

# Medical District Parking Study

**July 2001**

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**Prepared by the  
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Arrowhead Regional Development Commission  
and the Northwest Regional Planning Commission





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July 2001

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*"Guiding the Future of Transportation and  
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## The Parking Conundrum

Talk to five different people about parking and you're bound to hear five differing views that all are in some way correct. A business may stress the need of having nearby parking, and simultaneously balk at the high costs associated with that parking. A hospital might be struggling to provide parking for all their needs while at the same time providing no incentives to do anything but drive alone. Residents might have to compete with visitors to their neighborhood for a place to park near their homes. Managing parking is a balancing act between the needs of consumers, business people, and the community-at-large.

So if there is a parking problem, why don't we just build more lots or construct a ramp? The lack of an adequate number of parking spaces is only one possible reason for parking problems. Pricing, time limits, availability, and convenience all play into whether or not people will choose to park in any given location. Only through a close examination of parking practices can we determine what problems exist and what are the best solutions.

In many cases, less desirable parking spaces remain unused as people strive to find the closest spot to their destination. Ask yourself how often you have seen the top deck of ramps devoid of cars while the lower levels are packed to the brim. Why do drivers pass up the unused spaces at the periphery of a lot attempting to get an additional 100 feet closer to their final destination? People want to park as close to their destination as possible and are willing to

## Managing parking is a balancing act between the needs of consumers, business people, and the community-at-large.

spend the time to find the "perfect spot." Because of this, the less desirable spaces are not serving the overall *parking system* because there are no incentives to utilize them.

Parking throughout the community—be it downtown, near the college, or around the hospitals—functions as a system whereby policies in one area will have a direct effect on all adjacent areas. Furthermore, *if multiple departments and agencies are independently involved in the planning, design, promotion, enforcement and adjudication of parking, it is almost impossible to operate a system efficiently and cohesively.*<sup>1</sup> Therefore, a unified approach to an area's parking management is essential for any system to be effective. For example, offering employees cash in lieu of a parking space is not effective policy if employees simply shift from parking in employee lots to parking on-street.

Within a parking system exist a myriad of issues, all of which must be addressed and balanced. Large customer oriented businesses, like hospitals, need a large amount of parking for both their employees and their customers. To complicate the

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<sup>1</sup> Edward, John D. *Parking : the Parking Handbook for Small Communities*. National Trust for Historic Preservation and the Institute of Transportation Engineers, 1994, p6.



matter, much of this parking must be near the hospital. Often times, patients have a difficult time just getting to the hospital and they desire the ease of close spaces. If a patient knows before-hand that they can never find a parking space at one institution, they'll probably shift their business to another. Doctors at the top of their field may see nearby or reserved parking as a benefit that is deserved. Furthermore, close spaces can be used by the hospital as a benefit for recruiting new and talented physicians.

Smaller business in the same district will benefit from the employees and customers of the larger business, but still need ample parking for their own patrons. Short-term parking near the business is imperative to allow customers the time to shop for their items, while continuing parking turnover throughout the day. As employees cannot (or should not) park in the spaces intended for business traffic, spaces need to be available to accommodate their needs as well.

Finally, neighborhood residents in the presence of the larger and smaller companies must fight to retain the few on-street parking spaces available. Because parking is free in residential neighborhoods, it is a very attractive option for many customers and employees. Unfortunately for the residents, this means limited parking for themselves and their visitors and a very crowded roadway.

#### Past Parking Studies

Three studies, all completed in the 1990's, have dealt with parking issues in and around the Hospital District.

- 1991, Neighborhood Housing and Medical District Plan: East and Central Hillside Neighborhoods. Resolution Inc./Lindberg Pierce, Inc. Architects.

Examined issues surrounding the Medical Campus expansion through the 80's and its effect on the neighborhoods. Focused on future expansion plans in terms of both land used for physical structures and for parking. Unfortunately, parking data collected for this plan was limited to the off-street lots belonging to the hospitals (2300 off-street parking spaces). Field observations along with resident surveys did emphasize the problems concerning hospital employees parking in the neighborhoods. This plan was the catalyst for the current zoning codes for medical institutions.

- 1992, Duluth Clinic Parking and Traffic Circulation Study, BRW, Inc.

This study's parking section focused on designated lots for the Duluth Clinic and the available on-street spaces within a two-block radius. By examining the total number of employees and patients for the Clinic, they calculated an estimate of the facilities' parking demand. Also included was an examination of Clinic holdings and potential alternatives for new parking structures.



- 2000, Downtown Duluth Parking Study, Metropolitan Interstate Committee.

This study represents one of the most thorough examinations of parking in the Duluth area. Although it did not deal specifically with the Hospital District, it did establish and outline the process upon which this study is based.

## Free employee parking is the most prevalent employee benefit that invites workers to drive to work alone.

### Factors Effecting Parking Supply

Most people are familiar with Christianity’s Ten Commandments, but many may be surprised that one of them is not “Thou shalt be privy to free parking.” American culture is filled with quicker and easier access to most facets of daily life: food, information, transportation, etc. Parking, too, is expected to be available, convenient, and free.

The 1990 Nationwide Personal Transportation Survey (NPTS) shows that ninety-nine percent of automobile trips (not ending at home) utilize free parking!<sup>2</sup> Equally amazing is that the NPTS and other studies consistently find that most commuters (89%-95%) park free at work.<sup>2</sup> Free employee parking is one of the most prevalent employee benefits that invites workers to drive to work alone. Furthermore, employer-paid parking works at cross-purposes with public policies designed to reduce traffic congestion, energy consumption, and air pollution.

Studies also suggest that parking policies and pricing are important factors in a commuter’s choice of transportation mode. People will park in the most convenient spaces that are acceptably priced. Free spaces in convenient locations, such as in neighborhoods, will quickly be used by commuters if mechanisms are not in place to discourage their use. Pricing in a parking system should reflect the convenience of the space, the intended use of the space, and the demand for the space.

Some of the most common factors that influence a parking system include:

#### Zoning Codes

City zoning codes often dictate the amount of parking required for new developments. However, minimum parking requirements have many unintentional consequences and negative impacts that are important to understand. Additionally, it is important to recognize the origins of a zoning

<sup>2</sup> Shoup, Donald C. An Opportunity to Reduce Minimum Parking Requirements. Journal of the American Planning Association. Winter 1995. P14(15)

10,000 sq ft.  
Building

15,500 sq ft.  
Parking Lot

Figure 1:  
Proportional  
Presentation  
Land needed  
parking if  
spaces/1000  
ft. are  
required.



code to determine whether it was based on local parking demand, or, as is often the case, on standards set in like-sized cities.

The reasons for setting up zoning codes to require parking are simple. First, it is important to protect existing parking from new pressures. A lack of parking will force cars to locate on-street or in neighboring lots, thereby increasing traffic congestion and placing undue pressure on existing parking. Secondly, many communities try to plan for the future and require parking in case any future uses have a high parking demand. Once an infrastructure is in place, parking can become difficult to provide. Finally, many cities feel their businesses must be able to provide parking during their busiest times of the year. Unfortunately, the simplicity of “why” codes are needed does not easily translate as “how-to” directions for achieving the desired results.

So how do minimum parking requirements get set? “No city planning textbook explains the theory of minimum parking requirements, because there is none.”<sup>3</sup> According to Richard Wilson, 4.0 spaces per 1000 square feet “has taken on mythical qualities, often being referred to by planners, developers, and lenders as the ‘magic number’ or ‘golden rule.’”<sup>4</sup> Most cities set minimum parking guidelines by watching their neighbors or by relying on estimates from national sources such as *The Institute of Transportation Engineers’ Parking Generation Manual*, as well as guides from the American Planning Association and the National Parking Association.

A main problem with these guidelines is that they tend to be based on surveys from *auto-oriented* land uses at suburban sites where drivers park *for free*. Auto-oriented locations are many times hard to access via transit, bicycle, or on foot. All of these modes of transportation are available in an area like Duluth’s medical district, and would lessen the need for additional parking spaces. Furthermore, free parking encourages people to drive alone. People who pay for parking are more likely to carpool or explore alternative options than those who are guaranteed a free space. Some cities, recognizing the correlation between parking supply and single-occupancy vehicle traffic, have actually instituted *maximum* parking requirements to cap the total number vehicles in different areas.

Because parking is effected by factors such as price, time limits, availability, convenience, and alternative options, it is impossible to establish a set of requirements that will hold

The negative effects of minimum parking requirements are listed here to provide an understanding of possible effects zoning may have on an area.

- Distort the market for parking by setting parking supply based on no cost to drivers.
- Increased construction and land costs that are passed on to residents and/or customers regardless of whether they need parking or not.
- Encourage single occupancy driving by subsidizing parking costs.
- Create low-density, auto-oriented development making the use of alternative modes of transportation such as walking, biking, and transit practically impossible.
- Discourage creative and cost-effective parking solutions such as shared parking facilities.

<sup>3</sup> Shoup, Donald C. An Opportunity to Reduce Minimum Parking Requirements. *Journal of the American Planning Association*. Winter 1995. P14(15)

<sup>4</sup> Wilson, Richard W. Suburban Parking Requirements: a tacit policy for automobile use and sprawl. *Journal of the American Planning Association*. Winter 1995. P29(14)



true in all cases. Parking needs are best studied at the local level whereby all factors can be taken into account before requiring a minimum number of spaces.

The City of Duluth does not impose minimum parking requirements on businesses in the downtown, but it does have requirements for medical facilities. The City of Duluth's Zoning Code states:

**Article III. Off street Parking and Loading Requirements**

**Section 50-26. Required parking spaces.**

*(0) Medical Related Facilities*

*(1) Medical Clinic: Five spaces per 1,000 square feet of gross floor area used for administrative, office, examination and treatment.*

*(2) General hospital: One space for each bed plus one space for each employee normally present on any single weekday shift*

*(3) Nursing facilities: A minimum of one space for every four beds*

*(4) Outpatient facilities: Two spaces for each examination and each treatment room, plus one space for each employee normally present on a weekday shift.*

**Article XXVI. Medical Center Link District**

**Section 50-170. Purpose.**

*The medical center link district is established in order to ensure orderly and attractive development connecting the two existing major medical districts of the city, and assuring positive relationships with the East Hillside and Central Hillside neighborhoods.*

*It is intended that the link will provide structured, medical related, parking in order to relieve parking pressure on the adjacent neighborhood, and housing to provide replace housing opportunities. The addition of supportive medical goods and services establishments will create a mix of uses which will energize and connect the two existing medical districts.*

*To accomplish this objective, the council determines that the detailed review of the design of development, as well as the type of specific uses in such area, is necessary in order to minimize blighting influences on surrounding uses and neighborhoods, provide for an appropriate (or compatible) mix of related uses, reduce adverse effects of development on the environment, enhance the visual and aesthetic quality of development, provide for appropriate housing needs and ensure the provision of adequate and cost efficient public facilities. (Ord. No. 9213, 9-26-94, § 9.)*

**Section 50-171. Permitted uses within the medical center link district (MCL).**

*The following uses may be permitted following certification by the planning commission:*

*(a) Parking structures (not surface parking);*

The off-street parking and loading requirements (Section 50-26) are a culmination of various studies and committee meetings between 1988 and 1992. Unfortunately, the semantics of the terms used have been somewhat blurred since the adoption of the codes. The term “Medical Clinics” refers mainly to the small, neighborhood clinics found throughout the city (Duluth Clinic Lakeside, Denfeld Medical Center, etc.). However, these rules also apply to some of the larger facilities found on both the SMDC and St. Luke’s campuses. The main Duluth Clinic building, St. Luke’s new Pavilion building, and the Northland Medical Center near St. Luke’s are all considered “Clinics” by city zoning officials.



**Figure 2:**  
**The current Medical Center Link District does not incorporate the three blocks directly between the campuses. Enlarging the district will ensure that development in this area works for area residents, businesses, and both hospitals.**

“General Hospital” is the term used to refer to most of the buildings that make up the SMDC and St. Luke’s campus. These facilities house diagnostic equipment and treatment rooms for the extended care of patients. St. Mary’s, St. Luke’s, Miller Dwan, and the Polinski Center all fall into this classification. “Nursing Facilities” refers strictly to nursing homes.

There are no nursing homes within the Medical District Plan’s study area. Finally, the term “Outpatient Facilities” is not clear and therefore will probably be ignored when referring to the city’s zoning codes. For example, the new Pavilion building near St. Luke’s, which houses outpatient services such as dentistry and day surgery, was considered a “clinic” when examined under the city codes. As these terms are currently unclear to local zoning officials, it would be advisable for the city to reexamine the wording of this code to clarify which guidelines are meant for what facilities.

The Medical Center Link District (MCL) seeks to ensure that parking is provided as development of the medical campus continues, while allowing the city council to provide leeway on a project by project basis. Notable provisions state that additional surface parking lots cannot be added to address parking needs and that visual and aesthetic qualities must be enhanced.

This is an example of excellent zoning that governs the area based on local needs, but is possibly limited due to its scope. As shown in figure 2, the MCL currently covers an approximately three-block area between 2<sup>nd</sup> and 3<sup>rd</sup> Streets. Notably excluded from this zone are the three blocks directly below the current MCL boundaries. Both SMDC and St. Luke’s have major centers on blocks between 1<sup>st</sup> and 2<sup>nd</sup> Street, and these three blocks are located directly between the two facilities. Apparently opposition to including these three blocks led to their omission from the final MCL zone. Sources of this opposition are unknown, but the zoning omission conflicts directly with the purpose of the MCL district. The only way to “ensure orderly and attractive development...assuring positive relationships with [the] neighborhoods” would be to include these blocks within the MCL boundaries. A rental property not making money could easily be torn down and replaced with a surface parking lot for lease to a hospital—as was recently done near 12<sup>th</sup> Avenue East and 1<sup>st</sup> Street. This irresponsible expansion of surface parking lots into the



neighborhoods originally led to the creation of the MCL district, yet the area currently at greatest risk remains unprotected.

## Parking is expensive.

### Cost of Parking

Parking is expensive. One way to lessen the demand for parking is to charge the true cost of providing it. Charging less than the true cost of creating parking (i.e. subsidized parking) generates more demand. If parking spaces were treated like other goods, new parking would not be constructed until those demanding the parking would be willing to pay slightly more than the cost of creating additional parking. According to the Federal Transportation Program Handbook, the cost of surface parking construction in most urban areas is about \$1,000 per space. In this case, a 100-space lot constructed at a cost of \$1,000 per space would have to charge around \$83 per space per month to break even. Even in Downtown Duluth where parking demands are higher, prices for monthly parking rarely exceed \$50.

Constructing ramps is even more expensive (\$9,000 to \$12,000 per parking space) and tends to only be economically feasible in areas with high land values and limited open space. Two new Downtown Duluth parking ramps opened in 2000, the Technology Village Ramp and the Duluth Entertainment and Convention Center (DECC) ramp. The Technology Village Ramp accommodates 605-spaces at a cost of approximately \$7.6 million, which is around \$12,500 per space. The DECC constructed their ramp on an existing surface lot yielding a net gain of 500 additional parking spaces at a cost of \$4.5 million or \$9,000 per new space. The topography and site conditions of a proposed construction site can dramatically alter the cost. A study examining the feasibility of a Canal Park ramp between Canal Park Drive and Lake Avenue South had a price tag of around \$23,000 per additional space.

In addition to construction costs, there are operation and maintenance costs, land costs, and property tax costs. As an example, the Fond-du-Luth Ramp's annual operation and maintenance (O&M) cost is approximately \$175,000, roughly \$540 per space. Annual revenues for the casino ramp are around \$400,000, almost 45 percent of which is needed to cover O&M costs. Land cost and property taxes also add expenses to parking.

Given the significant financial resources involved, the decision to construct additional parking spaces should not be taken lightly. Because parking facilities are not cheap, alternatives to building more parking need to be assessed first. By assigning a dollar figure to additional parking, a base line cost is set for assessing alternatives. For example, if SMDC or St. Luke's determines that they need an additional 200 space ramp for their parking needs, they are effectively saying that a parking space is worth the hospital \$750 per month (see figure 3). But, if employees were given \$50 per month

not to drive and explore other commuting options, the 200 additional parking spaces needed might be produced at a lesser cost than constructing more parking

\$9,000	Low average cost per space when building a ramp
X	
200	Number of spaces necessary to meet current needs
<hr/>	
\$1,800,000	Total ramp cost
÷	+ Months/Year - Number of spaces
\$750	Estimated monthly value of a parking space

Figure 3

facilities. By examining parking needs in this fashion, the value of parking spaces comes to the forefront, and allows us to develop a better understanding of when and how much parking is actually needed.

Currently, SMDC charges their employees a yearly \$8.00 administrative fee for a parking permit, and St. Luke's charges \$17.50 per month. While the St. Luke's approach does more to limit single occupant commuters, both strategies could be improved to the benefit of the institution and its workers. The price of employee parking works together with available commuter options and incentives to determine the overall demand for spaces.

For example, by offering free parking, the hospitals and other businesses invite their employees to drive to work alone. According to the Federal Highway Administration's publication entitled *Highway Statistics 1999*, the average cost of owning and operating a vehicle is 40.5 cents per mile.<sup>5</sup> A 1998 review of downtown Duluth monthly contract parking costs showed that the average cost per month of parking in Duluth was approximately \$46.50, or \$1.55 per day. Table 1 breaks down the cost for multiple trip distances based on these figures to show the effects of employer paid parking on driver expenses.

Employees living between five and ten miles from the hospitals have the most options for getting to work—walking, transit, and cycling are all viable alternatives. Those traveling more than ten miles begin to see limitations in their options, but still could elect to carpool if incentives were in place. Currently, very little is being done by either hospital to encourage their short distance commuters to explore alternatives to driving to work alone. Table 1 shows that by giving free parking to employees, the hospitals actually subsidize five and ten-mile commuters for over a quarter of their cost to drive alone and take up a parking space. By simply providing incentives to encourage commuters to choose an alternative to driving alone, the hospitals could free up valuable spaces that would relieve pressure to expand their current parking capacities.

**Table 1:**  
***This table shows the effects employer paid parking can have on employees deciding whether to drive to work alone.***

Miles Traveled to Work	Average Operating Cost/Mile*	Cost of Driving to Work--Pay to Park (\$1.55/day)*	Cost of Driving to Work--Free Parking	% Reduction in Cost to Driver for Driving Alone
5	40.5¢	\$3.58	\$2.03	43% reduction
10	40.5¢	\$5.60	\$4.05	28% reduction
25	40.5¢	\$11.68	\$10.13	13% reduction
50	40.5¢	\$21.80	\$20.25	7% reduction

\*Highway Statistics 1999. Office of Highway Policy Information, FHWA. (See citation at bottom of page)

\*Average cost of a contract parking space in Downtown Duluth (1998).



Another viable option would be to charge market price for the parking they are providing. Table 2 below, put together by Donald Shoup, summarizes seven well-documented case studies that address the effects of employer-paid parking on commuting behavior.<sup>6</sup> On average, solo drivers decreased by 25% when charged to park at work. When examined in terms of cars driven to work per 100 employees, the studies showed an average reduction of nineteen vehicles.

**Choice of Mode Incentives**

There are a number of ways employers can encourage their staff to consider options over the convenience of driving alone. One option is to designate the most sought after spaces as **preferential parking** spaces. The main goal of this option is to encourage carpooling to reduce single-driver vehicle trips. Larger cities where pollution is a problem also use this incentive to promote the use of clean-fuel vehicles. SMDC already has a limited number of preferential spaces reserved for carpools in lots nearest the St. Mary’s Hospital building.

Another popular option is to offer employees a **transportation allowance**. An allotment of money is given to all employees regardless of their commuting behavior. Employees then make the choice between spending the money on parking, or keeping the money and exploring other options for getting to work. Recent changes in federal tax policies make this a very attractive alternative for many employers. Called “**Commuter Choice**” programs, they allow companies to

**Table 3:  
Commuter  
Choice  
Benefits**

Location and Date	Solo-Driver Mode Share (%)			Cars Driven to Work per 100 Employees			
	Employer Pays for Parking	Driver Pays for Parking	Difference	Employer Pays for Parking	Driver Pays for Parking	Difference	Price Elasticity of Demand
Civic Center, Los Angeles, 1969 <sup>7</sup>	72%	40%	-32%	78	50	-28	-0.22

**Table 2:  
This table  
illustrates how  
driver-paid  
parking reduces  
solo driving to  
work.<sup>8</sup>**

	Transit	Vanpool	Qualified Parking
<b>Incentive</b>	Up to \$65/month, \$780/year for transit expenses	Up to \$65/month, \$780/year for vanpool expenses	Up to \$175/month, \$2100/year, for parking at or near an employer’s worksite, or at a facility from which employee commutes via transit, vanpool, or carpool
<b>Employer Tax Benefit</b>	Employers give their employees up to \$65/month to commute via transit; gets a tax deduction and saves over providing same value in gross income <b>or</b> Employers allow employees to use pre-tax income to pay for transit and employers save on payroll tax (at least 7.65% savings) <b>or</b> A combination of both up to statutory limits	Employers give their employees up to \$65/month to commute via vanpool; gets a tax deduction and saves over providing same value in gross income <b>or</b> Employers allow employees to use pre-tax income to pay for vanpooling and employers save on payroll tax (at least 7.65% savings) <b>or</b> A combination of both up to statutory limits	Employers give their employees up to \$175/month for qualified parking; gets a tax deduction and saves over providing same value in gross income <b>or</b> Employers allow employees to use pre-tax income to pay for qualified parking and employers save on payroll tax (at least 7.65% savings) <b>or</b> A combination of both up to statutory limits
<b>Employee Tax Benefit</b>	Employee receives up to \$65/month tax free (not on their W-2 form) <b>or</b> Employee pays for commute benefit with the pre-tax income and saves on income tax <b>or</b> A combination of both	Employee receives up to \$65/month tax free (not on their W-2 form) <b>or</b> Employee pays for commute benefit with the pre-tax income and saves on income tax <b>or</b> A combination of both	Employee receives up to \$175/month tax free (not on their W-2 form) for qualified parking <b>or</b> Employee pays for commute benefit with the pre-tax income and saves on income tax <b>or</b> A combination of both

ASSOCIATION FOR COMMUTER TRANSPORTATION, <http://um.cod.edu/act/taxbenefit.htm>



offer employees a benefit for commuting to work by methods other than driving alone. The programs can be customized to serve the needs of employers and employees, and help promote real choices for commuters without punishing those who wish to continue to drive alone to work.

By taking advantage of this program, both SMDC and St. Luke's could provide a needed incentive to change the commuting behavior of those employees with viable walking, biking, or transit options (employees within five to ten miles of the workplace). Highlighted below are the reasons why providing realistic transportation alternatives for hospital workers is a more cost-effective way of increasing the growth potential in the medical district:

1. Providing parking facilities is expensive.
  - Land, in general, tends to be more valuable and costly to utilize for vehicle storage.
  - Construction of parking ramps cost approximately \$10,000 to \$12,000 per space (excluding land costs, opportunity costs, and foregone tax revenue generating activities in the case of public owned facilities). In comparison, surface lot construction averages approximately \$1,000 per space, however, requires more land area.
2. More single occupancy commuters mean more traffic congestion, which traditionally meant eliminating on-street parking to add more through lanes.
3. More traffic leads to less comfortable pedestrian environments (noise, air pollution, increased pedestrian vehicle conflicts at intersections).
4. Because transit must compete for road space with vehicles, increased traffic congestion decreases transit efficiency and reliability.
5. Parking facilities breakup the aesthetic quality and interest of the medical district streetscapes and driveways disrupt pedestrian movements making walking between places less appealing.

It is not realistic that we can get all employees out of their single occupancy vehicles. However, by taking advantage of this program, both hospitals could provide a needed incentive to change the commuting behavior of those employees with viable walking, biking, or transit options (employees within five to ten miles of the workplace). A decrease in the automobile impact on the medical district by even a small percentage would result in a better utilization of public and private resources for the community's benefit.

Would this be an inexpensive option for the hospitals? No. Introducing any new benefit for employees results in increased of costs for the

**Cost to Run Commuter Choice Program for SMDC...**

*(assuming a pay-per-month fee structure)*

**...by providing a \$30 monthly benefit:**

Day Employees:	4402
Afternoon Employees:	1481
Night Employees:	801
<b>Total # of Employees:</b>	<b>6684</b>

\$30/employee*=	\$200,520
(*estimate figure)	

Paid over entire year=	\$2,406,240
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Money Paid back assuming 15% reduction in parking needs (5681 still want their hospital space and pay the hospital for its use):	\$2,045,160
--	-------------

Final Project Cost:	\$361,080
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Cost for construction of 4th St. Ramp assuming \$9000/space:	\$6,633,000
--	-------------

Difference in cost:	\$6,271,920
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**...by allowing employees to set aside funds:**

Employees set aside pre-tax income to pay for parking fees--hospitals saves on associated pay roll taxes



employer. However, the variable options for implementing the benefit can limit the cost while achieving the desired outcomes (see table 4). For example, as SMDC only charges a nominal yearly fee for employee parking, it may be necessary for them to supply each employee with a monthly parking benefit. Obviously, a \$30 raise to 7000 employees is a substantial amount of money (\$2,406,240), but much of this money would immediately come back in the form of employees now paying for parking. Furthermore, this would be a one-time benefit.

Future employees would already have this worked into their salary once they begin work. The final costs would be much less than building a new ramp, demand for employee spaces would diminish, and currently used surface parking could be opened up for future development. Granted, there are additional administrative costs as well as the cost to set up the system. But, when compared to the cost of a ramp and the associated O&M costs, offering a Commuter Choice benefit could yield the desired results at a lesser cost.

A final option to change commuting patterns would be to eliminate the commute completely. Certain computer related jobs could be done via a network allowing employees to telecommute. Benefits of this option include increased quality of worklife and reduced stress for staff. Employers benefit by reducing workplace overcrowding and extending employment opportunities to people with disabilities. And everyone benefits as telecommuting decreases the number of people on the road and frees up an all-important parking space.

Choice of mode incentives are not the only way commuter behavior is changed. Other strategies that have shown to be effective in changing commuter behavior include:

**Parking Restrictions:**

If parking restrictions were eliminated, the demand for parking would far outweigh current supply. The most convenient spaces would be filled by commuting workers on a first come first serve basis. On the other hand, no one benefits if parking restrictions are so stringent that spaces are underutilized. Therefore, parking restrictions and policies need to be balanced to help achieve the parking needs in specific areas. Generally, the optimum occupancy rate decision-makers should aim for is around 80 to 90 percent. This target rate will instill confidence among parking users that they will be able to find available parking that serves their needs while maximizing usage of those spaces.

One form of parking restriction comes in the form of *time limits*. Time restrictions on parking are intended to maximize turnover of the most convenient, and therefore valuable, parking spaces. It is generally thought that the most convenient parking in business areas should be reserved for customers. Easy access to a hospital drug store or a restaurant will have an effect on business. Studies have shown that the average duration of a shopping or business trip is 90 minutes. Furthermore, 75 to 80 percent of on-street parkers stay for one hour or less—even in areas without time limits. Thus, time limits of one to two hours should be sufficient to maximize the use of on-street parking where the goal is to encourage turnover of five or more vehicles per space per day.

Often, time limits are accompanied with a fee administered by *parking meters*. Although despised by some, there are several reasons for using parking meters:

1. Promote parking turnover.
2. Distribute limited on-street parking time equitably.
3. Provide space for short-term shopper and business clients.
4. Maximize the economic viability of downtown by providing opportunities for more people to park conveniently.
5. Generate revenue, which can be used to offset parking operation, maintenance, and enforcement costs.
6. Are more self-enforcing. In general, most people try to abide by time limits imposed by parking meters, which may reduce the amount of personnel required for enforcement.
7. Allow the opportunity to price parking similar to other goods by using market-based principles, which can better optimize supply of and demand for parking facilities.



**Figure 5:** Future parking meters, like this one from VenTek Int'l., can manage multiple parking spaces and accept coins, bills, and even credit cards.



**Figure 4:** The first parking meter, created in 1935, looks very similar to those used today.

A common attitude toward parking meters is that they discourage customers. The logic follows that free parking is necessary to successfully compete for business with areas that offer free parking. As previously discussed, there is no such thing as “free parking” anywhere. The cost of parking at malls, while not charged directly to parking users, are hidden in higher rents or building costs to retailers who pass them on indirectly to customers. Because these developments tend to locate on less expensive green-space land, they are able to create parking more cheaply than downtown businesses. By offering free parking in the medical and business districts, operations, maintenance, and enforcement costs are likely to be transferred to taxpayers through higher property taxes.

Appropriate parking rates and time limits for on-street parking, with the use of modern, well-maintained meters, offers the most cost-effective method of encouraging the desired parking turnover of vehicles. Generally, on-street parking rates should be higher than off-street parking rates to encourage the use of off-street facilities for long-term parking and preserve on-street spaces for short-term users. Parking rates should also be high enough to cover the operation, maintenance, and enforcement costs.

#### **Parking Benefit Districts**

An issue common to many neighborhoods near large employment sites is employee parking in residential areas. Because these residential areas are further away from the employee’s destination they tend to be free of charge. Therefore, employees will park on street in these areas and walk the couple of blocks to avoid paying for parking. This practice is common in both the Central Hillside and East Hillside neighborhoods.

In other neighborhoods, such as Chester Park, near the University of Minnesota Duluth (UMD), residents petitioned to create a resident parking only zone near UMD. Prior to instituting this zone, UMD students would avoid paying for campus parking by parking in the neighborhoods. The residential parking zone



provides, for a minimal fee, residents a permit allowing them to use on-street parking area. Other parking is not allowed.

A residential-only parking program was once discussed for the Central Hillside and was apparently rejected. The Central Hillside neighborhood has generally more rental units and thus, more transitional residents, which may make implementation more difficult. In addition, residents may not feel the benefit of increased on-street parking is worth the inconvenience of dealing with residential permits.

In the case of UMD's nearby neighborhoods, there was no benefit to having UMD students and employees parking in front of their homes. As a result, much of the on-street parking is now unused, and the impetus placed on UMD to create more off-street parking at a significant cost. While this may be acceptable to all parties involved, there may be another option that is both cost-effective and more beneficial.

A "Parking Benefit District" allows a non-resident to pay for the use of on-street parking in a residential parking zone. The generated revenues can then be set aside and targeted toward neighborhood improvements. The benefits of such a program in the Medical District would be numerous. First, some parking users, currently paying nothing, would discontinue parking in the area and either change transportation modes or park in available pay lots. Second, those who decide to pay to park would still be charged less than other, more convenient pay lots. Third, a system could be developed whereby the revenues generated could be put towards neighborhood improvements such as parks, sidewalks, plantings, utility burial, etc. and have more available on-street parking.

**...a fee of one dollar per day could yield an annual-revenue of \$240, or roughly half of the property tax of a modest single-family home.**

Even though the charge for this parking would have to be less than the charge for more convenient parking, a fee of one dollar per day could yield an annual-revenue of \$240, or roughly half of the property tax of a modest single-family home. The collection of such a fee can be somewhat problematic, but there are options to consider. Meters could be used although they require additional costs for purchase and installation. A benefit here is that residents could be issued permits to allow them free parking, while commuters and casual users would also have access to the spaces. Another option would be to implement permit parking only, whereby residents park for free, and commuters can buy a monthly pass. While avoiding the costs associated with meters, you also eliminate casual parking users from filling the spaces. A neighborhood considering a Parking Benefit District would need to weigh all alternatives to determine its best course of action.

Unfortunately, Duluth city policy does not currently allow the formation of this type of district. Any movement towards this type of a system would have to begin with a review of current policies to determine what changes would be necessary to allow a Parking Benefit District to move forward.

### Medical District Commuter Behavior

Restrictions on parking and charging users for parking affect commuting behavior. The following graph illustrates the commuting behavior of employees in the Duluth-Superior Urbanized area compared with employees in the Medical District. Even though this information is from the 1990 Census, it is still relevant today.

In 1990, the percentage of employees driving alone to work in the medical district was three percent higher than the remainder of the Duluth-Superior Area, and car-pooling was down compared to the rest of the urban area. This clearly illustrates that a present factor (generally inexpensive or easily accessible parking) is encouraging people to drive alone. Free neighborhood spaces along with the relatively free parking provided for SMDC employees are the most likely factors

contributing to this trend. Fortunately, transit ridership to the hospitals is consistent with the rest of the city, and, considering the medical district's location within two of Duluth's larger neighborhoods, an increase in pedestrian travel is expected. The fact that both did not see greater increases, however, may indicate a shortage of attractive housing for medical district workers (living closer to employment sites make commuting by transit, bike or walking more feasible).

### A Variety of Parking Needs

Residential, business, and customer parking needs are closely tied together within our study area. In many areas, all three concerns vie against one another for available space. The following list outlines the various concerns for each that need to be addressed in this complex system:

#### Residential needs:

- Space for at least one family vehicle
- Spaces for occasional visitors
- Assurance that a space will be available when they come home

#### Business needs:

- Nearby and convenient spaces for customers
- Enough spaces to handle daily business
- Spaces that customers can count on to be available
- Employee spaces for employees wanting to drive

#### Customer needs:

- Assurance that a space will be available
- Nearby and convenient space
- Affordable pricing

1990 Commuting Behavior\*

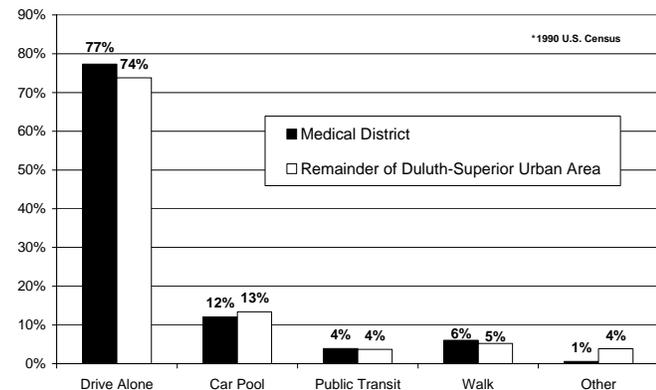


Figure 6: Illustrates the commuting behavior of employees traveling to hospital district with the remainder of the Duluth-Superior area.



A glance through these needs reveals the common threads that bind the parking system together. Convenience and the assurance that spaces will be available are important to everyone. Knowledge that enough spaces are available for customers, employees, and guests is also important. Managing a parking system to meet all of these needs is obviously a difficult task. It becomes more difficult once examined in the context of other Medical District issues that would be effected with any major change to the current parking system.

### Just One Piece of the Puzzle

Managing parking is difficult when examined under its own needs and influences. Obviously by changing one aspect of the current system, we may improve service for some while weakening it for others. But these may not be the only outcomes of a change. A number of correlative issues must first be considered before sweeping recommendations for parking or other issues can be implemented.

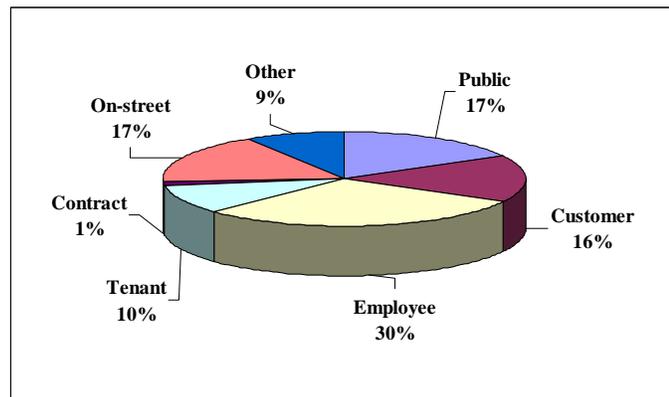
## A number of correlative issues must first be considered before sweeping recommendations for parking or other issues can be implemented

First of all, both hospitals face the challenge of having limited developable property near their current facilities. Expansion room for both hospitals will be *the* critical issue as the facilities in this area continue to grow. Areas currently used for surface parking offer the best option for future building expansion, but their removal works against the need for employee/customer parking. The second most feasible option for hospital expansion would be through the purchasing and elimination of nearby housing. This, however, is complicated by the existing shortage of rental property in Duluth. Both neighborhoods, and the City, have recognized the need to retain the city's current rental housing stock. As housing around the hospitals is mainly rental, its elimination would further perpetuate this problem. A third option for expansion would be upward as an addition to existing buildings, or if building a new structure, to build many floors to accommodate all space needs. Unfortunately, this type of expansion could result in resident outcries as precious viewsheds of Lake Superior are blocked by tall structures. In short, while there are options for expansion in the current locations, multiple factors do make growth difficult. Combine this difficulty with a perceived access problem (no direct access to I-35), in conjunction with any sweeping changes to parking policy that negatively effect either hospital, and the threat of one or both institutions relocating to a more favorable location atop the hill becomes a possibility.

Any large changes to parking policies in this area need to be fashioned through a process similar to the one used to craft the 1991 Neighborhood Housing & Medical District Plan. All stakeholders must be brought to the table to work on a future for parking and other issues that face the medical district. The best way to make this work would be through the **formation of a formalized, advisory medical district implementation organization**. Although recommended in the 1991 plan, no action has ever been taken on this issue.

### Study Methodology

The first step of this study was to inventory all parking areas within the study zone. The study area boundary runs roughly from 3<sup>rd</sup> to 12<sup>th</sup> Avenue East and stretches from Superior Street up to 6<sup>th</sup> Street. A map detailing the exact boundaries of the study area is located on page 25 (or Appendices pg 83). All areas designated for parking are included in the inventory. Figure 7 summarizes the amount and type of parking identified in the inventory.



Once the overall inventory of parking spaces was complete, staff conducted occupancy surveys of all public parking spaces within the study area. The number of cars parked was counted at each public parking lot and on-street parking area every hour for three weekdays during May 2000. The spring and fall of the year are generally considered “normal activity” times of the year.

A total of 7,523 parking spaces were counted within the study area. Approximately thirty-four percent of the parking spaces are available to the general public. On-street parking can accommodate 1260 vehicles or about half of the available public spaces. Another 1224, sixteen percent of total stalls, serve as customer parking spaces for the local businesses in the district, including the hospitals. Thirty percent of all parking in the study area was designated specifically for employee parking, 1.2% solely for contract parking, and another nine percent was a combination of various spaces (designated as employee/customer, customer/tenant, tenant/contract, etc.).

**Figure 7: Parking Breakdown**

As the hospital district lies within the Central and East Hillside neighborhoods, residential parking also made up a substantial portion of available parking. For the approximately 2080 people<sup>8</sup> that reside in our study area, 921 off-street spaces were specifically designated for their use (this includes 160 garage stalls). The number of *used* off-street spaces is less, however, as one home might have an area for up to three cars, yet they only use one space. Considering the high rental occupancy of many blocks within our study area, it is safe to assume that most of their parking needs are met by on-street availability.

With data collection complete, we then examined each individual block within the study area to specifically determine how parking needs were being met. Analysis centered on available spaces and area pressures that were contributing to the use of these spaces. Through this detailed process, we were able to specifically identify under-and-over utilized parking, and make suggestions on ways to maximize usage. Many areas with specific weekly parking requirements were found to have options for sharing parking during their off-peak hours. Shared parking agreements benefit areas by reducing the overall land area devoted to parking and

<sup>8</sup> 1990 US Census



by maximizing the use of existing spaces. Other suggestions include changing time restrictions and adjusting parking fees.

## A total of 7,523 parking spaces were counted within the study area.

As previously mentioned, sweeping changes to parking policies such as Parking Benefit Districts or a mass installation of meters would have a negative impact on the area as a whole if all involved parties were not in agreement with the new policy. Because of this, the recommendations of this plan are divided into short and long-term solutions. Short-term solutions are “tweaks” to the current system designed to maximize use in areas currently not seeing enough turnover, or that work to better the current parking system without a major change that would effect the area as a whole. These recommendations could be implemented next week or next year without hesitation. The long-term recommendations define a system in which all area stakeholders would benefit, and represents one vision of a possible future for medical district parking. These types of changes would require a medical district organization’s backing as they could be detrimental to the area as a whole without the support of all involved parties.

It should be noted that parking needs are fluid and change over time. As the medical district evolves, so too will parking needs. The long-term recommendations outlined in this plan may not be feasible in the future, or might not be acceptable to all involved parties. This does not limit their importance, however, as they are also meant to stimulate discussion on a long-term parking policy solution in which residents, businesses, and customers all benefit.

### General Recommendations

The remainder of this document details our examinations of each block and the specific recommendations for those areas. There are a number of general recommendations, however, that pertain to the improvement of parking throughout the Medical District study area:

1. Establish a formalized Medical District Implementation Organization: Bring together representatives from the medical institutions, local businesses, and neighborhoods to form a body to recommend changes regarding parking and other medical district issues.
2. Comprehensive Parking System Program: Develop and implement a comprehensive Parking System Program to address the needs of residents, businesses, and customers. The long-term recommendations in this plan offer one possible solution to achieve this goal. Expansion of both hospital complexes and/or the 4<sup>th</sup> Street business district will have an effect on parking

needs in our study area. Proactively adopting a plan to steer current use and future creation of parking will alleviate problems as development occurs.

3. Ensure Consistent/Daily Parking Enforcement: Enforcement should be increased using guidelines for best practices. This study did not analyze the policies and procedures of the City of Duluth's parking enforcement. However, enforcement is critical to any parking program and should be increased to include **enforcing time limits** in addition to expired parking meters. An organized and judicious enforcement program treats everyone fairly and is perceived by the public as an effective approach to the allocation of the area's parking supply. *Enforcing parking regulations occasionally is worse than not enforcing them at all because it catches people unaware and gives them the impression that parking enforcement is unpredictable, arbitrary, and capricious.*<sup>9</sup> This recommendation has recently been addressed by the city with its acquisition of multiple enforcement scooters, and future plans for handheld ticketing computers.
4. Maintain an up-to-date Parking Inventory: Continue to update the parking inventory as warranted and conduct occupancy surveys every three to five years.
5. Market Parking Information: Hospitals can provide parking information via the Internet, maps, etc. Off-street parking facilities for hospital patients should be easily recognizable using consistent signage. Information on pricing per hour should be readily available.
6. Parking Revenues: Revenues generated from parking fees and fines should cover operations, maintenance, and enforcement costs and additional parking facilities when warranted.
7. Parking Fees: On-street fees should be higher than nearby off-street fees. Raise on-street parking fees at high occupancy locations or decrease long-term off-street parking fees. People are willing to walk further if the path is pleasant, safe, and interesting.
8. Parking Meters: Convert older meters to digital display meters that make it easier to change time limits and pricing when necessary. Investigate the feasibility of installing meters that use "smart card" technology and accept multiple types of coins (nickels, dimes, quarters, and gold dollars).

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<sup>9</sup> Edward, John D. *Parking: the Parking Handbook for Small Communities*. National Trust for Historic Preservation and the Institute of Transportation Engineers, 1994, p. 41.



9. Shared Parking: Identify land uses with activity times that are compatible for shared parking. Encourage and promote shared parking facilities. For example, churches generally utilize their parking spaces at specific times during the week. There may be an opportunity for a church to benefit by sharing its spaces when they are not in use.
  
10. Consider “Residential Benefit Districts”: If overflow parking from the hospitals or area businesses becomes burdensome on the Central or East Hillside neighborhoods, the establishment of Residential Benefit Districts could be considered. In accordance with neighborhood procedures, citizens could elect to ask the city to designate an area to both alleviate the overflow parking problems, and to bring money directly back into the neighborhood from those still wishing to park there. Much of the Central Hillside above 3<sup>rd</sup> Street experiences overflow parking pressures from both SMDC and Downtown Duluth. A Residential Benefit District established in this area should extend to cover the entire neighborhood.
  
11. Alternative to Single Occupancy Driving: Work with employers to promote real transportation alternatives for commuters through Commuter Choice programs previously described (i.e., changing from free or subsidized parking to a tax-deductible, paid transportation benefit)

#### Short-term Recommendations

As previously stated, short-term solutions offered by this plan seek to maximize use in areas currently not seeing enough turnover, or that work to better the current parking system without a major change that would effect the area as a whole. Most of the short-term recommendations focus on making the current parking system more user friendly and acceptable to all area stakeholders. For example, landscaping surface lots that encroach upon the Central and East Hillside neighborhoods will be important now and in the future for maintaining relations between the medical campus and the residents. Adjusting meter times and/or prices for the most convenient parking spaces should both increase parking turnover and the reliability of finding an open space. Sharing parking used at only specific times can benefit both parties and improve area parking. These and other specific changes are detailed in the block-by-block section of this plan.

#### Long Term Recommendations:

##### The Future of Parking in the Medical District

The future of parking and many other issues is predicated on the ability of stakeholders to envision a future in which everyone can benefit; a future that can only be achieved through collaboration. Any future parking system for the medical district will have to be scrutinized by the various area stakeholders so that each realizes all possible benefits and downfalls. The long-term recommendations offered in this plan are included as one possible solution to the area’s parking difficulties. Without knowing certain factors such as all future development plans in the medical district, it is difficult to assess the feasibility of such a plan.

However, at the very least, this scenario can be used as a starting point for a discussion on a future parking system by a medical district implementation organization.

The main focus of the long-term recommendations was to set up a system whereby residents, business owners, and the hospitals would all benefit while also considering the other factors effecting the area. Freeing space for hospital growth, decreasing both hospitals' need for additional parking, and meeting the needs of the area residents were all considered equally important in our approach. The key is in establishing a system that limits the amount of parking needed by the hospitals, while administering the on-street spaces in such a way that everyone benefits from their use.

As noted in the SRF's Downtown Duluth Traffic Study, *on-street parking is an amenity that is subsidized by the entire City of Duluth*. They also note that: *For a property owner, an on-street space... is free and is maintained for free and there are no taxes on that space.*<sup>10</sup> As Duluth is a geographically large city that has many infrastructure needs, maintenance of areas is difficult to fund given a limited tax base. Although not currently the policy of the City of Duluth, large commuter generators, like the hospital district, could be looked at as an opportunity to increase revenue for the targeted purpose of maintaining infrastructure.

As discussed earlier, a parking system enforced and managed by several entities has little chance of operating "efficiently and cohesively."<sup>11</sup> Currently, both hospitals are managing their parking needs individually by owning and leasing lots for their customers and employees; and both claim that more spaces are needed. The City of Duluth is managing its on-street spaces with time limits and meters to distribute space availability for customers, residents, and commuters alike. The main problems with this arrangement include:

- Commuter parking currently dominates many residential on-street areas. This only creates friction between the neighborhoods and both hospitals.
- Pricing of some very convenient on-street spaces is less expensive than further away off-street spaces. This promotes meter plugging and limits turnover of these spaces throughout the day. This can effect businesses if they rely on the metered spaces for their patrons.
- SMDC and St. Luke's have no avenue in which to pursue a joint venture that could provide parking for both campuses. Such an endeavor could free up current surface lot areas for future development.
- Considering the amount of free on-street parking used by hospital commuters, the City and the neighborhood receive nothing in return.

<sup>10</sup> SRF Consulting. 1995 Downtown Duluth Traffic Study. Duluth, MN.

<sup>11</sup> Edward, John D. Parking: the Parking Handbook for Small Communities. National Truct for Historic Preservation and the Institute of Transportation Engineers, 1994, p 6.



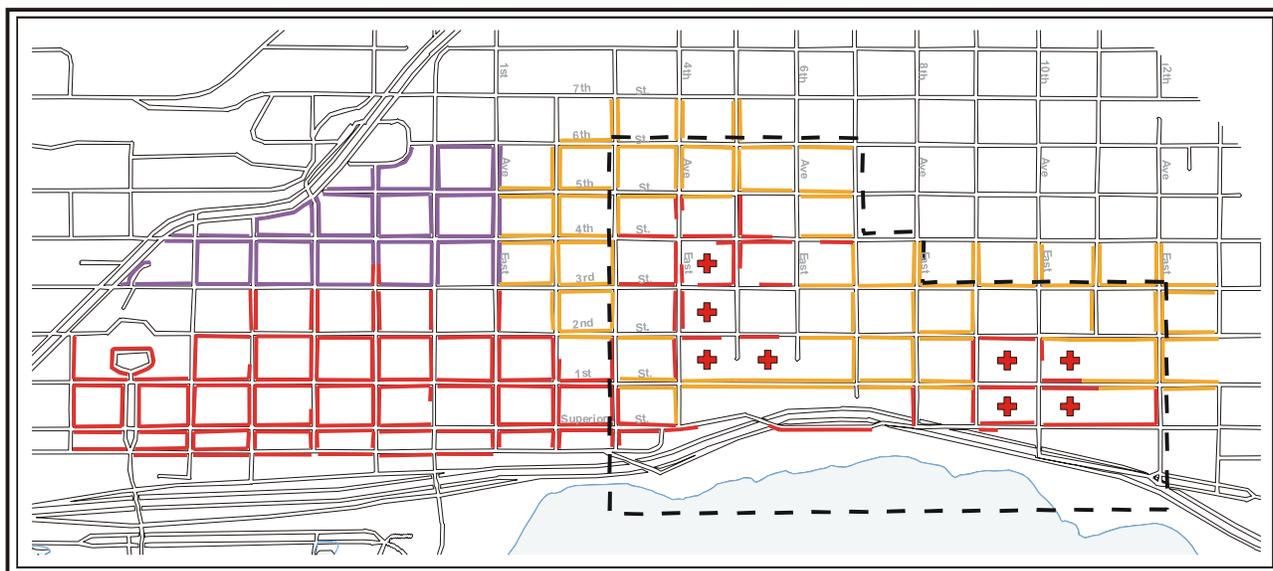
- Neither hospital offers any substantial incentives to employees to seek alternatives to driving to work alone. This policy only increases demand on spaces and encourages employees to utilize free neighborhood on-street spaces.
- The current housing shortage in Duluth makes eliminating existing properties for parking politically risky. Housing elimination was one of the main factors that led to the crafting of the Neighborhood Housing and Medical District Plan. A renewed growth effort by the hospitals could result in the neighborhoods seeking a resident-only parking district.
- There are no incentives for either hospital to landscape existing surface parking lots that are intruding into the Central and East. The current appearance of some of these lots detracts from the adjacent neighborhood and tends to perpetuate the notion that these areas are “bad” or “dangerous.”
- As few areas have specific rules regarding parking development, many residents fear the possibility of losing their views of the lake to new large hospital structures.

The first step in eliminating these problems is to limit the amount of parking demand for each of the hospitals. Although also discussed as a short-term recommendation, this is an important concept regardless of the parking system. By implementing incentives for employees such as a Commuter Choice program or other types of transportation benefits, the hospitals can decrease their need to supply a number of employee spaces. As a result, some employees may resort to carpooling, walking, or biking; while others will simply utilize parking not provided by their employer.

This brings us to the second step. While transportation benefits limit the amount of parking the hospitals need to provide, it will conversely shift an additional parking burden onto other nearby parking systems (i.e. private lots, on-street spaces, etc.). Controls must be in place to deal with this burden or problems will arise. Obviously free on-street parking will be the first area to be effected, so neighborhoods will have to be protected from an even greater commuter invasion than currently exists. Parking benefit districts in these areas could provide the neighborhoods both protection from abuse by commuters, and finally a benefit for the use of their parking. As previously mentioned, permits for the residents of the neighborhood could be provided at a minimal cost (administration fee), while commuters could also buy a permit at a competitive price compared to other area parking. As in other cities, money collected from parking permits could be refiltered directly back into the neighborhood for projects including streetscape improvements, sidewalk repair, or utility burial.

Pricing is also key in establishing this type of a system. Daily parking costs should reflect the convenience of the parking space and where you want people to park.

For example, on-street spaces directly adjacent to a medical facility should be controlled by lower time limits and/or higher costs than other spaces because of their relative convenience to other spaces. Currently, patrons parking at meters next to St. Mary's Medical Center incur only half the cost of parking in the nearby ramps. Consequently, these spaces are full throughout the day. Patrons to the hospitals should feel confident that they can make a quick stop at the pharmacy without having to park "too far" away. A Medical District Implementation Organization could bring the city together with the hospitals, the neighborhoods, and local businesses, to adjust system-wide pricing to ensure the effective use of parking throughout the day.



**Figure 8: Areas in red mark existing or proposed meter sites. Orange and purple areas designate separate Parking Benefit Districts.**

Figure 8 illustrates the Downtown and Medical District as a whole, and identifies one option for an area wide parking system. Orange areas mark free parking that is or would be effected by hospital commuters if a system wide approach is undertaken. Purple areas were shown in the Downtown Duluth Parking Study as being impacted by Downtown commuters. Coordinating management of meters, ramps, off-street lots, while creating two Parking Benefit Districts, could effectively manage parking to everyone's benefit. Success would be dependent,



however, on these group's ability to come together and reach consensus on area needs and concerns.





### Individual Block Summaries

Parking in the hospital district area is affected by multiple factors that draw people to park in certain areas more than others. Likewise, individual blocks of the hospital district have unique characteristics that dictate how parking is utilized. Each block throughout the hospital district has varying amounts of available parking with differing levels of demand. Examining the levels of demand along with factors such as price, availability, and location gives an excellent picture of how a block currently functions within the larger puzzle of medical district parking, and generates ideas about how to better utilize the parking available in a particular area.

Each block is summarized by calculating the total number of tenant, contract, employee, customer, and public spaces available, as well as the maximum occupancy rate of these spaces. Maps of blocks identify all available parking areas and their maximum capacity. The maximum occupancy rate is defined as the highest percentage of spaces filled on any given day between the times of 7 a.m. and 6 p.m. Lots that are restricted from general public use were not counted (NC). Each block has a corresponding graph depicting the daily occupancy rates for public accessible lots. The graphs also indicate the effective capacity rate, which means that parking lots, for all practical purposes, are full. Effective capacity is generally defined as between eighty-five percent and ninety-five percent occupancy. This study defines effective capacity as ninety percent occupied.

### How to read the Individual Block Maps

**Block ID** - - - - -

Can be referenced to the hospital district map on the previous page.

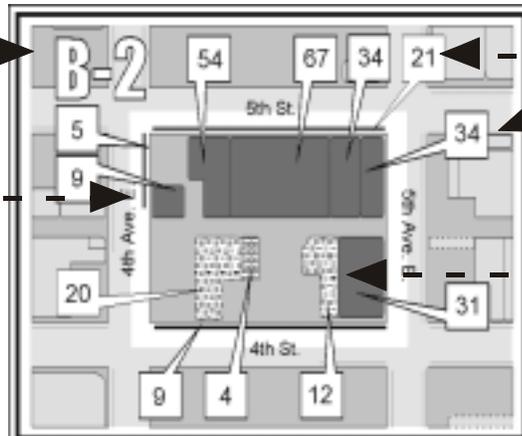
**On-street parking** - - - - -

Black lines adjacent to blocks identify areas where on-street parking is allowed.

**Parking Types** - - - - -

Identifies all parking types found on this block. Types are differentiated by fill pattern.

Total number of spaces available to the public on this block.



Parking Type	# of Spaces	Maximum Occupancy Rate
Tenant	4	NC
Employee	229	NC
Customer	32	53%
On-Street	35	95%
All Public Accessible Spaces	67	74%

**Callout boxes** - - - - -

Identifies the number of spaces in the specified parking area

**Off-street parking** - - - - -

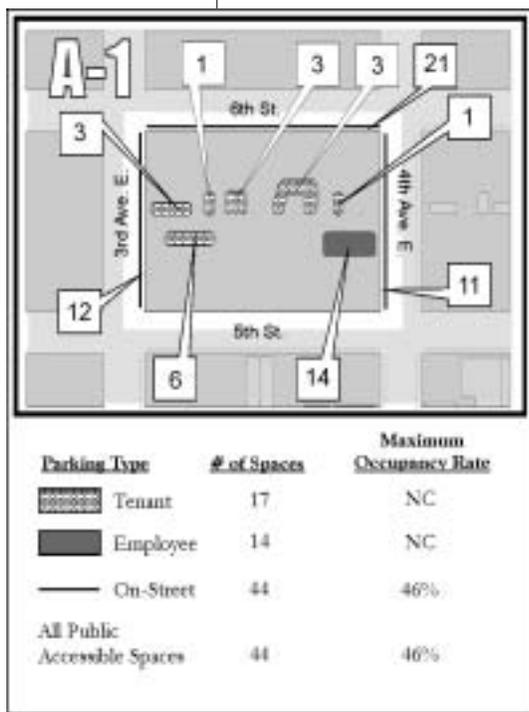
Shaded polygons inside the block represent off-street parking facilities. The fill pattern identifies parking type.

**Maximum Occupancy Rate** - - - - -

the highest percentage of parking spaces that will be filled on an average day. The accompanying graph for each block shows the change in the occupancy rate over an entire day.

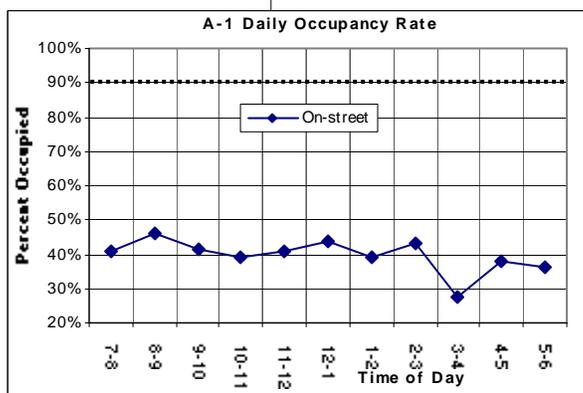
Row “A” (Between 5<sup>th</sup> and 6<sup>th</sup> Streets from 3<sup>rd</sup> Avenue East to 7<sup>th</sup> Avenue East

Row “A” is located two blocks from the St. Mary’s Medical Center and is primarily residential. These blocks are very similar to most residential areas within the Medical District as they provide a minimal number of off-street spaces for residential parking, while supplying a high number of on-street spaces. Hospital surface lots are strewn in between residences to provide parking to the area’s largest employer. Parking restrictions along 5<sup>th</sup> Street and a busy 6<sup>th</sup> Avenue East makes many on-street spaces in this row currently undesirable for hospital employees and guests.



**A-1:** Off-street parking on this block is made up almost exclusively of tenant parking with the exception of one SMDC lot that contains fourteen employee spaces. Upon examination, it does not appear that hospital and/or business parking is effecting the space availability on this block. According to the 1990 census, the population on this block included fifty-five residents. Our inventory identified seventeen available off-street tenant spaces in addition to seven garage stalls (twenty-four total off-street residential spaces). These spaces, along with over forty on-street spaces, give the residents of this block better parking opportunities than most within our study area.

The graph detailing daily usage does not show any time of the day when availability is less than fifty percent. The only noticeable shift in the graft is over the 3 p.m. to 4 p.m. hour during the SMDC shift change. This fluctuation can most likely be attributed to hospital employees parking in the eleven spaces along 4<sup>th</sup> Avenue East. Of all available on-street spaces on this block, these would be the most desirable for workers as they are the closest and most direct spaces to utilize when going to the hospital.



This block is currently seeing little effect from its proximity to both SMDC and the East Hillside Business District. No changes would be recommended at this time. However, this block should not be ignored by any current or future parking management system. Changes to free up parking on adjacent blocks would undoubtedly shift more pressure to the on-street spaces around A-1. Therefore, future changes to parking management on nearby blocks should also include this block.

Major Concerns:



- Any parking management strategy used on adjacent blocks must consider the ramifications to this block.

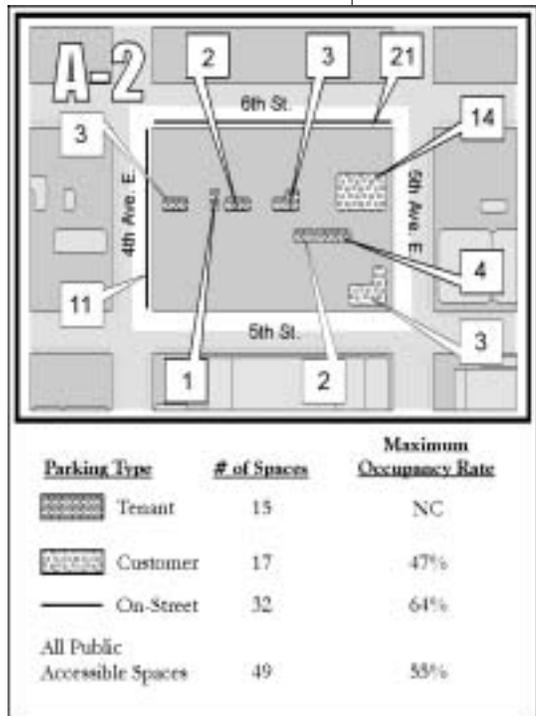
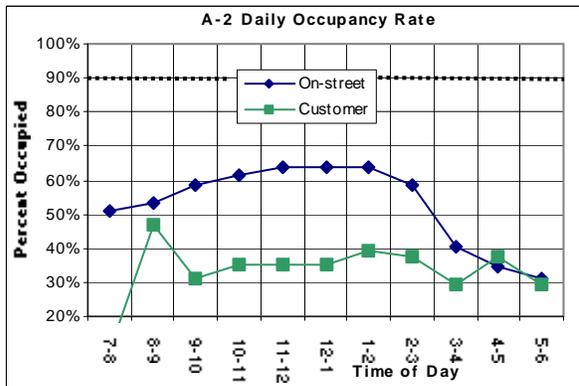
**Short-term Recommendations:**

- Changes to on-street parking management on the surrounding blocks should include block A-1 or incorporate plans to minimize or eliminate any resulting effects.

**Long-term Medical District System Recommendations:**

- All on-street spaces around this block should be included in the Medical Parking Benefit District.

**A-2:** This block contains six small tenant lots (fifteen total spaces) and two customer lots (seventeen total spaces). Parking restrictions along both 5<sup>th</sup> Street and 5<sup>th</sup> Avenue East do not allow on-street parking in these areas. Consequently, only thirty-two on-street spaces are provided around this block.



The larger of the two customer lots (fourteen spaces) belongs to the Calvary Baptist Church. The smaller lot with three spaces belongs to Eagle Electric Enterprises. Eagle Electric utilizes their limited space for company vehicles and was consistently full throughout the day. Calvary Baptist’s lot, however, had little usage through the day. The graph depicting daily occupancy rate shows that customer parking for the block is always less than fifty percent full. As churches generally have set schedules throughout a week (services on set nights and through the weekends), there may be an opportunity for a mutually beneficial agreement between the church and a second party to share parking. In our three days of counts, we never encountered more than six cars in the fourteen available spaces. On average, four spaces were filled at any particular point during the day. If a compatible midweek use could be found, eight to ten of these spaces could probably be leased from the church for appropriate compensation. No one from Calvary Baptist Church was approached about this possibility, but it

is as an example of a lot in which a shared parking agreement could be mutually beneficial.

The 1990 census showed that there were eighty-seven people living on block “A-2.” Our inventory identified seventeen off-street tenant spaces and eleven garage stalls. This equals one spot for every three residents. As a whole, on-street occupancy rates never eclipse seventy percent; but individually, the spaces nearer SMDC along 4<sup>th</sup> Avenue East have a higher rate of use. Similar to block A-1, parking rates showed a marked decline between the hours of 3 p.m. and 4 p.m. This trend continues as we examine the individual blocks and is a major indicator that hospital employees are utilizing these free spaces. Furthermore, the closer a block is to one of the main hospital buildings, the greater the pressure will be on free on-street parking.

**Major Concerns:**

- Any parking management strategy used on adjacent blocks must consider the ramifications to this block.

**Short-term Recommendations:**

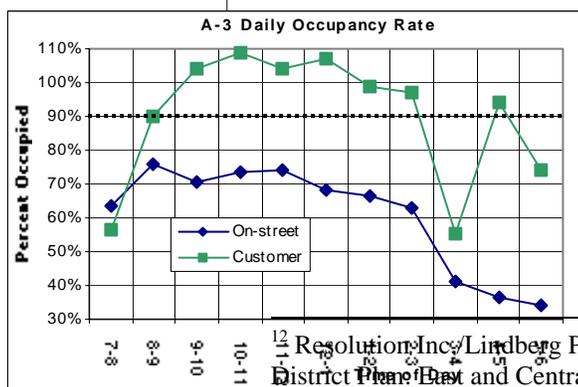
- Changes to on-street parking management on the surrounding blocks should include block A-2 or incorporate plans to minimize or eliminate any resulting effects.
- Calvary Baptist Church should investigate opportunities to lease their unused parking spaces to businesses with compatible needs.

**Long-term Medical District System Recommendations:**

- All on-street spaces around this block should be included in the Medical Parking Benefit District.

**A-3:** This block is dominated by two large SMDC employee parking lots that contain sixty-four percent of the parking spots available on this block. These lots are a prime example of the effects of the Medical District’s growth on the neighborhoods. Of the eight structures that used to exist along 5<sup>th</sup> Street, only one house remains and is surrounded by an SMDC parking lot on all sides. The expansive open space of the parking lots creates a distinct and intrusive border

between the neighborhood and the nearby hospital and business district. The 1991 Neighborhood Housing and Medical District Plan<sup>12</sup> stated as one of its main goals that hospital lots abutting or encroaching upon the neighborhoods be “landscaped, neighborhood compatible facilities.” Since 1991, little has changed. Lots adjacent to homes throughout the Medical District are nothing more than open spaces devoid of the



12. Resolution, Inc./Lindberg Pierce, Inc. Architects, Neighborhood Housing and Medical District Plan for the East and Central Hillside Neighborhoods (Duluth, MN, Resolution Inc, 1991)



neighborhood's sense of place. The 1991 plan also included a survey to gauge needs of both the hospitals and the residents. One of the main concerns expressed by the Duluth Clinic was the need to maintain free on-street parking in the neighborhoods for the benefit of "employee recruitment and retention." If this is a main concern, it would stand to reason that working with residents and maintaining a good relationship with the neighborhoods should be a top priority. Landscaping lots closest to the neighborhoods will serve to strengthen the neighborhood's sense of place as well as the image of the medical institutions.

Block A-3 also contains two customer parking lots belonging to Auto Medics auto repair shop and a vacant gas station (formerly ICO). The graph shows customer parking to be extremely high due to double parking of cars in the Auto Medics lot. The similar decrease of parking in customer lots and on-street spaces between the hours of 3 p.m. and 4 p.m. are not related. The decrease in the customer lots occupancy can be attributed to people picking up their vehicles after having them serviced that day.

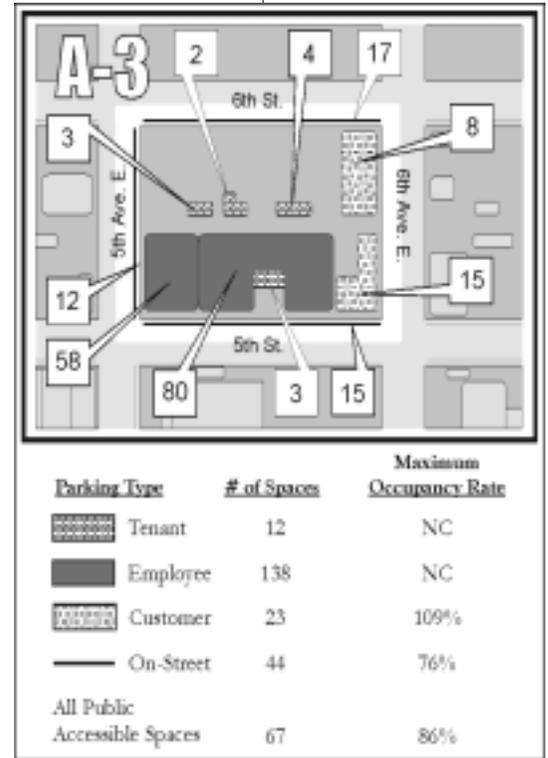
Obviously, with one-half of the block devoted to parking, fewer residents reside on this block. In 1990, only twenty-nine people lived on block A-3; these residents are served by twelve off-street tenant spots and two garage stalls. Although they must contend with both neighboring blocks and hospital/business users for available on-street space, there is still an ample supply of available parking. However, increased pressure from either the hospital or nearby businesses could pose problems for these residents. Usage exceeding seventy percent of on-street supply is seen throughout the day with most people leaving between 3 p.m. and 4 p.m. This again reaffirms the impact hospital employees have on available neighborhood parking.

**Major Concerns:**

- **Large surface lots directly adjacent to residences currently lack a sense of the neighborhood's character and create a feeling of an "inner city" or unsafe setting.**
- **Any parking management strategy used on adjacent blocks must consider the ramifications to this block.**

**Short-term Recommendations:**

- **Existing and future surface lots should incorporate landscaping to blend with the neighborhood and promote the professional image of the institutions they serve.**



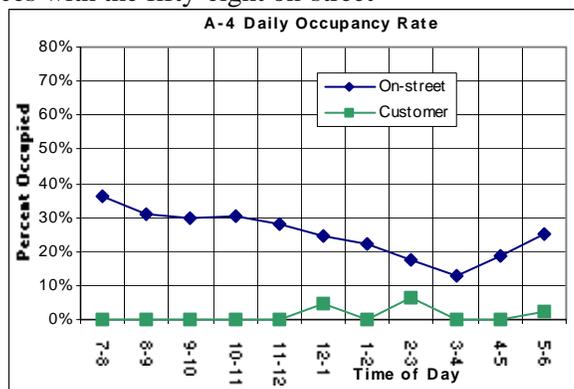
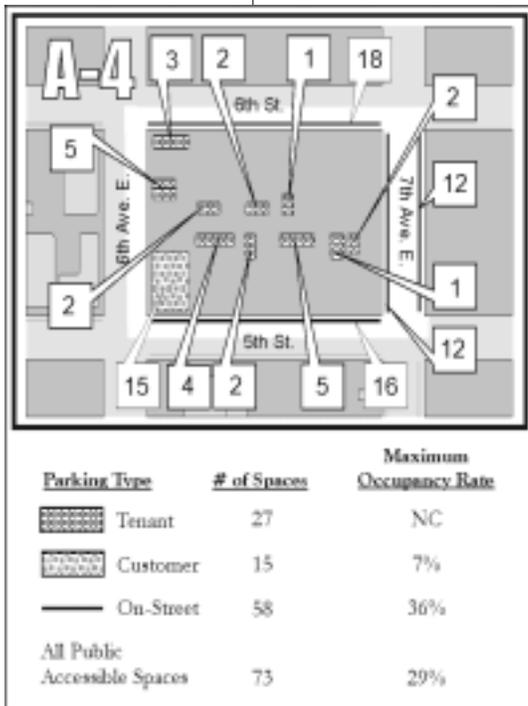
- Changes to on-street parking management on the surrounding blocks should include block A-3 or incorporate plans to minimize or eliminate any resulting effects.

**Long-term Medical District System Recommendations:**

- All on-street spaces around this block should be included in the Medical Parking Benefit District.

**A-4:** The heavily used 6<sup>th</sup> Avenue East protects this block from the pressures of hospital employee parking, but not from visitors to the 4<sup>th</sup> Street business district. As improvements to the business district continue, and as new businesses move into the area, this block could be effected by people looking for free parking spaces. For the time being, however, the on-street spaces appear to be used mostly for residential purposes.

There is currently ample parking for the block’s seventy-nine residents<sup>13</sup>. In fact, off-street spaces are available for one of every two people living on the block (twenty-seven tenant spaces and fifteen garage stalls). Combine these off-street spaces with the fifty-eight on-street



spaces and residents in this area should have no problems finding parking. Examining the maximum parking rates through the day shows a “U” shaped curve suggesting people are leaving for work in the morning and returning around 4 p.m. to 5 p.m. This contrasts with the graphs for blocks A-2 and A-3, which show increases in parking during the early morning hours due to employee use.

One customer lot exists at the corner of 5<sup>th</sup> Street and 6<sup>th</sup> Avenue East, but the building is currently vacant and the parking is unused. The renovation of this lot, depending on the use, should not have a great impact on on-street spaces.

**Major Concerns:**

<sup>13</sup> 1990 US Census.



- As the 4<sup>th</sup> Street business district continues to redevelop, more pressure could be put on the neighborhood's on-street spaces.

**Short-term Recommendations:**

- Redevelopment plans should provide consideration to available parking and the effects that could be passed on to the nearby neighborhood.

**Long-term Medical District System Recommendations:**

- All on-street spaces around this block (including both sides of 7<sup>th</sup> Avenue East) should be included in the Medical Parking Benefit District.
- 









**Row “B” (Between 4<sup>th</sup> & 5<sup>th</sup> Streets from 3<sup>rd</sup> Ave. E. to 7<sup>th</sup> Ave. E.)**

Row “B” is directly adjacent to the St. Mary’s Medical Center and is home to a portion of the East 4<sup>th</sup> Street business district. The proximity to the hospital makes these blocks prime parking real estate for the hospital, and many lots do exist. On the other hand, this land also provides prime development property for future area hospital and business expansion. Land not being used for hospital parking is generally used for business and customer parking. On-street space availability is greatly impacted by employees and customer use.

**B-1:** This block provides a great example of how expanding hospital parking encroaches upon the surrounding neighborhood. Obviously, this is an excellent area for the hospital to locate parking because of its proximity to the hospital. Unfortunately, this block is even closer to the neighborhood.

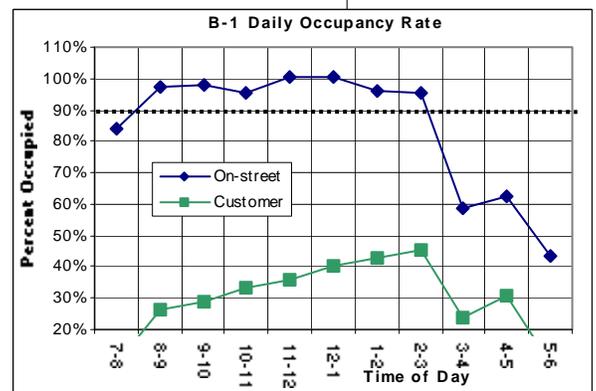
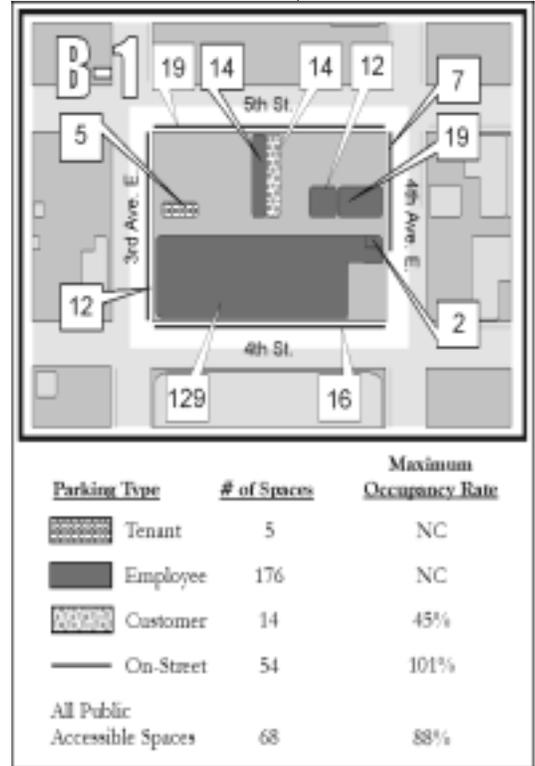
Four SMDC lots on this block contain ninety percent of the available off-street parking. Unfortunately, these large surface lots appear as voids in between the adjacent structures. Two lots, one belonging to SMDC and the other to Kaarbo, actually surround the housing structures on 5<sup>th</sup> Street. If the hospitals wish to continue the practice of having free on-street parking available, they must work with the neighborhoods, and not just move into them. However, to this block’s credit, some effort has been put forward to minimize the unsightly effect of the large surface lot abutting 4<sup>th</sup> Street. Landscaping is used to provide a subtle transition between the neighborhood, the parking lots, and the business district.

Because most of the off-street parking is dedicated to other uses, the fifty-three residents<sup>14</sup> of this block are left to contend for nine off-street spaces (five surface spaces and four garage stalls) and one of the available fifty-four on-street spaces. According to our data, the on-street spaces were utilized at above effective capacity throughout a majority of the day, and only became available after the three-o’clock hospital shift change. It is this type of pressure that can and will lead to residents requesting a permit zone.

**Major Concerns:**

- **On-street space availability during the workday due to commuter use.**
- **Landscaping around the large hospital lots must be maintained.**

<sup>14</sup> 1990 US Census



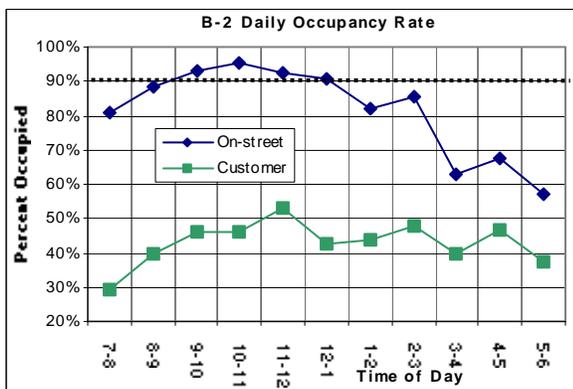
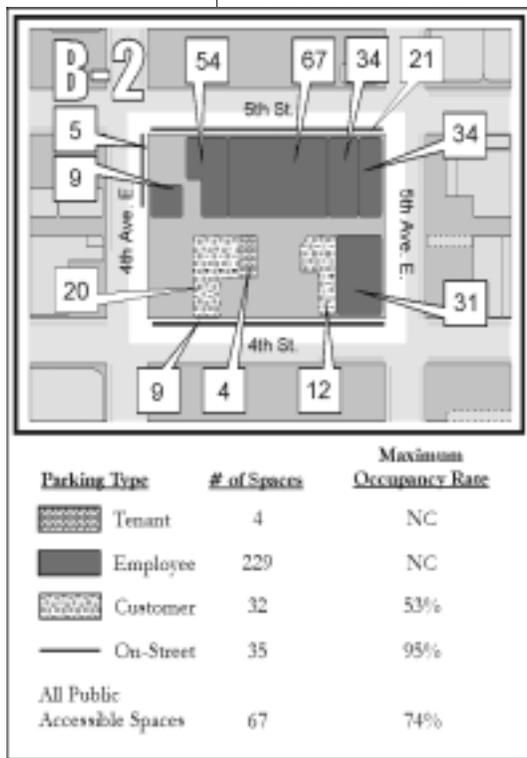
**Short-term Recommendations:**

- Ensure on-street parking is available for residential and local business needs.
- SMDC should consider offering transportation benefits to employees (paid benefit for parking, subsidized bus passes, Commuter Choice programs, etc.) to lessen the demand for current and future parking spaces.

**Long-term Medical District System Recommendations:**

- On-street spaces along 3<sup>rd</sup> Avenue East and 5<sup>th</sup> Street should be included in the Medical Parking Benefit District.
- Twelve-hour meters should be installed along 4<sup>th</sup> Avenue East and 4<sup>th</sup> Street to regulate these spaces.

**B-2:** This particular block exemplifies the complexity of parking issues in the Medical District. It blends the interests of the residential neighborhood, the hospital district, and the East 4<sup>th</sup> Street business district. Over half of the land on this block is dedicated to surface parking for SMDC or nearby businesses. On one



hand, you have the neighborhood looking out over a sea of vehicles in uninteresting and detractive lots. Then you have the businesses, some of which have more than enough parking (Loiselle’s Liquor), and others that struggle to provide spaces for their patrons (Round Up Bar). Finally, the St. Mary’s Medical Center is also directly adjacent to this block. Providing close and convenient parking for employees is important for the hospital to retain and recruit employees.

The only home on this block is a remaining alley house, now caught between the 4<sup>th</sup> Street business and the hospital parking lots. Four tenants, be it in this structure or above the businesses, were recorded as living on this block during the 1990 census. A small tenant area next to the house accommodates their parking needs (four spaces).



Because of this great range in uses in this area, it is difficult to weigh the effects each use is having on the other. Obviously the largest user of parking on this block is SMDC. Six of the nine lots here are dedicated for SMDC and these lots account for seventy-six percent of the spaces on the block. More important may be the question of how these parking lots contribute to the appearance of the entire area. The imposing design of the lots detracts from the area and does nothing to benefit any of the interested parties. Neighbors of the lots are given the exciting opportunity to view inner city parking lots from their living rooms and are treated to lower property values associated with their location. Businesses must contend with the perception of being located in a “rough” neighborhood amid large fields of asphalt created by the surface parking lots. The hospital also looks bad by providing the area and its employees parking facilities that do not reflect the professionalism of the institution.

Again, on-street parking is over effective capacity for most of the workday and then drops off towards the later hours of the day. This demand for on-street parking can be linked to the close proximity of this block to the St. Mary’s Medical Center. Two of the three on-street parking rows are free of charge with the exception of the on-street parking located on 4<sup>th</sup> Street. This parking (metered with a two-hour time limit costing \$0.25 per hour) is at or above effective capacity throughout the day.

Because of their excellent location, these metered spaces are perfect for people making quick stops to both the hospital and area businesses. Quick stops may or may not be planned, and parking designated for this purpose needs to be convenient. Currently, most meters in Duluth only accept quarters. A customer making a quick stop should not have to worry about having the right type of currency when arriving at these spaces. Short-term meters should accept nickels, dimes, and quarters to facilitate their ease-of-use. Furthermore, a turnover study should be considered for this and the rest of the 4<sup>th</sup> Street business district to determine if people are plugging meters throughout the day. A hospital or business employee would only have to plug these meters four times to park all day at a cost of \$2.00. Changing the price on these meters to 25 cents per half-hour should help to ensure ample turnover and increase the likelihood of spaces being available for quick stops.

**Major Concerns:**

- **On-street space availability in the neighborhood during the workday due to commuter use.**
- **On-street parking along 4<sup>th</sup> Street should be available for quick trips to both the hospital and nearby businesses.**
- **Large surface lots directly adjacent to residential uses currently lack the neighborhood’s character and promote the sense of an “inner city” or unsafe setting.**

**Short-term Recommendations:**

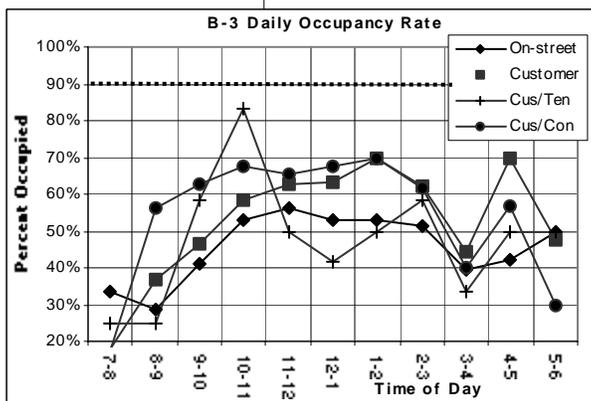
- **Ensure on-street parking is available for residential and local business needs.**
- **Change the price on meters along 4<sup>th</sup> Street to \$0.25 per half-hour.**

- Existing and future lots should incorporate landscaping to blend with the neighborhood and promote the professional institutions they serve.
- Meters offering short term parking (2 hours or less) should accept all coin denominations. Any installation or replacement of meters should incorporate this convenience.
- SMDC should consider offering transportation benefits to employees (paid benefit for parking, subsidized bus passes, Commuter Choice programs, etc.) to lessen the demand for current and future parking spaces.

**Long-term Medical District System Recommendations:**

- On-street spaces along 5<sup>th</sup> Street should be included in the Medical Parking Benefit District.
- Twelve-hour meters should be installed along 4<sup>th</sup> Avenue East to regulate these spaces.

**B-3:** This block is the center of the 4<sup>th</sup> Street business district, for it houses most of the corridor’s retailers and service providers. Daugherty’s Hardware is both the largest retailer in this area and a magnet for customers. Founded in the 1940’s, Daugherty’s Hardware store is both the cornerstone of the 4<sup>th</sup> Street business district, and the major provider of parking on this block. Its three lots contain ¾ of off-street spaces available on this block. A small lot along 5<sup>th</sup> Street is designated primarily for company vehicles. A larger lot with 45 spaces, near the intersection of 5<sup>th</sup> Street and 5<sup>th</sup> Avenue East, is reserved primarily for customers. The final lot, located on the corner of 4<sup>th</sup> Street and 6<sup>th</sup> Avenue East has eighty-nine spaces and is used for multiple purposes. This is a great example of shared parking use in a business district. While Daugherty’s reserves some of the spaces for its customers and employees, much of the lot is contracted by hospital facilities. Two full rows are reserved for SMDC workers, while one row is specifically reserved for employees of the Polinsky Rehabilitation Center.



Aside from the Daugherty’s lots, the remaining off-street spaces are primarily reserved for other businesses and their customers. R.J. Mehrman & Sons Plumbing & Heating, Floyd’s 5<sup>th</sup> Avenue Barbers, O’Gilby’s, the Twins Bar, and Huie’s Chopsticks Inn all provide a number of spaces. One of the most unique lots in our study area provides parking for customers of Designer Dogs during regular business hours (8 a.m. to 5 p.m.) and to area tenants during the rest of the day. While the 1990 census found only 16 people living here, only 3 tenant spaces were identified along with the 4 spaces available from the tenant/customer lot (one off-street space for every two residents).



On-street parking is confined on this block to 5<sup>th</sup> avenue and half of 4<sup>th</sup> street. Both of these sections are metered with 2-hour time limits and cost \$0.25 per hour. The free off-street parking spaces for businesses on this block reduce the reliance on on-street availability. Nearby businesses across the street, however, do not have this luxury and benefit by having these spaces available throughout the day. Our data indicated that on-street usage never exceeded fifty-six percent, but most of the empty spaces were along 6<sup>th</sup> Avenue East throughout the day. Spaces along 4<sup>th</sup> Street, closest to the area businesses, are being used.

**Major Concerns:**

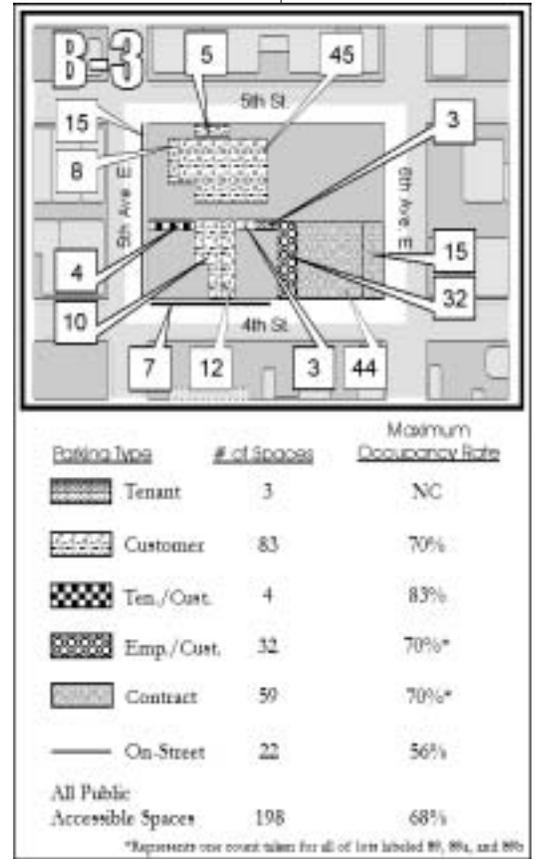
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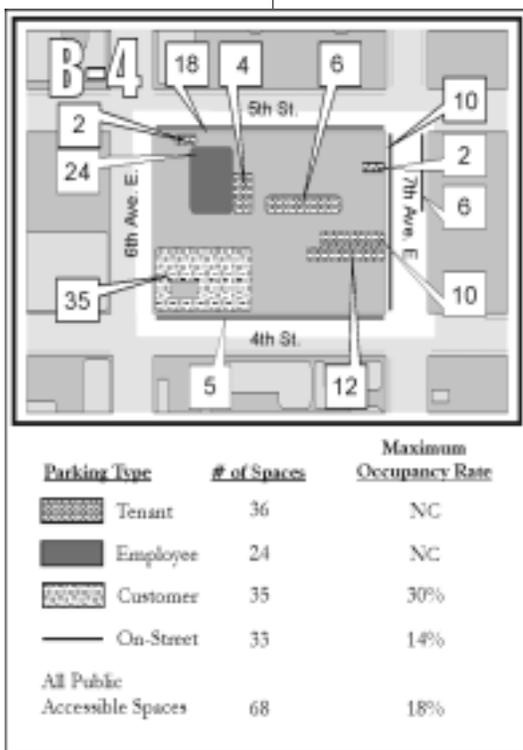
**Short-term Recommendations:**

- Meters offering short term parking (2 hours or less) should accept all coin denominations. Any installation or replacement of meters should incorporate this convenience.
- Redevelopment plans should strive to mitigate any negative parking impacts that could effect the nearby neighborhood.

**Long-term Medical District System Recommendations:**

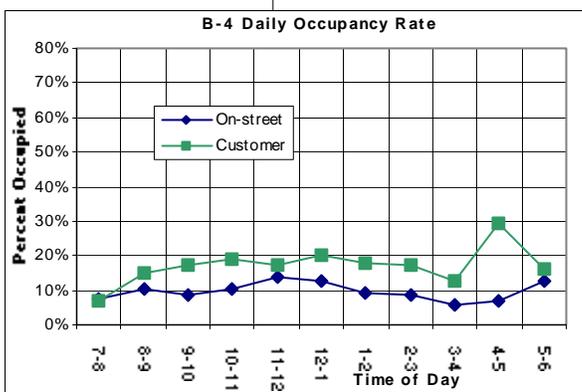
- none





**B-4:** This is the most densely populated block in row “B” with ninety-nine people counted in the 1990 U.S. Census. The six tenant lots and two garage stalls provide a total of thirty-eight off-street spaces for residents (nearly one spot for every three people). One customer lot is shared between Last Chance Liquors and Auto Lube, and one SMDC lot provides parking for hospital employees. On-street parking is available on 4<sup>th</sup> and 5<sup>th</sup> Streets, and along 7<sup>th</sup> Avenue East.

Both customer parking and on-street parking spaces do not see great usage throughout the day. Customers to Auto Lube predominantly utilize a portion of the thirty-five customer spaces during daylight hours, while patrons to Last Chance Liquor utilize the spaces in the evening. According to collected data, this lot is never more than 30% full throughout the day. As businesses move into the area or as opportunities exist, a portion of this parking could be designated for shared use. On-street spaces do not see the pressure from hospital parking because of their distance from St. Mary’s and the busy 6<sup>th</sup> Avenue East. Occupancy rates are very low throughout the day and only reach a maximum occupancy rate of 14% between 11 a.m. to 12 p.m. Residents should not have to worry about commuter parking here unless the 4<sup>th</sup> Street business district begins to grow.



**Major Concerns:**

- As the 4<sup>th</sup> Street business district continues to redevelop, more pressure could be put on the neighborhood’s on-street spaces.

**Short-term Recommendations:**

- Redevelopment plans should strive to mitigate any negative parking impacts that could effect the nearby neighborhood.
- The Auto Lube/Last Chance Liquor Lot is

underused through much of the day and shared/contract spaces are a possibility.

**Long-term Medical District System Recommendations:**

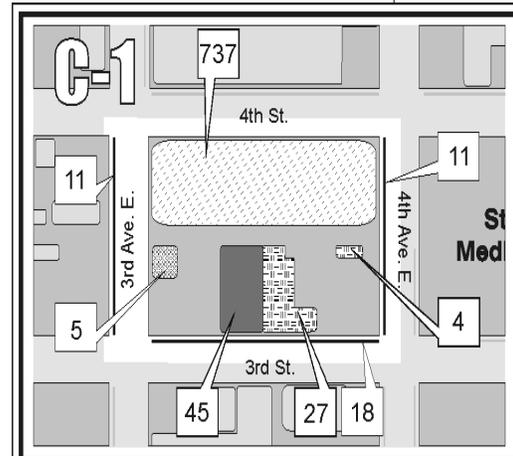
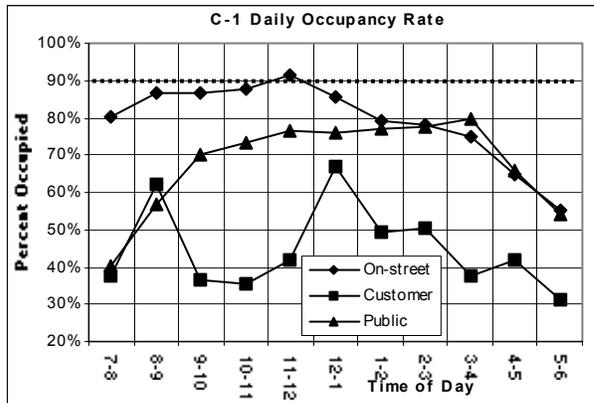
- All On-street spaces around this block should be included in the Medical Parking Benefit District.





**Row “C” (Between 3<sup>rd</sup> & 4<sup>th</sup> Streets from 3<sup>rd</sup> Ave. E. to 8<sup>th</sup> Ave. E.)**

The St. Mary’s Medical Center and a great deal of hospital parking dominate this row. The three blocks west of 6<sup>th</sup> Avenue East are comprised mainly of hospital facilities, hospital parking, and area businesses. Parking around these areas is the most highly sought after and should be managed appropriately. East of 6<sup>th</sup> Avenue marks the end of the 4<sup>th</sup> Street business district and the reappearance of residential dwellings.



Parking Type	# of Spaces	Maximum Occupancy Rate
Contract	5	NC
Customer	31	67%
Employee	45	NC
Public	737	80%
On-Street	40	92%
All Public Accessible Spaces	808	78%

**C-1:** This block is home to one of the largest and newest ramps in the hospital district. A portion of the 737 spaces provided by the St. Mary’s ramp are reserved for employees (437 spaces), while the rest are open to the public (300 spaces). The close proximity to the hospital makes these spaces an attractive option for the public and employees alike. Notably, the designated customer spaces are located on the side of the ramp nearest to the hospital.

According to our analysis, these spaces are seeing use as high as eighty percent during the course of a day. One consideration to increase the ramp’s usage to around 90% could be to convert some of the current patient-only parking on the upper levels of the ramp to employee spaces. This could maximize the ramp’s usage, decrease the need for surface parking elsewhere, and still maintain the facility’s dependability when looking for a space.

When examining ramp use and efficiency, pricing is a major factor. If ramp prices are too low, the ramp will consistently be full, but customers cannot trust that a space will be available if they want to park there. If ramp prices are too high, drivers will search for other nearby lots or on-street options that are more economical. All ramps on the SMDC campus are well

Hours	Price	Cumulative
0.5*	\$0.50	\$0.50
1	\$0.75	\$1.25
2	\$0.50	\$1.75
3	\$0.25	\$2.00
4	\$0.25	\$2.25
5	\$0.35	\$2.60
6	\$0.40	\$3.00
7	\$0.75	\$3.75
8+	\$1.25	\$5.00
<b>Max</b>		<b>\$5.00</b>
7 day pass:		\$18.00
* first 20 minutes are free		

**Figure 9**

located in relation to the various destinations of employees and visitors, and all operate under the same pricing scale as denoted by figure 9. This scale is designed to benefit the typical hospital visit of three to four hours, while generating revenue from those stopping for short visits or staying for the day.

This pricing strategy incorporates some excellent features. For one, customers of the nearby emergency room can have their parking tickets validated by the hospital, thereby making their parking spaces free-of-charge. Emergency trips are stressful enough—this feature guarantees customers that parking is not an additional worry at difficult times. Another excellent feature of this pricing scale is the inclusion of a free initial twenty minutes to allow for quick stops (fifteen minutes) to the pharmacy or to visit patients in the hospital. Ideally, customers would be able to utilize on-street spaces surrounding this block, or better yet, the on-street spaces around C-2. But, as can be seen on the graph for block C-1, the on-street spaces here are near effective capacity throughout the day (C-2 on-street spaces are even more heavily used). If recommended on-street changes are unsuccessful around C-2, SMDC should consider validating ramp parking tickets for patrons to the pharmacy—many times a wait may exceed twenty minutes to get a prescription filled.

Implementing recommendations on surrounding blocks should alleviate the need for any immediate changes on this block.

**Major Concerns:**

- **Convenient short-term parking for quick, fifteen-minute stops is not available.**

**Short-term Recommendations:**

- **If meter times and/or prices are not changed around block “C-2” to provide quick-stop spaces, consideration should be given to validating parking for pharmacy customers.**
- **SMDC should consider offering transportation benefits to employees (paid benefit for parking, subsidized bus passes, Commuter Choice programs, etc.) to lessen the demand for current and future parking spaces.**
- **Meters offering short term parking (2 hours or less) should accept all coin denominations. Any installation or replacement of meters should incorporate this convenience.**

**Long-term Medical District System Recommendations:**

- **On-street spaces along 3<sup>rd</sup> Avenue East should be included in the Medical Parking Benefit District.**
  - **Twelve-hour meters should be installed along 3<sup>rd</sup> Street to regulate these spaces.**
- 
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**C-2:** This block is home to St. Mary's Medical Center. The physical structure of the hospital takes up a majority of the land on this block. The only off-street parking available is two handicapped and two employee spaces on the eastern side of the building. All on-street parking is short-term meters with a maximum time allotment of two hours. Pricing does change however, as all spaces above 2<sup>nd</sup> Street are \$0.25 per hour, while spaces along 2<sup>nd</sup> street are priced at \$0.25 per half-hour.

Three noticeable variations in the data appear over the hours of 3pm-4pm; the three spaces along 4<sup>th</sup> Street, which were at full occupancy throughout the day, averaged only one car during this hour. Similarly, the spaces along 5<sup>th</sup> Avenue East saw a reduction in occupancy after being at capacity through the day. At the same time, the drop-off/pick-up zone along 2<sup>nd</sup> Street saw on average two or three *more* cars than spaces. Obviously both of these occurrences are caused by the hospital shift change. At \$2.00 a day, the spaces along 3<sup>rd</sup> Street and those along 5<sup>th</sup> Avenue East could easily be used by employees. A turnover analysis of this area would need to be conducted to determine if people are plugging meters. The overflow of cars along 2<sup>nd</sup> Street is undoubtedly caused by people picking up others at the hospital's lakeside entrance.

Because of the abundance of off-street parking for customers near this block, the off-street spaces here should be reserved for those making quick trips into the hospital. Adjusting all on-street meters around this block to 25¢ per half-hour would alleviate meter plugging and keep these spaces more readily available.

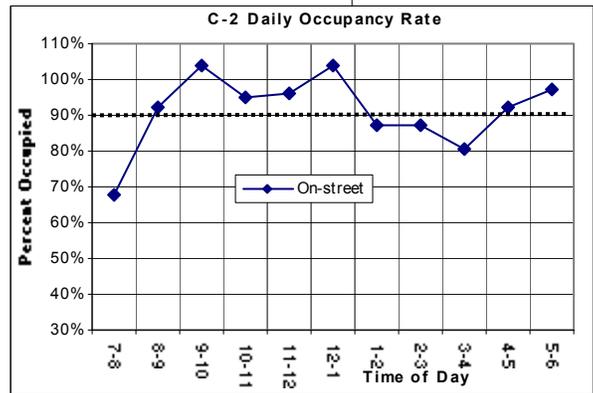
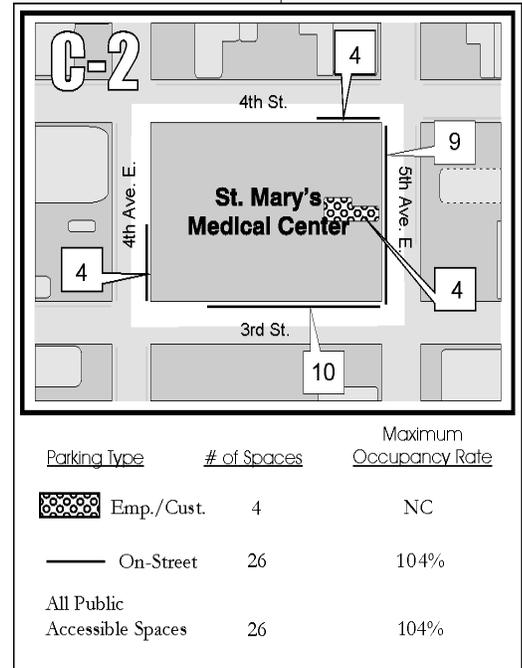
**Major Concerns:**

- On-street parking directly adjacent to the hospital is above effective capacity throughout much of the day.
- Convenient short-term parking for quick, fifteen-minute stops is not available.

**Short-term Recommendations:**

- Change the price on meters around this block to \$0.25 per half-hour.
- Meters offering short term parking (2 hours or less) should accept all coin denominations. Any installation or replacement of meters should incorporate this convenience.
- SMDC should consider offering transportation benefits to employees (paid benefit for parking, subsidized bus passes, Commuter Choice programs, etc.) to lessen the demand for current and future parking spaces.

**Long-term Medical District System Recommendations:**

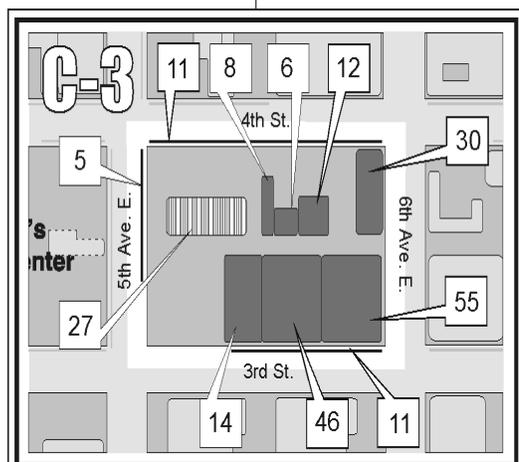


- **If not completed as a short-term recommendation, the price on meters around this block should be changed to \$0.25 per half-hour.**

**C-3:** Like block B-3, this block is a strong part of the 4<sup>th</sup> Street business district. Businesses here range from a travel agency to restaurants to a flower shop. This block contains seven employee parking lots with a total of 171 spaces between them. These lots hold seventy-six percent of the total available off-street spaces. The other off-street lot is a customer/tenant lot that belongs to Reichert Property. This lot accommodates twenty-seven parking spaces (the 1990 population for this

block is twenty-six) which are primarily used for employees of the five businesses within the Reichert building, and for the tenants which live above these businesses. Even though our data indicates that occupancies for this lot rarely reached fifty-percent, Reichert Properties insisted that its use is already maximized.

On-street parking is available on 3<sup>rd</sup> and 4<sup>th</sup> Streets and 5<sup>th</sup> Avenue East. All on-street parking is metered—parking on 4<sup>th</sup> Street and 5<sup>th</sup> Avenue has a two-hour time limit and costs \$0.25 per hour, while parking on 3<sup>rd</sup> Street is limited to one-hour at a cost of \$0.25 every half-hour. The graph shows that occupancy rates are quite high throughout the day as patrons frequent the many services in the area. Consideration could be given to providing one fifteen-minute space in front of the flower shop to facilitate a quick turnover space conducive to their needs. All other businesses along 4<sup>th</sup> Street generally require longer parking time limits.



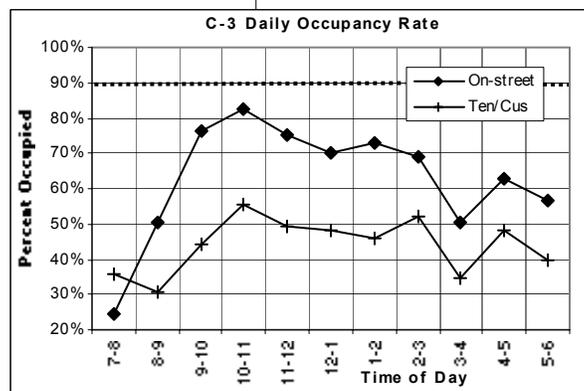
Parking Type	# of Spaces	Maximum Occupancy Rate
Employee	171	NC
Cus./Ten.	27	56%
On-Street	27	83%
All Public Accessible Spaces	54	69%

**Major Concerns:**

- **On-street space availability for nearby businesses.**
- **Land area currently used for surface parking is ripe for new development opportunities.**

**Short-term Recommendations:**

- **Change the time-limit of one 4<sup>th</sup> Street meter nearest 6<sup>th</sup> Avenue East to fifteen minutes.**
- **Meters offering short term parking (2 hours or less) should accept all coin denominations. Any installation or replacement of meters should incorporate this convenience.**
- **Future 4<sup>th</sup> Street business development should pursue working with SMDC to share their**



**parking during non-hospital use hours.**



**Long-term Medical District System Recommendations:**

- none

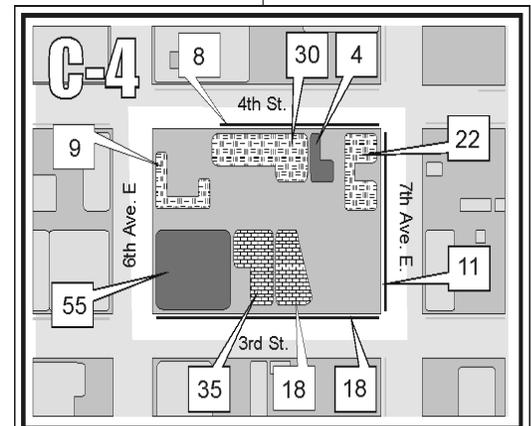
**C-4:** This block marks a transition between the 4<sup>th</sup> Street business district and the East Hillside neighborhood. Also important is that the lower half of this block is included in the Medical Center Link District. Four businesses are located on this block: Spur, CW Chips, House of Doughnuts, and the Cloquet Credit Union. All four have some kind of off-street parking for their customers and/or employees. Both the Spur station and the Credit Union see the greatest use through much of the day as they cater to quick stop customers. The largest customer lot, belonging to CW Chips (30 spaces), is primarily used during mealtime hours and late-night once the bar is open. Two lots directly below CW Chips are also available for their customer parking. A representative from C. Lemon Properties said these lots are also available for Credit Union patrons if they have overflow parking problems.

Free on-street parking is available along 3<sup>rd</sup> and 4<sup>th</sup> Streets and 7<sup>th</sup> Avenue. However, parking along 4<sup>th</sup> Street has a two-hour time limit and parking along 7<sup>th</sup> Avenue has a one-hour time limit, between 8:30 a.m. and 5:30 p.m. Occupancy rates for these on-street spaces runs high from late morning to early afternoon. Considering the time restrictions on on-street parking, options for residents on this block are slim. Only five garage stalls serve the off-street parking needs of the twenty-eight residents<sup>15</sup> living on this block. Most drivers living here can be assumed to be parking on-street next to adjacent blocks.

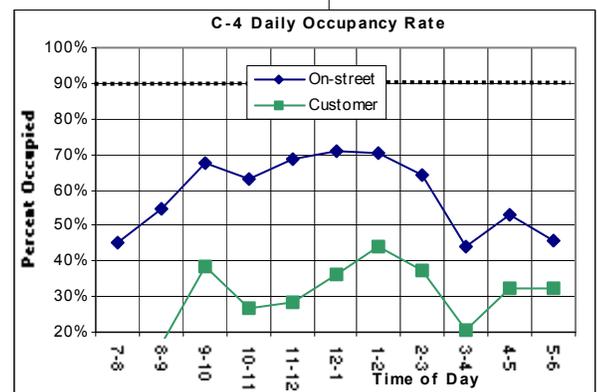
The final large lot on this block belongs to SMDC and provides fifty-five spaces for employee parking. This is primarily a daytime use lot and is empty during the evening. As the 4<sup>th</sup> Street Business District redevelops, an opportunity for shared parking with SMDC during evening hours (for a bar or restaurant) is a possibility.

**Major Concerns:**

- **Limited parking for residents puts pressure on spaces along adjacent blocks.**
- **Future area development may increase pressure on free on-street parking availability.**
- **Land area currently used for surface parking is ripe for new development opportunities.**



Parking Type	# of Spaces	Maximum Occupancy Rate
Tenant	53	NC
Employee	59	NC
Customer	61	44%
On-Street	37	71%
All Public Accessible Spaces	98	54%



<sup>15</sup> 1990 US Census

**Short-term Recommendations:**

- **Future 4<sup>th</sup> Street business development should pursue working with SMDC to share their parking during non-hospital use hours.**

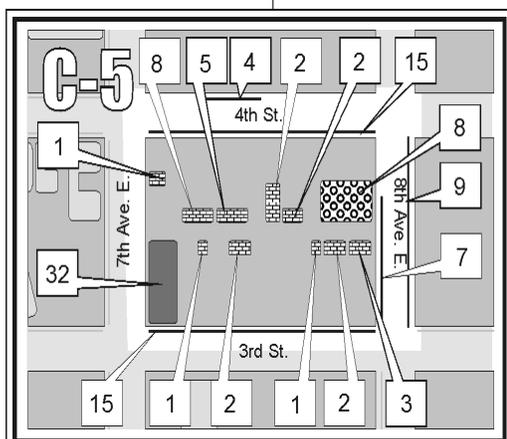
**Long-term Medical District System Recommendations:**

- **On-street spaces along 7<sup>th</sup> Avenue East and 3<sup>rd</sup> Street should be included in the Medical Parking Benefit District.**

**C-5:** This block is mostly residential with nine tenant lots. The exception is an SMDC employee parking lot with thirty-two spaces and an employee/customer parking lot belonging to Midwest Engine. The Medical Center Link District only includes the existing SMDC lot within its boundaries.

Although this block is located directly between the two main medical centers of SMDC and St. Luke’s, it is currently far away enough from both that it does not experience a great deal of parking pressure. Furthermore, the nearby business along 4<sup>th</sup> Street do not create overflow parking that spill into the neighborhood. However, changes to either the hospitals or the business district could mean parking concerns in the future.

According to the 1990 census, ninety-two people live on this block. Twenty-seven off-street spaces along with eleven garage stalls provide approximately one space for every three residents. All on-street parking is free of charge and does not see occupancy rates above sixty-five percent over the course of a day. The on-street spaces along 4<sup>th</sup> Street (closest to the 4<sup>th</sup> Street businesses) are controlled with a two-hour time limit.



**Major Concerns:**

- **Future area development may increase pressure on free on-street parking availability.**

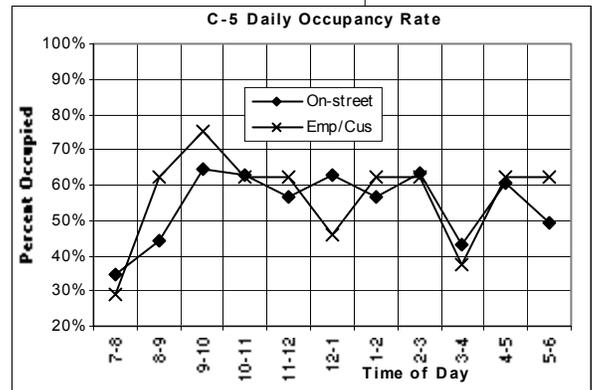
**Short-term Recommendations:**

- **Redevelopment plans should strive to mitigate any negative parking impacts that could effect the nearby neighborhood.**

**Long-term Medical District System Recommendations:**

- **All on-street spaces around this block should be included in the Medical Parking Benefit District.**

Parking Type	# of Spaces	Maximum Occupancy Rate
Tenant	27	NC
Employee	32	NC
Emp./Cust.	8	75%
On-Street	50	65%
All Public Accessible Spaces	58	66%









**Row “D” (Between 2<sup>nd</sup> & 3<sup>rd</sup> Streets from 3<sup>rd</sup> Ave. E. to 12<sup>th</sup> Ave. E.)**

Row “D” is very complex as it incorporates all types of parking for a variety of needs. Large senior homes and the heart of the SMDC campus sit on the western half of this row, while the mostly residential eastern half is adjacent to the St. Luke’s campus. All of the pressures that define the parking system in our study area can be seen on one of the blocks in this row.

**D-1:** Located next to the Duluth Clinic, it is surprising that this block does not include any designated hospital parking. The Grandview Manor, St. Ann’s Residence, and the Adas Israel Synagogue take up most of the area on this block. On-street parking, however, has high occupancy values throughout most of the day due to the close proximity to the hospital. Parking along 3<sup>rd</sup> Avenue is free of charge, but is only allowed from 8:30 a.m. to 5:30 p.m. The spaces along 4<sup>th</sup> Avenue are controlled by two-hour meters at a cost of \$0.25 per hour. There does not appear to be a problem with the pricing on either of these avenues as there was generally one or two free spaces throughout the day.

According to the 1990 census, 230 people live on this block; most of them probably reside in the two senior homes. Representatives from Grandview Manor indicated that they do not see parking as an issue, but a representative from St. Ann’s Residence completely disagreed with that assessment. Their residents and employees are having a difficult time finding parking, and it was reported that many residents might own a car, but do not due to lack of parking. One possible way to remedy some of the problems could be to share the synagogue parking. These spaces are only used at specific times and not at all on Saturdays (Jewish Sabbath). If a mutually beneficial agreement could be made, one or both of the residence homes might benefit.

**Major Concerns:**

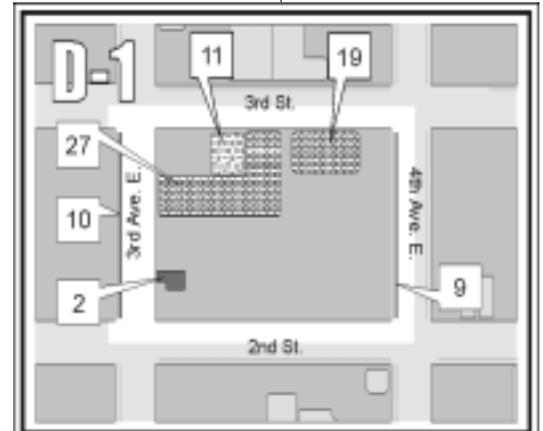
- **Parking availability for residents, visitors, and employees of both senior homes.**

**Short-term Recommendations:**

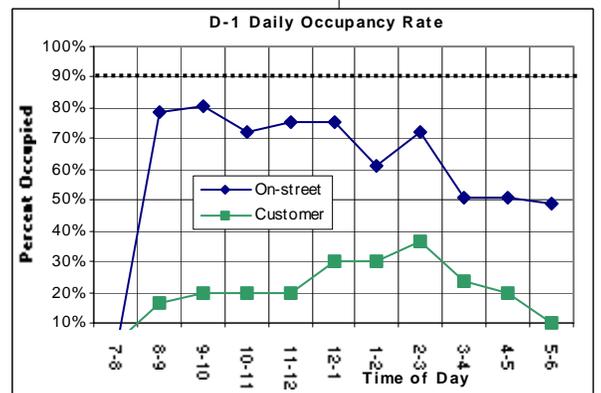
- **Shared parking agreements could be pursued with the Adas Israel Synagogue.**

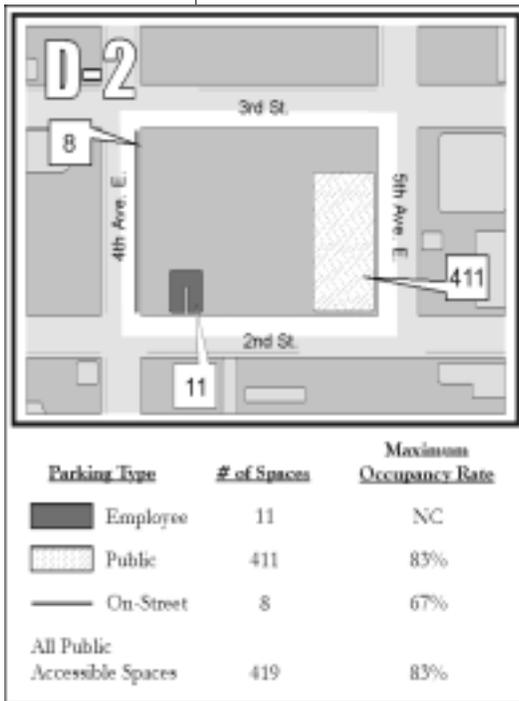
**Long-term Medical District System Recommendations:**

- **On-street spaces along 3<sup>rd</sup> Avenue East should be included in the Medical Parking Benefit District.**

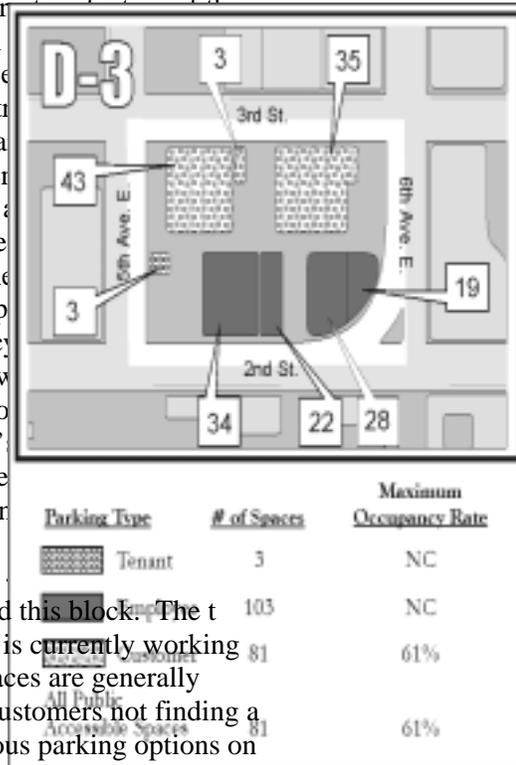


Parking Type	# of Spaces	Maximum Occupancy Rate
Tenant	46	NC
Employee	2	NC
Customer	11	37%
On-Street	19	81%
All Public Accessible Spaces	30	60%

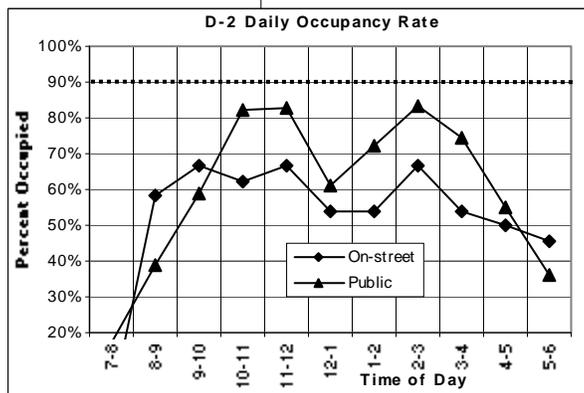




**D-2:** The Duluth Clinic's 3<sup>rd</sup> Street building and its two parking facilities take up the area on this block. The smallest lot with eleven spaces is reserved for employees and handicapped visitors. The large ramp caters to both employees and visitors. An interior ramp has its separate entrances on 4<sup>th</sup> Avenue East. A number of spaces are reserved for employees and handicapped visitors. The remaining fifteen spaces are reserved for employees and handicapped visitors. Pricing for the ramp is the same as the ramp on 4<sup>th</sup> Street. The ramp seems to exist to turn some of the spaces within this ramp into employee spaces. According to our data, occupancy is high during the day. By converting two spaces at the top of the ramp into employee spaces, the hospital can maximize the ramp's use. The need for surface parking elsewhere in the Medical District is a concern for this facility's dependability when



The eight on-street spaces along 2<sup>nd</sup> Street are the only on-street parking around this block. The ten-hour time limit (\$0.25 per hour) is currently working well by ensuring at least two spaces are generally available throughout the day. Customers not finding a space on this block have numerous parking options on adjacent blocks.

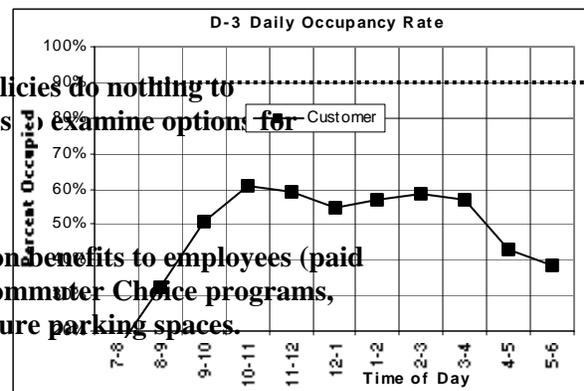


**Major Concerns:**

- SMDC's parking policies do nothing to encourage employees to examine options for getting to work other than driving alone.

**Short-term Recommendations:**

- SMDC should consider offering transportation benefits to employees (paid benefit for parking, subsidized bus passes, Commuter Choice programs, etc.) to lessen the demand for current and future parking spaces.



**Long-term Medical District System Recommendations:**

- none

**D-3:** This block is unique in that it offers no on-street parking and is mostly dedicated to providing off-street spaces for nearby businesses. Four SMDC lots



containing 103 spaces, three customer lots with 81 total spaces, and one tenant lot having three spaces take up a majority of the land area on this block. The only structures are one residence, Johnson's mortuary, and Gloria Dei Lutheran Church.

The SMDC lots provide excellent access to the entire medical campus. Employees parking here are within one block of the St. Mary's Medical Center, both Duluth Clinic buildings, Miller Dwan, and the Polinsky Rehabilitation Center. However, two of the lots (having 34 and 22 spaces) are both leased from Johnson's Mortuary. According to SMDC, the need for employee parking is high and continuing to grow. Lessening the demand for these spaces would reduce the pressure to lease lots such as these, and could lead to substantial cost savings for the hospital.

For example, by giving employees a cash benefit instead of a parking space, employees can choose what is more important to them: extra cash in the bank or a place to park at work. Some will elect to keep the cash and pursue alternatives for getting to work such as walking, biking, transit, or carpooling. Others will elect to forgo the cash and continue to utilize hospital owned lots. In this case, pressure for employee parking would lessen and remove the need for leasing additional parking spaces. Expenses for the hospital increase by the number of employees who choose not to utilize hospital lots, but parking needs and future parking costs are eliminated. Depending on the strategy used by the hospitals, both could also save on payroll taxes. Finally, considering the hospital districts desire for expansion room, areas currently used for surface parking lots could be developed if parking demands were reduced.

Pursuing the concept of "cash-out" parking will need the support of many groups, which will make implementation difficult. Employees and their unions will need to see the benefits of having a choice. This will require an initially large investment on the part of the hospitals in the form of an added parking benefit. The hospitals must realize that this initial investment will reap future savings as the parking benefit will be built into future workers salaries as they are hired. Furthermore, as future parking needs are lessened, current spaces used for parking could be opened for development. The neighborhoods would also be effected by such an arrangement--making buy-in from the city necessary. If employees choose to accept the extra cash instead of a parking space, the likelihood of them parking in free on-street spaces in the neighborhoods is high. By instituting a parking benefit district, the city could sell permits to park in specified areas for a lesser fee than charged by the hospitals. In keeping the city's fee lower than the hospitals, there will be a natural draw for hospital commuters to use on-street spaces and pocket the difference as added income. Residents, who currently have no reason to support commuter parking, could also benefit by having the money collected in permit fees set aside as a special funding source for their neighborhood's improvement. Projects could include utility burial, street and sidewalk repair, or streetscape and landscaping projects. Both hospitals currently realize that future investments in parking are necessary to keep up with growing demand. However, by investing to decrease need instead of spending money on new lots or ramps, everyone involved benefits.

In addition to SMDC's employee lots, a surface lot with forty-three spaces for customers is also conveniently located on this block. Costing \$2.00 from 8 a.m. to

5 p.m., and \$0.50 at night, this lot provides nearby access to the entire SMDC campus. On average, we found that this lot is just below effective capacity throughout the day with at least five open spaces at any given time. This indicates that the price/hour is working well for these spaces. The lot is not attracting excess demand and its convenience is maintained as spaces are generally available.

Johnson’s Mortuary and Gloria Dei Lutheran Church have already discovered the benefits of shared parking. The church has very specific times in which it needs ample parking throughout the week, whereas Johnson’s Mortuary can schedule its services to times when parking is available. Each relies on being able to cater to large volumes of people; the church has a congregation of around 400, and Johnson’s Mortuary can offer services to a greater percentage of their market by being able to cater to large groups.

One small tenant lot with three spaces and eleven garage stalls should be meeting the off-street parking requirements of this block’s six tenants<sup>16</sup>.

**Major Concerns:**

- SMDC’s dependence on leasing spaces to provide parking for their employees.

**Short-term Recommendations:**

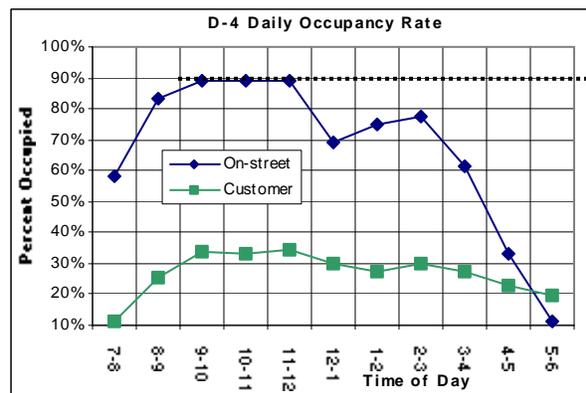
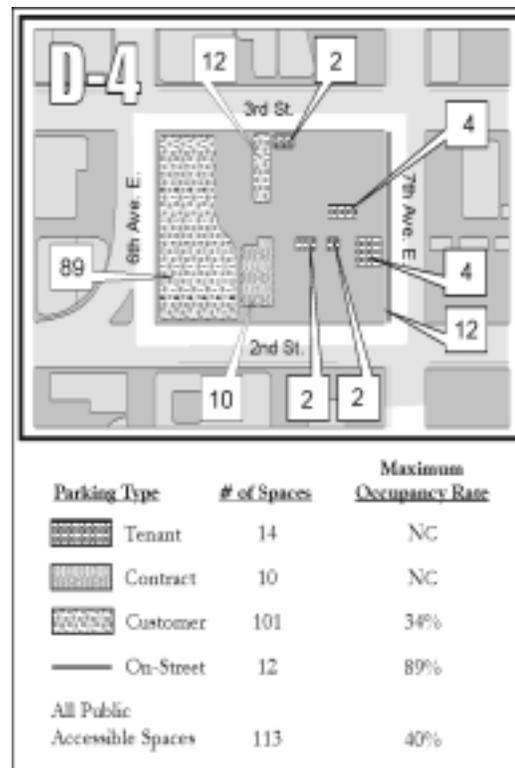
- SMDC should consider offering transportation benefits to employees (paid benefit for parking, subsidized bus passes, Commuter Choice programs, etc.) to lessen the demand for current and future parking spaces.

**Long-term Medical District System Recommendations:**

- none

**D-4:** This block used to be an integral part of the 4<sup>th</sup> Street business district housing the area’s only full-sized grocery store. Two medical related businesses, “St. Luke’s Mental Health Service: Hillside Center” and the Medicine Shoppe, now occupy the large commercial building. Our analysis showed that the large parking lot serving these two businesses was greatly underused throughout

<sup>16</sup> 1990 U.S. Census



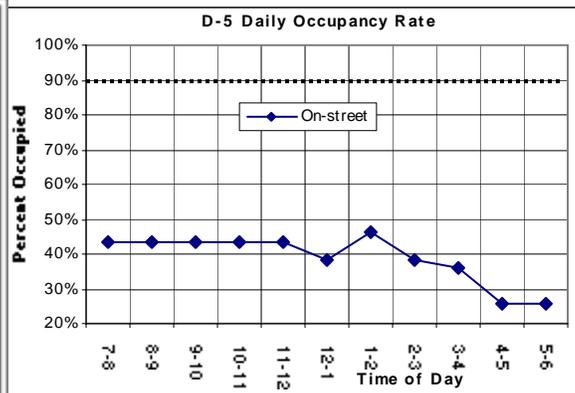
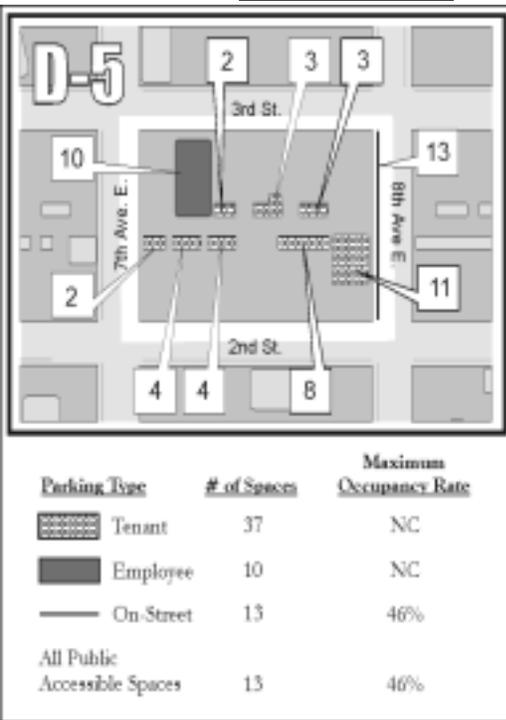


the day, never being more than 35% full. This is a temporary situation, however, as St. Luke's Home Care and Hospice program will also occupy the buildings as of May or June 2001. According to St. Luke's, the current excess in parking could become a deficit once their reorganization is complete as the home-care employees each require a vehicle for their job. If this happens, there could be consequences for the on-street parking in the nearby neighborhood.

The East Hillside neighborhood reemerges just east of the two medical businesses. Fourteen off-street tenant spaces and five garage stalls serve the thirty-one residents<sup>16</sup> living on this block. On-street parking around this block are only found on 7<sup>th</sup> Avenue East. While these free spaces are at effective capacity from the beginning of the typical workday through the morning, a few spaces are generally available during the noon lunch hour and once workers begin to leave towards the end of the workday. This pattern reflects unmistakable use by commuters. Pressure on these spaces will only increase when the St. Luke's Home Care and Hospice program moves into the hillside center.

This block is fully within the Medical Center Link District and future parking/hospital expansion in this area will be governed under those rules.

**Major Concerns:**



- The St. Luke's Home Care and Hospice program may increase commuter parking pressure on adjacent neighborhood blocks.

**Short-term Recommendations:**

- St. Luke's should monitor parking usage once their reorganization is complete to insure that impacts on neighborhood parking are minimal.
- St. Luke's should consider offering transportation benefits to employees (paid benefit for parking, subsidized bus passes, Commuter Choice programs, etc.) to lessen the demand for current and future parking spaces.

**Long-term Medical District System Recommendations:**

- On-street spaces along 7<sup>th</sup> Avenue East should be included in the Medical Parking Benefit District.

**D-5:** The remainder of row “D” is primarily residential beginning with this block. The only off-street parking not designated for residential use here is an employee lot reserved for Polinsky Rehabilitation Center workers. Thirty-seven off-street tenant spaces and fourteen garage stalls are available for the sixty-four residents<sup>17</sup> of this block.

On-street parking is available on 8<sup>th</sup> Avenue East, but only accommodates up to 13 automobiles. Currently the occupancy rates never reach above fifty percent, but their proximity to the St. Luke’s campus make them susceptible to commuter parking as the medical campus continues to develop. Fortunately for residents, this block is also fully within the Medical Center Link District to ensure proper development with the neighborhood.

**Major Concerns:**

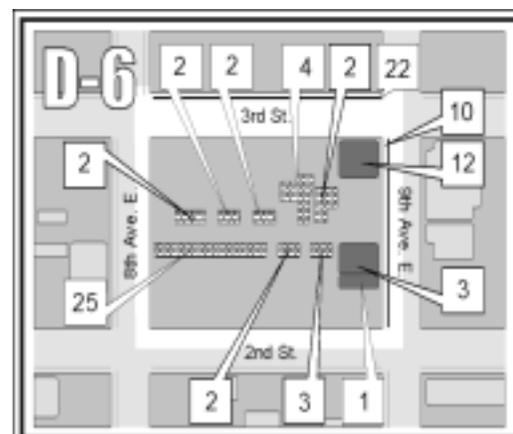
- none

**Short-term Recommendations:**

- none

**Long-term Medical District System Recommendations:**

- **On-street spaces along 8<sup>th</sup> Avenue East should be included in the Medical Parking Benefit District.**

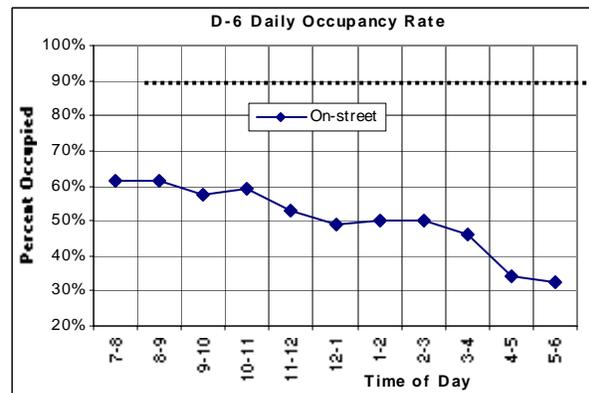


Parking Type	# of Spaces	Maximum Occupancy Rate
Tenant	42	NC
Employee	16	NC
On-Street	32	61%
All Public Accessible Spaces	32	61%

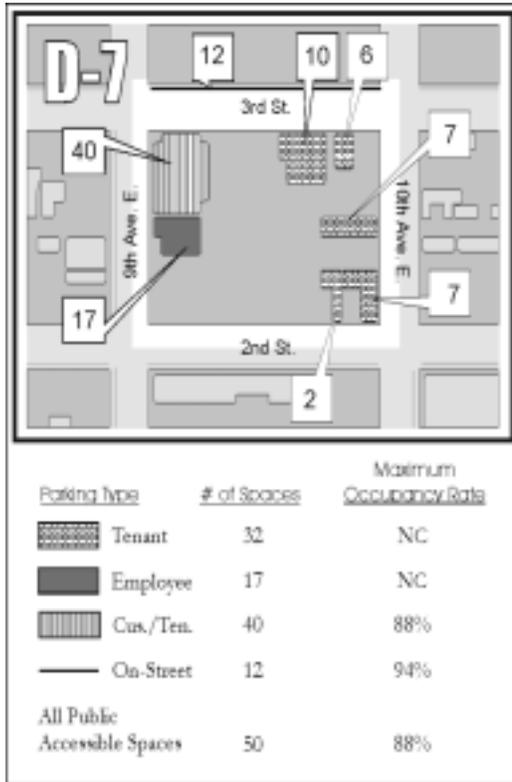
**D-6:** This is the third and final block that is fully within the Medical Center Link District. Mostly residential, this block includes eight tenant lots that can accommodate forty-two residents and nine garage stalls. Considering that 127 residents lived here in 1990, parking spaces are not plentiful, and many probably use nearby on-street spaces. According to our graph, the on-street spaces are utilized most in the morning hours with a steady decline throughout the day. This indicates that commuters are currently not dominating these spaces as they are in other areas, and they are open for residents. It should be noted that spaces along 9<sup>th</sup> Avenue East were used to a greater extent throughout the day than were the spaces along 3<sup>rd</sup> Street; it’s likely that commuters to both S.E.H. and St. Luke’s use these spaces as they are more convenient than those along 3<sup>rd</sup> Street.

**Major Concerns:**

- none



<sup>17</sup> 1990 U.S. Census



**Short-term Recommendations:**

- none

**Long-term Medical District System Recommendations:**

- On-street spaces along 8<sup>th</sup> Avenue East should be included in the Medical Parking Benefit District.

D-

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7: The old Jefferson Elementary school, converted apartments in the early 90's, the major structure on this block. As these apartments not present during the last census, accurate resident data not available. However, it

can be stated that the majority of parking needs on this block are residential.

Jefferson school, besides housing tenants, also is home to the Jefferson Square preschool. Employees are allowed to use available parking, but customers are restricted. Also, according to Bowman Properties who manages the property, twenty-seven of the forty customer/tenant spaces are leased to St. Luke's for their employee parking needs.

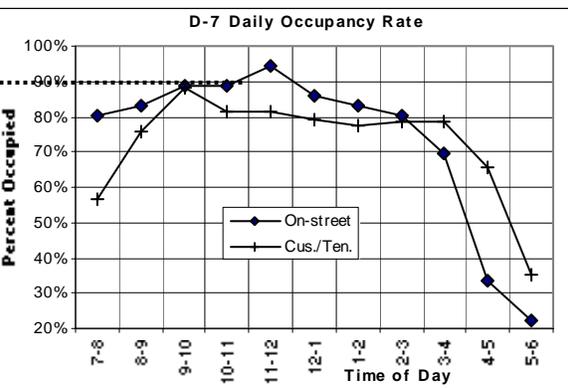
There is no on-street parking directly on this block, but ten off-street spaces were inventoried from an adjacent block due to the confines of our study area. If on-street spaces were available, they would be in high demand as St. Luke's resides directly below this block. As it stands, the ten spaces one block away see considerable use throughout the day. Our data shows definite commuter use as occupancies are above effective capacity all day until the mid afternoon work shift change, when occupancy falls 40+%.

**Major Concerns:**

- On-street space availability during the workday due to commuter use.

**Short-term Recommendations:**

- St. Luke's should consider offering

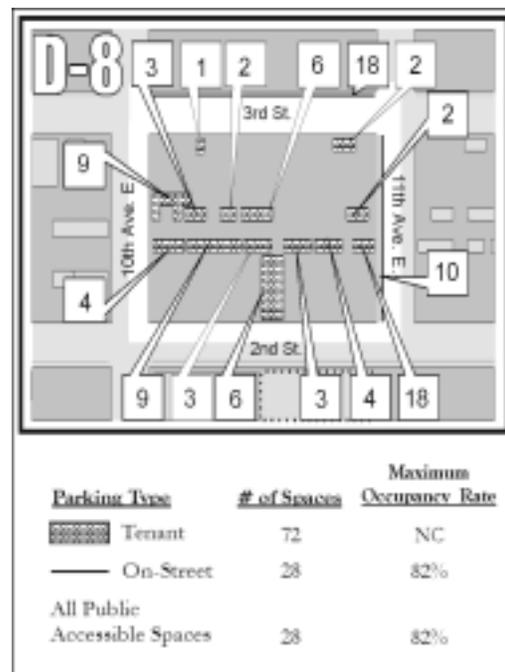


transportation benefits to employees (paid benefit for parking, subsidized bus passes, Commuter Choice programs, etc.) to lessen the demand for current and future parking spaces.

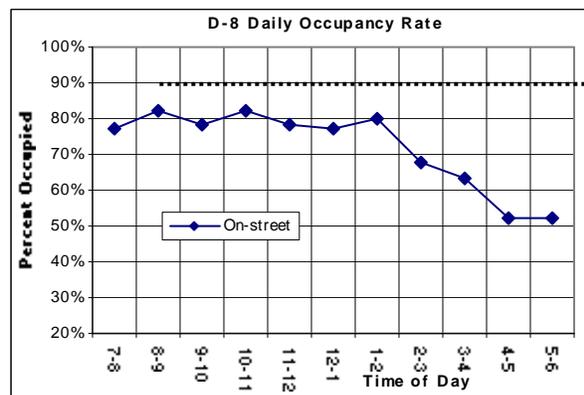
**Long-term Medical District System**

**Recommendations:**

- **On-street spaces along 3<sup>rd</sup> Street should be included in the Medical Parking Benefit District.**



D-8: This block is entirely residential with 106 people<sup>18</sup> calling it home. The seventy-two tenant spaces existing in the alley between 2<sup>nd</sup> and 3<sup>rd</sup> Streets, along with seven garage stalls, and twenty-eight nearby on-street spaces, provide adequate parking for residents. The graph outlining parking use on D-8 shows that on-street spaces see constant use throughout the day with a decline in the afternoon. This trend would indicate that commuters are utilizing some of these spaces. According to our data, the on-street spaces along 11<sup>th</sup> Avenue East see the greatest use—likely because of their convenient proximity to St. Luke’s. As spaces are generally still available on 3<sup>rd</sup> Street, the current commuter influence is not overly critical. However, if pressure from commuters increases, residents may wish to pursue options to alleviate the problem.



**Major Concerns:**

- **Any increase in current commuter parking could make it difficult for residents to find on-street spaces throughout the day.**

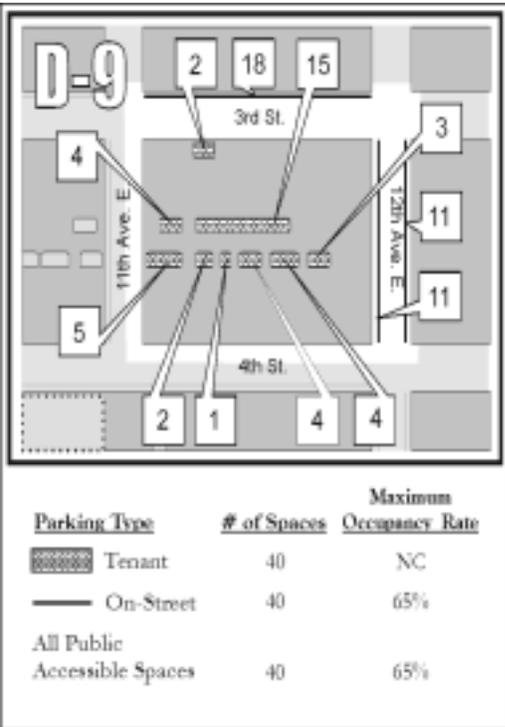
**Short-term Recommendations:**

- **St. Luke’s should consider offering transportation benefits to employees (paid benefit for parking, subsidized bus passes, Commuter Choice programs, etc.) to lessen the demand for current and future parking spaces.**

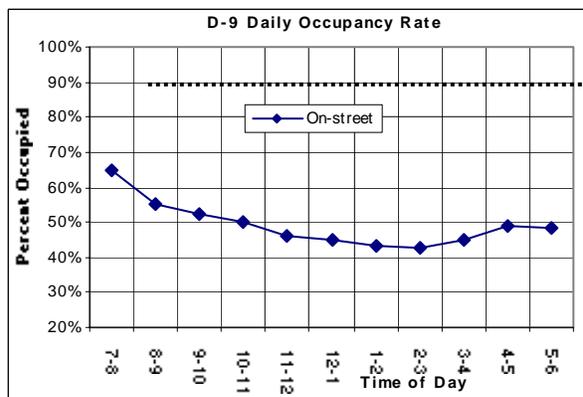
**Long-term Medical District System Recommendations:**

- **On-street spaces along 11<sup>th</sup> Avenue East and 3<sup>rd</sup> Street should be included in the Medical Parking Benefit District.**

<sup>18</sup> 1990 US Census



D-9: Like block D-8, this block is entirely residential with 118 people located here. One difference, however, is that the on-street parking available around this block is



not as convenient for St. Luke’s employees as spaces around D-8. The three separate rows of on-street parking are generally only half-full throughout the day. When all forty spaces are examined at once, the greatest occupancy is seen in the early morning before residents have left for work. Once the workday begins, around 50% of the available spaces are open for the rest of the day. Unless St. Luke’s expands east of its current location, on-street availability for residents should not be threatened.

**Major Concerns:**

- none

**Short-term Recommendations:**

- none

**Long-term Medical District System Recommendations:**

- All on-street spaces around this block should be included in the Medical Parking Benefit District.







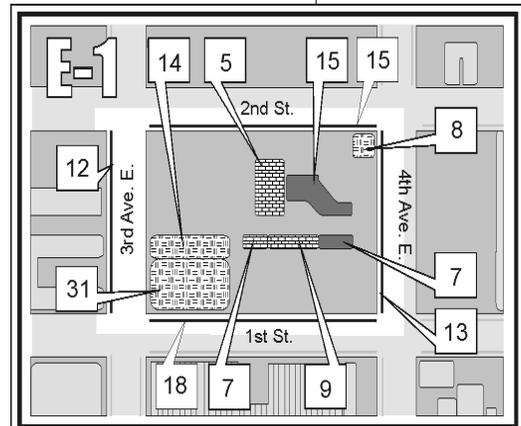
**Row “E” (Between 1<sup>st</sup> & 2<sup>nd</sup> Streets from 3<sup>rd</sup> Ave. E. to 12<sup>th</sup> Ave. E.)**

Row “E” encompasses what could be considered the heart of the Medical District. Half of the Duluth Clinic, Miller Dwan, the Polinsky Rehabilitation Center, and St. Luke’s all are located on blocks in this row. Because of the amount of space devoted to infrastructure, few areas in this row are devoted to large surface lots. Surprisingly, the Medical Center Link District does not include any of the blocks in this row, even though these are the blocks that directly separate the two campuses. The discussions on blocks E-2, 3, and 4 will address why the MCL should be expanded into this row.

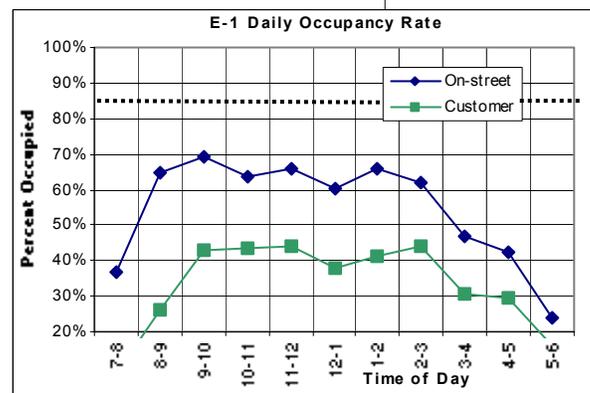
**E-1:** In addition to a number of residences, this block is home to the Maryland Building (part of Miller Dwan), and the First Presbyterian Church. The church’s forty-five spaces see limited use throughout the week unless at a time of a scheduled service. Although not ideally located for SMDC, the church could find other nearby businesses that may be interested in examining shared parking opportunities. According to our counts, each lot rarely was over 35% full at a given point throughout a day. If First Presbyterian could identify those specific times when their parking needs are low, they could consolidate their weekday parking into one lot and lease out the other to an interested party.

The twenty-one tenant spaces and five garage stalls give about one-third of the 85 residents who live on this block an off-street parking space. Considering that on-street parking around this block is governed in many ways, some residents may be having difficulty parking. The spaces along 1<sup>st</sup> and 2<sup>nd</sup> Streets are limited by a four-hour time limit (from 8 a.m.—5:30 p.m.), while spaces along 3<sup>rd</sup> Avenue East have one-hour meters at a cost of \$0.50 per hour. Spaces along 4<sup>th</sup> Avenue East are free of charge.

Adjustments to times and pricing levels could make some of these spaces more effective for the entire system. Currently, the free spaces along 4<sup>th</sup> Avenue East are above effective capacity throughout the day until 4:00 p.m. when around half become available. This is not surprising considering their proximity to the Duluth Clinic. Commuters will continue to utilize these spaces because of their convenience. Twelve-hour meters along this stretch would produce both revenue and available spaces throughout the day. Residents using the avenue for parking should be able to find spaces along 1<sup>st</sup> or 2<sup>nd</sup> Streets as our counts showed availability throughout the day. Another slight adjustment could be made to the meters along 3<sup>rd</sup> Avenue East. The current one-hour time limit might be too restrictive considering a senior residence building, and



Parking Type	# of Spaces	Maximum Occupancy Rate
Tenant	21	NC
Employee	22	NC
Customer	45	44%
On-Street	46	69%
All Public Accessible Spaces	91	61%



auto service shop, and the church are the only nearby destinations. Extending the time limit to two hours, while keeping the price at \$0.25 per half-hour would provide users greater leeway in utilizing these spaces.

**Major Concerns:**

- **Current on-street controls may need to be adjusted to facilitate better and wiser use.**

**Short-term Recommendations:**

- **Install twelve-hour meters along 4<sup>th</sup> Avenue East to both control commuter use and generate revenue.**
- **Extend the time allowed for parking along 3<sup>rd</sup> Avenue east from one hour to two hours.**
- **First Presbyterian should investigate opportunities to lease their unused parking spaces to businesses with compatible needs.**

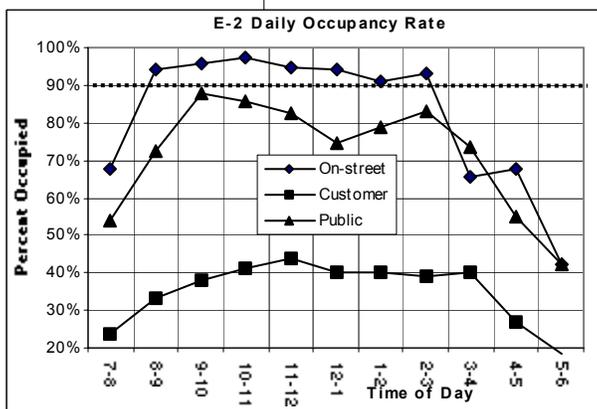
**Long-term Medical District System Recommendations:**

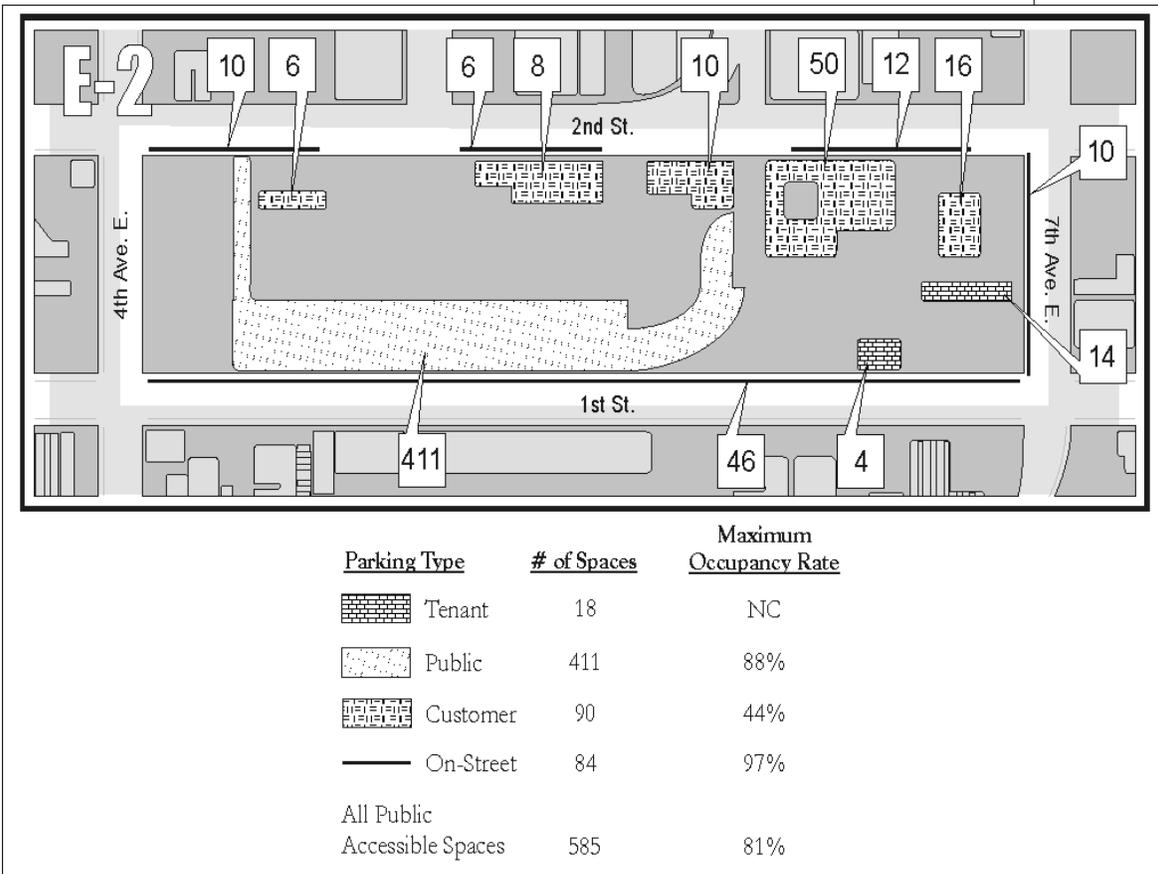
- **On-street spaces along 1<sup>st</sup> Street and 2<sup>nd</sup> Street should be included in the Medical Parking Benefit District.**

**E-2:** Two of the three blocks that make up “E-2” are dedicated to the Duluth Clinic, the Center for Personal Fitness, the Miller Dwan Medical Center, and the Polinsky Rehabilitation building. Central to all of these facilities is a large parking ramp that can hold 411 vehicles (eighty reserved spaces for employees and 331 spaces for patients). Three customer lots along 2<sup>nd</sup> street provide an additional twenty-four customer spaces for these facilities. These buildings, along with the Duluth Clinic and St. Mary’s on 3<sup>rd</sup> and 4<sup>th</sup> Streets respectively, are the main generators of commuter traffic in our study area.

First of all, this parking ramp sees higher usage than the other SMDC ramps and is near effective capacity throughout the day. No changes would be recommended for this purpose. On the other hand, the eighty-four on-street spaces around this large block are over effective capacity throughout the day due mainly to commuter parking. Especially popular are the free spaces on 2<sup>nd</sup> Street (between 6<sup>th</sup> & 7<sup>th</sup> Avenue), 7<sup>th</sup> Avenue, and along 1<sup>st</sup> Street. All of these spaces provide convenient parking as they are within a short distance of an entrance to the SMDC campus.

These spaces are filled above effective capacity until the late afternoon shift change when occupancy rates fall from over 90% to less than 50%. The residents near 7<sup>th</sup> Avenue East & 1<sup>st</sup> St, along with two automotive shops, are burdened under the current system. Although nothing short of a permit system could help the resident situation, installing meters in the currently free areas could relieve some of the parking pressures. As these spaces do not provide competitive access to other surrounding facilities, it is not imperative that they provide turnover throughout the





day. Instead, twelve-hour meters could allow commuters to park at a cheap price, while one-hour meters could provide access to NAPA auto parts and Expert Tire. The City could also agree to focus the revenue from these new meters at improvements to this area of 1<sup>st</sup> Street. Both the roadway and the adjacent sidewalks are in need of repair. As residents currently cannot park during the day due to commuter use, the associated benefits from meters might make current and future parking difficulties more tolerable. Meters would only be an option if the long-term recommendation to create a residential parking district is unobtainable.

The Dougherty Funeral Home and the Twelve Holy Apostles Greek Orthodox Church also have lots on this block. The funeral homes spaces are necessary for their business, and sharing would be made difficult due to the nature of their services. The church spaces, however, were never more than half-full during the course of the day. Currently, nearby residents are the most logical group that could benefit from these unused spaces. As commuters dominate on-street parking, the church could offer up spaces to volunteers willing to do yard work or simple maintenance.

Finally, the section of this block between 6<sup>th</sup> & 7<sup>th</sup> Avenue East is the first of three blocks that are directly between the two existing medical campuses. This area, as well as blocks “E-3” and “E-4”, are highly residential and therefore were identified by the Neighborhood Housing and Medical District Plan as undesirable for future medical campus expansion. Unfortunately, the zoning which resulted directly from

that plan did not include these three blocks, and instead focused only on the blocks upon which development was recommended. The Medical Center Link District zoning codes are specifically written to facilitate the responsible growth of both hospitals within the neighborhood. Simply stated, the consensus on new development must recognize changes as being accountable to resident, business, and environmental concerns. In terms of parking, its most important clauses regarded mandatory landscaping and a ban on new surface lots. The omission of this highly residential area, in arguably the most likely area for expansion in terms of parking facilities, seems to benefit only the hospitals and is at odds with the goals of the MCL codes. To truly guide responsible growth in this area, these residential areas should be incorporated with the current MCL district.

**Major Concerns:**

- **Commuter use of free on-street spaces does not allow for use by businesses or residents.**
- **The residential area between 6<sup>th</sup> and 7<sup>th</sup> Avenue East is currently not governed under the Medical Center Link District zoning codes.**

**Short-term Recommendations:**

- **Incorporate the area between 6<sup>th</sup> and 7<sup>th</sup> Avenue East into the Medical Center Link District.**

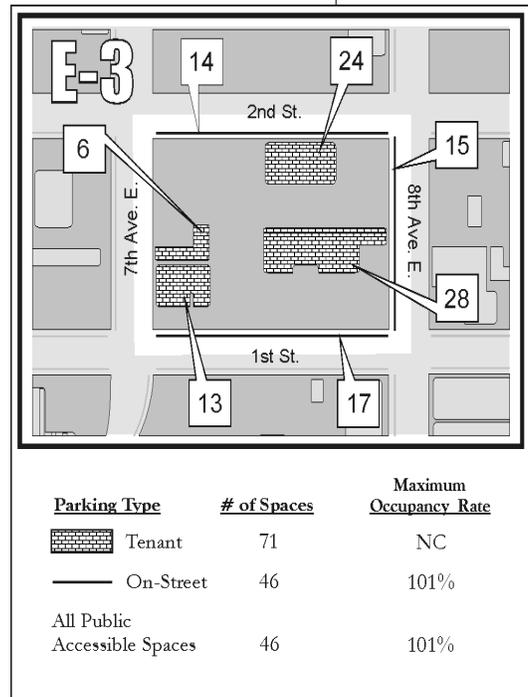
**Long-term Medical District System Recommendations:**

- **All currently free on-street spaces around this block should be included in the Medical Parking Benefit District.**
  - **If a parking benefit district cannot be established, then consideration should be given to installing twelve-hour meters where free parking currently exists.**
-



**E-3:** This block is the second of three residential blocks currently not within the MCL District. Four tenant lots provide seventy-one off-street spaces for the 143 people living on this block. These spaces, combined with the 46 on-street spaces, provide adequate parking for the highly renter population.

On-street parking is free of charge and available along every side of this block except for 7<sup>th</sup> Avenue East. Occupancy counts would indicate that commuters are not a large factor around this block in regards to on-street availability. Morning occupancies see a slight rise during the morning commute hour but then steadily fall throughout the day. The installation of meters in currently free parking areas west of 7<sup>th</sup> Avenue East, however, could increase commuter pressure on these spaces. Likewise, changes to free parking near St. Luke's would also have the same effect. Again, nothing short of a permit system can completely alleviate this problem. If meters are installed in nearby free parking areas, this block should be studied for resulting effects and mitigating actions taken if necessary.



**Major Concerns:**

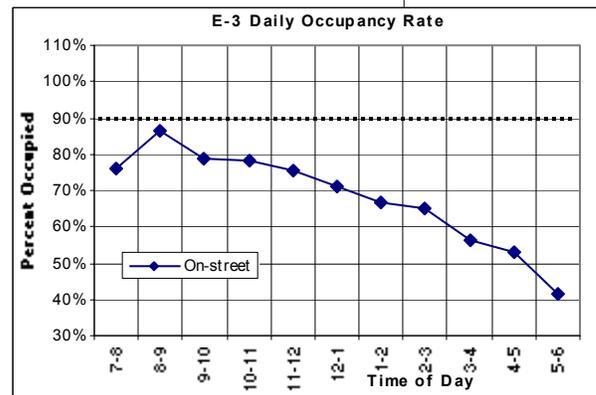
- This residential block is currently not governed under the Medical Center Link District zoning codes.
- Installing twelve-hour meters on nearby blocks may push the commuter parking burden to this block.

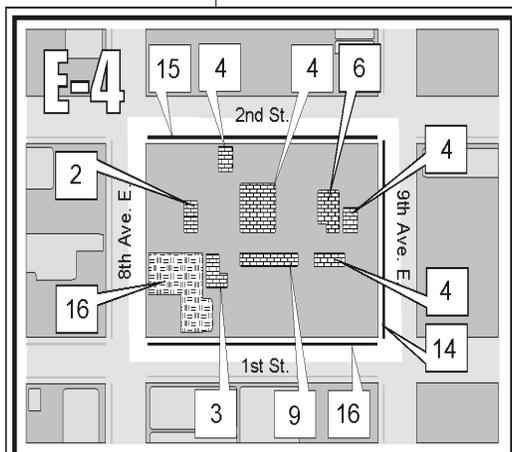
**Short-term Recommendations:**

- Incorporate this block into the Medical Center Link District.

**Long-term Medical District System Recommendations:**

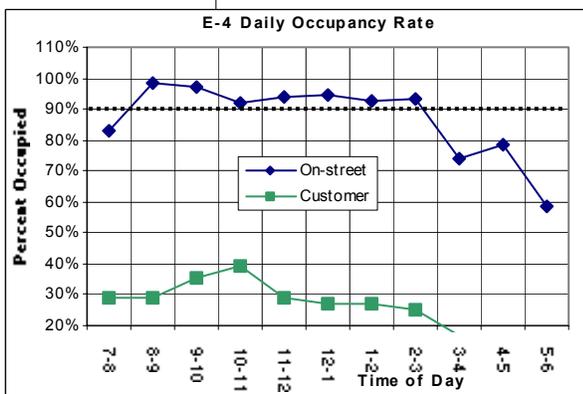
- All on-street spaces around this block should be included in the Medical parking Benefit District.
- This block should be studied following the installation of meters on nearby blocks to assess the resulting effects on this block.





Parking Type	# of Spaces	Maximum Occupancy Rate
Tenant	36	NC
Customer	16	40%
On-Street	45	99%
All Public Accessible Spaces	61	81%

**E-4:** Being one block from St. Luke’s, it is not surprising that free parking around this block is heavily used by commuters throughout the day. The pressure from commuters, however, makes an already demanding tenant-parking situation more difficult. The many rental properties on this block house 167 people according to the 1990 census. Parking for these residents is relatively sparse with thirty-six off-street spaces and five garage stalls combining with the forty-five on-street spaces. By limiting on-street availability with commuter parking, residential availability is reduced to one space for every four residents—and that’s assuming everyone has access to all available off-street lots. Using meters to manage parking in this area is much more difficult due to the large number of residents that are already having difficulty finding parking during the day. One way to alleviate part of the problem would be to include one-hour meters along 9<sup>th</sup> Avenue East. This would keep these spaces from commuters, and allow for quick stops during the day to a residence or the hospital. As occupancy rates fall after 5 p.m., residents can find other available spaces and utilize the non-regulated metered spaces for the remainder of the evening.



This block is the third and final block recommended for inclusion into the MCL District. A prime example of why this area should be included relates to the only customer parking lot on this block. Currently belonging to Reichert Properties, this lot was once home to a small neighborhood dentist office. Although the building has recently been rented to new tenants, the proximity to St. Luke’s makes this an excellent lot for employee parking, and removal of the current structure would make room for 25 to 30 vehicles. Had St. Luke’s been

able to acquire the property, the surface lot could have remained gravel and done nothing to enhance the surrounding neighborhood. Inclusion in the MCL would dictate that expansion such as this is done in a responsible manner with regards to the area needs as a whole. On a side note, six to ten spaces are available for lease within this lot for St. Luke’s or another surrounding interest.

**Major Concerns:**

- **Commuter use of free on-street spaces does not allow for other uses.**
- **This residential block is currently not governed under the Medical Center Link District zoning codes.**

**Short-term Recommendations:**

- **Install one-hour meters along 9<sup>th</sup> Avenue East to provide open spaces for “quick stops.”**

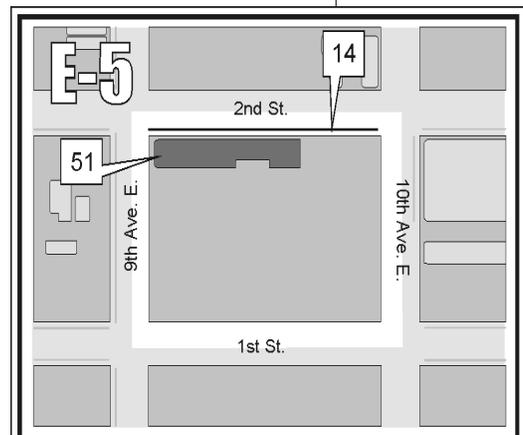


- Incorporate this block into the Medical Center Link District.
- St. Luke’s should consider offering transportation benefits to employees (paid benefit for parking, subsidized bus passes, Commuter Choice programs, etc.) to lessen the demand for current and future parking spaces.

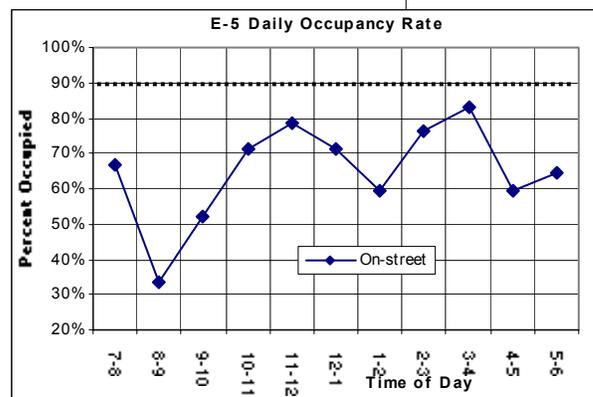
**Long-term Medical District System Recommendations:**

- On-street spaces along 1<sup>st</sup> Street and 2<sup>nd</sup> Street should be included in the Medical Parking Benefit District.
- If not yet completed, one-hour meters should be installed along 8<sup>th</sup> Avenue East to provide open spaces for “quick stops.”

E-5: This block is completely dedicated to the main St. Luke’s Hospital building and parking on this block is limited. Off-street parking is limited to one employee lot with fifty-one spaces. The fourteen on-street spaces are controlled with two-hour meters for \$0.25 per hour. Noticeable on the graph is the way area tenants can utilize these metered spaces during non-enforcement times. Between the hours of 7 a.m. and 8 a.m., these spaces were on average seventy percent full. As the enforcement period begins, these vehicles are moved and occupancy falls to near thirty percent. Use then climbs and fluctuates throughout the day as people come and go depending on their needs. It is not clear whether meter plugging was occurring in this area, but the low price and the convenience of the spaces make this a real possibility. A full day to park at these spaces would cost only \$2.00 under the current pricing system. Compared to a full day in the ramp, customers can save \$3.00 a day by utilizing these more convenient spots. As occupancies are not above effective capacity throughout the day, however, no change is recommended at this time.



Parking Type	# of Spaces	Maximum Occupancy Rate
Employee	51	NC
On-Street	14	83%
All Public Accessible Spaces	14	83%



**Major Concerns:**

- none

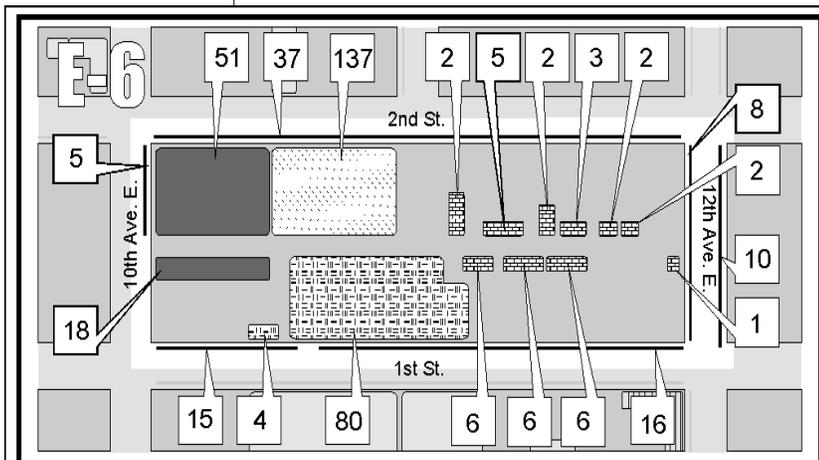
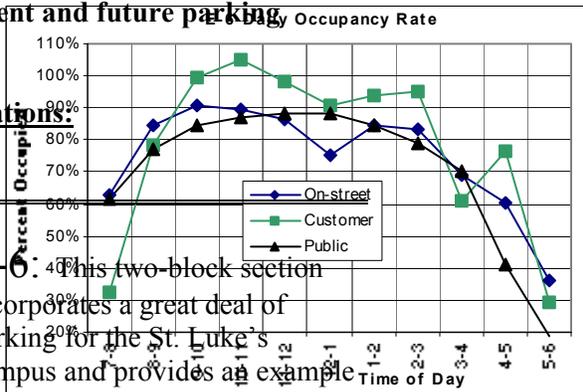
**Short-term Recommendations:**

- Meters offering short term parking (2 hours or less) should accept all coin denominations. Any installation or replacement of meters should incorporate this convenience.
- St. Luke’s should consider offering transportation benefits to employees (paid benefit for parking, subsidized bus passes, Commuter Choice

programs, etc.) to lessen the demand for current and future parking spaces.

**Long-term Medical District System Recommendations:**

- none



Parking Type	# of Spaces	Maximum Occupancy Rate
Tenant	35	NC
Public	137	88%
Employee	23	NC
Customer	84	105%
On-Street	81	91%
All Public Accessible Spaces	233	91%

**E-6:** This two-block section incorporates a great deal of parking for the St. Luke's campus and provides an example of continued growth. No where else in our study area does a portion of a hospital campus so closely interact with the adjacent neighborhood. The St. Luke's hospital building along with three large parking areas take up the area west of 11<sup>th</sup> Avenue East, while residential housing sits on the majority of the area east of the Avenue.

Unfortunately, during our counts, the eastern half of the large customer lot along 1<sup>st</sup> Street was blocked off due to major construction on the two-tiered employee parking structure (#289—137 spaces). Considering that this lot was near or over 100% full for a majority





Near the completion of this study, this block underwent a large change not reflected on our map or in our counts. A turn-of-the-century mansion being used as apartments was torn down to make space for a surface parking lot which was then sold to St. Luke's hospital. More importantly, however, is the large gap that now exists within the residential area of this block. This gap epitomizes the problems associated with surface lot development within the neighborhoods as it does nothing to blend in with the surrounding structures, and only detracts from the area's appearance. In all fairness to St. Luke's, most of the surrounding properties belong to the hospital and not to private individuals. However, a large surface lot intermingled with residential dwellings does not instill a "neighborhood" feel to the surrounding area.

This also speaks to the importance of managed growth within the Medical District. Currently, the Medical Center Link District is the only area around the hospitals that prohibits the construction of surface lots. Hospital officials claim that, due to business reasons, landscaping of new surface lots would only occur if required. Space that could be used for landscaping efforts is used instead for additional parking spaces. Although good neighborhood relations are a reason for landscaping, it is apparently not enough incentive to produce a change in policy. Unfortunately, the likelihood of a city-based policy change is unlikely due to a lack of political clout in this area of town. Perhaps, with the formation of a medical district parking organization, representatives from the City, the hospital, area businesses, and the neighborhoods could work together on problems such as this to craft solutions that benefit everyone.

**Major Concerns:**

- **On-street space availability during the workday due to commuter use.**
- **Large surface lots directly adjacent to residential uses currently lack the neighborhood's character and promote the sense of an "inner city" or unsafe setting.**

**Short-term Recommendations:**

- **Meters offering short term parking (2 hours or less) should accept all coin denominations. Any installation or replacement of meters should incorporate this convenience.**
- **Ensure on-street parking is available for residential needs.**
- **St. Luke's should consider offering transportation benefits to employees (paid benefit for parking, subsidized bus passes, Commuter Choice programs, etc.) to lessen the demand for current and future parking spaces.**

**Long-term Medical District System Recommendations:**

- **On-street spaces along 1<sup>st</sup> & 2<sup>nd</sup> Street, and along 12<sup>th</sup> Avenue East, should be included in the Medical Parking Benefit District (does not include areas currently enforced with meters).**







Row “F” (Between Superior & 1<sup>st</sup> Streets from 3<sup>rd</sup> Avenue East to 12<sup>th</sup> Avenue East)

A great deal of land currently reserved for parking in row “F” provides excellent future development opportunities for both the downtown and St. Luke’s. Unlike the rest of our study area, this row has limited residents as it is devoted to various businesses. Many examples of shared parking are present in this row.

**F-1:** The surface parking that makes up a large portion of this block presents prime development opportunities for eastern downtown. Currently, however, seven large off-street lots provide parking for tenants, customers, and employees. Two notable examples of shared parking occur on this block. First, the seventy-eight space contract/customer lot, belongs to the Greysolon Plaza but is shared with the Voyager Motel. Residents of Greysolon may elect to purchase permits to use this lot while patrons of the Motel may use the spaces during their stay. The second shared parking arrangement on this block is between the NorShore Theatre and the St. Louis County Department of Health. As shown by the graph, employees utilized the two “employee/customer” lots during the day, but by 6:00 p.m., these spaces were mostly empty. The agreement between the Health Department and the NorShore Theatre allows patrons of the theater to use these spaces in the evening when they would otherwise be vacant. Because these two business activities require parking at different times of the day, parking facility use is maximized. This shared parking arrangement is an excellent example of the benefits of mixed land use development.

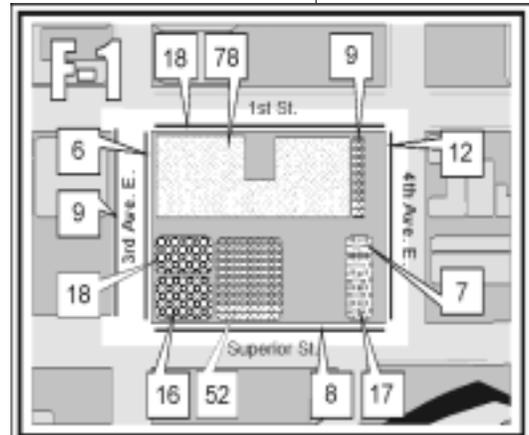
The 1990 census indicated sixty-one people resided on this block—some of whom probably lived at the Voyager Motel. Free on-street parking, one small tenant lot, and the Greysolon spaces for Voyager residents, make tenant

parking here easier than other blocks within our study area. On-street parking is allowed on all four sides of block “F-1.” Parking along Superior Street and 3<sup>rd</sup> Avenue costs \$0.50 per hour with a one-hour time limit. Parking on 1<sup>st</sup> Street is free but restricted by a four-hour time limit between 8:30 a.m. and 5:30 p.m. There are no restrictions for on-street parking along 4<sup>th</sup> Avenue East.

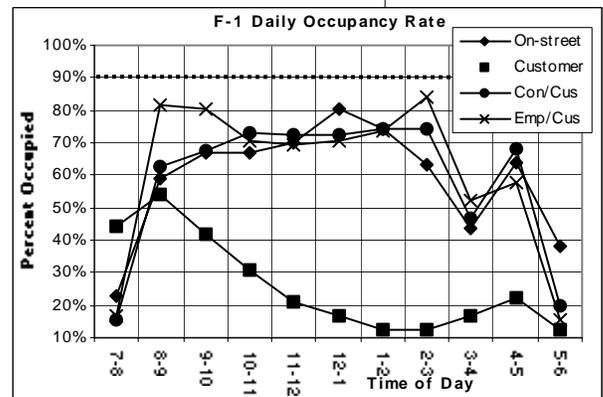
**Major Concerns:**

- **Surface parking makes up a large portion of this block’s land area, making this block ripe for new development opportunities.**

**Short-term Recommendations:**



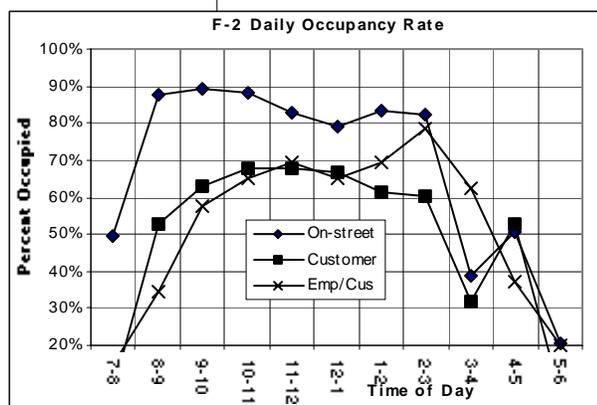
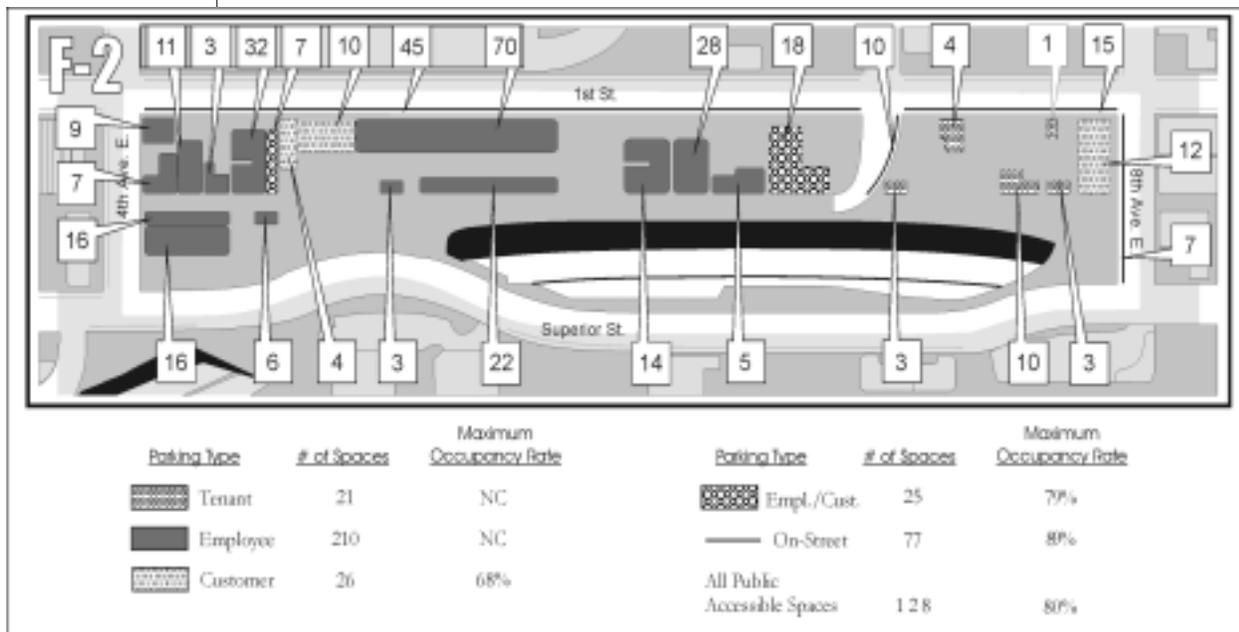
Parking Type	# of Spaces	Maximum Occupancy Rate
Tenant	61	NC
Customer	24	54%
Con./Cust.	78	74%
Emp./Cust.	34	84%
On-Street	53	81%
All Public Accessible Spaces	189	67%



- The St. Louis County Department of Health lots on the corner of Superior Street and 3<sup>rd</sup> Avenue East would be ideal public parking serving the east side of downtown.

**Long-term Medical District System Recommendations:**

- On-street spaces along 1<sup>st</sup> Street and 4<sup>th</sup> Avenue East should be included in the Medical Parking Benefit District.



F-

2: Employee parking accounts for 54% of all parking on this four-block area. Parking for SMDC employees makes up a majority of the lots between 4<sup>th</sup> & 7<sup>th</sup> Avenue East, while the block between 7<sup>th</sup> & 8<sup>th</sup> Avenue East is mostly residential. The I-35 tunnels also consume a portion of the area that makes up this section of our study area.

SMDC lots provide 196 employee spaces in this area between Superior Street and 1<sup>st</sup> Street.

Employees, however, create additional spaces by electing to park on the alley sidewalk in this area. Cars routinely were found having jumped the curb and parked during our occupancy counts. The over-selling of permits might account for this, as cars illegally parked here did have permits. Obviously some of this demand must be shifted to other nearby areas. Adjacent employee lots for other businesses are not an option as they are well used throughout the day. One possibility is the nearby Fitger's Ramp (see block "G-2" for location). As this ramp is vastly underused throughout the day, SMDC should consider working on an agreement to utilize these spaces. This could produce a win-win situation for both businesses—SMDC finds the parking they need in an



existing facility, and Fitger's gets revenue for spaces that would otherwise go unused during the day. Such an arrangement might require a morning and evening shuttle for SMDC employees to get to and from work.

On street parking in this area is allowed along 1<sup>st</sup> Street and 8<sup>th</sup> Avenue East. With the exception of 8<sup>th</sup> Avenue, which incorporates twelve-hour time limits at a cost of \$0.25 per hour, parking is free of charge with no time limits. Like block "E-2" however, commuter parking dominates most of the spaces that are available. The 45 on-street spaces between 4<sup>th</sup> & 7<sup>th</sup> Avenue East are above effective capacity throughout the day, but are mostly vacant after 3:00 p.m., the end of the first shift schedule at SMDC. This also holds true for the ten spaces on 7<sup>th</sup> Avenue East and the fifteen-1<sup>st</sup> Street spaces between 7<sup>th</sup> and 8<sup>th</sup> Avenues. The residents near 7<sup>th</sup> Avenue East & 1<sup>st</sup> Street, along with two automotive shops, are burdened under the current system. Although nothing short of a permit system could help the resident situation, installing meters in the currently free area of 1<sup>st</sup> Street between 4<sup>th</sup> and 7<sup>th</sup> Avenue, along with the ten spaces along 7<sup>th</sup> Avenue East, could relieve some of the burden. As these spaces do not provide competitive access to other surrounding facilities, it is not imperative that most provide turnover throughout the day. Instead, twelve-hour meters could allow commuters to park at a cheap price, while one-hour meters could provide access to NAPA auto parts and Expert Tire. The City could also agree to target the revenue from these new meters to making improvements to this area of 1<sup>st</sup> Street. Both the roadway and the adjacent sidewalks are in need of repair. As residents currently cannot park during the day due to commuter use, the associated benefits from meters might make current and future parking difficulties more tolerable. The no-cost spaces on 1<sup>st</sup> Street between 7<sup>th</sup> and 8<sup>th</sup> Avenue could stay that way, but would have to be studied following the installation of meters to assess the amount of displaced commuter pressure. Meters would only be an option if the long-term recommendation to form a residential parking district is unattainable.

**Major Concerns:**

- **Lack of on-street space availability during the workday due to commuter use.**
- **SMDC employees with permits use the alley sidewalk for parking once spaces become unavailable.**
- **Installing meters where parking is currently free may push the commuter-parking burden to other areas.**

**Short-term Recommendations:**

- **SMDC should investigate opportunities to utilize unused spaces within the Fitger's ramp.**

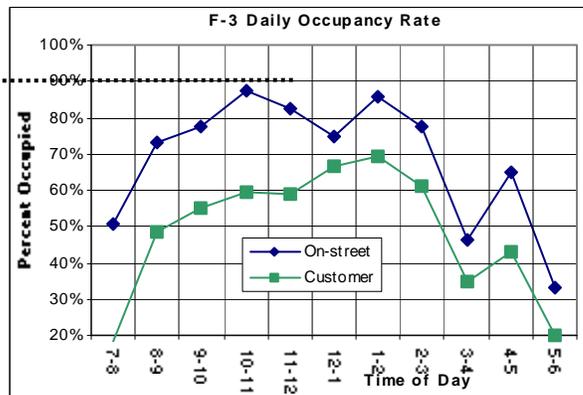
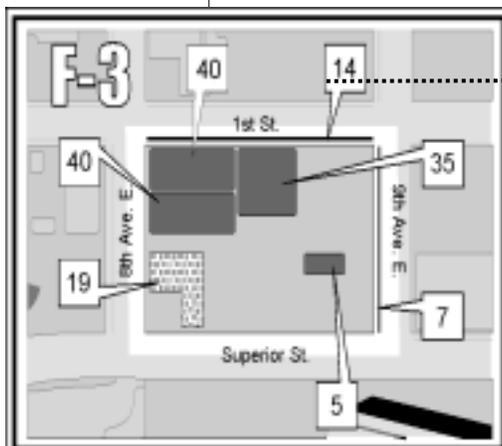
**Long-term Medical District System Recommendations:**

- **On-street spaces along 1<sup>st</sup> Street and 7<sup>th</sup> Avenue East should be included in the Medical Parking Benefit District.**
- **If a parking benefit district cannot be established, then consideration should be given to installing twelve-hour meters where free parking currently exists on 1<sup>st</sup> Street between 4<sup>th</sup> and 7<sup>th</sup> Avenue; as well as the ten spaces along 7<sup>th</sup> Avenue..**

- **Free spaces along 1<sup>st</sup> Street between 7<sup>th</sup> and 8<sup>th</sup> Avenue should be studied following the installation of twelve-hour meters on nearby blocks to assess the resulting effects on these spaces.**

**F-3:** Three of the five off-street lots on this block are used by employees of St. Luke’s hospital. One containing thirty-five spaces is used exclusively by the hospital, while the other two, with forty spaces each, are shared with the Kitchi Gammi Club. Sir Benedict’s tavern claims the only customer lot on this block. Rounding out the off-street parking are the mainly handicapped spaces serving the Kitchi Gammi Club.

On-street parking is available for free with no time restrictions along 1<sup>st</sup> Street, and in two-hour metered spaces along 9<sup>th</sup> Avenue. The free spaces along 1<sup>st</sup> Street see high usage throughout the day—showing a decline only after the St. Luke’s schedule shift. The noticeable drop in occupancy rates for on-street parking between 3 p.m. and 4 p.m. reflects a pattern of departing and arriving workers. The meters along 9<sup>th</sup> Avenue East are functioning to provide short-term spaces and one or two open spaces are maintained throughout the day.



Parking Type	# of Spaces	Maximum Occupancy Rate
Employee	120	NC
Customer	19	93%
On-Street	21	87%
All Public Accessible Spaces	40	89%

**Major Concerns:**

- none

**Short-term Recommendations:**

- **Meters offering short term parking (2 hours or less) should accept all coin denominations. Any installation or replacement of meters should incorporate this convenience.**

**Long-term Medical District System Recommendations:**

- **On-street spaces along 1<sup>st</sup> Street should be included in the Medical Parking Benefit District.**



**F-4:** A great deal of this block was under-construction during our data collection, so the graph no longer represents current parking patterns. Construction vehicles were utilizing much of the parking for the Northland Medical Center, and all spaces associated with the new Pavilion building did not exist. Even without data, however, some parking patterns are clear in this block. First, the large Kitchi Gammi Club lot, with fifty-seven spaces, is vastly underutilized during the course of the day. As the hospital and the club already share parking on block “F-3,” it would be advisable to extend this agreement to a portion of the Superior Street lot. Times of major club activity could have precedence over hospital employees who would have to make other arrangements on those specific days.

Secondly, on-street parking along Superior Street is seeing heavy daily use. As they were the only on-street spaces open during our data collection, the graph specifically shows the usage of these spaces throughout the day. As you can see, these spaces are at or above effective capacity for much of the day, and only see a reduction in use coinciding with the 3 p.m. to 4 p.m. shift change. Consideration could be given to performing a turnover study to indicate if the posted two-hour time restriction is being enforced, or if people are plugging meters throughout the day. Once construction of the Pavilion was complete, on-street parking was returned to 1<sup>st</sup> Street. Of the ten new spaces, three are handicapped, one is metered with a fifteen-minute time limit, and the rest are metered with two-hour time limits.

**Major Concerns:**

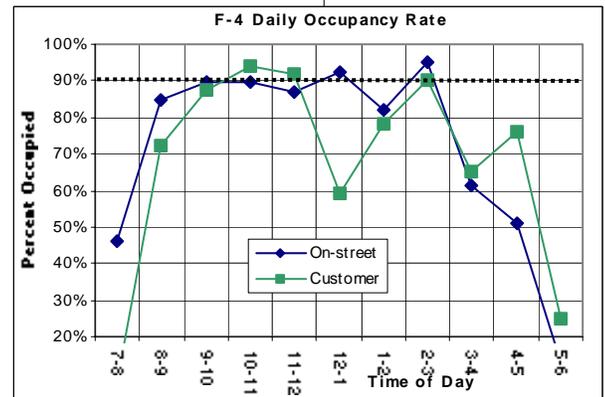
- none

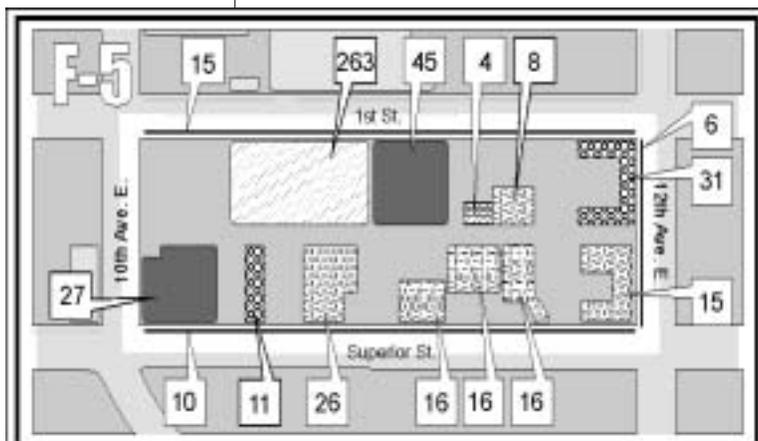
**Short-term Recommendations:**

- Meters offering short term parking (2 hours or less) should accept all silver coins.

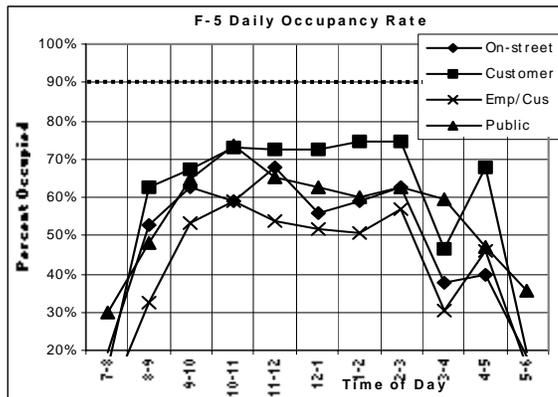
**Long-term Medical District System Recommendations:**

- none





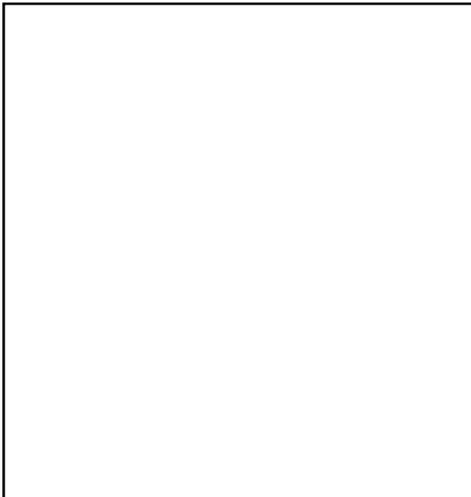
Parking Type	# of Spaces	Maximum Occupancy Rate
Tenant	4	NC
Public	263	73%
Employee	72	NC
Customer	97	44%
Empl./Cust.	32	59%
On-Street	58	138%
All Public Accessible Spaces	450	64%



**F-5:** This two-block area is home to the Northland Medical Center, a variety of businesses, and a few residences. One large ramp serving the St. Luke’s campus is adjacent to the Northland Medical Center. This ramp contains 263 spaces and sees the majority of its use in the middle of the day. Two large surface lots provide spaces for seventy-two St. Luke’s employees, while various business lots provide over 100 additional off-street spaces.

Pricing in the St. Luke’s ramp is very affordable for both long and short-term parking (see pricing breakdown on next page). However, our counts indicated an occupancy rate of just over 70% at its peak (nearly eighty empty spaces). Because of this, there could be the potential to designate some spaces on the top of the ramp as employee spaces. In creating just forty employee spaces, St. Luke’s could better utilize their existing parking while not lessening parking availability for patients and visitors.

On-street parking is available along Superior Street and 1<sup>st</sup> Street, as well as 12<sup>th</sup> Avenue East. While parking is free along 12<sup>th</sup> Avenue East, meters control a portion of the spaces along 1<sup>st</sup> Street and all of the spaces along Superior Street. Meters on 1<sup>st</sup> Street control the seven spaces closest to the Northland Medical Center and are priced at \$0.25/hour with a two-hour time limit. Time limits and price differs on Superior Street depending upon the space. Most have a two-hour time limit at a cost of \$0.50/hour, while three short-term meters only allow parking for ½ hour at a cost of \$0.25. As expected, the free on-street spaces were consistently full throughout the day, while metered spaces had scattered availability.





One tenant lot with four spaces serves the twenty-nine residents<sup>19</sup> living on this block.

**Major Concerns:**

- **Ramp occupancy is not achieving an optimal level of efficiency.**

**Short-term Recommendations:**

- **Convert forty top-level ramp spaces into employee only parking.**
- **Meters offering short-term parking (two hours or less) should accept all coin denominations. Any installation or replacement of meters should incorporate this convenience.**
- **St. Luke's should consider offering transportation benefits to employees (paid benefit for parking, subsidized bus passes, Commuter Choice programs, etc.) to lessen the demand for current and future parking spaces.**

**Long-term Medical District System Recommendations:**

- **Non-metered on-street spaces along 1<sup>st</sup> Street should be included in the Medical Parking Benefit District.**
- 

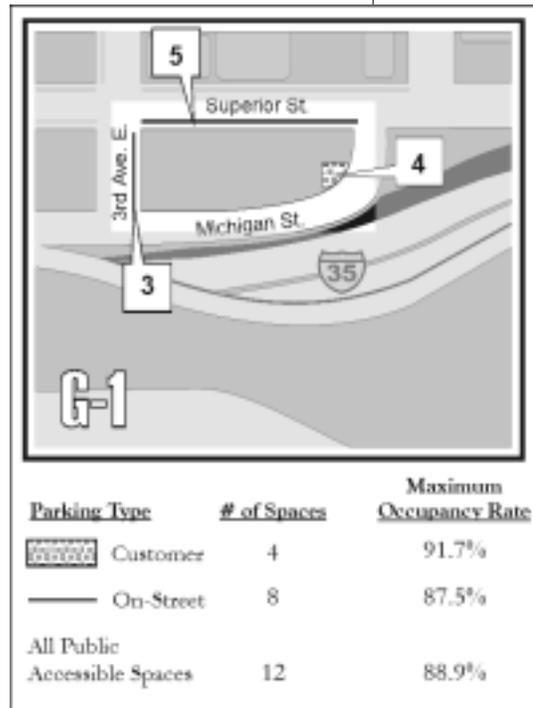
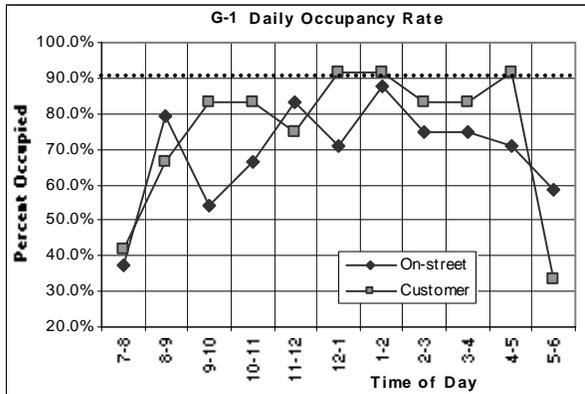
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<sup>19</sup> 1990 U.S. Census





**G-1:** The First Oriental Grocery of Duluth, the Hacienda Del Sol, and a variety shop present the only quick stop destinations within this area. On-street parking has adequate parking opportunities with one-hour meters (\$0.25/30 minutes). Employees and customers use the small customer lot belonging to the National Equipment Company throughout the day.



**Major Concerns:**

- none

**Short-term Recommendations:**

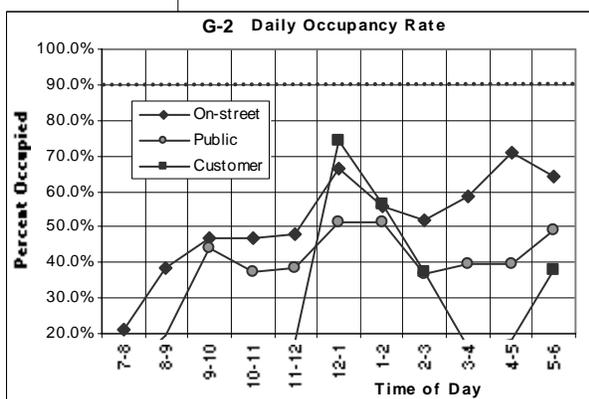
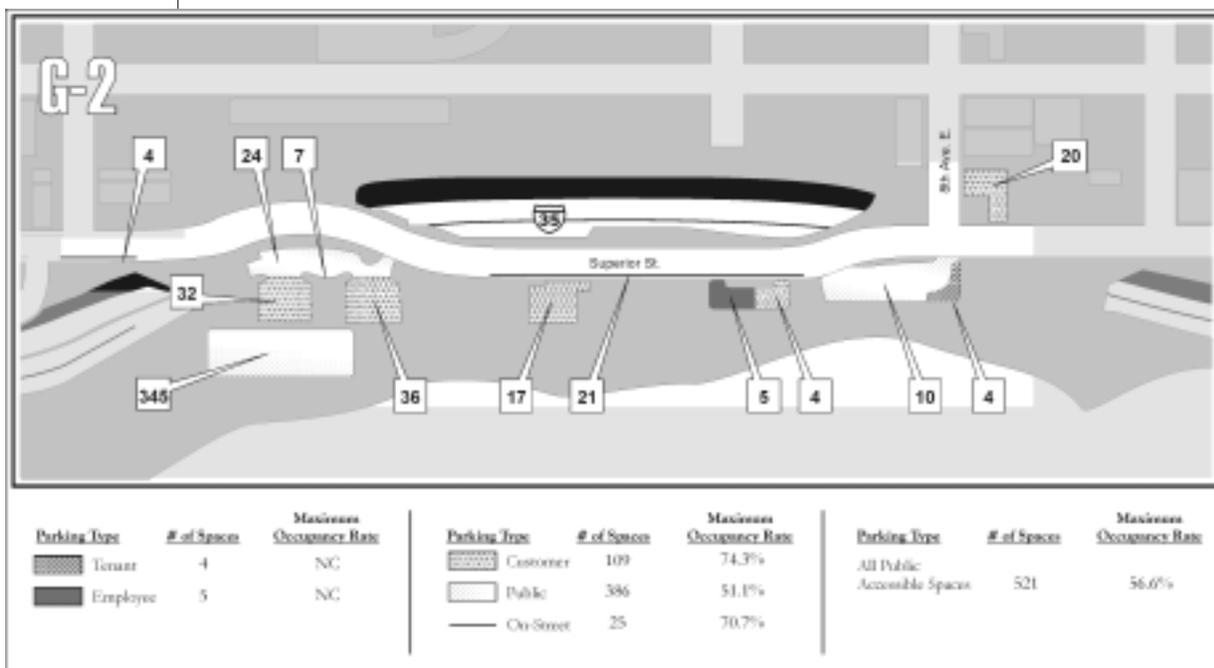
- none

**Long-term Medical District System Recommendations:**

- none

**G-2:** Third Avenue East to 8<sup>th</sup> Avenue East along Superior Street could be referred to as the Fitgers Brewery Complex Area. Aligned along this segment of road are many tourist-oriented shops and restaurants. Activity centers around the Fitger’s Brewery Complex, which houses a hotel, several restaurants, clothing, and specialty stores. As in the 4<sup>th</sup> Street Business District, this area is dominated by retail activity. Due to its location along the shore of Lake Superior and easy accessibility to the Lakewalk, this area is a very popular tourist and visitor destination.

The most prominent parking area is the Fitger's Ramp. Generally, during the weekdays until 4:00 p.m., parking in the ramp is free of charge. Weekends and weekdays after 4:00 p.m. cost \$0.75 for the first hour and \$0.50 for each additional hour to park in the ramp. Patrons to the Fitger’s complex can have their parking validated by the businesses they visit. The main problem with this arrangement is that there are no scheduled times when patrons can expect to pay. By not instituting a strict and dependable schedule for fees, patrons are left confused and



irritated as they know not what to expect. Fitger's should work towards a predictable schedule that does not surprise those looking to use their ramp spaces.

Occupancy surveys conducted in May of 1999 showed that the ramp was seldom over 50 percent full during the weekdays. Even during the middle of August (height of the tourist season) with no charge for use, the ramp did not exceed 70 percent occupancy during the weekday. As noted previously in this plan, nearby businesses needing additional parking

should consider working with Fitger's to utilize the many unused spaces in their ramp. SMDC is a perfect example as they both need additional parking and are only two block from the ramp.

The twenty-one parking spaces along Superior Street are metered for two-hour parking at \$0.25/hour. Occupancy counts for this area were completed in both May and August of 1999. On-street parking was available throughout the May weekdays. Even though occupancy increased during August, generally there were still two or three on-street spaces available during the weekdays. The price and time limit of these meters appears to be sufficient during most of the year. During the weekdays there is a financial incentive to use the Parking Ramp instead of on-street parking. Again, the public needs to be informed when parking is free prior to approaching the ramp gate. Two other public metered lots provide parking to both the Fitger's complex and the other nearby shops and businesses. These lots generally had open spaces throughout the day, although they did tend to fill up over the lunch hour.



A substantial number of customer parking spaces are available in this area. The Pickwick Restaurant, Fitger’s Inn, Sir Benedict’s Bar & Tavern, and Emerald realty all provide dedicated spaces for their patrons. The Pickwick controls 68 Of the 109 customer spaces. As the graph shows, most of these spaces are used only during the lunch hour at which time almost 85 percent of these spaces were occupied.

This area’s activities have the greatest demand for parking during the summer months and during evenings and weekends. While it is important to accommodate parking for these peak times of the year, it does not make sense to allow resources to sit empty at other times. Daytime sharing opportunities are an untapped resource with great potential to benefit all involved parties.

**Major Concerns:**

- **Fitger’s Parking Ramp is underutilized during weekdays.**
- **It is important to ensure that the most convenient parking is reserved for short-term parking.**

**Short-term Recommendations:**

- **Because of the parking demand created during the evening and weekends, the city should give serious consideration to enforcing metered parking during the weekends in conjunction with retail hours and until 9:00 p.m. similar to meters near the Fond-du-Luth Casino.**

**Long-term Medical District System Recommendations:**

- none





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# Appendix

The appendix includes a map of the study area on which each lot is designated a unique identifying number. These numbers can be referenced from the map to the corresponding table to find information regarding the specific lots examined in this study. Occupancy data collected during the week is available upon request from the Metropolitan Interstate Committee.





## ***Row A***

### **Major Concerns:**

- Any parking management strategy used on adjacent blocks must consider the ramifications to this block.
- Large surface lots directly adjacent to residences currently lack a sense of the neighborhood's character and create a feeling of an "inner city" or unsafe setting.
- As the 4<sup>th</sup> Street business district continues to redevelop, more pressure could be put on the neighborhood's on-street spaces.

### **Short-term Recommendations:**

- Changes to on-street parking management on the surrounding blocks should include block \_\_\_ or incorporate plans to minimize or eliminate any resulting effects.
- Calvary Baptist Church should investigate opportunities to lease their unused parking spaces to businesses with compatible needs.
- Existing and future lots should incorporate landscaping to blend with the neighborhood and promote the professional image of the institutions they serve.
- Redevelopment plans should provide consideration to available parking and the effects that could be passed on to the nearby neighborhood.

### **Long-term Medical District System Recommendations:**

- All on-street spaces around this block should be included in the Medical Parking Benefit District.
- All on-street spaces around this block (including both sides of 7<sup>th</sup> Avenue East) should be included in the Medical Parking Benefit District.

## ***Row B***

### **Major Concerns:**

- On-street space availability during the workday due to commuter use.
- Landscaping around the large hospital lots must be maintained.
- On-street space availability in the neighborhood during the workday due to commuter use.
- On-street parking along 4<sup>th</sup> Street should be available for quick trips to both the hospital and nearby businesses.
- Large surface lots directly adjacent to residential uses currently lack the neighborhood's character and promote the sense of an "inner city" or unsafe setting.
- none
- As the 4<sup>th</sup> Street business district continues to redevelop, more pressure could be put on the neighborhood's on-street spaces.

### **Short-term Recommendations:**

- Ensure on-street parking is available for residential and local business needs.
- SMDC should consider offering transportation benefits to employees (paid benefit for parking, subsidized bus passes, Commuter Choice programs, etc.) to lessen the demand for current and future parking spaces.
- Change the price on meters along 4<sup>th</sup> Street to \$0.25 per half-hour.

- Meters offering short term parking (2 hours or less) should accept all coin denominations. Any installation or replacement of meters should incorporate this convenience.
- SMDC should consider offering transportation benefits to employees (paid benefit for parking, subsidized bus passes, Commuter Choice programs, etc.) to lessen the demand for current and future parking spaces.
- Redevelopment plans should strive to mitigate any negative parking impacts that could effect the nearby neighborhood.
- The Auto Lube/Last Chance Liquor Lot is underused through much of the day and shared/contract spaces are a possibility.

**Long-term Medical District System Recommendations:**

- On-street spaces along 3<sup>rd</sup> Avenue East and 5<sup>th</sup> Street should be included in the Medical Parking Benefit District.
- **Twelve-hour meters should be installed along 4<sup>th</sup> Avenue East and 4<sup>th</sup> Street to regulate these spaces.**
- On-street spaces along 5<sup>th</sup> Street should be included in the Medical Parking Benefit District.
- Twelve-hour meters should be installed along 4<sup>th</sup> Avenue East to regulate these spaces.
- none
- All On-street spaces around this block should be included in the Medical Parking Benefit District.

## ***Row C***

**Major Concerns:**

- Convenient short-term parking for quick, fifteen-minute stops is not available.
- On-street parking directly adjacent to the hospital is above effective capacity throughout much of the day.
- On-street space availability for nearby businesses.
- Land area currently used for surface parking is ripe for new development opportunities.
- Limited parking for residents will put pressure on spaces along adjacent blocks.
- Future area development may increase pressure on free on-street parking availability.

**Short-term Recommendations:**

- SMDC should consider offering transportation benefits to employees (paid benefit for parking, subsidized bus passes, Commuter Choice programs, etc.) to lessen the demand for current and future parking spaces.
- If meter times and/or prices are not changed around block “C-2” to provide quick-stop spaces, consideration should be given to validating parking for pharmacy customers.
- Meters offering short term parking (2 hours or less) should accept all coin denominations. Any installation or replacement of meters should incorporate this convenience.
- Change the price on meters around this block to \$0.25 per half-hour.
- Change the time-limit of one 4<sup>th</sup> Street meter nearest 6<sup>th</sup> Avenue East to fifteen minutes.
- **Meters offering short term parking (2 hours or less) should accept all silver coins.**
- Future 4<sup>th</sup> Street business development should pursue working with SMDC to share their parking during non-hospital use hours.
- Redevelopment plans should strive to mitigate any negative parking impacts that could effect the nearby neighborhood.

**Long-term Medical District System Recommendations:**

- On-street spaces along 3<sup>rd</sup> Avenue East should be included in the Medical Parking Benefit District.
- **Twelve-hour meters should be installed along 3<sup>rd</sup> Street to regulate these spaces.**
- **If not completed as a short-term recommendation, the price on meters around this block should be changed to \$0.25 per half-hour.**
- none
- On-street spaces along 7<sup>th</sup> Avenue East and 3<sup>rd</sup> Street should be included in the Medical Parking Benefit District.
- All on-street spaces around this block should be included in the Medical Parking Benefit District.

## ***Row D***

**Major Concerns:**

- Parking availability for residents, visitors, and employees of both senior homes.
- SMDC’s parking policies do nothing to encourage employees to examine options for getting to work other than driving alone.
- SMDC’s dependence on leasing spaces to provide parking for their employees.
- The St. Luke’s Home Care and Hospice program may increase commuter parking pressure on adjacent neighborhood blocks.
- none
- On-street space availability during the workday due to commuter use.
- Any increase in current commuter parking could make it difficult for residents to find on-street spaces throughout the day.

**Short-term Recommendations:**

- Shared parking agreements could be pursued with the Adas Israel Synagogue.

- SMDC should consider offering transportation benefits to employees (paid benefit for parking, subsidized bus passes, Commuter Choice programs, etc.) to lessen the demand for current and future parking spaces.
- St. Luke's should monitor parking usage once their reorganization is complete to insure that impacts on neighborhood parking are minimal.
- none

**Long-term Medical District System Recommendations:**

- On-street spaces along 3<sup>rd</sup> Avenue East should be included in the Medical Parking Benefit District.
- none
- On-street spaces along 7<sup>th</sup> Avenue East should be included in the Medical Parking Benefit District.
- On-street spaces along 8<sup>th</sup> Avenue East should be included in the Medical Parking Benefit District.
- On-street spaces along 8<sup>th</sup> Avenue East should be included in the Medical Parking Benefit District.
- On-street spaces along 3<sup>rd</sup> Street should be included in the Medical Parking Benefit District.
- On-street spaces along 11<sup>th</sup> Avenue East and 3<sup>rd</sup> Street should be included in the Medical Parking Benefit District.
- All on-street spaces around this block should be included in the Medical Parking Benefit District.

## ***Row E***

**Major Concerns:**

- Current on-street controls may need to be adjusted to facilitate better and wiser use.
- Commuter use of free on-street spaces does not allow for use by businesses or residents.
- The residential area between 6<sup>th</sup> and 7<sup>th</sup> Avenue East is currently not governed under the Medical Center Link District zoning codes.
- This residential block is currently not governed under the Medical Center Link District zoning codes.
- Installing twelve-hour meters on nearby blocks may push the commuter parking burden to this block.
- On-street space availability during the workday due to commuter use.
- Large surface lots directly adjacent to residential uses currently lack the neighborhood's character and promote the sense of an "inner city" or unsafe setting.
- none
- Commuter use of free on-street spaces does not allow for other uses.
- This residential block is currently not governed under the Medical Center Link District zoning codes.

**Short-term Recommendations:**

- Install twelve hour meters along 4<sup>th</sup> Avenue East to both control commuter use and generate revenue.
- Extend the time allowed for parking along 3<sup>rd</sup> Avenue east from one hour to two hours.

- First Presbyterian should investigate opportunities to lease their unused parking spaces to businesses with compatible needs.
- Incorporate the area between 6<sup>th</sup> and 7<sup>th</sup> Avenue East into the Medical Center Link District.
- Install one-hour meters along 8<sup>th</sup> Avenue East to provide open spaces for “quick stops.”
- Incorporate this block into the Medical Center Link District.
- St. Luke’s should consider offering transportation benefits to employees (paid benefit for parking, subsidized bus passes, Commuter Choice programs, etc.) to lessen the demand for current and future parking spaces.
- Meters offering short term parking (2 hours or less) should accept all coin denominations. Any installation or replacement of meters should incorporate this convenience.
- Ensure on-street parking is available for residential needs.

**Long-term Medical District System Recommendations:**

- On-street spaces along 1<sup>st</sup> Street and 2<sup>nd</sup> Street should be included in the Medical Parking Benefit District.
- All currently free on-street spaces around this block should be included in the Medical Parking Benefit District.
- If a parking benefit district cannot be established, then consideration should be given to installing twelve-hour meters where free parking currently exists.
- All on-street spaces around this block should be included in the Medical parking Benefit District.
- This block should be studied following the installation of meters on nearby blocks to assess the resulting effects on this block.
- On-street spaces along 1<sup>st</sup> Street and 2<sup>nd</sup> Street should be included in the Medical Parking Benefit District.
- If not yet completed, one-hour meters should be installed along 8<sup>th</sup> Avenue East to provide open spaces for “quick stops.”
- none
- On-street spaces along 1<sup>st</sup> & 2<sup>nd</sup> Street, and along 12<sup>th</sup> Avenue East, should be included in the Medical Parking Benefit District (does not include areas currently enforced with meters).

## ***Row F***

**Major Concerns:**

- Surface parking makes up a large portion of this block’s land area, making this block ripe for new development opportunities.
- Lack of on-street space availability during the workday due to commuter use.

- SMDC employees with permits use the alley sidewalk for parking once spaces become unavailable.
- Installing meters where parking is currently free may push the commuter-parking burden to other areas.
- none
- Ramp occupancy is not achieving an optimal level of efficiency.

**Short-term Recommendations:**

- The St. Louis County Department of Health lots on the corner of Superior Street and 3<sup>rd</sup> Avenue East would be ideal public parking serving the east side of downtown.
- Install twelve-hour meters where free parking currently exists on 1<sup>st</sup> Street between 4<sup>th</sup> and 7<sup>th</sup> Avenue; as well as the ten spaces along 7<sup>th</sup> Avenue.
- Free spaces along 1<sup>st</sup> Street between 7<sup>th</sup> and 8<sup>th</sup> Avenue should be studied following the installation of twelve-hour meters on nearby blocks to assess the resulting effects on these spaces.
- SMDC should investigate opportunities to utilize unused spaces within the Fitger's ramp.
- **Meters offering short term parking (2 hours or less) should accept all silver coins.**
- Convert forty top-level ramp spaces into employee only parking.
- Meters offering short-term parking (two hours or less) should accept all coin denominations. Any installation or replacement of meters should incorporate this convenience.
- St. Luke's should consider offering transportation benefits to employees (paid benefit for parking, subsidized bus passes, Commuter Choice programs, etc.) to lessen the demand for current and future parking spaces.

**Long-term Medical District System Recommendations:**

- On-street spaces along 1<sup>st</sup> Street and 4<sup>th</sup> Avenue East should be included in the Medical Parking Benefit District.
- On-street spaces along 1<sup>st</sup> Street and 7<sup>th</sup> Avenue East should be included in the Medical Parking Benefit District.
- On-street spaces along 1<sup>st</sup> Street should be included in the Medical Parking Benefit District.
- Non-metered on-street spaces along 1<sup>st</sup> Street should be included in the Medical Parking Benefit District.

## ***Row G***

**Major Concerns:**

- Fitger's Parking Ramp is underutilized during weekdays.
- It is important to ensure that the most convenient parking is reserved for short-term parking.
- none

**Short-term Recommendations:**

- Because of the parking demand created during the evening and weekends, the city should give serious consideration to enforcing metered parking during the weekends in conjunction with retail hours and until 9:00 p.m. similar to meters near the Fond-du-Luth Casino.

- none

**Long-term Medical District System Recommendations:**

- none