

GG150-14

407.3.2

Proponent: John Williams, CBO, Chair, representing ICC Adhoc Health Care Committee (AHC@iccsafe.org); Brenda Thompson, Clark County Development Services, Las Vegas, NV, Chair, ICC Sustainability, Energy and High Performance Code Action Committee (SEHPCAC)

Revise as follows:

407.3.2 Long-term bicycle parking. Long-term bicycle parking shall comply with all of the following:

1. It shall be located on the same building site and or within the building ~~or within 300 feet (91 440 mm) of the main entrances;~~
2. It shall be provided with illumination of not less than 1 footcandle (11 lux) at the parking surface;
3. It shall have an area of not less than 18 inches (457 mm) by 60 inches (1524 mm) for each bicycle; and
4. It shall be provided with a rack or other facility for locking or securing each bicycle.

Not less than 50 percent of long-term bicycle parking shall be within a building or provided with a permanent cover including, but not limited to, roof overhangs, awnings, or bicycle storage lockers, or within covered parking structures.

Vehicle parking spaces, other than those required by Section 407.4, local zoning requirements and accessible parking required by the *International Building Code*, shall be permitted to be used for the installation of long term bicycle parking spaces.

Reason: Hospitals often have multiple building sites. This proposal makes two changes.

Change to Item 1 – The 300 foot travel distance does not work on multi-building site. Putting it close is already covered by the definition of 'building site', so the travel distance limitation is not needed.

Change to Item 4 - Using a parking garage to provides covered spaces for bikes should be allowed as an option. This proposal is cosponsored by the ICC Ad Hoc Committee for Healthcare (AHC) and the ICC Sustainability Energy and High Performance Code Action Committee (SEHPCAC).

The AHC was established by the ICC Board of Directors to evaluate and assess contemporary code issues relating to hospitals and ambulatory healthcare facilities. The AHC is composed of building code officials, fire code officials, hospital facility engineers, and state healthcare enforcement representatives. The goals of the committee are to ensure that the ICC family of codes appropriately addresses the fire and life safety concerns of a highly specialized and rapidly evolving healthcare delivery system. This process is part of a joint effort between ICC and the American Society for Healthcare Engineering (ASHE), a subsidiary of the American Hospital Association, to eliminate duplication and conflicts in healthcare regulation. Since its inception in April, 2011, the AHC has held 11 open meetings and over 162 workgroup calls which included members of the AHC as well as any interested party to discuss and debate the proposed changes. All meeting materials and reports are posted on the AHC website at: <http://www.iccsafe.org/cs/AHC/Pages/default.aspx>.

The SEHPCAC was established by the ICC Board of Directors to pursue opportunities to improve and enhance International Codes with regard to sustainability, energy and high performance as it relates to the built environment included, but not limited to, how these criteria relate to the International Green Construction Code (IgCC) and the International Energy Conservation Code (IECC). This includes both the technical aspects of the codes as well as the code content in terms of scope and application of referenced standards. In 2012 and 2013, the SEHPCAC has held six two-day open meetings and 50 workgroup calls, which included members of the SEHPCAC as well as any interested parties, to discuss and debate proposed changes and public comments. Related documentation and reports are posted on the SEHPCAC website at: <http://www.iccsafe.org/cs/SEHPCAC/Pages/default.aspx>.

Cost Impact: Will not increase the cost of construction.

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