. Specifically with respect to healthcare facilities, our firm has previously worked on hospital and clinic projects for The Queen's Medical Center, Shriners Hospitals for Children, the Waimanalo Health Clinic, Molokai General Hospital, Kaiser Permanente and Hawaii Pacific Health. Our firm is a recognized leader in sustainable design in Hawaii. We value quality design, and strive to provide an environment that is both aesthetic and functional for every project.

Q What has your firm been retained to do for this Project?

A Hunt Communities Hawaii, LLC ("Hunt") retained Ferraro Choi as the architect for the Department of Veterans Affairs Multi-Specialty Outpatient Clinic in the Kalaeloa Community Development District (the "VA Clinic"). Hunt Communities Hawaii, LLC is the

corporate parent of VA Aloha, LLC (“VA Aloha”), which is the applicant and developer of the VA Clinic.

Q Please summarize the waivers from the strict application of the Kalaeloa Community Development District (“KCDD”) Rules requested for the VA Clinic.

A VA Aloha is requesting waivers from the strict application of five provisions of the KCDD Rules to accommodate certain design requirements and preferences specified by the U.S. Department of Veterans Affairs (“VA”) for the development of the new, state-of-the-art, VA Clinic. These rules are:

- **HAR § 15-215-41(a) (Building Placement) / Figure 1.3 (Development Standards Summary) and Figure 1.8 (Building Placement and Encroachment):** a waiver of the strict application of this rule (and the related specifications in the figures) will permit the VA Clinic to have less than the required 50 percent minimum building frontage occupancy at the build to line to accommodate the VA’s specifications for the VA Clinic, including the VA’s original requirement for a 25-foot security stand-off distance, as well as to accommodate the possible future widening of Franklin D. Roosevelt Avenue;
- **HAR § 15-215-62 (Large Lot Development):** A waiver of the strict application of this rule will permit the clinic to have its principal entrance as proposed by the VA, and not “off of a new or existing thoroughfare or passageway” as specified by the KCDD Rules, and will also permit the VA Clinic to have a continuous building form along Franklin D. Roosevelt Avenue without a mid-block pedestrian passageway and courtyard every three hundred feet in order to accommodate the VA’s security and patient access preferences, the VA’s requirement that the clinic space must be “adjoining,” as well as to accommodate the shape, dimensions and conceptual floor plans for the VA Clinic;
- **HAR § 15-215-47(i)(6) (Parking and Loading - High Albedo Concrete):** a waiver of the strict application of this rule will permit the use of asphalt in the surface parking lot in lieu of the specified high albedo concrete, which will assist in implementing the VA’s requirement of providing over two times the number of parking spaces (528 parking spaces) than required by the KCDD Rules;
- **HAR § 15-215-47(j) (Parking and Loading - Landscaping):** a waiver of the strict application of this rule will permit additional flexibility in the size and placement of shade trees (in lieu of the specified large shade trees every forty-five feet along the entire length of every other row) in the parking lot. This waiver will assist in accommodating the VA’s requirement for the extensive parking at the clinic; and

- **HAR § 15-215-43(h)(2) (Architectural Standards - Windows):** a waiver of the strict application of this rule will permit a visible light transmission level of windows in the clinic to be less than the required seventy percent. This waiver is necessary to meet the solar heat gain coefficient requirements of IECC 2015 table C402.4 for Climate Zone 1 / Hawaii.

Q What is the relevance of the VA’s solicitation for offers, including the VA’s conceptual design plan, to VA Aloha’s requests for waivers of the strict application of the KCDD Rules in this proceeding?

A In developing the proposed design for the VA Clinic, Ferraro Choi carefully reviewed the provisions of the VA’s solicitation for offers (“SFO”), in which the VA set forth detailed requirements, design standards and preferences for the clinic. In addition, as part of the SFO, the VA included a conceptual design plan for the clinic prepared by Leo A. Daly. The conceptual design plan is attached as an exhibit to the Petition for Waivers of Certain Provisions of the Kalaeloa Community Development District Rules Pursuant to Hawaii Administrative Rules § 15-219-98 (the “Petition for Waivers”) filed (and marked as an exhibit) in this proceeding.

The purpose of the VA’s conceptual design plan was to provide guidance to applicants in responding to the SFO. A conceptual design plan provides broad outlines of the form and function of a proposed structure, including a concept of what will fit on a particular site and the functional aspects of the design. The VA’s conceptual design plan reflected the requirements and design preferences of the SFO and also provided information on the intended functional layout and areas for the clinic.

Ferraro Choi closely adhered to the original provisions of the SFO and the VA’s conceptual design plan in developing the proposed design for the clinic in order to best position the proposed design for the VA’s consideration, but more importantly, to ensure that the proposed design would conform to the VA’s specific and detailed needs for the clinic, which will be a major medical facility serving veterans in west O’ahu and throughout the island.

Accordingly, among other design elements, the proposed design retains the site size, building layout, orientation, number of parking stalls, and functional areas and plans for the clinic as described in the SFO and depicted in the VA’s conceptual design plan. Although certain aspects of the SFO were amended during the process, including VA requirements regarding setbacks and vehicular access, Ferraro Choi, in consultation with Hunt, decided to adhere to the original requirements of the SFO in developing the proposed design for the clinic, particularly with respect to design elements that would provide enhanced security and safety for the staff and patients within the building.

Given the foregoing, the request to waive the strict application of the five KCDD Rules subject to the Petition is to ensure that the clinic will accommodate the VA's specific requirements and design preferences for this facility, which, in turn, will best serve the specific and unique needs of the VA and veterans.

Q What are your professional opinions regarding the waiver of the strict application of the KCDD Rule pertaining to the VA Clinic's building placement and encroachment?

A HAR § 15-215-41(a) provides in pertinent part that: “[f]acades shall be built parallel to the build to line with a minimum frontage occupancy as provided in Figure 1.8 (building placement and encroachments)[.]” In turn, Figure 1.8 of the KCDD Rules illustrates the requirement (set forth in Figure 1.3 for the T3 (General Urban) transect) of a 50 percent minimum frontage occupancy at the build to line, and a front yard setback of 5-15 feet.

Given the VA's original security standards, including a 25-foot standoff distance, its conceptual design preferences, and the size and orientation of the 9.5 acre lot, the proposed design has a greater setback and does not strictly conform to the 50 percent minimum frontage occupancy at the build to line. Please see the Conceptual Site Plan (Application at Exhibit 3, AS101). In addition, in order to accommodate the 14-foot right of way reserve for the possible future widening of Franklin D. Roosevelt Avenue, the clinic cannot be constructed to the current build to line along the avenue.

Strictly complying with this rule would result in a building that would not be consistent with the original terms of the SFO and the VA's conceptual plans, and would require an extensive redesign of the layout, orientation, space plan and footprint of the clinic. Accordingly, a waiver of the strict application of this rule is requested to ensure that the design of the VA Clinic will conform to the VA's needs and design preferences, as well as to accommodate the possible future widening of Franklin D. Roosevelt Avenue.

While the frontage occupancy and setback provisions of the KCDD Rules are particularly relevant and important for commercial and retail developments, in my professional opinion, the proposed design for this medical clinic strikes an appropriate balance between the spirit and intent of the rule and the specific needs and design considerations articulated by the VA for this facility. In my opinion, the proposed design constitutes an alternate plan or other means to accomplish the spirit and intent of the building placement and encroachment rule, in that the setback and landscaping will not materially or negatively alter the general character of the general urban transect, will not impair or impede pedestrian activation, and will be compatible with the expected reasonable use of adjacent properties, including future residential development.

Q What are your professional opinions regarding the waiver of the strict application of the KCDD Rule pertaining to large lot developments?

A HAR § 15-215-62 sets forth standards for developing large lots, and is intended to divide large lots into smaller pedestrian-oriented blocks to encourage pedestrian walkability,

orientation and activation, and to encourage building facades that reflect a pedestrian sense of scale.

The proposed design of the VA Clinic does not strictly conform to HAR § 15-215-62(d)(2), which requires that new buildings have their principal entrance off of a new or existing thoroughfare or passageway, and HAR § 15-215-62(d)(4), which provides that buildings shall incorporate mid-block pedestrian passageways and courtyards every 300 feet.

VA Aloha requests a waiver of the strict application of the principal entrance rule, because a design in strict compliance with the rule would not be compatible with the VA's preference under the SFO's original provisions and the VA's conceptual plans to ensure that the single, centrally-located main entry for the clinic will be in a secure location and provide appropriate patient (and security) access, travel distance and flow into the facility. Setting back the principal entrance as reflected in the building design (vs. having the principal entrance immediately off of an existing thoroughfare) is consistent with the VA's conceptual design, and in my opinion, provides a safe and secure, yet central, entry to the clinic, which will facilitate patient flow, travel distance, and security screening.

Similarly, VA Aloha requests a waiver from the strict application of the mid-block pedestrian passageway rule because a design in strict compliance with the rule would alter the VA's preferred dimensions and layout for the clinic, which in turn would alter the interior functional plans of the facility, since a passageway would physically separate areas within the clinic.

While mid-block passageways are especially appropriate and beneficial for retail and commercial developments (where it is important to facilitate pedestrian access and activation), in contrast, the VA prefers to limit multiple points of entry into the clinic for the patients and the public. In addition, in my opinion, a passageway through functional areas of a multi-specialty medical clinic would negatively affect the functional design of the clinic, since it would impede access and flow from one area of the clinic to another area. As noted above, in developing the proposed design for the VA Clinic, Ferraro Choi closely adhered to the space plan and functional layout of the VA's conceptual design plan, which set forth the various functions of the clinic in detail.

In my professional opinion, the proposed design of the clinic will meet the spirit and intent of the large lot development rule because the entrance of the clinic, which is set back from the street as appropriate for a secure medical facility, will still facilitate patient access and convenience through a large patient drop off area. This centralized patient entrance will facilitate patient flow and provide a central location for screening and security.

Furthermore, it is also my opinion that, the building design fulfills the spirit and intent of the large lot rule because the design includes pedestrian passageways throughout the site, extensive landscaping around the facility, open space on both the 'Ewa and the

Diamond Head side of Franklin D. Roosevelt Avenue, and thoughtful design elements to provide visual interest along Franklin D. Roosevelt Avenue (including varied masonry material, ample windows, recessed areas at doorways, and trellised areas) to mitigate the effect of the continuous building façade and provide an appropriate sense of scale. Please see the Conceptual Site Plan and Conceptual Landscape Plan (Application at Exhibit 3, AS101 and LS101); and the renderings of the clinic along the Kamokila Boulevard extension and Franklin D. Roosevelt Avenue marked as exhibits in this proceeding.

Q What are your professional opinions regarding the waiver of the strict application of the KCDD Rule pertaining to parking and loading?

A The VA requires a minimum of 528 parking spaces for the VA Clinic, which is over twice the number of parking spaces required by the KCDD Rules. VA Aloha is requesting a waiver of the strict application of the KCDD Rules requiring the use of high albedo concrete and the placement of “large” trees in the parking lot every 45 feet and on every other row given the significant increase of parking over the KCDD requirements.

The KCDD Rules prescribe a minimum number of parking spaces for various types of developments. In my professional opinion, the various parking-related requirements in HAR § 15-215-47 (including the use of high albedo concrete and large trees at specified intervals) were based on the reasonable assumption that the minimum number of parking stalls as required by the rule (in this case, one stall per 450 square feet of floor area) would typically be provided. In my opinion, however, it is reasonable to conclude that the drafters of the rule likely did not anticipate that a third party would require a developer to construct over twice the amount of parking as required by the rules and the effects of such a significant volume of parking in relation to the parking lot requirements. For this project, the VA requires 528 parking stalls for the clinic.

Accordingly, I believe it is reasonable to consider the effect of the strict application of HAR § 15-215-47(i)(6) requiring high albedo concrete and HAR § 15-215-47(j) requiring large trees at specified intervals in light of the VA parking requirement for the VA Clinic. As other witnesses have indicated, the volume of the required parking for this particular project requires that the parking be designed and constructed as efficiently as possible, and introduces additional practical issues relevant to the project.

Similarly, the required number of parking spaces for the clinic requires a very efficient design and layout for the parking area. While a strict application of HAR § 15-215-47(j) would require that large shade trees be planted every forty-five feet in every other median of the parking lot, the strict application of this rule would likely cause long term issues for such a large volume of parking. Placing large shade trees at locations in strict compliance with the rule (and without regard to the specific design of this particular parking lot), for example, would likely result in long-term root pavement damage throughout the lot, affecting the safety of patients to the clinic. A waiver of the strict

application of this rule will permit more flexibility in the placement and type of trees, which will improve the overall landscaping and safety of the parking lot.

In my opinion, the proposed design of the clinic parking lot addresses the spirit and intent of the foregoing rules by providing flexible, yet effective and attractive landscaping throughout the parcel (including large shade trees where practically possible, as well as numerous small to medium trees), which in turn is also designed to mitigate the effects of using asphalt in the parking lot.

Q What are your professional opinions regarding the waiver of the strict application of the KCDD Rule pertaining to architectural standards for windows?

A The SFO (and the City and County of Honolulu) requires the VA Clinic to comply with the model code energy standard, IECC 2015, which sets forth standards for building energy efficiency. VA Aloha seeks a waiver of the strict application of the 70 percent visible light transmission (“VLT”) requirement of HAR § 15-215-43(h)(2) for ground floor windows, because, despite diligent research, VA Aloha (to date) has not been able to locate an insulated glazing unit that meets both the 70 percent VLT requirement and the Solar Heat Coefficient requirements of IECC 2015 for Hawaii. The Solar Heat Coefficient is the fraction of solar radiation admitted through a window and subsequently released as heat inside a building. The IECC 2015 standard regulates the Solar Heat Coefficient in order to ensure that the building meets overall energy efficiency requirements.

In my opinion, VA Aloha’s current plan to use insulated glazing units for the clinic with low emissivity coating at approximately 62 percent VLT fulfills the spirit and intent of the window rule, as these glazing units will properly balance the requirement to meet the IECC 2015 standard, while also avoiding substantially opaque or reflective windows. In addition, while a 70 percent VLT is particularly appropriate for the ground floor windows of a retail and commercial project in order to encourage pedestrian access and interaction with the commercial spaces, a medical clinic presents different considerations, and patient privacy, comfort and safety are also relevant and important factors that should be taken into account. Here, I believe glazing units with at least 62 percent VLT properly balances all of these considerations yet is consistent with the purpose, spirit and intent of HAR § 15-215-43(h)(2).

Q In your professional opinion, are these requested waivers of the strict application of the KCDD Rules in the best interests of the Kalaeloa Community Development District?

A Yes, based on the foregoing, and all of the information in the record of this proceeding, in my professional opinion, VA Aloha’s requested waivers to the strict application of the KCDD Rules (both individually and collectively) are in the best interests of the Kalaeloa Community Development District.

From an architectural standpoint, waiving the strict requirements of the rules discussed above will ensure that the clinic’s proposed design conforms to the specific and detailed

requirements, specifications, and design preferences articulated by the VA in the SFO and the conceptual design plans, which in turn will ensure that the clinic design will meet the unique needs of the VA to properly, efficiently and safely serve veterans in Kalaeloa and throughout west O’ahu.

Q In your professional opinion, will these requested waivers of the strict application of the KCDD Rules endanger the health, safety, or welfare of the Kalaeloa Community Development District?

A No. Based on the foregoing, and all of the information in the record of this proceeding, in my professional opinion, none of the requested waivers to the KCDD Rules (both individually and collectively) will endanger the health, safety or welfare of the KCDD. Instead, I believe that the requested waivers to the strict application of the KCDD Rules as discussed above will significantly enhance the health, safety and welfare of the Kalaeloa Community Development District by facilitating a design for a state-of-the art medical clinic for Kalaeloa that will assist the VA in its mission to promote, maintain and improve the health, safety and welfare of veterans in our community.

#