



**AGENDA
PLANNING COMMISSION
REGULAR MEETING &
PUBLIC HEARING
APRIL 16, 2026, 5:30 PM**

**COMMISSION ATTENDANCE IN PERSON
PUBLIC MAY ATTEND IN PERSON OR REMOTELY VIA
ZOOM**

To better serve our community, we are now offering Live Streaming of our Planning Commission Meetings on our YouTube channel (link is provided below). This will enable citizens who wish to just view the meeting and not participate (provide comments) to do so in the comfort of their homes. Those that wish to provide input during the citizen comment periods may join the meeting as usual via the Zoom link.

Join Zoom Meeting

<https://us06web.zoom.us/j/83120787504?pwd=6bM8Fdon06XZh4XVmgDZpY0H3npben.1>

Meeting ID: 831 2078 7504

Passcode: 892172

One tap mobile

+12532050468,,83120787504#,,,,*892172# US

+12532158782,,83120787504#,,,,*892172# US (Tacoma)

Join instructions

<https://us06web.zoom.us/meetings/83120787504/invitations?signature=nzePPtaCeDO2URgKSRlln8D7hkla2hjaq4yXg0jUops>

- **Watch the Live Stream on YouTube -**
<http://www.youtube.com/@CityofMedicalLake>

WRITTEN PUBLIC COMMENTS

If you wish to provide written public comments for the Planning Commission meeting, please email your comments to erodriguez@medical-lake.org by 2:00 p.m. the day of the commission meeting and include all the following information with your comments:

1. The Meeting Date
2. Your First and Last Name
3. If you are a Medical Lake resident
4. The Agenda Item(s) which you are speaking about

*Note – If providing written comments, the comments received will be acknowledged during the public meeting, but not read. All written comments received by 2:00 p.m. will be provided to the Planning Commission in advance of the meeting.

Questions or Need Assistance? Please contact City Hall at 509-565-5000

- 1) CALL TO ORDER, PLEDGE OF ALLEGIANCE, AND ROLL CALL**
- 2) ADDITIONS TO AGENDA**
- 3) INTERESTED CITIZENS: AUDIENCE REQUESTS AND COMMENTS**
- 4) APPROVAL OF MINUTES**
 - a) March 26, 2026, meeting minutes
- 5) STAFF REPORTS**
- 6) SCHEDULED ITEMS**
 - a) Periodic Update: Comprehensive Plan: Part 2
 - b) Periodic Update: MLMC amendments regarding Transportation
 - c) Review of Planning Commission Policies and Procedures
- 7) PUBLIC HEARING**
 - a) Periodic Update: MLMC amendments regarding Specialized Housing
- 8) COMMISSION MEMBERS' COMMENTS OR CONCERNS**
- 9) INTERESTED CITIZENS: AUDIENCE REQUESTS AND COMMENTS**
- 10) CONCLUSION**



City of Medical Lake
124 S. Lefevre Street – City Council Chambers
Planning Commission Meeting & Public Hearing
March 26, 2026, Minutes

NOTE: This is not a verbatim transcript. Minutes contain only a summary of the discussion. A recording of the meeting is available on the City of Medical Lake's YouTube channel where meetings are livestreamed.

1) CALL TO ORDER, PLEDGE OF ALLEGIANCE, AND ROLL CALL

- a) Commissioner Veliz called the meeting to order at 5:30pm, led the Pledge of Allegiance, and conducted roll call. Commissioner Mark was present on Zoom. Commissioners Veliz, Altheide, Rowe, and Twohig were present in person.

2) ADDITIONS TO AGENDA

- a) Motion to approve agenda as is made by Commissioner Twohig, seconded by Commissioner Rowe, carried 5-0.

3) INTERESTED CITIZENS: AUDIENCE REQUESTS AND COMMENTS

- a) None.

4) APPROVAL OF MINUTES – February 26, 2026

- a) Motion to approve made by Commissioner Twohig, seconded by Commissioner Altheide, carried 5-0.

5) STAFF REPORTS

- a) Elisa Rodriguez, Senior Planner – reviewed updated Periodic Update schedule. Code Enforcement Ordinance approved at last City Council meeting. Street Vacations Ordinance first read at the next Council meeting. Reviewed upcoming meetings, hearings, and workshops.

6) SCHEDULED ITEMS

- a) Meeting Date Changes for April, November, and December
 - i) Move all to third Thursday of the month. April meeting to April 16, 2026, November to November 19, 2026, and December to December 17, 2026.
 - 1. Motion to approve all date changes made by Commissioner Twohig, seconded by Commissioner Mark, carried 5-0.
 - ii) Commissioner Mark asked to move October's meeting as well due to planned absences of Commissioners Twohig, Veliz, and Mark on the regularly scheduled meeting, October 22, 2026.
 - 1. Motion to move October 2026 meeting to October 15, 2026, made by Commissioner Mark, seconded by Commissioner Altheide, carried 5-0.
- b) Periodic Update: MLMC amendments regarding Specialized Housing
 - i) Interim housing and shelters will be primary focus. Not mandate of the state but if not addressed at all, will become mandate. Working to get definitions and language prepared for what the city can do within this category.
 - 1. Next conversation on this topic will be at a Public Hearing on April 16, 2026.

7) PUBLIC HEARING

- a) Periodic Update: MLMC amendments regarding Zoning – continued from February meeting
 - i) Commissioner Veliz opened the public hearing at 5:49pm.
 - ii) Ms. Rodriguez reviewed the briefing sheet, language changes and definitions.
 - iii) Discussion regarding conditional use versus allowed use. Change will be made back to conditional use in footnote.
 - iv) Ms. Rodriguez noted that because proposed language has not been numbered yet, citations cannot be added.
 - v) Commissioner Twohig asked if the Commission approves, will it be conditional on the changes being made. Yes, changes will be made prior to going to City Council.
 - vi) Commissioner Veliz asked for public comment. None given

- vii) Commissioner Veliz closed the hearing at 6:32pm.
- viii) Motion to approve as amended including staff additions discussed tonight and move forward to City Council made by Commissioner Twohig, seconded by Commissioner Altheide, carried 5-0.
- b) Periodic Update: MLMC amendments regarding Affordable Housing
 - i) Commissioner Veliz opened the public hearing at 6:33pm
 - ii) Ms. Rodriguez reviewed the briefing sheet and proposed amendments.
 - iii) Commissioner Veliz asked for public comment. None given.
 - iv) Commissioner Veliz closed the public hearing at 6:42pm.
 - v) Motion to move forward to City Council with recommendation of approval made by Commissioner Twohig, seconded by Commissioner Rowe, carried 5-0.

8) COMMISSION MEMBERS' COMMENTS OR CONCERNS

- a) Commissioner Twohig asked Ms. Rodriguez if she has received any feedback on any of the amendments so far. Ms. Rodriguez stated that unfortunately no feedback has been received from the community.
- b) Commissioners thanked Ms. Rodriguez for her work on the amendments and making it easier to read and understand.
- c) Commissioner Rowe informed the Commission that he may not be able to attend the April 16, 2026, meeting due to having eye surgery.

9) INTERESTED CITIZENS: AUDIENCE REQUESTS AND COMMENTS – None.

10) CONCLUSION

- a) Motion to conclude at 6:45pm made by Commissioner Altheide, seconded by Commissioner Twohig, carried 5-0.

Roxanne Wright, Administrative Clerk

Date



To: Planning Commission
From: Elisa Rodriguez, Senior Planner
TOPIC: Periodic Update: DRAFT Comprehensive Plan, Part 2: The Place

Requested Action:

Provide feedback and guidance on the DRAFT Comprehensive Plan, Part 2: The Place

Key Points:

The draft of Part 2 of the Comprehensive Plan contains proposed language, but not maps and other graphics. Once again, each chapter is meant to give a brief history, a picture of where we are at, and what is needed for the future. There are also goals, strategies, and action items listed for each chapter. Staff has strived to create a document that represents the desired future of the community. The Comprehensive Plan is meant to help staff, appointed representative, and elected representatives make decisions for the City. All comments and concerns are encouraged and will make the Plan better.

Background Discussion:

The draft of Part 1: The People, was given to the Planning Commission in February.

Public Involvement:

The draft Plan is informed by and created with the information gathered in outreach activities throughout 2025 and the help of Periodic Update Steering Committee. Once the drafts of all three parts of the plan have been reviewed by the Planning Commission and the City Council, each body will hold a public hearing. In addition, language will be provided on the City website for review and comment by the public.

Next Steps:

The draft of Part 3: The Future, is scheduled to be available in June.

Part Two: The Place

Chapter 5: Land Use

This Land Use chapter is consistent with the Comprehensive Plan vision and establishes how Medical Lake will guide growth, development, and reinvestment over the 20-year planning horizon. It sets policy direction for the location, type, and intensity of land uses while ensuring consistency with the City's adopted zoning regulations, infrastructure capacity, and environmental protections.

This chapter fulfills the Growth Management Act (GMA) requirement for a land use element by identifying land use designations, establishing expectations for density and intensity, and coordinating land use with housing, transportation, capital facilities, parks, and climate resilience planning. The policies in this chapter are implemented through the City's zoning and development regulations adopted in Title 19 of the Medical Lake Municipal Code.

A Brief History of Land Use in Medical Lake

Medical Lake's land use pattern reflects its evolution from a compact lakeside community into a diverse small city serving residential, institutional, and regional functions. Early development clustered around the downtown core and the lake, with closely spaced homes, civic buildings, and local businesses connected by a walkable grid.

As the community expanded, residential neighborhoods developed outward, incorporating schools, parks, and public facilities. Over time, changes in housing demand and development practices introduced larger residential lots, separated land uses, and automobile-oriented commercial areas, particularly along SR 902.

State institutions have also played an important role in shaping Medical Lake's land use and regional identity. Eastern State Hospital, Lakeland Village, and Westlake were established on large campuses at the community's edge, reflecting historic patterns of institutional siting that prioritized separation, access to open land, and self-contained facilities. These campuses introduced significant public employment, specialized services, and long-term land holdings into the city, influencing infrastructure investments, surrounding development patterns, and regional connections. While distinct from surrounding residential neighborhoods, these institutions remain integral to Medical Lake's character and continue to shape land use considerations related to transportation, utilities, public services, and long-term planning.

Today, Medical Lake's land use pattern presents both challenges and opportunities: preserving established neighborhoods and natural amenities while allowing for housing diversity, economic vitality, and reinvestment in downtown and mixed-use areas.

Where We Are Today

Urban Growth Area and Growth Capacity

Medical Lake is a fully-planning city under the GMA, with an established Urban Growth Area (UGA) that defines where urban-level development and services are expected. The City's UGA provides sufficient land capacity to accommodate forecasted population, housing, and employment growth over the planning period through a combination of vacant land, redevelopment opportunities, and incremental infill.

Concentrating growth within the UGA supports efficient use of infrastructure, reduces pressure on environmentally sensitive lands, and aligns with countywide planning policies.

Existing Land Use Pattern (*map needed*)

The city's existing land use pattern includes established low-density residential neighborhoods, medium-density residential areas located near downtown and commercial services, and a walkable downtown core that integrates commercial, civic, and residential uses. Mixed-use corridors accommodate a blend of residential and commercial development, while public facilities, such as schools, utilities, parks, civic buildings, and state institutional campuses including Eastern State Hospital, Lakeland Village, and Westlake, serve as important community anchors and regional employment centers. Open spaces, shoreline areas, and trail systems further define Medical Lake's character and contribute to its quality of life. While Medical Lake remains predominantly residential, demand for greater housing choice, expanded services, and more flexible development patterns continues to grow.

Land Use Framework and Zoning Alignment

The City's Comprehensive Plan land use framework is implemented through the zoning districts and development standards adopted in Title 19 of the Medical Lake Municipal Code. These regulations establish clear expectations for allowed uses, housing types, density, and development form.

Low-Density Residential (LDR). Intended to preserve and expand neighborhoods characterized by detached single-family housing. This designation also supports middle-income housing through accessory dwelling units, group living, and cottage housing, consistent with adopted zoning standards.

Medium-Density Residential (MDR). Intended to preserve and enhance older residential areas near commercial centers and services. This designation allows townhouses, plexes, cottage housing, and multi-dwelling developments to support housing diversity and efficient land use.

Central Business District (CBD). The CBD is intended to preserve and enhance downtown as a compact, walkable, mixed-use center. Commercial uses, housing, offices, services, and civic spaces are integrated vertically and horizontally, with pedestrian-oriented design standards.

Mixed-Use (MU). Mixed-Use areas accommodate larger-scale residential and commercial development, supporting housing, employment, services, and regional access. These areas

provide flexibility for evolving land use needs while emphasizing connectivity and design quality.

Public Facilities (PF). This designation recognizes the distinct nature of public services and institutional uses, including utilities, schools, parks, civic buildings, and essential public facilities, including the State institutions.

A Vision for Medical Lake's Land Use Future

Medical Lake envisions a future where land use decisions reinforce the city's small-town identity while adapting to change. Neighborhoods remain livable and connected. Housing options serve residents at all stages of life. Downtown thrives as the heart of community life. Natural features and public spaces are protected and integrated into development. Growth is intentional, equitable, and supported by public investment.

Our Path (Goals and Strategies)

Goal A – Direct Growth to the Urban Area

Guide growth to designated urban areas to efficiently use infrastructure and protect natural resources.

Goal B – Support Housing Choice and Neighborhood Stability

Encourage a full range of housing types while ensuring compatibility with existing neighborhoods.

Goal C – Strengthen Downtown and Mixed-Use Areas

Promote walkable, mixed-use development that supports local businesses, housing, and community life.

Goal D – Preserve Community Character and Environmental Assets

Ensure development reflects Medical Lake's small-town form, lake setting, and natural landscape.

Goal E – Align Land Use With Public Investment

Coordinate land use decisions with transportation, utilities, parks, capital facilities, and climate resilience planning.

Priority Actions

Zoning Implementation and Updates

1. Update land use and development regulations to maintain consistency with the Comprehensive Plan.
2. Amend land use and development regulations as needed to comply with changes in state law.

Infill, Redevelopment, and Housing Choice

3. Identify and prioritize areas suitable for infill and redevelopment to make efficient use of land and existing infrastructure.
4. Amend zoning and development standards, where needed, to allow and support a range of housing types, including accessory dwelling units, cottage housing, townhouses, plexes, and multi-dwelling developments, in locations served by utilities and public services.

Downtown and Mixed-Use Vitality

5. Adopt and apply zoning, design, and development policies that support reinvestment in downtown and mixed-use areas.
 6. Encourage adaptive reuse and mixed-use development that integrates housing, commercial, and civic uses in walkable, pedestrian-oriented patterns.
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Chapter 6: Mobility

This Mobility chapter is consistent with the Comprehensive Plan vision, supporting housing and land use strategies for compact, connected growth, complementing the parks and recreation system, and coordinating with the City's capital facilities planning. It is based on the Medical Lake Transportation Plan, aligns with Spokane County Countywide Planning Policies, and advances West Plains collaboration to deliver safe, reliable, people-centered mobility for Medical Lake.

A Brief History of Mobility in Medical Lake

Medical Lake's transportation story began with a walkable street grid centered on the historic core and lakefront, shaped initially by rail access and later by the establishment of Fairchild Air Force Base to the north. The presence of the Base created strong and lasting regional travel demands, driving the development and improvement of north-south transportation connections between Medical Lake, Fairchild, and the broader Spokane area. As the community expanded, newer subdivisions introduced cul-de-sacs and longer blocks that

reduced connectivity compared to the original grid. Today, SR 902 functions as the city's primary regional corridor, linking residents to employment, schools, services, and recreation across the West Plains, while downtown remains the everyday hub for local trips and community events.

Where We Are Today

Medical Lake's transportation needs are shaped by its small-town layout, proximity to Fairchild Air Force Base, and regional job centers. Most residents commute by car with an average one-way trip of about 20 minutes; roughly a third of trips are local and the rest connect to greater Spokane, underscoring the importance of both safe local streets and reliable regional links.

What Our Transportation Network Looks Like (*map needed*)

The existing roadway system consists of State Route 902 (arterial), several collectors (Brooks, W 4th, Barker, Jefferson, Campbell, Stanley, and Lake), and local streets. Older neighborhoods have a complete grid of streets while newer subdivisions include cul-de-sacs and a limited number of access points, which has created connectivity issues that the City is now needing to correct. SR 902 is the primary regional connection, yet the lack of safe crossings has created a divide between old and new neighborhoods. Lefevre Street is the City's main north-south spine and leads residents and visitors to Waterfront Park.

Traffic Operations and Capacity

The City of Medical Lake establishes Transportation Level of Service (LOS) standards to guide transportation planning, capital investment, and project prioritization in a way that supports public safety, accessibility, system preservation, and consistency with the Comprehensive Plan. Rather than focusing solely on congestion or roadway expansion, the City applies a multimodal, performance-based LOS framework that emphasizes maintaining the transportation system in a state of good repair and providing safe, reliable access for all users. For streets and roadways, LOS is defined primarily through pavement condition and functional performance, with a goal of maintaining an average Pavement Condition Rating of approximately 65 or higher. Preventive maintenance, resurfacing, and targeted rehabilitation are considered LOS-supportive, while capacity expansion is deprioritized unless necessary for safety or access. Multimodal LOS standards focus on continuous, safe, and ADA-compliant pedestrian access; connected and visible bicycle networks; and the preservation, accessibility, and connectivity of shared-use paths and trails. The City does not apply fixed vehicular LOS A–F standards systemwide, instead conducting operational analysis on a case-by-case basis to address safety, emergency access, or site-specific impacts using low-cost, context-sensitive solutions. Freight routes and rail crossings are evaluated based on safety, access, pavement durability, and land use compatibility rather than throughput alone. The Transportation Improvement Program (TIP) serves as the primary implementation tool for LOS standards, prioritizing maintenance, accessibility, safety, multimodal connectivity, and system preservation. LOS performance is monitored through pavement data, field assessments, and safety indicators. Standards may be refined over time to respond to

changing conditions, funding availability, and updated guidance while remaining aligned with Comprehensive Plan goals.

Key Safety and System Issues (*map needed*)

Between 2020 and 2024, 83 reported collisions occurred citywide. 57% of the collisions were at the intersections of Lake & Stanley, SR 902 & North Stanley, and SR 902 & Lefevre. The TMP recommends low-cost visibility and control enhancements now and roundabouts long-term at select locations.

Community members report the greatest comfort using shared-use paths or protected/buffered facilities. Medical Lake's trails and pathways are well-loved and could be expanded. Meanwhile, sidewalks are incomplete in older areas and sometimes bicycle lanes exist on only one side of the street. Incrementally completing the pedestrian and bicycle network will provide more opportunities for safe travel throughout the City. Safe Routes to School are especially important for making student walking and bicycling safer and more direct. The City has prioritized sidewalks and bike lanes near schools. The most recent project was street improvements to Barker Street.

SR 902 is the most heavily vehicle traveled street in the City. There are public bus stops on both sides of the street, yet it has no sidewalks on the south side, no bicycle lanes, and lacks safe crossings for pedestrians. The community will benefit greatly from complete street improvements along this corridor.

Freight and Rail

SR 902, Brooks Road, and Espanola Street support regional and local truck movements at T-3 freight levels, representing moderate freight activity that primarily supports local and regional access, rather than serving as high-volume freight corridors. The Washington Eastern Gateway rail line crosses SR 902 at grade, introducing design and safety considerations that influence roadway operations and emergency access.

Transit Overview

Spokane Transit Authority (STA) Route 62 provides hourly service, connecting Medical Lake to the West Plains Transit Center. Opportunities exist to enhance stops, lighting, shelters, and ADA access. The TMP identifies Transit-Oriented Development opportunities near Downtown and Harvest Foods.

Active Transportation Network (*map needed*)

Current conditions reveal limited sidewalk continuity on older streets. The existing pathway network is highly used and valued. Cycling comfort analysis shows strong public preference for shared-use paths and protected facilities. School routes lack safe sidewalk or bike network continuity.

A Vision for Medical Lake's Mobility Future

An ideal mobility future in Medical Lake is people-first: simple routes, fewer conflicts, and designs that reflect a small town where people move safely and comfortably every day. This ideal future allows kids to walk or bike to school on connected, well-lit sidewalks and paths with safe crossings at visible, predictable intersections. It allows Seniors and people with disabilities to reach parks, clinics, and shops without needing to drive. Downtown and the lakefront are easy to reach on foot and by bike, and streets feel calm, welcoming, and distinctly "Medical Lake." Transit is convenient, with upgraded stops and comfortable first/last mile access. Regional connections remain strong along SR 902, with safer intersections and crossings.

Future Traffic Forecasts (*map needed*)

Future traffic growth in Medical Lake is expected to be steady and manageable through the 2050 planning horizon, with no immediate need for major roadway capacity expansion. Traffic volumes are forecast to increase primarily due to planned residential growth and baseline regional growth. More substantial congestion is projected only past the scope of this plan, representing complete development of all existing and expanded urban growth areas, in which traffic volumes could roughly double and selected segments and intersections along SR 902 would exceed capacity thresholds. Medical Lake can prioritize multimodal, safety, and intersection improvements in the near and mid-term, while preserving right-of-way and planning tools for potential long-term capacity needs if future growth warrants them.

Intersection Needs (*map needed*)

Intersection needs in Medical Lake are primarily long-term and location-specific, with current operations generally performing well but future growth creating targeted pressure at key junctions. Near-term needs focus on low-cost safety improvements, including improved signage, visibility enhancements, pavement markings, and traffic control consistency at these locations. In the long-term, several SR 902 intersections, particularly Lefevre Street/Brooks Road, Stanley Street South, and Graham Road, are projected to have substantial delay and congestion. To address both safety and capacity over time, single-lane multimodal roundabouts are the recommended long-term solution at key intersections, offering improved safety, more efficient traffic flow, and better accommodation of pedestrians and bicyclists.

Financing Strategy

Medical Lake funds transportation improvements through a phased and grant-focused financing strategy that aligns investment with safety priorities, demonstrated need, and long-term affordability. Near-term projects are implemented through the City's six-year Transportation Improvement Program (TIP), which emphasizes low-cost safety, multimodal, and Safe Routes to School improvements that can be delivered incrementally. Safe Routes to School investments—such as sidewalks, crossings, lighting, traffic calming, and visibility improvements near schools—are prioritized for state and federal safety funding and

coordinated with school district needs. Larger capital projects, including complete street corridors and intersection upgrades, are programmed through future TIP cycles and coordinated with the Capital Improvement Program. The Transportation Master Plan emphasizes leveraging state and federal grants, including Transportation Improvement Board (TIB) and WSDOT programs, to supplement limited local revenues, while preserving right-of-way and development setbacks to avoid premature roadway expansion. This approach allows the City to improve safety for students and families, advance walking and bicycling, and manage long-term transportation needs in a fiscally responsible manner.

Our Path (Goals and Strategies)

Goal A – Make it Safe.

1. Design for vulnerable users near schools, parks, downtown, and along SR 902.
2. Apply Safe-Systems and Complete Streets principles to reduce conflicts and manage speeds.
3. Target high-collision intersections with interim fixes now and roundabouts where warranted.

Goal B – Make it Connected.

1. Close sidewalk gaps on classified streets.
2. Build a citywide bicycle network emphasizing shared-use paths and buffered/protected lanes.
3. Improve wayfinding for streets and trails.
4. Complete Safe Routes to School.

Goal C – Make it Reliable.

1. Maintain LOS C on arterials/collectors, prioritizing safety and access where tradeoffs occur.
2. Coordinate with SRTC, WSDOT, Spokane County, and STA to maintain strong regional mobility.

Goal D – Support Community and the Local Economy.

1. Use street design to strengthen downtown and gateways.
2. Improve access to parks, trails, and the waterfront to support recreation and tourism.
3. Align land use and transportation to enable walkable, mixed-use places served by transit.

Goal E – Advance Health, Sustainability, and Equity.

1. Make walking, rolling, and biking safe and convenient.
2. Support EV readiness, transit access, and compact patterns that reduce emissions and enhance resilience.
3. Remove barriers for seniors, youth, and people with disabilities.

Priority Actions

Safe Crossings and School Routes.

1. Citywide program of high-visibility crosswalks, lighting, advance signage, and flashing beacons at key spots.
2. Implement Safe Routes to School upgrades on corridors that serve local schools.

A Walk-Bike Spine on SR 902 and Lefevre.

3. Deliver a complete street cross-section on SR 902 with a shared-use path and safer crossings.
4. Provide continuous sidewalks on both sides of Lefevre.

Roundabouts Where They Work Best.

5. Convert priority intersections to single-lane roundabouts over time: SR 902 and Lefevre/Brooks, SR 902 and Stanley, SR 902 and Graham, Lake and Stanley.

A Connected Neighborhood Network.

6. Close sidewalk gaps and add buffered/protected bike facilities on key collectors to tie neighborhoods to downtown, schools, parks, and transit.

Transit Stop Upgrades and Transit Oriented Design Readiness.

7. Partner with STA to add shelters, lighting, ADA connections, and bike parking.
8. Ensure downtown and the commercial areas evolve in a transit-supportive, walkable pattern as opportunities arise.

Street Design Standards and Functional Class Updates.

9. Adopt street design standards that codify Medical Lake's complete street cross-sections and intersection tools.
 10. Work with WSDOT on collector reclassifications to unlock grants and set expectations for frontage improvements.
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Chapter 7: Capital Facilities

The City of Medical Lake is committed to responsible stewardship of public resources and long-term investment in the facilities that make the community safe, functional, and vibrant. This Capital Facilities chapter provides a roadmap for maintaining the systems that residents rely on every day, ensuring future generations benefit from infrastructure that is modern, resilient, and aligned with community values. The result will be a strong foundation for public services, safe infrastructure, and long-term community well-being.

A Brief History of Medical Lake's Public Infrastructure

For more than a century, Medical Lake has invested in the essential public facilities that shape daily life, including safe drinking water from local wells, streets that connect neighborhoods, parks along the shoreline and throughout the city, public buildings that serve generations, and schools central to community identity. Early water and wastewater systems laid the groundwork for gradual modernization, including expanded water storage, new lift stations, and construction of the Wastewater Treatment Plant. Over time, City Hall, the maintenance buildings, parks, and other public facilities have undergone incremental upgrades as resources allowed.

Medical Lake's more recent debt-free approach has encouraged careful planning, pay-as-you-go investments, and prudent stewardship of limited local revenues. State and federal grants have played a crucial role in extending the city's ability to deliver improvements such as street resurfacing, stormwater mitigation, and park enhancements. Together, these investments form the backbone of community life and ensure the services residents depend on remain safe, reliable, and resilient.

Where We Are Today

The Growth Management Act requires cities to inventory their capital facilities and demonstrate how they will continue to provide adequate public services as communities grow. Medical Lake maintains a wide range of facilities that support public health, mobility, recreation, education, and safety. The City's Capital Improvement Plan (CIP) and Facility Condition Reports (FCRs) provide detailed evaluations. The CIP outlines what major buildings, infrastructure, and equipment the City needs, when we will need them, and how they will be paid for. The FCR evaluates the physical state of buildings, utilities, and site infrastructure. It outlines the status of roofs, mechanical systems, electrical systems, ADA compliance, structural components, site access, and safety systems. These documents guide maintenance plans, capital budgets, and long-term investment decisions. The following summarizes current conditions and system needs.

Utility Infrastructure

Stormwater System. Stormwater infrastructure manages runoff from roofs, roadways, and other impervious surfaces, ensuring pollutants are filtered and drainage systems protect property and water quality. State law requires the city to manage and control stormwater, and FCRs identify system-wide needs related to lifecycle maintenance and targeted upgrades to support development and meet Ecology standards.

Wastewater System. Medical Lake's wastewater system collects and treats residential, commercial, and institutional effluent using lift stations, aeration structures, clarifiers, dewatering systems, and SCADA controls at the 2001 treatment facility. Ecology permits

define pollutant limits and require continuous monitoring and reporting. FCR findings show roofing, HVAC, and structural components reaching the end of their useful lives.

Drinking Water System. The drinking water system includes the Lehn Road and Craig Road wells, a 1.5-million-gallon reservoir, several interties with surrounding systems, and miles of distribution pipe. Water is filtered, disinfected, and monitored to meet state quality standards. Facility assessments identify routine modernization needs related to pumps, telemetry, and distribution reliability.

Parks, Public Buildings, and Community Facilities (*Map Needed*)

Medical Lake maintains City Hall, the City Hall Annex, the library, the historic Depot, multiple parks, and shoreline recreation areas. FCRs highlight the following lifecycle needs:

City Hall (last major renovation in 1978) requires substantial building system and compliance upgrades, including HVAC replacement, new windows and doors, roof improvements, and accessibility upgrades.

City Hall Annex (a repurposed Sears Catalog building) requires exterior building improvements to address aging materials and improve durability and appearance.

Maintenance Buildings require expanded and improved storage capacity to adequately support city operations and equipment needs.

Library requires exterior repainting, ADA access and egress corrections, parking lot replacement, HVAC and domestic hot water heater replacement, lighting and electrical system upgrades, fire alarm system replacement, and targeted sidewalk repairs.

Parks and waterfront areas require ongoing capital investment to maintain amenities, address deferred maintenance, and improve accessibility.

Historic Train Depot requires electrical system corrections, fire and life safety upgrades, deck and exterior repairs, plumbing and water heater replacement, and heating system upgrades.

Transportation System

The transportation network includes SR 902, city arterials and collectors, neighborhood streets, sidewalks, the Medical Lake Trail, Fox Hollow Trail, and bicycle lanes. The annual Transportation Improvement Program (TIP) identifies planned street improvements and must remain consistent with the Comprehensive Plan. In 2024 the Transportation Improvement Board rated Medical Lake's pavement at PCR 62/100, and resurfacing over 18 miles of Medical Lakes 25 miles of roadway contributed to extending pavement life by 7–10 years. Building on recent preservation efforts, the City continues to address targeted, near-term transportation needs that support safety and long-term pavement performance. Current priorities include the Lefevre Street restriping project, which will restore effective lane delineation, improve multimodal safety, and better align roadway markings with current traffic patterns. The City is also coordinating the FEMA-funded repaving of Southlake Terrace, which will return fire-damaged infrastructure to pre-disaster condition while improving pavement quality in a key residential area. In addition, ongoing preservation and preventive maintenance efforts such as crack sealing, localized repairs, sidewalk improvements, and bicycle facility enhancements are essential to sustaining recent pavement condition gains, protecting prior

investments, and gradually improving overall network performance. These projects support the City's broader goal of maintaining a safe, connected, and multimodal transportation system while efficiently extending the service life of existing infrastructure.

Public Safety Facilities

Law enforcement services are provided through an interlocal agreement with the Spokane County Sheriff's Office using a local police station for deputies and S.C.O.P.E. volunteers. Fire and EMS services are delivered by Spokane County Fire District #3, operating from Station 311 next to City Hall. Emergency management coordination and hazard preparedness rely on regional partnerships.

Schools (*map needed*)

The Medical Lake School District manages its own capital planning, but the City collaborates on long-range facility planning and maintains interlocal agreements for shared use of facilities. School District facilities include Hallett Elementary School, Michael Anderson Elementary School (on Fairchild AFB), Medical Lake Middle School, Medical Lake High School, the District Administrative Office, the Wellness Center, Rienking Field, the transportation building, and maintenance/nutrition services building.

Fleet, Equipment, and Asset Management

The City maintains heavy equipment, generators, service vehicles, snow removal equipment, and utility machinery. The State Auditor requires asset inventories for all local governments. Routine replacement planning reduces lifecycle costs and ensures service reliability.

A Vision for Capital Facilities

Medical Lake envisions a future with modern, resilient, financially sustainable public facilities that support safe mobility, clean water, reliable utilities, beautiful parks, and high-quality public services. Capital investments will maintain equitable service levels, adapt to emerging needs, and reflect the community's commitment to stewardship and long-term well-being. Public buildings will be accessible and welcoming, utility systems reliable and efficient, streets safe for all users, and parks well-maintained centers of recreation and civic life.

Financing Strategy

Medical Lake uses a range of funding tools to support capital investments, including General Fund revenue, enterprise utility fees, real estate excise tax, grants, impact fees, and intergovernmental loans or bonds when warranted. The city's debt-free philosophy promotes careful evaluation of costs, operational impacts, and grant opportunities. The six-year CIP is adopted as part of the annual budget, providing a transparent roadmap for project delivery and financial planning.

Our Path (Goals and Strategies)

Goal A – Maintain and Upgrade Essential Infrastructure

Use lifecycle costing, regulatory compliance, and proactive asset management to guide long-term investments.

Goal B – Support Growth with Adequate Facilities

Ensure concurrency with development and coordinate with regional partners, including MLSD, Fire District #3, Spokane County, and WSDOT.

Goal C – Ensure Fiscal Responsibility

Use transparent prioritization, sustainable financing tools, and multi-year forecasts to maximize public benefit.

Goal D – Enhance Community Quality of Life

Provide accessible, attractive, and well-maintained parks, public buildings, and transportation facilities.

Goal E – Improve Resilience and Reduce Risk

Integrate hazard mitigation, redundancy, and climate-adaptive design into capital investments.

Priority Actions

Capital needs evolve with regulatory requirements, system age, community expectations, and growth patterns. For the next two decades, Medical Lake's anticipated needs include:

Utility System Needs

1. Upgrade wastewater treatment facilities to maintain compliance and improve energy efficiency.
2. Invest in drinking water storage, distribution reliability, and well system modernization.
3. Improve stormwater systems to support growth, manage runoff, and align with evolving NPDES requirements.

Transportation System Needs

4. Continue roadway pavement preservation.
5. Incrementally implement sidewalk connectivity, ADA ramp upgrades, and safe crossings.
6. Expand trail system to improve multimodal access.
7. Implement traffic calming and safety enhancements.

Parks, Facilities, and Public Safety Needs

8. Modernize the facility systems (HVAC, roofs) of City Hall, City Hall Annex, and Historic Train Depot
 9. Improve park facilities as population and recreation needs evolve.
 10. Replace equipment and fleet replacement based on lifecycle timelines.
 11. Coordinate with partner agencies on long-term Fire/EMS and law enforcement facility needs.
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Chapter 8: Parks

This Parks chapter is consistent with the Comprehensive Plan vision and reinforces Medical Lake's commitment to health, recreation, environmental stewardship, and community connection. It provides a framework for maintaining, enhancing, and expanding the City's parks, trails, waterfronts, and recreation facilities while coordinating with land use, mobility, capital facilities, and climate resilience planning. By investing strategically in public spaces and ensuring equitable access, Medical Lake can preserve its small-town character, protect cherished natural resources, and support a high quality of life for residents of all ages and abilities.

Our Story of Parks, Trails, and Community Life

Outdoor spaces have shaped the identity of Medical Lake. The healing qualities of the lake led to early gatherings along the shoreline, which also created social connections. This has continued to be true over generations. Waterfront Park not only serves Medical Lake, but provides the region with a location for gatherings large and small. Over time, the City has expanded on the natural beauty of the lake by creating a 3-mile shared path loop, a boat launch, North End Park, Peper Park, and Coney Island Park. Additional parks have been created throughout the community, including Pioneer Park, Wilcox Park, and Shepard Field. Most recently, the City purchased a historic train depot in hopes of creating another valuable community asset. All of these public spaces have served as anchors for recreation, social connection, and community pride. The City's trail system that started around the lake has expanded into neighborhoods, creating a walkable network that links people to parks, schools, and the downtown core. As a result, lake recreation, youth sports, community celebrations, and year-round trail use have become part of Medical Lake's cultural fabric.

Generations of residents have relied on these natural amenities and public places to strengthen health, foster belonging, and enjoy the healing qualities of the lake and surrounding landscape. This history of stewardship and shared space continues to guide our approach to parks and recreation today.

Where We Are Today

Medical Lake maintains a diverse system of parks, facilities, and trails that support recreation, health, and community activities. The City's park network reflects both its natural setting and its small-town character.

Park System Overview

The City provides a mix of waterfront parks, neighborhood green spaces, athletic fields, and natural open spaces. These parks offer playgrounds, picnic shelters, multi-use fields, shoreline access, boat launches, and community gathering areas. The Medical Lake Trail and Fox Hollow Trail form the backbone of a citywide system used for walking, running, cycling, and year-round recreation.

Parks and Public Facilities (*map needed*)

Medical Lake's crown jewel is Waterfront Park, a major recreation destination offering shoreline access, picnic shelters, softball fields, a swimming area, a boat launch, and large multi-use spaces. Coney Island Park, a lakeside gathering area near the downtown core, is a remnant of the resorts that thrived a century ago. The city also maintains several neighborhood parks, including Pioneer Park, Wilcox Park, Shepard Field, Peper Park, and North End Park, which provide a mix of play structures, open lawns, and natural views. The Historic Train Depot and the public library serve as important venues for educational, cultural, and civic activities. Many of these facilities are heavily used but aging, with components such as play equipment, restrooms, shelters, roofs, irrigation systems, and pathways nearing the end of their lifecycle.

Trails and Connectivity (*map needed*)

The 3-mile Medical Lake Trail encircles the lake and connects parks, neighborhoods, downtown, and schools. Sidewalk networks, bicycle lanes, and trail connections extend recreational access throughout the community, though gaps remain in key areas, particularly in growing neighborhoods and corridors.

Recreation Programs and Community Use

The City offers seasonal recreation programs, youth sports partnerships, community events, and outdoor activities centered around the lake. Shared-use agreements with the Medical Lake School District support access to fields, gyms, and courts for youth athletics and community programs.

Levels of Service and Access

Parks and trails in Medical Lake are generally accessible; however, population growth and changing recreation preferences have increased demand for updated play structures, improved waterfront amenities, additional seating, shade, restrooms, expanded year-round recreation opportunities, enhanced ADA accessibility, and more continuous trail connections with safe crossings. These evolving needs present opportunities for targeted reinvestment, system modernization, and thoughtful expansion of the parks and trails network to better serve residents of all ages and abilities.

A Vision for an Ideal Future Parks and Recreation System

Medical Lake's parks and recreation system will be a connected, inclusive, and welcoming network of parks, trails, waterfront spaces, and public facilities that enrich daily life and reflect the natural beauty of our lakes and forests.

In this ideal future every resident can walk or wheel to a park or trail from their home. The trail system is expanded, linking neighborhoods, the downtown core, schools, and natural areas. Waterfront spaces are safe, accessible, and environmentally resilient, offering balanced recreation and ecological protection. Parks and facilities are modern, well-maintained, and designed for all ages and abilities. Year-round recreation opportunities are available. Nature is protected and celebrated, with shoreline restoration, tree canopy expansion, and stewardship of wetlands and habitats. Community connection is strengthened, making parks the heart of Medical Lake's identity.

Our Path (Goals and Strategies)

Goal A – Maintain and Modernize Existing Parks and Facilities

1. Prioritize safety, ADA accessibility, and lifecycle maintenance.
2. Upgrade outdated amenities, restrooms, docks, shelters, and irrigation systems.
3. Use durable, sustainable materials and designs.

Goal B – Expand Access to Parks, Open Space, and Trails

1. Ensure walkable access to parks in all neighborhoods.
2. Expand the trail system and fill sidewalk gaps that connect homes to parks.
3. Improve crossings, wayfinding, and multimodal access to parks.

Goal C – Protect and Enhance Natural and Waterfront Areas

1. Steward the lake and shoreline through erosion control, native plantings, and water quality improvements.
2. Balance recreation with environmental protection.
3. Enhance tree canopy and green infrastructure in park areas.

Goal D – Provide Inclusive, High-Quality Recreation Opportunities

1. Support youth sports, family recreation, and intergenerational programs.
2. Strengthen partnerships with MLSD and community groups.
3. Incorporate universal design principles and accessible play areas.

Goal E – Plan for Long-Term Sustainability and Resilience

1. Integrate climate resilience into park design and maintenance.
2. Plan for lifecycle replacement of docks, shelters, play areas, and trail segments.
3. Pursue grants, partnerships, service clubs, and volunteer support to stretch resources.

Priority Actions

Park Modernization

1. Replace aging play equipment and improve safety surfaces.
2. Upgrade restrooms, lighting, shelters, irrigation, and picnic areas.
3. Add benches, shade structures, and ADA-compliant access routes.

Trail and Connectivity Upgrades

4. Extend trails to new developments.
5. Improve trailheads with signage, crossings, and ADA amenities.
6. Create continuous waterfront and neighborhood connections.

Waterfront Enhancement

7. Improve docks, swimming access, and shoreline protection.
8. Add natural buffers and stormwater improvements near lakefront parks.
9. Support water-based recreation with safety and environmental protections.

Expanded Recreation Programs

10. Strengthen partnerships with MLSD for youth sports.
11. Develop seasonal programs and community events.
12. Explore indoor and shoulder-season recreation opportunities.

Maintenance and Asset Management

13. Use facility condition reports to prioritize investments.
 14. Implement proactive maintenance to extend facility life.
 15. Plan for equipment, vehicle, and small-asset replacement cycles.
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Chapter 9: Natural Environment

This Natural Environment chapter is consistent with the Comprehensive Plan vision and affirms Medical Lake's commitment to protecting the natural systems that support public health, environmental quality, and community identity. The City's lakes, wetlands, forests, shorelines, and open spaces are central to its character and quality of life, shaping recreation, neighborhood patterns, and daily experience.

This chapter provides policy guidance for balancing growth with stewardship by protecting environmentally sensitive areas, safeguarding water resources, sustaining wildlife habitat, and integrating natural features into land use and capital planning. In compliance with the Growth Management Act, it establishes a framework for identifying and conserving critical areas while allowing reasonable use of property and supporting long-term community resilience.

Our Natural Setting and History

Medical Lake is shaped by its unique West Plains landscape, defined by glacial lakes, rolling topography, seasonal wetlands, pine forests, and open grasslands. The lake itself, along with adjacent wetlands and shoreline areas, has long been a defining feature of the community, influencing settlement patterns, recreation, and cultural identity.

Historically, residents relied on these natural resources for water, agriculture, timber, and recreation. Over time, urban development brought increased demand for housing, infrastructure, and services, placing pressure on sensitive ecosystems. At the same time, community appreciation for the lake, trails, and surrounding open spaces has steadily grown, reinforcing a shared responsibility to protect natural systems for future generations.

Where We Are Today

Medical Lake's natural environment includes lakes and surface waters, most notably Medical Lake itself, as well as wetlands and riparian areas that support water quality, flood storage, and wildlife habitat. Forested and upland areas provide important habitat, shade, and scenic value, while open space and undeveloped lands contribute to overall ecological function and visual character. Together, these natural systems perform essential functions such as groundwater recharge, stormwater infiltration, habitat connectivity, air and water filtration, and climate moderation.

In accordance with the Growth Management Act, Medical Lake identifies and protects a range of critical areas, including wetlands, critical aquifer recharge areas, frequently flooded areas, geologically hazardous areas, and fish and wildlife habitat conservation areas. These areas are regulated through development standards, buffers, and review processes designed to minimize environmental impacts while allowing appropriate and reasonable development to occur.

Natural systems in Medical Lake face increasing pressures from growth, aging infrastructure, invasive species, stormwater runoff, shoreline use, and climate-related stressors. Protection of water quality, shoreline stability, and habitat requires coordinated planning across land use, utilities, transportation, and parks.

A Vision for Medical Lake's Natural Environment

Medical Lake envisions a future where natural systems are protected, restored, and woven into the fabric of daily life. Lakes and wetlands are clean and resilient. Wildlife habitat is preserved and connected. Shorelines balance recreation with ecological protection. Neighborhoods coexist with nature through thoughtful design and stewardship. Environmental protection is not seen as separate from growth, but as essential to sustaining health, safety, and quality of life.

Our Path (Goals and Strategies)

Goal A – Protect and Restore Critical Areas

Safeguard wetlands, shorelines, aquifer recharge areas, floodplains, and habitat through science-based standards and long-term stewardship.

Goal B – Preserve Water Quality and Natural Hydrology

Reduce stormwater impacts, protect groundwater resources, and support lake health through integrated planning and infrastructure investment.

Goal C – Integrate Natural Systems Into the Built Environment

Encourage development that respects natural features, minimizes disturbance, and incorporates green infrastructure.

Goal D – Support Environmental Education and Stewardship

Foster community awareness, partnerships, and shared responsibility for protecting Medical Lake's natural assets.

Goal E – Coordinate Environmental Protection Across City Planning

Align natural environment policies with land use, parks, capital facilities, and climate resilience efforts.

Priority Actions

Critical Area Protection

1. Maintain and periodically update critical area regulations.
2. Require buffers, mitigation, and best management practices where development occurs near sensitive areas.
3. Avoid development in high-risk or environmentally constrained locations.

Stormwater and Water Resource Management

4. Expand low-impact development and green infrastructure practices.
5. Improve stormwater facilities to reduce runoff and pollutant loading.
6. Coordinate lake protection efforts with parks and shoreline planning.

Habitat and Open Space Stewardship

7. Protect and enhance wildlife habitat within parks, open spaces, and undeveloped areas.
8. Use native landscaping and invasive species management.
9. Preserve natural corridors that connect habitats across the city.

Shoreline and Lakefront Management

10. Balance public access with shoreline protection.
11. Stabilize eroding shorelines using natural and bio-engineered techniques.
12. Promote responsible recreational use of lakefront areas.

Partnerships and Education

13. Coordinate with state agencies, Spokane County, conservation groups, and community organizations.
 14. Support volunteer stewardship, education programs, and grant-funded restoration projects.
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Chapter 10: Climate Resiliency

This Climate Resiliency chapter is consistent with the Comprehensive Plan vision and guides Medical Lake's response to increasing climate-related risks while protecting public health, safety, and community assets. It integrates the City's 2025 FEMA-approved Local Hazard Mitigation Plan with land use, capital facilities, parks, and mobility planning to ensure coordinated, forward-looking decision-making. By planning for wildfire, smoke, drought, severe weather, and flooding, this chapter establishes a practical framework for building resilience into everyday policies, infrastructure investments, and community programs so Medical Lake remains a safe, healthy, and adaptable place to live for generations to come.

Why Climate Resilience Matters in Medical Lake

For generations, life in Medical Lake has been shaped by our semi-arid West Plains landscape, our namesake lakes and wetlands, and the pine forests and grasslands at the city's edge. Those same features that make our community special, such as abundant outdoor access, a walkable small-town core, and proximity to wildlands, also influence how we experience hazards such as wildfire, smoke, drought, severe weather, and localized flooding. Recent events, including the 2023 Gray Road Fire and recurring regional droughts, underscore that these risks are intensifying and that resilience must be part of everyday decision-making.

In 2024, in response to the experience of the Gray Road Fire, the City contracted with a hazard mitigation firm to create a personalized Local Hazard Mitigation Plan (LHMP.) The LHMP provides project lists, maintenance schedules, and grant-ready action worksheets.

Where We Are Today

Medical Lake's primary climate-related hazards are wildfire and smoke, drought, severe weather (wind, snow/ice, extreme heat), and localized flooding. Landslides, earthquakes, and volcanic ashfall are lower-probability but potentially high-impact hazards.

Wildfire & smoke. Hotter, drier summers and frequent winds elevate ignition and spread risk along the wildland-urban interface. Smoke degrades air quality (PM2.5, CO, NOx, VOCs) and poses health risks, even when fires are burning far from the city. The Gray Fire (2023) burned 10,085 acres and destroyed hundreds of structures across the area, a vivid example of changing conditions.

Drought. A recurring pattern (e.g., 2015, 2019, 2021, 2023–2024) stresses groundwater, reduces lake levels, heightens wildfire potential, and affects recreation and local ecosystems.

Severe weather. High winds, snow/ice, and occasional hail cause outages, block roads, and damage trees and power lines; periodic extreme heat challenges residents without cooling.

Flooding. Typically localized during intense rain or rapid snowmelt; post-wildfire landscapes can increase debris-flow and runoff risks.

Emerging Climate Trends

Observed and projected trends for our region include hotter, drier summers; longer wildfire seasons with more smoke days; more intense storms; and greater water-supply stress as snowpack declines and melt occurs earlier. These trends amplify existing hazards and require that we design infrastructure, landscapes, and neighborhoods with tomorrow's climate in mind.

People, Places, and Systems

People. Seniors, medically fragile residents, low-income households, people with disabilities, residents who rely on power-dependent medical devices, and those without air conditioning are more affected by smoke, heat, and outages.

Places. Areas at the wildland-urban interface are more exposed to wildfire and smoke; low-lying sites and post-fire slopes are more exposed to runoff and debris flows.

Systems & Services. Power distribution lines (wind/ice), stormwater (intense rain), and transportation corridors (SR-902, Lefevre, Brooks, Lake Streets) can be disrupted. Critical facilities, such as Eastern State Hospital, schools, public safety buildings, wells, and the wastewater facility, must remain operational during extreme events.

A Vision for a Climate-Resilient Medical Lake

Medical Lake seeks to be a place where people are safer and healthier during smoke, heat, storms, and floods; where critical services stay online; and where our lakes, wetlands, and forests buffer extremes and remain central to community life. We will grow in ways that reduce exposure to hazards, support vulnerable residents, and keep community members connected and ready. Our investments in streets, parks, utilities, and buildings will be designed for the climate we are entering, not the one we are leaving.

Funding Strategy

The City will pursue FEMA BRIC/HMGP/FMA, NOAA climate resilience opportunities, CDBG, and state programs; and will coordinate closely with SCFD #3, the Medical Lake School District, Fairchild AFB, Avista, Spokane County Emergency Management, and health and social-service partners.

Our Path (Goals and Strategies)

Goal A – Protect People and Neighborhoods

1. Reduce risk from wildfire, smoke, drought, storms, heat, and flooding; improve warnings, evacuation routes, and clean-air/cooling options.
2. Prioritize support for residents with Access and Functional Needs (AFN).

Goal B – Strengthen Infrastructure and Essential Services

1. Harden power, water, wastewater, stormwater, and communications systems; ensure emergency power at critical facilities.
2. Use nature-based features (wetlands, buffers) where they add protection and co-benefits.

Goal C – Plan Growth and Land Use for Long-Term Resilience

1. Guide development patterns away from high-risk areas.
 2. Apply Firewise and climate-responsive site and building design.
 3. Protect aquifer recharge and lake health.
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Priority Actions

The City will use these strategies to guide capital projects, grant applications, development review, and partnerships. This chapter sets direction, while detailed project lists and costs remain in the LHMP, TIP, and CIP.

Wildfire and Smoke Resilience

1. **Create defensible space & fire-resistant design.** Update development standards for WUI areas (materials, landscaping, setbacks) and expand community Firewise education and vegetation management.
2. **Improve evacuation & communications.** Maintain route plans, signage, redundant communications, and neighborhood notification protocols.
3. **Provide cleaner indoor air.** Identify and equip public buildings that can serve as clean-air/cooling spaces during smoke/heat events.

Drought and Water Supply Resilience

4. **Protect recharge & conserve.** Strengthen aquifer recharge protections; scale water-smart ordinances; promote efficient irrigation and drought-tolerant landscaping.
5. **Plan for dry years.** Use demand management and contingency planning to prioritize essential uses and maintain lake health during prolonged drought.

Storm, Flooding, and Erosion Resilience

6. **Modernize stormwater.** Upgrade conveyance and treatment to handle intense rainfall; separate or retrofit where it reduces inflow to wastewater and improves water quality.
7. **Use natural buffers.** Restore/expand wetlands and riparian vegetation to store stormwater, filter runoff, and serve as strategic firebreaks.

Extreme Heat and Air Quality

8. **Cool people and places.** Grow tree canopy on priority streets and near schools/parks; encourage shade structures and high-albedo or shaded sidewalks; support home weatherization and HVAC upgrades for vulnerable households.
9. **Targeted outreach.** Proactive communications and check-ins with seniors, medically fragile residents, and those without cooling or transport during heat/smoke events.

Infrastructure and Utilities Resilience

10. **Keep the lights on.** Harden or underground lines where feasible; provide backup generation for critical facilities; design redundancy into water and wastewater systems.
11. **Design for tomorrow.** Apply climate-informed design standards in City projects; align the Capital Improvement Program (CIP) with hazard maps and LHMP priorities.



To: Planning Commission
From: Elisa Rodriguez, Senior Planner
TOPIC: Periodic Update: MLMC amendments regarding Transportation

Requested Action:

Provide feedback and guidance on potential amendments regarding transportation to the Medical Lake Municipal Code (MLMC).

Key Points:

SSB 6015 limits the number of parking spaces that can be required per unit for middle housing (plexes, townhouses, cottage houses). In addition, jurisdictions must allow tandem parking to meet minimum parking requirements and parking on grass block pavers. Finally, required parking cannot be required to be larger than 8 feet by 20 feet. The Medical Lake Municipal Code (MLMC) currently requires spaces to be 9 feet by 18 feet.

Parking standards are located in MLMC Chapter 17.36 – Off-Street Parking. Required parking spaces are determined by use. The chapter's list of uses is incomplete and has not been updated since 1999.

Per RCW 36.70A.070(6)(b), jurisdictions are required to address transportation concurrency with development. Concurrency is a land-use planning principle that requires public infrastructure and services to be available at the same time a new development's impacts occur. Concurrency is addressed in MLMC Chapter 16.02 – Concurrency Management. This chapter was added to the municipal code in 1998 and has not been revisited since. Concurrency is led by the level of service standards prescribed in the Comprehensive Plan.

RCW 82.70 requires a Commute Trip Reduction (CTR) ordinance to achieve reductions in the proportion of single-occupant vehicle trips. The City of Medical Lake has worked with other Spokane County jurisdictions and Commute Smart NW to create a CTR plan. The City Council adopted the Plan by resolution (#25-743) on March 18, 2025. However, MLMC Chapter 16.22 – Commute Trip Reduction Ordinance and Plan, was adopted in 2010 and needs to be revised.

MLMC Chapter 15.40 – Private Road Standards, provides the opportunity for the development of private streets as an alternative to public streets. Private streets, although open to the public for travel, are privately owned and are not maintained by the City. Private streets are typically narrower than public streets. The City has found that private streets benefit the developer at the time of construction by reducing costs, however in the long term, citizens do not benefit, being responsible for snow removal, potholes, and repaving. In addition, parking and emergency vehicle access can be impaired.

Background Discussion:

Determining minimum parking standards is a matter of balancing demand with cost of construction. Excessive parking requirements can price out affordable housing and discourage commercial development. Oversupplying parking encourages car ownership and driving while

discouraging walking, biking, and transit use. In a City that struggles with groundwater issues, parking increases the amount of impervious surfaces, which leads to higher stormwater runoff and pollution.

The City hired a consultant to produce a Transportation Plan to reflect the values of Medical Lake and plan for the future of the community. Staff is reviewing a draft which will be made available to the public soon. This Transportation plan will inform the Comprehensive Plan.

Public Involvement:

A public hearing will be held with both the Planning Commission and the City Council. In addition, language will be provided on the City website for review and comment by the public.

Next Steps:

After a workshop with the City Council on May 5, 2026, amendment language will be provided to the Planning Commission prior to the public hearing on May 28, 2026. At that meeting, the Planning Commission will be expected to make a recommendation to the City Council.



City of Medical Lake
124 S. Lefevre St.
P.O. Box 369
Medical Lake, WA 99022-0369

4/16/2026 Planning Commission Meeting

To: Planning Commission
From: Elisa Rodriguez, Senior Planner
TOPIC: Rules of Procedure

Requested Action:

Per the request of the Planning Commission, discussion regarding the Rules of Procedure has been placed on the agenda.

Key Points:

Per the Rules of Procedure, updating the Rules is a two-step process. The first step requires a motion(s) stating the amendment that is to be considered. At the following meeting, a new motion is made to consider adopting the amendment.

A copy of the Rules of Procedure have been attached for your convenience.

Background Discussion:

The Planning Commission Rules of Procedure were adopted by City Council in 2015 and updated by the Planning Commission in 2023.



CITY OF MEDICAL LAKE PLANNING COMMISSION

RULES OF PROCEDURE

Adopted by Resolution 499
November 17, 2015

Adopted Revisions by Planning Commission
July 27, 2023

Planning Commission Rules of Procedure

1. General Rules

- 1.1 Meetings to be Public:** All official meetings of the Commission shall be open to the public. The journal of proceedings shall be open to public inspection.
- 1.2 Quorum:** A majority of the appointed membership of the Commission shall constitute a quorum for the transaction of business. Any action taken by a majority of those present when those present constitute a quorum, at any regular or special meeting of the Commission, shall be deemed and taken as the action of the Commission.
- 1.3 Attendance, Excused Absences:** Members of the Commission may be so excused by complying with this section. Members are required to attend in-person when at all possible, with exception to illness or travel. The member shall contact the City Administrator, Planning Director, or designee, or another serving Commissioner prior to the meeting and state the reason for his/her inability to attend the meeting. The contacted individual shall convey the message to the Chair. The Chair shall inform the Commission of the member's absence, state the reason for such absence, and inquire if there is a motion to excuse the member. For good cause, the Commission may excuse the absent member upon passage of such motion by a majority of Commission present, the absent member shall be considered excused and the Recorder will make an appropriate notation in the minutes. If the motion is not passed, the Recorder will note in the minutes that the absence is unexcused.
- 1.4 Journal of Proceedings:** A journal of all proceedings of the Commission shall be kept by the staff and shall be entered into an appropriate medium constituting the official record of the Commission.
- 1.5 Right of Floor:** Any member desiring to speak shall be recognized by the Chair and shall confine his/her remarks to one subject under consideration or to be considered.
- 1.6 Rules of Order:** Robert's Rules of Order Newly Revised shall be the guideline for the proceedings of the Commission. If there is a conflict, these rules shall apply.

2. Types of Meetings

- 2.1 Commission Meetings:** The Commission shall meet as needed on the fourth Thursday of each month at 5:30 p.m., additional meetings may also be scheduled when necessary. The Commission may reschedule meetings to a different date or time by motion. The location of the meetings shall be the Council Chambers at City Hall, unless specified otherwise by a majority vote of the Commission. All meetings shall be public.
- 2.2 Attendance of Media at Commission Meetings:** All official meetings of the Commission shall be open to the media, freely subject to recording by radio, television, and photographic services at any time, provided that such arrangements do not interfere with the orderly conduct of the meetings.
- 2.3 Meeting Cancellation:** The City may cancel a regularly scheduled Commission meeting provided that Commission meets at least once per month for not less than nine months in each year, as provided by RCW 35.63.040.

3. Chair and Duties

- 3.1 Chair:** A Chair shall be elected by a majority of Commissioners and shall preside as Chair at all meetings of the Commission. A Vice-Chair shall also be elected by a majority of Commissioners and shall preside in the absence of the Chair. In the absence of both the Chair and Vice-Chair, the Planning Director or designee shall preside.
- 3.2 Call to Order:** The meetings of the Commission shall be called to order by the Chair or, in his/her absence, by the Vice-Chair. In the absence of both the Chair and Vice-Chair, the meeting shall be called to order by the Planning Director or designee for the election of a temporary Chair.
- 3.3 Preservation of Order:** The Chair shall preserve order and decorum; prevent attacks on personalities or the impugning of members' motives, and confine members in debate to the question under discussion.
- 3.4 Points of Order:** The Chair shall determine all points of order, subject to the right of any member to appeal to the Commission. If any appeal is taken, the question shall be "Shall the decision of the Chair be sustained?"
- 3.5 Questions to be Stated:** The Chair shall state all questions submitted for a vote and announce the result.

4. Orders of Business and Agenda

- 4.1 Order of Business:** The order of business for all regular meetings shall be transacted as follows unless the Commission, by a majority vote of the members present, suspends the rules and changes the order:
1. Call to Order, Pledge of Allegiance and Roll Call
 - A. Excused Absences
 2. Additions to the Agenda
 3. Interested Citizens: Audience Requests and Comments
 4. Approval of Minutes
 5. Staff Reports
 6. Scheduled Items
 7. Public Workshops
 8. Commission Members' Comments or Concerns
 9. Interested Citizens: Audience Requests and Comments
 10. Conclusion
- 4.2 Commission Agenda:** Staff shall prepare the agenda for Commission meetings. Subject to the Commission's right to amend the agenda, no legislative item shall be voted upon which is not on the Commission agenda.
- 4.3 Commission Members Comments and Concerns:** The agenda shall provide a time when any Commissioner ("Commissioner Comments") may bring before the Commission any business that he/she feels should be deliberated upon by the Commission. These matters need not be specifically listed on the agenda, but formal action on such matters may be deferred until a subsequent Commission meeting, except that immediate action may be taken upon a vote of a majority of all members of the Commission. There shall be no lectures, speeches, or grandstanding.

5. Consensus and Motions

- 5.1 Consensus Votes:** When a formal motion is not required on a Commission action or opinion, a consensus voice vote will be taken. The Chair will state the action or opinion and each Commissioner will vote by saying “aye” or “nay”
- 5.2 Motions:** No motion shall be entertained or debated until duly seconded and announced by the Chair. The motion shall be recorded and, if desired by any Commissioner, the Recorder shall read it before it is debated and, by the consent of the Commission, may be withdrawn at any time before action is taken on the motion.
- 5.3 Votes on Motions:** Unless abstaining, each member present shall vote on all questions put to the Commission except on matters in which he/she has been disqualified for a conflict of interest or under the appearance of fairness doctrine. Such member shall disqualify himself/herself prior to any discussion of the matter. When disqualification of a member or members results or would result in the inability of the Commission at a subsequent meeting to act on a matter on which it is required by law to take action, any member who was absent or who had been disqualified under the appearance of fairness doctrine may subsequently participate, provided such member first shall have reviewed all materials and listened to all tapes of the proceedings in which the member did not participate.
- 5.4 Motions to Reconsider:** A motion to reconsider must be made by a person who voted with the majority on the principal question and must be made at the same meeting unless the Planning Commission is in session and then the motion can be made on the next succeeding day within the session on which a business meeting is held.

6. Public Hearing Procedures

- 6.1 Speaker Sign-In:** Prior to the start of a public hearing, the Chair may request that all persons wishing to be heard sign in, giving their name and whether they wish to speak as a proponent, opponent, or from a neutral position. Any person who fails to sign in shall not be permitted to speak until all those who signed in have given their testimony. The Chair, subject to the concurrence of a majority of the Commission, may establish time limits and otherwise control presentations. (Suggested time limit is three minutes per speaker or five minutes when presenting the official position of an organization or group.) The Chair may change the order of speakers so that testimony is heard in the most logical groupings (i.e. proponents, opponents, adjacent owners, etc.).
- 6.2 Conflict of Interest/Appearance of Fairness:** Prior to the start of a public hearing, any Commission member who has a conflict of interest, or an Appearance of Fairness Doctrine concern, which could prohibit the Commission member from participating in the public hearing process shall step down. The Commission member who has stepped down shall not participate in the Commission decision nor vote on the matter. Nothing herein shall be interpreted to prohibit a Commission member from stepping down in order to participate in a hearing in which the Commission member has a direct financial or other personal interest.
- 6.3 The Public Hearing Process:** The Chair introduces the agenda item, opens the public hearing, and announces the following Rules of Order:
- (1) All comments by proponents, opponents, or other members of the public shall be made from the podium; any individuals making comments shall first give their name and if they are a resident of Medical Lake.

- (2) No comments shall be made from any other location. Anyone making “out of order” comments shall be subject to removal from the meeting.
- (3) There will be no demonstrations during or at the conclusion of anyone’s presentation.
- (4) These rules are intended to promote an orderly system of holding a public hearing, to give every person an opportunity to be heard, and to ensure that no individual is embarrassed by exercising his/her right of free speech.
 - * The Chair calls upon city staff to describe the matter under consideration.
 - * The Chair calls upon proponents, opponents, and all other individuals who wish to speak regarding the matter under consideration.
 - * The Chair inquires as to whether any Commission member has questions to ask the proponents, opponents, speakers, or staff. If any Commission member has questions, the appropriate individual will be recalled to the podium.
 - * The Chair continues the public hearing to a time specific or closes the public hearing.

7. Duties and Privileges of Citizens

7.1 Meeting Participation: Citizens are welcome at all Commission meetings and are encouraged to attend and participate prior to the deliberations of the Commission. Recognition of a speaker by the Chair is a prerequisite and necessary for an orderly and effective meeting, be the speaker a citizen, Commission member, or staff member. Further, it will be expected that all speakers will deliver their comments in a courteous and efficient manner and will speak only to the specific subject under consideration. Anyone making out-of-order comments or acting in an unruly manner shall be subject to removal from the meeting.

7.2 Under agenda item “Public Comments” citizens may address any City item they wish to discuss with the Commission. They shall first obtain recognition by the Chair, state their name, if they are a resident of Medical Lake, and subject of their comments. The Chair shall then allow the comments, subject to a five (5) minute limitation per speaker or other limitations as the Chair or Commission may deem necessary. A citizen wanting to provide an educational presentation shall be subject to a fifteen (15) minute limitation. Following such comments, if action is required or has been requested, the Chair may place the matter on the current agenda or a future agenda or refer the matter to staff or City Council for action or investigation and report at a future meeting.

Manner of Addressing the Commission – Time Limit: Each person addressing the Commission shall step up to the podium, give his/her name and if they are a resident of Medical Lake in an audible tone of voice for the record and, unless further time is granted by the Commission, shall limit his/her remarks to five (5) minutes. Agenda item “Public Comments” shall be limited to a total of thirty (30) minutes unless additional time or less time is agreed upon by the Commission (dependent upon the length of the Commission agenda). All remarks shall be addressed to the Commission as a body and not to any member thereof. No person, other than the Chair, members of the Commission, and the person having the floor, shall be permitted to enter into any discussion, either directly or through the members of the Commission. No questions shall be asked of the Commission members or staff except through the Chair. The Commission will then determine the disposition of the issue (information only, place on present agenda, workshop, a future agenda, assign to staff, assign to Council, or do not consider).

7.3 Personal and Slanderous Remarks: Any person making personal, impertinent, or slanderous remarks or who shall become boisterous while addressing the Commission may be requested to leave the meeting and may be barred from further audience before the Commission during that Commission meeting by the Chair or Presiding Officer.

7.4 “Out of Order” Comments: Any person whose comments have been ruled out of order by the Chair shall immediately cease and refrain from further improper comments. The refusal of an individual to desist from inappropriate, slanderous, or otherwise disruptive remarks after being ruled out of order by the Chair may subject the individual to removal from the meeting.

7.5 Written Communications: Interested parties, or their authorized representatives, may address the Commission by written communication in regard to any matter concerning the city’s business or over which the Commission had control at any time. The written communication may be submitted by direct mail, electronic mail by 2:00 p.m. on the day of the meeting or by addressing the communication to the staff who will distribute copies to the Commission members. The communication will be entered into the record without the necessity for reading as long as sufficient copies are distributed to members of the Commission.

These rules are intended to promote an orderly system of holding a public meeting and to give every person an opportunity to be heard.

8. Suspension and Amendment of These Rules

8.1 Suspension of These Rules: Any provision of these rules not governed by the city code may be temporarily suspended by a vote of a majority of the Commission.

8.2 Amendment of These Rules: These rules may be amended or new rules adopted by a majority vote of all members of the Commission, provided that the proposed amendments or new rules shall have been introduced into the record at a prior Commission meeting.

**Public Participation:
Tips for Talking with the Commission**

Public Comments

The following guidelines are intended to promote an orderly system of holding a public meeting and to give every person an opportunity to be heard.

- The Planning Commission welcomes participation in all public meetings. Arrangements for a sign language interpreter, hearing assistance, and other assistance can be made by calling the City at (509) 565-5000.
- When you feel strongly about a public issue or local concern, the Commission encourages you to share your information and thoughts with them. If you are unable to attend a meeting or would rather not give testimony at the meeting, you are encouraged to send/fax a letter or e-mail that would be made a part of the official record. Mail your letter to the Planning Commission c/o Planning Department at 124 S Lefevre Street, Medical Lake, WA 99022. The fax number is (509) 565-5008. E-mails may be sent to city@medical-lake.org
- To speak during the Commission meeting under Public Comments you should sign up in advance. You will be asked to speak from the podium and to state your name, if you are a resident of Medical Lake, and topic for the record. You may speak on any City item and/or concern not scheduled for a public hearing.
- If you want to speak on the topic at a public hearing scheduled for that evening, you must comment during the public hearing portion of the meeting.
- When you speak with the Commission, step up to the podium and identify yourself by stating your name, if you are a resident of Medical Lake, and topic. Be sure to speak into the microphone clearly and address your comments to the Chair.
- During the Public Comment portion of the Commission meeting, your individual comments are limited to five (5) minutes and the total time for all public comments is limited to thirty (30) minutes. These are guidelines to help Commission members hear as many different viewpoints as possible in the limited time available. If you are speaking for a group, you must tell the Commission how the group developed the position you are presenting.
- If previous speakers have already made the comments you wish to make, feel free simply to identify yourself and indicate your agreement with what has already been said.

**Suggested Presentation Model for
Precise, Well Organized Proposals**

- Point.** What is the idea you wish to present? Begin with an “I statement” outlining your idea, such as, “I am here to (support/oppose)...”
- Reason.** Why you are making this point. This is an important step so the listener does not make assumptions about your motives.
- Example.** Brief and relevant example to clarify and make your point concrete.
- Summary.** What condition will be changed or improved if your point is adopted?
- Action.** (If appropriate, depending on the situation.) What needs to be done and who will do it.

Public Hearings

A public hearing offers you a formal opportunity to give your views to the Commission on the subject of the hearing.

- To give testimony, step up to the podium and identify yourself by stating your name and if you are a resident of Medical Lake for the record. When you talk to the Commission during a public hearing, Commission members, staff, and the audience will remain silent. After the last person has spoken, the hearing will be closed. The Commission will then discuss and will often make a decision on the issue.
- The audience may not comment during the Commission's deliberations unless a Commission member requests more information from a citizen.
- Again, you are also encouraged to submit your written communications on the subject to the Planning Commission care of the Planning Department by 2:00 p.m. on the day of the meeting so they can be included in the record and distributed to the Commission.



City of Medical Lake
124 S. Lefevre St.
P.O. Box 369
Medical Lake, WA 99022-0369

4/16/2026 Planning Commission Meeting

To: Planning Commission
From: Elisa Rodriguez, Senior Planner
TOPIC: Periodic Update: MLCM Amendment regarding Specialized Housing

Requested Action:

Staff requests Planning Commission to continue this hearing to the May meeting.

Key Points:

Legal review of the proposed language has brought forward concerns that could not be resolved prior to this packet deadline.