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\_\_\_\_\_ REPORT OF THE PROCEEDINGS OF A MEETING  
BEFORE THE VILLAGE OF NORTHFIELD  
PLAN AND ZONING COMMISSION

COMMISSION

REPORT OF PROCEEDINGS had before the Village of  
Northfield Plan and Zoning Commission taken at the Northfield  
Village Hall, Board Room, Northfield, Illinois on the 6<sup>th</sup> day  
of November, 2006, at the hour of 7:00 o'clock p.m.

MEMBERS PRESENT:

GEORGE WARGA, Chair  
JOHN DOLAN  
DAN deLOYS  
ROBERT CALDWELL  
JOANNA STEIN  
BILL VASELOPULOS  
E. LEONARD RUBIN

MEMBERS ABSENT:

PHILIP JONES  
WILLIAM HIELSCHER

OTHERS: ANNE KANE, COMMUNITY DEVELOPMENT DIRECTOR  
TRUSTEE TERRY GOTTLIEB

1 CHAIRMAN WARGA: Good evening, everybody. I'd like to  
2 welcome you to the meeting of the Plan and Zoning Commission.  
3 This is for Plan and Zoning. Are there any other Village  
4 meetings tonight that you're aware of?

5 MS. KANE: No.

6 CHAIRMAN WARGA: No, okay. All right. The purpose of  
7 this -- one, I'd like to call this meeting to order. And  
8 we'll begin with introductions. I'm George Warga, the Chair  
9 of the Commission. And we can start down here with Bill.

10 COMMISSIONER VASELOPULOS: I'm Bill Vaselopulos.

11 COMMISSIONER DOLAN: John Dolan.

12 COMMISSIONER RUBIN: Len Rubin.

13 COMMISSIONER CALDWELL: Bob Caldwell.

14 COMMISSIONER STEIN: Joanna Stein.

15 COMMISSIONER deLOYS: Dan deLoys.

16 CHAIRMAN WARGA: Thank you. The purpose of this  
17 meeting is to hold a public hearing to review development  
18 proposals and provide a forum for public input on proposed  
19 projects. This Committee then makes a recommendation and a  
20 recommendation only to the Village Board of Trustees. The  
21 Board will review the items being discussed tonight at their  
22 next meeting which is Tuesday, December 5th of this year.

23 I'll briefly review the meeting procedure. First, I  
24 will state that we will be opening a public hearing on a

1 particular case, and then we'll have any interested parties  
2 being sworn in. And those interested parties are the  
3 petitioners, objectors and any other interested persons who  
4 would like to be heard tonight.

5 We will have time for everybody to speak and then we'll  
6 have, we'll first start with the petitioner, then the  
7 Commission will ask their questions. After that process is  
8 completed, then we'll go to asking for objectors or other  
9 interested parties. And there will be time for other  
10 questions by the Commission and rebuttals and we'll make sure  
11 everything is bedded out that needs to be heard tonight  
12 before we make any recommendations to the Board.

13 The issues tonight on our agenda, our first item we'll  
14 talk about is 1825 Willow Road which I assume most of you are  
15 here for. And that's a consideration of a request for an  
16 amendment to Special Use Ordinance 97-911 and Special Use  
17 Ordinance 98-924 to allow for Walgreens In-Store Clinic at  
18 1825 Willow Road, submitted by Bond Drug Company of Illinois,  
19 LLC. This is Case No. 2006-30.

20 We have three other matters on our agenda tonight. And  
21 those have to do with consideration and discussion of  
22 amendments to change some zoning ordinances, and also a  
23 temporary development moratorium in the Village Center Zoning  
24 District in order to allow our Village Center Task Force to

1 complete an analysis of a Master Plan Development of the  
2 Village.

3 Okay. So, first thing I'd like to do is to ask for  
4 approval of summary notes for the Plan and Zoning Commission  
5 on October 3rd, 2006.

6 COMMISSIONER VASELOPULOS: Move to approve.

7 CHAIRMAN WARGA: Second?

8 COMMISSIONER STEIN: Second.

9 CHAIRMAN WARGA: All in favor?

10 (Chorus of ayes.)

11 CHAIRMAN WARGA: Any opposed?

12 (No response.)

13 (Phone rings.)

14 CHAIRMAN WARGA: So moved. And if anybody has cell  
15 phones, it's a good time to turn them off. Thanks for the  
16 reminder. Perfect timing. Thank you, Len. Well done.

17

18 **1. 1825 Willow Road - Consideration of a request for an**  
19 **amendment to Special Use Ordinance 97-911 and Special Use**  
20 **Ordinance 98-924 to allow for Walgreens In-Store Clinic at**  
21 **1825 Willow Road, submitted by Bond Drug Company of Illinois,**  
22 **LLC. (2006-30)**

23 Okay. So, what I'd like to do now is to open the  
24 public hearing on Case 2006-30, 1825 Willow Road. And who is  
25 here to present on behalf? And anybody and everybody needs  
26 to be sworn in who is here as far as petitioners, objectors  
27 and interested parties to be heard tonight. Is that all of  
28 you? Okay. Anybody who is going to be speaking needs to be

1 sworn in. So, if you think you might be speaking, have  
2 yourselves sworn in.

3 (Witnesses sworn.)

4 CHAIRMAN WARGA: Okay. And when each of you speaks,  
5 we'd like you to make sure you have a microphone, state your  
6 name and what your position is in this case and we'll move  
7 forward. So, and who would like to speak first on behalf of  
8 the Petitioner? You can pull straws if you want. All right.

9 Please step up to the microphone up here and introduce  
10 yourself to us.

11 MR. PRZYZYCKI: Hello, my name is Brian Przyzycki. I'm  
12 the Director of In-Store Medical Clinics for the Walgreen  
13 Company. Been with the company for 18 years this month.

14 Most recently, if you may be aware in the news, there's  
15 actually a special going on at Channel 5 this evening, is  
16 that a relatively new way in primary care is actually being  
17 dispensed across the United States because that access has  
18 been such a difficult thing in the United States that these  
19 retail health clinics have begun to appear in retail  
20 pharmacies. And what these are is designated space allocated  
21 inside a retail establishment that our staff, not by the  
22 Walgreen Company but by a partner in healthcare, in this case  
23 the Take Care organization from Conshohocken, Pennsylvania,  
24 where they actually employ a nurse practitioner.

1           These nurse practitioners do have prescriptive  
2 authority, so they are there to diagnose and if the case be  
3 to treat a limited, scaled-down urgent care like conditions  
4 that can be done without appointment necessarily. These  
5 clinics do take insurance plans. They do also strive to take  
6 Medicare and Medicaid plans. And they actually are just a  
7 great convenience for the town of Northfield and the public  
8 in general.

9           What are being proposed is to allocate 273 square feet  
10 of our existing retail store carved out of the stockroom.  
11 That will be located adjacent to our pharmacy where the nurse  
12 practitioner will operate. And if the people of Northfield,  
13 if they, you know, would like to use the center, if there is  
14 a condition that they, you know, they can utilize the center  
15 without having to make an appointment. The hours for this  
16 clinic will be just kind of like the hallmark of the Walgreen  
17 Company, they will be open at convenient hours, 8:00 in the  
18 morning to 8:00 in the evening with weekend and holiday hours  
19 as well.

20           I guess it's important for us to note that Walgreens is  
21 not the operator of the clinic. We merely are just a  
22 landlord. The business is actually run by the Take Care  
23 Health Systems and not Walgreens. There is, of course, some  
24 symbiotic relationship to having one of these clinics inside

1 one of our stores. It's very convenient for the patient if a  
2 prescription is written, you know, we are there. So, it's  
3 kind of one of the symbiotic benefits of our relationship.

4 But also, in addition, Walgreens, as you're probably  
5 familiar with our retail stores, we actually also are, we  
6 also have a PDM, a managed care organization in Walgreens  
7 Health Initiatives who is the division that I work in. So,  
8 as Walgreens moves to be more of a healthcare provider, this  
9 really kind of works with the long-term plan of our company.

10 CHAIRMAN WARGA: Thank you. Are you done with your  
11 presentation? Okay. Can we ask you questions now?

12 MR. PRZYZYCKI: Sure.

13 CHAIRMAN WARGA: Does anybody else want to present  
14 other information on behalf of the Petitioner before we get  
15 into our questions?

16 MR. PRZYZYCKI: -- more to say but we should probably  
17 address the questions.

18 CHAIRMAN WARGA: Okay. So, if other people want to  
19 answer questions as we pose them to Brian, you're welcome to  
20 step up, make sure you introduce yourself and we'll go from  
21 there. So, I know Bob's got a question.

22 COMMISSIONER CALDWELL: Yes. Let me ask this. Is this  
23 a goal to have these clinics I guess in all Walgreens?

24 MR. PRZYZYCKI: No. Unlike, you know, we're a 104-

1 year-old business.

2 COMMISSIONER CALDWELL: Right.

3 MR. PRZYZYCKI: And I think we do a pretty good job of  
4 building retail stores. But as far as these in-store medical  
5 clinics, I don't think we really know what the market  
6 saturation point is. And I don't think that, I think that  
7 the number of pharmacies in this country is probably a much  
8 larger need than a number of these clinics.

9 There has been no established company goal. We did  
10 commit to a pilot with the Take Care Healthcare organization.

11 And, you know, we have rolled out very successfully in  
12 Kansas City and St. Louis and we opened four clinics today in  
13 Chicago. And you know, we're, I would say, still in our  
14 evaluation period with this. But early off in the -- it's  
15 been a very good relationship with this organization.

16 COMMISSIONER CALDWELL: So, this is just the pilot  
17 program then right now?

18 MR. PRZYZYCKI: Yes. I mean, we have over 5,000 stores  
19 and right now we have roughly, you know, 35 clinics. So, I  
20 think --

21 COMMISSIONER CALDWELL: Yes, okay. Okay.

22 CHAIRMAN WARGA: You said there's, in Kansas City was  
23 one of the original sites?

24 MR. PRZYZYCKI: Kansas City was the very first market

1 that we opened. We opened ten clinics with Take Care Health  
2 group and then we also opened nine in St. Louis.

3 CHAIRMAN WARGA: How long ago were those ten clinics  
4 opened?

5 MR. PRZYZYCKI: About four months ago.

6 CHAIRMAN WARGA: Okay. So, four months is your, that's  
7 the longest time you've had any actual record since --

8 MR. PRZYZYCKI: Yes, sir.

9 CHAIRMAN WARGA: All right. And how much have they  
10 grown in that four months? How busy are they?

11 MR. PRZYZYCKI: Do you mean by grown by patient base?

12 CHAIRMAN WARGA: How many people come in, yes?

13 MR. PRZYZYCKI: You know, we're currently, right now  
14 we're averaging around 15 to 20 patients a day in the Kansas  
15 City location. Kansas City we've had an existing patient  
16 base because the Take Care Health Systems was with another  
17 retailer that was acquired by another large chain. Without  
18 getting to all that, we built our clinics to accommodate the  
19 Take Care Health Systems' needs so that they were able to  
20 keep their nurse practitioners employed. So, we moved into  
21 an existing market that really had some good market  
22 awareness.

23 The St. Louis location that we opened, brand new  
24 market, we haven't been as successful that early. We're

1 roughly seeing about five to six patients a day in those  
2 clinics. Now, it's important to note that we are offering  
3 flu shots on demand, too. So, those, you know, if you want  
4 to count those as a patient, the numbers can go up a little  
5 bit more for that because obviously this is the time of year  
6 everybody wants to be immunized.

7 CHAIRMAN WARGA: And how many patients, let's call  
8 those people patients then --

9 MR. PRZYZYCKI: Okay.

10 CHAIRMAN WARGA: Anybody that comes in for that sole  
11 purpose of being seen in the clinic, how many people have you  
12 seen at a maximum number in a day?

13 MR. PRZYZYCKI: Flu shot clinic would be probably, you  
14 wouldn't see this any, these numbers won't be any different  
15 than we have in any flu shot clinic that you have throughout  
16 the city. But we have seen sometimes a hundred patients a  
17 day.

18 CHAIRMAN WARGA: Okay.

19 MR. PRZYZYCKI: And obviously of course that is  
20 seasonal.

21 CHAIRMAN WARGA: Correct.

22 MR. PRZYZYCKI: One of the great things about these  
23 clinics though is they don't just offer, you know, flu and  
24 pneumonia but also a lot of the, you know, wellness and

1 disease preventing immunizations that are very difficult to  
2 obtain. You know, stuff like hepatitis vaccinations and, you  
3 know, the sports physicals for children. So, it's kind of a  
4 nice convenience for families with children.

5 CHAIRMAN WARGA: To the, these offices that have seen  
6 up to a hundred people a day, is that one person working that  
7 complete schedule? Or do you have administrative staff  
8 helping, other nursing assistants or any other med techs?

9 MR. PRZYZYCKI: Currently, the Kansas City clinic is  
10 open for 12 hours that it's able to be staffed by just one  
11 nurse practitioner. It doesn't really, it's not very long to  
12 give a flu shot. But as far as like, to reference like what  
13 I said earlier about the, you know, 10, 15 to 20 patients a  
14 day, that is being helped by one nurse practitioner.

15 The average visit lasts about 15 to 20 minutes. So,  
16 it's, and there's very little wait. So, unlike when you go  
17 to a primary care physician and you have to wait an hour or  
18 two or in urgent care center where you wait three or four  
19 hours, it can be done on demand.

20 COMMISSIONER RUBIN: So, you're going to have the one  
21 nurse do a 12-hour shift?

22 MR. PRZYZYCKI: No, sir. Actually I can defer that to  
23 Dave Sobolak because he's actually the, you know, he's from  
24 the Take Care Health Systems.

1           MR. SOBOLAK:   How are you?   My name is Dave Sobolak,  
2   I'm Director of Operations for Take Care Health Systems.  
3   We're based out of Conshohocken, Pennsylvania which is a  
4   suburb of Philadelphia.

5           To answer your questions, to go back a couple of  
6   questions, so far patient counts since we opened in July with  
7   Walgreens in Kansas City, we've seen 13,000 folks who have  
8   come to our ten locations in Kansas City, Kansas in Missouri.

9           And we've seen about 7,000 in the St. Louis area.

10          CHAIRMAN WARGA:   What does that work out to a day from  
11   your numbers?

12          MR. SOBOLAK:    Again, like Brian referenced, it's  
13   anywhere from 15 to 20 some folks a day, and then again  
14   seasonal for flu shots, we've seen 70 to 100 people a day.  A  
15   typical shift is, or our typical staffing model especially  
16   when we open, and when you open, you know, the demand is kind  
17   of working on a few folks a day and then it -- builds up.  We  
18   staff with one nurse practitioner, they work 12-hour shifts.

19          So, generally their work schedules are three 12-hour shifts  
20   in a week is their full time schedule.

21          As patient demand increases, when you get to about the  
22   25-person-a-day threshold, assuming that you get there, we  
23   either bring one medical assistant who does administrative  
24   work, or as the patient demand grows, there's two clinic

1 rooms in this build-out, so then we can use two nurse  
2 practitioners. So, as you're going and gets higher around to  
3 30 patients a day, if and when, there would be two nurse  
4 practitioners on staff.

5 COMMISSIONER RUBIN: In the plan, I see a dotted line  
6 to the area of work, but I'm a little confused as to what  
7 happens if anything to the present counter for picking up  
8 prescriptions and the opening for drive-through.

9 MR. SOBOLAK: Sure.

10 COMMISSIONER RUBIN: Do they stay where they are?

11 MR. SOBOLAK: Yes, absolutely. If you see, under the  
12 dotted line area of work at the bottom right quadrant I  
13 guess, the diagonal, that diagonal countertop, that's the  
14 pharmacy pickup window. So, every physical part of the  
15 pharmacy as you know it stays whole, the pickup counter and  
16 then the drive-through line if the store has one, in this  
17 case the store does to the outside.

18 Traditionally, if you're familiar with the Walgreens,  
19 across from that diagonal pharmacy counter, there's normally  
20 a bank of about six chairs against that wall in the waiting  
21 area. That's where the clinic is built -- back that way.  
22 So, if you can visualize, you can kind of see where those  
23 three chairs are. Where it says Exam/Reception, that is  
24 where that back wall used to exist.

1           The basic physical layout is, right in the center,  
2           there is a small reception area. There's a reception desk,  
3           and then the two exam rooms on either side on the right and  
4           left.

5           COMMISSIONER RUBIN: Can I ask you what you're going to  
6           stock the examining rooms with?

7           MR. SOBOLAK: Absolutely. And you mean furniture-wise  
8           or equipment?

9           COMMISSIONER RUBIN: Well, equipment rather than  
10          furniture. I assume there will be a chair.

11          MR. SOBOLAK: Absolutely. They're staffed very similar  
12          to what you would expect to see in your local doctor's  
13          office. There is a workstation, if you see in the corner of  
14          the plan, you see kind of an L shaped fixture. Each side has  
15          a workstation or a desk for the nurse practitioner. Above  
16          it, there's cabinetry that holds medical supplies. Those  
17          rooms are staffed, it's not a chair, it's a full exam table,  
18          medical equipment table.

19          And then the NP's, nurse practitioners, are equipped  
20          with all of your fundamental medical needs, non-urgent needs.  
21          It's important to note, we basically handle acute episodic  
22          illnesses. That is to say we don't manage chronic diseases.  
23          This is not intended to be a replacement for a doctor or for  
24          a primary care physician. The pitch is that folks still

1 maintain their medical home and still have a primary care  
2 physician that manages the patient's total scope of health.

3 The service we provide is really for, again, acute  
4 illnesses, common colds, flu's, ear/sinus infections, bladder  
5 infections in women as well as the wellness screenings that  
6 Brian mentioned. The state of equipment we have onsite are  
7 all sorts of blood pressure equipment, otoscopes and --  
8 scopes for examining eyes and ears, thermometers. There is  
9 not a wide range of diagnostic equipment that goes on.

10 We do execute low level -- they're called tests.  
11 They're basically tests that can be executed in a doctor's  
12 office without it being a full-blown laboratory. So, they  
13 would screen for strep throat where appropriate with a rapid  
14 strep throat test. They can do spot mono test, glucose  
15 checks, blood glucose levels, pregnancy test whether a  
16 patient comes in to inquire if she's pregnant or to ensure  
17 that if they are going to be prescribed the drug that has  
18 negative effects, if the individual is pregnant, they can  
19 issue them a pregnancy test to make sure, as well as doing  
20 urinalysis, on the spot urinalysis exam.

21 COMMISSIONER RUBIN: I assume that there is also at  
22 least something to assist in calling for emergency help if  
23 it's required?

24 MR. SOBOLAK: Absolutely. We don't, again it's

1 important to note we're not an urgent care as you would  
2 traditionally see an urgent care that would handle broken  
3 bones or gaping wounds or emergent situations. There are,  
4 our full model is with the support of one nurse practitioner  
5 model. It's a self registration. Again, if you see on there  
6 where it says Exam/Reception on the plans, there's a little  
7 cutout, a little U shaped cutout right onto that each corner  
8 of the word Exam/Reception. That's a self registration  
9 kiosk.

10       It's basically a touch-screen computer that folks, if  
11 you show up at the center, you walk in, you register yourself  
12 on the screen, put your name, address, phone number, male or  
13 female, date of birth, and there are some choices of what  
14 you're there for, whether you're there for a screening or  
15 some kind of wellness treatment like a vaccine or if you have  
16 an illness. And then it takes your chief complaint and puts  
17 you into a queue. Above the reception desk indicated there  
18 in the middle, there is a 19-inch monitor that as you  
19 register, assuming the nurse practitioner is with a patient,  
20 your name, your first and last initial go up on the monitor  
21 as kind of the waiting order. And then, as the nurse  
22 practitioner is finished with their patient, they'll bring  
23 you back in.

24       All through the registration areas and all the signage

1 around indicates though, again, we don't see emergent  
2 situations. There's phones at each of the touch screen  
3 registration because some folks aren't as comfortable with  
4 technology or computers with clear signage that indicates to  
5 pick up the phone and it does a direct dial to we have a  
6 patient care center back in Pennsylvania that staff for all  
7 the hours that the clinic is open that folks on the other end  
8 of the phone can register you in for care, as well as those  
9 phones also dial 9-1-1 or if there was an emergent situation  
10 and somebody picked it up, they would dispatch 9-1-1 to the  
11 center.

12 But there are emergency supplies and kits onsite as  
13 well. And again, they're trained medical folks so they  
14 would, in the event, although we don't treat emergent  
15 situations, if someone came in in bad shape, they would  
16 triage the person obviously and then get them to the proper  
17 care.

18 COMMISSIONER RUBIN: You said that these nurse  
19 practitioners -- are they RN's, by the way?

20 MR. SOBOLAK: A nurse practitioner is an advanced  
21 practice nurse. So, these folks started out as an RN,  
22 they're Master prepared. To get a nurse practitioner  
23 certification, it's a Master level degree. It's above and  
24 beyond the RN.

1 COMMISSIONER RUBIN: And they can write --

2 MR. PRZYZYCKI: I'm sorry. It's a four-year degree,  
3 not the two-year degree, it's a four-year degree and then a  
4 two-year advanced Master's degree. So, it's the same time as  
5 pharmacists, six years.

6 CHAIRMAN WARGA: So, they can prescribe?

7 MR. PRZYZYCKI: They have prescription authority with a  
8 physician oversight so that --

9 CHAIRMAN WARGA: With a physician oversight. So, where  
10 is the physician?

11 MR. SOBOLAK: Correct. That's, again, the important  
12 thing to note in the model is that in the State of Illinois,  
13 for a nurse practitioner to practice independently in such a  
14 setting, there has to be a degree of physician oversight.  
15 Our company is partnered with Advocate Health Systems which  
16 is a big medical system, I'm sure you've heard of it, in the  
17 Chicago land area. Every nurse practitioner is assigned a  
18 collaborating physician, folks that signed up to be  
19 collaborating physicians out of the Advocate network that  
20 mentor and train the nurse practitioners and have oversight  
21 of their actual charting and patient visits.

22 The collaborating physicians are required, as part of  
23 their agreement, to review a certain percentage of the nurse  
24 practitioner's charts and records as a quality control

1 function to ensure that the quality of care is there, as well  
2 as they are required to be available for consultation.

3 CHAIRMAN WARGA: So that a patient can walk in, say  
4 they're diagnosed with a urinary tract infection by the NP --

5 MR. SOBOLAK: Correct.

6 CHAIRMAN WARGA: Then they may want to prescribe an  
7 antibiotic. So, their next step is just to prescribe it or  
8 do they have to check with the physician?

9 MR. SOBOLAK: No, they have prescriptive authority to  
10 autonomously prescribe that.

11 CHAIRMAN WARGA: They can do it right then on the --

12 MR. SOBOLAK: Correct. They are then overseen by a  
13 physician.

14 CHAIRMAN WARGA: And possibly that record will be seen?

15 MR. SOBOLAK: Correct.

16 CHAIRMAN WARGA: Not necessarily that record will be  
17 seen?

18 MR. SOBOLAK: It's not a hundred percent oversight.

19 CHAIRMAN WARGA: They screen a certain amount of  
20 records?

21 MR. SOBOLAK: Correct.

22 MR. PRZYZYCKI: It's important to note, too, that these  
23 nurse practitioners follow approved medical guidelines so  
24 there is not freehand writing and prescription authority

1 there. Once the diagnosis is made, there is only a certain  
2 number of medications that the nurse practitioner can write  
3 for that prevents incorrect prescribing.

4 MR. SOBOLAK: The collaborating physicians approve  
5 protocols for all of the ailments under our scope of  
6 practice. So, all of the detail of our scope of practice,  
7 anything that falls outside of that, the NP is required to  
8 refer on that patient to their primary care provider. And if  
9 they do not have one, we have at every location, location  
10 specific referral that is for this area. So, for instance,  
11 in this area, in the Northfield area, the collaborating  
12 physicians are part of the referral network as well as a  
13 laundry list of specialists whether, specialists and primary  
14 care folks, whether they're affiliated from a collaborative  
15 standpoint with us or not. Because, again, our real goal is  
16 to get people into the healthcare system so if you come in  
17 and present without a primary care physician, while you'll be  
18 seen by us, you'll also be referred on to get a medical home.

19 CHAIRMAN WARGA: You may or may not have an answer to  
20 this question, but what is the AMA, American Medical  
21 Association's position on this type of healthcare?

22 MR. SOBOLAK: The AMA has come out with a position on  
23 it. It is, I guess you'd say middle of the road. They favor  
24 this model under guidelines that we adhere to. Their

1 recommendations based on this model again is that there is a  
2 physician oversight to again round out the medical care. And  
3 they really are adamant about this not being a replacement to  
4 primary care which again we're aligned with.

5 COMMISSIONER deLOYS: Will these nurse practitioners be  
6 drawing blood at all?

7 MR. SOBOLAK: They will not be drawing blood. We do a  
8 couple of tests that I mentioned, the diagnostic test, the  
9 mono test, the glucose or finger stick.

10 COMMISSIONER STEIN: But you're doing urinalysis?

11 MR. SOBOLAK: Yes, ma'am.

12 COMMISSIONER STEIN: And are you doing -- do you have  
13 X-ray facilities?

14 MR. SOBOLAK: No, ma'am.

15 COMMISSIONER STEIN: Orthopedic?

16 MR. SOBOLAK: No, ma'am.

17 COMMISSIONER STEIN: And would you be doing stitches?

18 MR. SOBOLAK: We will not put in stitches but the nurse  
19 practitioners can remove stitches. So, if you receive  
20 stitches from a previous injury --

21 COMMISSIONER STEIN: And you are giving shots?

22 MR. SOBOLAK: We are giving shots, correct.

23 COMMISSIONER STEIN: Is there laser equipment?

24 MR. SOBOLAK: Excuse me?

1 COMMISSIONER STEIN: Is there laser equipment?

2 MR. SOBOLAK: No, ma'am.

3 COMMISSIONER deLOYS: Considering you'll have  
4 contagious patients, do you have a method to separate, if  
5 there's overflow in your rooms, contagious patients from non-  
6 contagious, do you have a sick room?

7 MR. PRZYZYCKI: I can address that. Currently right  
8 now, we do have that issue in our pharmacy. We removed the  
9 clinic aspect from us. We have healthy patients and very  
10 sick patients -- patients in our pharmacies right now. So,  
11 we deal with that right now.

12 The one thing I will say is the changes that have  
13 happened with telephone prescriptions and e-prescribing, I  
14 don't know if you're familiar with that, but --  
15 prescriptions, that we have less and less patients waiting in  
16 our pickup area every year. And that's one of the reasons  
17 why we are willing to address and tweak our -- to accommodate  
18 this clinic because even though we do have some very busy  
19 pharmacies, less and less people are dropping off and  
20 waiting. Even the drive-through has also helped us to foster  
21 that as well.

22 To answer your question, we don't have a complete game  
23 plan. We don't have one for the --

24 MR. SOBOLAK: There is not a sick room.

1           CHAIRMAN WARGA: Is there a place for hard copies of  
2 records? Say if, seeing as these NP's are diagnosing,  
3 oftentimes you need other information such as other medical  
4 records.

5           MR. PRZYZYCKI: Correct.

6           CHAIRMAN WARGA: And imaging. What do you do?

7           MR. SOBOLAK: Again, we have a very limited scope.  
8 Anything that would require, two -- I guess. The first is  
9 that we're a completely electronic based system. We operate  
10 off of an electronic medical record system so it's paperless.  
11 We do have a backup system, if you will, that since it's  
12 paperless, it's internet based through secure lines. If ever  
13 our connection goes down, we have a way to chart on a  
14 traditional patient chart at which time when the systems are  
15 brought back up, that information is put into the medical  
16 record and those documents are destroyed.

17           Anything requiring any form of hard diagnostics,  
18 imaging that you referred to, anything like that is generally  
19 out of our scope, our limited scope and wouldn't be an issue  
20 and has no -- we have no imaging files, anything in our scope  
21 requiring imaging files. There are hard copy documentations  
22 that sometimes in the protocols it's medically prudent to, if  
23 a person has a negative or a positive strep throat, I'm not a  
24 clinician so forgive me, strep throat sample to send out a

1 confirmatory sample. And then you might get that at your  
2 doc's office to like a Quest Diagnostics or a third party  
3 lab, we contract with Quest and other labs to send out  
4 confirmatory samples.

5 The results of those are generally faxed back to the  
6 office. Upon receipt of those hard copies, everything is  
7 scanned, electronically scanned into the electronic medical  
8 record and attached to the patient's file, and then those  
9 documents are destroyed. So, there is no retention of any  
10 hard copies.

11 MR. PRZYZYCKI: Which is what the industry wants to  
12 move towards to which means to complete the MR and --

13 MR. SOBOLAK: Correct. And that electronic medical  
14 record is then, again in the idea of keeping the patient's  
15 primary care provider completely engrossed and into the  
16 patient's care, those medical records can both be printed out  
17 in shared hard copy with the primary care provider or they  
18 can be given a secure login to a web site to get read online  
19 and transmit the information to them.

20 COMMISSIONER VASELOPULOS: What controls do you have in  
21 place to monitor the nurses in that they're following your  
22 guidelines that you and the doctors that are overseeing them  
23 have set out?

24 MR. PRZYZYCKI: Again, the primary way that the doctors

1       oversee the practice of the NP's is via chart review. So, as  
2       they would in a traditional office or a traditional hospital,  
3       traditionally they would open the manila folder and it's  
4       really a documentation review if anything, document the  
5       present illness and complaint of the patient, review the  
6       systems.

7               COMMISSIONER VASELOPULOS: But that's done well after  
8       the patient has been prescribed the medication?

9               MR. PRZYZYCKI: Correct.

10              COMMISSIONER VASELOPULOS: And in most cases I'm sure  
11       the nurses would follow your guidelines. But what if someone  
12       doesn't?

13              MR. SOBOLAK: There is, again there is no oversight  
14       onsite of the NP. In the system, as you get to a diagnosis  
15       that leads you down a path in, you know, our protocols to,  
16       say strep throat which you treat via antibiotics or other  
17       means, and again I'm not a clinician, they are trained and  
18       guided to follow this protocol. Anything that deviates from  
19       a set protocol that they decide to treat a different way is  
20       automatically flagged and alerted to them that is there a  
21       reason you're going outside of the protocol, and then that is  
22       reviewed the next day. So, there's not --

23              MR. PRZYZYCKI: It's important to note --

24              MR. SOBOLAK: Go ahead.

1           MR. PRZYZYCKI: It's important to note that things of  
2 that nature, if medications are not being prescribed  
3 according to condition, the nurse can suffer some more  
4 serious fate like losing their license by the regulatory  
5 board. As a pharmacist, I assure you that's always our  
6 biggest concern.

7           COMMISSIONER VASELOPULOS: You said in the materials  
8 that we received that you won't be doing any external  
9 advertising. I mean, there won't be signage, is that  
10 correct?

11          MR. PRZYZYCKI: The company would like to be able to  
12 advertise that we do have a clinic on the exterior with a  
13 signage. But that actually is no longer an issue, and I  
14 can't speak for what the restrictions are in Northfield.  
15 Would we like to be able to do that? Of course we would.  
16 But obviously --

17          COMMISSIONER VASELOPULOS: The materials that I  
18 received specifically said that you would not be doing that.  
19 So, my next question was how hard are you going to be  
20 advertising? Who are you going to be targeting?

21          MR. PRZYZYCKI: We'll be using --

22          COMMISSIONER VASELOPULOS: Beyond, let's put the  
23 signage issue to the side, what else will you be doing in  
24 terms of --

1           MR. PRZYZYCKI:  -- our weekly advertisement newspaper,  
2           that's probably the best vehicle that we have for the  
3           company.  We will be utilizing that.  In addition, we'll be  
4           using in-house radio, if you've ever been to one of our  
5           stores, we have a radio out there.  There will be some  
6           commercials.  Those are probably the big three mediums that I  
7           mentioned just now.

8           In addition, we will do some in-store marketing with  
9           stand -- and, you know, as a pharmacist that have dispensed  
10          for many years, one of the things that I think is a true  
11          benefit for us is we get presented with people that -- want,  
12          you know, that have a question for us that really, really  
13          deserves the attention of a nurse practitioner and this is  
14          obviously, actually a way to refer those patients.  Up until  
15          this, it was either urgent care center or emergency room  
16          which as we know can be very expensive.

17          MR. SOBOLAK:  Further to that end, as we are two  
18          separate companies, again, we have a relationship or a  
19          partnership here.  But we have our own obviously marketing  
20          groups.  And the channels we utilize will be the same, radio,  
21          most likely through the use of local radio and local  
22          newsprint.  Especially as we start small in a giant market  
23          like Chicago, we have four centers that opened today, we have  
24          four more that will be coming around the Thanksgiving time

1 frame. It's obviously cost ineffective to put it on  
2 television especially if there's only eight locations spread  
3 throughout the suburbs of Chicago.

4 If and when we have more locations and it became  
5 economically feasible to do it, we would probably put  
6 something on television. We do that in markets that we're in  
7 where there's better saturation. But we utilize all the  
8 traditional means, radio, print, television, as well as folks  
9 on the ground -- sales folks but business directors that  
10 would work in the various local communities doing word of  
11 mouth marketing, getting the word out to different groups  
12 that the services are there.

13 CHAIRMAN WARGA: How far with your other clinics that  
14 are open in other cities, how far will people travel from to  
15 go to one of these clinics?

16 MR. SOBOLAK: It's really a depends answer. We've seen  
17 folks, for example, in the greater Kansas City area,  
18 obviously the goal would be to kind of saturate the area and  
19 get a good spread around. We've seen folks from as far as,  
20 I've seen personally and I haven't seen all the data, there's  
21 been folks that come like 30-40 miles out from deep East  
22 Missouri, like kind of Central Missouri to the outskirts.  
23 Again, Kansas City is surrounded by a lot more rural area in  
24 there, so when you get on the fringes of the city boundaries

1 where access really truly is limited just geographically,  
2 folks will travel there to get care.

3 COMMISSIONER CALDWELL: What is your demographic  
4 target? I mean, I know Walgreens is a pretty sophisticated  
5 marketer.

6 MR. SOBOLAK: Sure.

7 COMMISSIONER CALDWELL: As it sounds like you are. And  
8 then I guess the second part is why Northfield?

9 MR. SOBOLAK: The first part of the answer is we treat,  
10 our scope of folks that we will see is everywhere from 18  
11 months of age up until life span. So, as long as you can  
12 make it in, we'll see you. Really the targeted demo, if you  
13 will, again is everybody.

14 Primarily there's really two ends that this appeals to  
15 is, one, folks that are uninsured or under-insured because  
16 it's really a low cost option to come in for care. General  
17 visits average around \$58, \$55 to \$58. And again, it depends  
18 on what you're in for and what kind of tests you get, et  
19 cetera. So, that's one end of the market is folks that don't  
20 have primary care insurance because it's one-sixth of the  
21 cost of going to the emergency room as well as sitting there  
22 all that time, and generally about one-third of the cost of  
23 an urgent care visit.

24 The other end of the spectrum, the real appeal is folks

1 that are fully insured that has a primary care doctor and has  
2 options, and financially it's not really an issue. It  
3 becomes a convenience and an access thing that whenever your  
4 kid is screaming with an ear infection in the middle of the  
5 night, you call the doc the next day, you know that it's  
6 something simple, they can't see you until mid day Thursday  
7 and you have to take off work, you can come in after work.  
8 So, really it's kind of the mom with kid, family with kid  
9 set.

10 But again, we're all over the map. We've seen  
11 everybody from the family with kids set up to the folks that  
12 were a hundred years old coming in for routine stuff as well  
13 as flu shots. A lot of, as you would imagine, flu shots sway  
14 heavily to the Medicare set because they're generally higher  
15 risk for --

16 COMMISSIONER CALDWELL: I'm just, I guess I'm just  
17 thinking, you know, socio-economically in my mind, okay, it's  
18 your company, Northfield would be one of the last places I  
19 would go.

20 MR. SOBOLAK: Right. And Northfield really falls --

21 COMMISSIONER CALDWELL: -- quite honestly.

22 MR. SOBOLAK: That was part B of the question I guess I  
23 need to address. Northfield really falls into the second  
24 end, it's a convenience option for this town. And again, I'm

1 sure it's generalizing to say that everybody here has, you  
2 know, is well off and has health insurance. But generally in  
3 the demographics of this area, it's more of a convenience  
4 option.

5 CHAIRMAN WARGA: Convenience for other people to reach  
6 this area.

7 MR. SOBOLAK: Correct. To folks, again the same kind  
8 of scenario that you know it's something simple, you know, an  
9 insect bite or a minor illness that, you know, you can feel a  
10 lot better if you were treated but it's something you  
11 probably would not -- I'm B, I'm a target demographic in B  
12 because I would be one foot in the grave before I take off a  
13 day at work to go to the doctor's office. But if I could  
14 shoot over there at 7:30, that's where I would go. So,  
15 that's really the market for here.

16 And again, strategy-wise, the idea is to cover or to  
17 represent kind of the greater Chicago area. So, as we come  
18 in here, we were kind of spaced out and it landed us in the  
19 area.

20 COMMISSIONER deLOYS: So, where are nearest locations  
21 besides Northfield?

22 MR. SOBOLAK: And I'm from Philadelphia so, although  
23 I've seen them all, the closest, there's one in Morton Grove  
24 -- there's one in Elk Grove Village. There will be one at

1 Libertyville. There is one that is going to be in Lake  
2 Zurich which I guess is not close but in the area --

3 COMMISSIONER deLOYS: Morton Grove is probably the  
4 closest.

5 MR. SOBOLAK: Morton Grove, yes, that's where I came  
6 right from to here. It's pretty close.

7 COMMISSIONER deLOYS: Where is that?

8 MR. PRZYZYCKI: It's on Milwaukee Avenue. It's right  
9 across from the -- I can't give you the exact address, it's  
10 3000 North Park Avenue. It's on the east side of the street.  
11 There's a famous or a very, coffee shop that's been around  
12 forever. It's right next door to Charter One Bank.

13 MR. SOBOLAK: It's about five miles from here.

14 MR. PRZYZYCKI: You know, one thing I do want to point  
15 out real quick is that, you know, even though this is cost  
16 effective for the, you know, for the consumer, it's also cost  
17 effective for the insurance companies and also for large, you  
18 know, for all the municipalities for that matter because,  
19 you know, as healthcare gets more and more expensive in this  
20 country, you know, the holders of the managed care plans can  
21 incentivize their patients to really utilize the more cost  
22 effective, you know, model such as this instead of going to,  
23 you know, emergency room. Emergency room visit for any  
24 health fees run like, you know, \$340. You can see four

1 patients in this amount for a lot of things that are being  
2 treated in emergency room and it's really not cost effective.  
3 And the emergency rooms are happy for those patients that go  
4 in them, they just -- system.

5 COMMISSIONER RUBIN: How much? I'm sorry, how much is  
6 the average charge if I walked in with an insect bite or  
7 something like that?

8 MR. SOBOLAK: The average visit is \$55 to \$58 for a  
9 sick visit. It's cheaper for vaccinations, flu shots, for  
10 example, are \$25. You don't get a visit charge for that.  
11 But a general sick visit is \$58 on average.

12 COMMISSIONER STEIN: I might point out there was just  
13 an article in the paper about surviving the emergency room.

14 MR. SOBOLAK: Yes.

15 COMMISSIONER STEIN: It's so crowded.

16 MR. PRZYZYCKI: The newspapers and Channel 5 tonight,  
17 too, Channel 5.

18 COMMISSIONER STEIN: Our Village Health Inspector has  
19 requested more detail and the plans for the examining rooms.

20 MR. SOBOLAK: Okay.

21 COMMISSIONER STEIN: How are you going to address that?  
22 Her point was that the facilities have to meet minimal  
23 sanitation standards.

24 MR. SOBOLAK: Absolutely. I was unaware that there was

1 a request out there. But we'll address it fully. We meet  
2 all the codes and standards for a standard examination  
3 facility. All the, again based on our scope of practice, we  
4 don't really generate hazardous materials, if you will, that  
5 a traditional or a full scope medical facility would do. But  
6 we have, we're required by --

7 COMMISSIONER STEIN: You have medical waste --

8 MR. SOBOLAK: Correct, we're required by law to, you  
9 know, dispose of medical waste. Again, we're on a scale and  
10 scope we really don't generate much. Generally they end up  
11 being these little swabs that you do a strep throat test with  
12 are predominantly what's in our medical waste pickups as well  
13 as sharps containers. Any time we use a needle, it has to go  
14 on a sharps container and -- that has to be disposed of by a  
15 medical waste company. We fully employ those services as  
16 well as cleaning services for the actual units.

17 CHAIRMAN WARGA: As far as this model clinic, some  
18 other companies have had this for a number of years, I'm  
19 assuming?

20 MR. SOBOLAK: Yes. There's a big rage now if you will,  
21 there's a lot of companies similar to mine that are popping  
22 up. And now a lot of the retail pharmacies are -- all across  
23 the country, these are really popping up. But these have  
24 existed, actually near your Milwaukee, the Aurora, anybody

1 that's been up there to Milwaukee, Aurora Healthcare System  
2 is a big system up there. They also have Aurora Pharmacies.  
3 And they're, I believe, are ten locations in the Greater  
4 Milwaukee area that the Aurora Pharmacies have the exact same  
5 kind of nurse practitioner based clinic. I think they're two  
6 or three years old.

7 Our chief competitor is a company named Mini Clinic who  
8 recently was purchased by CVS but generally has the same  
9 model of care of a walk-in nurse practitioner based clinic.  
10 And they have been in operation I think going more than four  
11 years now.

12 MR. PRZYZYCKI: They do more, they do a lot of kiosks  
13 and stuff while the Walgreen Company want to allow for an  
14 actual build out, something more professional. Really your  
15 concerns with cleanliness and those are completely aligned  
16 with my concern and the company. That's one of the reasons  
17 why we would like to do a build out and not a kiosk or a  
18 honeycomb like you'd see in the mall. It's obviously a lot  
19 more expensive this way and a lot more tedious for stuff like  
20 this. But we think it's the right thing for the patient.  
21 It's a much better experience for the patient.

22 CHAIRMAN WARGA: As far as these models that have been  
23 around for several years, what is the usage of those places?  
24 How many people are they seeing and how big are these

1 clinics? How big do they get?

2 MR. PRZYZYCKI: I can address that because before we  
3 partnered with, you know, the Take Care Health Systems, we  
4 actually met with every group. And the very first market  
5 that took off was really the Twin Cities in Minneapolis.  
6 That's really kind of where this started. And they've got a  
7 few clinics that are fully mature that are seeing just under  
8 30 patients a day. Without really getting into our partner's  
9 business -- to get to 20 patients a day which is really kind  
10 of the break even. You know, I think there's only so many  
11 patients that can be seen in this clinic in one day. So,  
12 there is not going to be hundreds of people coming in.

13 CHAIRMAN WARGA: Except flu season, right?

14 MR. PRZYZYCKI: Yes. You know, it's really funny, we  
15 know that whether we're bringing pharmacists in or we're  
16 bringing in a nurse practitioner in or anyone to do a flu  
17 shot clinic, it depends on where it's out, you never know how  
18 many you're going to get. That's everywhere.

19 MR. SOBOLAK: Actually, it's kind of shifted. If  
20 anybody is familiar with traditional, you know, 12:00 to 4:00  
21 on a Saturday flu shot extravaganza at a local pharmacy, if  
22 you've ever seen it, 200 folks line up and stand in line for  
23 four hours to get their, you know, their four-minute flu  
24 shot. One of the things we offered and it was kind of

1 interesting, we just started this year doing flu shots in St.  
2 Louis and Kansas City, is folks are so conditioned that they  
3 have a three-hour window, supply is tight, and they line up  
4 and they jockey for position and tough it out.

5 One of the things we offer is we offer them throughout  
6 the whole hours of business so we have 12 hours a day, 8:00  
7 to 8:00, and then eight hours on the weekends, walk in, come  
8 in whenever. Helps kind of keep the crowd thinned out. And  
9 we actually try to manage our flow because obviously it's  
10 advantageous for us to keep people happy and just kind of  
11 manage the herd, to keep people spaced out.

12 One of the things to note is, I mentioned they can do  
13 registration via the phone for our systems. We have an 800  
14 number that takes you to that same patient care center that  
15 actually back in Pennsylvania we have the technology to have  
16 flat screens up in my call center where all our agents can  
17 see all of our markets, Kansas City, St. Louis. We operate  
18 in Pittsburgh with a different partner.

19 And then now Chicago, has all the centers in their  
20 queues, it's electronic, it can tell how many folks are in  
21 line. So, we also offer the benefit to the folks that we  
22 actually encourage patients, especially for flu shots, to  
23 give a call to the 800 number and identify where you live.  
24 We can tell you where the closest location is as well as what

1 it looks like right now, kind of the climate, so somebody  
2 doesn't walk in to a place that's got 20 folks in front of  
3 them in line.

4 COMMISSIONER STEIN: In any of your previous clinics  
5 that you've opened, did you have to take that big of a chunk  
6 of your storage facilities?

7 MR. PRZYZYCKI: You know, I can address that because I  
8 kind of -- with the design of the clinic. We don't build  
9 very large stores. We have stores with 30,000 square feet  
10 which really is pretty small when you compare it to a retail  
11 establishment. And we don't go build very stockrooms.

12 So, one of the things that we had to make sure is these  
13 rooms are ADA compliant. So, we're kind of in a rock and a  
14 hard place, but the rooms are 273 square feet. They serve  
15 the purpose of being ADA compliant and also allow enough for  
16 it to be functional. We have not built any clinics that are  
17 larger than that.

18 We do have a location on the south side where we're  
19 going to get rid of a liquor department so we have an  
20 opportunity to build a larger clinic. We don't have a design  
21 for that yet but really the 273 is really a good, it's a  
22 challenge for us to get it in our stores, it really is. It's  
23 not easy.

24 COMMISSIONER STEIN: Well, my question is really

1 addressing how are you going to live with that much loss of  
2 your storage capacity?

3 MR. PRZYZYCKI: We have some very smart people in our  
4 facilities planning department that rework our stockrooms.  
5 But you're right, it's one of the challenges that we have  
6 because, you know, we have a lot of merchandise.

7 One of the big hallmarks of the company has always  
8 been, one of the reasons and kind of my own trade secret here  
9 but one of the reasons that we don't quite have big  
10 stockrooms is because -- on our shelves. You know, if it's  
11 in the stockroom, you can't sell it. So, it really kind of  
12 forces our store -- for the addition.

13 CHAIRMAN WARGA: One of the things you mentioned in  
14 your package was considering though it's not the preference,  
15 but putting a container out on the parking lot to make up  
16 your lost storage.

17 MR. PRZYZYCKI: Correct.

18 CHAIRMAN WARGA: I believe that's in the packet.

19 MS. KANE: I can clarify. When Staff did the walk-  
20 through through the pharmacy citing the concern with losing  
21 25 percent of the storage area, the store manager, and we did  
22 happen to go through on October 10th which they were priming  
23 up for the holiday season, both Halloween and the December  
24 holidays, and so it was packed full in the storage room. And

1 when we questioned how they would accommodate the in-store  
2 clinic, we were advised that the existing inventory was just  
3 there for the holidays and obviously that will be repeated  
4 next year as well.

5 And so, off the cuff, I believe the store manager  
6 indicated, well, perhaps we could put an outdoor storage  
7 trailer. And I said I don't believe that would be acceptable  
8 to this community at all. That's just, we don't want to kind  
9 of move one problem to the next. Therefore, additional calls  
10 were put into the project architect which was followed up by  
11 one of the Walgreen representatives who responded that's not  
12 their desire. And then I think it short -- and I know the  
13 store manager is here and she can answer for herself, I made  
14 it very clear that it would be against Staff's recommendation  
15 to allow a storage trailer. We would rather see the store  
16 continue to operate as it has rather than kind of just moving  
17 a problem.

18 So, I don't want anyone to think that the current  
19 proposal involves a storage trailer. And I think I want to  
20 make it clear that the Petitioner, should they come back in  
21 four years and say, oh, my goodness, we don't have anywhere  
22 to put our inventory, then perhaps then at that point we  
23 would say goodbye to the clinic that's there and they can  
24 restore their storage as originally proposed.

1           MR. PRZYZYCKI: I'd like to note that the -- I mean it  
2 is a concern. It really is, it taxes our store managers.  
3 It's important to note that the stockrooms are roughly, you  
4 know, 1,300 square feet which after the clinic it leaves them  
5 a little over 1,000. That's actually still a couple of  
6 hundred feet larger than our prototype design that we're  
7 currently building on our store. So, I can tell you they're  
8 not small but they're bigger than the ones that we're  
9 building right now.

10           COMMISSIONER RUBIN: You can get California Closets in  
11 there though.

12           MR. PRZYZYCKI: Exactly.

13           COMMISSIONER deLOYS: So, should this partnership fail  
14 which I wish you the best --

15           MR. PRZYZYCKI: Thank you.

16           COMMISSIONER deLOYS: Is there a plan to get another  
17 partner? Would you abandon this concept? I mean, what would  
18 you do with that space?

19           MR. PRZYZYCKI: I can answer that. You know, I can't  
20 really give you, I mean, this is a pilot. And one thing  
21 about the Walgreen company is we like to make decisions that  
22 are good for our company, not just for five years but for 50  
23 years. We are not a flash in the pan company, you know that  
24 -- you know, I know some of our competitors do kind of some

1 banks one day and then, you know, Starbucks the next day.  
2 We're really, you know, we've been approached with all those  
3 ideas. We keep that to an extreme minimum.

4 However, healthcare, this is something that really  
5 peaked our interest because it closely aligns with what we're  
6 trying to accomplish in our stores. So, we were very  
7 receptive to it. Obviously the fact that we are doing a  
8 build out would mean that we do want this and we're going to  
9 do everything we can to make sure this does succeed. If  
10 pursuant to it something happens to our great partners, we  
11 probably would be looking for somebody else.

12 But we selected the Take Care Health group -- we had  
13 over 75 responses and it was clear that, I said that if we  
14 didn't partner with, you know, the Take Care group, that we'd  
15 be competing with them in some day. And I'm really glad of  
16 the partnership which we hold.

17 COMMISSIONER VASELOPULOS: Regarding this partnership,  
18 who controls the space itself?

19 MR. PRZYZYCKI: We hold the space. We're the landlord.  
20 We rent it to the Take Care Health Systems.

21 COMMISSIONER VASELOPULOS: And they sublet it to  
22 someone else?

23 MR. PRZYZYCKI: We do. Oh, no, actually, no, they're  
24 not allowed to do that.

1           COMMISSIONER VASELOPULOS:   And one final point on a  
2   different matter we touched on earlier, Staff has recommended  
3   that there would be no exterior signage. You want to comment  
4   on that?

5           MR. PRZYZYCKI:   Well, like I said earlier, we would  
6   love to be able to put something. If you go past the  
7   Walgreens, you see Walgreens, you see Pharmacy, you see  
8   Photo, you see, you know -- we like to identify what is being  
9   sold in our stores. Obviously at many municipalities we  
10   build really limit what we can do. We always like to hold  
11   out for the Walgreen sign as the most important.

12           If we were able to get a clinic in there, that would be  
13   nice. But if that's not allowed by municipalities, we don't  
14   do that. And then there's a lot of municipalities that  
15   really do limit the amount of exterior signs we have. And  
16   it's just off the table.

17           CHAIRMAN WARGA:   Go ahead, Jo.

18           COMMISSIONER STEIN:   How exposed do you think you are  
19   in medical malpractice?

20           MR. PRZYZYCKI:   I assumed that's addressed to  
21   Walgreens, right? We have --

22           COMMISSIONER STEIN:   Well, you know, I don't know if  
23   there was an issue, it would be both of you.

24           MR. PRZYZYCKI:   You know, we did an insurance review

1 before we got into this. We are fully indemnified by what  
2 happens in the clinic. But one of the things that came back  
3 from our insurance consultants is that the scope of practice  
4 and everything that's being treated in the center, really by  
5 the nature of their business, really doesn't expose a great  
6 deal of risk.

7 I mean, quite honestly, a primary care physician  
8 missing a mammogram or something of that nature is much more  
9 dire than, you know, an upper respiratory infection or ear  
10 ache. It's slimmed down urgent care and by the nature of  
11 their business, it's not a great deal of risk. In fact, they  
12 said it wasn't any more risk than our current business with -

13 MR. SOBOLAK: And we of course are fully insured before  
14 Walgreens would led us in the door. Like Brian said, they  
15 are completely indemnified of any of our actions. And then,  
16 our nurse practitioners are obviously fully insured from  
17 malpractice.

18 CHAIRMAN WARGA: I have one more concern. Really a  
19 question about have you looked, I know presently Walgreen's  
20 lot here is very generous. I use it often. Never seen the  
21 thing overfilled, never had any issues getting in or out of  
22 that parking lot. With this extra flow, how will that impact  
23 it if you have during flu season --

24 MR. PRZYZYCKI: Those patients are coming to our store

1 right now anyway. Instead of going to somewhere for the  
2 treatment, I mean, they're going to the emergency room, then  
3 they come to our store. We create a level of convenience and  
4 -- makes it one stop shop thing.

5 CHAIRMAN WARGA: How many extra spaces, available  
6 spaces does this lot currently have on average?

7 MS. BECKLEY: We have 76.

8 CHAIRMAN WARGA: You have 76 current spots. And then  
9 what's your, how many spots are filled? Would you like to  
10 step up? Please identify yourself, thank you.

11 MR. PRZYZYCKI: While I'm standing up here, I just want  
12 to clarify the Morton Grove location, excuse me, is on  
13 Waukegan just south of -- my apologies.

14 CHAIRMAN WARGA: Yes, I was going to say Milwaukee  
15 doesn't cut through Morton Grove, I don't think. And you  
16 are?

17 MS. BECKLEY: I'm Lois Beckley, I'm the store manager  
18 across the street.

19 CHAIRMAN WARGA: Welcome, Lois.

20 MS. BECKLEY: Thank you. We have 76 spots. And you  
21 guys are talking about flu shots and things like that. This  
22 past Saturday we actually had our flu shots. It's from 9:00  
23 to 12:00 and we saw 67 patients.

24 CHAIRMAN WARGA: Okay. And how was your parking lot?

1 MS. BECKLEY: It was fine. You know, they're in and  
2 out, they're in and out. It wasn't crowded. Weren't  
3 overflowed or anything like that. It was pretty manageable.

4 CHAIRMAN WARGA: Okay. Is that adequate information?  
5 Okay. Other questions by the Commission?

6 All right. And now we have time for any objectors or  
7 interested persons to speak. I believe this gentleman, would  
8 you please come forward and identify yourself?

9 MR. FITZGERALD: I'm Tom Fitzgerald. I live next door  
10 at 1875 Willow Road. I'm just here because I saw the sign  
11 outside Walgreens. I haven't seen the packet or anything of  
12 the sort. I'm a new resident and I was just curious to  
13 what's going on.

14 And, Chairman, you were the first one to ask about what  
15 my concern would be about the traffic flow. And I missed  
16 what she said for her first day of flu shots.

17 MS. BECKLEY: It was actually our second.

18 MR. FITZGERALD: Second day of flu shots and I've  
19 forgotten how many, I couldn't hear what --

20 MS. BECKLEY: We saw 65 Saturday and then previously we  
21 saw around 70.

22 MR. FITZGERALD: Okay. And this is a Zoning Board  
23 meeting, if I'm correct. And wouldn't this institute new use  
24 for their facility? I mean, all the questions so far have

1       been their business models and I'm sure Walgreens knows what  
2       they're doing. They wouldn't do this if they couldn't see a  
3       market for it. And their intentions are good, it's a good  
4       company. I know Mr. Walgreen, I play golf with him.

5               But my concern is the new use for an existing structure  
6       and what the Village ordinances are on that.

7               MS. KANE: I can answer that. That's exactly why we're  
8       having this public hearing tonight. The existing special use  
9       originally granted for the Walgreens back in 1997 --

10              MR. FITZGERALD: So, that's, there was an issue with  
11      the Walgreens then?

12              MS. KANE: No. The Walgreens was specifically part of  
13      the PUD developed by Centrum Properties when both the  
14      condominiums and the retail drugstore was constructed in  
15      1997.

16              MR. FITZGERALD: And were there any leniencies given on  
17      the 76 parking places that they have now?

18              MS. KANE: No. Actually by code, we require four per  
19      thousand for general drugstore and pharmacies. So, that  
20      would, based on the square footage, our code requires 56  
21      parking spaces. So, they are in excess.

22              They did amend their special use as Staff's report  
23      talks about to allow packaged food sales back in 1998. And  
24      this is the next time that Walgreens has modified their model

1 to allow a new use, the in-store clinic.

2 MR. FITZGERALD: Right. So, these are some of the  
3 concerns I have. She has just admitted that she had 65 or 60  
4 some odd people here without any notification to anybody that  
5 they're giving out flu shots or minimal in one day. And  
6 this, Walgreens like I said, I understand that they're a very  
7 successful operation. And if they can do 66 in one day, I  
8 can't imagine how many they could do if they had a clinic  
9 sign up or notices or advertising that they're giving out flu  
10 shots in their stores. You could have hundreds of people  
11 showing up.

12 Their own representative said 'we manage the herd' in  
13 his testimony today. So, you could be opening up a real can  
14 of worms as far as the traffic. And traffic on this little  
15 intersection right around this facility where we're standing  
16 is already a concern for everybody. The Willow Road  
17 situation and you have multiple lights within a few feet of  
18 each other, and you're going to have soccer moms on the phone  
19 taking their kids to get a flu shot going through two  
20 intersections and left turns and all this kind of stuff.

21 I'm just saying as a Board, you should be careful what  
22 you ask for because now you're opening up a new use clinic in  
23 a spot that's already congested. And you're inviting 'the  
24 herd' to use their own terms into this segment of Northfield.

1 And I will go to Mr. Caldwell's comment, why do we need this  
2 clinic? I can see in Chicago they should have one. And I  
3 can see in North Libertyville, maybe they need them there,  
4 too. But Northfield, maybe they're coming to Northfield  
5 because they can't go to somewhere else who has medical  
6 buildings in their community. This is a small community that  
7 doesn't have too many medical facilities that they can pop up  
8 against and have objections from.

9 Also, the point that was made about asking about AMA  
10 and what their feeling is about this whole procedure was, by  
11 their testimony, mixed reviews, mixed feelings about that.  
12 Maybe we should see the report, what the AMA really thinks  
13 about this and what their report reads. Again, you can  
14 follow our own ordinances that allow or don't allow a mixed  
15 use like this from the very beginning.

16 So, those are some of my concerns. And thank you guys  
17 for hearing me out.

18 CHAIRMAN WARGA: Thank you, Tom. I'd like to point out  
19 just to make sure it's clear on the record that a lot of the  
20 questions that I proposed were exactly what your concerns  
21 are.

22 MR. FITZGERALD: Great.

23 CHAIRMAN WARGA: So, you may not have necessarily heard  
24 them that way --

1 MR. FITZGERALD: My ignorance I acknowledge.

2 CHAIRMAN WARGA: That's okay.

3 MR. FITZGERALD: I'm not certain but --

4 CHAIRMAN WARGA: That is my point.

5 MR. FITZGERALD: Are they just tossed aside or have  
6 they been answered to your satisfaction that --

7 CHAIRMAN WARGA: I will, at the end of this, there is a  
8 time for closing remarks by people and there should be  
9 rebuttal.

10 MR. FITZGERALD: All right. Well, thanks for hearing  
11 me. And I again apologize for my ignorance. I just am new  
12 on the block and --

13 CHAIRMAN WARGA: Tom, we really appreciate your input  
14 and encourage you to come back again.

15 MR. FITZGERALD: Thanks.

16 CHAIRMAN WARGA: Thank you. So, anybody else in the  
17 audience who wants to speak or rebut anything that Tom just  
18 said? Sure.

19 MR. SOBOLAK: Sir, I hear your concerns, too. I just  
20 wanted to clarify the, I'm sorry for bad choice of words, I  
21 guess. The 'managing the herd' comment wasn't necessarily,  
22 again what I was trying to say that it was our model with the  
23 not offering a three-hour window to do flu shots as a point  
24 of clarification for the record offers a way to not have a

1 congested 'herd' that you generally see whenever Walgreens  
2 company, like Lois said, they had 76 people in a four-hour  
3 period and presents the, that's the window for doing that.  
4 We offer these services throughout the day where folks aren't  
5 forced into that window. And that's where I was going with  
6 that, so just as a point of clarification.

7 CHAIRMAN WARGA: Okay, thank you.

8 COMMISSIONER deLOYS: How was the flu shots that you  
9 had, the flu shots recently, how was that publicized?

10 MS. BECKLEY: In store. And we also had advertising --  
11 Walgreens. And it's not something that we just did and  
12 nobody knew about. We've been advertising them for a while.

13 COMMISSIONER STEIN: You're on the radio, too,  
14 sometimes, aren't you?

15 MS. BECKLEY: Yes.

16 MR. PRZYZYCKI: It's probably important to note that  
17 we've been contacted by the CDC, the --

18 CHAIRMAN WARGA: Excuse me. We have to have people,  
19 our court reporter, Greg Duncan, cannot hear you unless  
20 you're on the microphone.

21 MR. PRZYZYCKI: I'd like to add just one point to this  
22 that we've been contacted by the CDC. And there is an  
23 initiative right now called the Healthy People's Goal of  
24 2010. And really in summary is that we do a horrible job in

1 this country in immunizing people. I don't really want to  
2 belabor the immunizations tonight because it is such a, you  
3 know, when we're dealing with flu shots it's a very small  
4 window of our 365-day year business.

5 But the point is that we do a horrible job of  
6 immunizing people in this country and one of the biggest  
7 limitations is access. Well, these retail health clinics  
8 have really brought down the biggest limitation as access.  
9 And the CDC is championing these clinics because they feel  
10 that really the only way they're going to achieve this goal  
11 is through this opening of access points and there is nothing  
12 more accessible and convenient than these retail health  
13 clinics.

14 I don't want to go on forever on that but that's a huge  
15 initiative in this country. And if I'm the first person  
16 that's mentioned it, you're going to hear a lot more in the  
17 next few years because it is backed by, you know, for public  
18 -- everybody wants to see this happen. Thank you.

19 CHAIRMAN WARGA: Okay. Staff, any things you want to  
20 add? Anne?

21 MS. KANE: No, I guess I would just say that our  
22 discussion about exterior modifications was based solely on  
23 the Petitioner's submission which said there would be no  
24 exterior modifications. Furthermore, it gets to the point

1 that this would remain ancillary to the principal use of a  
2 drugstore that, you know, to really contain this as a small  
3 convenience and component that perhaps Walgreens customers  
4 are already in the store and would utilize this as a  
5 convenience rather than destination point. And that's why  
6 Staff would not support exterior signage just as we don't  
7 want to see a plethora of other services, photo, ATM, drive-  
8 through this way, drive-through exit, you know. Hopefully,  
9 other means can achieve the same goals.

10 CHAIRMAN WARGA: Commission? Any people -- I have some  
11 comments to make before we continue but anybody else want to  
12 make some comments?

13 COMMISSIONER STEIN: You want a motion first or do you --

14 CHAIRMAN WARGA: No. I would like any discussion --

15 COMMISSIONER DOLAN: We've never done anything like  
16 this before in the Village, have we?

17 CHAIRMAN WARGA: Excuse me?

18 COMMISSIONER DOLAN: We've never done anything like  
19 this in the Village before?

20 CHAIRMAN WARGA: No, there is nothing like this.

21 COMMISSIONER DOLAN: Because then we would have to  
22 consider that, you know, what if Dominick's wants to do it?

23 COMMISSIONER STEIN: We have what's in the -- Building.  
24 Isn't there a quasi-medical establishment in the --

1 Building?

2 MS. KANE: Well, there's psychotherapy uses but I don't  
3 think just a walk-in clinic, particularly of this kind of  
4 nature where it's semi-urgent I guess I would say. Those are  
5 long term relationships. I know that Dominick's already does  
6 give flu shots. So, I know it was discussed at the  
7 Northfield location about a month ago, it was brought to my  
8 attention.

9 CHAIRMAN WARGA: Well, my thoughts are, if you'd care  
10 to hear, that what I hear on the benefit side are some very  
11 nice things. I mean, I think it is a nice service. I'm a  
12 healthcare provider, I'm a dentist. And so, I'm familiar  
13 with patient flow and parking issues and whatnot and how many  
14 people you have in your office and how you manage getting  
15 these people in and out in an office.

16 I think that the convenience may be very good for some  
17 people, but I'm not sure if the conveniences, that a few  
18 that it may be very convenient for within our community may  
19 inconvenience many others in traffic. I'm not sure this is  
20 what we need to be doing as far as, and as a member of our  
21 task force which we will be discussing about putting a  
22 moratorium on this area of the Village for new building and  
23 this is not new building construction, mind you, but we're  
24 very concerned about what we're doing with our downtown area.

1 And this falls in our downtown area in our usage.

2 The money savings, that's great. Healthcare is out of  
3 control. I think we all recognize that. The person who this  
4 benefits the most that I see is both of your companies. I  
5 mean, that's who I see gets the greatest benefit financially  
6 from it.

7 As far as our Village, how much does it benefit us  
8 really as a Village? Some people would be, healthcare-wise  
9 it's convenient. Are they really, you know, for their  
10 convenience, is it worth taking this risk at this time? I  
11 don't know. I'm just one person speaking.

12 It is a crap shoot. We have more growth nearby. I  
13 asked questions about the history of these because I want to  
14 see what the track record is, what is going to be the usage.  
15 My feeling is I'd like to wait and see. I mean, that's where  
16 I'm at. I'm like going, well, I don't have enough of the  
17 answers yet and those were my questions. What is the history  
18 of this and there isn't a lot.

19 COMMISSIONER RUBIN: Well, with all due respect, I  
20 dissent, George. I really think that there is so little  
21 downside to this, there is such a paucity of downsides to  
22 this and there are upsides that are minimal, absolutely  
23 minimal. If we're talking about possible traffic problems,  
24 they haven't ever existed there. It's highly unlikely that

1 this tiny, little facility is going to wind up really  
2 creating traffic.

3 You know, I think back to the days when Walgreens first  
4 came to us with the idea of building a store there. And in  
5 all honesty, I was one of the most vocal objectors to them.  
6 I really was. I said no, that's going to create terrible  
7 problems at that intersection, it's going to be absolutely  
8 awful.

9 I'm one of your best customers now. I'm embarrassed to  
10 say, but I use that drugstore like crazy. It has resulted in  
11 no adverse effects on our Village. It really hasn't. And  
12 this is a convenience that we can afford, that is not going  
13 to hurt us at all. I'm sorry, as far as I'm concerned, I  
14 think it should go to the Board.

15 CHAIRMAN WARGA: Len, where do you live?

16 COMMISSIONER RUBIN: I live on Sunset Drive.

17 CHAIRMAN WARGA: Okay. How often do you drive by that  
18 intersection in the morning?

19 COMMISSIONER RUBIN: I only drive by that intersection  
20 twice or three times or maybe four times a day.

21 CHAIRMAN WARGA: Okay, different times of the day I  
22 assume?

23 COMMISSIONER RUBIN: Well, rush hour of course because  
24 I drive to work. Rush hour at night because I come back.

1 And then I have forgotten something so I have to go back to  
2 Walgreens to -- but I use that intersection a lot. And the  
3 traffic lights at that intersection I object to strenuously.  
4 But that's not under the Village control anyway, that's IDOT.

5 I have objected and one of my comments back when  
6 Walgreens was requesting the right to build there was right  
7 now I feel that if I just missed the light, I have time to  
8 run into Walgreens and get a container of milk, pay for it  
9 and come back out before the light would change again. It's  
10 awful. But that's not Walgreens' fault and it's not the  
11 Village's fault. That's IDOT.

12 CHAIRMAN WARGA: Yes, I do think we have, my point, I  
13 do think we have a traffic issue at that corner as you're  
14 pointing out. I come through there quite often myself  
15 because it's on my route from work. And I enjoy --

16 COMMISSIONER STEIN: But it's people out to eat.

17 CHAIRMAN WARGA: Excuse me?

18 COMMISSIONER STEIN: It's not people going to  
19 Walgreens, people going to eat.

20 COMMISSIONER RUBIN: I don't think it's Walgreens  
21 either.

22 CHAIRMAN WARGA: There's both. There's people coming,  
23 there's both, people coming in and people coming out. I make  
24 that turn everyday. I beg to differ with where traffic comes

1 from. There are people coming out of that parking lot,  
2 believe it or not. They have a parking lot there, okay.

3 COMMISSIONER deLOYS: So, it's not like Starbucks, you  
4 know, with Starbucks --

5 CHAIRMAN WARGA: Yes, it's not Starbucks. It's not  
6 Starbucks. But anyway, any other views to express? Thank  
7 you and I appreciate that very much. Others? Okay. So, go  
8 ahead, any motions?

9 COMMISSIONER RUBIN: Well, I'll make the motion then.

10 A motion to approve and recommend to the Village Board for  
11 approval an amendment to Special Use No. 97-911 and No. 98-  
12 924, to permit the establishment and operation of an in-store  
13 medical clinic Walgreens store located at 1825 Willow Road,  
14 to be constructed and operated in accordance with the  
15 Petitioner's Application Materials, date stamped received  
16 October 4, 2006, subject to the following conditions:

17 1. An approval pursuant to any requested review by a  
18 Village consultant, staff member, Board or Commission  
19 shall be an approval of only those items specified in  
20 any motions, resolution, ordinance, or written report.  
21 Under no circumstances shall such an approval be deemed  
22 to be the approval of any other matter by virtue of the  
23 fact that those other matters may appear on the  
24 supporting documents such as a site plan, engineering

1 plan, or plat that was subject of the review. Neither  
2 shall any such written approval be deemed to be an  
3 approval of any matter, which is within the  
4 jurisdiction of any other Village consultant, staff  
5 member, Board or Commission or any County, State or  
6 Federal Agency.

7 2. All provisions of Ordinance Nos. 97-911 and 98-924 not  
8 expressly amended through this application shall remain  
9 in full force and effect.

10 3. There shall be no exterior signage indicating the  
11 presence of or care available at the in-store medical  
12 clinic.

13 4. There shall expressly be no exterior storage trailer or  
14 units authorized for the subject property associated  
15 with this Special Use Amendment.

16 5. Prior to the issuance of a Building or Plumbing Permit,  
17 detailed plans shall be subject to the review and  
18 approval of the Village's Health Inspector.

19 6. There shall be no medical treatment provided that would  
20 render patients incapable for self-presentation under  
21 emergency conditions without assistance from others.

22 CHAIRMAN WARGA: Do I have a second?

23 COMMISSIONER STEIN: I'll second.

24 CHAIRMAN WARGA: All in favor?

1 (Chorus of ayes.)

2 CHAIRMAN WARGA: How many ayes do we have? How many  
3 nays? Nay.

4 This is a first -- and my nay is qualified in that.  
5 I'd like to see more history. So moved, motion passed.  
6 Thank you very much.

7 And so, this will be recommended. The recommendation  
8 will go the Village Board and their meeting is on --

9 MS. KANE: December 5th.

10 CHAIRMAN WARGA: Tuesday, December 5th. So, Tuesday,  
11 December 5th is your next date. So, this moves forward from  
12 this Commission.

13 MR. PRZYZYCKI: And that's in this location and room?

14 MS. KANE: Yes.

15 CHAIRMAN WARGA: Same room? Okay. And Terry will be  
16 there, our guest over here. Okay, thank you very much for  
17 your time. And I appreciate your presentation. Good luck to  
18 you.

19 And now we will move on to our second item. We'll let  
20 people clear out first before we move forward with our  
21 business.

22  
23 **2. Consideration and discussion of an amendment to**  
24 **Appendix A - Zoning Ordinance, Article XX - Off-Street**  
25 **Parking and Loading Requirements of the Northfield Village**  
26 **Code to incorporate, by reference, the Illinois Accessibility**  
27 **Code.**

28 CHAIRMAN WARGA: Okay. So, our second item is

1 consideration and discussion of an amendment to Appendix A -  
2 Zoning Ordinance, Article XX - Off-Street Parking and Loading  
3 Requirements of the Northfield Village Code to incorporate by  
4 reference the Illinois Accessibility Code. We don't have, we  
5 don't give case numbers to these?

6 MS. KANE: No.

7 CHAIRMAN WARGA: Okay, all right. So, I'll have Anne  
8 present this.

9 MS. KANE: Sure. Obviously it's a desire for any  
10 community to have an adequate supply of handicap accessible  
11 parking spaces throughout the community. It's currently not  
12 under the Village's jurisdiction and nor simply by citing the  
13 Illinois Accessibility Code would it fall under the Village's  
14 jurisdiction. It would just provide us, as the Plan & Zoning  
15 Commission may recall a recent case that was presented to  
16 you, that the Village had to wait on the Illinois Attorney  
17 General.

18 This would give us the avenue to write a P ticket or  
19 various avenues to gain, you know, compliance with the  
20 Village's minimum standards. And by simply citing the  
21 Illinois Accessibility Code rather than including the chart,  
22 we'll make sure that we stay current with any changes that  
23 might need be to that as our population ages.

24 COMMISSIONER STEIN: So, if we see a petition, we won't

1 see how many handicap spaces are required? You'll just say  
2 it has to follow the Illinois law or just the Illinois Code?

3 MS. KANE: The Illinois Accessibility Code, yes. And  
4 that is one of the things that Staff say is a new site plan  
5 with a whole new parking lot configuration. We certainly are  
6 looking at, you know, if it's a hundred parking spaces, by  
7 State law they should provide five handicap accessible  
8 spaces. So, we confirm the numbers are there. I have run  
9 into this many times in my 12-year career that Staff believes  
10 it to be the nearest, most accessible route to the main  
11 entrance to the building. However, there's different  
12 interpretations from that and oftentimes builders or  
13 developers are left having to restripe lots or put in ramps  
14 where they weren't anticipated.

15 COMMISSIONER STEIN: Maybe I missed it but can you tell  
16 me what problem you're facing? I'm not getting it.

17 MS. KANE: We're just allowing the Village to say bring  
18 it to a zoning court if nothing else because they're not  
19 compliant with the Village's Zoning Code.

20 CHAIRMAN WARGA: We didn't have anything in that case  
21 that recently came up with --

22 MS. KANE: Thank you. I'm like this is a new one.

23 CHAIRMAN WARGA: That's Bluetooth. We had an issue  
24 with the property with the restaurant.

1 MS. KANE: Where Penny's Noodles is moving in if you  
2 recall.

3 CHAIRMAN WARGA: Yes.

4 MS. KANE: The property owner had removed the proper  
5 striping for a handicap accessible space two years ago. She  
6 refused to comply with the previous director's continued  
7 requests to reinstall that handicap parking stall. So, it  
8 fell upon the shoulders, you know, it put the Plan and Zoning  
9 Commission in a tough spot because it fell upon the shoulders  
10 of that new tenant wishing to lease the space to ensure that  
11 their future landlord was going to comply with a Village  
12 Staff's requirement to provide handicap stalls.

13 So, it's just clarifying it. I think any code should  
14 cite in their parking and loading requirements what the  
15 number of handicap accessible, or cite the Illinois  
16 Accessibility Code. Otherwise --

17 CHAIRMAN WARGA: Yes, it clarifies it and gives us a  
18 little more control versus having to defer to the state code  
19 to state authorities.

20 MS. KANE: Who takes --

21 COMMISSIONER STEIN: It's making it clear it's a state  
22 authority not a Village authority.

23 MS. KANE: And I believe it's also, no, it's empowering  
24 the Village Staff to enforce a state regulation.

1           CHAIRMAN WARGA:    It empowers them is what it does  
2    versus us having to ask the state to take action against  
3    somebody who is not complying with the state code.  Instead  
4    of us waiting for the state to act on it, we actually have it  
5    in our code to say you're not abiding by our code, instead of  
6    just saying it's a state code.  Because the state takes a lot  
7    longer to respond than our staff can.

8           COMMISSIONER STEIN:  Got you.

9           CHAIRMAN WARGA:  I think that's in essence it.

10          MS. KANE:  Thank you.

11          CHAIRMAN WARGA:  We can move faster then.  All right.  
12    Do we have a motion for that one?  Or any other discussion?  
13    Questions?

14          COMMISSIONER STEIN:  No.  I'll move.

15    **A motion to approve and recommend to the Village Board for**  
16    **approval an Amendment to Section 20-2 - Parking and Loading**  
17    **Requirements of Appendix A to incorporate, by reference, the**  
18    **Illinois Accessibility Code, as presented in the attached**  
19    **draft ordinance dated November 3, 2006.**

20          CHAIRMAN WARGA:  Do we have a second?

21          COMMISSIONER DOLAN:  Second.

22          CHAIRMAN WARGA:  All in favor?

23                           (Chorus of ayes.)

24          CHAIRMAN WARGA:  Opposed?

1 (No response.)

2 CHAIRMAN WARGA: So moved.

3

4 **3. Consideration and discussion of an amendment to**  
5 **Appendix A - Zoning Ordinance, Article III -**  
6 **Definitions of the Northfield Village Code to clarify**  
7 **the definition of "Public Right-of-Way".**

8 CHAIRMAN WARGA: Item No. 3, consideration and  
9 discussion of an amendment to Appendix A - Zoning Ordinance,  
10 Article III - Definitions of the Northfield Village Code to  
11 clarify the definition of "Public Right-of-Way".

12 MS. KANE: Thank you. This matter surfaced during a  
13 recent building permit application for a residential property  
14 in the Woodland Park Subdivision which abuts a ten-foot wide  
15 public lane that's never been improved with anything but it's  
16 shown on the plat. At that time, in our review, even if that  
17 yard was defined as a front yard, the existing residents let  
18 alone an expansion or an addition to the home would not  
19 provide adequate setback from that public lane.

20 So, initially Staff's first response was to clarify the  
21 definition of public, or excuse me, the right-of-way. And in  
22 further discussion with the Village Attorney, this got a  
23 little bit messy because it also included the definition of  
24 public infrastructure which includes underground  
25 improvements. And we didn't want to just kind of get  
26 involved with that muck.

27 So, I think the most simple solution is to clarify

1 that a setback when it is from a right-of-way, it is from a  
2 right-of-way intended for motorized vehicles. This resolves,  
3 perhaps you're aware of kind of the "paper street" of Willow  
4 Road extended where this front yard requirement has been  
5 applied to properties which abut that hundred-foot right-of-  
6 way, because it is designed to accommodate motor vehicles at  
7 some point in the future possibly unless it's vacated.

8 The, excuse me, the definition for setback would be  
9 clarified to be that the right-of-way is for a motorized  
10 vehicle, the easement is for a motorized vehicle so it's not  
11 just for a bike path or a walkway which doesn't substantiate  
12 the larger setback for safety reasons.

13 CHAIRMAN WARGA: Any questions or discussion?

14 COMMISSIONER STEIN: As an example, if you look in your  
15 little map that you enclosed, it's hard to do those triangles  
16 because that's an odd shape anyway. But if you look at 577  
17 which faces that walk-through between Woodland Lane South and  
18 Woodland Lane North, so that would be --

19 MS. KANE: I believe that is designed --

20 COMMISSIONER STEIN: Three side yard setbacks and a  
21 rear yard setback, is that what that would be?

22 MS. KANE: No, because that is actually designed for a  
23 motorized vehicle because that's an easement that they access  
24 their lot with. It's wider. As you can see, that --

1 COMMISSIONER STEIN: Oh, that's not a good example.

2 MS. KANE: But it is designed to accommodate --

3 COMMISSIONER RUBIN: And there probably is a driveway.

4 MS. KANE: There is.

5 COMMISSIONER STEIN: So, you're talking more of 567.

6 COMMISSIONER RUBIN: 567, sure.

7 MS. KANE: Yes, 561.

8 COMMISSIONER STEIN: And 561.

9 COMMISSIONER RUBIN: Right.

10 MS. KANE: 561, you would take, you know, 30 feet off  
11 the easterly property line as well.

12 COMMISSIONER RUBIN: Which would be ridiculous.

13 MS. KANE: In our estimation, I don't think that's what  
14 the intent of this neighborhood design originally was for or  
15 what this, you know, the safety factor of having home set  
16 back from the right-of-way.

17 CHAIRMAN WARGA: What is that --

18 MS. KANE: Terry has something to say.

19 TRUSTEE GOTTLIEB: I actually have working knowledge of  
20 this design. I mean, we looked at a lot of the lots in  
21 Woodland and one of the reasons we couldn't assume was  
22 because of this idea that you actually have the triangle, we  
23 have two front yard setbacks, so basically have ten feet to  
24 build on which seemed like an undue hardship at the time and

1 we didn't really pursue it. So, I sort of understand exactly  
2 what she's talking about.

3 COMMISSIONER STEIN: Does this exist elsewhere in the  
4 Village if we know?

5 MS. KANE: This was the prime example that brought it  
6 to the surface. And when I asked for clarification from the  
7 Department Staff on how this has been applied in the past, I  
8 was told that where Willow Road "paper street" right-of-way  
9 is extends, do you know what I'm talking about? On the same,  
10 excuse me, I'll get up and look at the aerial map here. At  
11 some point in the past history before Willow Road -- just  
12 west of Wagner, between Wagner and Sunset, there is an  
13 existing right-of-way that continues due west. And that's a  
14 hundred-foot right-of-way and that's, you know, to IDOT's  
15 specifications. But I believe the Village purchased that  
16 sometime so it is our right-of-way now. And it has been the  
17 practice of our Staff to apply a 30-foot front yard setback  
18 for homes that abut that.

19 COMMISSIONER RUBIN: Well, I've taken this path myself  
20 as a cut-through walking north. And to establish a 30-foot  
21 setback there on either side is really absurd. I mean, as a  
22 practical matter --

23 CHAIRMAN WARGA: But what is the other path coming off  
24 of Woodland North that angles toward that south and kind of

1 westerly angle?

2 COMMISSION MEMBER: It goes to the --

3 CHAIRMAN WARGA: To the 3.

4 COMMISSION MEMBER: To the creek.

5 CHAIRMAN WARGA: If you would like to know about that,  
6 I'm 3.

7 COMMISSION MEMBER: I've never seen it before either.

8 MS. KANE: Oh, you are?

9 CHAIRMAN WARGA: I'm 3. Yes, I'm looking at that  
10 saying what is that? I mean, it's my house. Does that mean  
11 --

12 MS. KANE: Because Staff's report says most of these  
13 remain unimproved and were never constructed. But there is a  
14 public dedicated access lane that goes, you know, in the  
15 southwesterly direction from that cul de sac to the back of  
16 your yard.

17 CHAIRMAN WARGA: But there's no bridge there.

18 COMMISSION MEMBER: For the future.

19 CHAIRMAN WARGA: Are you planning something I don't  
20 know about?

21 MS. KANE: It's because of county.

22 CHAIRMAN WARGA: Okay. I'm going to look into that.

23 COMMISSIONER STEIN: -- a raceway.

24 CHAIRMAN WARGA: Yes. And that's superhighway.

1 MS. KANE: Just to clarify a question that came up  
2 about why the dotted lines are a little bit offset from the  
3 solid gray lines, I believe that's just a result of the fact  
4 that some of our GIS information is from the county and some  
5 of it is from the Village's own consulting engineers.  
6 Sometimes when you try to mesh those two systems, you end up  
7 with these inconsistencies.

8 CHAIRMAN WARGA: Do we have a motion?

9 COMMISSIONER VASELOPULOS: I move that the **Plan &**  
10 **Zoning Commission moves to approve and recommend to the**  
11 **Village Board for approval an Amendment to Section 3.2 -**  
12 **Definitions of Appendix A to clarify the definition of**  
13 **"setback" and "front yard", as presented in the attached**  
14 **draft ordinance dated November 2nd, 2006.**

15 CHAIRMAN WARGA: Do I have a second?

16 COMMISSIONER DOLAN: Second.

17 CHAIRMAN WARGA: All in favor?

18 (Chorus of ayes.)

19 CHAIRMAN WARGA: Any opposed?

20 (No response.)

21 CHAIRMAN WARGA: So moved.

22  
23 **4. Consideration and discussion of a temporary development**  
24 **moratorium in the Village Center Zoning District to allow the**  
25 **Village Center Task Force to complete it's analysis of a**  
26 **Master Plan Development for the Village Center Zoning**  
27 **District. This process is estimated to take approximately**  
28 **nine (9) months.**

1           CHAIRMAN WARGA:       Okay.  Our last item, No. 4,  
2       consideration and discussion of a temporary development  
3       moratorium in the Village Center Zoning District to allow the  
4       Village Center Task Force to complete its analysis of a  
5       Master Plan Development for the Village Center Zoning  
6       District.  This process is estimated to take approximately  
7       nine months.

8           We also have in our audience who is part of this task  
9       force Terry.  So, if you also want to say some words, please  
10      do.  But --

11          MS. KANE:  Just a little bit of background, I can just  
12      set the premise, that the Village Board did review the  
13      attached ordinance.  And since it affects specifically one  
14      zoning district, the Village Center Zoning District, it does  
15      require a public hearing before the Plan and Zoning  
16      Commission tonight before final decision by the Village Board  
17      whether or not to impose this temporary moratorium at their  
18      meeting in December.  Hopefully, as the Plan and Zoning  
19      Commission are aware, that it's been a long-term desire of  
20      this Village to examine the Downtown District and there is  
21      now an appointed task force which Trustee Gottlieb and  
22      Chairman Warga and Bill Vaselopulos all serve on to examine  
23      the Village Center and to examine various development  
24      opportunities.

1           This moratorium would not be retroactive. It would not  
2 affect any cases that are already in the review process. It  
3 would not affect, for instance, tonight's Walgreens even if  
4 there was an exterior modification of some sort.

5           It's a very defined time line and I will say it is  
6 somewhat aggressive. But I believe that the Village Center  
7 Task Force will be well on its way to understand various  
8 opportunities or what the vision is so that independent  
9 decisions could be made on independent development proposals  
10 or projects at that time which would not perhaps prevent more  
11 comprehensive redevelopments. It's always kind of a desire,  
12 I think, even though we may not see wholesale redevelopment  
13 of the Village Center, I think we would want to reserve the  
14 possibility for more creative approaches for redevelopment of  
15 the Village Center and not hinder ourselves by blocking  
16 ourselves into approving a specific project before its time,  
17 before the Village Task Force has been able to complete its  
18 goal.

19           COMMISSIONER RUBIN: Anne, is there a deadline now so  
20 that we need a moratorium? In other words --

21           MS. KANE: Well, no. No, I mean, certainly --

22           TRUSTEE GOTTLIEB: We need the moratorium because, you  
23 know, from time to time we have issues that come before us.  
24 It's just, for example, you know, with the bank coming in and

1 we're sort of being forced to make these decisions separate  
2 and apart before we really have any idea what we're going to  
3 try and do there. And so, to sort of handicap ourselves by  
4 agreeing to something that on its face may look good or at  
5 least feasible, and then all of a sudden find out that it  
6 sort of sits right in the middle of a Master Plan that we  
7 want to just go in a totally different direction, why even  
8 put ourselves in that position for at least a limited period  
9 of time.

10 COMMISSIONER deLOYS: But that's how they get in the  
11 works anyways.

12 MS. KANE: That's accepted.

13 COMMISSIONER deLOYS: So, I don't understand the need.  
14 We can already go through the process on anything that comes  
15 through, can't we?

16 TRUSTEE GOTTLIEB: Well, but it's not really fair, in  
17 other words, to let someone come in and go through the  
18 expense and time and resources of preparing for something and  
19 then us saying, well, it's not really going to be consistent  
20 with what we think we're going to be doing.

21 CHAIRMAN WARGA: It's us being more up front with these  
22 people that we have this plan. And instead of them saying,  
23 well, we want to have a public hearing on it, we have one  
24 more tool to say will you please wait, we need you to wait.

1           COMMISSIONER deLOYS: I guess I understand that but I  
2 guess the main thing it sounds like is this bank but it's  
3 already in process.

4           TRUSTEE GOTTLIEB: The bank is already in the works.

5           CHAIRMAN WARGA: That won't affect the bank.

6           TRUSTEE GOTTLIEB: I'm sorry?

7           COMMISSIONER CALDWELL: Did the bank precipitate this  
8 whole moratorium?

9           TRUSTEE GOTTLIEB: Well, what it did was really bring  
10 the exposure, not exposure but bring the issue sort of to the  
11 fore. In other words, and the bank is going to be evaluated  
12 on its own merits.

13          COMMISSIONER CALDWELL: Right.

14          TRUSTEE GOTTLIEB: But again, whether it gets approved  
15 or not, then, you know, there is nothing to preclude a second  
16 property from coming in and saying we want to do X, whatever  
17 it is, and all of a sudden we're dealing with all these  
18 issues piecemeal as opposed to part of a, sort of a cohesive,  
19 well thought out, well planned idea for the downtown area.

20          COMMISSIONER deLOYS: Isn't that what our zoning laws  
21 that we have in place already are to do?

22          MS. KANE: No, actually when -- I mean, yes, they are  
23 intended to do that. The Comprehensive Plan when it was  
24 adopted in 1999 anticipated this when the Zoning Ordinance

1 was wholesale updated in 2003. Actually the downtown zoning  
2 regulations were not modified a great deal because of the,  
3 there were some other implications by granting significant  
4 increases in the buildable area of a property would just  
5 translate to, for economics that would allow what the  
6 Village's vision for redevelopment and appropriate scale for  
7 redevelopment in the Village Center would be.

8 So, those first two steps were taken care of. And now  
9 here we are in the end of 2006 and we're really just getting  
10 up on the task force. And so I think to be fair for the task  
11 force members, they need to be provided sufficient time to  
12 really kind of solidify the vision and make a recommendation  
13 to the Plan and Zoning Commission and the Village Board so  
14 that the Plan and Zoning Commission isn't making  
15 determinations on what's appropriate redevelopment.

16 COMMISSIONER deLOYS: But if somebody wants to build a  
17 restaurant at the former restaurant site, they can still do  
18 that?

19 MS. KANE: Yes.

20 COMMISSIONER deLOYS: So, if they --

21 TRUSTEE GOTTLIEB: They could still do that.

22 COMMISSIONER deLOYS: -- the gas station at the Amoco  
23 site, they could do that?

24 MS. KANE: Yes. The current exception

1 allows --

2 TRUSTEE GOTTLIEB: No, they lost their --

3 COMMISSIONER deLOYS: I thought that it said -- was  
4 retail to retail so doesn't that fit under that?

5 MS. KANE: The current exemption, let's look at the  
6 ordinance under Section 2, Paragraph C. It cites a section  
7 in the Zoning Code that does specifically allow for  
8 exchanges, like exchanges, retail for retail. If the, and I  
9 would have to go through the Village Code, I'm not certain if  
10 gas stations, stand alone gas stations in and of themselves  
11 are permitted uses by right.

12 COMMISSIONER STEIN: No.

13 MS. KANE: And since it's been closed for a year,  
14 that's expired. So, that type, it would have to go through  
15 the whole process and it would be precluded from going  
16 through that process at this point.

17 TRUSTEE GOTTLIEB: And I think the one other advantage  
18 to sort of stepping back is, you make a good point, in other  
19 words, as people would come forward with projects, we would  
20 sort of be evaluating it in the context of whatever is on the  
21 books now which may not necessarily be what we ultimately  
22 determine is going to be in the best interest of the Village.

23 So, it's just an opportunity for us to sort of step back and  
24 not have the pressure of dealing with a series of specific

1 developments that, and again, maybe in and of themselves may  
2 be okay but doesn't further, you know, what we ultimately  
3 determine was going to be the plan for the Village Center.

4 COMMISSIONER STEIN: But just to clarify, any vacancies  
5 like we have MK North is vacant, the only thing that can go  
6 in there under this moratorium is another restaurant.

7 TRUSTEE GOTTLIEB: Right, and it's our understanding  
8 according to Friedman that even if someone would go in there  
9 in a restaurant setting, that would be subject to, I think  
10 they're putting in their leases some form of notice that if  
11 in fact they start to redevelop that building or area, that  
12 the lease could be terminated with some semblance of notice.

13 But you're right, you're correct that a restaurant could go  
14 in there now.

15 COMMISSIONER DOLAN: So, for the most part it's for new  
16 constructions and the like.

17 MS. KANE: Yes.

18 COMMISSIONER deLOYS: And eminent domain and things can  
19 be taken into effect, is that the thought, or we can get up  
20 there --

21 TRUSTEE GOTTLIEB: Oh, you're giving us way too much  
22 credit for some thought at this point.

23 COMMISSIONER deLOYS: I mean, I'm looking at what  
24 happened to Deerfield with their development with that mall

1 where there's a lot of long term businesses and they changed  
2 the course of their downtown district.

3 TRUSTEE GOTTLIEB: I think before we even go down that  
4 road, I think we have to sort of determine what in fact we  
5 really want to see for the downtown area.

6 COMMISSIONER STEIN: Require fewer cars.

7 TRUSTEE GOTTLIEB: Or it will be no cars.

8 MS. KANE: It would be like the center of London.

9 COMMISSIONER RUBIN: Terry, do you think you'll need an  
10 extension once the nine months are up? Well, this says a  
11 nine-month deadline. I'm wondering whether that's a  
12 realistic deadline.

13 TRUSTEE GOTTLIEB: The truth is our goal is to have, if  
14 not a finished plan, a defined direction at that period of  
15 time, at least something for you to use as a working  
16 framework for evaluating future. And is it possible that  
17 we'll need an extension? Absolutely, anything is possible.

18 CHAIRMAN WARGA: I think it's better to hold the  
19 deadline because it keeps people on -- keeps it tighter. You  
20 can always let it out again.

21 COMMISSIONER RUBIN: Sure.

22 TRUSTEE GOTTLIEB: That's right.

23 COMMISSIONER VASELOPULOS: I have a question and a  
24 point I want to make on the exemptions. Section A, I had

1 asked Anne, within there, there are four points in that  
2 Section A.13-5. One of them has to do with, that anything  
3 less than ten percent build out would be exempt from this  
4 moratorium. And ten percent depending on where it is and  
5 what it is can be quite substantial.

6 And my thoughts are that we limit that to a zero  
7 percent increase in square footage of the property, that no  
8 increase of any square footage be permitted and would fall  
9 under the moratorium.

10 MS. KANE: Would you like me to go over the three  
11 exemptions that are in the code?

12 CHAIRMAN WARGA: Yes. Yes.

13 MS. KANE: The first is that the nature of the use is  
14 unchanged, i.e., retail to retail, and will involve no  
15 additional parking and no exterior signage, or excuse me, no  
16 exterior change other than signage. Second exemption is  
17 additions that are smaller than ten percent of the existing  
18 floor area but only if the use remains unchanged. And the  
19 third exemption is on affordable housing development which is  
20 in compliance with pertinent sections of the zoning code.

21 COMMISSIONER VASELOPULOS: To take it a couple of steps  
22 further and explain my thoughts, a ten percent increase on a  
23 piece of property could be a build out of the frontage and  
24 changing the face of the property. Part of this task force I

1 think is not only looking at what properties are doing, how  
2 traffic flow occurs, but also the architectural integrity of  
3 the whole area. And those types of additions to existing  
4 property may compromise or may challenge what the task force  
5 comes up with at a later time. And those are my reasons for  
6 being a little concerned about allowing a ten percent build  
7 out or --

8 COMMISSIONER STEIN: I assume --

9 COMMISSIONER VASELOPULOS: -- nine percent of build out  
10 on existing plans.

11 COMMISSIONER STEIN: Which would be a current, you  
12 know, a current tenant or a current owner or it's not anybody  
13 new coming in.

14 COMMISSIONER VASELOPULOS: That's not clear.

15 MS. KANE: It could be. It could be a new restaurant  
16 coming in to expand and --

17 COMMISSIONER deLOYS: Where you could change the facade  
18 on a current location without building out necessarily.

19 COMMISSIONER VASELOPULOS: Absolutely. I think that --

20 COMMISSIONER deLOYS: And that wouldn't be governed by  
21 that.

22 MS. KANE: I don't think we're going to be able to deal  
23 with every possible scenario. I think it's certainly, you  
24 know, Staff and I think the task force's intention to involve

1 the property owners and the tenants in this when we get to a  
2 position where we have a common vision that we can share with  
3 them so that there is, you know, by no means doing this in a  
4 vacuum, having their involvement and, you know, welcoming  
5 their input in this process certainly.

6 CHAIRMAN WARGA: So, can we amend this to --

7 TRUSTEE GOTTLIEB: If Peachtree wanted to expand into  
8 an existing store --

9 MS. KANE: Which was previously retail.

10 TRUSTEE GOTTLIEB: Which was previously retail, how  
11 would that fall under this?

12 MS. KANE: That would fall under the first expansion  
13 provided that the use is the same.

14 TRUSTEE GOTTLIEB: But they could do that, okay. So,  
15 what the second one is specifically addressing is actually  
16 the creation of new and additional space.

17 MS. KANE: Yes, new space.

18 COMMISSIONER VASELOPULOS: That's how I was --

19 TRUSTEE GOTTLIEB: Yes, but if Peachtree was taking  
20 over the dance salon, they couldn't do that.

21 COMMISSIONER VASELOPULOS: I think they could do that.

22 MS. KANE: Well, and I'd have to go through the code.  
23 I imagine that a dance salon is, I don't know if they have a  
24 stand alone special use but that would fall under general

1 retail. Presumably, and in fact, I would believe and, you  
2 know, obviously I'm going to speak with the Village Manager,  
3 but restaurants generate more parking requirements than  
4 retail. So, perhaps even some expansion of retail into what  
5 was previously a more intensive use such as restaurant is  
6 still a 'down zoning' or 'down use' of that space.

7 But I guess we just don't want, you know, it will give  
8 Staff an extra tool when we do meet with developers to say,  
9 you know, kind of whoa, slow down, before you invest \$25,000  
10 in your design firm putting together these great plans, know  
11 that this, you know, community has said we want to take some  
12 time to examine what's the optimum plan for the Village  
13 Center.

14 CHAIRMAN WARGA: So, would it help to eliminate that  
15 part that has a ten percent?

16 MS. KANE: Yes, if you would modify Section 2-C where  
17 it cites the section code, it's Section A.13-5(3), and limit  
18 it to both paragraphs B -- or excuse me, paragraph A and C  
19 and eliminate B which is the ten percent.

20 COMMISSIONER VASELOPULOS: Was there a paragraph D?

21 MS. KANE: There was not.

22 COMMISSIONER STEIN: What are we doing?  
23 "Notwithstanding the limitations of subsection A of this  
24 Section, the Temporary Moratorium shall not apply to any

1 proposed development in the VC Zoning District which is  
2 subject to an exception stated in Section A.13-5 --"

3 MS. KANE: 3-A and C.

4 CHAIRMAN WARGA: Okay. Any other discussion? Do we  
5 have a motion? Bill, I'll put you in charge of this motion.

6 COMMISSIONER VASELOPULOS: Okay. The Plan and Zoning  
7 Commission moves to approve and recommend to the Village  
8 Board for approval a temporary moratorium upon development  
9 within the VC - Village Center Zoning District, as presented  
10 in the attached draft ordinance dated November 2nd, 2006 and  
11 subject to a change in Section 2, Paragraph C, specifically  
12 citing Section A.13-5(3), Paragraphs A and C of the Village  
13 Zoning Code.

14 CHAIRMAN WARGA: Do we have a second?

15 COMMISSIONER STEIN: Do you want to put a termination  
16 date?

17 COMMISSIONER VASELOPULOS: I believe there is a  
18 termination date. The one, Section B right above Limited Time  
19 Period, terminating 12:01 in the morning on September 6,  
20 2007.

21 CHAIRMAN WARGA: Okay. Do we have a second?

22 COMMISSIONER DOLAN: Second.

23 CHAIRMAN WARGA: All in favor?

24 (Chorus of ayes.)

1 CHAIRMAN WARGA: Any opposed?

2 (No response.)

3 CHAIRMAN WARGA: So moved. Do we have a motion to --  
4 any new business we have to talk about? Otherwise, do we  
5 have a motion to adjourn?

6 COMMISSIONER RUBIN: So moved.

7 CHAIRMAN WARGA: Seconded?

8 COMMISSIONER CALDWELL: Second.

9 CHAIRMAN WARGA: All in favor?

10 (Chorus of ayes.)

11 CHAIRMAN WARGA: Any opposed?

12 (No response.)

13 CHAIRMAN WARGA: Thank you.

14 (Whereupon the above meeting concluded at 8:45  
15 p.m.)

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