

ORDINANCE No.

117319

COUNCIL BILL No.

110331

The City

AN ORDINANCE adopting a Major Institution Master Plan for Children's Hospital and Medical Center; and amending Plat 16W, page 63, of the Official Land Use Map to change height limits in the Major Institution Overlay District.

Honorable President:

Your Committee on

to which was referred the within report that we have considered the

COMPTROLLER FILE No.

Introduced:	By:
Referred:	To:
Referred:	To:
Referred:	To:
Reported:	Second Reading:
Third Reading:	Signed:
Presented to Mayor:	Approved:
Returned to City Clerk:	Published:
Vetoed by Mayor:	Veto Published:
Passed over Veto:	Veto Sustained:

9/19/94 Full Council

The City of Seattle--Legislative Department

REPORT OF COMMITTEE

Date Reported
and Adopted

able President:

mitted on

was referred the within Council Bill No. 110331
that we have considered the same and respectfully recommend that the same:

Pass as amended

3-0

9/9/94

9/9/94 Held one week motion by Ciroe
Full Council Vote 8-0

Committee Chair

ORDINANCE 117319

1 AN ORDINANCE adopting a Major Institution Master Plan for Children's Hospital and
2 Medical Center; and amending Plat 16W, page 63, of the Official Land Use Map
to change height limits in the Major Institution Overlay District.

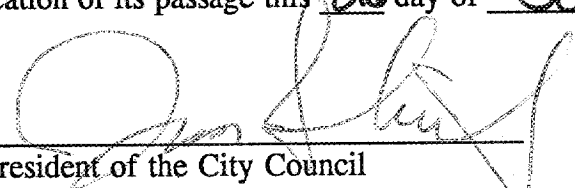
3 BE IT ORDAINED BY THE CITY OF SEATTLE AS FOLLOWS:

4 Section 1. That the Children's Hospital and Medical Center Master Plan dated
5 June, 1993, and filed in C.F. 298246 is hereby adopted as modified in the findings,
6 conclusions and decision of the City Council attached hereto as Exhibit A, for the area
7 described in Exhibit B attached hereto, and the property located within such area may be
developed for major institutional uses in accordance with said modified master plan.

8 Section 2. That Plat 16W, page 63, of the Official Land Use Map of the City of
9 Seattle is hereby amended to change the height limits in the Major Institution Overlay
10 District as shown on Exhibit "C", attached hereto, subject to such further limitations on the
height of certain buildings as set forth in Conditions No. 1.a. and 1.b. in Exhibit "A".

11 Section 3. This ordinance shall take effect and be in force thirty (30) days from
12 and after its approval by the Mayor, but if not approved and returned by the Mayor within
13 ten (10) days after presentation, it shall take effect as provided by Municipal Code Section
1.04.020.

14 Passed by the City Council the 26 day of September 1994, and signed by
15 me in open session in authentication of its passage this 26 day of September,
16 1994.

17 
President of the City Council

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19 Approved by me this 29 day of September, 1994.

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21 
Mayor

22
23 Filed by me this 29 day of September, 1994.

24
25 
City Clerk

26 (SEAL)



Seattle City Council

Memorandum

Date: September 16, 1994

To: Councilmembers

From: Frank Kirk *[Signature]*

Subject: Children's Hospital and Medical Center (CHMC) Major Institution Master Plan

The proposed 15-year master plan contemplates a major expansion of the hospital facilities, e.g. 54% increase in gross floor area - from 878,000 to 1,280,000 square feet. The plan includes height district rezone requests which would generally lower existing height limits.

The expansion of facilities would accommodate increases in hospital beds, outpatient services, research space, daycare for employees' children and administrative offices.

Potential neighborhood impacts from the proposed expansion which are identified in the record include: construction related noise, traffic and parking impacts; traffic and parking impacts which would result from increases in the number of employees, inpatients, outpatients and visitors; and the visual impacts from the height bulk, and scale of the buildings.

The need for the expansion, or at least the degree of expansion proposed, was vigorously questioned and debated in the Advisory Committee with the majority expressing skepticism about, but acceptance of, the hospital's rationale. The Planning and Regional Affairs Committee concurred with the Hearing Examiner that CHMC had made a reasonable case for expansion.

Other major features of the plan and conditions recommended to mitigate impacts include:

- o A below-grade parking garage which will add parking capacity sufficient to meet code requirements.
- o An aggressive Transportation Management Program (TMP), including the addition of part-time employees to the numbers used in determining the achievement of non-SOV goals and a requirement that employees park on campus.
- o A commitment to CHMC financed RPZ zones, if needed.
- o Landscaped buffer zones on the edges of the campus ranging from 20 to 75 feet.
- o Stepped building heights from the edges to the center of the core area of the campus.
- o A variety of measures to mitigate construction impacts

- including the phasing of major projects or groups of projects to allow at least six month gaps between them.
- o A number of public benefit measures including employment of Seattle residents, continued commitment to uncompensated care, expanded public education efforts, neighborhood public use of shuttle bus services, and neighborhood organization use of Children's meeting spaces.

Requests for Further Consideration

There were two requests for further consideration of the Hearing Examiner's recommendations, one by CHMC and the other by the Laurelhurst Community Club(LCC), joined by the Northeast Families For Residential Neighborhoods (NEFRN).

The Planning and Regional Affairs Committee(P&RA) reviewed the issues raised in the requests for further consideration and made some changes in the conclusions and conditions recommended by the Hearing Examiner, which are included in the proposed Council Decision.

These changes provide, among others, for more flexibility in the height limits for two of the CHMC building projects, while requiring that any variations in the building heights from those proposed in the Master Plan be consistent with the strategy of stepping down heights from the center of the core area to the edges of the campus.

The Master Plan Advisory Committee in its statement to P&RA, and LCC/NEFRN in their request for further consideration requested a condition that no Master Plan projects could be initiated unless CHMC were within 90% of the Transportation Management Program(TMP)'s 50% SOV goal. They based their request on statements made before the Hearing Examiner by SED staff that they believe indicated lax monitoring and enforcement of the current TMP. This request was opposed by CHMC for reasons spelled out below. The Hearing Examiner did not address the issue.

The Planning and Regional Affairs Committee recommends a more specific approach to the enforcement of the requirement to reduce SOV use to 50%, than that requested by the Advisory Committee and LCC/NEFRN. The Committee has included a Condition 4.b. which requires that: "DCLU shall withhold approval of Master Use permits for projects in Phases II and III unless the Director determines that the 50% SOV goal has been reached or is likely to be reached by the time of the occupancy of the projects." (Condition 4.b.)

CHMC strongly objects to Condition 4.b. They argue that they believe they have one of the most aggressive TMP programs in the City, that they have been making great progress since 1985 toward the 50% goal without such an enforcement clause, that they are being unfairly singled out for

special treatment, that the 50% goal exceeds the 35% requirement of the Commute Trip Reduction Ordinance applied to other major employers in the City, that the Major Institutions Code only requires "substantial progress" toward the 50% goal and that they cannot force employees to participate in the incentives offered in the TMP to use alternatives to the SOV.

In reviewing the issue, the Planning and Regional Affairs Committee found that the DEIS analysis indicates that, with the inclusion of part-time employees as well as full time employees who commute during the afternoon peak traffic period, CHMC is now at 50.9% SOV use. In light of this finding, the Planning and Regional Affairs Committee concluded that a showing of "substantial progress" toward meeting the SOV goal, as required by ordinance, would entail meeting the 50% goal.

The Committee was very concerned about mitigation of the traffic and parking impacts on the neighborhood of the substantial expansion proposed by CHMC in an area already heavily impacted by local and through traffic. An effective TMP which actually achieves the goal of 50% SOV use is regarded as an essential mitigating measure. It was pointed out in this situation as with Northwest Hospital, which is subject to a similar condition in its Master Plan, that the mitigating potential of the TMP could be lost, if the projects are already occupied before it is known that the goal will be achieved.

Since Condition 4.b. does not require the achievement of the 50% SOV goal before Phase II, CHMC has at least five years before that requirement is triggered, and the Director could issue permits for Phase II projects based on the expectation that the 50% level would be achieved by the time of occupancy.

EXHIBIT A

FINDINGS CONCLUSIONS AND DECISION OF THE CITY COUNCIL

In the Matter of the Application of

**CHILDREN'S HOSPITAL AND
MEDICAL CENTER**

**C.F. 298246
DCLU File: 9100626**

for Major Institution Master Plan
Approval pursuant to Chapter 23.69
Seattle Municipal Code

Introduction

Children's Hospital and Medical Center has requested Major Institution Master Plan approval.

For purposes of this decision, all sections numbers refer to the Seattle Municipal Code (SMC) unless otherwise indicated.

The Director's Report and Recommendation, submitted by the Department of Construction and Land Use as required by SMC 23.76.050, recommended that the petition be conditionally granted.

Hearing was held before the Hearing Examiner on January 18, 1994, continued on January 19th, 20th, 21st, and concluded on January 26, 1994. The Hearing Examiner published her Findings and Recommendation on April 18, 1994, inwhci she recommended that a height rezone and the proposed Master PPlan be approved with modifications and conditions.

Timely requests for further consideration were filed with the City Cleerk by John Keegan on behalf of Childrens Hospital and Medical Center(CHMC) and by Peter Eglick on behalf of Laurelhurst Community Club(LCC) and Northend Families for Residential Neighborhoods(NEFRN).

The Planning and Regional Affairs Committee considered the plan and the issues raised in the requests for further consideration, including oral argument, at its meetings on June 7, June 21, August 2nd, August 3rd, and September 9th, 1994 and voted to modify the findings and conclusions and to recommend a decision on the application to the full Council.

Findings of Fact

GENERAL DESCRIPTION

1. Children's Hospital and Medical Center(CHMC), a Washington non-profit corporation, proposes a Major Institution Master Plan for the Laurelhurst campus. The CHMC campus is the core of the Children's Health Care System. Several satellite facilities, providing specialty outpatient service and consultation, are located the Puget Sound area (e.g., Federal Way, Odessa Brown, Bellevue, etc.). CHMC is also affiliated with other institutions involved in health care, research, and education (e.g., University of Washington Medical School, Harborview Medical Center, etc.).

2. The proposed Major Institution Master Plan (Master Plan) is intended to provide a long-range facility plan to guide CHMC in programmatic and capital decision-making processes over the next 15 years. As approved and conditioned by the City Council, the Master Plan will establish the standards, general location, and size of development. Approval of the Master Plan does not eliminate the requirement for master use permits and SEPA review on major elements on a project-by-project basis.

EXISTING FACILITIES

3. The 21.7 acre campus, addressed as 4800 Sand Point Way NE, is wholly owned by CHMC. The campus boundaries are: on the north, Sand Point Way N.E and NE 50th Street; on the east, 44th Avenue NE from NE 50th Street to NE 47th Street, and 45th Avenue NE from NE 47th Street to NE 45th Street; on the south, NE 45th Street; and the property line on the west.

4. In 1907, Children's Hospital was founded by Anna Clise and 23 of her women friends, to serve the needs of Seattle's sick and crippled children. Since that time, CHMC has evolved into a highly specialized pediatric and adolescent health care center for complex inpatient and outpatient tertiary care, education, and research, serving both as a community hospital for Seattle and the major comprehensive referral resource for the region.

5. "Tertiary care" is defined as those services necessary to treat illness or injury characterized by complex pathophysiologic processes. Examples of complex illness and injuries treated at CHMC include: birth defects; craniofacial malformation or injury; heart, blood and kidney diseases; cancers and tumors; mental illness; bone malformations; infectious and viral diseases; and long-term effects related to severe accidental injury.

6. Tertiary care requires continuous management from the presentation of an illness or injury to its resolution. Effective management requires that integrated diagnostic and therapeutic services be provided by pediatric specialists from multiple areas such as medicine, nursing, dentistry, rehabilitation, and social work. A tertiary care facility provides a wide range of specialists to treat multi-system and catastrophic illness. Physicians see children in both the inpatient and outpatient settings, and an individual patient (inpatient or outpatient) will often be treated at several specialty clinics in the same day.

7. Current medical facilities include 208 hospital beds, clinics, offices, support functions, research activities, and surface parking lots and a multi-level parking structure. Total building area is about 878,000 sq. ft. (including a parking structure of 317,000 sq. ft.). There are 1,241 parking spaces (719 in the parking structure).

8. The single campus entrance/exit is at Sand Point Way NE. This driveway roadway (Penny Way), running from the northwest to the southeast, forms the circulation "spine" for the entire campus; all facilities and parking are accessed from it. Parking is located north of Penny Way and medical facilities are to the south. Inpatient services are generally to the west and outpatient clinics are to the east.

9. Patient care facilities including two additional operating rooms, parents' area, exam rooms, enlarged waiting rooms, increased storage space, expanded recreational therapy and education areas, are currently being built under previously issued permit (MUP 8903967). Approximately 69,750 sq. ft. of new space is being added and 80,000 sq. ft. is being renovated.

10. The CHMC population consists of patients, hospital staff, physicians, and visitors. Estimates of the existing populations were presented in the EIS (Exhibit 4, DEIS, Table 30, page 104); see attached Appendix A). The actual staff on hand (1,340), is less than the total number of employees (2,232), with approximately 82% on campus for the day shift, 12% for the evening shift, and 6% in the night shift. The number of physicians on campus on any given day is likewise substantially less than the total number associated or affiliated with CHMC. Staff and volunteers would increase from 1,417 existing, to 1,835 with complete development of the Master Plan. Physicians would increase from 288 to 389.

VICINITY

11. The CHMC campus is located in the northeast part of the City, in the Laurelhurst neighborhood, an established and fully developed residential area. Single-family residential use predominates to the east (across 44th Avenue NE and 45th Avenue NE) and south (across NE 45th Street). Multi-family residences are adjacent to the west (Laurelon Terrace), and across Sand Point Way to the north. Laurelhurst Elementary School is a block to the east and Laurelhurst Playfield is nearby to the southeast. There are commercial uses along Sand Point Way to the southwest. The University of Washington is located to the southwest, a little over a mile away.

12. The Laurelhurst Community Club (LCC) was active in the Master Plan process; reviewing and commenting upon the Master Plan and the EIS. LCC and other neighborhood residents, Northeast Families for Residential Neighborhoods (NEFRN), appealed the EIS adequacy determination. (Hereinafter "SEPA appellants").

GOALS AND OBJECTIVES

13. CHMC's mission is to provide health care appropriate for the special needs of children regardless of race, sex, creed, ethnicity, or disability, with financial assistance provided based upon family need and hospital resources. Patient care, education, and research are considered by CHMC as constituent means to fulfilling its mission. The Master Plan is intended to enable CHMC to fulfill its mission consistent with its strategic directions and facility planning goals.

14. CHMC has identified the need to upgrade, improve, and expand its facilities to be responsive to health care demands. The need for additional facilities at CHMC is driven by a number of interrelated factors: inadequacy of existing space, expected demand, growth of research

and technology, and, cost.

MASTER PLAN PROCESS

15. The Master Plan process began in 1991. CHMC made application for its Master Plan on May 6, 1991. The Draft Master Plan and Draft Environmental Impact Statement (DEIS) were issued in October 1992. Public review during development of the Master Plan included a public workshop and a public hearing. The Final Master Plan and Final Environmental Impact Statement (FEIS) were issued June 17, 1993. The DCLU Director's Report and Recommendation was issued on October 21, 1993.

16. CHMC made changes in the Master Plan from the draft to final versions, to incorporate suggestions and respond to criticisms received from the Laurelhurst community and other reviewers, and to reduce impacts identified in the Draft EIS. Changes in the Final Master Plan include: parking structure relocated and placed underground; width of the perimeter landscaped buffer increased; Daycare Facility moved to a location further away from residences; building configuration changed to concentrate the highest heights in the central core and stepping down building heights down toward campus edges; and, changing height limits for the Major Institution Overlay (MIO) Districts.

17. A Master Plan Advisory Committee (MPAC) was formed in September 1991, to participate in the formulation of the Master Plan. The MPAC has been very active throughout the process, holding nearly 50 meetings, and reviewing and commenting on the draft documents. The Department of Neighborhoods (DON) provided staff to assist the MPAC in its deliberations.

18. The MPAC was represented, submitted its Report and Recommendation, and gave testimony at the Master Plan hearing. The MPAC recommendation regarding the major issues of the CHMC Master Plan are included in the findings below.

3

MASTER PLAN PROPOSAL

19. SMC 23.69.030A provides that a *"master plan is a conceptual plan for a major institution consisting of three (3) components: the development standards component, the development program component and the transportation management component."* The CHMC Master Plan has these components (Exhibit 1).

20. The specific requirements to be considered in the Master Plan are listed in SMC 23.69.030 and SMC 23.69.032C. The Final Master Plan addresses these items (see Exhibit 1) and the Director's Report and Recommendation includes extensive discussion regarding the review criteria (Exhibit 11, pages 36-53).

21. The Master Plan proposes the maximum development potential for the CHMC campus through the year 2010, the end of the 15-year Master Plan timeframe. As funding is not secured for the projects proposed within the Master Plan, it is not certain that they all will actually be built.

22. No institution boundary changes are proposed. All Master Plan projects would occur

within the existing boundaries of the campus and CHMC owns all campus property. No street or alley vacations are requested. With full development of the Master Plan, lot coverage would be 32% (less than the 35% maximum coverage allowed). CHMC proposes a density standard of a maximum floor area ratio (FAR) of 0.90. The existing FAR of the CHMC campus is 0.59; development of all the Master Plan projects would increase the FAR to 0.87.

23. The Master Plan includes 16 "projects" (see list in Appendix B) that can be grouped generally into four categories: research facilities, inpatient facilities, outpatient facilities, and other facilities.

Research Facilities	74,000 sq. ft.
Inpatient Facilities (60 new beds)	76,500 sq. ft.
Outpatient Facilities	103,630 sq. ft.
Other facilities	227,500 sq. ft.
Day Care Facility (8,500 sq. ft.)	
New Parking Structure (219,000 sq. ft.)	
<u>TOTAL</u>	<u>481,630 sq. ft.</u>

24. The Master Plan projects represent a net increase of 481,630 sq. ft. (Approximately 25,000 sq. ft. of existing space would be renovated.) This is an increase of approximately 54% over existing conditions of 878,000 sq. ft. With development of all the Master Plan projects, the campus total would be 1,360,000 sq. ft. The net increase resulting from Master Plan projects would be:

New	254,480 sq. ft.
Expansion/Infill	<u>56,400 sq. ft.</u>
Subtotal	310,880 sq. ft.
Demolition	<u>(48,250) sq. ft.</u>
Net New Development	262,630 sq. ft.
New Parking Structure	<u>219,000 sq. ft.</u>
NET INCREASE	481,630 sq. ft.

25. Four alternatives, with several variations, were identified for comparison with the proposed Master Plan. In addition, LCC suggested a fifth alternative, which was also analyzed. The alternatives (see Exhibit 1, pages 50-64, and Exhibit 11, pages 17-19) are:

- (1) No Action
- (2) Alternative Zones/Different Building Configuration
 - o Reduced Height District: Core area height 90 ft.; remainder of 37 ft.
 - o Reduced & Concentrated Height District: Heights in core (50 ft. and 90 ft.) follow heights of proposed structures; remainder 37 ft.
 - o Open Space Zone: Perimeter buffer expanded (75 ft. along 44th Avenue NE)
- (3) Parking Garage Alternatives

- o Relocated: Adjacent to the existing parking garage.
- o Below-Grade: In the place of the existing surface parking lot adjacent to 44th Avenue NE.

(4) Decentralization/Reduced On-Campus Development

- o Reduced Research: Half the Research Building (35,000 sq. ft.) infill in 4-level structure.
- o Tertiary Care: Only inpatient projects (eliminates 97,100 sq. ft., 100 parking spaces).

(5) Laurelhurst Community Club Proposal: Reduces total development 103,100 sq. ft.; limited to 1,250 parking spaces; zones heights in stepped districts over the core. Includes hospital bed and support facilities, renovation and reconfiguration of I-Wing outpatient clinic and public atrium, 35,000-sq. ft. research facility, reconfiguration of surface lots along eastern boundary, underground parking structure (373 spaces), Daycare Facility on top of underground parking garage, perimeter landscape buffer established by covenant.

MAJOR ISSUES

Daycare Facility

26. Women account for 80% of the staff and CHMC has identified interest in the provision of on-site daycare for up to 90 children. (CHMC was unable to locate the survey used to determine this level of interest.) An on-site location would help to achieve the CHMC objectives of allowing ready access between parent and child and of minimizing employee commute trips.

27. A Daycare Facility was proposed in the Draft Master Plan to be located in the northeast portion of the campus (Schafer House site), within the buffer strip, about 20 ft. from 44th Avenue NE.

28. An 8,500 sq. ft. Daycare Facility to accommodate up to 90 employee children, is proposed for an area on the east side of the campus, just north of the proposed below-grade parking structure. The daycare, described as having a "residential character in a two-level structure" (Exhibit 1, page 29), would be separated from the adjoining streets by a 75 ft. perimeter buffer strip. The buffer strip would be landscaped and the outdoor play area would not be located in the buffer.

29. The proposed site for the Daycare Facility is at a lower elevation than the adjacent streets. How much lower the site elevation is from that of the grade of the street has not been established by survey. The FEIS preparers projected/extended known topographic information established by surveys of other parts of the campus, to evaluate how much of the structure would be visible from the intersection of 45th Avenue NE and NE 47th Street and from residences on the other side of those streets. At hearing, the SEPA appellants presented street grade elevation information from Seattle Engineering Department records. This data suggests that the projections

used for the FEIS overstate the grade difference by as much as 14 ft., so that if the Daycare Facility were built to a height of 32 ft. and if the actual topographic difference between the grade of the proposed location and the street grade is small as suggested at hearing, the Daycare Facility would extend as much as 20 ft. above street grade, rather than the 6 ft. depicted in the FEIS.

30. The SEPA appellants, who presented information indicating that the topographic drop from the street level down to the project site is less than that used for the impact analysis in the EIS, object to the Daycare Facility being more visible from street level (and from residences across the street). It was not established that having part of this structure visible would be an adverse impact.

31. Testimony at hearing also was given concerning the potential that an outside play area would be a source of noise noticeable to residents nearby. The FEIS predicts, based upon a projection utilizing a measurement taken at an existing Daycare Facility, that the noise level would not exceed 51 dBA at the nearest residential receiver. While audible, this level is below the Noise Ordinance maximum level of 55 dBA. The noise level was estimated without credit for potential attenuation due to intervening berms, sound attenuating fencing, or siting the daycare structure between the play area and the residences.

32. The data provided regarding street grades for 45th Avenue NE and NE 47th Street also indicate that these streets have 60 ft. wide rights-of-way. Combined with the 75 ft. wide perimeter buffer, the distance from the proposed Daycare Facility to the property line of residential properties, would be 135 ft.

33. The SEPA appellants urge that the Daycare Facility be relocated in order to be more removed from single-family residences and suggest a site north of the helistop visual approach/departure protection area, and east of the existing parking structure.

Parking

(For additional discussion see Exhibit 1; Exhibit 2; Exhibit 3; Exhibit 4; Exhibit 7; Exhibit 11; Exhibit 14; Exhibit 17; Exhibit 19; Exhibit 25; testimony of: Hunter, Doherty, Markley, Schiebe, Klug.)

34. The CHMC campus currently has a four-level, above-grade parking garage (719 spaces) and several surface parking lots which provide a total of 1,220 parking spaces. Almost all employee parking is provided in the top three levels of the parking structure. Physician parking is provided in designated spaces dispersed throughout the campus. Patient and visitor parking is located primarily in the first level of the parking structure and in surface lots in the northeast and southeast areas of the campus. The Land Use Code minimum parking requirement is for 1,002 spaces and the maximum allowed is 1,353 spaces.

35. In the Draft Master Plan (Exhibit 3), the parking structure was proposed as a 144,000 sq. ft., 30 ft. tall building in the northeast part of the campus, set back 40 ft. from 44th Avenue NE.

36. The Final Master Plan (Exhibit 1) proposes a below-grade, four level parking garage located east of the clinics (in the southeast part of the campus). The structure would appear as

a paved parking lot at grade. A 75 ft. wide landscaped buffer would separate the garage from 45th Avenue NE and NE 45th Street. The proposed location is currently developed with a surface parking lot with landscaped areas. The Master Plan proposal eliminates 214 existing surface parking spaces (*i.e.*, spaces lost to increase the width of the buffer strip and displaced by proposed parking structure), the proposed structure would add 625 spaces, for a net addition of 411 spaces. CHMC does not want to be required to build the entire parking structure at one time. The Director and MPAC recommend the structure be constructed as required or needed to avoid spillover to nearby streets. The Council finds that the structure could rise above grade 3 to 4 feet in the southeast corner.

37. The SEPA appellants assert that the structure would be visible because the actual topographic differential between street level and the project site isn't as great as estimated for the EIS impact analysis.

38. With the net increase in parking spaces provided by the proposed new parking structure, the total on-campus parking supply would be 1,631 spaces. Relative to the size of Master Plan development, this total falls between the Land Use Code's minimum parking requirement of 1,307 spaces and the maximum 1,764 spaces.

39. The parking structure is proposed to be naturally ventilated via a light/air well. At hearing, concern was expressed that if the natural ventilation approach was not allowed or was not feasible, that mechanical ventilation could cause noise and/or air quality impact for residents across the street (45th Avenue NE and NE 45th Street).

40. A condition of employment is that employees must park on campus, not on-street in the surrounding community. CHMC has a parking enforcement program operated by its security force, which results in citations and penalties for employees parking off-site. During periods of construction, such as is currently occurring on the campus, CHMC requires its contractors to bus construction workers from an off-campus location. CHMC security has responded to some complaints that construction workers were not complying with this requirement and several workers, after being warned, have been fired for continuing to park in the neighborhood.

41. The EIS includes on-site parking surveys; the peak period for parking demand on-campus is between 10 a.m. and 3 p.m. On-street parking was also surveyed and analyzed in the EIS. No parking is allowed on the streets immediately adjacent to the campus (some streets have a total parking restriction, others disallow weekday daytime parking, and some have a 2-hour limit for weekday, daytime). Average utilization of available on-street parking in the area surveyed, ranges from 35% at night to 55% in the morning hours. Higher rates were found in the areas to the northwest and west of the campus where 70% and 80% of the spaces were occupied during much of the day. The EIS indicates that these higher rates reflect the multi-family residential and business uses in those areas.

42. The demand generated by full implementation of the Master Plan would exceed the proposed on-site parking supply by 6 spaces. The resulting spillover would represent a slight increase in the current peak on-street utilization rate of 52%. The impacts of spillover parking would not be realized until projects generating the demand for parking were completed and operational.

43. The Director recommends that CHMC fund an RPZ (Restricted Parking Zone) study after approval of the first major Master Plan development and prior to the approval of subsequent Master Use Permits for other projects. If the study indicates an area eligible for an RPZ, and if the neighbors want an RPZ, the Director recommends that CHMC provide the funding for initial implementation and annual stickers. CHMC wants to limit its financial responsibility for the RPZ to the first three years of RPZ implementation. The MPAC recommends that a CHMC-funded RPZ be considered if it is supported by the neighbors and provides definitions and guidelines for RPZ implementation.

44. The Director Recommends that adequate parking should be provided before occupancy of Master Plan projects that would create a minimum Code requirement beyond the existing supply of 1,220 spaces.

45. The MPAC indicates that in dealing with on-street parking, CHMC has been effective in using its own security in coordination with the surrounding neighborhood. MPAC recommends that CHMC patrol the surrounding streets and coordinate with the neighbors to identify CHMC staff parking in the neighborhood.

46. Neighborhood residents testified that despite CHMC declarations and assertion of its efforts to prohibit on-street parking in the neighborhood such parking does regularly occur and requested that there be provision of adequate on-campus parking to accommodate new demand created by Master Plan expansion.

Transportation Management Plan (TMP)

47. Regional access to CHMC is provided by I-5 to the west and SR-520 (across the Montlake Bridge) to the south. Roadways in the immediate vicinity of CHMC consist primarily of residential access streets, minor arterials and a principal arterial (Sand Point Way NE). Traffic congestion is a source of concern in this area. Major traffic destinations in the area include the University of Washington and Battelle Research Center. Neighborhood residents, who rely on the street system, are also affected by its use by others with non-residential destinations, including CHMC.

48. The University of Washington and the City entered into an agreement in 1983 with the goal of limiting traffic on the Montlake Bridge in the 7-9 a.m. and 1-6 p.m. periods. The City is to limit the amount of non-University traffic on the Bridge.

49. The EIS examined existing CHMC traffic from data obtained from actual counts at CHMC and travel modes were summarized based upon recent TMP report. During the period surveyed, volume of traffic at the driveway averaged over 6,000 per day. The peaks for CHMC traffic reflect employee shifts, with 7-8 a.m. and 2-4 p.m. having the greatest volume. Approximately 55% of trips are estimated to be associated with staff, the balance with physician, patient, and visitor activity. Non-CHMC traffic volume information (and vicinity accident history) was compiled from Seattle Engineering Department (SED) records and turning movement counts were taken at intersections in the primary study area. Sand Point Way traffic volume peaks are 7-8 a.m. and 3-5 p.m. (Exhibit 4, pages 180-189).

50. Level of service (LOS) is a measure of average delay at intersections, ranging from LOS A (free flowing, minimal delay) to LOS F (extreme condition, long delays). Some individual approaches at vicinity intersections are operating at LOS E and LOS F, but their overall conditions are LOS D or better. No location in the project vicinity is identified as a high-accident location (*i.e.*, 10 or more accidents/year at signalized intersection, or 5 or more accidents for an unsignalized intersection).

51. METRO has routes in the CHMC vicinity. Routes 74/75 provides service from Lake City to downtown on Sand Point Way immediately adjacent to CHMC. Routes 30 and 32 travel NE 45th (with service to Downtown via express and to Wallingford through the University area).

52. An increase in CHMC population associated with full development of Master Plan projects, would generate an additional 2,260 vehicle trips per day, including 153 in the AM peak and 167 in the PM peak. Traffic volume on the Montlake Bridge would increase by 48 trips between 7-9 a.m. and 124 trips between 1-6 p.m.

53. Future traffic generated by the development of Master Plan projects would contribute to congested conditions at vicinity intersections, but the calculated LOS would not change as a result of the project generated traffic. That is, LOS at NE 45th Street/Union Bay Place NE, NE 45th Street/Montlake Boulevard NE, and Sand Point Way NE/NE 50th Street are forecast to operate at LOS F with or without the Master Plan projects. Traffic accident rates at these intersections could increase due to congested conditions.

54. CHMC-generated trips affect traffic conditions in the vicinity and the Director recommends that CHMC participate on a pro-rata basis in the future for the improvement of certain intersections.

55. Since 1985, CHMC has been required to implement a transportation management program (TMP) as a condition of earlier-permitted development.

56. The 1985 TMP was modified in 1988 in conjunction with approval of the patient care facilities currently under construction. A 1992 Addendum to the CHMC Memorandum of Agreement (MOA), that was executed October 26, 1988 and signed by representatives of CHMC, the City, and METRO, acknowledged the existence of the 1988 TMP and added the goal of an additional reduction of 70 peak hour trips on the Montlake Bridge to offset the trips associated with the facilities currently being constructed. This provision is not effective until the facilities being constructed are occupied and CHMC indicates that the SOV goal has already been reached.

57. The Land Use Code, SMC 23.54.016C.1, refers to the general TMP goal of *"reducing the percentage of the major institution's employees, staff and/or students who commute in single-occupancy vehicles ("SOV") during the peak period to fifty percent (50%) or less, excluding those employees or staff whose work regularly requires the use of a private automobile during working hours."* The Code does not define "employees". The SED representative indicated that part-time employees should be included. The TMP benefits are extended to all employees on every shift.

58.a. The TMP has been quite successful: in 1985 there were 89 non-SOV employees and in

1993 there were 561. Approximately 70% of CHMC's full-time, day shift staff commute using a non-single occupant vehicle mode. (Exhibit 33) If part-time, day shift staff are included in the calculation, the percentage of non-SOV participation is less than 50%. (Exhibit 36)

b. The proposed TMP includes an extensive array of incentives and disincentives that, with conscientious implementation, should produce further reduction in SOV trips. CHMC has done a admirable job in putting together the TMP incentive and disincentive elements, and its commitment to substantial progress toward the TMP goals appears to be genuine and firm.

59. CHMC has complied with TMP reporting requirements.

60. The 1988 MOA specified that if the 50% SOV goal had not been met prior to occupancy of the medical pavilion, CHMC would have to implement van shuttle service between the campus and SR-520. This shuttle has not implemented, but the medical pavilion has not yet been occupied. The Director indicates that the shuttle was a temporary requirement, to be superseded by the Master Plan TMP.

61. The TMP proposed with the Master Plan, which includes elements that are in the existing TMP, would have:

- Transit pass subsidy
- Carpool/HOV (high occupancy vehicle) incentives
- Vanpool program
- Bicycle program incentives
- Pedestrian program
- Motorcycle program
- Drop-off for employees
- Single-occupant vehicle (SOV) parking fee and cash incentives
- Transit shuttle
- Health Sciences shuttle
- Neighborhood parking control
- On-site parking enforcement
- Transportation program management
- Employee information program
- Institutional coordination
- Patient transportation
- Guaranteed-ride-home program
- SOV trip reduction goals

62. The TMP proposed with the Master Plan will augment the current TMP with higher parking fees, higher HOV incentives, and other programs. Programs would be added to provide money bonuses for those who regularly walk, get dropped off or ride bicycles or motorcycles to work. The changes proposed from the current TMP include:

Increased METRO pass subsidy to 100% (currently 66%).

Expand the guaranteed ride home program to all non-SOV participants in the TMP (cyclists, pedestrians, vanpoolers, people being dropped off, etc.).

Establish up to a \$60.00 per month parking differential between the SOV driver and the non-SOV driver

TMP management staffing to include one full-time Parking and Commuter Coordinator and a half-time clerical/technical support person.

Establish a regularly staffed Commuter Information Center.

Increase the level of parking enforcement through towing, strong implementation of personnel policies that can ultimately result in dismissal, creation of a TMP data base, and implementation of a key card tracking system.

Establish a Restricted Parking Zone (RPZ), provided it is supported by the community and SED studies warrant implementation.

63. The TMP includes some elements not found in other the TMPs of other medical institutions (Exhibit 32), and the Director indicates that this TMP is one of the best programs yet to be proposed by a major institution.

64. The MPAC indicates that it finds the proposed TMP to be a strong one, but urges: (1) more specificity in regard to defining neighborhoods and conditions under which RPZs could be established; (2) serious consideration be given to the FLEXPASS program; and, (3) that the bases for the calculation of the 50% SOV goal and reporting requirements be changed and permit approval be withheld if the SOV goal is missed by 10% or more. (Exhibit 7, pages 29-35).

65. The MPAC recommends that calculation of the TMP goal include part-time employees and evening shift employees. However because part-time employee shifts are irregular and do not always include a 5-day per week schedule, it is more difficult to obtain HOV participation through transit or carpools for part-time employees. (See testimony of Odom.) For the evening shift, there is also less opportunity for use of transit, particularly at the end of the shift, and for making carpool arrangements. No other major institution is known to include evening shift employees in its TMP goal calculations. (See testimony of Markley and Exhibit 35.)

66. There are differences between the goal calculation methods used by various major institutions within the City in terms of the peak period considered, the employees covered, and other elements. (See testimony of Odom.) For example, Northwest Hospital's TMP sets a goal of 35% but is measured against all full-time and part-time day shift employees. See testimony of Markley and Exhibit 35.)

67. CHMC is committed to implement its proposed TMP program.

68. CHMC proposes to improve the CHMC side of abutting rights-of-way with curbs, gutters, and sidewalks to facilitate pedestrian circulation. The Director recommends that, because they serve as routes to and from the campus, METRO bus stop, and the nearby Ronald McDonald House, the following rights-of way be required to be improved by CHMC:

- o Sand Point Way NE between 40th and 41st Avenues NE
- o NE 50th Street between 40th Avenue NE and Sand Point Way NE
- o 44th Avenue NE between NE 47th and 50th Streets
- o NE 47th Street between 44th and 45th Avenues NE

69. The SEPA appellants urge that the SOV goals be recalculated to include part-time employees and incorporate the 70-trip SOV reduction imposed as a condition under a previous permit. They also recommend that CHMC provide full subsidy for any RPZ in the neighborhood.

Massing/Infill and Height District Rezone

70. The campus has large-scale, institutional buildings and landscaped open spaces. Existing structures have heights ranging from 28 ft. to 89 ft., including mechanical penthouses. The northern portion of the campus is dominated by parking. Medical facilities' buildings are concentrated in the southern portion of the campus and are terraced into the topography. The topography slopes down to the west and the CHMC facilities overlook the multi-family housing to the west.

71. Landscape vegetation, including many large, mature trees, is extensive and contributes to the campus-like appearance. It also provides substantial screening of views from nearby residences. The limited and relatively young vegetation adjacent to the parking lot along 44th Avenue NE exposes this part of campus to view from the residences across the street.

72. The Final Master Plan locates the proposed new buildings so that they would step-up toward the center of the campus, infilling between existing structures, rather than adding mass on the periphery of existing structures. For illustration of the massing concept, see attached Appendix C (Figure 8, from Exhibit 1). Views of the new development from the east and north would generally be obscured by the 75-ft. wide landscaped perimeter buffers along 45th Avenue NE and NE 45th Street.

73. The underlying zoning of the CHMC campus is Single Family (SF 5000). The Campus is designated a Major Institution Overlay (MIO) District having three height districts: 37 ft. to the east; 50 ft. to the north; and, 105 ft. in the core on the southern half of the campus.

74. CHMC proposes to change the existing height districts. A rezone is required to establish or change the districts and, as part of the DCLU Report and Recommendation, the Director performed the required rezone analysis.

75. Four changes to the existing MIO height districts are proposed:

- o Lower the existing 105 ft. district to 90 ft.
- o Extend the northern boundary of 90 ft. height district in a wedge shape 220 ft. northward along the western campus boundary, and eastward to a line parallel to, and 185 ft. from, the eastern CHMC property line along 45th Avenue NE.
- o Lower the 50 ft. district in the northern portion of the campus to 37 ft.

- o Lower the 50 ft. and 105 ft. districts to 37 ft. along the western campus boundary.

76. The heights of all existing and proposed structures would be less than the heights of the proposed MIO districts. The only development proposed in a greater height district is a 69-ft. Bed Wing addition to be developed in what is currently a 50 ft. height district. At its location at the northern and western edge of the hospital core, it would serve as an intermediate step from the central core down to the lower-height surrounding area and, due to the downhill location, it may not be at all visible through the proposed landscaped buffers. From the north and west, however, the proposed building would be noticeably taller and bulkier than the existing height district would allow.

77. The Director recommends denial of the rezone to change the northern boundary of the most intensive district so that the angled northern boundary extension would change the existing MIO 50 to MIO 90. Instead, the Director recommends a height district of MIO 70 with exceptions for rooftop equipment, and a half-floor stepback of the proposed Bed Wing (Project #10), with the northwestern half limited to a maximum height of 50 ft. The Director recommends denial of the 90-ft. height district where buildings are proposed of no more than 69 ft. in height. A 70-ft. height district would be sufficient and appropriate. The Director also recommends denial of the upzone from 37 ft. to 90 ft. in the area east of the hospital core where no Master Plan development is proposed that would need a height limit greater than the existing 37-ft. limit.

78. The MPAC recommends stepped height districts over the core buildings with maximum heights of 50 ft. along the building edges, 70 ft., and 90 ft. in a central core area (Exhibit 39). In some cases, the height districts cross different buildings and some existing buildings exceed the height limits.

79. The SEPA appellants urge that MIO height districts correspond to proposed building heights, as recommended by the MPAC.

Open Space/Buffers

80. Landscaped open space buffers are proposed around the campus. Berms, fences, signs, and lighting could be located in the buffers, but no structures would be allowed. The specific landscape design would be established with participation of area residents. The width of proposed buffers are:

- o 75 ft. along NE 45th Street, 45th Avenue NE, and NE 47th Street.
- o 40 ft. along 45th Avenue NE, Sand Point Way NE, and the west property line.
- o 20 ft. along NE 50th Street.

81. The existing amount of open space amounts to about 9.7 acres, 45% of the site area. After all master plan development, open space would amount to about 9.2 acres, or 43% of the campus. Open space includes the buffers and all landscaped and pedestrian spaces and does not include paved parking and roads.

82. A 40-ft. wide buffer offers sufficient room to plant dense vegetation to provide visual screening between the adjacent neighborhood and the campus.

83. The Director recommends that the landscaping of the buffers be phased relative to the developments they are to screen:

The proposed 75-ft. buffers along the entire length of abutting NE 47th Street, as well as along 45th Avenue NE, sufficient to screen the daycare, should be planted prior occupancy of that facility.

The two buffers along 44th Avenue NE and the remainder of 45th Avenue NE, should remain intact until such time as the proposed parking garage is constructed. Prior to occupancy of that garage, the proposed 40-ft. buffer along 44th Avenue NE and the remainder of the 75-ft. buffer along 45th Avenue NE should be planted.

The northern half of the buffer strip along the western campus edge should be planted prior to occupancy of the Bed Wing Addition or the D and T North Wing Addition, whichever comes first. The remaining southern half of the buffer strip should be planted prior to occupancy of the D and T South Wing (C Wing) Addition.

84. The MPAC concurs with the Director's recommendations except it also recommends: expand the buffer width along NE 50th Street to 75 ft.; make reasonable efforts to save existing mature trees; and remove Schafer House or return it to residential use. Thirty-one parking spaces in an existing surface lot would be lost if the buffer along NE 50th Street were enlarged to 75 ft. wide. Suggestion was also made to increase the 40 ft. buffer along 44th Avenue NE; approximately 76 parking spaces would be lost to create a 75 ft. buffer. MPAC also recommends that the buffers be subject to a recorded covenant running with the land rather than relying upon the Master Plan.

85. No changes are needed, nor required, with respect to the northern or southern campus boundaries.

86. The SEPA appellants urge that the service/emergency roadway which currently exists in the 75 ft. buffer along the southern edge of the campus, be realigned to the north so as to get it out of the buffer. There is also an existing transit pullout in this area.

Phasing

87. At hearing CHMC presented information as to its proposed phasing for implementing Master Plan development. Although CHMC wants phasing to be flexible to respond to changing needs, three phases (Early: years 1-5; Middle: years 5-10; Late: years 10-15) were described. The Early phase would primarily address the Daycare Facility, some research space (Projects 1, 1B, 6, 6A, 6B, 15, 16, 17; totaling 88,500 sq. ft.), and the parking structure. The Middle phase would emphasize patient beds and ambulatory care (Projects 5, 10, 10A, 12, 12A, 13, 14, 14A,

14B; totaling a net 158,000 sq. ft.). The Late phase would include some diagnostic and treatment facilities projects and connection between structures (Projects 8, 9, 11; totaling 64,380 sq. ft. (See attached Appendix B for project numbers; numbers are also keyed to the figure presented in attached Appendix D).

88. The Director recommends that construction be sequenced so that parking structure is constructed prior to occupancy of any Master Plan project that would raise the minimum parking requirement. Similarly, the MPAC recommends that adequate parking be provided prior to occupancy of any Master Plan project so that the supply of on-campus parking remains above demand.

Construction Impacts

89. The Council finds that unless conditions are imposed, construction impacts (noise and increased traffic and on-street parking demand) may occur throughout the entire 15 years of the Master Plan's life.

90. In the past five years CHMC has built two projects totaling approximately 135,000 sq. ft. There was a two year break between the time the first was finished (*i.e.*, the medical pavilion finished in January 1991) and the second was begun (*i.e.*, the patient care improvement begun in March 1993). At a similar rate of construction, approximately 405,000 sq. ft. could be constructed in 15 years.

91. CHMC indicates that it would likely group projects for construction because it would not make sense from an construction point of view, to build only one Master Plan project at a time. Commonalties, such as location and function, would be used to group projects for construction.

92. The Final EIS indicates that without mitigation, noise levels from construction activities would exceed the Noise Ordinance allowable levels at nearby residences and even with mitigation, the impacts could be "significant" to "very serious", with the greatest impacts occurring at residences closest to the site boundary. (Exhibit 2, page 76) For construction which is more distant from the boundaries or is occurring as infill within existing buildings, the noise at the boundaries should be reduced from those shown in the FEIS. The estimated construction noise levels shown in the FEIS are appropriate and fairly assess the worst case conditions which could occur as a result of construction

93. CHMC indicates that it has included steps to reduce noise impacts for its current project: limiting construction hours to Monday through Friday from 8 a.m. to 4:30 p.m.; using drilled piles rather than driven piles; orienting generators away from residences; requiring contractors to have their workers shuttled from off-site parking lots; restricting certain vehicle loads (*e.g.*, soil hauling) to only certain routes; and, keeping affected residents informed about various upcoming construction operations (by regular monthly CHMC newsletter, other correspondence).

94. The Director recommends that mitigation for construction noise could be accomplished through measures such as: limit construction activity to nonholiday weekdays between 7:30 a.m. and 6:00 p.m.; shield and baffle noisy equipment; use of electric, rather than diesel or gas-powered machinery; use pneumatic tools with lowest possible noise generation; mix concrete off

site; and, keep construction vehicles away from residential areas.

Operational Noise

95. Neighboring residents indicate that noise from CHMC has been an ongoing concern. They cite mechanical equipment (fan/ventilating equipment), traffic noise, delivery trucks, and helicopter flights as sources of noise that they expect to continue and increase with Master Plan development.

96. There is no evidence that the noise on the campus currently exceeds City noise standards. CHMC has indicated that future HVAC equipment will be state-of-the-art and quieter than currently employed equipment. The oldest equipment in the buildings on the eastern part of the campus is to be replaced as part of the Master Plan development.

97. The DEIS for the Master Plan relied on information in the EIS prepared for the helistop permit application. That previous noise analysis (done in 1985), indicated noise levels (52 dBA) for properties east of campus. This is typical of residential noise levels. In 1993, the noise consultant for CHMC reviewed that information and took some measurements which indicated noise levels consistent with that older work. During the pendency of this proceeding, the CHMC noise consultant took measurements indicating noise levels (50 dBA) consistent with the previous work (Exhibits 50, 56 and 57).

98. The SEPA appellants' noise expert also took measurements and estimated existing conditions to be more quiet than those indicated in the DEIS or by the CHMC consultant. The appellants' consultant identified a daytime level in the range of 45 to 47 dBA (Exhibit 49).

99. A 24-hour measurement is commonly used to determine existing conditions. None of the measurements done was of this type.

100. Some concerns were expressed about noise from the outdoor play area of the proposed Daycare Facility. Without mitigation, the noise from the play area would likely produce a level of 51 dBA at the closest residential property (Exhibit 2, p. 76). There is sufficient distance from the likely location of a daycare outdoor play area and the nearest residences that it can be measured as a point source of noise. Noise from the play area could be mitigated by excavating and lowering the grade for the play area and by berming and landscaping in the buffer area between the daycare and the closest residences.

101. The Director recommends several general mitigating measures as part of Master Plan approval, but argues that project-specific impact analyses and mitigation imposed based on those analyses, is the proper and most effective way to condition the individual Master Plan projects.

Need and Public Benefit

102. The Major Institution Code is found in SMC Chapter 23.69. The purpose and intent of the Code is set forth in SMC 23.69.002, which reads as follows:

The purpose of this chapter is to implement the Major Institutions Policies,

Resolution 28081, by regulating Seattle's major educational and medical institutions in order to:

A. Permit appropriate institutional growth within boundaries while minimizing the adverse impacts associated with development and geographic expansion;

B. Balance a major institution's ability to change and the public benefit derived from change with the need to protect the livability and vitality of adjacent neighborhoods; and

C. Encourage the concentration of major institution development on existing campuses or alternatively, the decentralization of such uses to locations more than two thousand five hundred feet (2500') from campus boundaries.

103. The Master Plan reflects CHMC's conclusions regarding its space needs through 2010. These include: the residual 1988 space needs that will not be met by the patient care facilities improvement project presently underway; the increased activity since 1988; and, the patient care needs in the 1993-2010 period resulting from population growth, increased tertiary care needs, and growth of research and technology needed to support patient care needs.

104. The pediatric population (ages 0-19) in the Puget Sound region is expected to increase 22% from 1990 to 2010 (13% in the rest of the state). Pediatric hospitalization rates are expected to decline slightly with health care reform and medical practice modifications; this trend would reallocate some CHMC patients from inpatient to outpatient status. CHMC's share of tertiary inpatient pediatric care in the northwest region, should continue to increase in such areas as transplants, endocrinology, birth defects, and cranial facial surgery.

105. Existing facilities, while structurally sound and usable, are not readily reusable for state-of-the-art medical care needs. The older buildings (E, F, G, H and I Wings) with long, double-loaded corridors reflective of hospital design in the 1950's, are difficult to retrofit for future patient care and are currently being used for clinics, with exam rooms, offices and support areas.

106. CHMC asserts that as it becomes increasingly oriented to the care of complex tertiary conditions of critically ill children, new and expanded research programs must be located adjacent to patient treatment to ensure optimal medical staff efficiencies (i.e., enabling pediatric subspecialists/scientists to conduct research effectively and efficiently while carrying out their daily responsibilities for clinical patient care). CHMC cites the rapid identification, and subsequent successful treatment, of the E-coli strain responsible for the outbreak of cases in 1993, as an example of the value of the close proximity of research and clinic. The Council finds that CHMC's assertions are reasonable.

107. Inpatient facilities need more space for staff and family support, and as lower-acuity care has shifted to higher-acuity care, space requirements for inpatient treatment have also changed. The diagnostic and treatment capabilities have grown so that there is a demand for more equipment and staff per patient in order to deliver the care to acutely ill patients with multisystem complaints. This creates demand for more space in the patient rooms and more space for teaching and training.

108. Substantial space is also needed to meet the increasing demands for outpatient treatment. The frequency and amount of outpatient visits has been increasing and is expected to continue as aggressive treatment on a day-stay basis can eliminate inpatient admissions for many children. The multisystem nature of many of the illness means visits to several specialists in the same outpatient visit to CHMC.

109. CHMC asserts that its growing expertise in pediatric care is a result of keeping an active connection between researchers and clinical experts and/or accommodating those medical personnel who perform the dual roles of clinical care and research. The hospital claims that its ability to attract and retain the most highly qualified clinical and research physicians is directly related to its ability to provide both clinical and research space within the same campus. The Council finds that CHMC's assertions are reasonable.

110. Recruiting and retaining adequate staff is linked to the provision of office, research, and support service space. Patient care space has been given priority over these types of support spaces, and if space shortages continue, the hospital believes that it will grow increasingly difficult to get and keep the best personnel.

111. CHMC believes that the Master Plan would allow it to maximize use of the health care personnel and facilities currently on-campus and avoid duplication of expensive facilities and equipment.

112. The Director advises that CHMC has demonstrated a credible need for the requested expansion. The Director finds that the elements proposed in the CHMC Master Plan expansion are almost entirely dedicated to functions directly related to its mission. The Council concurs.

113. The Director notes that notwithstanding the credible need and provision of public benefit, the proposed expansion does create adverse environmental impacts in the neighborhood, and that those impacts should be mitigated. The Director concludes that in addition to the transportation management program, landscaped buffers, and other mitigating measures, CHMC should also provide increased public benefits to satisfy the balancing test required for Master Plan approval.

114. The Director discusses the recommended additional benefits beginning at page 46 of the Report and Recommendation (Exhibit 11). The Director recommends additional commitments by CHMC: include preference for Seattle residents in its hiring practices; continue and expand its provision of uncompensated or subsidized care; continue and enhance free health education programs and services to the general public; study and propose a scheme whereby neighbors could have free use of the Health Sciences shuttle and/or the TMP's proposed transit-connection shuttles; and, allow neighborhood groups use of existing and/or future assembly space for meetings.

115. The Director does not believe that decentralization of any of the Master Plan proposed development is currently feasible or indicated. The Council concurs.

116. The MPAC reflects, that from its neighborhood perspective, CHMC, once a small hospital specializing in the care of Seattle's sick children, has grown and evolved into a major tertiary

care facility in the midst of a residential neighborhood. The MPAC concludes that CHMC has provided sufficient documentation of need and recommends conditional approval of the Master Plan. The MPAC also recommends hiring preferences for residents of northeast Seattle in order to limit traffic impacts. The Council concurs that hiring preference should be given to Seattle residents..

117. The MPAC minority report (Exhibit 23 and February 17, 1994 submittal) disagrees with the Director and the MPAC majority that the Master Plan should be conditionally approved. The minority report urges that an independent study by a consultant or health planning agency be required in order to define the need for additional facilities at the CHMC campus. The minority believes that the Master Plan lacks adequate data and analysis of alternatives and of health care trends, and the minority is not convinced that the expansion and centralization is necessary or beneficial.

118. CHMC has indicated (Exhibit 25) its willingness to commit to continuing and increasing its public benefit measures (including: trying to hire Seattle residents; uncompensated care; public education; resource and information programs; maintaining the TMP; providing shuttle service, and making assembly space available to neighborhood organizations. (See Attachment A.)

ENVIRONMENTAL REVIEW

119. The Director found that the EIS adequately discloses probable, adverse environmental impacts, discusses reasonable mitigating measures, and forms an adequate basis for making final decisions regarding the proposed Master Plan.

120. The EIS addresses the plan-level, programmatic impacts. SEPA review will be required for development of specific projects, using project-level information and analyses.

121. The DCLU Report and Recommendation (Exhibit 11, pages 19-2), includes a summary of impacts of the proposed Master Plan and the alternatives considered.

PUBLIC COMMENT

122. Twelve persons gave public comment at the hearing before the Hearing Examiner. With two exceptions, the speakers indicated that CHMC was a source of disturbance and they did not favor expansion. Comments regarding adverse impact included noise from traffic and CHMC operations (mechanical/venting equipment, delivery vehicles, helicopter flights) Other problems speakers identified as being a result of CHMC included: usurping on-street parking spaces; glare from building lights at night; traffic congestion and accidents. Those opposed generally expressed disbelief that CHMC truly has a need to centralize and/or expand facilities on campus. Those in support spoke of the benefit derived from the good work of CHMC.

123. Several written comments received during the Hearing Examiner proceedings echo the oral statements. A letter was also received from the Greater University Chamber of Commerce in support of the Master Plan as proposed.

124. The record reflects that during its review of the EIS and consideration of the Master Plan proposal, DCLU received dozens of letters from concerned citizens. Many writers opposed the Master Plan as too large, having unacceptable impacts on the neighborhood.

125. The MPAC minority report recommends that affordable housing (nine 3-unit townhouses) be built on top of the proposed below-grade parking structure. Under this concept (see Exhibit 20), the homeowner (CHMC employee) would own the structure and a neighborhood-based organization or CHMC would own the land.

Conclusions of Law

1. With the additional conditions required by this decision, the proposed Master Plan represents a reasonable balance between the need for institutional growth and change with the need to protect the liveability of neighborhoods adjacent to the institution.
2. The proposed Master Plan contains the elements required by SMC Chapter 23.69.

Daycare Facility

3. The nature and location of the Daycare Facility is reasonable and would not create impacts unusual in a single-family neighborhood.
4. The size, height, and configuration of the Daycare Facility, with its outside play area, as well as the provision for landscaping and berming in the buffer between the facility and the street, can be designed and implemented so as to minimize the amount of the structure visible from the street and the amount of noise impact from the play area. Performance standards included as conditions of Master Plan approval could guide project design and control future City review and conditioning. The building should be required to have a residential appearance consistent with the single-family neighborhood, its height limited, and noise minimized.
5. It may be that the Master Plan, other applicable conditions, and/or regulations of daycare regulations, could result in a Daycare Facility with a capacity of less than that proposed.
6. The Daycare Facility should serve only CHMC; providing childcare for the general public should be expressly prohibited to limit the number of vehicle trips to those anticipated for hospital-related activity. It would, however, be reasonable and appropriate to allow short-term, occasional care for siblings of patients hospitalized in CHMC while the patient's parents were at the hospital with the patient.
7. CHMC should have a professional topographic survey of the Daycare Facility site and proposed parking structure site completed to aid in understanding future siting, and design issues.

Parking

8. The amount and arrangement of parking proposed is appropriate and should be timed as the Director has recommended, to be provided before any project is occupied that would raise the minimum requirement in excess of the parking supply.

9. The parking structure is proposed to be at or below-grade and it should be so limited. The top of the structure should be allowed to extend no more than 3-4 ft. above existing grade only in the southeast corner as depicted in the FEIS (Exhibit 2, Figure 28). The buffer strip along 45th Avenue NE should be extensively landscaped to obscure views of the structure from the residences nearby. Parking on the structure may be allowed, but no enclosed structures should be permitted.

10. Vents and any other mechanical equipment, if they are required for the parking structure, should be directed toward the interior of the campus and not allowed to be directed toward the east so as to impact residents across 45th Avenue NE.

11. As part of its TMP, CHMC should continue and enhance its efforts to prevent its employees and others coming to its campus, from using on-street parking in the neighborhood. CHMC should also be required to fund RPZs if they are found to be needed and desired by the residents, except that in Impact Area 2 CHMC should only be required to fund 50% of of the parking permits. RPZ studies, formation, and implementation should be consistent with applicable Seattle Engineering Department guidelines and rules.

Transportation Management Plan

12. The new TMP proposed in the Master Plan, should replace the prior TMP (including the 1988 and 1992 MOAs) and should run for the life of the proposed Master Plan. A new MOA should be developed to implement the TMP.

13. Notwithstanding the substantial progress made in reducing SOV commuter trips by its employees, CHMC is, as evidenced by the traffic volumes counted at its driveway, currently the destination for thousands of daily trips, including many that contribute to peak hour congestion in the vicinity. Development of Master Plan projects would considerably increase the number of persons making trips to and from CHMC, likely many of them in the most congested times. Keying the SOV reduction goals to the full-time employees only would exclude a substantial number of part-time employees (not including patient and visitors). The Council concludes that part-time employees should be included.

14. Traffic congestion in the vicinity is a result of vehicle trips, regardless of the population/employment classification of those making the trips. The SOV reduction goals for CHMC should be established on a basis that increases the target trips to be reduced.

15.a. For purposes of TMP goal calculation, CHMC should apply the 50% goal to: (1) its full-time, day shift employees; and, (2) part-time day shift employees who commute in the afternoon peak time for traffic in the vicinity (1-6 p.m.).

b. The Council concludes, given the fact that CHMC is at 50.9% SOV use including part-time employees who commute during the afternoon peak period, that a showing of substantial progress in meeting would require meeting the 50% goal.

Persons who are not employed by CHMC and are otherwise not under the control of CHMC (e.g., University of Washington, community physicians), as well as volunteer and standby personnel, and patients and visitors, should be excluded from the base population. Those CHMC employees

in the base population who must use their vehicles as a regular part of the work, should be exempted from the goal calculations.

Height District Rezone

16. The approach of the Master Plan to locate the tallest structures in the central and southwest portions of the campus, stepping back from the edges of campus facing the single-family residential areas, and filling in between existing buildings, is an appropriate and effective way to reduce height, bulk and scale impacts. Any increases in the heights of proposed buildings over the heights indicated in the Master Plan should be consistent with this approach.

17.a. A rezone should be approved with height districts that accommodate the heights of the proposed structures and has the heights stepping up toward the center of the core as illustrated in Appendix D. b. Height districts should be established for the sites for Projects 6A and 10 which would permit them to rise above the heights proposed in the Master Plan. Restrictions should be imposed with the rezones which would limit the increase in heights to five feet above the heights proposed in the master plan but not to include additional floors of height. An allowance may be made with regard to Project 10 for mechanical equipment penthouses up to 15 ft. in height, covering no more than 25% of the roof area. The visual impact of Project 10 from the north and west edges of the campus should be mitigated with step-backs on the top floor.

Open Space/Buffers

18. The proposed perimeter buffers/setbacks exceed the minimum standards of the underlying zoning and are consistent with the Major Institution Code provisions.

19. The provision of the proposed landscaped perimeter buffer is intended to screen the neighbors' views of the CHMC buildings year-round. The Director should decide on the design for the buffer in consultation with CHMC, the Master Plan Standing Committee and adjacent neighbors. Timing of the buffer improvements shall be coordinated with the development of the parking garage to mitigate its impacts and to replace displaced surface parking. From time to time safety issues may arise with respect to the design of the landscaping and may give rise to modifications of the type and layout of landscaping elements.

20. Provisions of the Major Institutions policies and Land Use Code are sufficient to ensure full implementation and maintenance of the buffers for the life of the Master Plan; recorded covenants against title are not required.

Phasing

21. The proposed below-grade parking structure should be built before projects are occupied that would raise the minimum number of spaces required by the Land Use Code, above the number of on-site spaces provided. The parking structure should be built as one project, rather than in stages. (If TMP progress dictates constraining the supply of on-site parking, CHMC could restrict full use as necessary to maintain the appropriate incentive/disincentive relative to availability of on-site parking.)

22. The right-of-way improvements (sidewalks, etc.) for abutting streets should be completed before the occupancy of the first major project (9,000 sq. ft. or larger).

Construction Impacts

23. CHMC should be required to provide a period of respite from the early (noisiest) stages of construction to mitigate construction-related impacts that could cumulate over time.

24. The construction noise impacts are potentially significant and should be mitigated. Appropriate conditioning for mitigation of construction impacts should be determined at the time individual projects are being reviewed for development approval.

25. CHMC should use its newsletter, special mailings, and other means as necessary to keep affected neighbors informed about the nature and timing of construction activities. The newsletter and other communications with the neighbors about construction activities should include the name and a 24-hour phone number for the CHMC designated person to call about questions or complaints.

Operational Noise

26. Appropriate conditioning for mitigation of operational noise impacts, should be determined at the time individual projects are being reviewed for development approval. Mechanical equipment vents, fans, etc.) should be located away from the campus edges and oriented toward the center of the campus.

Need and Public Benefit

27. Despite differences between opponents of the Master Plan and medical personnel about the needed capacity and the centralization of research and education on campus, the Council concludes that CHMC has established need for the Master Plan as proposed.

28. CHMC provides substantial public benefits, as evidenced the discussion provided in the Director's Report and Recommendation and the Final Master Plan, and those benefits should continue and be enhanced. The Council supports the intent of the Director's recommended condition regarding enhanced public benefit. CHMC should be required to implement the public benefit measures (Attachment A) it has proposed.

Decision

The Children's Hospital and Medical Center Master Plan, dated June, 1993 and filed in C.F. 298426, including the rezone of Major Institution Overlay Height Districts, as illustrated in Exhibit C, is approved as modified by and subject to the conditions enumerated below and shall be adopted by the attached ordinance.

Conditions of Master Plan Approval

MIO HEIGHT DISTRICTS REZONE:

1.a. The 90 foot height district established for the site of, Project #10, the Bed Wing, is restricted to permit a building height of no more than 74 feet not to include additional floors of height beyond that proposed in the Master Plan. An allowance shall be made for additional height for Project #10, the Bed Wing, to permit mechanical equipment penthouse and similar rooftop features that do not exceed 15 ft. in height and cover no more than 25% of the roof area, provided the features are enclosed or have view-obscurating screening. The upper level bulk of the Bed Wing structure shall be reduced by stepping back the top three levels from the northwest corner for a total gross floor area reduction of no less than 18% from the gross floor area of the lower level as depicted in Table 3 in the FMIMP.

b. The 70 foot height district established for the site of Project #6A, the Research Clinic, is restricted to permit a building height of no more than 54.5 feet not to include additional floors of height beyond that depicted in the proposed Master Plan.

MASTER PLAN APPROVAL

MUP Review of Future Development

1.a. Development projects under the Master Plan subject to SEPA review in the MUP process shall be reviewed to define project-level impacts and mitigate project-specific impacts. Specialized consultant studies, as appropriate, and mitigating measures as necessary may be required by the Director to address: construction noise and traffic; operational noise, traffic and on-street parking; light and glare affecting nearby residential properties; and other environmental concerns.

b. Any proposed adjustments in the building heights shown in Figure 8 of the Master Plan, which would compromise the strategy of terracing or stepping up heights from the edges of the campus to the center of the core area as mitigation for height, bulk and scale impacts on the adjacent residential areas, shall be considered major amendments to the Master Plan.

2. During project-level review, the Director shall require an air quality study to identify impacts and mitigating measures associated with the operation of the proposed parking garage.

3. Mitigating measures imposed by the Director on specific development projects can include, but need not be limited to:

- o Limiting construction activity to nonholiday weekdays, from 8:00 a.m. to 5:00 p.m.
- o Shielding and baffling noisy equipment to reduce noise.
- o Using of electric rather than diesel or gas-powered machinery.
- o Using pneumatic tools with lowest possible noise generation.
- o Mixing concrete off-site.
- o Keeping construction vehicles away from residential areas
- o Directing all noisy and/or ventilating equipment towards the center of campus rather than toward surrounding residential properties.
- o Shielding and controlling illumination so that it shines downward and does not reach beyond campus boundaries.
- o Using glass with low reflectivity, providing window recesses and overhangs,

and allowing no large expanses of reflective exterior material.

Prior to Approval of the First Master Use Permit

4.a. A Memorandum of Agreement regarding implementation of the TMP shall be executed between the City and CHMC. Environmental review for TMP implementation was completed through the Master Plan process. The 50% SOV reduction goal calculation shall be applied to: (1) full-time, day shift employees; and, (2) part-time day shift employees in the afternoon peak time for traffic in the vicinity (1-6 p.m.). Adjustments for part-time employees who do not work daily shall be made by averaging the number of part-time and full time employees over a typical five day work week, consistent with SED's methodology for calculating SOV goals.

Persons who are not employed by CHMC and are otherwise not under the control of CHMC (e.g. University of Washington, community physicians) as volunteer and standby personnel, patients and visitors, shall be excluded from the base population. Those CHMC employees in the base population who must use their vehicles as a regular part of their work shall be exempted from the goal calculations.

b. DCLU shall withhold approval of Master Use permits for projects in Phases II and III unless the Director determines that the 50% SOV goal has been reached or is likely to be reached by the time of the occupancy of the projects.

5. CHMC shall implement the public benefit measures described in Attachment A. A good-faith effort to provide reasonable, additional public benefit in each of these areas shall be considered as adequate benefit for these purposes.

For the Life of the Master Plan:

6. Construction Phasing:

a. After the foundation(s) are in and the building shell(s) is(are) up for each major project, or group of projects being constructed at the same time, 6-months must elapse before demolition, excavation, foundation work or shell construction can begin on another project or group of projects(s). All interior, finish, and other work necessary to complete the project(s) after the shell(s) is(are) up, will be allowed during the 6-month respite period. This restriction on beginning new projects shall not apply to: construction of the parking structure; landscaping buffers; right-of-way improvements; renovations of existing space; any projects of less than 9,000 sq. ft.; and, any project not involving demolition, excavation, foundation work, or shell construction.

7. Street Improvements:

a. Based upon impact evaluation and traffic study, CHMC shall fund traffic improvements determined by the Director of Engineering to be necessary in the Sand Point Way NE/NE 45th Street corridor and other streets in the area directly affected by the additional traffic in the proportion CHMC contributes to the need for those improvements.

b. Prior to occupancy of the first major Master Plan project, CHMC shall improve the rights-of-way with curbs, gutters, and sidewalks along the west side of 44th Avenue NE between NE 47th and 50th Streets and along the south side of NE 47th Street between 44th and 45th Avenues NE.

c. Prior to occupancy of and major Master Plan project identified in Exhibit 13, page 21, as in the Middle phase (years 5-10), CHMC shall improve the rights-of-way with curbs, gutters, and sidewalks along the southeast side of Sand Point Way NE between 40th and 41st Avenues NE and along NE 50th Street between 40th Avenue NE and Sand Point Way NE.

8. Parking Structure:

a. CHMC shall complete a topographic survey of the proposed parking structure site within 60 days of the approval of the Master Plan.

b. The proposed parking structure shall be constructed at or below-grade, except that it may extend no more than 3-4 feet above existing grade in the southeast corner as depicted in the FEIS. Parking may be allowed on the top, grade level portion of the structure, but no enclosed structures shall be built on top of it (fences, railings, planters, and the like may be permitted).

c. CHMC shall construct the proposed parking structure prior to occupancy of any Master Plan development which would raise the Code-specified minimum parking requirement above that of the existing on-campus supply.

9. RPZ:

a. CHMC shall fund studies for RPZs in Parking Impact Areas 1 and 2 as defined in the Advisory committee's Final Report and Recommendations, after occupancy of the first major Master Plan development and upon submittal of requests by the residents in the Parking Impact Areas. If indicated by the study and approved by the neighbors, CHMC shall pay for implementation costs and parking permits, except that CHMC shall be required to pay for only 50% of parking permits in Impact Area 2, provided that where there is an obligation on the part of another major institution to pay part of the costs of the parking permits that CHMC and the other institution will divide the costs equally. The Seattle Engineering guidelines and regulations for RPZs shall apply.

10. Perimeter Buffers:

a. CHMC shall refer all landscape plans for developing/enhancing the perimeter buffers to the Master Plan Standing Committee for review and constructive comment. The Standing Committee may appoint a subcommittee to perform this function.

b. No buildings shall be permitted in the perimeter buffers; railings, fences, signs, and similar items may be permitted. Existing parking spaces within the buffers may remain

only until the proposed parking structure is available for occupancy. Existing paved roadways through and within the buffer may remain in their present locations. Large, mature trees shall be retained where possible.

c. CHMC shall develop/enhance the proposed landscape buffers in the following order:

Related to development of the proposed Daycare Facility, the proposed 75-ft. buffers along the entire length of abutting NE 47th Street, as well as along 45th Avenue NE sufficient to screen the structure, shall be planted prior to occupancy of the facility.

The two buffers along 44th Avenue Northeast and the remainder of 45th Avenue Northeast shall remain intact until such time as the proposed parking garage is constructed. When occupancy of that garage is permitted, the proposed 40-ft. buffer along 44th Avenue NE and the remainder of the 75-ft. buffer along 45th Avenue NE shall be planted.

The northern half of the western campus boundary buffer strip shall be planted prior to occupancy of the Bed Wing Addition or D and T North Wing Addition, whichever comes first.

The remaining southern half of the western campus boundary buffer strip shall be planted prior to occupancy of the D and T South Wing (C Wing) Addition.

11. Operational Noise:

a. CHMC shall restrict all deliveries, garbage pick-up and other large truck trips, to between the hours of 7:30 a.m. and 6:00 p.m., except such of these trips that are made to the designated loading and unloading dock in the center of the campus core. This restriction shall not apply to medical emergency vehicles.

12. Daycare Facility:

a. CHMC shall complete a topographic survey of the Daycare Facility site within 60 days of the approval of the Master Plan.

b. The Daycare Facility structure and outside play area shall be designed, constructed and operated so as to minimize the amount of the structure visible from the street and the amount of noise created by children playing that could reach the residences across those streets. The structure shall have a residential appearance and the ridge of the pitched roof shall not extend higher than 20 ft. above the adjacent street grade, except that the Director, in consultation with CHMC and the Standing Advisory Committee, may determine that it is feasible to limit the height above street grade to less than 20 feet above the street grade. If it is determined that a height of less than 20 feet is feasible, the Director shall establish such lower height as the limit. The play area shall be located as far away from the residences across 45th Avenue NE as possible and shall

be enclosed with a sound attenuating wooden fence. Outdoor play shall not be allowed prior to 7:30 a.m.

c. The Daycare Facility shall not be available for use by the general public; only children of CHMC employees shall be permitted, except that occasional, short-term use by siblings of patients hospitalized at CHMC may be allowed to provide temporary respite care while the patient's parents are on-campus tending the patient.

13. Other Conditions:

a. CHMC shall report on its Master Plan as provided for in the Land Use Code.

b. CHMC shall establish a hotline for neighbors to call regarding complaints associated with noise, air quality, traffic, or other complaints. The hotline number, and the name of the appropriate CHMC contact person shall be posted on-site and made available to the neighbors, via CHMC neighborhood newsletters and other means as necessary to make it readily available.

DEVELOPMENT STANDARD DETAILS

1. Above-grade hand railings and sound or view-blocking fences will not be considered structures for the purposes of lot coverage.
2. With regard to floor area calculations these exemptions apply: all gross floor area used for accessory parking and three and one-half percent (3-1/2 percent) of the gross floor area for mechanical equipment.

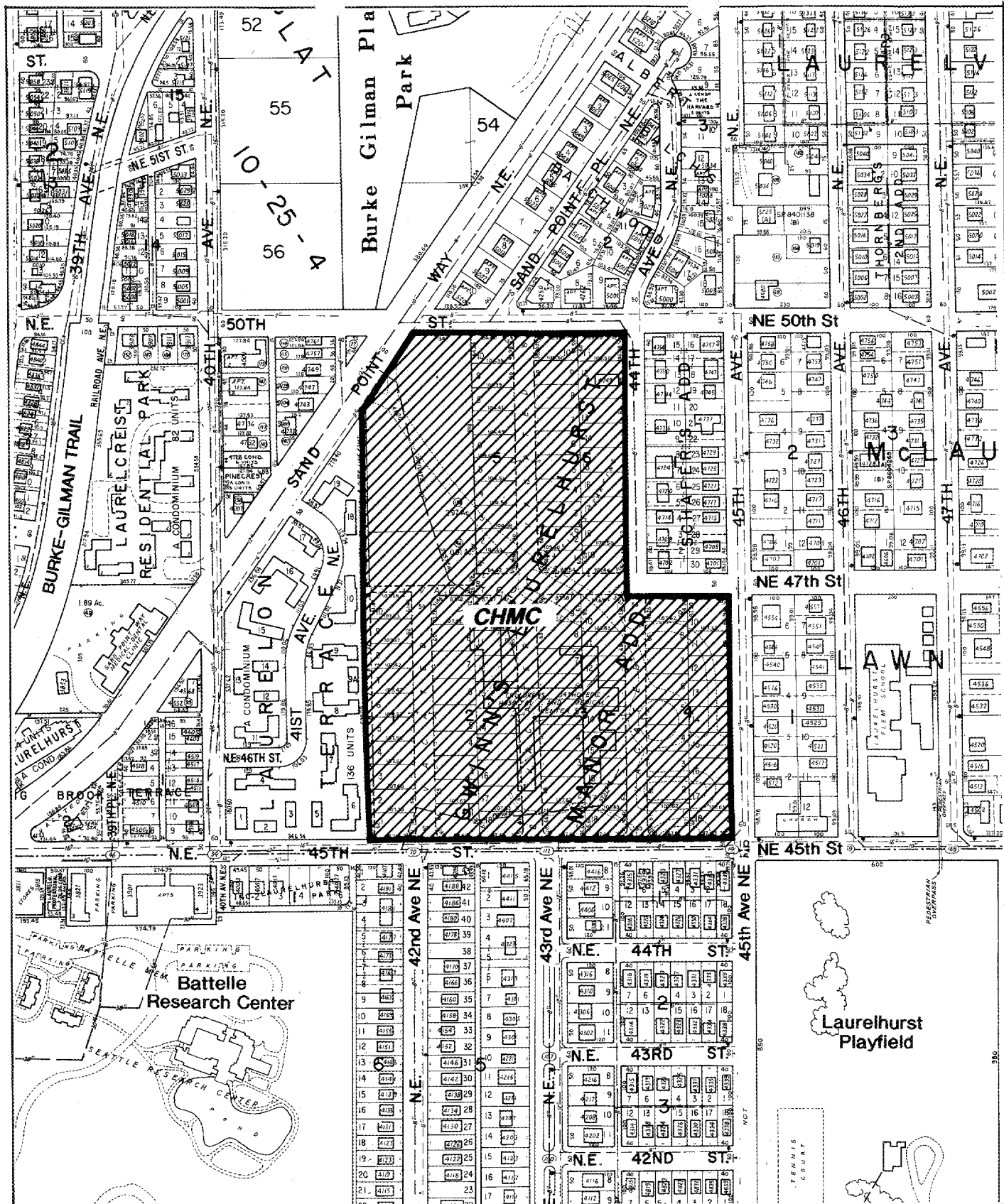


Exhibit B
CHMC Boundaries

shift employees; and, (2) part-time day shift employees who commute in the afternoon peak time for traffic in the vicinity (1-6 p.m.).

Persons who are not employed by CHMC and are otherwise not under the control of CHMC (e.g., University of Washington, community physicians), as well as volunteer and standby personnel, and patients and visitors, should be excluded from the base population. Those CHMC employees in the base population who must use their vehicles as a regular part of the work, should be exempted from the goal calculations.

Height District Rezone

16. The approach of the Master Plan to locate the tallest structures in the central and southwest portions of the campus, stepping back from the edges of campus facing the single-family residential areas, and filling in between existing buildings, is an appropriate and effective way to reduce height, bulk and scale impacts. Any increases in the heights of proposed buildings over the heights indicated in the Master Plan should be consistent with this approach.

17.a. A rezone should be approved with height districts that accommodate the heights of the proposed structures and has the heights stepping up toward the center of the core as illustrated in Appendix D.

b. Height districts should be established for the sites for Projects 6A and 10 which would permit them to rise above the heights proposed in the Master Plan. Restrictions should be imposed with the rezones which would limit the increase in heights to five feet above the heights proposed in the master plan but not to include additional floors of height. An allowance may be made with regard to Project 10 for mechanical equipment penthouses up to 15 ft. in height, covering no more than 25% of the roof area. The visual impact of Project 10 from the north and west edges of the campus should be mitigated with step-backs on the top floor.

Open Space/Buffers

18. The proposed perimeter buffers/setbacks exceed the minimum standards of the underlying zoning and are consistent with the Major Institution Code provisions.

19. The provision of the proposed landscaped perimeter buffer is intended to screen the neighbors' views of the CHMC buildings year-round. The Director should decide on the design for the buffer in consultation with CHMC, the Master Plan Standing Committee and adjacent neighbors. Timing of the buffer improvements shall be coordinated with the development of the parking garage to mitigate its impacts and to replace displaced surface parking. From time to time safety issues may arise with respect to the design of the landscaping and may give rise to modifications of the type and layout of landscaping elements.

20. Provisions of the Major Institutions policies and Land Use Code are sufficient to ensure full implementation and maintenance of the buffers for the life of the Master Plan; recorded covenants against title are not required.

Phasing

21. The proposed below-grade parking structure should be built before projects are occupied that would raise the minimum number of spaces required by the Land Use Code, above the number of on-site

c. Prior to occupancy of and major Master Plan project identified in Exhibit 13, page 21, as in the Middle phase (years 5-10), CHMC shall improve the rights-of-way with curbs, gutters, and sidewalks along the southeast side of Sand Point Way NE between 40th and 41st Avenues NE and along NE 50th Street between 40th Avenue NE and Sand Point Way NE.

8. Parking Structure:

a. CHMC shall complete a topographic survey of the proposed parking structure site within 60 days of the approval of the Master Plan.

b. The proposed parking structure shall be constructed at or below-grade, except that it may extend no more than 3-4 feet above existing grade in the southeast corner as depicted in the FEIS. Parking may be allowed on the top, grade level portion of the structure, but no enclosed structures shall built on top of it (fences, railings, planters, and the like may be permitted).

c. CHMC shall construct the proposed parking structure prior to occupancy of any Master Plan development which would raise the Code-specified minimum parking requirement above that of the existing on-campus supply.

9. RPZ:

a. CHMC shall fund studies for RPZs in Parking Impact Areas 1 and 2 as defined in the Advisory committee's Final Report and Recommendations, after occupancy of the first major Master Plan development and upon submittal of requests by the residents in the Parking Impact Areas. If indicated by the study and approved by the neighbors, CHMC shall pay for implementation costs and parking permits, except that CHMC shall be required to pay for only 50% of parking permits in Impact Area 2. The Seattle Engineering guidelines and regulations for RPZs shall apply.

10. Perimeter Buffers:

a. CHMC shall refer all landscape plans for developing/enhancing the perimeter buffers to the Master Plan Standing Committee for review and constructive comment. The Standing Committee may appoint a subcommittee to perform this function.

b. No buildings shall be permitted in the perimeter buffers; railings, fences, signs, and similar items may be permitted. Existing parking spaces within the buffers may remain only until the proposed parking structure is available for occupancy. Existing paved roadways through and within the buffer may remain in their present locations. Large, mature trees shall be retained where possible.

c. CHMC shall develop/enhance the proposed landscape buffers in the following order:

Related to development of the proposed Daycare Facility, the proposed 75-ft. buffers along the entire length of abutting NE 47th Street, as well as along 45th Avenue NE sufficient to screen the structure, shall be planted prior to occupancy of the facility.

The two buffers along 44th Avenue Northeast and the remainder of 45th Avenue Northeast

provided that where there is an obligation on the part of other institutions the properties shall be divided equally.

shall remain intact until such time as the proposed parking garage is constructed. When occupancy of that garage is permitted, the proposed 40-ft. buffer along 44th Avenue NE and the remainder of the 75-ft. buffer along 45th Avenue NE shall be planted.

The northern half of the western campus boundary buffer strip shall be planted prior to occupancy of the Bed Wing Addition or D and T North Wing Addition, whichever comes first.

The remaining southern half of the western campus boundary buffer strip shall be planted prior to occupancy of the D and T South Wing (C Wing) Addition.

11. Operational Noise:

a. CHMC shall restrict all deliveries, garbage pick-up and other large truck trips, to between the hours of 7:30 a.m. and 6:00 p.m., except such of these trips that are made to the designated loading and unloading dock in the center of the campus core. This restriction shall not apply to medical emergency vehicles.

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a. CHMC shall complete a topographic survey of the Daycare Facility site within 60 days of the approval of the Master Plan.

b. The Daycare Facility structure and outside play area shall be designed, constructed and operated so as to minimize the amount of the structure visible from the street and the amount of noise created by children playing that could reach the residences across those streets. The structure shall have a residential appearance and the ridge of the pitched roof shall not extend higher than 20 ft. above the adjacent street grade, except that the Director, in consultation with CHMC and the Standing Advisory Committee, may determine that it is feasible to limit the height above street grade to less than 20 feet above the street grade. If it is determined that a height of less than 20 feet is feasible, the Director shall establish such lower height as the limit. The play area shall be located as far away from the residences across 45th Avenue NE as possible and shall be enclosed with a sound attenuating wooden fence. Outdoor play shall not be allowed prior to 7:30 a.m.

c. The Daycare Facility shall not be available for use by the general public; only children of CHMC employees shall be permitted, except that occasional, short-term use by siblings of patients hospitalized at CHMC may be allowed to provide temporary respite care while the patient's parents are on-campus tending the patient.

13. Other Conditions:

a. CHMC shall report on its Master Plan as provided for in the Land Use Code.

b. CHMC shall establish a hotline for neighbors to call regarding complaints associated with noise, air quality, traffic, or other complaints. The hotline number, and the name of the appropriate CHMC contact person shall be posted on-site and made available to the neighbors, via CHMC neighborhood newsletters and other means as necessary to make it readily available.

DEVELOPMENT STANDARD DETAILS

1. Above-grade hand railings and sound or view-blocking fences will not be considered structures for the purposes of lot coverage.
2. With regard to floor area calculations these exemptions apply: all gross floor area used for accessory parking and three and one-half percent (3-1/2 percent) of the gross floor area for mechanical equipment.

STATE OF WASHINGTON - KING COUNTY

48280

City of Seattle, City Clerk

—SS.

No. ORDINANCE 11

City of Seattle

TITLE-ONLY PUBLICATION

The full text of the following ordinances, passed by the City Council on September 26, 1994, and published here by title only, will be mailed, at no cost, upon request for two months after this publication. For further information, contact the Seattle City Clerk at 684-8344.

ORDINANCE NO. 117318

AN ORDINANCE related to the Police Department; ratifying the acquisition of two parcels of real property as a result of a drug forfeiture proceeding and authorizing the sale thereof.

ORDINANCE NO. 117319

AN ORDINANCE adopting a Major Institution Master Plan for Children's Hospital and Medical Center, and amending Plat 16W, page 83, of the Official Land Use Map to change height limits in the Major Institution Overlay District.

ORDINANCE NO. 117322

AN ORDINANCE authorizing the extension of the tax exempt lease financing program for the City previously established under the authority of Ordinances 115710 and 116962.

ORDINANCE NO. 117323

AN ORDINANCE establishing a new title and salary rates for Head Usher, and authorizing execution of a Memorandum of Understanding between The City of Seattle and Service Employees International Union, Local 6 (Admissions Unit), amending Appendix "C" of the collective bargaining agreement to add the title Head Usher.

ORDINANCE NO. 117324

AN ORDINANCE relating to the undesignated and unreserved fund balances; consolidating into the Cumulative Reserve Fund and the Emergency Fund undesignated and unreserved balances from various General Fund-related funds; and making other transfers among General Fund-related funds.

ORDINANCE NO. 117325

AN ORDINANCE relating to the Water Department, declaring Water Department property surplus to the City's needs and not required for providing continued public utility services; authorizing the sale by competitive bidding procedures or negotiations of said surplus property and establishing the fair market value thereof.

Publication ordered by JUDITH PIP-PIN, City Clerk.

Date of official publication in Daily Journal of Commerce, Seattle, October 1994. 10/7(48280)

Affidavit of Publication

The undersigned, on oath states that he is an authorized representative of The Daily Journal of Commerce, a daily newspaper, which newspaper is a legal newspaper of general circulation and it is now and has been for more than six months prior to the date of publication hereinafter referred to, published in the English language continuously as a daily newspaper in Seattle, King County, Washington, and it is now and during all of said time was printed in an office maintained at the aforesaid place of publication of this newspaper. The Daily Journal of Commerce was on the 12th day of June, 1941, approved as a legal newspaper by the Superior Court of King County.

The notice in the exact form annexed, was published in regular issues of The Daily Journal of Commerce, which was regularly distributed to its subscribers during the below stated period. The annexed notice, a

OT:117318,319,32-325

was published on

10/07/94

The amount of the fee charged for the foregoing publication is the sum of \$, which amount has been paid in full.

[Signature]

Subscribed and sworn to before me on

10/07/94

[Signature]

Notary Public for the State of Washington,
residing in Seattle