PLANNING COMMISSION
MEETING AGENDA
SPECIAL/STUDY MEETING

500 W. Big Beaver
Troy, MI 48084
(248) 524-3364
www.troymi.gov
planning@troymi.gov

John J. Tagle, Chair, Donald Edmunds, Vice Chair
Michael W. Hutson, Edward Kempen, Tom Krent, Philip Sanzica
Gordon Schepke, Robert Schultz and Thomas Strat

January 22, 2013 **7:00 P.M.** **Council Board Room**

1. ROLL CALL
2. APPROVAL OF AGENDA
3. MINUTES – January 8, 2013 Regular Meeting
4. PUBLIC COMMENT – For Items Not on the Agenda
5. ZONING BOARD OF APPEALS (ZBA) REPORT
6. DOWNTOWN DEVELOPMENT AUTHORITY (DDA) REPORT
7. PLANNING AND ZONING REPORT

STUDY ITEMS

8. INTERPRETATION OF ZONING ORDINANCE – Residential Treatment and Recovery Facility
9. PLANNING COMMISSION CODE OF ETHICS

OTHER BUSINESS

10. PUBLIC COMMENT – Items on Current Agenda
11. PLANNING COMMISSION COMMENT

ADJOURN

NOTICE: *People with disabilities needing accommodations for effective participation in this meeting should contact the City Clerk by e-mail at clerk@troymi.gov or by calling (248) 524-3317 at least two working days in advance of the meeting. An attempt will be made to make reasonable accommodations.*

WTRY Broadcast Schedule *Regular Meetings, Wednesday, 6:00 p.m. and 11:00 p.m.* *Study Meetings, Wednesday, 3:00 p.m.*

Chair Tagle called the Regular meeting of the Troy City Planning Commission to order at 7:00 p.m. on January 8, 2013 in the Council Chamber of the Troy City Hall.

1. ROLL CALL

Present:
Donald Edmunds
Michael W. Hutson
Edward Kempen
Tom Krent
Philip Sanzica
Gordon Schepke
Robert Schultz
Thomas Strat
John J. Tagle

Also Present:
R. Brent Savidant, Planning Director
Susan Lancaster, Assistant City Attorney
Ben Carlisle, Carlisle/Wortman Associates, Inc.
Kathy L. Czarnecki, Recording Secretary

2. APPROVAL OF AGENDA

Resolution # PC-2013-01-001
Moved by: Schultz
Seconded by: Strat

RESOLVED, To approve the Agenda as prepared.

Yes: All present (9)

MOTION CARRIED

3. APPROVAL OF MINUTES

Resolution # PC-2013-01-002
Moved by: Edmunds
Seconded by: Krent

RESOLVED, To approve the minutes of the December 11, 2012 Regular meeting as published.

Yes: All present (9)

MOTION CARRIED

4. PUBLIC COMMENTS – Items not on the Agenda

There was no one present who wished to speak.

CONDITIONAL REZONING REQUEST

5. PUBLIC HEARING – CONDITIONAL REZONING APPLICATION (File Number CR 008) – Proposed Tim Horton's Café, Northwest Corner Square Lake and Dequindre, Section 1, From NN (Neighborhood Node "N") to CB (Community Business) District

Mr. Hutson informed the Board he has a client who might be involved in litigation with the petitioner's law partner. Mr. Hutson asked to recuse himself from discussion and deliberation on this item to avoid any appearance of impropriety.

The Board had no objection to the request.

[Mr. Hutson exited the meeting.]

Mr. Carlisle gave a review of the Conditional Rezoning application. Mr. Carlisle said the proposed drive-through use predicated on a conditional rezoning would not advance the Master Plan intent of the Neighborhood Node "N" zoning classification. He addressed the size of the parcel in relation to the drive through, the restaurant use in terms of parking and the corner location with two access points.

Mr. Carlisle further identified specific site plan issues:

- Deficiency in parking spaces; 20 provided, 28 required.
- Requirement of 10 stacking spaces; 10th stacking space protrudes into drive aisle.
- Bisected / disjointed parking area.
- Potential deficiency in overall landscape area; 20% required, plan does not indicate.
- Impact on residential property to the west.
- Access and internal traffic circulation; specifically in morning and evening hours.
- Internal pedestrian circulation; both from parking lot to building and in location of menu/speaker board.
- Lack of snow storage location.
- Dumpster location; high visibility on Square Lake Road.
- Unknown specifics from future traffic study; petitioner expressed feedback from Planning Commission prior to providing traffic study.

Mr. Carlisle did not recommend approval of the Conditional Rezoning application, as submitted. He offered the following suggestions:

- Consider adding a portion, if not all, of the parcel to the north.
- Keep restaurant use but eliminate the drive-through.
- Consider an alternative use of site.

Mr. Savidant announced the Planning Department received 16 email messages from residents in the area, of which copies were distributed to members prior to the beginning of tonight's meeting.

The petitioner, Burt Kassab, was present. Mr. Kassab stated the property owner, Sam Askar, is present and in the audience. Mr. Kassab addressed the size of the parcel. He compared the proposed Tim Horton restaurant site to two existing Tim Horton restaurants in Troy on Rochester Road and Maple Road, as relates to parcel size and building size. Mr. Kassab said they have tried to meet the Neighborhood Node requirements in every respect.

Mr. Kassab reported the overall landscaped area is 21.1%; exceeding the 20% requirement. He stated Tim Horton's corporate office is satisfied that the 20 parking spaces provided will be sufficient. Mr. Kassab said the parcel to the north provides a great buffer to the residential neighborhood. He addressed the location and decibel level of the menu/order board that faces Square Lake, indicating it should have no affect on the neighborhood. Mr. Kassab said a drive through restaurant is a corporate requirement.

Mark Kellenberger, Tim Horton's project planner, was present. Mr. Kellenberger said to his knowledge, all freestanding Tim Horton restaurants in Michigan are drive-through restaurants; those without drive-through's are located in non-traditional locations.

There was discussion on the following:

- Curb cuts / access points.
  - Critical to petitioner to attract business from both Square Lake and Dequindre Roads.
  - Curb cuts currently exist, installed by City during widening of right of way.
  - Affect on development should traffic study determine elimination of one curb cut to potentially alleviate traffic issues.
    - Petitioner stated restaurant operations would likely not go forward with development.
    - Elimination could potentially create more traffic issues.
  - Engineering review had no comments on curb cuts; asked petitioner to provide traffic study.
- Deficiency of eight (8) parking spaces.
  - Restaurant operations satisfied proposed parking is sufficient.
- Traffic, internal circulation, drive-through.
  - Morning hours draw majority of business, heaviest traffic and drive-through use.
  - Afternoon/evening hours light; new marketing strategy to attract customer base.
  - Configurations of turn lanes at intersection.
  - No escape lane proposed.
- Buffer to residential.
  - Dense evergreens to west and north.
  - Fence around property line.
  - Parcel to north acts as buffer.
  - Masonry wall on west.

- Noise levels; petitioner addressed menu board location.
- Property to north; parcel larger in size than subject parcel.
- Positive features of site plan, restaurant use and location.
  - Patio.
  - Walkability.
  - Two access points.
  - Good fit for potential customer base; nearby hospital.

PUBLIC HEARING OPENED

The following residents spoke in opposition:

Tom Dombrowski	2900 Briarwood Ct
Robert Cantlon	2864 Briarwood
Prabhakar Vallury	2878 Briarwood
Matthew Zelenak	2819 Briarwood
Pari Tathavadekar	2861 Briarwood
Lisa Havlish	2875 Briarwood
Srivatsan Santhanam	2945 Briarwood
Ritika Undemane	2892 Briarwood
Anup Gongle	2936 Briarwood
Norman Balston	2916 Briarwood
Akram Muhammad	2978 Briarwood

Residents who spoke in opposition expressed concerns with:

- 24-hour operation.
- Drive through facility.
- Traffic congestion, signalization.
- Internal circulation; stacking of cars.
- Noise level.
- Lights.
- Garbage, litter.
- Overall safety.
- Safety of school children; bus pickup.
- Re-use of existing vacant parcels.
- Loitering; negative impact on children.
- Non-friendly sidewalk/bicycle use.
- Deviation from Master Plan intent.

The following resident spoke in favor:

G. James Grix	2508 Coral

Mr. Grix said a restaurant would generate revenue, offer employment and a ‘go to’ place for the neighborhood. He said other cities are attracting drive-through restaurants and potential revenue because Troy turns them away.

PUBLIC HEARING CLOSED

Discussed followed:

- Site plan design as relates to positive features and deficiencies.
  - Stacking spaces critical; no provision to waive Zoning Ordinance requirement.
- Master Plan intent.
- Responsibility of Planning Commission; health, safety and welfare of residents.
- Potential impact / non-impact on neighboring residents.
- Limited operational hours for drive through.
- Approval process.
  - Recommendation to City Council.
  - Conditions to site plan must be volunteered by petitioner.
  - Site plan, if approved, would not come back before Board.
- Consider noise/decibel study.
- Potential of traffic study to impact lay of the property.
  - Site plan might not come back before Board.
- Legal opinion to complete Conditional Rezoning Agreement and traffic study prior to recommendation to City Council.

The property owner, Sam Askar, addressed attempts to develop parcel after purchasing it from the City seven years ago. Mr. Askar said the asking price of the property to the north is high, and even if acquired a larger Tim Horton restaurant would be proposed. He intimated that most likely the Tim Horton's corporate office would go to another city with a proposal if the Board does not approve this application. Mr. Askar, noting he is familiar with the area, addressed the concern expressed for the safety of school children.

Mr. Kassab said he believes the asking price of the parcel to the north is above market and informed the Board that negotiations could not be reached with the two owners.

Mr. Kassab said if the Board chose to postpone the item, he would work on traffic study issues and relocation of the dumpster.

Resolution # PC-2013-01-003
Moved by: Schultz
Seconded by: Krent

RESOLVED, To postpone the item for thirty (30) days, not to exceed 30 days.

Yes: All present (9)

MOTION CARRIED

Chair Tagle requested a recess at 8:56 p.m.

The meeting reconvened at 9:04 p.m.

[Mr. Hutson returned to the meeting.]

SPECIAL USE REQUEST AND PRELIMINARY SITE PLAN REVIEW

6. PUBLIC HEARING – SPECIAL USE REQUEST AND PRELIMINARY SITE PLAN REVIEW (File Number SU 398) – Proposed Fifth Third Bank, North Side of Big Beaver between Lakeview and Alpine (2282 W Big Beaver), Section 20, Currently Zoned BB (Big Beaver) District

Mr. Carlisle gave a brief review of the application. He said the application meets all Zoning Ordinance requirements and Big Beaver form based requirements. Mr. Carlisle recommended approval of the Special Use and Preliminary Site Plan application as submitted.

There was discussion on the existing sign. Sign placement is not within the Planning Commission purview but it was noted there was concern with pedestrian visibility.

The petitioner, Doug Brinker of Atwell, and Jeff Wagner, representative of Fifth Third Bank, were present.

Mr. Wagner addressed the recently adopted Zoning Ordinance Text Amendment with respect to drive-through's on Big Beaver Road. Mr. Wagner acknowledged the City's concern on the sign placement. He said pedestrian visibility and line of sight guidelines will be applied when placing the monument sign at the new facility.

Messrs. Wagner and Brinker addressed the stacking of cars in the drive-through.

Mr. Savidant commended the applicant in responding quickly to some site plan revisions and submitting a clean application to the Planning Commission.

PUBLIC HEARING OPENED

No one was present to speak.

PUBLIC HEARING CLOSED

Resolution # PC-2013-01-004
Moved by: Schultz
Seconded by: Schepke

RESOLVED, That Special Use Approval and Preliminary Site Plan Approval for the proposed Fifth Third Bank, located on the north side of Big Beaver between Lakeview and Alpine (2282 W Big Beaver), Section 20, currently zoned BB (Big Beaver) District, be granted.

Yes: All present (9)

MOTION CARRIED

ZONING ORDINANCE TEXT AMENDMENT

7. PUBLIC HEARING – ZONING ORDINANCE TEXT AMENDMENT (File Number ZOTA 244) – Miscellaneous Zoning Ordinance Revisions

Mr. Carlisle reviewed the proposed amendment changes to the April 2011 Zoning Ordinance. He asked if the Board had any comments and for a recommendation to City Council for approval of the proposed revisions.

Mr. Edmunds requested the correction of the spelling of “insure” to “ensure”.

PUBLIC HEARING OPENED

No one was present to speak.

PUBLIC HEARING CLOSED

Resolution # PC-2013-01-005
Moved by: Schultz
Seconded by: Edmunds

RESOLVED, That the Planning Commission hereby recommends to the City Council that Articles 2, 3, 4, 5, 6, 7, 10, 12, 13 and 16 of Chapter 39 of the Code of the City of Troy, which includes miscellaneous Zoning Ordinance revisions, be amended as printed on the proposed Zoning Ordinance Text Amendment.

Yes: All present (9)

MOTION CARRIED

SITE CONDOMINIUM DEVELOPMENT

8. PRELIMINARY SITE PLAN REVIEW – Proposed Beachview Estates Site Condominium, 8 units/lots, West side of Beach Road, 1000' South of Long Lake, Section 18, Currently Zoned R-1A (One Family Residential) District

Mr. Carlisle reviewed the history of the proposed Site Condominium application. The plan before the Board this evening is for the originally requested 8 units/lots. Mr. Carlisle identified small site plan issues as noted in his report dated December 27, 2012 and recommended approval of the Site Condominium application, conditioned on those items being satisfied at the time of Final Site Plan approval.

The petitioner, Joseph Maniaci of Mondrian Properties, was present. Mr. Maniaci said he plans to go before the Traffic Committee to request a sidewalk waiver.

Mr. Edmunds applauded the petitioner for his patience and motivation in his attempt to develop the site as a cluster development.

Chair Tagle opened the floor for public comment.

There was no one present who wished to speak.

Chair Tagle closed the floor for public comment.

Resolution # PC-2013-01-006
Moved by: Edmunds
Seconded by: Schultz

RESOLVED, That Preliminary Site Condominium Approval, pursuant to Article 8 and Section 10.02 of the Zoning Ordinance, as requested for Beachview Estates Site Condominium, 8 units/lots, West side of Beach Road, South of Long Lake, Section 18, within the R-1A (One Family Residential) District, be granted, subject to the following:

1. Submit a revised Preliminary Site Plan that includes the following revisions:
   a. Reconfigured unit five building footprint.
   b. Identify proposed lot coverage.
   c. Show the required 25' x 25' corner clearance on both sides of the new intersection of Beachview Court and Beach Road.
   d. Show access drive to the detention basin.
2. Provide a 5-foot wide sidewalk along Beach Road or seek a waiver from the Traffic Committee.
3. Obtain all appropriate wetland permits MDEQ, Oakland County Soil Erosion, Oakland County Water Resources Commissioner, City of Troy, and any other appropriate body prior to Final Site Plan approval.

Yes: All present (9)

MOTION CARRIED

OTHER BUSINESS

9. ELECTION OF OFFICERS FOR 2013

Chair Tagle opened the floor for nominations for Chair and Vice Chair.

Mr. Schultz nominated John Tagle as Chair and Don Edmunds as Vice Chair.

Hearing no further nominations, Chair Tagle declared the nominations for the positions of Chair and Vice Chair closed.

Chair Tagle opened the floor for nominations for the Zoning Board of Appeals representative.

Mr. Schultz nominated Tom Krent as Zoning Board of Appeals representative.

Hearing no further nominations, Chair Tagle declared the nominations for the position of Zoning Board of Appeals representative closed.

Roll Call vote on the nominations on the floor.
Yes: All present (9)

10. PUBLIC COMMENTS – For Items on Current Agenda

There was no one present who wished to speak.

11. PLANNING COMMISSION COMMENTS

There were general Planning Commission comments.

The Regular meeting of the Planning Commission adjourned at 9:40 p.m.

Respectfully submitted,

_____
John J. Tagle, Chair

_____
Kathy L. Czarnecki, Recording Secretary

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PLANNING COMMISSION
2012 ANNUAL REPORT

The Michigan Planning Enabling Act requires that municipal planning commissions prepare an annual written report to the legislative body concerning operations and the status of planning activities undertaken during the calendar year. In accordance, the following information has been compiled:

PLANNING COMMISSION

In 2012 the Planning Commission consisted of Mark Maxwell (Chair), John Tagle (Vice Chair), Donald Edmunds, Michael Hutson, Philip Sanzica, Robert Schultz, Tom Krent, Thomas Strat and Lon Ullmann. Gordon Schepke replaced Lon Ullmann on February 20, 2012. Mark Maxwell resigned as Chair in May, 2012. John Tagle and Donald Edmunds were elected Chair and Vice Chair, respectively, on June 12, 2012. Edward Kempen replaced Mark Maxwell on July 9, 2012.

Thomas Strat was Zoning Board of Appeals (ZBA) Representative.

The Planning Commission held twenty-three (23) meetings during the year, comprised of twelve (12) Regular meetings and eleven (11) Special/Study meetings.

Thomas Strat and Michael Hutson served on the Sustainable Design Review Committee.

ZONING ORDINANCE AMENDMENTS

The Planning Commission considered the following amendment applications in 2012:

Amendment	Description	PC Action
Z 739	REZONING – 970 Colebrook, Section 22, From R-1C to CB	Public hearing 02 14 2012 Recommended denial
ZOTA 243	ZONING ORDINANCE TEXT AMENDMENT– Drive-Throughs for Financial Institutions within the Big Beaver Zoning District	Public hearing 06 12 2012 Recommended approval
CR 006	CONDITIONAL REZONING – 5500 New King, Section 8, From PUD 13 to CB and OM	Public hearing 07 10 2012 Recommended approval
CR 007	CONDITIONAL REZONING – 125 Stephenson Highway and 1250 W. 14 Mile Road, Section 35, From O to IB	Public hearing 07 24 2012 Recommended approval
Z 741	REZONING – 1170 Woodslee, Section 27, From IB to RT	Public hearing 12 11 2012 Recommended approval

PLANNING COMMISSION
2012 ANNUAL REPORT

SUSTAINABLE DEVELOPMENT PROJECTS

The Sustainable Design Review Committee considered the following amendment application in 2012:

Project/Description	SDRC Action
MBA Engineering, 1100 Piedmont, Section 26 – Zoned IB The applicant sought SDP status to permit front yard parking in IB district and exceed 20% minimum open space requirement.	SDP status granted 08 01 2012

SITE PLAN REVIEWS

The Planning Commission considered the following applications in 2012:

Project	Description	PC Action
SU 392	SPECIAL USE REQUEST & PRELIMINARY SITE PLAN REVIEW – Vehicle Repair Facility, Action Collision Inc., West of Dequindre, North of 14 Mile (2722 Elliott), Section 36, Zoned IB	Approved 01 10 2012
SU 393	SPECIAL USE REQUEST & PRELIMINARY SITE PLAN REVIEW – Magical Touch Oil Change, Southeast Corner of Rochester Road and Hartland (1028 Hartland), Section 23, Zoned GB	Approved 02 28 2012
SU 394	SPECIAL USE REQUEST & PRELIMINARY SITE PLAN REVIEW – Tim Horton's Restaurant, 1905 E Maple, Section 26, Zoned GB	Approved 03 27 2012
Site Condominium	PRELIMINARY SITE PLAN REVIEW – Tuscany Estates Site Condominium, 11 units/lots, West side of Dequindre, North of Winter Drive, Section 24, Zoned R-1C	Approved 04 10 2012
SP 973	PRELIMINARY SITE PLAN REVIEW – Old Dominion Freight Line, 1310 E Big Beaver, Section 26, Zoned IB	Approved 04 10 2012
Site Condominium	PRELIMINARY SITE PLAN REVIEW – Cedar Pines Estates No. 2 Site Condominium, 10 units/lots, East Side of Crooks Road, South of South Boulevard, Section 4, Zoned R-1B	Approved 05 08 2012

PLANNING COMMISSION
2012 ANNUAL REPORT

Project	Description	PC Action
SU 395	SPECIAL USE REQUEST & PRELIMINARY SITE PLAN REVIEW – Kroger Retail Fuel Center, West side of Rochester, South of Long Lake (4889 Rochester Road), Section 15, Zoned NN "L"	Approved 06 12 2012
SU 396	SPECIAL USE REQUEST & PRELIMINARY SITE PLAN REVIEW – Golden Mustang Auto Repair, 2251 John R, Section 26, Zoned IB	Approved 07 10 2012
SP 976	PRELIMINARY SITE PLAN REVIEW – Regents Park of Troy Phase II, West of Crooks, North side of Butterfield, Section 29, Zoned MF	Approved 08 14 2012
PUD 004	PLANNED UNIT DEVELOPMENT – Big Beaver Center, North side of Big Beaver Road between Alpine and McClure, Section 20, Zoned PUD 004	Recommended approval 08 14 2012
SU 397	SPECIAL USE REQUEST & PRELIMINARY SITE PLAN REVIEW – Fisher Dynamics Metal Forming, 1625 W. Maple, Section 32, Zoned MR	Approved 08 28 2012
SP 978	PRELIMINARY SITE PLAN REVIEW –Troy 7-Eleven, Southeast Corner of Crooks and Wattles (3984 Crooks), Section 21, Zoned NN "I"	Approved 09 11 2012
Site Condominium	PRELIMINARY SITE PLAN REVIEW – Bridgewater Estates Site Condominium, 27 units/lots, 5470 John R, Section 12, Zoned R-1C	Approved 12 11 2012

DATE: January 14, 2013

TO: Planning Commission

FROM: R. Brent Savidant, Planning Director

SUBJECT: Interpretation of Zoning Ordinance – Residential Treatment and Recovery Facility

An organization, Great Lakes Recovery Community, is interested in using a property in Troy as a structured and professionally administered residential treatment facility to serve infirmed persons suffering from a primary substance use disorder diagnosis or dual diagnoses of substance use disorder/addiction and psychiatric illness. GLRC offers a drug and alcohol free (sober living) environment for recovering men and women to reclaim their lives from addiction. GLRC provides high quality, long-term supportive living as well as a network of resources to nurture stability, personal growth, education, job training, and more self-determined, independent, and deliberate life patterns.

The period of treatment that a person will receive within the residential treatment facility is typically 4 to 12 months.

The use is not specifically listed in the Schedule of Regulations of the City of Troy Zoning Ordinance. Section 4.05 of the Zoning Ordinance gives the Zoning Administrator the authority to determine which district a use is permitted in. The Zoning Administrator may refer a proposed use to the Planning Commission for determination of the appropriate district(s) in which said use may be permitted.

On first blush, it appears to be similar to an independent living or convalescent home. However these uses are restricted to seniors.

The property that Great Lakes Recovery Community is interested in using may require a rezoning. It is also important to remember that the interpretation made for this project will set precedent for future projects.

To assist the Planning Commission in making an informed decision, members were invited to tour a similar operating facility in Shelby Township on January 17.

Please be prepared to discuss this matter at the January 22, 2013 Planning Commission Special/Study meeting.

Attachments:

1. Maps
2. City of Troy Zoning Ordinance (excerpts)
3. Information provided by Great Lakes Recovery Community

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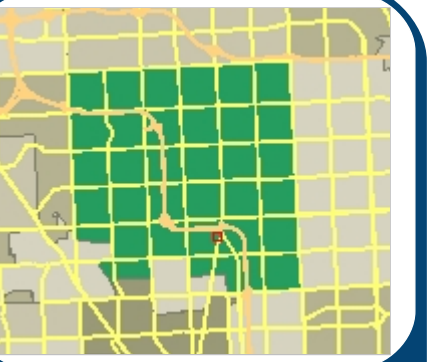
Great Lakes Recovery Community Site

City of Troy Planning Department



Legend

- I-75
- Road Centerline
  - Major Road
  - Industrial Road
  - Local Road
- Ponds and Basins
- Streams and Creeks
- Parcels
- Aerial Photos - 2010
  - Red: Band_1
  - Green: Band_2
  - Blue: Band_3

252 0 126 252 Feet

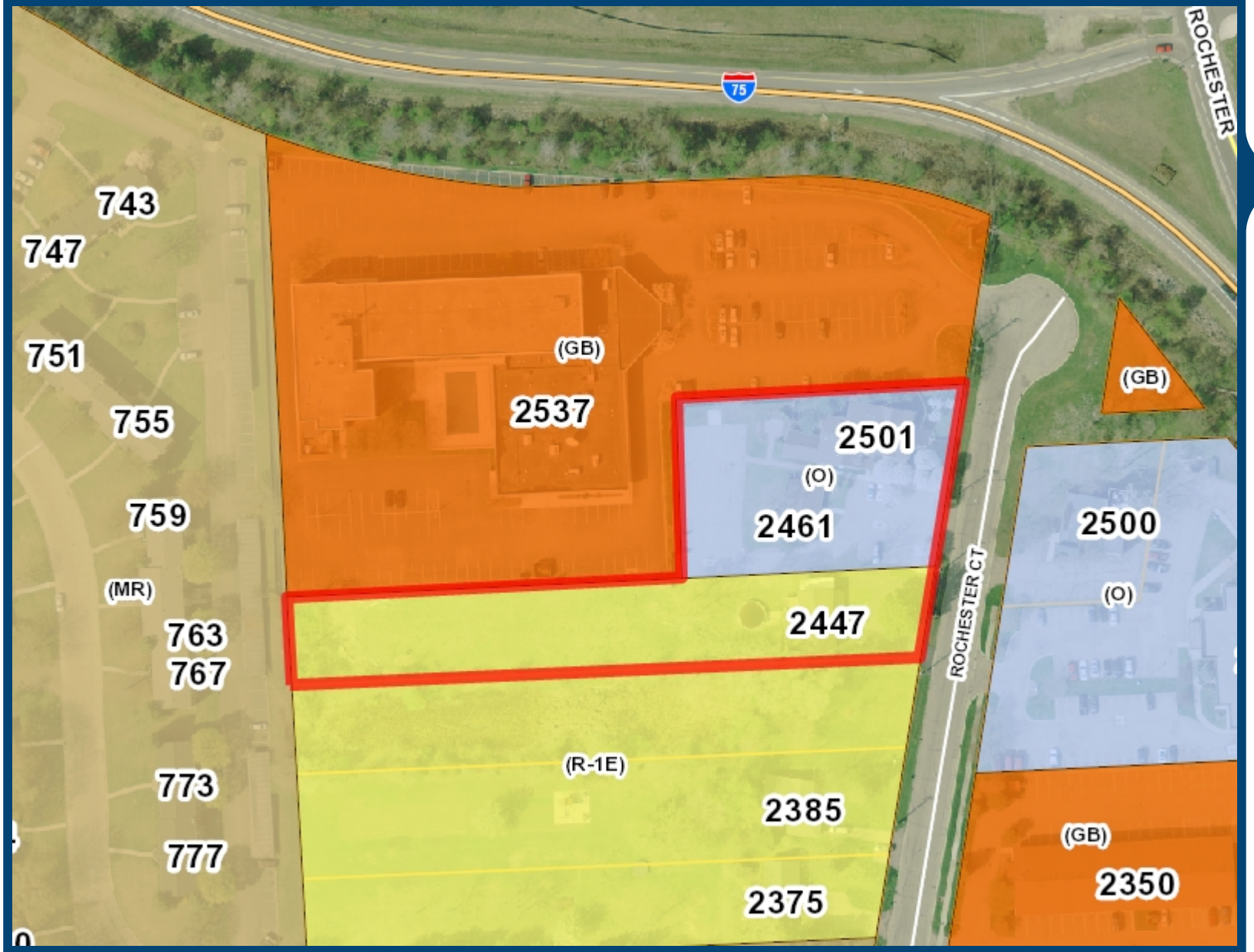
Scale 1: 1,513

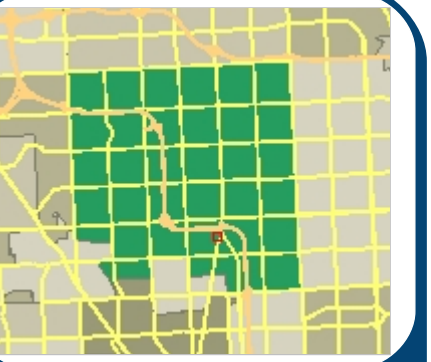
Printed: 1/7/2013

Note: The information provided by this application has been compiled from recorded deeds, plats, tax maps, surveys, and other public records and data. It is not a legally recorded map survey. Users of this data are hereby notified that the source information represented should be consulted for verification.

Great Lakes Recovery Community Site

City of Troy Planning Department





Legend

- I-75
- Road Centerline
  - Major Road
  - Industrial Road
  - Local Road
- Current Zoning Ordinance
  - (PUD) Planned Unit Development
  - (CF) Community Facilities District
  - (EP) Environmental Protection District
  - (BB) Big Beaver Road (Form Based)
  - (MRF) Maple Road (Form Based)
  - (NN) Neighborhood Nodes (A-U)
  - (CB) Community Business
  - (GB) General Business
  - (IB) Integrated Industrial Business District
  - (O) Office Building District
  - (OM) Office Mixed Use
  - (P) Vehicular Parking District
  - (R-1A) One Family Residential District
  - (R-1B) One Family Residential District
  - (R-1C) One Family Residential District
  - (R-1D) One Family Residential District
  - (R-1E) One Family Residential District
  - (RT) One Family Attached Residential District
  - (MR) Multi-Family Residential
  - (MHP) Manufactured Housing
  - (UR) Urban Residential
  - (RC) Research Center District
  - (PV) Planned Vehicle Sales
- Ponds and Basins
- Streams and Creeks
- Parcels
- Aerial Photos - 2010
  - Red: Band_1
  - Green: Band_2
  - Blue: Band_3

252 0 126 252 Feet

Scale 1: 1,513

Printed: 1/7/2013

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E. PLAY HOUSE: A detached building designed and used for children's play.

ACCESSORY USE: A use which is supplemental and subordinate to the main use and used for purposes clearly incidental to those of the main use.

ACTIVE SOLAR ENERGY STRUCTURE: A structure which utilizes mechanically-operated solar collectors to collect, transfer or store solar energy.

ADULT DAY CARE HOME. A private residence, in which six (6) adults or less are given care and supervision for periods of time not to exceed sixteen (16) hours in a twenty-four (24) hour period.

ADULT DAY CARE CENTERS. A center other than a private residence, in which more than six (6) adults are supervised and receive group care for periods of time not to exceed sixteen (16) hours in a twenty-four (24) hour period.

ADULT FOSTER CARE FACILITIES: A governmental or non-governmental establishment that provides foster care to adults. It include facilities and foster care family homes for adults who are aged, mentally ill, developmentally disabled, or physically handicapped who require supervision or an ongoing basis but who do not require continuous nursing care. An adult foster care facility does not include nursing homes, homes for the aged, hospitals, alcohol or substance abuse rehabilitation center, residential centers for persons released from or assigned to a correctional facility, or any other facilities which have been exempted from the definition of adult foster care facility by the Adult Foster Care Facility Licensing Act, 218 of 1979, MCL 400.701, as amended. The types of licensed adult foster care facilities include the following:

A. FOSTER CARE SMALL GROUP HOME: A facility with the approved capacity to receive twelve (12) or fewer adults who are provided supervision, personal care, and protection in addition to room and board, for twenty-four (24) hours a day, five (5) or more days a week, and for two (2) or more consecutive weeks for compensation.

B. FOSTER CARE LARGE GROUP HOME: A facility with approved capacity to receive at least thirteen (13) but not more than twenty (20) adults to be provided supervision, personal care, and protection in addition to room and board, for twenty-four (24) hours a day, five (5) or more days a week, and for two (2) or more consecutive weeks for compensation.

C. FOSTER CARE FAMILY HOME: A private residence with the approved capacity to receive six (6) or fewer adults to be provided with foster care for five (5) or more days a week and for two (2) or more consecutive weeks. The adult foster care family home licensee must be a member of the household and an occupant of the residence.

D. FOSTER CARE CONGREGATE FACILITY: An adult foster care facility with the approved capacity to receive more than twenty (20) adults to be provided with foster care.

AGRICULTURE: Farms and general farming, including horticulture, floriculture, dairying, livestock, and poultry raising, farm forestry, and other similar uses, excluding the following: piggeries, the disposal of garbage, sewage, rubbish, offal or rendering plants, the slaughtering of animals except such animals as have been raised or maintained on the premises for at least a period of one year immediately prior thereto and for the use and consumption of only the persons residing on the premises.

AGRICULTURAL BUILDING: Any structure used for agriculture as defined by this ordinance, whether the principal use of the property is residential, agriculture or some other use.

AIRPORT: A landing area, runway, or other facility designed, used, or intended to be used for the landing or taking off of aircraft, including all necessary taxi-ways, aircraft storage and tie-down areas, hangars, terminal facilities, and other necessary buildings, facilities, and open spaces. Airports are designated on the Airport Location and Height Control Map, and are further controlled by the provisions of Section 7.09 of this Ordinance.

ALLEY: Any dedicated public way affording a secondary means of vehicular access to abutting property, and not intended for general traffic circulation.

ALTERATIONS: Any change, addition or modification in construction or type of occupancy, any change in the structural members of a building, such as walls or partitions, columns, beams or girders. Alterations may be referred to in this Ordinance as “altered” or “reconstructed”.

AMBIENT NOISE: Regularly occurring background noise.

ANTENNA: Any structure designed to transmit or receive television, radio, data, communications, or other signals from other antennas, satellites, or other services.

AUTOMOBILE: See definition of vehicle.

AVERAGE GRADE: The average elevation of the ground for each face of the building. (See definition of grade for illustration.)

BASEMENT: That portion of a building which is partly or wholly below grade but is so located that the vertical distance from the average grade to the floor is greater than the vertical distance from the average grade to the ceiling. A basement shall not be counted as a story.

D. BAR/LOUNGE: A type of restaurant which is operated primarily for the dispensing of alcoholic beverages with the ancillary sale of prepared food or snacks. If a bar or lounge is part of a larger dining facility, it shall be defined as that part of the structure so designated or operated.

RETAIL BUSINESS OR RETAIL SALES: An establishment engaged in selling goods or merchandise to the general public for personal or household consumption and rendering services incidental to the sale of such goods.

RETAIL SALES, LARGE SCALE: A retail establishment, commonly referred to as a "big box" store, which exceeds fifty thousand (50,000) square feet in gross floor area.

SELF-STORAGE FACILITY: A building or group of buildings containing fully enclosed, compartmentalized stalls or lockers which are rented or leased as individual units for the storage of personal property customarily related to residential, office, and/or local commercial activities.

SENIOR HOUSING: An institution other than a hospital or hotel, which provides housing or room and board to non-transient persons primarily sixty (60) years of age or older. Housing for seniors may include:

A. INDEPENDENT LIVING: A multiple-family housing form with full facilities for self-sufficiency in each individual dwelling unit.

B. CONGREGATE CARE: A dependent elderly housing facility with cooking facilities within the unit, but with a central dining service option. Limited medical care is available.

C. ASSISTED LIVING: A dependent elderly housing facility without cooking facilities and only central dining service. Limited medical care is available.

D. CONVALESCENT HOME: A state licensed medical establishment providing accommodation and care for aged or infirmed persons, or for those who are bedfast or needing considerable nursing care, but not including facilities for the treatment of sickness or injuries or facilities for surgical care. Commonly referred to as "nursing home".

SETBACK, REQUIRED: The distance required to meet the front, side, or rear yard open space requirements of this Ordinance.

SHOPPING CENTER: A minimum of three (3) commercial or service establishments within a single building served by a common parking area.

SIGN: Any structure or wall or other object used for the display of any message, and includes but is not limited to any bill, poster, placard, handbill, flyer, painting, balloon,

SECTION 4.04 ZONING OF VACATED AREAS

Whenever any street, alley or other public way within the City of Troy has been vacated by action of the City Council, and the land within the vacated area is attached to and becomes a part of adjoining property, such lands formerly within the vacated area automatically, and without further action of the City Council, are subject to the same zoning regulations as are applicable to adjoining property to which the vacated land has been attached.

SECTION 4.05 DISTRICT REQUIREMENTS

A. The Districts set forth herein guide the establishment of district boundaries to further the objectives of the City of Troy Master Plan. The intent of each district defines interrelationships between conflicting and compatible land uses and between land uses and resources such as transportation, utilities, cultural and institutional facilities and the natural environment.

B. Except as hereinafter provided, district regulations shall be applied in the following manner:

1. Permitted Uses. Permitted uses shall be permitted by right only if specifically listed as permitted uses in the various zoning districts or are similar to such listed uses.

2. Accessory Buildings, Structures, and Uses. Accessory buildings, structures, and uses are permitted only if such uses are clearly incidental to the permitted principal uses. Accessory buildings, structures, and uses are subject to the provisions of Section 7.03.

3. Special Uses. Special land uses are permitted as listed, subject to the procedures set forth in Article 9 and any specific standards applicable to a particular use.

C. If a proposed use is not explicitly listed, the Zoning Administrator shall make a determination as to which listed use the proposed use is most similar to and compatible with, and in which district(s) said use shall be permitted. In making this determination, the Zoning Administrator shall consider factors such as peak hourly and average daily traffic generation, noise, light, demands on public utility systems and potential environmental impacts. The Zoning Administrator may refer any proposed use to the Planning Commission for determination of the appropriate district(s) in which said use may be permitted.

D. Properties located within designated historic districts, as set forth in Chapter 13, Historic Preservation, of the City Code, shall be subject to the zoning requirements of the district in which they are located.

SECTION 4.21 SCHEDULE OF USE REGULATIONS

A. In all Districts, no building or land shall be used and no building shall be erected except for one (1) or more of the following specified uses, unless otherwise provided in this Article.

B. The Schedule of Use Regulations identifies uses as follows:

1. "P" identifies uses permitted as of right.
2. "S" identifies uses requiring special approval.
3. "A" identifies accessory uses.
4. "NP" identifies uses not permitted.

Uses	Districts														
	R-1A through R-1E	R-1T	MR	UR	MHP	CF	EP	CB	GB	IB	O	OM	RC	PV	P
Residential															
One-family dwellings	P	P	P	P	P	P	NP	NP	NP	NP	NP	NP	NP	NP	NP
Two-family dwellings	NP	P	P	P	NP	NP	NP	NP	NP	NP	NP	NP	NP	NP	NP
One-family attached dwellings	NP	P	P	P	NP	NP	NP	NP	NP	NP	NP	NP	NP	NP	NP
Home occupations	A	A	A	A	A	A	NP	A	A	A	NP	A	NP	NP	NP
Multiple-family dwellings (2-8 stories)	NP	NP	P	P	NP	NP	NP	NP	NP	P	NP	NP	NP	NP	NP
Multiple-family dwellings (9+ stories)	NP	NP	NP	P	NP	NP	NP	NP	NP	P	NP	NP	NP	NP	NP
Multiple-family dwellings (on upper floors only in a mixed-use building)	NP	NP	NP	NP	NP	NP	NP	P	P	P	NP	P	NP	NP	NP
Senior assisted/independent living	P	P	P	P	NP	P	NP	P	P	P	NP	P	NP	NP	NP
Live/work units	NP	NP	P	P	NP	NP	NP	P	P	P	NP	P	NP	NP	NP
Bed and breakfast	S	S	S	S	S	NP	NP	NP	NP	NP	NP	NP	NP	NP	NP
Recreation															
Publicly owned and operated parks, parkways, and recreational facilities	P	P	P	P	P	P	NP	P	P	P	P	P	P	NP	NP
Golf courses	S	S	S	S	S	S	NP	S	S	S	NP	NP	NP	NP	NP
Swimming pool clubs	S	S	S	S	S	S	NP	S	S	S	NP	NP	NP	NP	NP
Institutional															
Primary/secondary schools	S	S	S	S	S	P	NP	P	P	P	P	P	P	NP	NP
Places of worship	S	S	S	S	S	S	NP	P	P	P	P	P	P	NP	NP
Publicly owned/operated office and service facilities	S	S	S	S	S	P	NP	P	P	P	P	P	P	P	P
Convalescent centers	NP	NP	S	S	NP	P	NP	P	P	P	P	P	NP	NP	NP
Fine and performing arts facilities	NP	NP	NP	NP	NP	P	NP	P	P	P	NP	S	NP	NP	NP

Uses	Districts														
	R-1A through R-1E	R-1T	MR	UR	MHP	CF	EP	CB	GB	IB	O	OM	RC	PV	P
Post-secondary schools (high schools, colleges, commercial schools)	NP	NP	NP	NP	NP	P	NP	P	P	P	P	P	P	NP	NP
Bus/transit passenger stations, taxicab offices, dispatching centers	NP	NP	NP	NP	NP	P	NP	P	P	P	P	P	P	P	P
Hospitals	NP	NP	NP	NP	NP	S	NP	NP	S	S	NP	S	NP	NP	NP
Family day care homes	P	P	P	P	P	P	NP	NP	NP	NP	NP	NP	NP	NP	NP
Group day care homes	NP	NP	NP	NP	NP	NP	NP	NP	NP	NP	NP	NP	NP	NP	NP
Day care centers and preschools	S	S	S	S	S	S	NP	P	P	P	P	P	P	NP	NP
Adult foster care, family home	P	P	P	P	P	P	NP	NP	NP	NP	NP	NP	NP	NP	NP
Adult foster care, small group home	S	S	S	S	S	S	NP	NP	NP	NP	NP	NP	NP	NP	NP
Adult foster care, large group home	S	S	S	S	S	S	NP	NP	NP	NP	NP	NP	NP	NP	NP
Adult foster care, congregate facility	S	S	S	S	S	S	NP	NP	NP	NP	NP	NP	NP	NP	NP
Adult day care home	P	P	P	P	P	P	NP	NP	NP	NP	NP	NP	NP	NP	NP
Adult day care center	S	S	S	S	S	S	NP	P	P	P	P	P	P	NP	NP
Retail, Entertainment, and Service															
Restaurants, standard	NP	NP	NP	A	NP	NP	NP	P	P	P	NP	A	NP	NP	NP
Restaurants, fast food	NP	NP	NP	A	NP	NP	NP	P	P	P	NP	A	NP	NP	NP
Restaurants, drive-in	NP	NP	NP	A	NP	NP	NP	P	P	P	NP	A	NP	NP	NP
Bar/lounge	NP	NP	NP	A	NP	NP	NP	P	P	P	NP	A	NP	NP	NP
Outdoor dining areas	NP	NP	NP	A	NP	NP	NP	A	A	A	NP	A	NP	NP	NP
Retail, general	NP	NP	NP	A	NP	NP	NP	P	P	P	NP	A	NP	NP	NP
Retail, large-format	NP	NP	NP	NP	NP	NP	NP		P	P	NP	NP	NP	NP	NP
Shopping centers	NP	NP	NP	NP	NP	NP	NP	P	P	P	NP	NP	NP	NP	NP
Health fitness centers, athletic clubs, martial arts studios, and other similar uses	NP	NP	NP	NP	NP	NP	NP	P	P	P	NP	A	NP	NP	NP
Building and lumber supply	NP	NP	NP	NP	NP	NP	NP	S	P	P	NP	NP	NP	NP	NP
Garden centers/ nurseries	NP	NP	NP	NP	NP	NP	NP	S	P	P	NP	NP	NP	NP	NP
Commercial green-house	NP	NP	NP	NP	NP	NP	NP	S	P	P	NP	NP	NP	NP	NP
Indoor commercial recreation	NP	NP	NP	NP	NP	NP	NP	P	P	P	NP	NP	NP	NP	NP
Outdoor commercial recreation	NP	NP	NP	NP	NP	NP	NP	S	P	P	NP	NP	NP	NP	NP
Dance, music, and art studios	NP	NP	NP	NP	NP	NP	NP	P	P	P	NP	A	NP	NP	NP
Dry cleaners and laundry	NP	NP	NP	A	NP	NP	NP	P	P	P	NP	A	NP	NP	NP
Pharmacies, durable medical goods sales/ rental	NP	NP	NP	A	NP	NP	NP	P	P	P	NP	A	NP	NP	NP
Open air businesses, as a principal use	NP	NP	NP	NP	NP	NP	NP	S	S	S	NP	NP	NP	NP	NP

Uses	Districts														
	R-1A through R-1E	R-1T	MR	UR	MHP	CF	EP	CB	GB	IB	O	OM	RC	PV	P
Open air businesses, subordinate to principal use	NP	NP	NP	NP	NP	NP	NP	S	S	S	NP	NP	NP	NP	NP
Lodging	NP	NP	NP	NP	NP	NP	NP	S	P	P	NP	S	NP	NP	NP
Private clubs, fraternal organizations, and lodge halls	NP	NP	NP	NP	NP	S	NP	S	S	P	S	S	NP	NP	NP
Conference, meeting, and banquet facilities	NP	NP	NP	NP	NP	S	NP	S	P	P	NP	P	S	NP	NP
Personal services	NP	NP	NP	A	NP	NP	NP	P	P	P	NP	A	A	NP	NP
Home service and repair	NP	NP	NP	NP	NP	NP	NP	P	P	P	NP	A	A	NP	NP
Photographic studios	NP	NP	NP	NP	NP	NP	NP	P	P	P	P	P	P	NP	NP
Financial institutions	NP	NP	NP	A	NP	NP	NP	P	P	P	P	P	P	NP	NP
Commercial kennels / Pet day care	NP	NP	NP	NP	NP	NP	NP	P	P	P	NP	NP	NP	NP	NP
Drive-up / Drive-through facilities	NP	NP	NP	NP	NP	NP	NP	S	S	A	S	S	NP	NP	NP
Theatres and places of assembly	NP	NP	NP	NP	NP	NP	NP	P	P	P	NP	S	S	NP	NP
Adult use businesses	NP	NP	NP	NP	NP	NP	NP	NP	S	S	NP	NP	NP	NP	NP
Mortuary / Funeral home	NP	NP	NP	NP	NP	NP	NP	P	P	P	NP	NP	NP	NP	NP
Office															
Offices, general	NP	NP	NP	NP	NP	NP	NP	P	P	P	P	P	P	NP	NP
Professional and medical offices	NP	NP	NP	NP	NP	NP	NP	P	P	P	P	P	P	NP	NP
Business services	NP	NP	NP	NP	NP	NP	NP	P	P	P	P	P	P	NP	NP
Medical clinics	NP	NP	NP	NP	NP	NP	NP	P	P	P	P	P	P	NP	NP
Veterinary clinics or hospitals	NP	NP	NP	NP	NP	NP	NP	P	P	P	P	P	P	NP	NP
Industrial															
Prototype or experimental product research and development	NP	NP	NP	NP	NP	NP	NP	NP	NP	P	P	P	P	NP	NP
Any use of basic research, design, and pilot or experimental product development	NP	NP	NP	NP	NP	NP	NP	NP	NP	P	P	P	P	NP	NP
Manufacturing and assembly	NP	NP	NP	NP	NP	NP	NP	NP	NP	P	NP	NP	NP	NP	NP
Laboratories	NP	NP	NP	NP	NP	NP	NP	NP	NP	P	P	P	P	NP	NP
Warehouse and wholesale establishments	NP	NP	NP	NP	NP	NP	NP	NP	NP	P	NP	NP	NP	NP	NP
Truck terminal facilities	NP	NP	NP	NP	NP	NP	NP	NP	NP	P	NP	NP	NP	NP	NP
Central dry cleaning / laundry plants	NP	NP	NP	NP	NP	NP	NP	NP	NP	P	NP	NP	NP	NP	NP
Outdoor storage facilities	NP	NP	NP	NP	NP	NP	NP	NP	NP	S	NP	NP	NP	NP	NP
Mini-warehouse or self-storage	NP	NP	NP	NP	NP	NP	NP	NP	S	P	NP	NP	NP	NP	NP
Materials recovering facility	NP	NP	NP	NP	NP	NP	NP	NP	NP	S	NP	NP	NP	NP	NP

Uses	Districts														
	R-1A through R-1E	R-1T	MR	UR	MHP	CF	EP	CB	GB	IB	O	OM	RC	PV	P
Automotive/Transportation															
Vehicle, recreational vehicle sales	NP	NP	NP	NP	NP	NP	NP	NP	S	S	NP	NP	NP	P	NP
Vehicle repair stations	NP	NP	NP	NP	NP	NP	NP	NP	S	S	NP	NP	NP	S	NP
Vehicle fueling/multi-use stations	NP	NP	NP	NP	NP	NP	NP	NP	S	S	NP	NP	NP	S	NP
Vehicle washes	NP	NP	NP	NP	NP	NP	NP	NP	S	S	NP	NP	NP	S	NP
Vehicle auctions	NP	NP	NP	NP	NP	NP	NP	NP	S	S	NP	NP	NP	S	NP
Antique and classic vehicle sales	NP	NP	NP	NP	NP	NP	NP	NP	S	S	NP	NP	NP	P	NP
Ambulance facilities	NP	NP	NP	NP	NP	NP	NP	S	S	S	NP	NP	NP	NP	NP
Vehicle rental	NP	NP	NP	NP	NP	NP	NP	S	S	S	NP	NP	NP	S	NP
Miscellaneous															
Accessory buildings and uses	A	A	A	A	A	A	NP	A	A	A	A	A	A	A	A
Agriculture	P	P	NP	NP	P	NP	NP	NP	NP	NP	NP	NP	NP	NP	NP
Cemeteries	P	P	P	P	P	P	NP	NP	NP	NP	NP	NP	NP	NP	NP
Parking structures and off-street parking areas as a principal use	NP	NP	NP	NP	NP	S	NP	S	S	P	S	S	S	S	P
Utility and public service buildings and facilities (without storage yards)	S	S	S	S	S	P	NP	P	P	P	P	P	P	P	P
Utility and public service buildings and facilities (with outdoor storage yards)	NP	NP	NP	NP	NP	S	NP	NP	NP	S	S	S	S	S	S
Commercial wind energy conversion systems and temporary meteorological towers	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S
Production facility, multimedia	NP	NP	NP	NP	NP	NP	NP	NP	S	P	NP	NP	P	NP	NP

recesses); cornices, varying building materials or pilasters shall be used to break up the mass of a single building.

F. Such facilities may include multi-purpose recreational rooms, kitchens, and meeting rooms. Such facilities may also include medical examination rooms and limited space for ancillary services for the residents of the facility, such as barber and beauty facilities.

SECTION 6.04 ADULT USE BUSINESSES

A. The purpose and intent of this section is to regulate adult use businesses, to promote the health, safety, morals, and general welfare of the citizens of the City, and to establish reasonable and uniform regulations to prevent the deleterious location and concentration of adult use businesses within the City, thereby reducing or eliminating the adverse secondary effects from such adult use businesses. The provisions of this section have neither the purpose nor effect of imposing a limitation or restriction on the content of any communicative materials, including adult materials. Similarly, it is not the intent nor effect of this section to restrict or deny access by adults to adult materials protected by the Constitution of the United States or the Michigan Constitution, or to deny access by the distributors and exhibitors of adult entertainment or adult use businesses to their intended market. It is also not the intent nor effect of this section to condone or legitimize the distribution of obscene material.

B. Definitions. For the purpose of this Ordinance, the following additional definitions shall apply:

1. ADULT USE BUSINESS: An adult arcade, adult bookstore, adult novelty or retail store, adult video store, adult cabaret, adult motel, adult motion picture theater, adult theater, escort agency, nude modeling studio and/or a sexual encounter establishments and any business determined by the Zoning Administrator to be an adult use, due to the activities of the business which involve characteristics of adult uses, such as nudity, semi-nudity, exposure of "specified anatomical areas" and/or "specified sexual activities". The definition of "adult use business" shall not include an establishment where a medical practitioner, psychologist, psychiatrist or similar professional person licensed by the State engages in medically approved and recognized sexual therapy.

2. ADULT ARCADE: An establishment where, for any form of consideration, one or more still or motion picture projectors, slide projectors, compact discs or similar machines, or other image producing machines, (whether coin-operated, slug-operated or electronically, electrically, internet or mechanically controlled), for viewing by five (5) or fewer persons each, are used to show films, motion pictures, video cassettes, compact discs, slides or other photographic reproductions which

are characterized by the depiction or description of "specified sexual activities" or "specified anatomical areas."

3. ADULT BOOK STORE, ADULT NOVELTY OR RETAIL STORE, OR ADULT VIDEO STORE:

   a. An establishment which, as one of its principal business purposes, offers any one or more of the following for sale, rental, or viewing at the site, for any form of consideration:

      i. Books, computer diskettes, tapes or hard drives, magazines, periodicals or other printed material, films, motion picture, video cassettes or video reproduction, slides or other visual representations which depict or describe "specified sexual activities" or "specified anatomical areas"; and/or

      ii. Instruments, devices, or paraphernalia which are designed for use in connection with "specified sexual activities"; and/or

      iii. Items, materials, gimmicks, or paraphernalia depicting, displaying, advertising or packaged as "specified sexual activities" or depicting or describing "specified anatomical areas".

   b. For purposes of this section, "principal business purpose" means:

      i. The devotion of a significant or substantial portion of its stock-in-trade or interior floor space; or

      ii. The receipt of a significant or substantial portion of its revenues from; or

      iii. The devotion of a significant or substantial portion of its advertising expenditures to the promotion of the sale, rental or viewing, of books, magazines, periodicals or other printed matter, or photographs, film, motion pictures, video cassettes, compact discs, slides or other visual representations, items, materials, gimmicks, or paraphernalia which are characterized by the depiction, description display, advertising or packaging of "specified sexual activities" or "specified anatomical areas".

   c. An establishment may have other principal business purposes that do not involve the offering for sale, rental or viewing of materials depicting or describing "specified sexual activities" or "specified anatomical areas", and still be categorized as an adult bookstore, adult novelty or retail store or adult video store. Such other business purposes will not serve to exempt such establishment from being categorized as an adult bookstore, adult novelty store or adult video store, so long as the establishment falls within the

definition of an adult bookstore, adult novelty store or adult video store as set forth above.

4. ADULT CABARET: A nightclub, club, bar, restaurant or similar commercial establishment which features one or more of the following:

   a. Person(s) who appears nude or in a state of nudity or semi-nudity;

   b. Live performances which are characterized by the exposure of "specified anatomical areas" or by "specified sexual activities";

   c. Films, motion pictures, video cassettes, compact discs, slides or other photographic reproductions which are characterized by the depiction or description of "specified sexual activities" or "specified anatomical areas."

5. ADULT MOTEL: A motel, hotel or similar commercial establishment which:

   a. Offers accommodations to the public for any form of consideration and provides patrons with closed-circuit television transmissions, films, motion pictures, video cassettes, compact discs, slides or other photographic reproductions which are characterized by the depiction or description of "specified sexual activities" or "specified anatomical areas" and which advertises the availability of this adult type of material by means of a sign, visible from the public right of way, or by means of any off-premises advertising, including but not limited to newspapers, magazines, pamphlets or leaflets, radio or television; and/or

   b. Permits patrons to be filmed or photographed performing sexually explicit activities or displaying "specified anatomical areas," including transmission over the World Wide Web; and/or

   c. Offers a sleeping room for rent for intervals of time less than ten (10) hours; and/or

   d. Allows a tenant or occupant to sub-rent a sleeping room for intervals of less than ten (10) hours.

6. ADULT MOTION PICTURE THEATER: A commercial establishment where films, motion pictures, video cassettes, compact discs, slides of "specified sexual activities" or depictions or descriptions of "specified anatomical areas" are regularly shown for any form of consideration.

7. ADULT THEATER: A theater, concert hall, auditorium or similar commercial establishment which, for any form or consideration, regularly features persons who appear in a state of nudity or live performances which are characterized

B. The minimum distance of any main or accessory building or structure from any boundary property line or street shall be two hundred (200) feet. A minimum depth of one hundred (100) feet of such required yards, adjacent to property lines, shall be kept free of off-street parking.

C. Ambulance and delivery areas shall be screened from view of adjacent residentially zoned or used property, in accordance with the standards set forth in Section 13.02.B.

D. Accessory buildings and uses, may be permitted, provided the total floor area of such uses does not exceed that of the main hospital complex.

Off-street parking shall be provided for such uses in accordance with the requirements of Section 13.06. Such parking shall be in addition to that required for the main hospital complex.

E. Any hazardous materials proposed to be stored, used or handled on site shall be disclosed by the applicant to the City during the development review process, and all such storage, use, and handling shall be conducted in accordance with the standards set forth in Section 12.06.C and any applicable State or federal requirements.

SECTION 6.13 COMMERCIAL KENNELS/ANIMAL DAY CARE

A. Animal wastes, biohazard materials or byproducts shall be disposed of as required by the Oakland County Health Department, the Michigan Department of Public Health, or other duly appointed authority. All other wastes shall be contained in leak-proof and odor proof containers. No animal wastes, biohazard materials or byproducts shall be buried or incinerated on-site, or allowed to enter to groundwater.

B. Buildings where animals are kept, dog runs, and exercise areas shall not be located nearer than one hundred (100) feet to any adjacent occupied dwelling.

C. Dog runs and exercise areas shall not be located in any front yard and shall be screened with an opaque fence or wall at least six (6) feet in height.

D. All principal use activities, other than outdoor dog runs or exercise areas, shall be conducted within a totally enclosed building.

E. All operations and the housing of animals are contained in one (1) or more completely enclosed buildings.

Setback	Canopy Support	Pump Islands	Canopy Edge
Front	35 ft.	30 ft.	25 ft.
Side	20 ft.	20 ft.	10 ft.
Rear	30 ft.	20 ft.	20 ft.

1. All fueling areas shall be arranged so that motor vehicles do not park on or extend over abutting landscaped areas, sidewalks, streets, buildings, or adjoining property while being served.

B. Canopy structures shall be designed and constructed in a manner which is architecturally compatible with the principal building. The canopy structure shall be attached to and made an integral part of the principal building unless can be demonstrated that the design of the building and canopy in combination would be more functional and aesthetically pleasing if the canopy was not physically attached to the principal building.

Required fire protection devices under the canopy shall be architecturally screened so that the tanks are not directly visible from the street. The screens shall be compatible with the design and color of the canopy.

C. Pedestrian Circulation.

1. Vehicle Fueling / multi-use stations shall be designed in a manner which promotes pedestrian and vehicular safety.

2. The parking and circulation system within each development shall accommodate the safe movement of vehicles, bicycles, pedestrians and refueling activities throughout the proposed development and to and from surrounding areas in a safe and convenient manner.

D. Where repair and servicing of vehicles is performed, all repair and maintenance shall be performed entirely within an enclosed building. Dismantled, wrecked, or immobile vehicles shall not be permitted to be stored on site.

E. If a vehicle wash is proposed, it must comply with the standards set forth in Section 6.29.

SECTION 6.29 VEHICLE WASH

A. The minimum lot size required for automobile or carwash establishments shall be fifteen thousand (15,000) square feet.

B. All washing activities shall be carried on within a building. Vacuuming activities shall be located at least fifty (50) feet from adjacent residentially zoned or used property.

C. Automatic carwash facilities shall have a mechanical dryer operation at the end of the wash cycle.

D. All automatic carwash facilities must provide a demonstrated means at the exit ramp for each wash bay to prevent pooling of water or freezing.

SECTION 6.30 WIRELESS COMMUNICATIONS FACILITIES

A. Intent. It is the intent of this section to provide standards for the location, construction and maintenance of wireless communication facilities in a way which will retain the integrity, character, property values and aesthetic quality of neighborhoods and the City, and minimize the negative visual impact of wireless communication facilities on neighborhoods, community landmarks, historic sites and buildings, natural beauty areas and public rights-of-way. The priority of the City is to minimize the overall number of newly established locations for wireless communication support facilities within the community by encouraging the collocation of existing wireless communication support facilities where possible. It is required that all new and modified wireless communication support facilities (WCSFs) shall be designed and constructed so as to accommodate collocation. This section also requires that wireless communication antennas (WCAs), wireless communication facilities (WCFs) and wireless communication support facilities (WCSFs) shall adhere to all applicable Local, State, Federal laws and regulations, and the standards of this section.

B. Authorization.

1. Subject to the standards and conditions set forth in this Section, wireless communication facilities shall be permitted uses in the following circumstances, and in any districts:

   a. An existing structure which will serve as an attached wireless communications facility where the existing structure is not, in the discretion of the City, proposed to be either materially altered or materially changed in appearance.

   b. A proposed collocation upon an attached wireless communication facility which has been approved earlier by the City.

   c. An existing structure which will serve as an attached wireless communication facility consisting of a utility pole located within a right-of-way, where the existing pole is not proposed to be modified in a manner which, would materially alter the structure and/or result in an impairment of sight lines or other safety interests.

   d. An existing wireless communication support structure established within a right-of-way having an existing width of more than two hundred and four (204) feet.

GREAT LAKES RECOVERY COMMUNITY

GLRC would like to use the property as a structured and professionally administered residential treatment facility to serve infirmed persons suffering from a primary substance use disorder diagnosis or dual diagnoses of substance use disorder/addiction and psychiatric illness. We offer a drug and alcohol free (sober living) environment for recovering men and women to reclaim their lives from addiction. GLRC provides high quality, long-term supportive living as well as a network of resources to nurture stability, personal growth, education, job training, and more self-determined, independent, and deliberate life patterns.

2447 Rochester Ct will be used to accommodate approximately six (6) adult women.

2501 Rochester Ct will be used to accommodate up to twenty-nine (29) adult men.

2461 Rochester Ct will be used for office (administrative and outpatient services) purposes.

The period of treatment that a person will receive within our residential treatment facility is typically 4 to 12 months.

GREAT LAKES RECOVERY COMMUNITY

"Recovery is not a single action or simply the temporal cessation of alcohol or drug use, but rather a long journey that will undoubtedly be, for many, the most challenging but yet the most rewarding experience in life…to pursue each day forward with vivid clarity and consciousness knowing who you are, what you are, and where you're going."

Dr. Paul L. Smith, President and Co-Founder of Great Lakes Recovery Community

Recognizing that the "treatment as usual" for substance use disorders was inadequate at best, Dr. Paul Smith sought out to design a program to reduce the chronic relapsing nature of Substance Use Disorders/Addiction and thereby reduce the revolving door of costly hospital-based and freestanding Residential Treatment Centers or Residential Treatment Facilities. That process, which began in 2008, took four years of extensive research analysis of several hospital-based and freestanding detoxification/ acute residential treatment centers involving clinical experts focused on *levels of care*, and *delivery of service systems*. As a result of such research, coupled with direct field experience and clinical outcome studies, Dr. Smith created Great Lakes Recovery Community (GLRC); a structured program administered by staff physicians, psychologists, and addict experts to provide recovering men and women a high quality, long-term, therapeutic environment to break the crippling grip of substance use disorders.

GLRC is affiliated with Abaris Health Sober Living, a residential treatment program established in 2009 providing services in two sober living homes (one for females, one for males), to serve those persons suffering from a primary substance use disorder diagnosis or dual diagnoses of substance use disorder/addiction and psychiatric illness. Our treatment/recovery program is designed to treat (i) persons requiring a higher level of services than those provided in standard outpatient or intensive outpatient programs, and (ii) persons transitioning down from detoxification treatment to longer-term residential recovery and rehabilitation in a more natural setting.

NATURE OF ADDICTION

"All addictions begin with the first use." *– Dr. Paul L. Smith*

Substance use often begins as a voluntary choice. With continued use, however, a person experiences biological and psychological changes, often progressively, that impairs judgment, free will and choice, and life-social-occupational functioning. Prolonged or heavy use significantly changes a person's biology and brain chemistry, where now more substance use is needed to experience the same effects. After a period of prolong or heavy use, a person enters a state of deprivation, where the body and brain are not functioning normally. The person cannot feel much pleasure or excitement, and may experience nausea, sickness and insomnia, lack interest in things, and or feel anxious and depressed. At this point, the person experiences very strong urges to seek and use substances to feel better, to feel pleasure…to feel

normal. The person is triggered by internal-biological and external-environmental cues. Surges in dopamine resulting in a feeling of pleasure or a "high" often occur even when the person just thinks about or anticipates using substances. In some cases, the person (often in heroin, alcohol, prescription drug, crack-cocaine users) become desperate and myopic – steal, lie, con, committing shameful acts, or whatever it takes to obtain the substance. The person then uses, sometimes desperately so, despite severe and sometimes catastrophic consequences including loss of job or marriage or custody of children, declining health, recurrent incarceration-legal problems, and or overdose or near death. This type of out of control and self-destructive behavior is often very difficult for family members, friends, and caring others to understand.

Dual Diagnoses:

Dual Diagnoses is also known as "Comorbidity" or "Co-Occurring Disorders," which refers to a psychiatric condition when two or more disorders occur in the same person, simultaneously or sequentially. Dual diagnosis also implies interactions between the disorders that affect the course and prognosis of both. Research data show that many persons with alcoholism and/or drug addiction commonly have depressive or mood disorders, anxiety disorders, psychotic disorders, eating disorders, and or conduct disorder (among children/adolescents) or personality pathology (such as Antisocial Personality Disorder, Borderline Personality Disorder). The probability of psychiatric disorder in persons with severe alcoholism and/or drug addiction is extremely high. Some causes of dual diagnosis are listed below:

1. Drugs of abuse can cause persons to experience one or more symptoms of another mental illness.
2. Mental illnesses can lead to alcohol or drug abuse. Individuals with overt, mild, or even subclinical mental disorders may abuse drugs as a form of self-medication.
3. Both drug use disorders and other mental illnesses are caused by overlapping factors such as underlying brain deficits, genetic vulnerabilities, and/or early exposure to stress (chaotic environment), alcohol and drugs, and or trauma.

Due to the high rate of comorbidity between drug abuse and addiction and other mental disorders, our recovery program provides a comprehensive approach to intervention that identifies and evaluates each disorder concurrently; tailoring specific treatment as needed. *Currently, although many proclaim, promote, and advertise otherwise, there are very few treatment centers, facilities, and programs that (i) have a deep or even adequate understanding of Dual Diagnoses and (ii) provide the adequate services and have on staff professionals trained in treatment Dual Diagnoses.*

Poly Substance Addiction:

According to the American Psychiatric Association, a diagnosis of polysubstance dependence must include a person who has used at least three different substances (not including caffeine or nicotine) indiscriminately, but does not have a preference to any specific one. The distinct difference between a person having three separate dependence issues and having "Polysubstance Dependence" is that the person is not specifically addicted to one particular substance. Polysubstance Dependence is often confused with multiple specific dependences present at the same time. This is a confusing concept, but if a person is addicted to three separate substance such as cocaine, methamphetamines and alcohol and is dependent on all three then they would be diagnosed with three separate dependence disorders existing

together (cocaine dependence, methamphetamine dependence and alcohol dependence,) not polysubstance dependence. In addition to using three different substances without a preference to one, there are certain levels of dysfunction in a person's life to qualify for a diagnosis of polysubstance dependence.

PHASES OF TREATMENT

Detoxification:

The person in severe alcoholism or drug addiction is often medically, cognitively, and psychiatrically unstable. They experience powerful and irresistible urges to use, and suffer from painful and potentially harmful withdrawal symptoms. Medically assisted detoxification is an important initiation or first phase in the treatment process for many persons with severe alcoholism or drug addiction. Many persons receive detoxification at an inpatient residential treatment center wherein they can be provided medications, nursing services, 24-hour supervision and monitoring, and brief psycho-education and counseling. Treatment and care are based on the Medical Model. The person is taken out of a state of deprivation and unbalance; immediate compulsive use has ceased (briefly); severely distressing secondary anxiety and mood symptoms are alleviated; health and healing begin.

However, detoxification or initial short-term acute inpatient care is not "treatment," but rather only a brief initiation of treatment. People who go through medically assisted detoxification, but do not receive any further treatment, show ongoing alcohol and drug abuse patterns similar to those who were never treated. The length of stay for detoxification or acute inpatient treatment in a residential treatment center typically last 3 to 10 days, with some stays lasting up to 21 days. Most persons are medically stabilized within 7 to 10 days, and should be transferred to a level of care appropriate to the needs of the person served.

Persons who suffer from mild or sometimes moderate severity alcoholism or drug addiction may not need detoxification-phase treatment. For those people, the first line treatment may consist of routine or intensive outpatient. *This decision should be determined by a professional and the person served, and based on professional screening or assessment.*

GLRC does not provide inpatient detoxification services. However, we do coordinate with excellent treatment centers providing this brief level of care. If you are uncertain about which detoxification or short-term treatment center to use, please allow us to assist you in finding one that best meets your needs or the needs of a loved one.

Treatment and Relapse Prevention:

Engrained maladaptive personality traits, destructive patterns of behavior, impulsivity, labile mood, rigid and unhealthy cognitive schemas, and or other negative enduring characteristics or impaired functioning of the addicted person do not significantly change as a result of or in the aftermath of detoxification. Instead, the treatment has just begun. For only a few people with moderate and severe alcoholism or drug addiction, intensive outpatient treatment may be an appropriate transition or step down from detox or acute phase of treatment, and then followed by routine outpatient, recovery

mentor services, and or ongoing self-help groups. Unfortunately, however, most people, especially those who have a history of more than one hospitalization for detoxification or acute care, need more ongoing structure and monitoring, where outpatient treatment at any level or intensity will likely prove inadequate. These people often cannot resist urges that will arise, do not have requisite insight, foresight, coping skills, and or mastery over impulses to refrain and abstain from alcohol or drug use.

For most people struggling with addiction; there are no short cuts to recovery. Clearly, lasting recovery requires significant, and sometime profound, changes in personality (thinking, feeling or inner experience, and patterns of behavior), environment (family dynamics, work, socioeconomic), and lifestyle (recreation, leisure, and social activities), and ongoing psychiatric stability. Structured long-term residential treatment is needed, and proven to be highly effective.

Preventing relapse, at any level or phase of care, is necessary for maintaining the effects or gains of treatment, and sometimes, as with other chronic conditions, episodes of recurrent use or relapse may require a return to prior treatment components. A continuum of care that includes a customized treatment regimen, addressing all aspects of a person's life, including medical and mental health services, and follow-up options are crucial to a person's success in achieving and maintaining a sober living lifestyle.

For some persons in the early stages of substance abuse or suffer mild alcoholism or drug addiction, outpatient treatment may be the appropriate first phase. Detoxification as first line treatment is often inappropriate and not indicated for these persons. This triage decision should be discussed with a professional after a thorough evaluation.

Do not skip this part…a thorough evaluation, including diagnostic assessment and psychological testing, can be highly valuable in assisting decision-makings.

GLRC provides routine outpatient, intensive outpatient, and long-term residential treatment. Nearly all components of routine and intensive outpatient care are implemented in our long-term treatment program. The long-term residential program provides a comprehensive array of psychological and social treatments, and medical services. Therefore, the remainder of this program description will focus on our long-term treatment program, called "Sober Living".

KEY PRINCIPLES OF AN EFFECTIVE TREATMENT PROGRAM

Treatment programs, including inpatient, partial hospital, intensive or routine outpatient, sober living, halfway houses, and three-quarter houses, have been developed to help persons stop using alcohol and drugs, avoid relapse, and successfully recover (or discover for the first) healthy living. Based upon years of research, clinical experience, and treatment outcome data, our recovery program (adapted from National Institute on Drug Addition) adheres to certain key philosophies, principles, and practices as follows:

a. No single treatment is appropriate for everyone.
b. Treatment must be readily available. Persons with severe addiction cannot wait weeks or months, and most often, it is a matter of days.
c. Effective treatment attends to multiple needs of the person, not just drug abuse.
d. Remaining in treatment for an adequate period of time is critical. The longer the treatment is best.
e. Individual psychotherapy and group therapy are the most commonly used forms of alcohol and drug abuse/dependence treatment. Psychotherapies are core to any effective treatment, which is critical to long-term recovery.
f. Medications are an important element of treatment for many people, specifically when combined with psychotherapy. Medications help ease painful withdrawal symptoms and reduce powerful urges to use, which medically stabilize the addicted person. Medications also target severe psychiatric symptoms. A combination of medication and psychotherapy is critical for many people suffering from alcoholism and drug addiction.
g. A person's treatment plan must be assessed continually and modified, as needed, to ensure that it meets changing needs.
h. Many people addicted to alcohol or drugs also have other mental disorders. Most people with alcoholism and drug addiction have another mental health disorder such as anxiety, depression, eating disorders, and or personality disorders.
i. Medically assisted detoxification is only the first stages of addiction treatment and by itself does little to change long-term alcohol and drug abuse. Medically assisted detoxification is not "treatment"; it is only the first step in the treatment process. Short-term (7- to 21-day) inpatient detox/treatment center programs are not enough for long-term change and recovery, but rather only the first phase in the treatment of severe addiction. There is much more work to be done. This assertion/statement cannot be stressed enough.
j. Treatment does not need to be voluntary to be effective. Treatment can be effective when court-ordered, or insisted upon by family or employer. In fact, treatment can be highly effective when court, family or employers are involved as directed by professionals.
k. Drug use during treatment must be monitored (urine screens, breath tests, and or blood tests) continuously, as lapses during treatment do occur. Relapse of alcohol and drug use can occur in all levels of care, even treatment centers with 24-hour supervision. A person in a state of chemical deprivation is often desperate, who can and will find very clever ways to use and or conceal use.
l. Treatment should assess people for infectious diseases (HIV/AIDS, hepatitis B and C, tuberculosis) as well as provide targeted risk–reduction counseling to help these people modify or change behaviors that place them at risk of spreading infectious diseases. This information is often highly sensitive and personal. Many people do not disclose or even seek an evaluation or treatment. IV drug users are at high risk for contracting and spreading infections.

THE PROGRAM

"What saves a man is to take a step. Then another step." *– C.S. Lewis*

GREAT LAKES RECOVERY COMMUNITY

Sober Living is a highly structured program in which persons remain at one of our residences, typically for 4 to 12 months. The Sober Living program is based on the Psychosocial and Biosocial Models, with targeted treatment focused on psychological, social, and environmental changes. The Medical Model, although highly effective in the initial medical stability and during relapse periods, does not work well for long term recovery as a sole or primary model. Aspects of the Medical Model are certainly used, but only as an adjunctive component.

Many persons admitted to Sober Living have a history of social functioning, education/ vocational skills, and positive community and family ties that have been eroded by their substance use. For them, recovery involves relearning or reestablishing healthy functioning, skills, and values as well as regaining physical and emotional health. Some persons do not have a reference point of health, as disorder and dysfunction occur very early in life. Recovery for them involves learning for the first time; skills, attitudes, and values associated with socialized living and physical and emotional health.

Recovery is living a sober lifestyle, which often requires change in several life domains. Sober Living homes are designed to provide persons with high quality, long-term supportive living and network of resources designed to nurture stability, personal growth, and a more self-determined, independent, and deliberate life.

Array of Services:

- Evaluation and assessment. This process includes diagnostic evaluation, personality, and neuropsychological testing. After evaluation and assessment, results are discussed with the person and family (when agreed).
- Community and peer influences. Peer influence, mediated through a variety of group processes, is used to help persons learn and assimilate social norms and develop social responsibility and more effective social skills.
- Self-help. Self-help implies that the persons are the main contributors to the change process. "Mutual self-help" means that persons also assume partial responsibility for the recovery of their peers; an important aspect of a person's own success.
- Clinical services. Persons shall have access to individual and family therapy, group therapy, psychiatry, and addiction medicine. All professionals are licensed and credentials.
- Linking and coordinating. Assistance in finding work, coordinating enrollment into school or college, completing disability paperwork, etc.
- Recovery Mentor Services. Orientation to recovery, peer modeling, facilitating 12-step work, leading daily reflections and monitoring ADLs, assessment and intervention.

Treatment Program Goals:

GREAT LAKES RECOVERY COMMUNITY

Like the saying from Coach John Wooden "Never mistake activity for achievement", please never mistake sobriety for recovery. Sobriety (total abstinence) is only achieved through effective ongoing recovery process. Our dedicated staff members subscribe to a multi-theory understanding and clinical approach to alcoholism and drug addiction, which underlies our basic treatment program goals, and guides all clinical and psychosocial activities established in partnership with each person served. Below is a list of our primary program goals of treatment.

1. *Maintain early abstinence from use of alcohol and or drugs of abuse.*
    a. Clinical Strategy: Regularly and intensely assess for potential early relapse during early phases of treatment, and clinically intervene when appropriate.
    b. Clinical Strategy: Provide pharmacological and psychological treatments during the process of withdrawal.
    c. Clinical Strategy: Regularly monitor the use of alcohol and other drugs, and provide appropriate and timely feedback.
    d. Clinical Strategy: Assess and address motivation, self-efficacy, and treatment readiness.

2. *Maintain medical and psychiatric stability and health.*
    a. Clinical Strategy: Regularly assess co-occurring medical and psychiatric conditions.
    b. Clinical Strategy: Provide medication therapy, targeting physical health and psychiatric symptoms, and review therapeutic and side effects and adherence to medication regime, when appropriate.
    c. Clinical Strategy: Provide responsive physical and psychiatric consultation to persons served during all phases of treatment.

3. *Introduce techniques for prevent relapse.*
    a. Clinical Strategy: Assist persons identify environmental, affective, and interpersonal triggers and cues that lead to the abuse of alcohol or other drugs.
    b. Clinical Strategy: Provide strategies to help persons avoid such cues and develop skills to cope with those that cannot be avoided.
    c. Clinical Strategy: Provide recovery mentor services, including coaching, peer modeling, psycho-education and 12-step work, orientation to and ongoing monitoring of recovery, daily reflections, through all phases of treatment.
    d. Clinical Strategy: Refer persons to support groups such as AA/NA and others as a means of reinforcing a drug-free lifestyle.
    e. Clinical Strategy: Provide encouragement of persons to participate in the creation of self-help groups and activities within the Sober Living community.
    f. Clinical Strategy: Assess and address motivation and self-efficacy.

4. *Reinforce personal autonomy and responsibility for the recovery process.*
    a. Clinical Strategy: Assist individuals in identifying and becoming involved with activities that will provide social and personal rewards as part of an alcohol and drug-free lifestyle.
    b. Clinical Strategy: Assess self-awareness of affect and mood and increase use of positive coping skills to deal with those feelings by non-alcohol and drug means.
    c. Clinical Strategy: Encourage the development of an abstinence-oriented social network.

d. Clinical Strategy: Assess persons' vocational needs and make appropriate referrals for vocational rehabilitation.
e. Clinical Strategy: Introduce job-readiness training and employment workshops for persons served.

Admission and Initial Assessment:

Recovery will be a rewarding experience as positive steps and adjustments are made daily to turn-around and regain control of your life. Intuitively described by C.S. Lewis "We all want progress, but if you're on the wrong road, progress means doing an about-turn and walking back to the right road; in that case, the man who turns back soonest is the most progressive." In effort to effectively manage the GLRC program, certain and stringent administration and initial assessment guidelines are regulated and enforced as follows:

1. *Admissions:*
    a. Admission Criteria to be admitted for services:
        i. The applicant must meet diagnostic criteria for substance use disorder (alcohol/drug abuse or dependence) or dual diagnosis (substance use disorder and psychiatric disorder).
        ii. The applicant must be medically stable.
        iii. Demonstrate or manifest the ability to comprehend and cooperate fully in treatment/service.
        iv. While a person under compulsion to seek treatment may be accepted (e.g. those under a court order, or threatened by an employer with job loss), that person must express some motivation to change.
    b. Exclusionary Criteria: There are certain persons whose admission would put employees, and persons served at great legal or health risk and who, therefore, are not eligible for admission:
        i. No person may be admitted who is known to be the subject of a past arrest or current arrest warrant.
        ii. Admission may be denies to a person who is thought to have a contagious disease, if a physician determines that medical treatment is necessary before admission to prevent the spread of disease to others (e.g. tuberculosis).
        iii. To be eligible for admission a person must not have a significant cognitive impairment of sufficient seriousness to preclude ability to understand the nature of the treatment or service process, practice rules, and informed consent. The person must not be so severely disabled that he or she is not capable of self-preservation in an emergency (fire, etc.).
        iv. Persons manifesting active homicidal or serious physical threats to clinical or administrative personnel or other persons served are also excluded.

2. *Screening Process:*
    a. When screening is conducted by GLRC, the process:
        i. Includes a review of each person's eligibility for admission based on the person's:
            1. Presenting problem.

2. Need for services.

ii. Assesses for the:
1. Appropriateness for services.
2. Availability of funding sources (insurance, ability to pay, etc.).

iii. Includes:
1. An interview of the person to be served or referral source (via telephone screening or in person).
2. Identification and documentation of the immediate and urgent needs of the person to be served.

iv. Conducted:
1. In a standardized manner.
2. By trained clinical staff.

v. Utilizes:
1. The DSM-IV/medical diagnostic criteria for substance use disorder.

b. When a person is found ineligible or inappropriate for services:
i. The person will be informed as to the reason.
ii. The referral source, with consent of the person served, is informed as to the reasons.
iii. Recommendations are made for alternative services or may be advised to call the referral source for alternative referrals.

c. Waiting list is maintained on a first come, first serve basis. Typically persons served are admitted into the program within days, as GLRC has resources to meet occupancy demands.

3. *Admission/Diagnostic and Clinical Evaluation and Assessment:*

a. All initial assessments are conducted by qualified clinical staff (i.e., addictionologist, clinical psychologist, psychiatrist, licensed clinical social worker, and or licensed professional counselor):
i. Knowledgeable to assess the specific needs of the persons served.
ii. Trained in the use of applicable tools.

b. The assessment information shall include information obtained (as needed) from:
i. The person served.
ii. Family members.
iii. Other appropriate and permitted collateral sources as needed (e.g., physicians, therapists, peers, friends).

c. To determine appropriate treatment options and to develop an effective and successful treatment plan, a thorough initial assessment will be administered. The initial assessment includes many widely used and well researched (valid and reliable) structured interviews, clinical rating scales, and psychological tests, which include among others:
i. Structured Clinical Interviews
1. Addiction Severity Index (ASI) - The ASI is a structured clinical interview used to obtain relevant clinical information, including: history of alcohol and drug use and treatment services, medical history, educational and

employment background, family and social support and conflict, legal history, and psychiatric problems.

2. Structured Clinical Interview for DSM-IV Disorders – Axis I Disorders (SCID-I) - The SCID-I is a diagnostic exam used to determine major clinical/psychiatric disorders, including Mood Disorders (bipolar, major depression, dysthymia), Psychotic Disorders (schizophrenia, schizoaffective disorder, delusional disorder), Substance Use Disorders, Anxiety Disorders (generalized anxiety, panic, OCD, PTSD, phobias), Somatoform Disorders, Eating Disorders, and Adjustment Disorders.
3. Structured Clinical Interview for DSM-IV Disorders – Axis II Personality Disorders (SCID-II) – The SCID-II is used to diagnose personality disorders, including Antisocial, Borderline, Histrionic, Narcissistic, Avoidant, Dependent, Obsessive-Compulsive, Paranoid, Schizoid, and Schizotypal.

ii. Clinical Rating Scales

1. Motivation for Treatment – Motivation is a critical issue in treatment outcomes. This brief measure assesses intrinsic and extrinsic motivations for seeking or staying in treatment. This scale also measure lack of motivation.
2. Treatment Efficacy Scale – This scale assesses a person's level of confidence and perceived competence in self in treatment and in treatment strategies used. This measure is based on the theory of Self-Efficacy, and is known to be a powerful factor in treatment outcome.
3. Perceived Social Support and Conflict – This scale measures a person's perception of social support (instrumental, informative, emotional) and conflict from family and friends.
4. Brief Symptom Inventory (BSI) – The BSI is a measure of psychological and psychiatric symptoms. The BSI is widely used and standards measure of psychological distress.

iii. Psychological and Neuropsychological Testing*****

1. Millon Clinical Multiaxial Interview – Third Edition (MCMI-III) – The MCMI-III is a psychological assessment tool used to provide clinical information on personality and psychopathology. The MCMI-III is a standardized, well validated, psychological test.
2. Wechsler Intelligence Adult Intelligence Scale – Fourth Edition (WAIS-IV) – The WAIS-IV assesses a person's intellectual ability/cognitive functioning in four main domains: verbal comprehension, perceptual reasoning (non-verbal reasoning), working memory, and processing speed.
3. Wechsler Memory Scales – Fourth Edition (WMS-IV) – The WMS-IV is a comprehensive measure of visual and auditory immediate recall, delayed memory, and recognition. The WMS-IV is a powerful neuropsychological assessment tool. .
4. Wechsler Individual Achievement Test – Third Edition (WIAT-III) – The WIAT-III measures/assesses achievement skills in reading, math, written expression. The WIAT-III and WAIS-IV are often used together to evaluate

learning disorders. Learning Disorders** are common among persons with alcoholism and drug addiction.

* Several studies have shown that many chronic alcohol and drug user exhibit cognitive impairments, and in some cases the impairments are very severe. Unfortunately, very few treatment centers and outpatient clinics conduct neuropsychological/cognitive testing. This type of assessment is not only valuable, but often critical for treatment planning and aftercare.
** The main goal of education, whether in school, treatment, or other setting, is to teach people to think critically. The ability to engage in careful, reflective thought is a fundamental characteristic of an independent functioning person. People with learning disabilities, often do not have well-developed critical thinking skills. The teaching of good critical thinking is, therefore, crucial in preparing people with learning disabilities for future employment opportunities and the ability to keep pace with the challenges of today's society.

Array of Treatments:

1. *Psychological Treatments:* Help persons engage in the treatment process, modify their attitudes and behaviors related to alcohol or drug use, and increase healthy life skills. These treatments can also enhance the effectiveness of medications and help people stay in treatment longer. Treatment for alcohol and or drug abuse and addiction can be delivered in many different settings using a variety of approaches:
    a. Individual Psychotherapy
        i. Cognitive–Behavioral Therapy, which seeks to help persons recognize, avoid, and cope with the situations in which they are most likely to use and abuse alcohol or drugs.
        ii. Motivational interviewing, which capitalizes on the readiness of persons to change their behavior and engage in treatment.
        iii. Behavioral Therapy (contingency management), which uses positive reinforcement to encourage abstinence from alcohol and drugs.
    b. Group Therapy
        i. Assessment of interpersonal effectiveness
        ii. Group process work
        iii. Behavioral strategies
            1. Role playing
            2. Functional analysis
    c. Family Therapy and Education*
        i. Family Therapy is designed to address a range of family influences on alcohol or drug abuse patterns and improve overall family functioning.
        ii. Family Psycho-Education is provided in a group format, where family members of persons served:
            1. Learn about addiction and dual diagnosis. (Many family members have little or no knowledge of addiction and the recovery process. This group

provides information on definition of alcoholism and drug addiction, the nature and course of substance dependence, and treatments.)

2. How they may best help and support. (Many family members are uncertain about how to support the person served. Issues of enabling and or reinforcing continued use are analyzed and discussed.) * Family dynamics, influences, cultural factors are often strong contributing or related influences to alcoholism and/or drug addiction. When educated to the nature of alcoholism or drug addiction, family members (parents, spouses, siblings, children of adult parents) can play a critical in the addict's recovery.

2. *Addiction Medicine, Psychiatric, Medical Treatments*
    a. Addiction Medicine
        i. A variety of medications are used to target withdrawal symptoms and strong urges to use. These medications are often prescribed on short-term basis.
    b. Psychiatric Services
        i. Psychiatric evaluations and consultation
        ii. Medications targeting acute and chronic psychiatric symptoms such as depression, anxiety, irritability, and
    c. Medical Services:
        i. Medical history and physical evaluation
        ii. Medication for physical health conditions
        iii. Assessment and treatment of infectious diseases

3. *Recovery Mentor Services*
    a. Orientation to Recovery
    b. Peer Modeling
    c. Leading 12-Step Work
    d. Leading Daily Reflections and Monitoring ADLs
    e. Assessment and Intervention

4. *Case Management Services*
    a. Benefits
        i. Bridge Card, when appropriate
        ii. Disability Enrollment, when appropriate
    b. Linking and coordinating
        i. Link and coordinate vocational/employment
        ii. Link and coordinate educational/collage enrollment
        iii. Link and coordinate community supports and activities

MEASURING SUCCESS AND OUTCOMES

How do you know what we do really works? Treatment outcome measurement is the process of measuring client clinical progress. Clinical tools are used to assess how well a person does in treatment, typically beginning with an initial assessment and then periodically thereafter. Outcome measures include the following:

- Addiction Severity Index (ASI)
- Millon Clinical Multiaxial Inventory – Third Edition (MCMI-III)
- Brief Symptom Inventory (BSI)
- Motivation for Treatment Scale
- Treatment Efficacy Scale
- Perceived Social Support and Conflict
- Results of alcohol and drug Screens
- Number of relapses
- Medication adherence

Treatment Outcome Results at 3 Months and 6 Months

Purpose:

The purpose of this outcome study was to determine treatment effectiveness. All procedures and measure are part of the program design – that is, ongoing outcome measurement is part of the treatment experience.

Treatment:

Treatment services include: 2 sessions of individual psychotherapy weekly, 1 session of group therapy weekly, 1 session of family therapy twice monthly, step work and reflection 5 times weekly, AA/NA meetings 4 times weekly, psychiatry and addiction medicine services (if indicated) at least 1 time monthly. All clinical services were provided by licensed professionals. Recovery mentor services were provided by para-professionals.

Method:

All new clients entering the program are given a baseline evaluation consisting of structured diagnostic interviewing and demographic information (including history of last substance use, past treatments, patterns of use, and more), ASI, MCMI-III, BSI, Motivation for Treatment Scale, Treatment Efficacy Scale, Perceived Social Support and Conflict. Results from weekly alcohol and drug screens were logged. A medication adherence scale was used to measure medication adherence, side-effects, and client's belief that medications are an important part of treatment. Measures were administered at intake, 3 months, and 6 months. Sample size was 74. 74% were males, 26% females. Mean age was 27 years old. Baseline information was completed on 74 clients. Of the 74 clients completing baseline evaluation, 61 completed the 3 month follow up evaluation, and 45 completed the 6 month follow up evaluation. Based on structured diagnostic interview, 91% of the sample met criteria for Dual Diagnoses (had both substance use disorder and mental illness). Mean number of days sober (based on self-report) prior to entering the program was 7 (range from 0 to 62 days; took out a 189 day outlier). Mean number of detoxification or acute residential treatment admission prior to entering the program was 2.7 (range 0 to 14).

Measures:

Addiction Severity Index- Lite (ASI-Lite; McLellan, Kusher, Metzger, Peters, Smith, Grissom et al., 1997) - The ASI-Lite is a structured clinical interview used to obtain relevant clinical information, including: history of alcohol and drug use and treatment services, medical history, educational and employment background, family and social support and conflict, legal history, and psychiatric problems. Severity ratings for each domain (from 0 to 9) was totaled and an overall mean score was calculated.

Structured Clinical Interview for DSM-IV Disorders – Axis I Disorders (SCID-I; First, Spitzer, Gibbon, and Williams, 1996) - The SCID-I is a diagnostic exam used to determine major clinical/psychiatric disorders, including Mood Disorders (bipolar, major depression, dysthymia), Psychotic Disorders (schizophrenia, schizoaffective disorder, delusional disorder), Substance Use Disorders, Anxiety Disorders (generalized anxiety, panic, OCD, PTSD, phobias), Somatoform Disorders, Eating Disorders, and Adjustment Disorders.

Structured Clinical Interview for DSM-IV Disorders – Axis II Personality Disorders (SCID-II; First, Gibbon, Spitzer, Williams, and Benjamin, 1997) – The SCID-II is used to diagnose personality disorders, including Antisocial, Borderline, Histrionic, Narcissistic, Avoidant, Dependent, Obsessive-Compulsive, Paranoid, Schizoid, and Schizotypal.

Millon Clinical Multiaxial Interview – Third Edition (MCMI-III; Millon, Millon, Davis, and Grossman, 2006) – The MCMI-III is a psychological assessment tool used to provide clinical information on personality and psychopathology. The MCMI-III is a standardized, well validated, psychological test. For this study, the average BR score (range from 0 to 115) for 11 Personality Pattern Scales and Clinical Syndrome Scales was used.

Motivation for Treatment (Smith, 2004) – Motivation is a critical issue in treatment outcomes. This brief measure assesses intrinsic motivation (I-Motivation) and extrinsic motivation (E-Motivation) for seeking or staying in treatment. This scale also measure lack of motivation (A-Motivation). Score for I-Motivation range from 6 to 42; scores for E-Motivation range from 6 to 42; scores for A-Motivation range from 3 to 21.

Treatment Efficacy Scale (Smith, 2004) – This scale assesses a person's level of confidence and perceived competence in self in treatment and in treatment strategies used. This measure is based on the theory of Self-Efficacy, and is known to be a powerful factor in treatment outcome. Scores may range from 10 to 90 – higher the score, more perceived efficacy.

Perceived Social Support and Conflict (Smith, 2004) – This scale measures a person's perception of social support (instrumental, informative, emotional) and social conflict from family and friends. Scores for Social Support range from 9 to 45 (higher score, more support), and scores for Social Conflict range from 6 to 30 (higher score, more conflict).

Brief Symptom Inventory (BSI; Derogatis, 1982) – The BSI is a measure of psychological and psychiatric symptoms. The BSI is widely used and standards measure of psychological distress. Total score range from 0 to 212 – higher score, more symptomatic distress.

Results:

Baseline, 3 month follow up, and 6 month follow up assessments*

Measure	Baseline	3-Month	6-Month	3M Change	6M Change
MCMI-III -Personality	64.7	59.2	56.1	5.5	8.6
MCMI-III -Clinical	70.1	63.2	50.3	6.9	19.8
ASI-Lite	4.1	2.1	1.2	2.0	2.9
BSI	78.4	67.0	56.2	11.4	22.2
# of + UDS (total #)	--	42	9		

**All results at statistically significant

Correlation at 3 Months and 6 months between No Alcohol/Drug use and Client Variables*

Measure	Alcohol 3 Month	Drugs 3 Month	Alcohol 6 Month	Drugs 6 Month
I-Motivation	.71	.54	.73	.63
E-Motivation	.65	.55	.42	.41
A-Motivation	-.65	-.55	-.67	-.52
Tx Efficacy	.81	.71	.89	.85
S-Support	.51	.43	.66	.59
S-Conflict	-.55	-.57	-.51	-.61

**All results at statistically significant

Conclusions:

The results of this outcome study revealed strong positive findings. On average, clients showed reduced personality pathology, clinical symptoms, and very significant reduction in substance use (including alcohol and drugs). Also, the findings revealed that baseline motivation, lack of motivation, perceived efficacy, and perceived social support and conflict correlated highly with substance use (including alcohol and drug use). Intrinsic motivation and perceived treatment efficacy were very strong related to a client's success in the program. By 6 months, 82% of clients remained clean for over 16 consecutive weeks.

SERVICES AND AMENITIES

GLRC offers a supportive environment whereby each client should seek to resume daily routines (job, new employment, or attend school, as the case may be) at earliest opportunity when approved by the primary therapist. Because we also believe that a proper balance is required in the recovery process, we feel that it is healthy to be active and engaged. As such, we assist by way of the different ancillary services offered.

- Transportation to AA and NA meetings
- Dietician to assist in meal planning

- Access to 24-hour fitness center
- Wireless Internet access
- Flat screen TV's
- Access to 12-Step programs
- Laundry service
- Community room
- Exercise and activities

RESERVATIONS & FEE SCHEDULE

At GLRC, we make a conscious effort to keep monthly rates as affordable as possible. To that end, our rate for a double-occupancy room is $850 per month and a single-occupancy room is $1,550 per month. The availability of beds are treated on a first-come, first serve basis. Reservations are accepted upon receipt of a Resident Application, Deposit ($225) and Administration Processing Fee ($150).

CONFIDENTIALITY

The confidentiality of residents is treated with the upmost respect. Our policies require that the names of individuals are ONLY released to treating physicians and the court system, as needed.

CLINICAL STAFF

The GLRC treatment recovery team consists of highly qualified clinical staff members with direct experience in evaluating and treating persons with alcoholism and/or drug addiction. Our clinical professionals are dedicated and committed to ongoing professional development.

Stacey Bieke, MA
Limited Licensed Psychologist

Shahzad Farooqi, MD – Medical Director
Psychiatrist
Board Certified Addiction Psychiatry
Board Certified Adult Psychiatry
Board Certified Child and Adolescent Psychiatry

William Grant, AA – Lead Recovery Mentor
Certified Advanced Addiction Counselor
Recovery Mentor

Anetia Isbell, MA
Licensed Professional Counselor

Certified Advanced Addiction Counselor
National Certified Counselor

Sanjay Murthy, MD
Addictionologist
Primary Care Physician

Paul L Smith, PhD
Licensed Clinical Psychologist

Tina Solomon
Recovery Mentor

Keely Spoko
Recovery Mentor

Suzanne Tobey, MSW
Licensed Masters Clinical Social Worker
Certified Advance Addiction Counselor

Kara Woodliff, MA
Limited Licensed Psychologist

DATE: January 16, 2013

TO: Planning Commission

FROM: R. Brent Savidant, Planning Director

SUBJECT: PLANNING COMMISSION CODE OF ETHICS

At the Special/Study meeting on November 27, 2012, the Planning Commission discussed Ethics and the potential for establishing a Planning Commission Code of Ethics.

City Council adopted Rules of Procedures for City Council on August 27, 2012. This included adoption of an Appointee Code of Ethics for appointed board and committee members. All appointed members will be required to sign and abide by the Appointee Code of Ethics. A copy of the documents is attached for your review. You are not required to sign the document at this time. The City Clerk will be sending a copy to you.

Attachments:

1. Rules of Procedure for City Council, adopted August 27, 2012
2. Appointee Code of Ethics

G:\PLANNING COMMISSION\Ethics\PC Memo 01 22 2013.docx

RULES OF PROCEDURE FOR THE CITY COUNCIL
CITY OF TROY, MICHIGAN

Adopted: August 27, 2012

1. APPOINTMENT OF MAYOR PRO TEM 1
2. CODE OF ETHICS 1
3. DESIGNATION OF ACTING MAYOR 1
4. SPECIAL MEETINGS 1
5. REGULAR MEETINGS 2
6. AGENDA 2
7. ORDER OF BUSINESS 2
8. CABLE CASTING OF CITY COUNCIL MEETINGS 3
9. MINUTES 3
10. PROCLAMATIONS 3
11. RECONSIDERATION OF QUESTIONS 4
12. RESCISSION OF QUESTIONS 4
13. WITHDRAWAL OF MOTIONS PRIOR TO VOTING 4
14. PUBLIC HEARING 4
15. CONSENT AGENDA 4
16. APPOINTMENTS 4
17. MEMBERS OF THE PUBLIC AND VISITORS 5
18. POSTPONE 7
19. RULES OF ORDER 7
20. MISCELLANEOUS EXPENSES 7
21. EXPENSES: OUT-OF-TOWN TRAVEL FOR CITY BUSINESS 7
22. ABSENCES AT COUNCIL MEETINGS 7
23. SUSPEND RULES 7
24. COUNCIL DISCUSSION 7
25. AGENDA ITEMS SUBMITTED BY COUNCIL MEMBERS 8
26. VIDEO AND AUDIO PRESENTATIONS 8
27. CONTINUED AGENDA ITEMS NOT CONSIDERED BEFORE 12:00 AM 8
28. VIOLATIONS 8
29. WIRE COMMUNICATIONS BY AND TO COUNCIL MEMBERS DURING ANY MEETING OF COUNCIL 8

1. APPOINTMENT OF MAYOR PRO TEM

The selection of Mayor Pro Tem shall rotate annually in the following order: McGinnis, Slater, Fleming, Tietz, Henderson, Campbell.

2. CODE OF ETHICS

a) The City Council Code of Ethics shall be reviewed in November of each calendar year, and all City Council members shall agree to abide by the City Council Code of Ethics, and shall evidence this agreement by affixing their signature to a written copy of the Code of Ethics at the earliest opportunity, and providing a copy to the City Clerk.

b) The Board and Committee Code of Ethics shall be reviewed in November of each calendar year, and all Board and Committee members shall agree upon appointment to abide by the Board and Committee Code of Ethics, and shall evidence this agreement by affixing their signature to a written copy of the Code of Ethics at the earliest opportunity, and providing a copy to the City Clerk.

3. DESIGNATION OF ACTING MAYOR

In the absence or disability of the Mayor and the Mayor Pro Tem, the Council Member present who has served longest shall be designated Acting Mayor and shall perform the duties of the Mayor.

4. SPECIAL MEETINGS

A. CALLING OF SPECIAL MEETINGS (Pursuant to City Charter Section 4.2):
Special meetings shall be called by the Clerk on the written request of the Mayor, or any two members of the Council on at least twenty-four hours written notice to each member of the Council, served personally or left at his usual place of residence; but a special meeting may be held on shorter notice if all members of the Council are present or have waived notice thereof in writing.

B. DOCUMENTATION:
Special meetings shall be exclusively limited to items specifically referenced in the Call of the Meeting.

- **Special Meeting Posting**: Pursuant to City Charter a printed meeting notice for each specially called meeting shall contain the items indicated in the written notice calling the meeting.
- **Study Session (Special Meeting) Agenda and Posting**: Study Session Agendas shall contain the items as indicated in the motion calling the meeting.

C. POSTING AND DELIVERY:
Special Meeting Calling Notice and/or Agenda shall be personally delivered to each Council Member and posted for public display at least twenty-four (24) hours in advance of the meeting.

D. ORDER OF BUSINESS:
At each Study Session (Special Meeting) of the Council, the business to be considered

shall include the items listed and in the following order:

A. Call to Order
B. Roll Call:
1) Listing of Council Members
2) Excuse Absent Council Members pursuant to Rule Number 21.
C. Items as Indicated in the Motion Calling of the Meeting
D. Items Not Indicated in the Motion Call the Meeting (Pursuant to City Charter Section 4.2):
1) Special meetings are limited to what is expressly indicated in the Call of the Meeting (Motion of Council or written notice), except as set forth below.
E. Amendments/Additions to Agenda (Pursuant to City Charter Section 4.3):
In order for City Council to address items at a Special Meeting that are in addition to the Items expressly indicated in the Call of a Special Meeting, all members of City Council must consent to the requested addition(s) in writing and all Council members present at the Special Meeting must consent.
F. Public Comment
G. Adjournment

5. REGULAR MEETINGS

Regular meetings shall be held in the Council Chambers at 7:30 P.M. Meeting dates will be established, by resolution, prior to the end of the preceding calendar year.

6. AGENDA

A. Regular Meeting Agenda: A printed agenda for each regularly scheduled meeting shall be produced at least forty-eight (48) hours in advance of the meeting. Every item of business to come before the Council shall be filed with the City Clerk by noon on the Wednesday preceding the Monday on which the Council meets. It shall be the duty of the City Clerk to have delivered, as soon as practical, to each member of the Council a complete agenda of the items to be considered at the following meeting. Each item on the agenda shall have sufficient explanation to indicate its intent. All items introduced by the City Council members that do not meet the Wednesday noon deadline will be referred to a later meeting, except by suspension of these rules. A packet, excluding all confidential items, will be posted on the City's Website at least 48 hours prior to Council meetings.

B. Closed Session Agenda: Where a Closed Session is requested for a pending casepursuant to MCL 15.268 (e), the specific name(s) of each case is to be identified in the resolution, even though the specific name(s) is not technically required under the Open Meetings Act. Where a Closed Session is requested for any collective bargaining unit discussion pursuant to MCL 15.268 (c), the specific bargaining unit is to be identified pursuant to MCL 15.268 (c), even though not technically required under the Open Meetings Act.

7. ORDER OF BUSINESS

At each Regular meeting of the Council, the business to be considered shall be taken up for consideration and disposition in the following order:

Invocation
Pledge of Allegiance

A. **Call to Order**
B. **Roll Call**
   1) Listing of Council Members
   2) Excuse Absent Council Members pursuant to Rule Number 22
C. **Certificates of Recognition and Special Presentations**
D. **Carryover Items**
E. **Public Hearings**
F. **Public Comment for Items On the Agenda**– In accordance with the Rules of Procedure of the City Council, Rule Number 17 - Members of the Public and Visitors
G. **City Council/City Administration Response/Reply to Public Comment**
H. **Postponed Items**
I. **Regular Business**
J. **Consent Agenda**
   1) Approval of "J" Items NOT Removed for Discussion
   2) Address of "J" Items Removed for Discussion
K. **Memorandums and Future Council Agenda Items**
L. **Public Comment for Items Not on the Agenda** – In accordance with the Rules of Procedure of the City Council, Rule Number 17 – Members of the Public and Visitors
M. **Council Referrals** - Items appearing under Council Referrals are items intended for City Council action that are brought forward by the Mayor or Council Members in accordance with Rule 6 (A).
N. **Council Comments** - Items for the good of the order brought forward by Mayor and Council.
O. **Reports**
P. **Study Items**
Q. **Closed Session**
R. **Adjournment**

8. CABLE CASTING OF CITY COUNCIL MEETINGS

All City Council Meetings will be broadcast on WTRY, with the exception of Closed sessions and Council retreats.

9. MINUTES

A. **Minutes:** The minutes will be distributed to the Council prior to their approval. The minutes will be placed on the Consent Agenda for approval.
   Closed Session Minutes: No official City Council action will be necessary for closed session minutes, since the closed session minutes will reflect only the reason for the closed session (in compliance with Section 6 (B), the date, the starting and ending time and the persons in attendance.

10. PROCLAMATIONS

Proclamations, which are formal public announcements made by City Council, shall be included in the agenda under Reports and Communications and may be brought before Council or City Administration for consideration by any member. Proclamations will be placed

on the Consent Agenda for approval and may include a presentation listed under *Certificates of Recognition and Special Presentations*.

11. RECONSIDERATION OF QUESTIONS

A motion to reconsider any vote of the Council may be made by either side of the voted motion and shall require the affirmative vote of the majority of the Council Members elect. If such a motion to reconsider passes, and new information has been brought forward, then any member of Council may move to take action on the motion that is to be reconsidered, and any such motion would pass by an affirmative vote of the majority of the Council Members elect.

12. RESCISSION OF QUESTIONS

Rescission of any vote of the Council shall require the affirmative vote of the majority of the Council Members. *Charter states “majority of the members elect.”

13. WITHDRAWAL OF MOTIONS PRIOR TO VOTING

Any motion may be withdrawn by its maker prior to voting. A motion to withdraw must receive a second and the affirmative vote of the majority of the Council Members present.

14. PUBLIC HEARING

Public Hearings will be held after required notice has been provided. Notices shall inform recipients of possible continuations of hearings. The City Council may upon affirmative vote of a majority of its members "continue" said hearing at a future date designated in the resolution. If the City Council elects to continue the Public Hearing it will appear in the designated meeting Agenda under the topic of "Public Hearings".

15. CONSENT AGENDA

The Consent Agenda includes items of a routine nature and will be approved with one motion. That motion will approve the recommended action for each item on the Consent Agenda. Any Council Member may ask a question regarding an item as well as speak in opposition to the recommended action by removing an item from the Consent Agenda and having it considered as a separate item. Any item so removed from the Consent Agenda shall be considered after other items on the consent portion of the agenda have been heard. Public comment on Consent Agenda Items will be permitted under Agenda Item F.

16. APPOINTMENTS

A. Appointments to Boards, Commissions and Committees:

The Mayor shall, with City Council concurrence, appoint members of Boards or Committees as governed by State Statute or local ordinances.

The Mayor Pro Tem will contact incumbents to determine their interest in being nominated for reappointment.

The Mayor or any Council Member desiring to nominate a person for appointment to a Board, Commission, or Committee shall at the meeting prior to the appointment, submit such name, for nomination. A brief summary of background and personal data as to

nominee's qualifications should be presented at the time of nomination, except that such a resume shall not be required for the re-nomination of a current member, or if the Council unanimously agrees that a resume is not necessary. Resumes will be submitted on or before the time of nomination.

Nominations will occur during any regular meeting of the Council. A resolution to nominate will be considered during the "Regular Business" of the agenda. All nominations are subject to Section "B" which appears below.

B. Method of Voting on Nominees:

1) Where the number of nominees does not exceed the number of positions to be filled, a roll call vote shall be used.
2) Where the number of nominations exceeds the number of positions to be filled, voting shall take place by the City Clerk calling the roll of the Council and each Council Member is to indicate the names of the individuals he/she wishes to fill the vacancies
3) When no candidate receives a majority vote, the candidate(s) with the least number of votes shall be eliminated from the ensuing ballot.
4) No member of the City Council shall serve on any committee, commission or board of the City of Troy, except the Retirement System Board of Trustees, Retiree Health Care Benefits Plan and Trust Board, and the Local Development Finance Authority (LDFA) unless membership is required by Statute or the City Charter.
5) Persons nominated, but not appointed during this process will be sent a letter thanking them for their willingness to serve the community.
6) Recognition will be given to persons who have concluded their service to the community on Boards and Commissions.

Appointment of City of Troy Representation to SEMCOG and SOCRRA

SEMCOG (Southeastern Michigan Council of Governments) Representation: The Mayor and City Council shall appoint one Delegate and one Alternate to serve on the SEMCOG General Assembly for a term of two-years expiring at 7:30 PM on the Monday following the Regular City Council Election. The appointments shall be made at the organizational meeting of Council at the first Regular meeting of every odd-year November.

SOCRRA (South Oakland County Resource Recovery Authority) Representation: The Mayor and City Council shall appoint one delegate and one alternate to serve on the SOCRRA Board for a term of one-year expiring on June 15th.

17. MEMBERS OF THE PUBLIC AND VISITORS

Any person not a member of the City Council may address the Council with recognition of the Chair, after clearly stating the nature of his/her inquiry or comment. ***NOTE TO THE PUBLIC:*** *City Council requests that if you do have a question or concern, to bring it to the attention of the appropriate department(s) whenever possible. If you feel that the matter has not been resolved satisfactorily, you are encouraged to bring it to the attention of the City Manager, and if still not resolved satisfactorily, to the Mayor and Council.*

- Petitioners shall be given a fifteen (15) minute presentation time that may be extended with the majority consent of City Council.
- Any member of the public, not a petitioner of an item, shall be allowed to speak for up to three (3) minutes to address any Public Hearing item.
- Any member of the public, not a petitioner of an item, shall be allowed to speak for up to three (3) minutes total to address Postponed, Regular Business, Consent Agenda or Study items or any other item on the Agenda as permitted under the Open Meetings Act during the *Public Comment for Items On the Agenda* portion of the Agenda.
- Any member of the public, not a petitioner of an item, shall be allowed to speak for up to three (3) minutes to address any topic not on the Agenda as permitted under the Open Meetings Act during the *Public Comment for Items Not on the Agenda* portion of the Agenda.
- All members of the public who wish to address the Council at a meeting shall be allowed to speak only if they have signed up to speak within thirty minutes before or within fifteen minutes after the meeting's start time. Signing up to speak requires each speaker provide his or her name and residency status (Troy resident, non-resident, or Troy business owner). If the speaker is addressing an Item (or Items) that appear on the pre-printed agenda, then the speaker shall also identify each such agenda item number(s) to be addressed.
- City Council may waive the requirements of this section by a majority vote of the City Council members.
- Agenda items that are related to topics where there is significant public input anticipated should initiate the scheduling of a Special meeting for that specific purpose.

Prior to *Public Comment for Items On the Agenda*, the Mayor will provide a verbal notification of the rules of decorum for City Council meetings. In addition, the written Agenda Packet will include the following language, as approved by City Council:

The audience should be aware that all comments are to be directed to the Council rather than to City Administration or the audience. Anyone who wishes to address the Council is required to sign up to speak within thirty minutes before or within fifteen minutes of the start of the meeting. There are two Public Comment portions of the Agenda. For Items On the Agenda, speakers can sign up to address Postponed, Regular Business, Consent Agenda, or Study items or any other item on the Agenda. Speakers can sign up to address all other topics under Items Not on the Agenda. Also, there is a timer on the City Council table in front of the Mayor that turns yellow when there is one minute of speaker time remaining, and turns red when the speaker's time is up.

In order to make the meeting more orderly and out of respect, please do not clap during the meeting, and please do not use expletives or make derogatory or disparaging comments about any one person or group. If you do so, then there may be immediate consequences, including having the microphone turned off, being asked to leave the meeting, and/or the deletion of speaker comments for any re-broadcast of the meeting. Speakers should also be careful to avoid saying anything that would subject them to civil liability, such as slander and defamation.

Please avoid these consequences and voluntarily assist us in maintaining the decorum befitting this great City.

18. POSTPONE

A motion to postpone may be made for a definite period of time. Items will automatically appear on the appropriate agenda.

19. RULES OF ORDER

Robert's Rules of Order, current edition, as clarified by the City Clerk, is hereby adopted and made a part hereof, except as modified by these Rules of Procedure, the Charter, and the City Code.

20. MISCELLANEOUS EXPENSES

Reasonable and necessary expenses incurred in service on behalf of the City shall be paid for the Mayor and Council, provided that at the end of each month a detailed expense report is submitted and approved by the City Council.

21. EXPENSES: OUT-OF-TOWN TRAVEL FOR CITY BUSINESS

A. Funds providing for Council representation at State and National conferences sponsored by affiliations of cities will be annually approved in the budget for the subject fiscal year. The City Council will by advance resolution grant authorization for out of town travel to specific places, for conference purposes. Members of the City Council will submit expense vouchers exceeding $50.00 per day to attend out-of-town meetings and conferences, with additional allowances being made for transportation (paid at the air coach rate, City pool car, City Vehicle rental rate, or gas mileage at current IRS guidelines, depending upon the mode of transportation) and lodging. Expenses may be authorized for payment by the City Manager, and a copy of the expense report form will be placed on the Council agenda under Reports and Communications.

B. Detailed and receipted expenses, not to exceed $150.00, to attend legislative committee hearings, legislative meetings, etc., may be authorized for payment by the City Manager without prior authorization by the Council, and a copy of the expense report form, along with receipts, will be placed on the Council agenda under Reports and Communications.

22. ABSENCES AT COUNCIL MEETINGS

A. Council members who are unable to attend a Council meeting and desire an excused absence shall notify the City Manager, City Attorney or City Clerk of their absence in writing prior to the meeting and indicate the reason for the absence. The reason shall be entered in the proceedings of the Council at the time of each absence.

B. In the event of an absence of a Council member at a meeting, the City Manager is directed to supply such absent Council member with information about any special meetings that may have been scheduled.

23. SUSPEND RULES

The Rules of Procedure may be waived by a simple majority.

24. COUNCIL DISCUSSION

No member of Council shall speak a second time on any item under discussion until all other

members desiring to speak on that item have been heard. No member of Council shall be allowed to speak for more than five (5) minutes at a time.

25. AGENDA ITEMS SUBMITTED BY COUNCIL MEMBERS

Mayor and Council Members submitting an agenda item that calls for a vote shall send the item to the City Manager in a timely manner in writing. Staff professional opinion may be written to accompany the item. Rule 17 would govern, limiting any presentations to 15 minutes.

26. VIDEO AND AUDIO PRESENTATIONS

Video and Audio Presentations may not be submitted for presentation at a Council meeting unless submitted to the Troy City Clerk by noon on the day of the meeting. Inappropriate material will be prohibited.

27. CONTINUED AGENDA ITEMS NOT CONSIDERED BEFORE 12:00 AM

Any item on the Council agenda that has not been discussed by 12:00 AM of the morning following the beginning of the meeting shall be continued to the next regular meeting as a Carryover Item, unless City Council takes action to the contrary.

28. VIOLATIONS

The City Clerk shall be responsible for reporting violations of time limitations or speaking sequence to the Chair.

29. WIRE COMMUNICATIONS BY AND TO COUNCIL MEMBERS DURING ANY MEETING OF COUNCIL

All communications are subject to the Michigan Open Meetings Act, therefore members of the City Council shall not engage in any form of wire communication, as defined by U.S. Code Title 18, Part I, Chapter 119, Section 2510, during any meeting of the Council.

500 W. Big Beaver
Troy, MI 48084
(248) 524-3300

The City of Tomorrow... ...Today

City of Troy
Appointee Code of Ethics

A City of Troy Appointee shall:

- Respect the confidentiality of privileged information;
- Recognize that an individual board or committee member has no authority to act or speak on behalf of the Troy City Council, the City of Troy or their respective committee;
- Work with other appointees to further the board or committee goals;
- Encourage the free expression of opinion by all board and committee members;
- Communicate to City Council and staff as to issues of concern or requiring study or action;
- Render all decisions based on the available facts and independent judgment;
- Make every effort to attend all meetings;
- Become informed concerning the issues to be considered at each meeting;
- Avoid conflicts of interest or the appearance thereof;
- Refrain from using this position for personal benefit, nor for the benefit of family members or business associates.

Signed this _____ day of _____, 20___.

_____
Signature of Appointee

Appointee's Name: _____

Board/Committee: _____

Term expiring: _____