harborview medical center

COMPILED MAJOR INSTITUTION MASTER PLAN

cover: west entrance

harborview medical center

FINAL MAJOR INSTITUTION MASTER PLAN

Prepared consistent with the City of Seattle SMC 23.69, 23.12 and 23.54 Adopted by Ordinance 118362

Date of Final MIMP Issuance: November 12, 1999

Harborview Medical Center Compiled Major Institution Master Plan

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I. Introduction

1. Preface

Harborview Medical Center, owned by King County and operated by the University of Washington, is the Master Plan proponent.

The City of Seattle seeks to balance the public benefits of the growth and change of its major healthcare and educational institutions, with the need to maintain the livability and vitality of adjacent neighborhoods. Special land use provisions that modify the underlying zoning can be established while ensuring that impacts are satisfactorily mitigated.

Harborview Medical Center fulfilled the requirements of the Major Institutions Policies and Land Use Code with the preparation of a Major Institution Master Plan (MIMP) and accompanying Environmental Impact Statement (EIS).

During the preparation of the MIMP, extensive public participation occurred with over 20 meetings of the Citizens Advisory Committee (CAC). The City of Seattle Department of Neighborhoods facilitated the CAC process. The input helped to shape the direction of the proposed improvements to Harborview Medical Center that will allow it to continue to be a vital community resource. For example, concerns expressed by the CAC regarding the proposed Major Institution Overlay (MIO) boundary and setback standards resulted in Harborview making substantial revisions to the proposed Master Plan. CAC ideas for mitigating impacts were also included in the EIS.

King County Department of Construction and Facilities Management is the Lead Agency for the environmental review, working in cooperation with the City of Seattle. Master Plan approval was obtained from the Seattle City Council. This Compiled Master Plan, with all conditions and changes approved by the City Council, is a zoning entitlement or regulatory framework to allow continued Harborview change and development. The Compiled Master Plan fulfills the requirements of 23.69.032 K and it has been reviewed and approved by the Director of DCLU. It includes a program of development projects, standards to shape the projects and a transportation management program to reduce traffic problems.

Specific modifications to the master plan and specific conditions to approval are located in relevant sections of the document and are highlighted by *italic type*. A separate notebook appendix includes copies of related documents, listed in Appendix 3.

A. Purpose and Process

The purpose of the Compiled Master Plan is to direct continued improvement of the Harborview Medical Center (Harborview) campus to fulfill the institution's mission. The document includes all conditions and modifications that resulted from the review and approval process. The process served to satisfy relevant regulatory requirements (including RCW 43.12C(2) (c), WAC 197-11, SMC 23.69).The Master Plan is intended to comply with all applicable local and state regulatory requirements. Extensive neighborhood participation sought to assure compatibility and facilitated necessary City approvals. The Compiled Master Plan directs improvement actions and establishes a basis for project implementation.

The Master Plan furthers the commitment of Harborview to provide safe and sufficient facilities for the highest quality of health care, teaching, research, and community service. The reason for this is that Harborview provides care to victims of trauma and burns as Washington States only Level I Trauma Center and also Alaska, Montana and Idaho. Harborview provides facilities for premier medical education for trauma and trauma related disciplines. The facilities must be seismically stable. Harborview is the largest hospital provider of charity care in the state. The plan focuses upon future improvements to meet growing demands for service for the years from 2000 to 2010. Projects described as 'Planned Projects' that are in the nearer term (2000 to 2010) are more defined, and 'Potential Projects' that are in the longer-term (2010 to 2020) are less defined. However, given the needs for flexibility and uncertainties with healthcare, this distinction of the projects may change and is only provided as the most likely timing sequence currently known. The Planned and Potential Projects discussion is intended to present the total proposal for the State Environmental Policy Act (SEPA) purposes and allow comprehensive consideration of the projects.

The planning process included concentrations of the following activities:

- Pre-design planning, needs assessment budgeting, and programming plus, the Master Plan application, Citizen Advisory Committee formation and environmental analysis scoping
- Draft MIMP and Draft EIS preparation and review - with public comment period
- Final MIMP and Final EIS preparation and review
- Citizen Advisory Committee (CAC) meetings
- City review, findings and recommendations, City Council decision-making and MIMP compilation

All activities have been completed. The Draft MIMP and Draft EIS were issued on April 30, 1999. The Final MIMP and Final EIS were issued on November 12, 1999. The DCLU Director Report was issued February 2, 2000, and the Final CAC Report was issued March, 2000. The public hearing by the city Hearing Examiner was held on April 3 and 4, 2000. The Hearing Examiner report was issued May 15, 2000.Subsequent City Council review and action occurred in July and August, 2000 with final action taken by the City Council on August 21, 2000. The approving ordinance #120073 is dated August 24, 2000. A list of key process milestones and dates is given in Appendix 4.

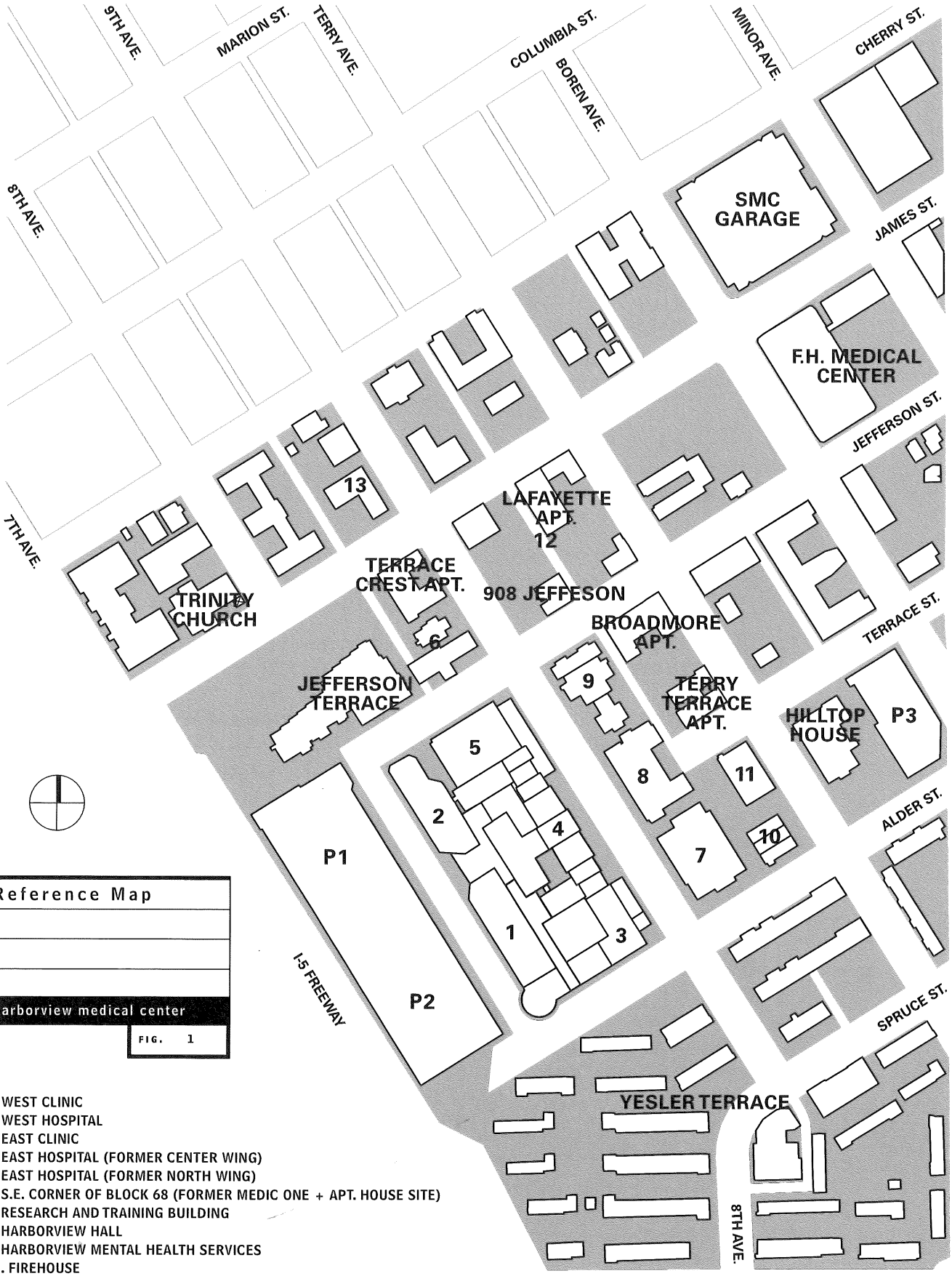
The planning process, with regular input from the public and Citizen Advisory Committee, resulted in substantial changes to the Harborview Master Plan. Impact concerns and questions

were answered by revisions to the proposal. The following highlights the major changes that were made from the Draft to the Final MIMP. The Compiled Master Plan incorporates all of the listed changes, and in addition, includes other changes and conditions resulting from the last stages of the approval process.

Table 1
Harborview Master Plan
Changes in Response to Public Comments

- ❑ Change proposed MIO boundary to exclude the Broadmore Apartments
- ❑ Modify underground garage alternative; no development on Terry Terrace Apartments site
- ❑ Eliminate acquisition of the Terry Terrace Apartments
- ❑ Change proposed MIO boundary to exclude Terry Terrace Apartments
- ❑ Guarantee by Harborview/King County to replace affordable housing units lost under the Proposed Action, with strong commitment to replacement housing within Harborview vicinity, either through contributions to existing programs or through participation in new partnerships for housing development.
- ❑ Increase setback development standards from 5 to 10 feet at three locations: 1) along James Street to provide wider sidewalks/pedestrian amenities, 2) at the alley between the Inpatient Expansion Project and the Broadmore Apartments to improve scale compatibility, and 3) between the Multi-Use Project and the Terrace Crest Apartment to improve scale compatibility
- ❑ Change the underground plaza parking garage access from Terrace Street to Jefferson and 9th to further the pedestrian oriented vision of Terry Avenue
- ❑ Eliminate vehicular turn around/drop-off in plaza open space
- ❑ Change the full block Clinical Services Project underground garage access to avoid impacts on James and Terry Avenue
- ❑ Allow opportunity for street level retail along James Street in Clinical Services Project.
- ❑ Include new alternatives: 1) Add parking under the Clinical Services/Research Building (+200 spaces), and 2) Increased heights/increased intensity
- ❑ Consider alternative of future building on top of Plaza underground garage.
- ❑ Consider various alternatives that connect underground parking garages and/or reduce local traffic impacts
- ❑ Prepare more specific local parking and access plan, including shifting traffic flows to Jefferson/Boren/Broadway
- ❑ Allow transit use of 9th Avenue after at-grade street vacation is completed.
- ❑ Consider additional mitigation to improve the Terry Avenue pedestrian use and divert traffic to other arterials
- ❑ Organize proposed central campus open space to improve natural light exposure
- ❑ Increase height clearances over 9th Avenue of Inpatient Expansion Project
- ❑ Agree to future Standing Committee input on projects when they are detailed

The following Figure 1 is a reference map showing the existing Harborview campus and the adjoining neighborhood.



Reference Map

harborview medical center

FIG. 1

1. WEST CLINIC
2. WEST HOSPITAL
3. EAST CLINIC
4. EAST HOSPITAL (FORMER CENTER WING)
5. EAST HOSPITAL (FORMER NORTH WING)
6. S.E. CORNER OF BLOCK 68 (FORMER MEDIC ONE + APT. HOUSE SITE)
7. RESEARCH AND TRAINING BUILDING
8. HARBORVIEW HALL
9. HARBORVIEW MENTAL HEALTH SERVICES
10. FIREHOUSE
11. PERSONNEL BUILDING
12. BLOCK 81 (PARKING, APT. BUILDING, RETAIL)
13. CHILD CARE CENTER

P1. VIEW PARK GARAGE
P2. GARAGE EXPANSION + HELIPORT
P3. BOREN AVE. GARAGE

B. Background

Harborview Medical Center, as the state's and the four-state region's only Level I Trauma Center and only Level I Pediatric Trauma Center, provides the highest level of care for patients with complex, multi-system injuries. Harborview is a major referral center for Neurological Surgery, Burn, Orthopedic Surgery, Rehabilitative Medicine and Psychiatry. In addition to patient care, Harborview serves as one of the two main teaching hospitals for University of Washington. Harborview also conducts research and community service. Harborview leadership has developed nationally recognized programs: Medic One, the Sexual Assault Center, the U of W Regional Epilepsy Center and the Burn Center at Harborview. Harborview is the major provider in King County for the non-English speaking poor, victims of sexual assault, and domestic violence. Harborview provides services to all - regardless of their ability to pay.

The recently completed West Hospital Wing includes a state of the art trauma center, acute and critical care beds and clinical training facility space. A new Research and Training Building has been recently completed. The View Park Parking Garage expansion and heliport are under construction with anticipated completion in Spring 2001.

The services of Harborview respond to the growing community needs. Even the new facilities utilization is exceeding forecast growth demands. The critical care, teaching, research and community service needs are characterized by the following:

- 700 surgeries are performed each month
- Almost 70% of the 14,000 hospitalized patients are admitted through the Emergency Department each year
- Annually, there are about 41,000 patients treated in the Emergency Department, 22,000 treated in the Urgent Care Center and 6,000 treated in the Emergency Department Psych.
- An average of 3,000 critically injured and ill patients are admitted to intensive care each year
- Annually, there are 73,000 patients treated in Specialty Clinics.
- More than 1,000 patients are treated for brain/spinal cord injuries and nervous system disorders each year.
- Comprehensive inpatient and outpatient Psychiatric/Behavioral Health Care Services are provided. This represents over 2,500 inpatient admissions and 100,000 outpatient visits annually.
- Inpatient and outpatient Rehabilitation Services are world recognized for treatment of trauma, spinal cord injuries, and traumatic brain injuries.
- Harborview based physicians attract over $40 million of research funds annually, which generates an additional $14.6 million in support from private industry.
- More than 2,000 critically ill or injured patients are transported by air ambulance to Harborview annually

Harborview receives no direct patient care payment from King County. Nearly 70% of Harborview patients are covered by Medicaid, government programs or is uninsured and this represents the highest percentage of any hospital in the State. King County voters have supported Harborview's facility improvements through general obligation bonds. In 1987, bonds funded the recently completed trauma center improvements. A portion of the proposed projects in this Master Plan will be subject to voter-approved bonds.

C. Harborview Medical Center Mission

Harborview is a comprehensive health care facility dedicated to the control of illness and the promotion and restoration of health. Its primary mission is to provide and teach exemplary patient care and to provide health care for those patients for whom King County has obligations. Harborview is committed to patient care, teaching, research and community service.

The following groups of patients and programs are given priority for care within the resources available as determined by the Board of Trustees:

- Persons incarcerated in the King County Jail
- Mentally ill patients, particularly those treated involuntarily
- Persons with sexually transmitted diseases
- Substance abusers
- Indigents without third party coverage
- Non-English speaking poor
- Trauma
- Burn treatment
- Specialized emergency care
- Victims of domestic violence
- Victims of sexual assault

While maintaining a commitment to patients in the above categories, Harborview also serves a broad spectrum of patients to maintain a balanced clinical program and fiscal viability.

Harborview's patient care mission is accomplished by assuming and maintaining a strong leadership position in the Pacific Northwest and the local community. This leadership role is nurtured through the delivery of health services of the highest quality to all of its patients and through effective use of its resources. Harborview plans and cooperates with other hospitals, public health providers, and the University of Washington Medical Center in order to provide programs and services and to avoid unnecessary duplication.

Harborview fulfills its educational mission through commitment to the support of undergraduate, graduate and post-graduate and continuing education programs of the health professions of the University of Washington and other education institutions - as well as those programs relating to patient education.

Harborview recognizes that the delivery of the highest quality of health care is enhanced by a strong commitment to teaching, community service and research.

D. Healthcare Issues and Needs

Harborview completed a yearlong effort in 1998 to develop a Master Site Development Plan that included pre-design planning needs assessment, site and facility analysis and capital cost estimates to prepare for the future needs of a growing region, and to facilitate the Major Institution Master Plan. The purpose of that effort was to define development plans for the future campus based on Harborview's mission for patient care, teaching and research needs; while respecting the community context and maintaining fiscal responsibility. The planning was intended to prioritize and phase future development for purposes of constructability, funding and project definition for the MIMP. The planning also assessed the structural and building system life cycle costs.

The Harborview planning effort identified the healthcare issues and needs that were addressed by this Master Plan. This analysis included population specific volume forecasts, healthcare trends, medical innovations and market conditions.

Volume forecasts were estimated based on assumptions to determine the future directions of Harborview programs and services, anticipated demographic changes in Harborview's service areas and anticipated changes in factors that are likely to influence the overall care delivery system (reimbursement, technology, etc.). Recently, this region has shown a marked increase in the demand for critical care functions. It is not unusual for occupancy rates of critical care beds to exceed 100%, or for every treatment room in the Emergency Department to be occupied. In addition, many clinics are pressed for additional exam rooms.

The Central King County region[1] population is expected to increase by about 9% by 2010, while the remaining King County is expected to grow by 12% during the same timeframe. Remaining Washington is expected to increase by some 16%. These population increases are expected to put greater demands on Harborview's already stressed systems.

The inpatient forecast estimates a need for approximately 50 additional beds by the year 2010. This increases the number of beds from the current bed number of 349 to 399. The clinic forecast estimated a need to accommodate a total volume on the Harborview campus of 387,000 visits by the year 2010 - a significant increase from 308,455 visits in 1997.

[1] Central King County region includes Seattle South, Seattle Central, Seattle CBD, and Seattle North.

E. Master Plan Objectives

The primary Harborview Master Plan objectives are summarized as follows:

- Meet essential patient care needs
  - Expand critical care capacity
  - Increase the number of beds due to the increased acuity and increased demand from population growth
  - Ensure that clinical support and diagnostic services are provided consistent with growth demands and improvements of health care delivery

- Upgrade seismic standards for patient care areas
  - Increase seismic stability for inpatient units to meet 'essential facility' standards
  - Demolish facilities with the greatest seismic risk and facility limitations
  - Increase seismic stability of older non-patient facilities to meet non-essential facility standards

- Develop a campus that respects the community context
  - Create a campus 'heart'
  - Plan for open space within the campus
  - Create parking capacity for patients, visitors, and staff

- Address anticipated increase in clinical and support services
  - Respond to increase in clinical services' volume
  - Provide diagnostic and treatment in close proximity to clinics and inpatients
  - Recognize need for offices, research and clinical support

- Phase development based on constructability and funding
  - The Master Plan is long range and must be flexible to the healthcare trends
  - Planned Projects are projections for 10 years (2000-2010)
  - Potential Projects are projections for 10 to 20 years (2010-2020)
  - Construction must be sensitive to the community and must be phased

A further objective of the Master Plan is to satisfy the requirements of the Major Institutions Policies and Land Use Code and obtain necessary approvals that allow responsive and flexible improvement of Harborview. The Master Plan is required to have three components:

1) development standards,
2) development program, and
3) transportation management program (TMP)

This document is organized to include each of the required components. Applicable sections of the zoning code (Seattle Municipal Code, Title 23-Land Use and Zoning) are cited for convenience. All additional conditions and other changes resulting from the City Council approval process are included.

F. Campus Character

The Harborview Master Plan is conceptual, spanning two decades and no architectural designs have yet been prepared. Thus, details are not defined for individual projects. The following series of sketches are intended to convey the general character that is envisioned by the Master Plan. The sketches seek to give physical design form to the Master Plan objectives. The selected views show the following.

- The view south along 9th Avenue shows the Inpatient Expansion building crossing over 9th Avenue. The pedestrian character of the new Clinical Services building along 9th Avenue is shown and would also extend around the corner along James Street (Figure 2).

- The view north along 9th Avenue from the proposed central campus landscaped open space shows the Inpatient Expansion 'bridge building' over the street. This view is the Planned Project phase. The new central campus landscaped, open space is on top of an underground garage, the former location of the demolished Harborview Hall. The Inpatient Expansion building is envisioned to be lightened and possibly transparent over the street, met at each end by more massive structures that reflect existing building designs (Figure 3).

- The new central campus landscaped open-space (Campus Heart) on top of the plaza underground garage provides a naturalistic refuge and improves the transition to the neighborhood. This is the site of the demolished Harborview Hall. The open space is defined by the adjoining buildings and is intended to improve visibility of the Center Wing. This view is the Planned Project phase (Figure 4).

- Another view of the landscaped open space on top of the plaza underground garage shows the Potential Project phase. The view looks west to the East Hospital (former Center Wing) Expansion, a buttress structure, extending into the 9th Avenue right-of-way (Figure 5).

Actual project designs, when they are prepared in the future, will probably differ from the sketches in detail. However, the basic concept and intent is proposed to be maintained.

View South on
9th Avenue of
Inpatient Expansion

harborview medical center

FIG. 2

View North on
9th Avenue of
Inpatient Expansion

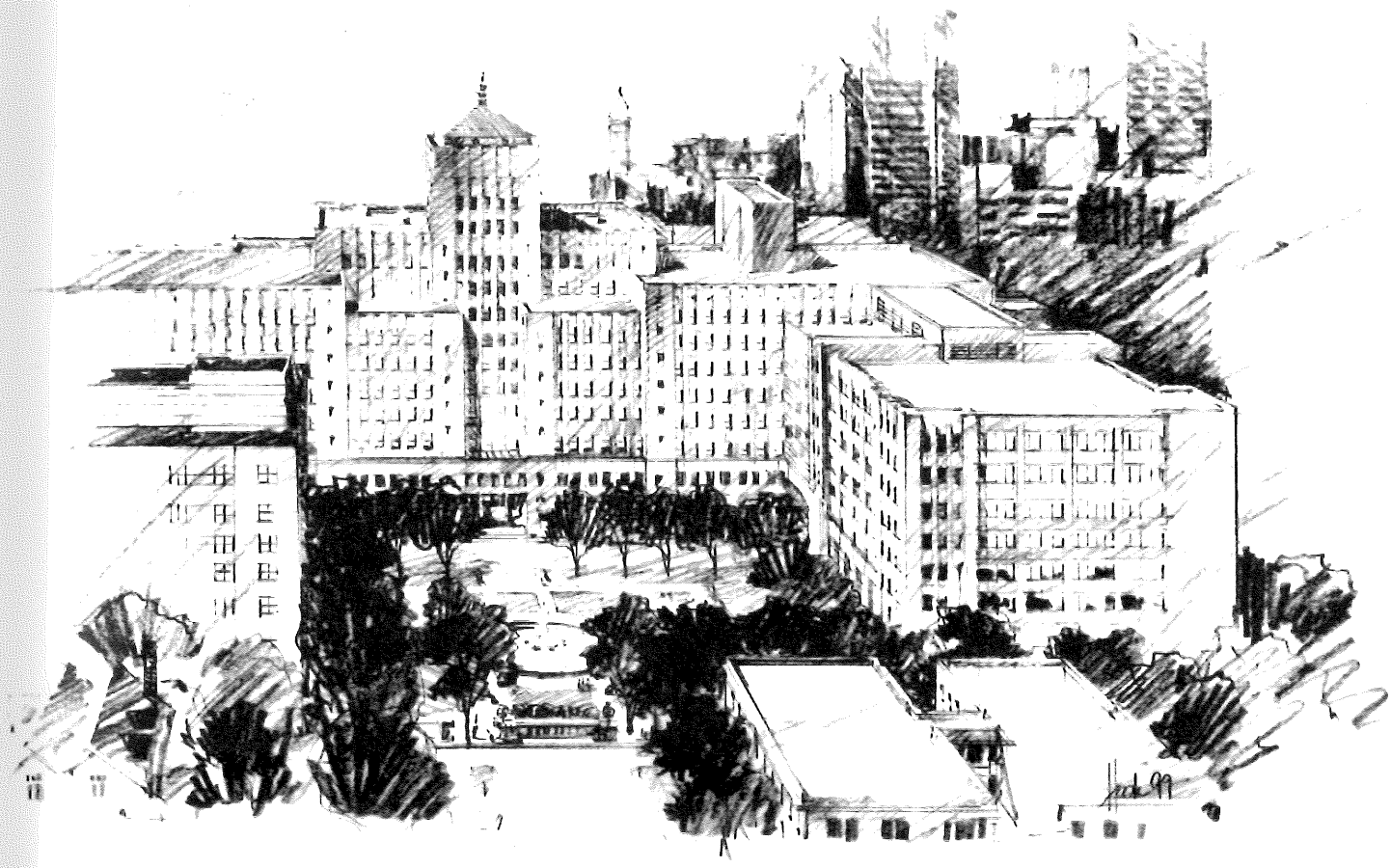
harborview medical center

FIG. 3

Landscaped Open Space (Planned Project Phase)

harborview medical center

FIG. 4



Landscaped Open Space (Potential Project Phase)

harborview medical center

FIG. 5

II. Development Program

A. Harborview Campus

1. Property Ownership (23.69.030.E.5)

The existing property of Harborview owned by King County is detailed in Table 2 and depicted in Figure 6, based on King County Assessor's records. King County owns 13.2 acres (574,464 SF) of land and has a 'first right of refusal' purchase on one parcel at the corner of Terry and James (0.16 acres; 7,200 SF.) Public right of ways proposed to be vacated includes the alley of Block 81. An aerial vacation over 9th and future 9th street vacation are proposed also. A segment of Terrace Street, west of Terry Avenue may be vacated in the long term.

If all the described campus expansion occurred, the total future campus land area would increase by 3% to about 13.6 acres, 594,480 SF. This area includes the proposed alley vacation and the segment of Terrace Street proposed to be vacated. However, it does not include the 9th Avenue right of way between Jefferson and Alder Streets. (See Table 2 and Figure 6.)

A legal description of the property is given in Appendix 1 along with the Assessor's parcel map.

Table 2
Harborview Medical Center Property Ownership

Map Reference	Property Description	Property Area
A	Garage	133,950 SF; 3.08 acres
B	Medical Center Core East & West Hospital/Clinics	180,588 SF; 4.15 acres
C	Mental Health/Harborview Hall/Research & Training Building	140,636 SF; 3.23 acres
D	Boren Street Garage	30,490 SF;
E	Childcare	14,400 SF
F	Office/Apartment	14,400 SF
G	Retail & Parking	25,200 SF
H	Retail & Apartments	3,600 SF
I	Retail & Parking	14,400 SF
J	Apartments	7,200 SF
K	Parking Lot	9,600 SF
TOTAL Harborview Ownership		**574,464 SF; 13.2 acres**
L	Retail (First right of refusal to acquire)	7,200 SF
M	Block 81 alley right of way (Proposed to be vacated)	3,840 SF
N	Terrace St. segment right-of-way (Proposed to be vacated)	8,976 SF
TOTAL FUTURE Harborview Ownership*		**594,480 SF; 13.6 acres**
(For Planned & Potential Projects)		

* Does not include vacated 9th Avenue between Jefferson and Alder Streets. This right-of-way amounts to land area of about 36,036 SF (0.83 acres).

9TH AVE.
MARION ST.
TERRY AVE.
COLUMBIA ST.
BOREN AVE.
MINOR AVE.
CHERRY ST.
8TH AVE.
JAMES ST.
BROADWAY
91
80
90
JEFFERSON ST.
69
M
J
81
L
E
G
I
7TH AVE.
89
68
H
58
F
82
TERRACE ST.
K
D
N
C
83
ALDER ST.
B
A
SPRUCE ST.
8TH AVE.
Assessor's Blocks/
Harborview Property
Ownership
harborview medical center
FIG. 6
OWNED BY HARBORVIEW
OPTIONED BY HARBORVIEW
PROPOSED RIGHT OF WAY VACATION
BY HARBORVIEW
(PLANNED & POTENTIAL PROJECTS)
ASSESSORS' BLOCK
NUMBERS
MAP REFERENCE

2. Existing/Approved Development

The Harborview campus is developed with 11 facilities amounting to over 1.3 million square feet as described in Table 3 and depicted in Figure 7. The inventory is for the Harborview campus addressed by the MIMP, and does not include leased or owned off-campus facilities. This data provides a baseline for comparing proposed development and detailing the development standards.

Table 3
Harborview Medical Center Existing Campus Building Areas

Map Reference	Building	Building Area (gross square feet)
1	West Clinic	142,980
2	West Hospital	285,960
3	East Clinic	119,660
4	East Hospital (former Center Wing)	246,800
5	East Hospital (former North Wing)	197,525
6	Former Medic One Building	5,758
7	Research and Training Building	176,855
8	Harborview Hall	95,915
9	Harborview Mental Health Services	42,170
10	Firehouse	7,930
11	Personnel Building	9,000
12	Block 81	---
13	Child Care	5,700
	TOTAL	**1,336,253**

Existing/approved off-street parking in structures for the Harborview campus is provided in three facilities and amounts to 1164 parking spaces as shown in Table 4 below. Additional parking is provided in surface lots and leased remote parking.

Table 4
Harborview Medical Center Existing/Approved Parking

Map Reference	Parking Facility	Square Feet	Number of Spaces
P1	View Park Garage	103,235	380
P2	Garage Expansion and Heliport*	129,000	435
P3	Boren Street Garage	113,770	349
	SUB TOTAL	**346,005**	**1164**
	Harborview Surface Parking Lots (Lots #2, #3, #4, #15, #21)		241
	Total On-Site Parking Supply		**1,405**

* Planned and approved in 1986 MIMP; project completion expected year 2001. Harborview currently leases remote parking amounting to an additional 379 spaces. In the Final MIMP it was noted that the amount of parking for the Garage Expansion Project (View Park 2) may vary, depending upon the final design. The variation in garage size was between 300 to 435 spaces. The garage is now under construction and has 435 parking spaces. The total on-site parking supply thus increased by 110 spaces from the Final MIMP (435 spaces vs. 325 spaces).

2. Existing/Approved Development (Cont.)

The 'existing condition' of Harborview includes approved projects that are under implementation. The timing of the completion of these projects had overlapped with the recently completed MIMP process. The Research and Training building construction was completed. The Garage Expansion with Heliport is currently under construction.

A future patient transport system is included as part of the Planned Projects. The transport vehicle must be large enough to hold two gurneys and four staff. The route must connect the helipad and the 1st floor emergency department on the West side of the hospital.

3. Development Purpose and Public Benefits (23.69.030.E.13.b)

The purpose of the proposed development is to meet the healthcare needs of the region, which is the basis of Harborview's mission, values and programs. The development also intends to be consistent with larger City initiatives of regional transit and neighborhood planning.

The proposed development serves the public mission of Harborview by allowing the campus to continue to provide and enhance care to its priority patient populations which include trauma and burn patients, patients regardless of their ability to pay, the non-English speaking poor, jail inmates, people with sexually transmitted diseases and the mentally ill. Harborview is the Level I Adult and Pediatric Trauma Center for Washington State. The University of Washington Burn Center is located at Harborview. Harborview is also the site of the Medic One training program for paramedics.

Harborview provides the largest amount of uncompensated care of any hospital in Washington State. Harborview's Pioneer Square Clinic also delivers primary and mental health care to low-income individuals and the downtown homeless population offsite through the Pioneer Square Clinic. The clinic also operates a respite center for homeless patients being discharged from the hospital and collaborates with the Seattle/King County Department of Health in the Healthcare for the Homeless program.

Harborview is the largest provider of inpatient mental health services in King County and is the site of the Crisis Triage Unit (CTU), a county program for triaging high-utilizer and mentally ill substance-abusing patients to appropriate services. Harborview provides complete inpatient and outpatient care to inmates of King County's detention centers. The King County STD Clinic and the Madison Clinic, which treats people with HIV/AIDS are both sited at Harborview. The King County Medical Examiner is at Harborview.

Growth and change issues will be resolved by providing the physical campus and facility improvements directed by the Master Plan.

4. Consistency with Plans and Policies (23.69.030.E.11 and 13.a)

The Harborview MIMP is consistent with the Major Institution Policies and supportive of the Seattle Comprehensive Plan, First Hill planning and the planning for Sound Transit. A detailed analysis of the relationship of the Harborview MIMP with relevant plans and policies is included in the Draft and Final EIS (see Section III A, Consistency with Plans/Policies/Regulations.)

The Seattle Comprehensive Plan Human Development Element includes a goal and policies related to Health that is particularly relevant to the Harborview Master Plan. The relationship is described in the following Table 5.

Table 5

Relationship of Seattle Comprehensive Plan Health Goal/Policies to Harborview Master Plan

Goal	Consistency with Harborview Master Plan
G8: Create a healthy environment where community members are able to practice healthy living, are well nourished, and have good access to affordable health care.	The Harborview mission specifically supports this goal for health and targeted population (see Page 7 of this MIMP document)
Policies	
HD 28: Work toward the reduction of health risks and behaviors leading to chronic and infectious diseases and infant mortality, with particular emphasis on populations disproportionately affected by these conditions	The Harborview mission focuses efforts on patient care, teaching, research and community service; priority for programs and services are the under-served populations; both further this policy
HD30: Work to reduce environmental threats and hazards to health	
❑ Make use of the City's building and fire codes, food licensing and permit processes, and hazardous materials and smoking regulations for fire and life safety protection	Proposed facility improvements further this policy with seismic upgrades and new facility construction; Inpatient areas will meet 'essential facility' standards
❑ Collaborate through joint efforts among City agencies, such as fire, police, and construction and land use to address health and safety issues in a more efficient manner	Harborview and King County will continue to collaborate with affected agencies
HD31: Encourage efforts that enhance strong family relationships and healthy child development and work in partnership with the state, King County and community agencies to prevent violence and injury, in areas such as child abuse, sexual assault, domestic violence, firearms injury and violence associated with substance abuse	Harborview programs specifically address and support this policy; this policy is furthered by the Harborview Master Plan
HD32: Seek to improve the quality of, and access to, health care, including physical and mental health, emergency medical and addiction services	All noted items, physical and mental health, and emergency services are the center of Harborview's reason for being and are substantially advanced by the Master Plan. Harborview is part of a network of community services located throughout the service area. Core facilities re-concentrated on the Harborview campus, located within the urban center.
❑ Collaborate with community organizations and health providers to advocate for quality health care and broader accessibility to services	
Pursue co-location of programs and services, particularly in under-served areas and in urban village areas	

5. Decentralization Plans (23.69.030.E.12)

Harborview, as the Level One Trauma Center for the State, is a key member of the state's regional trauma system. The system includes hospitals and pre-hospital services designated by their ability to handle differing degrees of trauma care. This enables the state to manage trauma in a coordinated way, providing the necessary level of care based upon the patient's needs.

In addition, Harborview has been designated as the Level 1 Pediatric Trauma center for the State in cooperation with Children's Regional Hospital and Medical Center. In this partnership, Harborview treats those children who are victims of trauma or burns. Once the child is in need of rehabilitative care, the patient is transferred to Children's Regional Hospital and Medical Center.

Harborview also has a complementary relationship with the University of Washington Medical Center in regard to obstetric care. In order to minimize duplication, pregnant women seen at Harborview for pre-natal care are referred to the UWMC for their deliveries. This eliminates the need for Harborview to operate its own obstetric and delivery services.

Harborview is one of two main teaching hospitals for the University of Washington and is essential for those specialties that are not generally duplicated at University of Washington Medical Center or any of the other residency sites for the University of Washington.

B. Planned Projects

The proposed Planned Projects are described consistent with Major Institution Code requirements (SMC 23.69.030). Planned Projects includes development that is more definite and will likely occur in the near future, from year 2000 through 2010.

Refinements and modifications are expected as actual building projects are more specifically determined. The nature of a Master Plan requires flexibility in the project definition so that potential impacts can be identified early in the development process.

1. Uses and Areas (23.69.030.D)

The Harborview Master Plan 'Planned Projects' are summarized in the following Table 6 and depicted in Figures 8 and 9. The projects may be developed over the next decade.

Table 6
Harborview Medical Center Planned Projects

Map Reference	Project	Location
A1	Clinical Services Building (Phase I) 11 levels; 215,000 SF Ambulatory surgery, clinics, medical staff offices, office based research, diagnostic and treatment, support, street level retail/pedestrian oriented uses Below grade parking 175,000 SF; 500 spaces Possible below grade connection to Plaza garage (Project D) Alley vacation Skybridge/tunnel connections across Jefferson and 9th	Block bounded by Jefferson/9th/James/Terry
B	Multi-use Building 6 levels; 62,000 SF Hospital support, clinics, offices, King County court, Med. Exam., Medic One 2 levels of below grade parking 18,000 SF; 50 spaces Demolition of Old Medic One buildings and adjacent sixplex residential building (509 9th Avenue) (10,766 SF) Skybridge/tunnel connections across Jefferson	Block at northwest corner of 9th/Jefferson intersection
C	Harborview Hall Demolition (95,900 SF) and tunnel renovation Harborview Mental Health Services – HMHS Building Demolition (42,000 SF)	East side of 9th between Jefferson and Alder
D*	Plaza with 4 levels of Below Grade Parking 160,000 SF; 450 spaces Possible below grade connection to Clinical Services Building garage (Project A1) Personnel Building demolition (9000 SF) Tunnel connection across 9th	East side of 9th between Jefferson and Alder, between inpatient expansion and research/training building (under HMHS and under Harborview Hall sites)

* Variation to include added structural capacity for future building on top of garage may increase building area/reduce efficiency to provide same quantity of parking

Table 6 (cont.)

Harborview Medical Center Planned Projects

Map Reference	Project	Location
E	East Clinic Demolition (113,080SF)	North side of Alder between 9th and vacated 8th Avenue
F	Inpatient Expansion Building (bridging above 9th Avenue and connecting East Hospital with possible additional improvements under 9th, above grade vacation of 9th) 6 levels; 165,900 SF Hospital beds, D & T, medical staff offices, clinics, operating rooms	Over 9th to the alley, south of Jefferson
*	Seismic/interior renovation of East Hospital (former North Wing)	Southwest corner of Jefferson and 9th intersection
-	Patient transport system	Between helipad and emergency department on west side of hospital

*Interior renovation projects not subject to MIMP approval; included for information only.

1. Uses and Areas (cont.)

The planned Master Plan projects are proposed on Harborview property, owned or under option (first right of refusal to purchase). Public rights of way are proposed to be vacated and sky bridge/tunnel permits requested.

The Planned Projects describe uses, areas and structure heights. Part of the proposed master plan, to allow flexibility, is to shift development among campus sites. Some buildings may increase in height/intensity and some open spaces may be created. (The related impacts are discussed in an alternative in the Final EIS.)

The proposed building and parking areas are given in Table 7. Actual project areas may vary when the design is refined. The total Planned Project building area is about 442,900 square feet of new construction plus parking amounting to about 353,000 square feet/1000 spaces. Existing building demolition is about 270,746 which results in approximately 172,000 square feet of net new building construction (plus parking). The areas for tunnels and skybridges are not included in the table and would be additional.

Table 7
Planned Projects Approximate Building Areas

Development	**Area (square feet)**
New Building Construction	442,900
Demolition of Harborview Existing Buildings	270,746
Net New Construction	172,154
Accessory Parking	353,000 SF/1000 spaces

As part of site improvements, a patient transport system is proposed that would move patients from the heliport to the emergency department. The design and configuration is to be determined, but the conceptual project is included as part of this Master Plan.

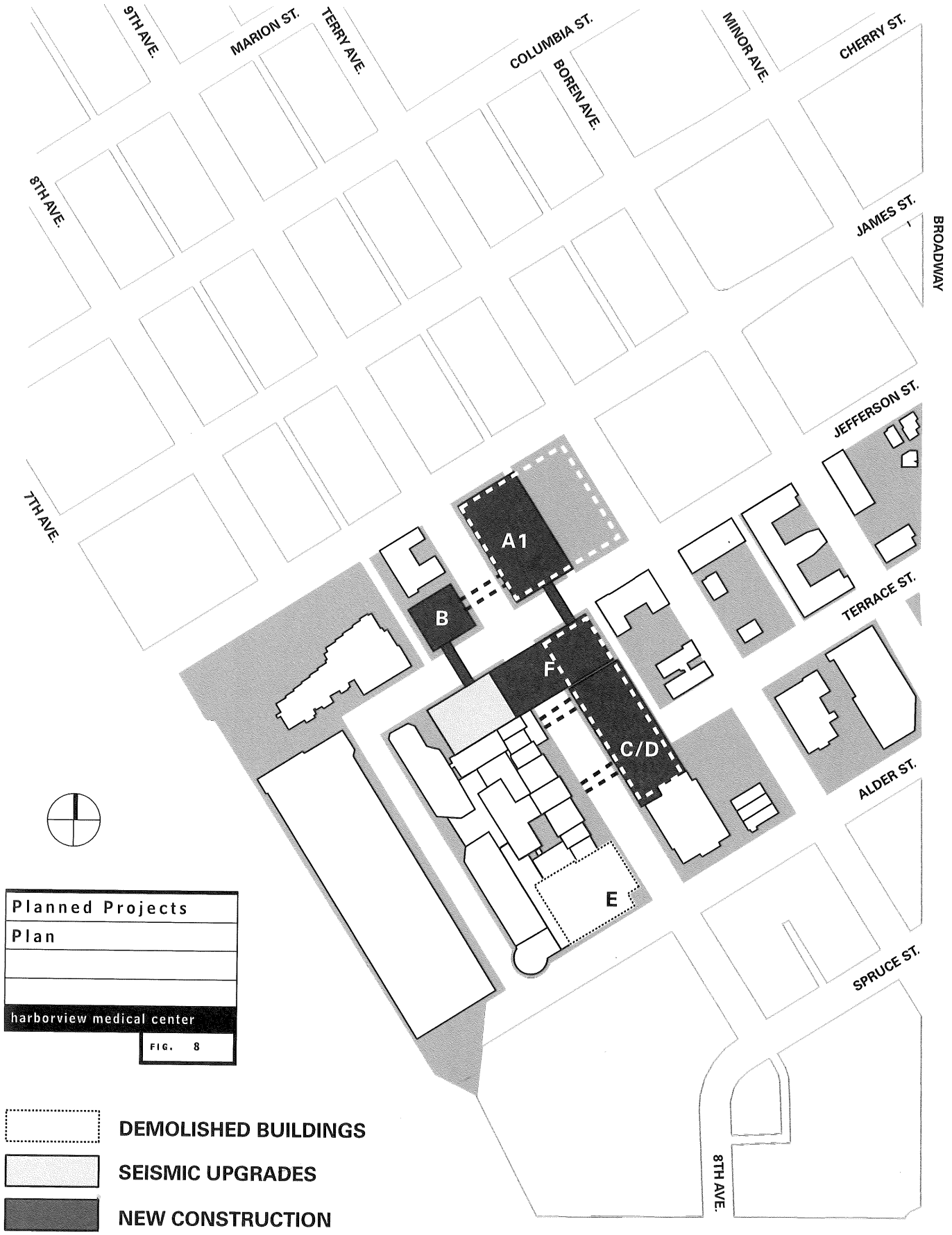
Harborview uses, including parking, may also be located off campus outside of the MIO District. Space may be leased or developed consistent with all applicable zoning requirements.

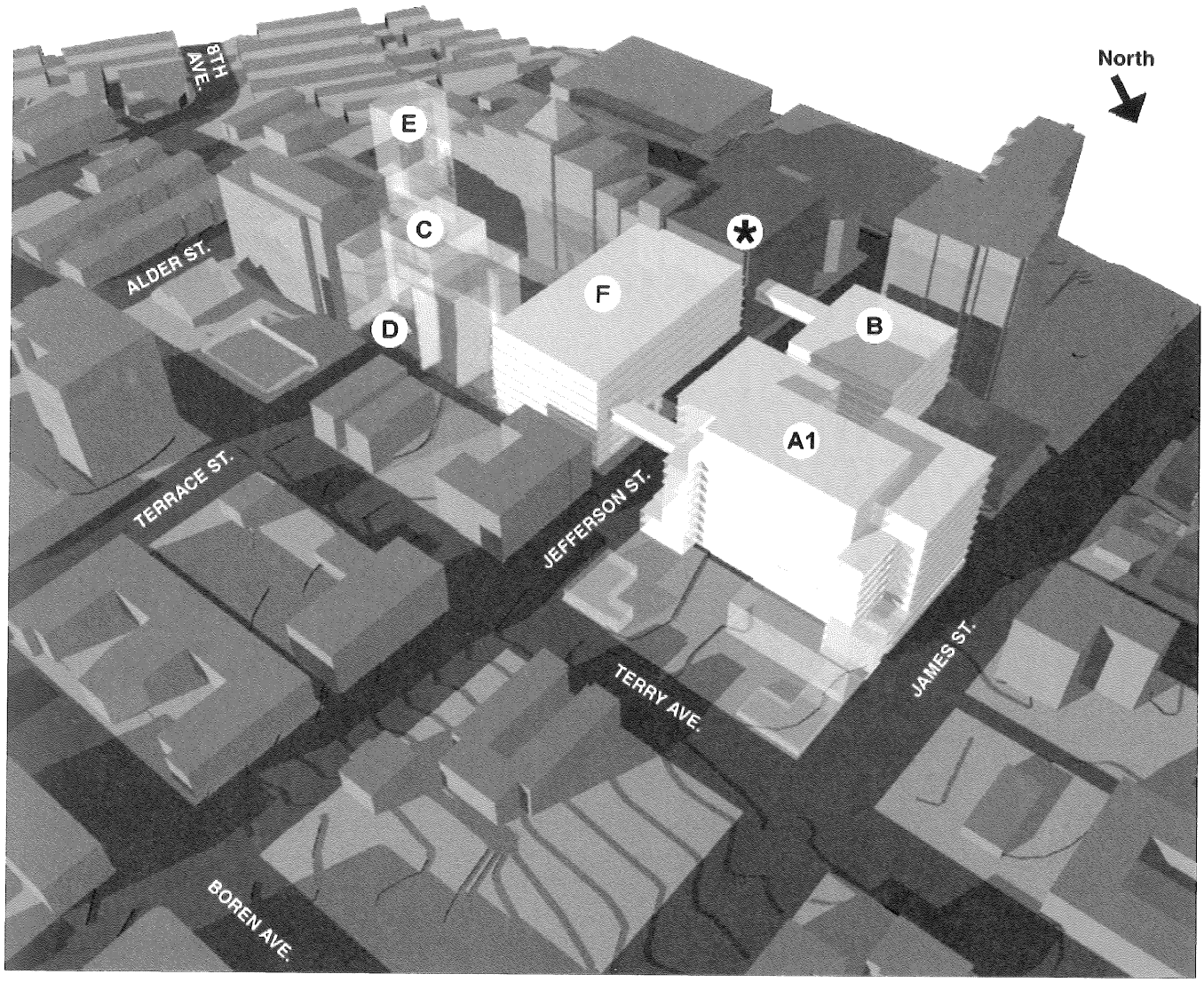
The demolition/alteration of existing Harborview buildings includes two buildings that may have historical importance; Harborview Hall and the East Hospital (Center Wing). With respect to these two buildings, the Council imposed the following conditions.

City Council Condition #5
Approval of the Master Plan is not approval of the proposed demolition or any alteration to Harborview Hall or the East Hospital (Center

Wing). If either of those buildings is nominated and designated as landmarks by the Landmarks Preservation Board ("Board"), the decision to alter or demolish the features and/or characteristics proposed for nomination and/or designation will be made by the Board based on the Landmarks Preservation Ordinance, SMC 25.12.670.835. The Board shall notify the City Council of any decisions regarding the nomination, designation and/or action on Certificate(s) of Approval for either building. If the Board does not approve the nomination or designation of either building, the Council shall file a copy of the Board's decision(s) in Clerk File 303574 and shall pass an ordinance amending the Master Plan to reflect the Board's decision(s). If the Board nominates and designates either building and subsequently approves the alteration or demolition of either building as proposed in the proposed Master Plan, the Council shall file a copy the Board's decision(s) in Clerk File 303574, and shall pass an ordinance amending the Master Plan to reflect the Board's decision(s) and subject to any conditions imposed by the Board after the completion of the appeals process as described in SMC 25.12.740.835. An amendment to the Master Plan that meets the conditions described in this section will be deemed to have met the requirements of SMC 23.69.035 and will not require further review and analysis. If the Board's decision(s) are not consistent with the proposed Master Plan and would require major changes to the Master Plan, such changes may be subject to further review and analysis subject to SMC 23.69.035.

City Council Condition #10
The Landmarks Preservation Board shall review and decide on any application(s) for landmark nominations and designations for potential landmarks and subsequent Certificate(s) of Approval on any Master Plan project affecting a nominated or designated landmark. Nothing in this Master Plan approval shall be construed as prejudging or superceding the Landmarks Preservation Ordinance processes or diminishing the Board's role in those processes.


9TH AVE.
MARION ST.
TERRY AVE.
COLUMBIA ST.
BOREN AVE.
MINOR AVE.
CHERRY ST.
8TH AVE.
JAMES ST.
BROADWAY
JEFFERSON ST.
7TH AVE.
A1
B
F
C/D
E
TERRACE ST.
ALDER ST.
SPRUCE ST.
8TH AVE.
Planned Projects
Plan
harborview medical center
FIG. 8
DEMOLISHED BUILDINGS
SEISMIC UPGRADES
NEW CONSTRUCTION
UNDERGROUND GARAGE
SKYBRIDGES/TUNNELS



A1. CLINICAL SERVICES BUILDING (PHASE 1)
B. MULTI-USE BUILDING
C. HARBORVIEW HALL DEMOLITION
D. PLAZA WITH BELOW-GRADE PARKING
E. EAST CLINIC DEMOLITION
F. INPATIENT EXPANSION
* SEISMIC UPGRADES / INTERIOR RENOVATIONS

Planned Projects

harborview medical center

FIG. 9

2. Development Density (23.69.030.E.2)

The maximum campus development density standard shall be a floor area ratio of FAR 3.6

City Council Condition #1
The maximum campus development density standard for the Harborview MIO should be increased from the FAR 3.4 proposed by Harborview, to 3.6 in order to allow greater flexibility for future in-fill development and greater utilization of the allowable height in the MIO. The total campus site area is 594,480 sq. ft., so the FAR of 3.6 would result in a total building area of 2,140,128 sq. ft.

City Council Condition #2
Harborview is encouraged to explore possible structural methods and funding options for increasing the load bearing capacity of underground garage structures to accommodate the possible future development above the garage structures, recognizing that there are significant uncertainties in predicting future Harborview development and City code requirements.

The FAR shall be calculated over the entire area of the Major Institution Overlay District and shall not apply to individual building sites, lots or campus sectors. The land area is assumed to be the total future area associated with the planned project horizon.

The total amount of campus development is described by the amount of building and by a floor area ratio (FAR) comparing building with site area. The basis for the floor area ratio calculations is summarized in Table 8. Typical zoning exclusions have been tailored to Harborview and apply. Specifically, parking structure area and an allowance of 3 1/2 % for mechanical/electrical space are excluded. This basis for determining the floor area ratio is simplified and will be easier to monitor over time.

The development density and building heights may shift among the Planned Project sites. An alternative of Increased Heights/Intensity is evaluated in the EIS. Projects shall not exceed the entire campus development density standard or the height limits of the MIO Districts

City Council Condition #3
The proposed development shall be phased as identified in the proposed Master Plan. However, the possible implementation of the Master Plan alternatives considered in the EIS may require further analysis and will not be processed as exempt changes to the Master Plan. All changes to the Master Plan are subject to the requirements of SMC23.69.035.

The FAR for the existing buildings is calculated to be about 2.17. The proposed additional Planned Projects result in an additional FAR of 0.28 and the Potential Projects add another FAR of 0.85. The total proposed development (Planned and Potential) amounts to a total campus FAR

of about 3.3. The City Council added an additional FAR amount of 0.20 because of the preference to intensify future campus development (rather than expand horizontally). The standard is slightly greater at FAR 3.6 because of the uncertainty and accuracy of the building and land data (+FAR 0.1) and desire to intensify future development (+FAR 0.2). The FAR 3.6 applied to the total campus area of 594,480 SF (13.6 acres) equals a total chargeable, allowable development of 2,140,128SF. The added FAR allowance between the proposed projects and the standard translates into an 'uncertainty' and margin of error in project building area of 58,029 square feet or 3% plus 118,896 SF or 2% for future campus intensification.

Table 8
Floor Area Ratio Calculation

	Existing Campus Building Area	**Planned Additional Development**	**Potential Additional Development**	**Total Campus Building Area**
Building	1,336,253 SF	442,900 SF (172,154 net new)	526,000 SF	2,034,407 SF
Parking	346,005 SF 1,164 spaces	353,000 SF 1000 spaces	0 SF	699,005 SF 2,164 spaces
Demolition		-[270,746 SF]	0 SF	
Less parking garage space	-[346,005 SF]	-[353,000 SF]	0 SF	
Less 3 1/2 % for mechanical electrical space	-[46,769 SF] (1,336,253 X 3.5%)	-[6,025] (172,154 X 3.5%)	-[18,410 SF] (526,000 X 3.5%)	
Chargeable GSF (for FAR purposes)	1,289,484 SF	166,129 SF	507,590 SF	1,963,203 SF
Floor Area Ratio* (FAR)	2.17	0.28	0.85	3.3

* Campus land area calculated to be 594,480; 13.6 acres assumes total expanded land area, not including vacated 9th Avenue. The campus density standard of FAR 3.6 amounts to a total chargeable, allowable development of 2,140,128 SF. The standard exceeds the proposed development by 58,029 SF to reflect uncertainty and a margin of error of about 3% plus by 118,896 (5%) for added intensity . The FAR density calculation method is proposed specifically for Harborview. To simplify the chargeable area calculation, no reduction for space completely below grade is assumed. The mechanical/electrical percentage reduction is also intended to simplify the calculation, rather than measuring all mechanical/electrical floor areas. Parking is the on-campus supply and does not include off-campus/leased parking. The area of tunnels/skybridges is circulation space and not included in the building areas. It is assumed to be exempt from density calculations.

3. Height/Bulk/Scale (23.69.030.E.6)

The massing of the Planned Projects is depicted in the perspective view (Figure 9). The changes to the appearance of the campus would result from both demolition of existing structures and construction of new structures. Harborview Hall and the East Clinic would be demolished. The East Clinic site will remain undeveloped until the Potential Phase. Harborview Hall would be developed as open space and established in the Master Plan as the new central campus open space. New development includes the first phase of the Clinical Services Building and a new Inpatient Expansion 'bridge' building crossing over 9th Avenue. A Multi-use Building would replace the existing buildings at 9th and Jefferson (old Medic One and a sixplex). Skybridges and tunnels may cross both Jefferson and 9th to provide essential campus circulation connections.

The northern portion of the Harborview campus would become more intensely developed.

Increases in building height from the identified Planned Projects may be allowed to accommodate other changes to building modulations, façade lengths, setbacks, etc. Impacts are analyzed in an alternative in the EIS. Such height increases shall be subject to administrative review and approval by DCLU and shall not require a master plan amendment.

4. Streets/Vacations (23.69.030.E.9)

Two vacations of public rights of way are proposed with the Planned Projects. In addition, skybridge and tunnel permits for building connections across/under public rights-of-way are proposed.

The 16-foot wide alley of Block 81, bounded by James/Jefferson/9th/Terry, would be vacated to allow development of an underground parking garage and the first phase of the Clinical Services Building. The separate alley vacation process is being initiated concurrent with the master plan process to allow a coordinated Council decision (MIMP and vacation).

An aerial vacation of 9th Avenue would be needed for the Inpatient Expansion that would go over the street. This aerial vacation process is being initiated following the direction of the Council approval. The proposed vacation is located near the frontage at the existing HMHS building. The clearance of the In-patient Expansion building over 9th Avenue would ensure adequate emergency vehicle (fire) movement and utility access of approximately 25 feet (East Hospital/North Wing 3rd floor connection.)

Skybridges and tunnels across 9th and Jefferson will link Harborview buildings together and will require skybridge and tunnel permits. All sky bridges would be governed by City regulations and policies for such structures.

Both Planned and Potential Project street vacations are shown in Figure 10 (see page 46 for discussion of Potential Project street vacation.).

Changed conditions could cause shifts in timing of proposed vacations. For example, the Potential full street vacation of 9th Avenue could be proposed earlier than anticipated.

City Council Condition #4
Approval of the Master Plan does not constitute approval of any proposed street vacation(s), including subterranean or aerial vacation for 9th Avenue or of the location of the proposed building across 9th Avenue. The City's decision on the vacation(s) and building location will be made in the context of a street vacation petition(s) to be initiated by Harborview. If the Council approves the vacation(s) and building location as proposed in the Master Plan through the street vacation process, such approval will constitute Council approval of an amendment to the Master Plan. The Council shall file a copy of any street vacation decisions in Clerk File 303574, and shall pass an ordinance amending the Master Plan to reflect the street vacation decision and subject to any conditions imposed through the street vacation process. An amendment to the Master Plan that meets the conditions described in this section will be deemed to have met the requirements of SMC 23.69.035 and will not require further review and analysis. If the street vacation decisions are not consistent with the proposed Master Plan and would require major changes to the Master Plan, such changes may be subject to further review and analysis subject to SMC 23.69.035.

City Council Condition #7
Construction of the Inpatient Expansion Building (Structure "F" in Figure 8, page 29, MIMP, Exhibit 3A)(page 30 in this document), buttressing East Hospital and bridging over 9th Avenue, if approved through the Landmarks and street vacation processes, shall be subject to the conditions required through those processes.

City Council Condition #9
The Seattle Design Commission shall be given a full opportunity to review and make recommendations on any proposed street vacations associated with Master Plan projects as part of the street vacation process. Nothing in Master Plan approval shall be construed as prejudging or superceding the street vacation process or diminishing the Commission's role in that process.

9TH AVE.
MARION ST.
TERRY AVE.
COLUMBIA ST.
BOREN AVE.
MINOR AVE.
CHERRY ST.
8TH AVE.
JAMES ST.
BROADWAY
JEFFERSON ST.
7TH AVE.
TERRACE ST.
Aerial Vacation
And Tunnel Permit
ALDER ST.
I-5 FREEWAY
SPRUCE ST.
8TH AVE.
Street Vacations
harborview medical center
FIG. 10
SKYBRIDGE / TUNNEL PERMITS
PLANNED PROJECTS VACATIONS
POTENTIAL PROJECTS VACATIONS

5. Parking (23.69.030.E.4.d and E.3)

Parking Code Requirements (Existing)

Parking code requirements for Harborview are identified in the Seattle Land Use and Zoning Code (23.54.016). The minimum number of long-term parking spaces is equal to 80% of hospital-based doctors plus 25% of staff doctors plus 30% of all other employees present at peak hour. The minimum number of short-term parking spaces is equal to one space per 6 beds plus one space per 5 average daily outpatients. The code also establishes a maximum limit for parking not to exceed 135% of the minimum requirement. The resulting code-required parking for the existing Harborview campus is summarized in Table 9.

Table 9
Seattle Land Use and Zoning Code
Parking Requirements for Existing Harborview Campus

	Number Basis	Minimum Stalls	Maximum Stalls[1]
Long-Term Parking			
1 stall per 80% of hospital-based MDs	369 MDs	295	398
1 stall per 25% of staff MDs	0 MDs	0	0
1 stall per 30% peak hour employees	1,300 employees[2]	390	527
Total long-term stalls		685	925
Short-Term Parking			
1 stall per 6 beds	349 beds	58	78
1 stall per 5 outpatients	1,285 outpatients	257	347
Total short-term stalls		315	425
Total Parking Required		1000	1,350

[1] Maximum limit is equal to 135 percent of minimum requirement.
[2] Of the hospital's 3,100 total employees, 1,300 is the peak number on-site at any one time.

Parking Code Requirements (Master Plan)

The maximum number of off-street parking spaces within the Harborview MIO District (including the Boren Garage) is 2400 spaces (for Planned and Potential Projects).

Parking code requirements for Harborview are identified in the Seattle Land Use and Zoning Code (23.54.016). The minimum number of long-term parking spaces is equal to 80% of hospital-based doctors plus 25% of staff doctors plus 30% of all other employees present at peak hour. The minimum number of short-term parking spaces is equal to one space per 6 beds plus one space per 5 average daily outpatients. The code also establishes a maximum limit for parking not to exceed 135% of the minimum requirement. The code requirements are intended as guidelines to ensure that all parking demand is accommodated, considering alternative transportation modes. Harborview's proposed parking would exceed the maximum in order to meet actual demand. The resulting code-required parking under the proposed Master Plan is summarized in Table 10. The requirement is the total of both the Planned and the Potential Projects. The total off-street parking supply of Harborview amounts to 2,164 spaces (Planned Projects and Potential Projects). One alternative analyzed in the EIS increases the supply by +200 spaces in a garage under the East Clinic replacement project. The parking garage would result in a total parking supply of 2,364 spaces.

Table 10
Seattle Land Use and Zoning Code
Parking Requirements for Master Plan

	Number Basis	Minimum Stalls	Maximum Stalls[1]
Long-Term Parking			
1 stall per 80% of hospital-based MDs	465 MDs	372	502
1 stall per 25% of staff MDs	0 MDs	0	0
1 stall per 30% peak hour employees	1,586 employees[2]	476	643
Total long-term Stalls		848	1,145
Short-Term Parking			
1 stall per 6 beds	399 beds	67	90
1 stall per 5 outpatients	1,795 outpatients	359	485
Total short-term Stalls		426	575
Total Parking Required		1,274	1,720

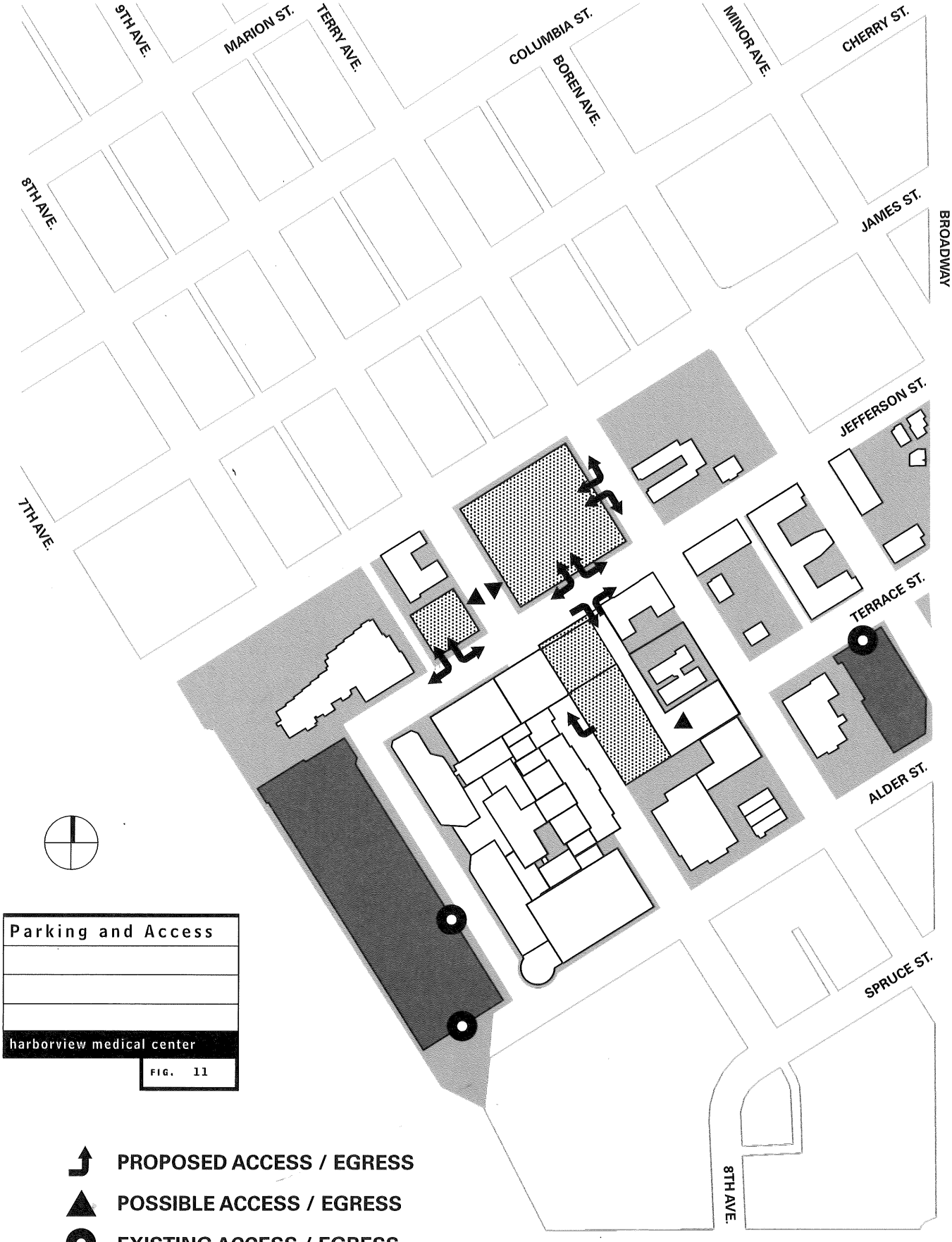
[1] Maximum limit is equal to 135% of minimum requirement.
[2] Of the hospital's projected 3,780 total employees, 1,795 would be the peak number expected to be on-site at any one time.

The maximum limit of off-street parking spaces in the MIO District is 2400 spaces. The number is based on meeting future parking demand in conjunction with the TMP (see Final EIS parking analysis that forecasts peak parking demand of 2,210 spaces). It also considers the accuracy of the forecasting analysis (+/- 10%). Additional on-street parking may be provided as well as space for loading/deliveries/pick-up and drop-offs.

The master plan proposes to locate parking conveniently, to minimize local traffic/pedestrian conflicts in order to improve safety, and to improve local circulation. The three proposed underground garages and existing/approved garages are shown in Figure 11. Garage entrances and exits are noted. Traffic flow is intended to be distributed, not concentrated, so that shifting some movements to Boren and Broadway, via the collector arterial, Jefferson Street relieves the James corridor. The desired pedestrian character of 9th and Terry Avenue are reinforced by restricted vehicle use. Garage access/egress is also intended to allow car stacking away from arterials and avoid left turn problems.

The alternatives of a parking garage under the Potential Project: Clinical Services and Research Building (East Clinic replacement) along Alder Street and the possible garage link under Jefferson Street are considered in the EIS. They are possible master plan variations. Shifting the location of development intensity is another alternative that is considered.

City Council Condition #11
The garage entry scheme included in the final Harborview Master Plan shall be approved subject to the following conditions: 1) that any access to the garage system from Terrace Avenue shall be limited to permit holder entry only and intended exclusively for staff parking, and 2) that traffic calming features be installed on both Terry Avenue and Terrace Street including curb-bulb extensions at the intersection of Terry Avenue and Terrace Street and possible speed bumps on Terrace Street. Consideration should be given to prohibiting or limiting a garage entrance on James Street in order to be consistent with the street's classification as a principal arterial. Consideration should also be given to providing only limited garage access on Terry Avenue south of Jefferson Street due to Terry Avenue's narrow travel lanes and its designation as a Key Pedestrian Street.



Parking and Access

harborview medical center

FIG. 11

PROPOSED ACCESS / EGRESS

POSSIBLE ACCESS / EGRESS

EXISTING ACCESS / EGRESS

PARKING GARAGE

UNDERGROUND PARKING GARAGE

6. Open Space (23.69.030.E.4.b)

See Open Space development standards in Section II.

7. Infrastructure (23.69.030.E.7)

All infrastructure, including roads and utilities are existing in the urban and developed campus location. The infrastructure conditions and capacities are adequate to serve the proposed level of campus development. Some utility system relocations would be required due to public right of way vacations. Extensions and connections of utilities to specific development projects will occur as typical of construction projects.

City Council Condition #12
Subject to the availability of sufficient funding and no significant interference with underground utilities, Harborview shall explore the possibility of underground connections between the three proposed underground garages on the northeast, northwest and southeast corners of 9th Avenue and Jefferson Street in order to facilitate underground vehicle circulation and maximum parking efficiency. Harborview shall develop and implement a parking management program (to the satisfaction of DCLU) for the design and operation of the garages in a manner that minimizes traffic impacts on local streets.

City Council Condition #8
The Clinical Services Building (Structure "A1" in Figure 8, page 30, Compiled Master Plan) shall be subject to the following conditions regarding the street profile along that portion of James Street: that the width of the existing travel lanes on James Street be maintained; that at least 10 feet of free clearance be maintained between any tree pits and utility poles which might still exist, and the building facades for the sidewalk development; and that the area from the curb be designed to accommodate tree-pits and utility poles.

8. Phasing (23.69.030.E.8)

The timing of Harborview Planned Projects depends on funding from uncertain sources such as voter-supported bonds and the evolving healthcare environment. These would be developed in the next decade, from 2000 to 2010. However, given the uncertainty of funding and extreme, unpredictable changes in healthcare delivery and priorities, it is possible that the timing of Planned (and Potential) Projects may vary. Some Planned Projects may be postponed to future phases. Some Potential Projects may shift forward and be implemented earlier than anticipated. Such variability and needed flexibility is inherent in master planning.

In addition to phasing shifts between Planned and Potential Projects, Master Plan alternatives may be implemented due to changing conditions. The EIS evaluates five alternatives:

- No At-grade 9th Avenue vacation
- Add parking under East Clinic (Former South Wing) Clinical Services Building
- Remove Boren Garage from MIO District
- Increased Heights/Increased Intensity
- No Action

For example, program or budget factors could shift Master Plan projects on campus sites as described in the Increased Heights/Increased Intensity Alternative. The proposal may be modified to include additional structural capacity in the underground garage/central plaza to allow future building on top. The Proposal may be modified to increase the size of the Multi-Use Building or the Inpatient Expansion project. The total campus development program would not increase, but uses and building volumes would shift from site to site.

City Council Condition #3
The proposed development shall be phased as identified in the proposed Master Plan. However, the possible implementation of the Master Plan alternatives considered in the EIS may require further analysis and will not be processed as exempt changes to the Master Plan. All changes to the Master Plan are subject to the requirements of SMC23.69.035.

C. Potential Projects (23.69.030.E.10)

These projects are less certain, less defined and would likely be developed beyond the next decade, from year 2010 to 2020. They are intended to improve understanding of the campus concept and the 'total proposal' for environmental impact analysis.

1. Uses and Areas

Longer-term future development of the Harborview campus is described by 'Potential Projects' described in Table 11 and depicted in Figures 12 and 13. The Potential Projects amount to almost 526,000 SF.

A variation to the East Hospital Expansion project is to demolish this central space and replace it with new construction. The proposal involves renovation, upgrades combined with a new 'buttress building.' The variation would not require vacation of 9th Avenue, but would cause major hospital disruption.

Other variations included shifting building heights and intensity among the Potential Project sites. Longer-term future development beyond the master plan program to increase intensity in the campus core area is also considered. The impacts are evaluated in alternatives in the Final EIS.

Table 11
Harborview Medical Center Potential Projects

Map Reference	Project	Location
A2	Clinical Services Building (Phase II) 11 levels; 214,000 SF Ambulatory surgery, clinics, medical staff offices, diagnostic and treatment, support, street level retail/pedestrian oriented uses	Block bounded by Jefferson/9th/James/Terry
G	East Hospital Expansion/Upgrade (former Center Wing) 8 levels (varies); 111,800 SF	On vacated 9th, between Jefferson and Alder
H	Research Building 7 levels; 100,000 SF	West side of Terry, between Terrace and Alder
I	Clinical Services/Research Building 7 levels; 100,000 SF	Northwest corner of 9th/Alder intersection
*	Seismic Upgrades/Interior Renovations/Demolitions	West side of 9th, between Jefferson and Alder

*Interior renovation projects not subject to MIMP approval; included for information only.

2. Development Density

The previous development density discussion considers both Planned Projects and Potential Projects. (See page 31 - 32). As noted, the Potential Projects add a FAR of 0.85 to the existing campus FAR of 2.17 and Planned Projects of FAR 0.28.

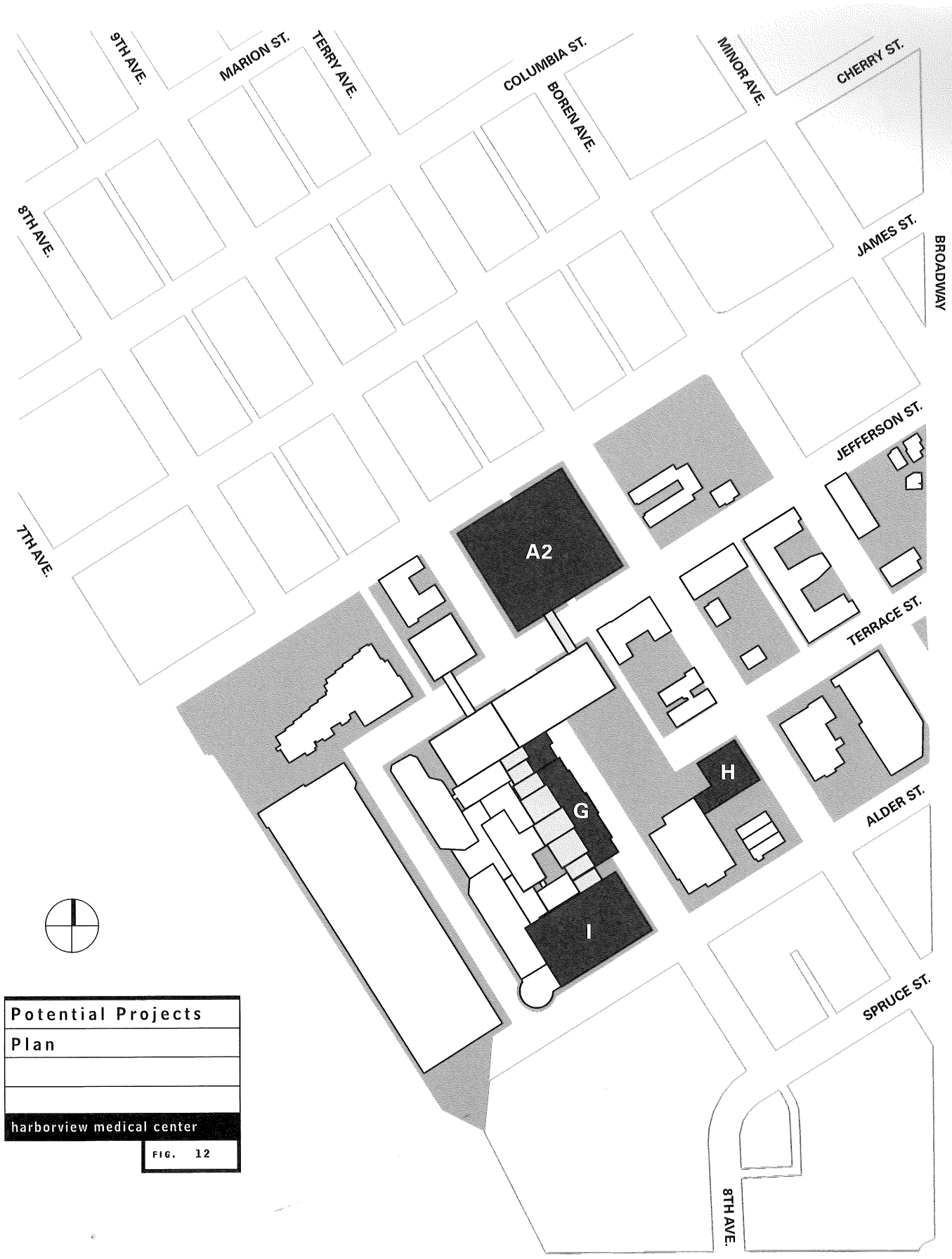
3. Height/Bulk/Scale

The campus massing resulting from the addition of the Potential Projects is shown in Figure 13. The projects intensify the campus with greater height/bulk/scale than now exists.

The heights of Potential Projects may be increased (or decreased) to accommodate other building modulation, facade lengths, setbacks, etc.

The most substantial change would be the street vacation of 9th Avenue from Jefferson to Alder and the development of the new East Hospital Expansion. The bulk of the building would extend further east than what now exists. The Inpatient Expansion would already cross the street. Local traffic would continue to use 9th; but through traffic would be discouraged. Emergency, service, and transit vehicles would continue to use 9th Avenue.

The edges of the new central campus open space would be defined by the height/bulk/scale of the adjacent buildings. The remaining half block is completed with the development of the Phase II of the Clinical Services Building. The former East Clinic site is redeveloped with a new clinical services/research building. Another research building is developed adjacent to the central campus open space.



Potential Projects

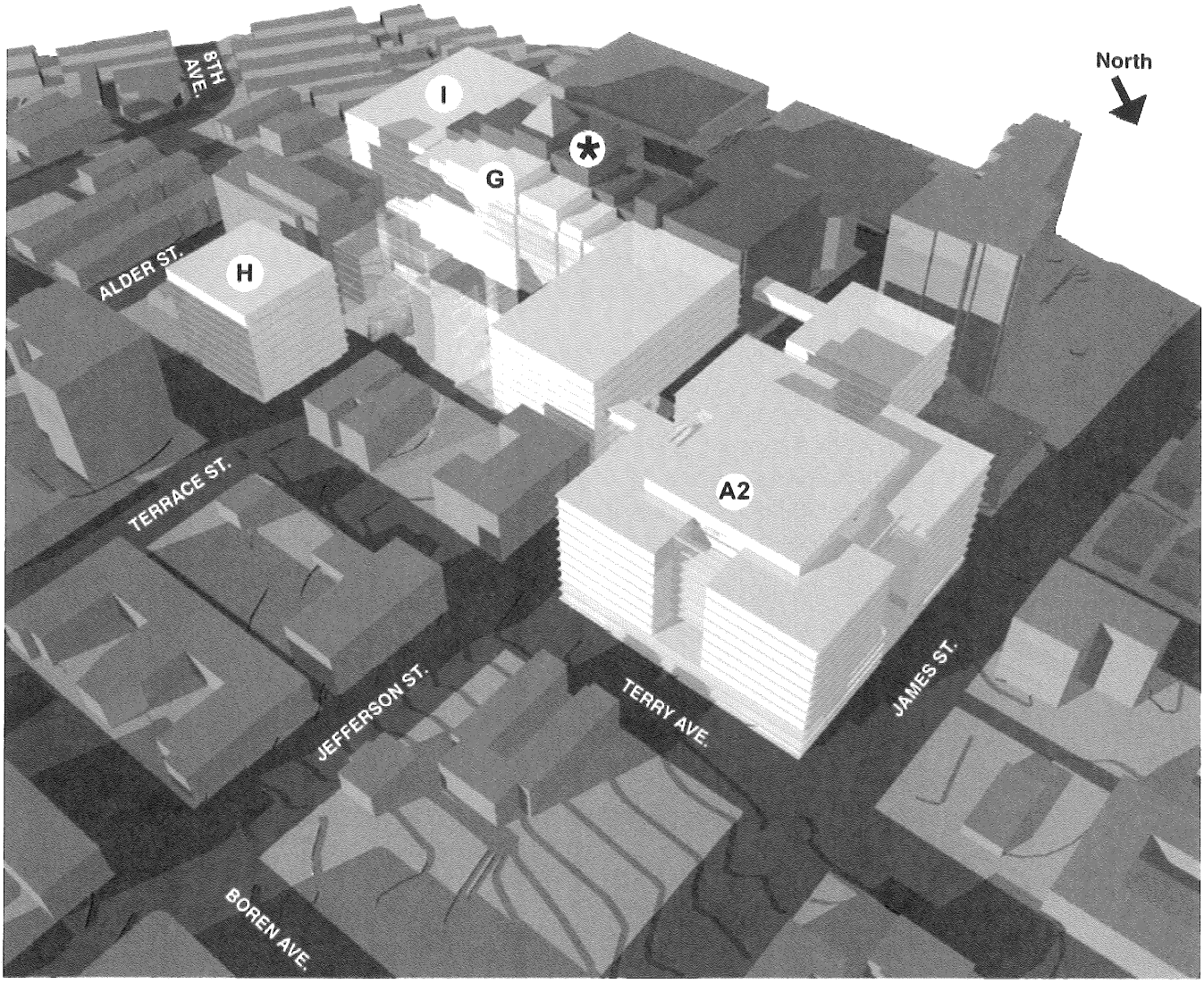
Plan

harborview medical center

FIG. 12

SEISMIC UPGRADES

NEW CONSTRUCTION



A2. Clinical Services Building (Phase II)
G. East Hospital (former Center Wing) Expansion
H. Research Building
I. Clinical Services/Research Building
* Seismic Upgrades / Interior Renovation

Potential Projects

harborview medical center

FIG. 13

4. Streets/Vacations

The two-block long segment of 9th Avenue, between Alder Street and Jefferson Street would be vacated (at grade) to allow development of the East Hospital Expansion. Prior aerial vacation of 9th would have occurred with the Planned Projects. (Also see previous Figure 10).

The vacation would allow construction of the new building that would extend into the existing street area. However, vehicle movement north/south along 9th Avenue for local and emergency access as well as transit service would be maintained. Through pedestrian access would be maintained. Garage ramp access may also be provided. Through traffic (other than local) would be re-routed to Boren Avenue. If the variation to the East Hospital Expansion Project with demolition/replacement (versus proposed renovation/buttress building) is implemented, then the 9th Avenue vacation would not be required. This is evaluated as an alternative in the Final EIS.

City Council Condition #6
Construction of the Buttress Building for the East Hospital/Center Wing upgrade (Structure "G" in Figure 12, page 45, Compiled Master Plan), if approved through the Landmarks and street vacation processes, shall be subject to the conditions required through those processes.

The Terrace Street segment extending from Terry Street would be vacated to expand the new central campus open space, on top of an underground garage. Landscaping, special paving and loading zones may be improved at grade.

5. Parking

See Prior Parking Section

6. Open Space

See Open Space development standards in Section II.

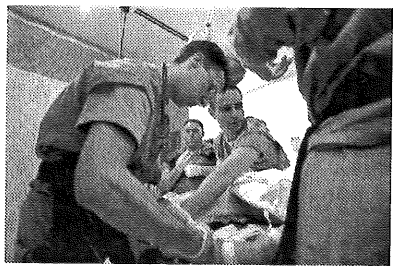
7. Infrastructure

All infrastructures, including roads and utilities are existing in the urban and developed campus location. The infrastructure conditions and capacities are adequate to serve the proposed level of campus development. Some utility system relocations would be required due to public right of way vacations (tunnels). Extensions and connections of utilities to specific development projects will occur as typical of construction projects.

8. Phasing

The timing of Harborview Potential Projects is subject to extreme variability due to the uncertainty of funding and the rapid changes in the healthcare environment. The Potential Projects are identified to be developed beyond the next decade, from 2010 to 2020. The Research Building and Clinical Services/Research Building and the second phase of the Clinical Services Building may be developed in the Planned Project phase, if funding or changes in healthcare is experienced.

III. Development Standards



A. Zoning District

City Council Condition # 13
Development shall be limited to the MIO zoning, height, setbacks and other development standards established in the Master Plan.

1. MIO District and Underlying Zoning (23.69.030.C1)

The previously approved and new Major Institution Overlay (MIO) District is shown in Figure 14. The existing underlying zoning and the Harborview property ownership are also depicted.

The overlay district includes two MIO District designations: MIO 240 feet, generally the western portion of the campus, and MIO 105 feet, generally the eastern portion (east of the mid-block between 9th and Terry Avenues). The separated Harborview Boren Garage is proposed to remain within the MIO 105 District. It is non-contiguous only because the prior Master Plan deleted the connecting Hilltop House parcel to demonstrate no Harborview plans for this parcel. (The transition provisions of Major Institution Policy 6 are not applicable).

The underlying zoning has two designations: Highrise Multi-Family Residential (HR) in the western portion, and Midrise Multi-Family Residential (MR) in the eastern portion. The underlying zoning maximum heights are 160 feet in the Highrise zone, with Director approval of 240 feet possible as a special exception, and 60 feet in the Midrise zone.

The surrounding zoning includes Highrise Residential (HR) along James Street and to the north, Neighborhood Commercial (NC 3 85) to the east at Boren and Broadway, and Lowrise Multi-Family Residential (L 3) to the south of Alder Street with 30 feet maximum height. The area west of the freeway is Seattle's downtown zones Downtown Office Commercial, with heights of 450 and 240 feet (DOC 1 450 and DOC 2 240). The International District residential zone (IDR 150 feet height) is south of Yesler Way.

King County owns the property within the previously approved MIO District, except for the public right of ways for streets and alleys. The property within the new boundary area is owned by King County, except one parcel on Block 81 is under 'first right of refusal' to purchase. The new boundary would also include vacated public right of ways.

Two boundary changes are:

1) A correction of the boundary to correspond with the actual property parcels and the Harborview ownership at the northwest corner of the campus is proposed. The MIO boundary extension to James Street is to be eliminated because this is not part of the Harborview campus, and no development is envisioned in the area. The new boundary reflects the actual property parcels resulting from King County and State of Washington right of way definition.

2) An expanded boundary to reflect Harborview ownership uses and envisioned future development to the north and east of the existing campus to include:

- The block between 9th Avenue, James Street, Terry Avenue and Jefferson Street (Block 81). The MIO 240 district is identified for the new MIO.

- The segment of the Terrace Street right of way (Potential Project street vacation) west of Terry Avenue to the alley. The MIO 105 district is identified for this area. The boundary currently extends down the centerline of the street and is proposed to be shifted to the property line at the north edge of the right of way (to be vacated.)

Note that the MIO boundary excludes the Broadmore and Terry Terrace Apartments.

The zoning map change adopted by the City Council is shown in Figure 14A.

MIO 240/HR
SWEDISH MEDICAL CENTER
9TH AVE.
MARION ST.
TERRY AVE.
COLUMBIA ST.
BOREN AVE.
MIO 90/ HR
MINOR AVE.
CHERRY ST.
8TH AVE.
MIO 70/ MR
JAMES ST.
BROADWAY
NC3 160
HR
NC3- 85
JEFFERSON ST.
7TH AVE.
MIO 240/ HR
MR
MIO 105/MR
TERRACE ST.
ALDER ST.
L-3
SPRUCE ST.
8TH AVE.
MIO Boundary / Zoning
harborview medical center
FIG. 14
PREVIOUSLY APPROVED MIO BOUNDARY
NEW MIO BOUNDARY
EXISTING HMC PROPERTY OWNERSHIP

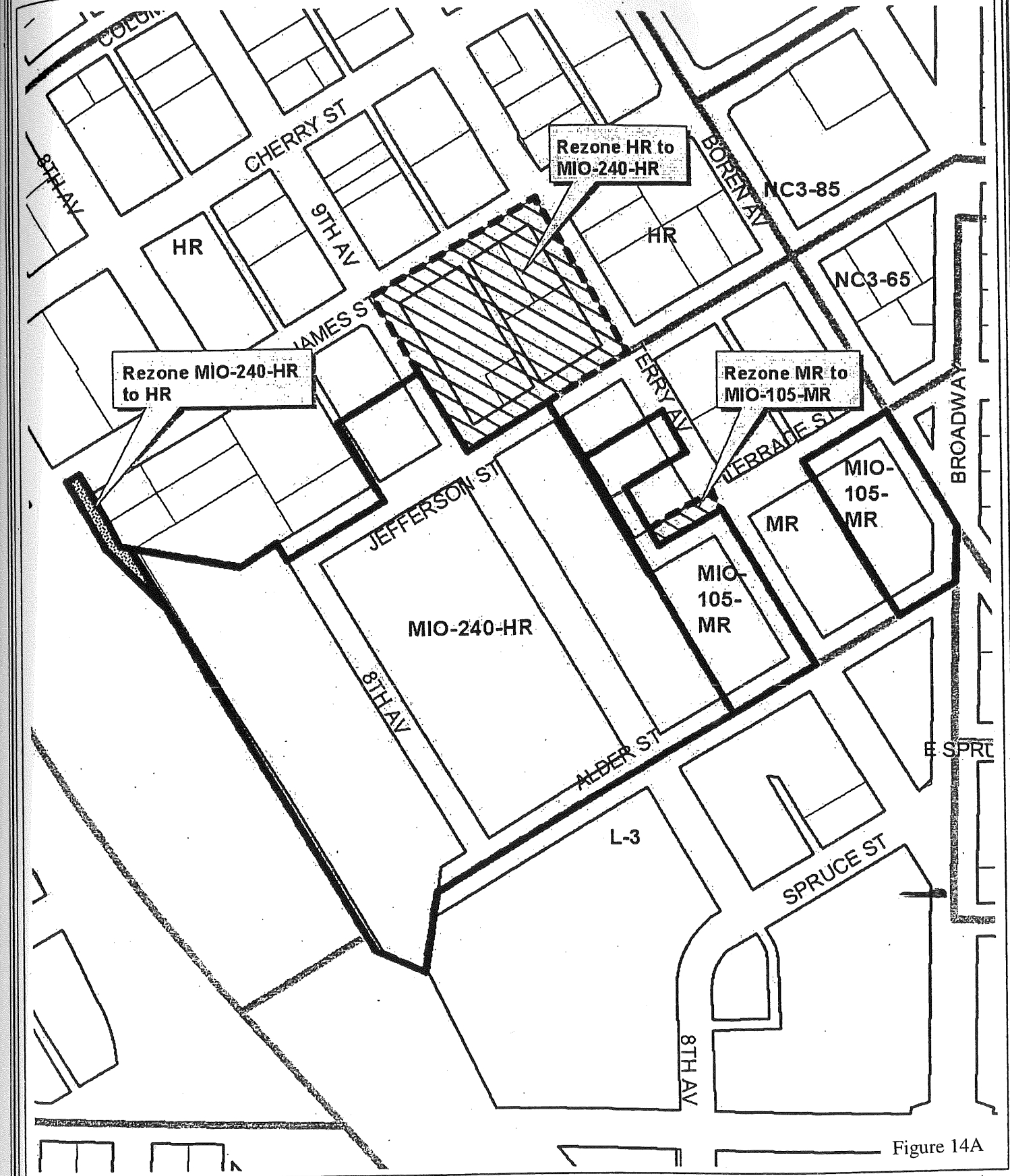


Figure 14A

"Attachment 2"
Harborview Medical Center Master Plan
Major Institution Overlay District Boundaries
Amending Plats 40W&E and 44W&E
Pages 110, 111, 116, and 117
Official Land Use Map - CF 303574

Delete from MIO Boundary

Add to Existing MIO Boundaries

Existing MIO Boundaries

New MIO Boundaries

Existing Zone Boundaries

Platted Lot Lines

70 0 70 140 Feet

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CITY CLERK

B. Basic Standards

The master plan replaces all underlying zoning standards with the following development standards. The development standards are tailored to Harborview and its local setting and are intended to allow development flexibility and improve compatibility with surrounding uses.

1. Setbacks (23.69.030.C.3.a)

The underlying Highrise Residential (HR) and Midrise Residential (MR) zoning development standards are proposed to be replaced by the following development standards.

The institutional standards for setbacks must be no less than the standards of the underlying zone or the zone of abutting lots or directly across a street or alley from the campus, whichever is greater. For Harborview, the setback provisions of the HR and MR zones apply. These standards were reviewed and applied to the campus. The minimum structure setbacks apply along public rights of way and at the boundary of the MIO District. Setbacks are also indicated along abutting lots. The proposed setback standards for Harborview are shown in Figure 15.

The setback requirements of the underlying zoning are summarized as follows:

Table 12
Underlying Zoning Setbacks

	Front Setback	**Side Setback**	**Rear Setback**
HR Highrise Zone 23.45.072	Base: average of neighboring setbacks up to 10 FT Tower; average minimum 20 FT	Minimum 5 FT at base increasing with height to 20 FT	Average minimum 10 FT at base increasing at 60 FT height to 20 FT
MR Midrise Zone 23.45.056	Average of neighboring setbacks up to 15 FT	Average minimum 8 FT increasing with height and depth	Minimum 10 FT (with modulation, average 15 FT)

Note: Institutions may apply to modify the underlying setbacks in both the MR and HR zones through an administrative conditional use permit (23.45.122).

One aspect of the residential zone setback is the variation in the setback dimension based on adjacent structure conditions, as well as the specific height, depth and width of the proposed structure. Such variation is appropriate for residential structures because of the ability to vary the building envelope with different combinations of the residential unit 'building blocks'. However, such a building envelope is not appropriate for a medical institutional use. The institutional setback standard for Harborview is proposed to be a fixed dimension, the same at the base and at greater tower heights.

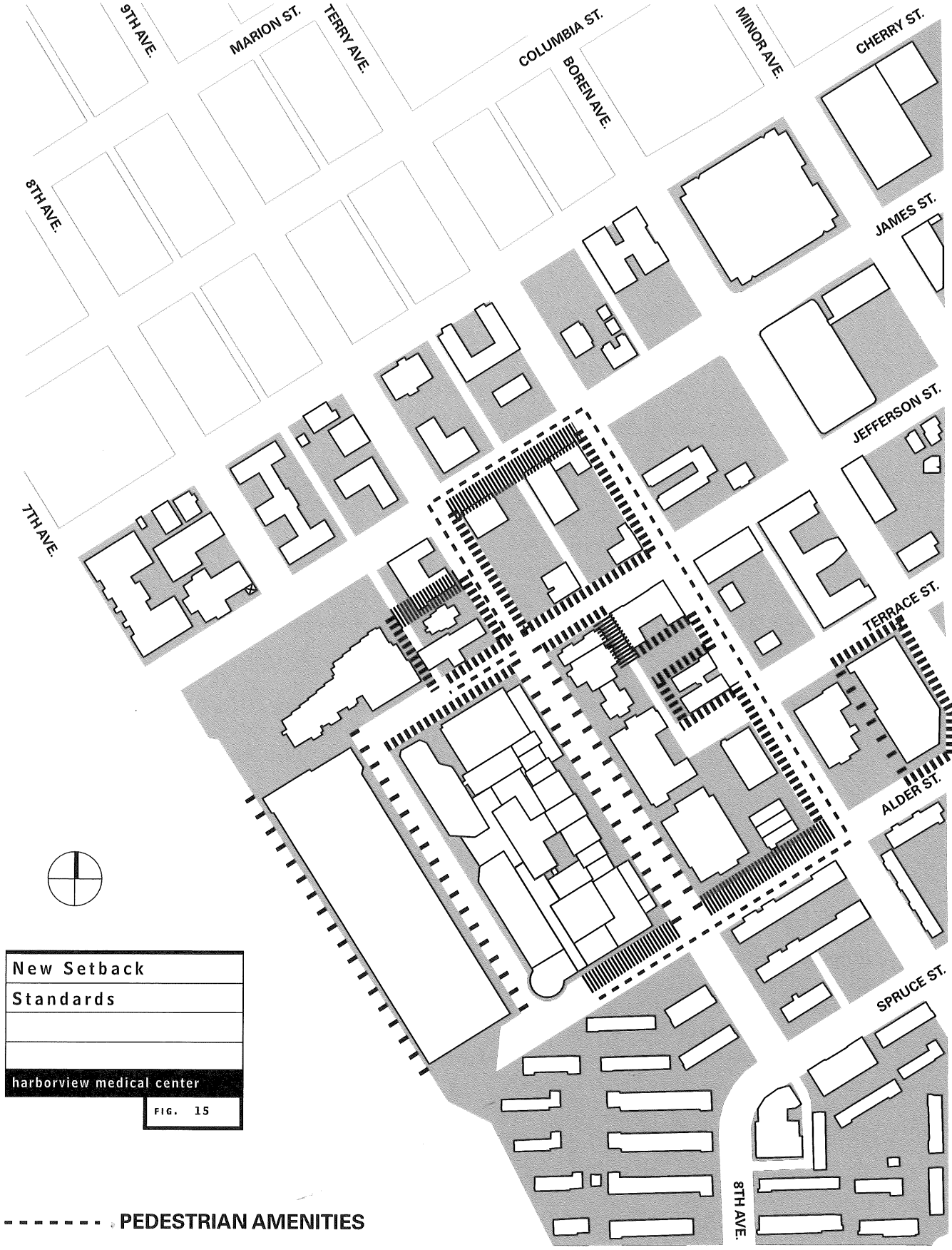
The transition between the major institutional use and the adjacent uses is a primary consideration in the definition of the setbacks. The combination of the setbacks with other proposed requirements, including pedestrian oriented activity, streetscape amenity improvements and landscaping/street trees are intended to achieve compatibility.

An administrative conditional use permit or other relief from the underlying residential setbacks is requested as part of this Master Plan. The residential setbacks are proposed to be replaced by new institutional setbacks.

The standard for setbacks is a fixed dimension that does not vary (by building height, depth, width, adjacent conditions, etc.). Setbacks range from none to 10 feet to reflect different Harborview campus edge conditions. Figure 15 lists the specific setbacks by location. Street fronts where ground level pedestrian amenities are required are also identified.

The locations with no minimum setback are either internal to the Harborview campus or reflect an existing condition where existing/approved development would not be changed by the Master Plan. The greatest setbacks are located at Harborview campus edges to improve the separation and transition to adjacent multifamily development. In addition, a ten-foot setback is provided along the James Street frontage to allow wider sidewalks and improve the opportunities for pedestrian amenities. If Harborview does not acquire the Terry Terrace Apartment, minimum five-foot setbacks would be maintained for any adjacent above-grade development (although no buildings are proposed in the Master Plan).

The requirement for street level pedestrian amenities along Harborview property is also specified along critical campus edges. The intent is to create an active, pedestrian-friendly condition along the sidewalks of the specified edges. The streets are urban, so extensive landscaping is not necessarily needed. Street trees and other streetscape improvements, such as benches, overhead weather protection, windows at street level, appropriately scaled details are all possible ways of satisfying the requirement. Specific designs will be proposed in the future with specific projects.



New Setback
Standards

harborview medical center

FIG. 15

- - - - - - - PEDESTRIAN AMENITIES

0 ft SETBACK

5 ft SETBACK

10 ft SETBACK

2. Height (23.69.030.C.3.b)

The existing MIO 240 District is retained for the campus core and extended for the boundary expansion to the north to James (Block 81). The existing MIO 105 District is retained plus applied to vacated Terrace Street right-of-way.

The existing MIO District height designations remain unchanged. The most intensive height is where the Harborview core facilities are located and across from downtown where the similar intensity is allowed. High intensity is also allowed to the north, in the residential area and at the Swedish Medical Center. Reduced heights and intensity to the east improve compatibility with the multi-family residential, commercial and other institutional uses.

The property included within the MIO boundary has two different height designations:

1) The MIO-105' height designation would apply to the vacated Terrace Street right-of-way (see page 47). The underlying MR zoning height of 60 feet would be increased.

2) The full block to be included in the new MIO District to the north (bounded by James/Jefferson/9th/Terry) would have a height maximum of 240 feet. This height is the same as that permitted in the HR underlying zoning that is allowed by special exception. This is consistent with the previously approved Harborview MIO height district.

Figure 16 shows the height standards.

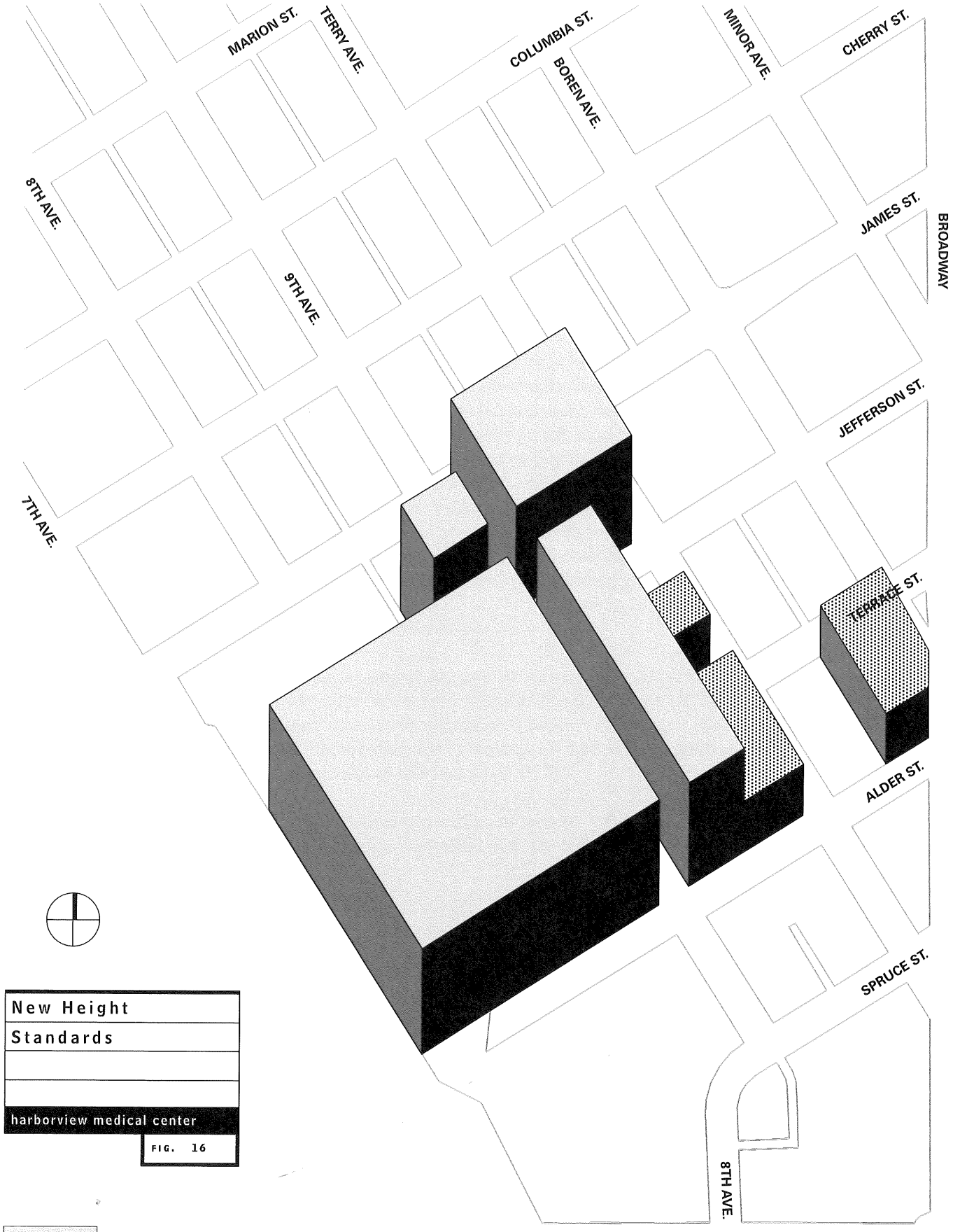
Approximate heights are given for Planned and Potential Projects and analyzed in the EIS. An increased height alternative is also analyzed. Actual project structure heights may vary from the approximations, but shall not exceed the maximum height limits of the MIO District.

3. Lot Coverage (23.69.030.C.3.c)

No maximum lot coverage applies. Rather, the density standard (FAR), the landscaped open space standard, and the setback standard control campus building placement, massing and intensity.

The underlying Highrise and Midrise residential zones to the MIO district do not have any lot coverage standard. The City does not require lot coverage limits because the building envelope is controlled by setbacks and width and depth limits. The adjacent Neighborhood Commercial zone (to the northeast) also specifies no lot coverage standard. The adjacent Lowrise multifamily residential (zone to the south) has a maximum lot coverage standard of 45% and 50% for townhouses.

Existing Harborview lot coverage varies by building site. There is no lot coverage standard for Harborview.



New Height Standards

harborview medical center

FIG. 16

MIO 240

MIO 105

NOTE: SETBACKS AND BUILDINGS ARE NOT SHOWN

4. Landscaping (23.69.030.C3.d)

The intent of landscaping is to unify and create a campus environment that provides a healing environment for patients, a safe and attractive place for all and is compatible with the neighborhood.

The landscape standard is included as part of landscaped open space standards (See item 5). The campus landscape concept is shown in Figure 17.

Landscaping will be developed as part of each individual building project and contribute to the broader relationships with the campus. There are specific concentrations of landscaped open space. One open space, the campus 'heart', is located at the demolished Harborview Hall site. A second open space is located on top of the existing garage along the 'Westside' of the campus. The new extension of the garage will have limited public access due to heliport landing restrictions. The campus edges and internal streets will also be landscaped. Campus entries will be distinguished along James and Boren, to the extent possible on Harborview property. Signage and identity information could be located here. The entries will be linked with the central campus 'heart' open space. Landscape buffers will be located along Alder and Jefferson to improve compatibility between the institution and the adjoining residential uses.

The landscape concept is depicted in Figure 17.

Landscaping requirements of the underlying zoning for screening of parking and street trees will be maintained. The standard for landscaped area equal to three times the length of all property lines replace the open space quantity standard noted below. The Master Plan standards are generally consistent with, but are intended to replace, the underlying Highrise and Midrise zoning landscaping standards (23.45.073 and 23.45.057).

The viewpoint at the Jefferson Street end will be preserved. Public access will be limited on the expanded garage due to safety needs associated with the heliport and patient transport system.

5. Open Space (23.69.030.C.3.e)

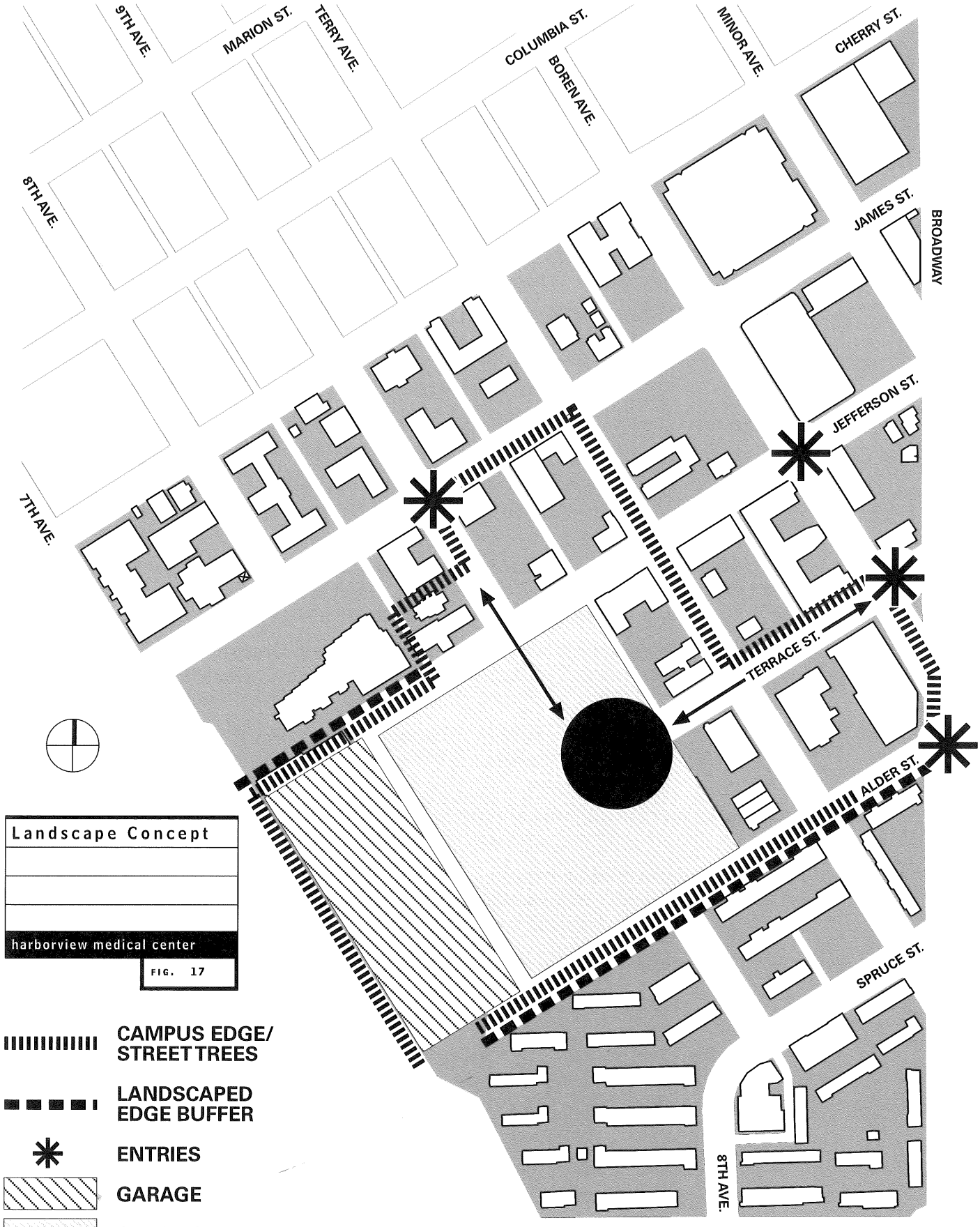
The landscaped open space standard for the Harborview campus includes three elements:

1) The 'Westside' landscaped open space on the top of the existing garage, consisting of landscape, and hardscape is all accessible to the public (except for safety restrictions for the heliport and future patient transport system on top of the expanded garage);
2) The 'Eastside Campus Heart' landscaped open space which will establish a new focus for the overall campus; and
3) Street trees and pedestrian amenities along the campus edges and internal streets.

City Council Condition #16
The minimum percentage of the MIO District to remain in open space is 20%. (This calculation is based on the amount of open space provided by; 1) the "Westside" landscaped open space on top of the existing west garage with both landscape and hardscape and a viewpoint; and 2) the required setback areas, which will be landscaped or hardscaped and pedestrian amenities.)

The proposed "Eastside Campus Heart," if developed as landscaped open space as proposed in the Proposed Master Plan, will be considered "designated open space," subject to the provisions of SMC 23.69.030.E.4.b. The development of this proposed open space is subject to the modifications related to Harborview Hall included in this document.

Open space on the Harborview campus is in the form of plazas, landscaped areas, pedestrian walkways and building setbacks. These areas may be modified over time to better serve and complement campus buildings. Street trees within the public right-of-way along Harborview project frontages would be provided.


9TH AVE.
MARION ST.
TERRY AVE.
COLUMBIA ST.
BOREN AVE.
MINOR AVE.
CHERRY ST.
8TH AVE.
JAMES ST.
BROADWAY
JEFFERSON ST.
7TH AVE.
TERRACE ST.
ALDER ST.
SPRUCE ST.
8TH AVE.
Landscape Concept
harborview medical center
FIG. 17
CAMPUS EDGE/ STREET TREES
LANDSCAPED EDGE BUFFER
ENTRIES
GARAGE
CAMPUS
CAMPUS HEART
VISUAL/ PEDESTRIAN LINKAGE

C. Additional Standards (23.69.030.C.4.a – f)

Development standards superceding the standards of the underlying zone apply. Each is discussed.

Height and Scale Transition: The transition in height and scale between Harborview development and the surrounding neighborhood will be achieved by the previously described standards for height, setbacks and landscaping/open space. No further standards apply.

Width and Depth: Building forms are largely controlled by the healthcare program functional needs. No specific width and depth dimensional standards apply. However, when specific projects are designed in the future, architectural treatments, detailing, materials, and fenestration will contribute to the reduction in apparent scale.

Other Setbacks: The setbacks required at MIO boundaries and adjacent to the rights-of-way are sufficient to meet the setback requirements.

Historic Preservation: One building on the Harborview campus is formally listed as a historic resource. The 'Old Firehouse No. 3' (301 Terry Avenue) is an official City of Seattle Landmark (Ordinance 106051).

No changes will occur to the Old Firehouse by the Master Plan. The building is currently used by Harborview and would continue to be used by Harborview in the future. The Master Plan will continue the preservation of the building as a Seattle Landmark.

Mitigation is proposed and required for the demolition of Harborview Hall and the expansion/renovation that would substantially change the East Hospital (former Center Wing) building facade. (See SEPA Conditions #31, 32 and 33.)

View Corridors: The Harborview Hospital (sic Medical Center) Viewpoint at the vacated 8th and Jefferson (Jefferson Street end) is identified as a public view place protected under SEPA policies (25.05.675P and Attachment 1.)

The street end viewpoint would be preserved in the Master Plan. No view corridor standards apply.

Pedestrian Circulation: Improvement of the pedestrian environment with the creation of a medical campus is a fundamental intention of the Master Plan. The following performance standards apply to guide future, more detailed project designs:

- Clarify wayfinding throughout the Harborview campus by linking destinations with a network of simple, direct pedestrian routes.
- Integrate outside and inside pedestrian routes.
- Provide a coordinated system of streetscape amenities integrated with existing landscape areas along the local Harborview campus streets (internal to the campus).
- Assure safety and security by maintaining high visibility, adequate lighting and activities that contribute to an enlivened area within the campus.

Exceptions and/or variations from other local regulatory standards such as signage, landscaping, rooftop features, etc. may be required to implement the master plan. Such details are not known at this stage of the process. Under the master plan such exceptions shall be considered as part of

the administrative review/approval of specific projects and evaluated by the master plan objectives. Strict adherences to these other standards are not a requirement of the master plan.

City Council Condition #14
Demolition of the 64 housing units for the Planned Projects is subject to the following conditions. Harborview shall:

- *Provide one-for-one replacement housing of all units prior to demolition of the existing units;*
- *Provide the replacement housing units within the First Hill/Capitol Hill Urban Center boundary, with a preference for locations within the First Hill Urban Center Village boundary;*
- *Replace the units with substantially the same sizes of units and affordability levels, as measured at the time of MIMP approval;*
- *Ensure that the replacement units are available for a period of ten years;*
- *Develop the replacement housing units without City funds, with the exception of possible short-term City financing which must be reimbursed by Harborview/King County;*
- *Provide the replacement units through rehabilitation of a vacant building, construction of a new building, or preservation of existing federally-assisted units that are losing federal funding, but not through any other means of displacement of existing housing units; and*
- *Provide relocation assistance as required by City regulations, but if tenant relocation costs exceed the amount provided under the City's Tenant Relocation Assistance Ordinance, Harborview will provide relocation assistance of up to 50% above the private contribution required by the City through the Tenant Relocation Assistance Ordinance.*

City Council Condition #15
In its examination of potential sites for replacement housing, Harborview shall investigate and evaluate the potential to locate some of this housing on the site of the surface parking lot between Terry Terrace and the Broadmore Apartments. The maximum number of units allowed by zoning should be calculated and economic feasibility considered.

D. SEPA CONDITIONS

The DCLU Director recommended an extensive list of conditions to mitigate environmental impacts identified with the proposed Master Plan. The list of 63 conditions that follows is adopted from the Director's recommendations with a few alterations by the Hearing Examiner and finally by the City Council.

Energy:

SEPA 1. The planned and Potential Projects shall be designed to incorporate requirements of the Seattle Energy Code.

SEPA 2. In new construction, mechanical systems shall be braced to comply with standards for critical facilities in active seismic zones. The existing mechanical systems should also be braced throughout the facilities as part of proposed renovations.

Environmental Health:

SEPA 3. Harborview shall continue to implement, monitor and update the Harborview Hazardous Materials and Waste Management Plan and specific programs to minimize hazard risks and comply with all applicable laws, regulations, standards and policies related to hazardous materials. Harborview shall maintain an environmentally responsible waste management stream that protects the public interest in the collection, transportation, processing and disposal of hazardous/medical wastes. Harborview shall continue annual effectiveness evaluations and modify the waste management plan as appropriate.

SEPA 4. Harborview shall comply with the requirements of the Seattle Noise Ordinance (SMC 25.08).

SEPA 5. Harborview shall ensure that building-related noise sources such as heating, ventilating and air conditioning equipment and emergency generators are designed and operated within the noise levels permitted by the Seattle Noise Ordinance.

SEPA 6. Harborview shall orient parking facilities, loading areas, material transfer and waste facilities away from noise sensitive residential uses where feasible, and provide adequate acoustical buffers to reduce noise exposure, where feasible.

SEPA 7. Harborview shall install acoustic baffles for sound control on HVAC equipment and fans.

SEPA 8. Harborview shall continue to implement policy of "shutting-down" emergency vehicle sirens within two blocks of the hospital (for both arriving and departing emergency vehicles), except when prevented by safety/traffic conditions.

Land Use:

SEPA 9. Harborview shall locate the most intensive and people-generating functions away from residential buildings.

SEPA 10. Harborview shall improve the quality of landscaped open space in the proposed open spaces.

SEPA 11. Harborview shall buffer and screen potentially objectionable views of support and service uses by landscaping, walls, and fences.

SEPA 12. Harborview shall provide opportunity for street-level retail space in the Clinical Care Services Building along James Street between 9th Avenue and Terry Avenue.

SEPA 13. Harborview shall increase street level setbacks to widen sidewalks that encourage pedestrian activity/uses along James Street.

Housing:

SEPA 14. Harborview shall replace all 64 affordable housing units lost under the Proposed Action.

SEPA 15. Harborview shall provide tenant relocation assistance to eligible tenants per applicable local requirements.

SEPA 16. Harborview shall allow access by neighborhood residents to the open space plaza.

SEPA 17. Harborview shall continue to work with First Hill institutions, churches, social service providers and governmental agencies in the development of additional housing opportunities.

Light, Glare and Shadows:

SEPA 18. Exterior lighting fixtures shall be shielded or directed away from adjacent residential uses.

SEPA 19. Lighting poles shall be located away from and/or at heights compatible with residential development, to the extent feasible.

SEPA 20. Screening and shading devices shall be installed to reduce or eliminate spillover lighting, particularly across from sensitive residential receivers, to the extent feasible.

SEPA 21. Glass and building materials shall be used that are not highly reflective to avoid creating glare.

SEPA 22. Building facades shall be designed with wall and glazing articulation and recesses to avoid large expanses of uniform surfaces. Spandrels, mullions and architectural detailing could lessen the effect of reflective glare from both artificial and natural light.

SEPA 23. Landscaping shall be included to diffuse and obscure light and glare impacts.

SEPA 24. To avoid having buildings shade landscaped open spaces, solar exposure and potential adjacent building sun blockage shall be considered in the design of all the proposed campus open spaces.

Aesthetics:

SEPA 25. Techniques to reduce the apparent scale of new buildings (e.g., architectural detailing, modulation, stepbacks, materials, etc.) shall be incorporated into building designs. Building design shall seek to soften the appearance of structures. Pedestrian scaled improvements shall be included at street level.

SEPA 26. Retail and pedestrian oriented functions shall be included on James Street pedestrian corridors and blank facades/massive structures in the neighborhood context shall be avoided.

SEPA 27. Lighting and graphics that reduces the appearance of building bulk and scale shall be incorporated into new structures.

SEPA 28. To break-up building groupings and collective massing, pedestrian connections shall be maintained through the campus and with the neighborhood (such as at the "campus heart").

SEPA 29. Landscaping shall be included to soften building scale and to create amenities.

SEPA 30. The design of each building approved under this Master Plan shall be stylistically consistent with the design of the existing structures on the Harborview campus and shall be reviewed and approved by the standing CAC.

Historic/Cultural:

Harborview Hall Demolition Mitigation

SEPA 31. Compliance with the Landmarks Preservation Ordinance (SMC 25.12) will constitute compliance with the SEPA Landmarks Policy. Nothing in this Master Plan approval shall be construed as prejudging or superceding the landmark review process as specified in the landmarks preservation Ordinance or diminishing the Landmarks Board's role in that process.

SEPA 32. If, following the procedures of the Landmarks Preservation ordinance, Harborview proceeds with demolition of Harborview Hall and/or the East Hospital Center Wing, Harborview shall abide by all conditions or requirements imposed by that decision.

East Hospital Mitigation

SEPA 33. If this building is retained, the buttress expansion structure shall be designed to have similar vertical emphasis and cladding, as the existing building and efforts shall be made to retain the exterior appearance (including the entry and ornament).

Transportation and Parking:

SEPA 34. Harborview shall comply with terms of the TMP to reduce the number of Harborview commuter trips in employee single occupancy vehicles to forty-five percent (45%) of the total number of weekday, day shift commuter trips. Enhancements shall be proposed to Harborview's TMP that would likely result in additional reductions in the employees' use of single-occupant vehicles for commuting. The TMP identifies strategies and actions that are intended to reduce parking and traffic demands associated with projected growth at the Harborview campus. The proposed TMP is described in the Major Institution Master Plan document with the following elements: a building transportation coordinator, periodic promotional events, commuter information centers, ride-matching service coordination, parking fees, carpool/vanpool subsidy, carpool/vanpool preferential parking, transit pass subsidy, University of Washington Health Sciences Shuttle Services, First Hill Express, bicycle racks and lockers, motorcycle parking spaces, residential parking zones, guaranteed ride home, telecommuting, pedestrian access, evaluation criteria, and annual reporting.

SEPA 35. Harborview shall submit the required annual TMP reports to SeaTran by March 1st every year.

SEPA 46. Facilities and outdoor spaces shall be designed to allow natural surveillance, controlled access, and defensible space.

SEPA 47. Harborview security services shall be continued, including employee escorting.

SEPA 48. All new construction shall comply with applicable Seattle Fire Code and Uniform Building Code requirements.

SEPA 49. The Seattle Fire Department shall be notified of any extended street and/or alley closures or blockage during construction of Master Plan projects.

SEPA 50. Construction material storage and waste materials/debris shall not be accumulated for long periods of time to avoid possible fire hazards.

SEPA 51. Harborview shall coordinate mitigation of utility impacts with the responsible agencies.

Short Term Construction Conditions:

Prior to Commencement of any Demolition or Construction

SEPA 52 The excavation contractor shall provide a truck management plan to the SeaTran Permit office for approval and identify demolition and excavation disposal sites.

SEPA 53. In order to ensure that construction workers do not park on the street and do not usurp existing off-street parking on parking lots within Harborview's primary impact area, Harborview shall prepare and distribute to all construction workers a flyer that includes: a map of the available parking lots, rates; the restrictions for lots located outside the primary impact area identified in the Draft Environmental Impact Statement for Harborview's Major Institution Master Plan; and explanation that construction workers must park outside the primary impact area, that no on-street parking by construction workers is allowed. Harborview shall require contractors to secure parking for their construction workers outside the primary impact area.

During Construction

The following condition(s), to be enforced during construction, shall be posted at the site in a location visible and accessible to the public and to construction personnel from the street right-of-way. If more than one street abuts the site, conditions shall be posted at each street. The conditions shall be printed legibly on placards available from DCLU,

shall be laminated with clear plastic or other weatherproofing material, and shall remain in place for the duration of the construction.

SEPA 54. The flyer described in condition number #63 shall be distributed to all current construction workers and any future workers hired.

SEPA 55. The following low noise impact work will be permitted on Saturdays from 9:00 am to 5:00 pm. Requests to do work described below in the weekday evenings (6:00 pm to 8:00 pm) will be reviewed on a case-by-case basis. DCLU approval is required prior to any such occurrence.

All work on-site shall be fully supervised by Harborview or King County on-site construction personnel who will ensure that Saturday construction is of a non-noisy nature and report back to the Land Use Planner with written confirmation of agreement to the construction hours by the subcontractors. DCLU Construction Inspections will conduct periodic monitoring of work activity and noise levels.

> *Surveying and layout - This requires no noise generating equipment and requires two or three people walking around the project.*
>
> *Stocking with crane – The crane is electric and requires four people to work with the crane*
>
> *Other ancillary tasks - This includes: site security; surveillance; and monitoring and maintenance of weather protection, water dams, and heating equipment.*
>
> *Concrete work - This includes finishing and setting.*

SEPA 56. Critical quiet construction activities, which are of an emergency nature that are related to issues of safety, or which could substantially shorten the total construction time frame if done after the regular construction crew has left, will be allowed. In order to accommodate the needs of the Hospital and ensure that the construction activities will not have adverse impacts on the nearby residential uses, requests to extend the hours of construction on weekdays from 6:00 pm to 8:00 pm shall be reviewed on a case-by-case basis and approved by DCLU prior to each occurrence. DCLU Construction Inspections will conduct periodic monitoring of work activity and noise levels.

SEPA 57. Quiet non-construction activities that can be done at any time such as, but not limited to, site security, surveillance, monitoring for weather protection, checking tarps, surveying, and walking on and

around the site and structure will not be limited by the conditions imposed above or below.

SEPA 58. In addition to the Noise Ordinance requirements to reduce the noise impact of construction on nearby properties, all demolition, grading, and construction activities shall be limited to non-holiday weekdays between 7:30 am and 6:00 pm. After each floor of the building is enclosed with exterior walls and windows, interior construction on individual enclosed floors can be done at other times with the written approval of the Land Use Planner and the Director of Construction Inspections of DCLU.

SEPA 59. Equipment shall be employed on-site that is as quiet as feasible for the work to be performed.

SEPA 60. Nearby residents shall be advised of the construction schedule, the construction process, and Harborview must provide a contact person to address construction-related problems, such as noise impacts.

SEPA 61. Construction schedules shall be coordinated with nearby on-campus research activities, allowing the opportunity to reschedule research or construction activities of conflicts arise.

SEPA 62. Whenever practical, rubber-tire equipment shall be used instead of equipment with metal tracks. Mufflers shall be provided and maintained for stationary engines. Construction personnel shall limit the extent of unnecessary equipment idling. Air compressors shall be utilized with silencing packages. Preference shall be given to electrically driven and hydraulically driven equipment in place of diesel or pneumatic equipment.

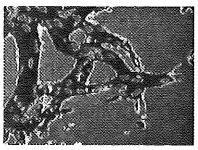
For the life of the Project:

SEPA 63. Harborview shall consider the input of the standing committee on future projects once those projects are detailed.

Additional SEPA review, whether through addenda, checklists, or supplemental EIS's may be required for individual projects as determined appropriate by the DCLU Director, depending on whether the scope of anticipated environmental impacts exceeds those described in the FEIS, and whether adopted mitigation is deemed adequate. Proposed developments not reviewed at the project level in the FEIS shall require additional environmental review at the time of application for Master Use and/or building permits. Additional environmental review may also be required for those proposed developments, which were reviewed at the project level in the FEIS if there are changes to

the preferred or alternative building sites, programs or designs, which in the judgement of the Director of DCLU would result in substantially different environmental impacts than are described in the FEIS. This information may be provided as addendum(s) to the FEIS, unless the DCLU Director determines that supplemental EIS(s) are necessary.

IV. Transportation Management Program



Transportation Management Program

A. Intent

The intent of the Transportation Management Program (TMP) is to reduce impacts to the environment, such as air quality degradation and traffic congestion associated with traffic demands and parking generated by HMC. The TMP is the programmatic arm of the Transportation and Parking Element of the Master Plan. The TMP identifies strategies and actions that are intended to reduce parking and traffic demands associated with projected growth at the Harborview Medical Center campus. The TMP elements provide HMC staff and employees with incentives and disincentives to reduce or eliminate commuter trips in Single Occupant Vehicles (SOV).

B. Project Location

The Harborview Campus is located in the First Hill area of Seattle. The campus consists of several buildings in an area roughly bounded by I-5 to the West, James Street to the North, Boren Avenue to the East and Alder Street to the South.

C. Authority

This program is established as a requirement of the Major Institution Master Plan, Seattle Municipal Code 23.69.0030, and the State Environmental Policy Act (SEPA). The TMP shall be consistent with DCLU Director's Rule 2-94 and SED Director's Rule 94-3, which establishes procedures for Transportation Management Programs. Director's Rule 2-94 supersedes DCLU Director's Rule 4-91 and SED Director's Rule 91-5. This program requirement shall be a covenant running with the land as well as a condition of occupancy. (Note: SED: Seattle Engineering Department is now named SEATRAN).

Harborview Medical Center is also defined as a Major Employer by the requirements of Washington State's Commute Trip Reduction (CTR) Law which defines goals, reporting requirements and mandatory and optional program elements. The State required CTR program is different from the City of Seattle requirements for a TMP though the goal to reduce impacts of site generated vehicle trips is similar. Harborview will be subject to on-going review of it's CTR program in order to meet State mandated CTR requirements, however, the TMP does not specifically address CTR program requirements.

This document responds to the TMP requirements from DCLU and SED. No additional TMP will be required for any use or development which has been approved in the Master Plan. If the Master Plan is amended to add new uses or development that would independently require the development of a TMP, those uses or development may be subject to the requirement for preparation of a new or supplemental TMP for the use or development.

D. Existing Transportation Management Program

Harborview has an existing TMP Memorandum of Agreement, which was entered into with SED and DCLU in 1992. Although this TMP, along with CTR program requirements and review, has been very effective in reducing SOV travel demand, enhancements and additions to the TMP are proposed as part of this Master Plan to address the potential transportation impacts that could result from the proposed development - included in this Master Plan. These are intended to achieve additional reductions in SOV travel and to reduce impacts associated with parking and traffic demands that would be associated with new development under the Master Plan.

The existing TMP is documented in a Memorandum of Agreement between HMC, the Seattle Engineering Department (SED), the Department of Construction and Land Use (DCLU), and the Municipality of Metropolitan Seattle (METRO). The Memorandum of Agreement identified program goals and elements as described below.

1. Program Goal

The goal of the existing program is to reduce the number of commuter trips in employee SOV to Harborview Medical Center to forty-five percent (45%) of the total number of weekday, day shift commuter trips excluding employees whose work requires the use of a private automobile during working hours.

2. Program Elements

The elements of the Harborview Medical Center Transportation Management Program are described below:

Standard Required Elements for all TMP's include:

- Provision of a Transportation Coordinator
- Periodic Promotional Events
- Provision of a Commuter Information Center
- Tenant Participation in the program
- Ridematch Opportunities
- Annual Program Performance Reports
- Site and Access Improvements as required by Land Use Code or environmental impact mitigation

In addition to the Standard Required Elements for all TMP's additional elements may be required of specific projects. For Harborview Medical Center, the following additional elements are currently required:

- Provide a mix of on-site parking, which promotes the use of high occupancy vehicles. Harborview shall establish the actual mix in response to the preferences of Harborview staff.

- Provide parking in a garage or other preferential locations for carpools. Harborview will provide a parking fee discount of at least twenty-five percent (25%) to each participating carpool, regardless of the number of carpools.

- Provide vanpool parking in a garage or other preferential location. Vanpool fares for Harborview employees will be subsidized to a level at least equivalent to the transit pass subsidy it provides. Harborview will provide a discount of at least 50% to each participating vanpool, regardless of the number of vanpools.

- Provide a transit pass discount of at least forty- percent (40%) for any Harborview employee commuting to work at Harborview by transit.

- Encourage employees to use Harborview Health Sciences Shuttle Services. Harborview Medical Center shall continue to provide this service to its employees at no cost to the rider, assuming that other participants in the service continue their participation.

- Provide secure bicycle racks at no charge to Harborview employees and tenants. The design of the bicycle racks shall be consistent with guidelines provided by the Seattle Engineering Department Bicycle Coordinator. Bicycle parking will be out of major pedestrian pathways.

- Pay the costs of Residential Parking Zone (RPZ) administration, signing and permits issued within the Institution's primary impact area as defined in the Master Plan application. This is an area bordered by the south side of James Street, the west side of Boren and Broadway, the north side of Spruce, the west side of 8th and the east side of I-5.

- Permits for residents in the primary impact area south of Alder currently are provided through an agreement between the Seattle Engineering department and the Seattle Housing Authority. This agreement is subject to renegotiations in conjunction with future amendments to the Transportation Management Program.

E. Proposed Transportation Management Program

The TMP shall be consistent with the City's Director's Rules regarding TMP's (DCLU Director's Rule 2-94). As specified in the Director's Rule, the TMP includes the following four elements:

- TMP Goal
- Standard Implementation Requirements
- Supplemental Implementation Requirements
- Evaluation Criteria.

1. TMP Goal

The goal of the new TMP will be to continue the existing program goal to reduce the number of Harborview commuter trips in employee SOV to forty-five percent (45%) of the total number of weekday, day shift commuter trips, excluding employees whose work requires the use of a private automobile during working hours. Program participants will include all Harborview employees meeting the following criteria:

- Arrive on weekdays between 6:00 a.m. and 8:00 a.m.
- Leave on weekdays between 4:00 p.m. and 6:00 p.m.
- Do not require private vehicle to conduct their work assignments

2. Standard Implementation Requirements

The standard implementation requirements are defined in the Director's Rule and will be included in the proposed TMP. These include the following:

- *Building Transportation Coordinator*: A building transportation coordinator (BTC) will be appointed to implement the TMP. The BTC will be available to employees and tenants during regular business hours to promote the TMP and stock the Commuter Information Center(s). The BTC will be trained by King County Metro and SEATRANS.

- *Periodic Promotional Events*: At least once per year, the BTC will organize and staff events to promote the TMP elements. The BTC will be supported by King County Metro and SEATRANS. Information on the TMP will be provided to new employees.

- *Commuter Information Centers*: Commuter information centers (CIC), including ridesharing and transit information, will be located in convenient locations for employees. Bicycle and pedestrian information also will be included in the CIC's.

- *Ridematching Service Coordination*: The BTC will promote and administer a ridematching service for employees.

3. Supplemental Implementation Requirements

In addition to the standard implementation requirements, the following supplemental measures will be included in conjunction with DCLU and SEATRAN to provide incentives for achieving the TMP goals. The supplemental programs would be reviewed as part of the annual surveys to determine if they should be continued:

- *Parking Fees*: Fees at Harborview parking garages and lots will be reviewed annually in order to establish peak and off-peak rates to encourage non-SOV use. Currently employees are charged a fee of $66 per month for parking a single occupant vehicle (SOV). When combined with free carpool parking and transit subsidies, the charge of a perceptible monthly fee for SOV parking provides incentive for employees to consider alternative transportation.

- *Carpool/Vanpool Subsidy*: Harborview will provide a parking fee discount of at least 50% to each participating carpool and vanpool.

- *Carpool/Vanpool Preferential Parking*: Parking spaces conveniently located in the vicinity of each of the office buildings will be set aside for carpool and vanpool use between 6 and 9 am. Use of these spaces during these time periods will be restricted to registered carpools or vanpools. The number of spaces at each location will be established based on the number of carpools and vanpools registered with the BTC. The number of carpool spaces will be equivalent to the total number of requests for such spaces, up to a maximum of 200 parking spaces.

- *Transit Pass Subsidy*: Harborview will provide a transit pass discount of 50% for any HMC employee commuting to work at Harborview by transit.

- *University of Washington Health Sciences Shuttle Services*: Harborview will continue with the University of Washington to provide this service to its employees at no cost to the rider, assuming that other participants in the service continue their participation.

- *First Hill Express*: Harborview will continue to provide access to this service to its employees assuming that other participants in the service continue their participation.

- *Bicycle Racks and lockers*: Secure bicycle racks and lockers will be provided in weather protected areas convenient to potential users including employees and visitors.

- *Motorcycle*: Parking Spaces: Harborview will provide at least ten parking spaces for motorcycles and provide a discounted fee for use of these spaces.

- *Residential Parking Zones*: Harborview will continue to support the existing adjacent RPZ s by paying for program administration, signing and permits issued within the area bordered by the south side of James Street, the west side of Boren and Broadway, the north side of Spruce/west side of 8th and the east side of I-5.

- *Guaranteed Ride Home*: Harborview will continue to offer a guaranteed ride home for registered program participants.

- *Telecommuting*: Though application may be limited, due to site specific job duties, the Transportation Coordinator will work with applicable departments to encourage full or part-time telecommuting opportunities in order to reduce vehicle trips to the site.

- *Pedestrian Access*: As various elements of the Master Plan are implemented, sidewalks and pathways will be developed to internally connect all on-site uses. The pedestrian connections also will provide direct access between the development and the transit center and bus stops along adjacent streets. Crosswalks and appropriate signing and traffic control devices also will be installed to facilitate pedestrian access and circulation.

4. Evaluation Criteria

The HMC TMP will be evaluated relative to implementation of the TMP measures or progress towards achievement of the TMP goals. The criteria will be used to evaluate the success of the TMP each year in the annual report.

5. Annual Reporting.

The BTC will prepare and submit annual reports documenting the TMP programs and compliance with goals. Employee surveys may be required to establish the baseline numbers for measuring compliance with the SOV goals. This would include identifying the number of full-time and part-time workers that may arrive or leave the site during the peak hours.

The following table summarizes the proposed changes to the TMP:

Table 13
Harborview Medical Center Transportation Management Program

Program Element	Current TMP Requirement	Proposed TMP
TMP Report	Annually	Same
TMP Survey	Requires Occupancy Survey Only	Included in annual report
Transportation Coordinator	Required	Same
Transit Subsidy	Requires subsidy of at least 40% of transit pass	Increases subsidy to 50% of transit passes
Transit Interface	Encourage employees to use Health Sciences Shuttle Services	Same but adds access to First Hill Express
SOV Permit Cost	Not specific	Same
Carpool Permit Cost	At least 25% less than SOV permit	Increases to at least 50% of SOV permit
Carpool Parking Spaces	Required but no specific number (Currently provide 175 spaces)	Increases to meet demand for carpool spaces up to 200 parking spaces (including those for vanpool)
Ridematch program	Required	Same
Vanpool spaces	Required but no specific number	Same
Vanpool Subsidy	50% discount	Same
Bike Racks	Racks required, no specific #	Same but adds provision of bike lockers
Pedestrian Program	No requirements	Adds element to provide for pedestrian circulation and connections to transit
Motorcycles	No requirements	Provides 10 spaces at a discounted rate
Commuter Information Center	Required	Same
Promotions	One annually plus new employee orientation	Same
Guaranteed Ride Home (GRH)	Not required	Provides GRH benefit
RPZ:	HMC required to pay for costs	Same
Telecommuting	Not required	Adds element to promote ridesharing in applicable departments

V. Appendices

Appendix 1: LEGAL DESCRIPTIONS

EAST HOSPITAL & EAST CLINIC, WEST HOSPITAL & WEST CLINIC, INCLUDING 8TH AVENUE VACATED

Parcel A, lots 1-8, inclusive, block 66 and lots 1-8, inclusive, block 67, in Terry's First Addition to the Town of Seattle, according to the plat recorded in Volume 1 of plats, page 49, records of King County, Washington. Together with 8th Avenue from the southeasterly margin of Jefferson Street to the northwesterly margin of Alder Street, vacated by City of Seattle ordinance no's. 98168 and 117630, and together with all of vacated Terrace Street lying between 8th and 9th Avenues, and the alleys lying within said blocks 66 and 67, vacated by City of Seattle ordinance no. 58470.

VIEWPARK GARAGE, GARAGE EXPANSION

That part of blocks 1 and 2, Yesler Terrace addition, according to the plat recorded in Volume 37 of Plats, page 21, records of King County, Washington, conveyed to the State of Washington, Department of Highways, by deed recorded March 2, 1967, in Volume 4801 of Deeds, page 270, said records of King County, at recording #6145161, and quitclaimed to King County, together with all Grantor's right, title and interest in and to any unvacated streets and/or alleys, by the State of Washington in a quitclaim deed dated March 26, 1986, as recorded at recording #8604030543, said records of King County, said parcel being more particularly described as follows:

Commencing at a brass disc marked "Seattle Engineering Department" on the pavement surface at the intersection of the centerlines of 8th Avenue and Alder Street within the plat of Terry's second addition to the town of Seattle recorded in Volume 1 of Plats, page 87, said records of King County, Washington.

Thence north 30'38'38'west along the centerline of 8th Avenue, a distance of 33.00 feet; thence south 59'21'22' west. A distance of 33.00 feet to a found rebar and cap marked "HOA, 10857, 120086" which is the point of beginning.

Thence from said point of beginning, south 59'21'26' west along the sideline of said Alder Street, a distance of 49.88 feet; thence south 06'58'21' west, a distance of 179.10 feet to a point which is opposite highway engineer's station (hereinafter referred to as HES) 2182 & 30, distant 285 feet from the centerline of the southbound lane of State Highway SR 5; thence north 88'59'08'west along the limited access right-of-way line of said SR 5 (bearing in lease document #7303150447 was north east). A distance of 78.85 feet to a point opposite HES 2182 + 99.93, distant 249.01 feet from said centerline of the southbound lane (bearing & distance not given in document #880403543); thence continuing along said limited access right-of-way line, north 30'39'28' west, a distance of 803.07 feet to a point which is opposite HES 2191 + 66.34, distant 312.09 feet from said centerline of the southbound lane (bearing & distance not given in document #8604030543); thence, leaving said limited access right-of-way line, south 78'48'36' east, a distance of 174.41 feet to a found iron pipe with a tack in lead (distance not given in document #8604030543); thence north 60'31'27' east, a distance of 75.98 feet to a found rebar & cap marked "#9158, #10198, #10957, & #18086': thence south 30'38'38" east along the southwesterly right-of-

way line of 8th Avenue, a distance of 806.61 feet to the point of beginning. Containing 3.34 acres more or less.

RESEARCH AND TRAINING, HARBORVIEW HALL, HMHS, FIREHOUSE

Half block bounded by 9th Avenue, alley, Alder Street and Jefferson Street; known as 326 9th Avenue:

Lots 1,4,5, and 8: Block 82, and Lots 1,4,5, and 8: Block 83 of Terry's Second Addition to the City of Seattle according to plat recorded in Volume 1 of Plats, page 87 Records of King County and including vacated Terrace Street: Ordinance 58470.

Half block bounded by Terry Avenue, alley, Alder Street and Terrace Street; known as 301 Terry Avenue:

Lots 2,3,6 and 7: Block 83 of Terry's Second Addition to the City of Seattle according to plat recorded in Volume 1 of Plats, page 87 Records of King County and including vacated alley: Ordinance (Pending, vacation petition #290104 filed September, 1982).

PARKING LOTS

Portion of block bounded by Terry Avenue, alley, Terrace Street and Jefferson Street:

The southerly 40 feet of lot 3; the northerly 40 feet of Lot 6; the southerly 17 feet of the westerly 30 feet of Lot 6 and the westerly 30 feet of Lot 7: Block 82 of Terry's Second Addition to the City of Seattle according to plat recorded in Volume 1 of Plats, page 87 Records of King County.

BOREN GARAGE

Half block bounded by Boren Avenue/Broadway, alley, Alder Street and Terrace Street:

Lots 2,3,6 and 7: Block 88 of Terry's Second Addition to the City of Seattle according to plat recorded in Volume 1 of Plats, page 87 Records of King County, Washington.

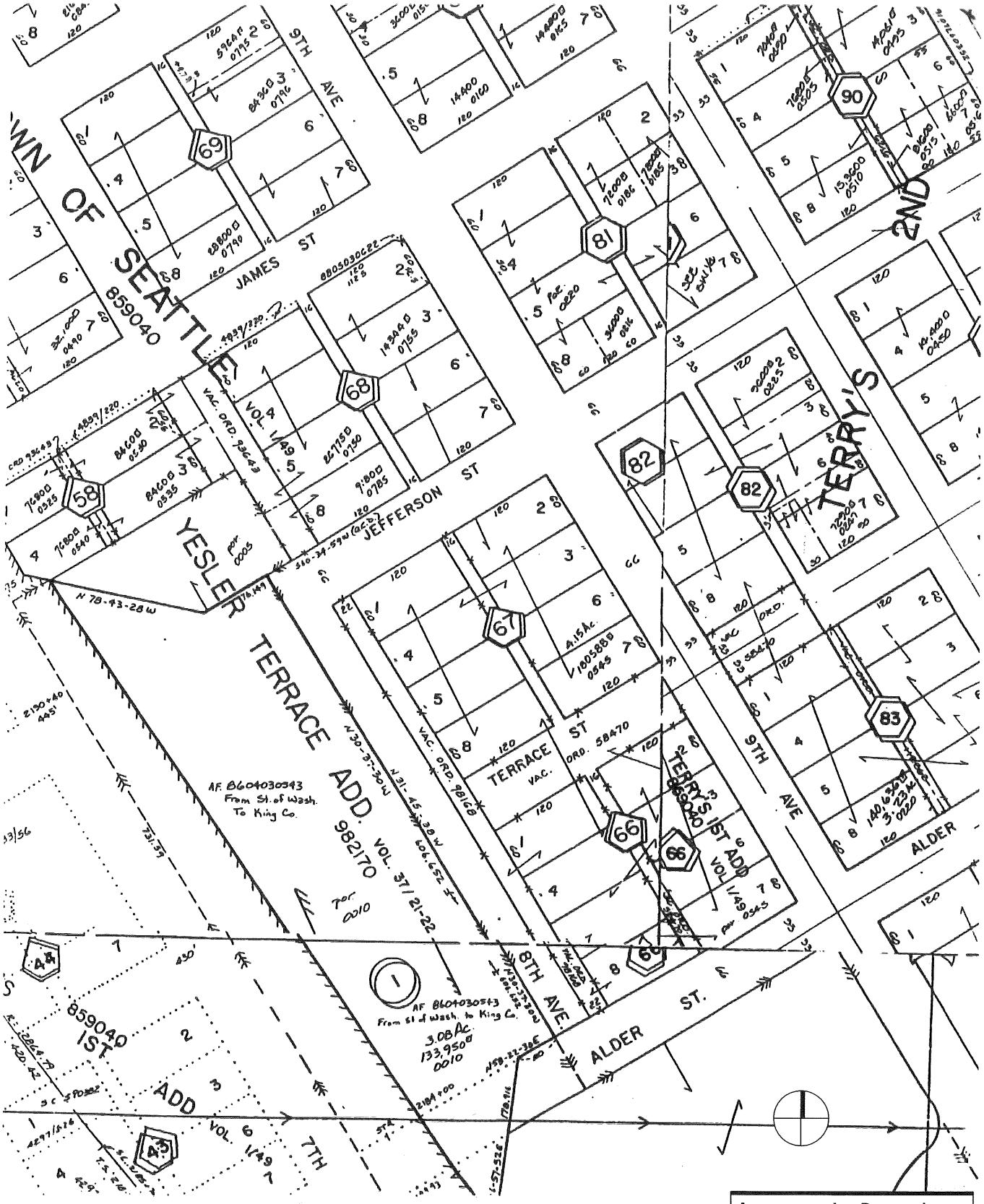
LAFAYETTE PROPERTY

Lots 2 and 3, Block 81, Terry's Second Addition to the Town of Seattle, in King County, Washington.

Property Address:	917 James Street Seattle, Washington
Tax Account Number:	859090-0186-06

908 JEFFERSON

The subject is legally described as the Easterly 60' of Lot 8, Block 81, Terry's 2nd Addition. It is also referred to as King County tax parcel #859090-0216. The street address is 908 Jefferson Street, Seattle, Washington.



Assessor's Parcel Map

harborview medical center

FIG. 18

Appendix 3: Reference Documents

The following documents are collected in a 3-ring notebook binder and are a separate appendix to this Compiled Plan.

- MIMP Ordinance #120073 adopting a new Major Institution Master Plan for Harborview Medical Center, August 24, 2000.
- Seattle City Council Findings, Conclusions and Decision, CF303574, Project #9804983, August 21, 2000.
- Edited Compiled Master Plan, October, 2000 (shows all changes to Final MIMP to produce Compiled Master Plan)
- Findings and Recommendations of the Hearing Examiner for the City of Seattle: CF 303574 (May 15, 2000)
- Report, Analysis, and Recommendations of the Director of the Department of Design, Construction and Land Use: Application # 9804983 (February 24, 2000)
- Harborview Medical Center Master Plan Citizens Advisory Committee Final Report and Recommendations (March 2000)
- Harborview Medical Center Final Major Institution Master Plan (November 12, 1999)
- Harborview Medical Center Final Environmental Impact Statement (November 12, 1999)
- Harborview Medical Center Historic Resources Technical Report (November 12, 1999)
- Harborview Medical Center Draft Major Institution Master Plan (April 30, 1999)
- Harborview Medical Center Draft Environmental Impact Statement (April 30, 1999)

Appendix 4: Process Milestones

- April 23, 1998
  Harborview notifies Department of Design, Construction and Land Use (DCLU) of intent to prepare new Major Institution Master Plan (MIMP)

- June 26, 1998
  Harborview submits application to DCLU for new MIMP

- September 3, 1998
  City Council appoints Citizen Advisory Committee (CAC)

- September 28, 1998
  CAC meeting #1 (orientation)

- October 1, 1998
  Publish notices of MIMP application

- October, 1998
  Public scoping period of Environmental Impact Statement (EIS) with public meeting on October 15, 1998

- October 19, 1998
  CAC meeting #2

- November 16, 1998
  CAC meeting #3

- December 10, 1998
  Issue preliminary review copy of Draft MIMP

- January 11, 1999
  CAC meeting #4

- January 19, 1999
  CAC meeting #5

- February 4, 1999
  Issue preliminary review copy of Draft EIS

- March 1, 1999
  Issue revised preliminary copies of Draft MIMP and Draft EIS

- March 15, 1999
  CAC meeting #6

- March 23, 1999
  CAC meeting #7

- April 19, 1999
  CAC meeting #8

- April 30, 1999
  Publish/issue to public Draft MIMP and Draft EIS

- May 10, 1999
  CAC meeting #9

- May 17, 1999
  CAC meeting #10

- May 24, 1999
  Public hearing on Draft MIMP and Draft EIS

- May 26, 1999
  CAC meeting #11

- June 10, 1999
  CAC meeting #12

- June 15, 1999
  CAC meeting #13

- June 21, 1999
  CAC meeting #14

- September 1, 1999
  Issue preliminary review copies of Final MIMP and Final EIS

- September 15, 1999
  CAC meeting #15

- November 8, 1999
  CAC meeting #16

- November 12, 1999
  Publish/issue to public Final MIMP and Final EIS

- December 7, 1999
  CAC meeting # 17

- December 16, 1999
  Seattle Design Commission meeting considers Harborview street vacation

- January 13, 2000
  CAC meeting #18

- January 24, 2000
  Issue Draft CAC report and Draft DCLU Director's report

- February 1, 2000
  CAC meeting #19

- February 7, 2000
  CAC meeting #20

- February 16, 2000
  Publish/issue to public Final CAC report

- February 24, 2000
  Publish/issue to public Final DCLU Director's report

- March 16, 2000
  Seattle Design Commission meeting considers Harborview street vacation

- April 3 and 4, 2000
  Public hearing before Seattle Hearing Examiner

- May 15, 2000
  Publish/issue to public Hearing Examiner Findings and Recommendations

- July 18, 2000
  Seattle City Council Landlord/Tenant and Land Use Committee considers Harborview plan

- July 24, 2000
  King County Council approves Harborview bond proposal for September ballot

- August 1, 2000
  Seattle City Council Landlord/Tenant and Land Use Committee considers Harborview plan

- August 15, 2000
  Seattle City Council Landlord/Tenant and Land Use Committee (sponsor – Nicastro) sends Council Bill to full Council for action

- August 21, 2000
  Seattle City Council approves Harborview plan as amended and with conditions

- August 24, 2000
  Ordinance #120073 adopting new Major Institution Master Plan for Harborview Medical Center signed by Mayor

- September 19, 2000
  Primary election includes Proposition No.1: Harborview Medical Center Seismic, Health & Safety Improvements General Obligation Bonds $193,130,000

- September 20, 2000
  Draft Compiled Plan completed and submitted to DCLU for review and approval

- September 24, 2000
  Harborview MIMP ordinance became effective

- September 29, 2000
  King County Records and Elections Division certifies voter approval of Proposition No. 1 (super majority and minimum validation)

- October 4, 2000
  Compiled Plan approved by DCLU

Total elapsed time of process: 30 months