

**From:** Karnatz, Terry <[tkarnatz@med.umich.edu](mailto:tkarnatz@med.umich.edu)>  
**Sent:** Monday, October 26, 2020 4:18 PM  
**To:** Planning <[Planning@a2gov.org](mailto:Planning@a2gov.org)>  
**Subject:** APN: 09-12-04-119-003

Please note this opposition. Packard is already too busy with traffic to add this high density housing.

**2111 Packard Site Plan for CC - SITE PLAN - 2111 PACKARD ST**

Terry Karnatz

October 25, 2020

To Whom It May Concern:

We are writing to express our **strongest possible opposition** to the 1917 Washtenaw development proposal to convert the existing property and structure from a bed and breakfast hospitality venue into a for-profit, 11-bed inpatient addiction medical treatment program that will, in addition, offer medical supervised detoxification services. We share property line with 1917 Washtenaw and thus, our property is located within 100 feet.

My wife and I are both physicians at the University of Michigan and well aware of the challenges facing our local community and our state in providing treatment for individuals with substance use disorders. One of us has a sibling with a severe substance use disorder who has struggled to remain sober for the past decade. We are both highly sympathetic to the impact of substance abuse on our families, our communities, and our society.

There are many reasons why we oppose this proposal to convert the property and structure at 1917 Washtenaw for use as a for-profit inpatient addiction medical treatment center. We also have specific concerns about lack of compliance with the City of Ann Arbor's Participation Ordinance for a public meeting. We have outlined our concerns below:

### **1. Lack of Compliance with Public Meeting Requirements**

Along with many of our neighbors, we are very concerned that the developer and realtor have not complied with established processes and procedures of the City of Ann Arbor Planning Services Department and City of Ann Arbor ordinances. As you are aware, the developer is required to mail notice of the October 26<sup>th</sup> meeting to all residents within 1000 feet of the property at least 10 business days prior to the public meeting. We received a letter from the developer on October 21<sup>st</sup> and the post-marked date was October 17<sup>th</sup> (within 10 days required by the City Participation Ordinance). Please find attached a photo of our envelope with the post-marked date for your review.

As described by several other concerned neighbors, this letter is required to include the developer's schedule for citizen participation meetings, the anticipated application submittal date, the anticipated city review and approval schedule. This information was not included in the letter.

We understand that the meeting on October 26<sup>th</sup> is an *ad hoc* meeting, but this meeting in no way should be sufficient to satisfy policies described in the Citizen Participation Ordinance to be used as a public meeting retrospectively.

### **2. Significant Disruption to Surrounding Single Family Residential Neighborhood**

The proposed plans are a major change from the existing area zoning (R1A, R1B, and R1C) and a massive change from the existing Planned Unit Development (PUD) agreement. The existing PUD agreement specifies that "it is desirable to develop the

property described above as an owner-occupied, single-family residence including an owner-occupied integral studio/office and ten-room Bed & Breakfast facility that is part of a “harmonious integration” in “an established, primarily residential neighborhood.”

It is important to understand that this is not a proposal for a residential living arrangement for individuals recovering from substance use disorders. This proposal is for a commercial medical treatment facility. In the proposal, the applicant uses terms such as “admission criteria,” “group therapy,” “individual therapy,” “incidental medical services,” “medically supervised detoxification services,” as well as a “medication room” and “onsite assessment from Physician.” This is a massive change from the existing PUD and not consistent with the existing zoning areas (R1A, R1B, R1C) in the surrounding area.

The 1917 Washtenaw property also has a limited number of parking spaces and this is unlikely to meet the needs for patients (proposal indicates 11 inpatient beds) and staff (medical and treatment staff, cooking, cleaning, etc) at the proposed facility. We are also concerned about the 24/7/365 need for transportation of patients to and from this facility by emergency medical services (EMS) and for patient turnover every 2-4 weeks (as described by the current proposal).

### **3. Safety Concerns for Children and Neighbors**

Our neighborhood is comprised of families with infants, young children, and teenagers as well as middle-aged and elderly individuals. The property is located on streets where young children and their families frequently walk to Angell Elementary and Tappan Middle School. Many of the children who walk to Tappan do so without adult supervision. We are very concerned about the potential for increased non-violent and violent crime and exposure of children to individuals who are actively withdrawing from alcohol or other controlled substances. The applicant suggests that the patients will not be permitted to leave the property, but there is no clarity as to how that would be enforced. At a for-profit facility where individuals have voluntarily chosen to stay and in many cases paid large sums of out of pocket costs, this would be difficult to enforce. Furthermore, there is no clarity with regard to how controlled substances would be secured and disposed of at a facility which was built in 1917, which if not done properly would pose another threat to our safety. Our property shares a fence with 1917 Washtenaw and outside of the proposed “tea house” at their property would potentially be an area for the patients to smoke cigarettes. This smoke enters into our backyard, where our daughter will play in the near future. This is an unwelcome health concern for our family.

### **4. Unclear Benefit to Our Community and Exacerbation of Existing Health Inequities**

For a PUD amendment to be approved, it is our understanding that the changes must be deemed to provide some benefit to our community. We are highly skeptical that this for-profit treatment center will provide a net benefit to our community. First, the patients that may (emphasis on “may”) benefit are those who can afford to pay substantial out of pocket sums to stay at this facility. We know that substance abuse disorders tend to

affect individuals from lower socioeconomic status and without a plan to include these individuals, a for-profit facility such as this will only exacerbate existing disparities in access to care and worsen measures of health equity in our society. Unfortunately this has become a massive problem across the United States and there are countless examples of for-profit, private-equity backed recovery centers making profits on the backs of individuals afflicted with substance abuse disorders without providing evidence-based therapies. We are worried about the financial toxicities that these individuals may incur as a result of receiving unproven therapies with high rates of relapse. A “social model of recovery” is often what is marketed by these facilities, which is also what is discussed in the letter from the applicant. For more background on this issue, we recommend that you read the following articles:

“Investors pour money into addiction treatment but quality questions remain” Modern Healthcare

<https://www.modernhealthcare.com/article/20181124/NEWS/181129978/investors-pour-money-into-addiction-treatment-but-quality-questions-remain>

“Behind Luxury Turmoil and Shoddy Care inside Five Star Addiction Treatment Centers” Boston Globe

<https://www.bostonglobe.com/news/nation/2017/08/25/behind-luxury-turmoil-and-shoddy-care-inside-five-star-addiction-treatment-centers/HzNBLyYMCijSkaKyUZgfSN/story.html>

## **5. Lack of Experience by Applicant in Substance Use Treatments**

The applicant is an orthodontist and has clearly described her lack of experience in providing therapies to individuals with substance use disorders. This lack of experience is important since this population is medically and psychologically complex. If you personally had a medical emergency, you would want to be treated at a facility where the individuals running the facility have a wealth of expertise in providing necessary medical therapies. We are concerned about what the applicant’s lack of experience in this area would mean for patient outcomes at the facility. Unfortunately without a system in place to monitor quality and limited oversight from authorities for these facilities, the possibility to do unnecessary harm is actually quite significant. We have reached out to the Michigan Department of Licensing and Regulatory Affairs (LARA) to clarify the regulations in place for these medical facilities. It is our understanding that this is an evolving area of regulation with many loopholes that for-profit entities can exploit at the expense of communities and individuals with substance use disorders.

There are many other concerns, which have already been discussed by other neighbors who reside at properties adjacent to the proposed development at 1917 Washtenaw. We will not belabor those points in this letter.

In summary, this proposal is a massive change from the existing PUD and we have outlined important concerns regarding safety for the neighborhood, an unclear benefit to our community, and an alarming lack of experience by the applicant in treating this

complex patient population. If the applicant moves forward with this proposal, we demand that another public meeting is required that meets the clearly stated criteria set forth by the City of Ann Arbor's Participation Ordinance. We also ask that the city council and members of the city planning commission consider and perform all necessary investigations into the potential impact of this proposed development, as stated by our family and many others that have submitted letters separately.

Thank you for your time,

**Nicholas Berlin, MD MPH MS**  
**Christina Cutter, MD MSc MS**

**1924 Lorraine Place**  
**Ann Arbor, MI 48104**

*Photo of the envelope for the public meeting announcement. Note that the post-marked date is October 17, 2020 (within the 10 days required for a Public Meeting).*



October 26, 2020

**Re: Proposed Project at 1917 Washtenaw**

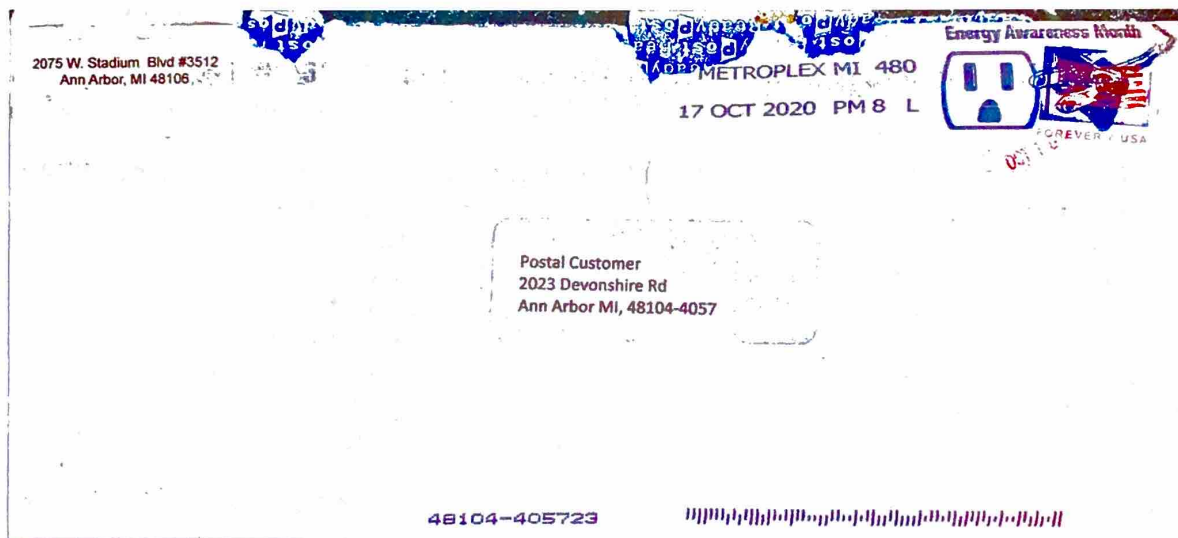
To Whom It May Concern:

My family lives at 2023 Devonshire Road, Ann Arbor. On Monday, October 19, we received the Notice of Resident Participation Meeting for a Project at 1917 Washtenaw by mail. The meeting is scheduled for October 26, 2020.

I have a number of concerns and questions about the proposal.

First, the notice did not comply with the requirements under the Ann Arbor Unified Development Code (UDC), Section 5.28.4.B, for at least the following reasons:

1. The notice was not mailed at least 10 business days prior to the meeting date of October 26. The envelope that we received on October 19 had 2 markings on it, bearing the dates of October 16 and October 17. (See below) Both dates are well past the 10 business days advance notice requirement;



2. The notice does not include the investor/Applicant's schedule for citizen participation meetings, the anticipated application submittal date and the anticipated City review and approval schedule;

3. The notice does not include a telephone number for recipients to call if they have questions or comments. Only the realtor's email is provided. The notice does not include any contact information for the investor/Applicant;

4. The notice does not include sufficient detail to achieve the goals set forth in 5.28.4.A for "early and effective citizen participation in conjunction with [the] proposed



*Developments, giving the citizens an early opportunity to learn about, understand and comment upon proposals . . .” (More on this point below.)*

I therefore request that the October 26, 2020 meeting be canceled. If the investor/Applicant desires to move forward with this proposal, a new meeting should be scheduled, and a new notice should be circulated in accordance with UDC Section 5.28.4.B.

Second, I request that the investor/Applicant provide the full names and contact information for each individual and entity involved in the proposed project. Neighbors who intend to engage legal counsel in connection with this matter may need this information in order for such counsel to conduct conflicts checks as a precursor to representation.

Third, the investor/Applicant has provided so little information about the nuts and bolts of the proposed project that it has essentially deprived interested citizens with a meaningful opportunity to participate. The official notice generally describes an “11-bed inpatient addiction treatment program,” as well as “medically supervised detoxification services” for an indeterminate number of patients. The notice includes few, if any, details about the staffing, management, hours, supply delivery schedules, waste disposal, parking, security, and myriad other aspects of running such a 24x7 inpatient addiction treatment and detox center. With so little information, neighbors cannot possibly evaluate how this radically new use will impact them and their property.

The investor/Applicant attempted to supplement the official notice by providing additional information in an email to a select group of recipients; I was not a direct recipient of this email and this information was not included in the official notice for the October 26 meeting. According to this supplemental email, the investor/Applicant describes herself as an orthodontist who has never lived in Ann Arbor and is “new to addiction treatment.” She goes on to state:

*I know there are a lot of concerns regarding the actual content of the program and lack of information, and the reality, is this is the first step in the entire process, we have to get the approval from the city before we start putting our ideas into motion. We cannot apply for licensure, hire staff, who will then create a curriculum until we have a location secured. So, with that in mind I want to address some of the concerns as best I can at this stage. The facility will serve both men and women 18 years and older, we will operate 24/7 but this does not mean we will have in and out access all hours, there is a scheduled bedtime of 11pm and new admissions and discharges will only be handled during business hours. All this means is there will be staff awake onsite 24 hours a day.*

*The main entrance will be used as the main entrance to the facility as it would normally be used at this property. We will have at least 4 staff onsite at all times, there may be more depending on what activities will be scheduled for the day. The staff will use the parking that is available to the property. . . .*

*We do not anticipate making any additional change to the property, other than addition safety measures (exit signs, automatic soap dispensers, fire extinguishers) as required by the State of Michigan.*

To be blunt, this just doesn’t add up. The investor/Applicant has no experience in running an inpatient addiction treatment/detox program and has not achieved, or even summarized, the requisite licensing requirements for such a facility. It is disingenuous of the investor/Applicant to suggest that these details are irrelevant or unknowable at this stage of the process. If the

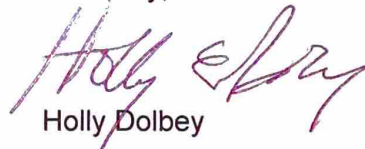
investor/Applicant does not know basic requirements for operating an inpatient addiction/detox facility, this proposal is premature at best.

I have participated in numerous communications with neighbors who have voiced legitimate concerns about this vague proposal, but who don't even know the right questions to ask because the investor/Applicant has provided so little information. For example, is it reasonable to believe that no changes to the property which now functions as an owner occupied B&B will be required? What about a commercial kitchen, medication dispensary, and other provisions for treating, servicing, and securing this inpatient population? How will this affect traffic, noise, and safety in the surrounding residential neighborhood? Neighbors deserve much more detailed information about how such a facility would operate. **Without that, our ability to participate meaningfully in the process is illusory.**

Fourth, I would like to know whether the investor/Applicant has explored and considered any other locations that might accommodate the proposed project without the necessity of seeking the PUD classification.

Thank you for your consideration.

Sincerely,



Holly Dolbey



I hope all addicts recover. Dr. Susan Abed is correct that everyone has some connection with someone who suffered addiction. We know the daughter of friends who became addicted. After several years of earnest but ineffectual interventions in a city, she finally entered (at great cost) a Residential Addiction Treatment Center in the country, *away from access and temptation*, if not desire. That program lasted for several months. Happily, she recovered and has been drug-free and gainfully employed for many years. So it can happen.

I will second, but not belabor, points already made by other neighbors regarding the shoddiness of the proposal delivered and the fact that it was sent out late and not in accordance with city stipulations to neighbors of 1917 Washtenaw. I also second comments made by others about the noise/clatter/traffic that will be an inevitable part of running a commercial, residential enterprise that entails an array of personnel, deliveries, and services.

And by the way, neighbors are also concerned about the effect of a Residential Addiction Treatment Center on our property values. For many of us, our homes double as our nests and our nest eggs.

*"History is written by the victors."*

It not correct that the petitioners who called it will also write the report of the Zoom meeting on 10/26/2020. Why does Dr. Susan Abed get to control that narrative? At the very least, the neighborhood affected should be able to submit a counter-report.

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In 2006, the city council adopted PUD supplemental regulations in to allow the Constantinovs to develop 1917 Washtenaw as a bed and breakfast, finding that to be a "reasonable utilization of an existing historic site and its harmonious integration of residential and quasi-residential uses into an established, predominantly residential neighborhood."

City council spelled out that it was desirable for it to be an "owner-occupied, single-family residence" with an office and a ten-room bed and breakfast" and to restrict the land use on this parcel to that use in order to "mitigate the impact of traffic and parking on the neighborhood while maintaining a predominantly residential character."

Vitosha Guest Haus and Stone Chalet succeeded admirably in fitting into to the neighborhood, proof that the City Council was wise in the PUD supplemental regulations it established.

A Residential Addiction Treatment Center in the proper setting is valuable. But the proposed facility is ill suited to a residential neighborhood like ours for the following reasons, which I list in no particular order:

- 1) A Residential Addiction Treatment Center is not an owner-occupied, single-family residence. It is a purely commercial undertaking, and this one is quite obviously designed to cater to well-heeled or well-insured clients.

How do we know about the clientele? Dr. Susan Abed assures us that the patients are well-educated, professional people! Further, they are medically and psychologically stable! (The subtext appears to be: No worries! They are not ignorant and poor!) By the way, what does “medically and psychologically stable” mean?

Although Dr. Susan Abed tells us this enterprise is her way to “give back,” it looks a lot more like a plan to “rake in.”

- 2) When I cursorily research Residential Addiction Treatment Centers designed to cater to the clientele she describes, I see that most feature attractive buildings *with their own campuses set in rural areas or at least outside residential areas.*

By contrast, 1917 Washtenaw has no campus of its own and is smack dab in a residential neighborhood. Where will the client/residents go to stretch their legs and take the air?

Does Dr. Susan Abed think it fair for such a facility to appropriate the neighborhood as its campus?

Well, one might say it is a public sidewalk, so why not? But “public” doesn’t mean unrestricted.

Proof? I live on a public street but the City of Ann Arbor requires that I purchase every year a permit to park in front of my own house--although I pay plenty already in property taxes.

A parade of recovering addicts in a neighborhood composed of old people and young families is not a “harmonious integration of residential and quasi-residential uses.” It is the cannibalization of a residential neighborhood for private profit.

- 3) In the era of the Covid-19, with cases already surging in our 48104 zip code, the introduction of a congregate living facility with frequent turnover into a residential neighborhood is especially heinous. Of Lorraine Place’s 12 or 13 houses, at least half are inhabited by vulnerable senior citizens, one by a family with two pre-school children and one by a couple with a new-born baby, and others by young professionals.
- 4) Among the nice features of our neighborhood is its walkability. We can even walk to a marijuana dispensary or liquor store—just a quick stretch of the

legs. And I have no doubt that in the adjacent Campus area (we are less than 5 minutes away from the closest sorority and fraternity houses), one could acquire any number of other drugs. We also have two bus stops adjacent to 1917 Washtenaw.

As a site for the treatment of recovering addicts, this seems a very poor fit.

Dr. Susan Abed assures us that her well-educated, professional clients have all entered treatment voluntarily and will never ever leave the premises except when accompanied by a staff member. What will prevent these intelligent professionals (so in the throes of addiction as to need inpatient treatment) from finding ways to access the narcotic or alcoholic relief some undoubtedly will crave in such a porous setting with such low-hanging fruit?

Will there be one caretaker for each patient, who will keep 24-hour watch? Closed circuit TV? If resident rooms or the facility itself are locked at night, will the Ann Arbor Fire Marshal approve? And what if clients seek alcoholic relief in the cabinets of near neighbors, whom Dr. Susan Abed hopes to recruit as “partners”?

I don't mean to be too flip. But I am genuinely concerned/alarmed/frightened about the effect such an establishment will have on our neighborhood. *Addicts are notoriously unreliable.* They are described as being “in the grip” of addiction for a very good reason. And addicts do things they would not have considered doing were they clean and sober.

I

Prudence F. Heikkinen

1914 Wayne  
Ann Arbor, MI 48104-3616  
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**Letter to Ann Arbor City Planning  
Regarding PUD Change Proposal for 1917 Washtenaw**

October 25, 2020

Dear City Leaders,

My husband and I purchased our home in 1977. Back then, the Unitarian Church was located on our block. The pastor, Dr. Kenneth Phifer and his wife lived in the front home portion of the building. Religious services were held on Sunday mornings in the assembly room addition to the rear of the house.

I remember when in the process of buying our home, my husband asked about operating a small musical instrument repair/restoration business from our home. Our Reinhart realtor told us that if there were more than five visits or people/cars coming to the business, then it would not be allowed since that made it a "commercial business" and commercial businesses are not allowed in a residential neighborhood. Consequently, my husband took his business in a different direction with no impact to the neighborhood. We did not argue because that made rule sense then and it makes sense now.

Here we are years later and the City is considering approving a commercial business where we were denied a far smaller and less impactful operation!

Let's look at it from another stance: The Christian Science church building is immediately across the street from my home. What if they decide to cease operating as a church and to sell the building to a commercial, for-profit business? Let's say it is a bicycle repair business - would that be allowed? what if it were a dressmaker or tailor? From what I understand, the answer is **no** - because those are all commercial, profit-making businesses and are thus not allowed in residential neighborhoods. One can observe there are no businesses along Washtenaw from Hill eastward to Stadium until you get to the intersection of Washtenaw and Stadium (drive up coffee shop). There is University Bank, but my understanding is that houses offices for investment banking, not retail operations and it has the luxury of sitting on its own large campus.

If commercial businesses are now, in 2020, to be allowed, then will nearby Washtenaw be turned into a row of businesses?

Commercial businesses are reasonably not allowed in residential neighborhoods because of the detrimental effect on the neighboring properties.

Here are some of the specific *detrimental impacts* that will arise in the case of the Unitarian Church/B&B were to install a medical/counseling commercial business in our residential neighborhood:

- Risk of Failure - This is high for any new business going into operation by someone who has not grown up in that line of business. The proposed buyer has no training, experience or work

knowledge of starting and operating a for-profit rehab center. She is a dentist, whose focus must stay on that business activity. It is not at all clear that the proposed “psychologist” she refers to has a successful track record in either launching or managing congregate living for rehab. All is unknown and unclear. If the business fails, then what happens to the buildings at #1917? Then there is the further challenge of being able to pass the licensing requirements for both staff and also for a 120 year old building. Will the business be able to pass the strict State of Michigan requirements? This is another risk point for failure. For example - Is there an up-to-date commercial kitchen which will be needed for 3 meals plus snacks/drinks per day for the residents? Will there be fire suppression and full security systems installed? What about proper disposal of pharmaceuticals? Other waste disposal? Will it meet ADA requirements for wide doorways, elevator access to all levels? Hiring in Ann Arbor is challenging and expensive - there is a risk in being able to obtain and retain qualified staff.

(A side note is that Dr. Abed and her family have a poor history of caring for their other properties in town: 1304 Cambridge is currently delinquent on property taxes, 2285 S. State Street sits abandoned and rotting.)

- No onsite owner - Another detriment to the quality of life for neighbors is the fact there will be no owner-occupant. Instead, a hired staff will cover the hours in shifts. They will come & go as their careers shift and they move in and out of town. To whom do the neighbors go when there are problems?
- Noise/traffic/parking problems/cooking odors and intensity of use burden -Plus COVID-19 risks in a densely packed residential facility - at least the Christian Science Church property has sufficient parking for its members. There is no parking lot for 1917 Washtenaw for staff and/or deliveries. Add more traffic, density, delivery & service & supply trucks. There is no good delivery drive and no delivery dock. More residents means more trash and more noisy runs by a loud dumpster picking up the commercial bin.
- Risk of proximity to temptations. There is a further risk in the proximity to the UM campus, with its bars & restaurants - a short walk away. This walkability to bars, fraternities, and campus drugs looms as a big temptation and risk for the residents. The 1917 building is spider web-like — sprawling and large. There is no way one overnight staff person can monitor all the clever residents should one or more of them fall off the path to sobriety. There are at least six door exits in the building and many windows that are not secured. It will be easy for the residents to be lured by nearby temptations when they are in dark mental places.
- Decrease in property value for home owners - My property has appreciated in value over the years we worked hard to make the mortgage payments. The value of my home is a significant part of my retirement savings now that I live on a fixed income. With a big drop in its value, I will need to ask the City to reduce my property taxes in a like fashion. (See reference below.)  
*(Reference: JOSRE, vol. 6 provides scholarly research citing 7-18% decrease in property values of homes 1/8 mile radius of a rehab facility.)*
- Decrease in security and safety to neighbors: As long as I have lived here, I have felt safe. You can't deny it: there is a detrimental impact on the safety component to quality of life when living near transient people who are addicted to substances. It is well documented that 45-50% of those who are addicted have “dual diagnoses” of addiction and mental health problems.  
*“People with certain mental illnesses tend to develop substance abuse problems. Fifty percent of those with an addictive disorder will have a psychiatric disorder. And for those who have a psychiatric disorder, **about 20***



*percent have an addiction problem,”(ref: Stephen Gilman, MD, an addiction psychiatrist at New York University and “Many people diagnosed with a substance use disorder (SUD) also suffer from a co-occurring mental health or behavioral disorder. This is known as a dual diagnosis. Individuals with a dual diagnosis require an integrated treatment plan that addresses both disorders as interconnected mental health issues. According to the National Survey on Drug Use and Health (NSDUH), 45 percent of people with addiction have a co-occurring mental health disorder.”*

Given the tremendously increased risk to my personal safety as I live in my home with a 45-50% risk of mental problems of those inpatients staying on my block, my quality of life with regard to my safety and my home's safety is seriously and negatively impacted. Who will sneak out at night and prowls around my house, perhaps looking for money or alcohol?

Please do not come to the belief that I am opposed to rehabilitation services or facilities for people with addiction problems. As Dr. Abed correctly points out, I have dear friends who have gone down very, very difficult and emotionally roiling roads trying to help their children who became addicted. It was heart-breaking.

We all agree people with mental health problems should be helped, but in the proper medical settings which do not include single family neighborhoods with many very young children and also elderly people who live alone.

However, there are the right settings and ways to help and there are wrong settings and ways to help.

I respectfully ask that you deny any and all applications for someone to buy 1917 Washtenaw with the intent of turning it into a commercial for-profit medical facility. There is nothing special about this location that one cannot find in other areas. I myself found several relatively new former assisted living facilities for sale that could quickly be re-purposed. These facilities are located in more rural areas without the risk and detrimental impacts of neighbors. Dawn Farm is a perfect example of a fine such facility.

Sincerely yours,

Prudence F. Heikkinen

**From:** Erdem Cipa <[ecipa@umich.edu](mailto:ecipa@umich.edu)>

**Sent:** Sunday, October 25, 2020 10:28 PM

**To:** Planning <[Planning@a2gov.org](mailto:Planning@a2gov.org)>; CityCouncil <[CityCouncil@a2gov.org](mailto:CityCouncil@a2gov.org)>; Taylor, Christopher (Mayor) <[CTaylor@a2gov.org](mailto:CTaylor@a2gov.org)>; Lumm, Jane <[JLumm@a2gov.org](mailto:JLumm@a2gov.org)>; [linhsongfora2@gmail.com](mailto:linhsongfora2@gmail.com); Grand, Julie <[JGrand@a2gov.org](mailto:JGrand@a2gov.org)>; Ackerman, Zach <[ZAckerman@a2gov.org](mailto:ZAckerman@a2gov.org)>; [abedortho@yahoo.com](mailto:abedortho@yahoo.com)

**Subject:** 1917 Washtenaw: Concerns

This message was sent from outside of the City of Ann Arbor. Please do not click links, open attachments, or follow directions unless you recognize the source of this email and know the content is safe.

To whom it may concern (apologies for any duplication):

My wife Dr. Christiane Gruber and I, Dr. Erdem Cipa, are the owners of 1905 Washtenaw. We are writing to express our grave concern about a potential development in our immediate neighborhood, namely the conversion of the current bed-and-breakfast at 1917 Washtenaw into a for-profit, 24/7/365, non-secure, inpatient medical detoxification facility for drug and alcohol addicts.

The proposal has been put forth by Dr. Susan Abed at a very late hour. We urge you to consider our objection to this potential development without delay, especially since a “Resident Participation Meeting” was organized by Dr. Abed and her realtor for Monday, October 26, 2020—a meeting that may be used by Dr. Abed as part of her application/petition to the City of Ann Arbor.

We have found Dr. Abed’s approach to this matter cloaked in dishonesty. The announcement of the “Resident Participation Meeting” was shared without sufficient notice, evidently to disallow us the time to adequately understand the nature of the proposed development project. We require proper notification in order to research matters of concern and to engage legal counsel. We also have been made cognizant of a pattern of owner dereliction by Dr. Abed in another neighborhood and hence find the evolving situation in our own neighborhood exceedingly worrisome. If past behavior is indeed the best predictor of future behavior, we do not wish to have a facility run by Dr. Abed as a neighboring entity.

And that is the crux of the matter: to the best of our knowledge, 1917 Washtenaw is an owner-occupied single family dwelling that includes an integral studio/office with exhibition space. Based on the information we received from Dr. Abed and her realtor, however, Dr. Abed will not be living there at all. She therefore would have little reason to care about the negative impact her for-profit establishment would have on our neighborhood. Detrimental effects include but are not limited to:

- increased traffic, noise, and nuisance, 24/7, every single day of the year, due to deliveries, medical supply deliveries, waste disposal, visitors, staff and service providers, and potentially emergency vehicles;
- increased parking problems;
- decreased safety and comfort;
- decreased property values.

Some of these issues had already arisen when 1917 Washtenaw operated as an owner-occupied B&B, and it is our understanding that the City of Ann Arbor did not take any action against various infractions by the current owners. Despite the 1998 PUD, the building has *not* been owner-occupied; the owners did *not* provide the required parking for large events at the church lot; and they did *not* use the driveway off Washtenaw for guest parking. Instead, they encouraged guests to park on Berkshire; they rented more than the permitted 10 rooms; and they rented the carriage house. That the City has consistently failed to enforce its regulations on the B&B does not give us any confidence that there will be proper enforcement of rules and regulations in this case either.

We do not want the quiet residential character of our neighborhood to suffer under the commercial interests of Dr. Abed and her proposed detoxification facility. We request that you handle this matter with the careful scrutiny it requires. Put otherwise: would *you* accept a for-profit, 24/7, non-secure inpatient medical detoxification facility adjacent to your family home?

Sincerely,

Dr. Christiane Gruber & Dr. Erdem Cipa

**734-665-0066**

**From:** Ruth C <[moscowcohen@gmail.com](mailto:moscowcohen@gmail.com)>

**Sent:** Sunday, October 25, 2020 8:25 PM

**To:** Planning <[Planning@a2gov.org](mailto:Planning@a2gov.org)>; CityCouncil <[CityCouncil@a2gov.org](mailto:CityCouncil@a2gov.org)>; Taylor, Christopher (Mayor) <[CTaylor@a2gov.org](mailto:CTaylor@a2gov.org)>; Lumm, Jane <[JLumm@a2gov.org](mailto:JLumm@a2gov.org)>; [linhsongfora2@gmail.com](mailto:linhsongfora2@gmail.com); Grand, Julie <[JGrand@a2gov.org](mailto:JGrand@a2gov.org)>; Ackerman, Zach <[ZAckerman@a2gov.org](mailto:ZAckerman@a2gov.org)>; [abedortho@yahoo.com](mailto:abedortho@yahoo.com)

**Subject:** Letter with Concerns about the Proposed Project for 1917 Washtenaw , and Questions to be addressed: Please enter into official record

Re-sending this letter to clarify that I would like this *entered into the official minutes of the meeting to be held on October 25 at 7 pm with the investor, Dr. Susan Abed, her realtor, and neighbors of 1917 Washtenaw.*

Dear Council People, Planning Department, Mayor Taylor, and Dr. Susan Abed:

I am requesting that the following letter be entered into the official record pertaining to the matter of 1917 Washtenaw, currently known as The Stone Chalet.

We live at 1101 Berkshire Road, and reside within 100 feet of 1917 Washtenaw, where there is currently a Bed and Breakfast called The Stone Chalet. The main house of the Stone Chalet was built as a single family home in 1917, and it is designated as an historic Ann Arbor property. The front of the Stone Chalet faces Washtenaw, and its side faces Berkshire. In our experience, the majority of Chalet activity occurs on the quiet Berkshire side, within our residential neighborhood, where Chalet guests enter the lobby, social hall, garden, and their rooms. We are a neighborhood of single family residences, many which were built in the early 20th century. There is an historic feel to our neighborhood, and it has an especially charming character as a result. This is one reason people choose to buy homes here. We are a tight group of neighbors who enjoy our friendly and warm community, far enough from campus to be protected from fraternities and sororities and 7 Elevens, but close enough to bike onto campus to enjoy what the University has to offer.

We have been informed that there is an investor, Dr. Susan Abed, who is applying for a revised PUD for this property which is for sale. She wants to purchase the property and convert it into a two to four week stay inpatient residential drug and alcohol rehabilitation/treatment facility. We and our neighbors have many concerns, some of which are outlined in my questions below:

- 1) Please describe how the proposed treatment facility will have a "beneficial effect for the city in terms of public health, safety, welfare, aesthetics or convenience on surrounding land uses? "
- 2) Why is it that this "beneficial effect" cannot be achieved under a different zoning classification, without the need for a new PUD ? Why does such a facility need to be in this particular location--a quiet residential neighborhood? Couldn't this facility be accommodated elsewhere in the city or environs?
- 3) What are the potential detrimental effects this proposed inpatient treatment center can have on the surrounding neighborhood? How much does the investor know about its potential impact on a residential neighborhood?

4) How is this proposed center at all compatible with surrounding properties (our residences)? According to the investor's letter, patients would not be allowed outside "unaccompanied." Why is this? What are the concerns about allowing adult residents outside without a chaperone? What could happen?

5) This is an historical building from 1917. It has thus far operated as a single family home, a church, and a bed and breakfast. These have been owner occupied endeavors. A drug and alcohol rehabilitation center is not an owner occupied endeavor, and it bears no resemblance to church or Bed and Breakfast. How would it benefit our neighborhood to deviate from the existing PUD? Why would we want to support this?

6) Where will all the staff and visitors park? We are imagining doctors, nurses, social workers, psychologists, cooks, cleaners, delivery folks and visitors. The current PUD stipulates that the Stone Chalet shall arrange parking for guests in an agreement with the nearby Christian Science Church on the corner of Washtenaw and Wayne. This has never happened. Guests instead just park up and down Berkshire, and when large events take place, our driveways are sometimes blocked. How will we be affected by an increased number of daily (24/7) staff, not to mention food trucks and cleaning staff.

7) What are some of the medical emergencies you might anticipate in a drug and alcohol inpatient center where detoxification is taking place? What are the specific drugs that patients are going to be withdrawing from? Will there be medical support for those detoxing from Opiate abuse as well? How often do you anticipate ambulances coming and going from the property?

8) What are the contingency plans if the treatment center is not commercially successful? With a new PUD, what are we to expect next to be conceived in that location? If we grant the PUD to this treatment center, how can we be assured that the next commercial business that comes in on the coattails of this new PUD would be compatible with our quiet residential neighborhood?

In summary, we are concerned that this investor's proposed project will be a poor fit for the character of this historic single family residential neighborhood, in and around which there are no similar properties that bear any sort of resemblance to the commercial medical facility outlined in her proposal.

Thank you for considering our questions and concerns. We will look forward to hearing from the investor at the meeting on Monday evening at 7 pm. She should know that thus far there is wide neighborhood skepticism about this proposed project.

Yours sincerely,

Ruth Moscow-Cohen and Robert Cohen  
1101 Berkshire Road.  
Ann Arbor, MI 48104

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**Ruth Moscow-Cohen, L.M.S.W.**  
**300 North Fifth Ave.**  
**Suite 220**  
**Ann Arbor, MI 48104**  
**734-665-0066**



From: Holly Ramsey <[a2townie.ramsey@gmail.com](mailto:a2townie.ramsey@gmail.com)>  
Sent: Sunday, October 25, 2020 2:50 PM  
To: Planning <[Planning@a2gov.org](mailto:Planning@a2gov.org)>  
Subject: 1917 Washtenaw

PLEASE respect the zoning of our wonderful neighborhood!

Holly and Jim Ramsey  
1931 Lorraine Place

**From:** [Lenart, Brett](#)  
**To:** [Mrs. Parunak](#)  
**Cc:** [Gale, Mia](#); [Cheng, Christopher](#)  
**Subject:** RE: Change of Use of Stone Chalet  
**Date:** Sunday, October 25, 2020 11:21:15 PM

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Thank you for your comments, they will be shared with the Planning Commission. No application has been submitted for this property, but yes, an amendment to the zoning would be considered to accommodate such a use. A rezoning application would be the mechanism for any study of change in use for this property.

Sincerley,

**Brett Lenart, AICP | Planning Manager**

City of Ann Arbor Planning Services  
301 E. Huron Street, P.O. Box 8647  
Ann Arbor, MI 48107-8647

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**From:** Mrs. Parunak <agp1@att.net>  
**Sent:** Saturday, October 24, 2020 5:23 PM  
**To:** CityCouncil <CityCouncil@a2gov.org>; Planning <Planning@a2gov.org>; abedothro@yahoo.com  
**Cc:** Sue Lucas <sr0998@yahoo.com>  
**Subject:** Change of Use of Stone Chalet

This message was sent from outside of the City of Ann Arbor. Please do not click links, open attachments, or follow directions unless you recognize the source of this email and know the content is safe.

Dear City Council and Planning Committee, and Dr. Abed,

1) It has come to our attention that several of the requirements of the Citizen Participation Ordinance have been omitted from the announcement of the meeting about the Stone Chalet:

- the developer's schedule for citizen participation meetings,
- the anticipated application submittal date
- the anticipated City review and approval schedule.

2) In addition, we received the copy of the notice from Dr. Abed on October 19, less than 10 business days prior to the public meeting on October 26.

3) Would there need to be a change to the zoning laws

to accommodate this facility ?

Has there been a study of the impact of this facility  
on the neighborhood ?

With respect,

Mr. and Mrs. Van Parunak

**From:** [Lenart, Brett](#)  
**To:** [Chelsea Packard](#)  
**Cc:** [Gale, Mia](#); [Cheng, Christopher](#)  
**Subject:** RE: Concerns about 1917 Washtenaw  
**Date:** Sunday, October 25, 2020 11:29:41 PM  
**Attachments:** [image001.png](#)

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Thank you for your comments they will be shared with the Planning Commission.

Many of the questions you pose are operational in nature and would be addressed the petitioner through an application process. No application has been submitted to the City to start a review process to date.

I would encourage you to follow up with the Ms. Wiseman regarding any updates to the proposed informational meeting.

Sincerely,

**Brett Lenart, AICP | Planning Manager**

City of Ann Arbor Planning Services  
301 E. Huron Street, P.O. Box 8647  
Ann Arbor, MI 48107-8647

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**From:** Chelsea Packard <cpack@umich.edu>  
**Sent:** Sunday, October 25, 2020 11:23 PM  
**To:** Planning <Planning@a2gov.org>; CityCouncil <CityCouncil@a2gov.org>; Taylor, Christopher (Mayor) <CTaylor@a2gov.org>; Lumm, Jane <JLumm@a2gov.org>; linhsongfora2@gmail.com; Grand, Julie <JGrand@a2gov.org>; Ackerman, Zach <ZAckerman@a2gov.org>; abedortho@yahoo.com  
**Cc:** Geoff Packard <geoff.packard@gmail.com>  
**Subject:** Concerns about 1917 Washtenaw

This message was sent from outside of the City of Ann Arbor. Please do not click links, open attachments, or follow directions unless you recognize the source of this email and know the content is safe.

To whom it may concern:

My husband Geoff and I live at 2007 Washtenaw, within 100 feet of the property at 1917 Washtenaw. We purchased our home in 2019, and thus we have only been residents of the neighborhood for a little over a year. When we bought the house, we knew that we'd experience a fair amount of noise and bustle being on Washtenaw. What we did not anticipate was feeling quite so unsafe. Our children are 5 and 2, and we must take EXTREME caution having our children out in our driveway, due to the speed of traffic in front of our home. Less than a month ago, an accident occurred directly in front of our home, sending one car over the curb onto the lawn of the Beth

Israel Congregation. The driver's airbags were deployed, she was rendered unconscious, and my husband and I waited with her until paramedics arrived.

I share this story because our daily stress level regarding our young children's safety on our property is already at its threshold. We could echo other neighbors' concerns around parking, noise, and property value, but those do not speak to the true core of our worry, which is the safety of our children.

What is security like in the facility? The developer states that residents will not be allowed to exit the property unless accompanied by a staff member. What if a resident refuses to abide by those rules? Will there be security personnel on site? Will security be armed?

During what hours of the day will residents be permitted to walk the neighborhood?

How will security be managed overnight? Will residents' rooms be locked? Will their windows be locked?

How will emergency vehicle traffic be managed, turning on and off of Washtenaw? Will deliveries be made with hazard lights on, from the right lane of Washtenaw or will they be required to use the turn-off at Berkshire?

How can the developer guarantee the safety and security of her residential neighbors, given the unpredictability of her potential tenants?

We ask that you please weigh our family's concerns as you consider granting the change in status to 1917 Washtenaw.

Sincerely,  
Chelsea and Geoff Packard

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Chelsea Packard

Assistant Professor of Musical Theatre  
University of Michigan  
[cpack@umich.edu](mailto:cpack@umich.edu)

