

MAJOR INSTITUTION MASTER PLAN

Seattle Children's Hospital Compiled Final Master Plan

SUBMITTED TO: City of Seattle

APPROVED: **May 12, 2010**



Seattle Children's

HEALTHCARE • EDUCATION • RESEARCH

MAJOR INSTITUTION MASTER PLAN

Seattle Children's Hospital
Compiled Final Master Plan

SUBMITTED TO: CITY OF SEATTLE
Department of Planning and Development

PROPOSED BY: SEATTLE CHILDREN'S HOSPITAL

PREPARED BY: ZIMMER GUNSUL FRASCA ARCHITECTS LLP

DPD PROJECT NO. 3007521

APPROVED: May 12, 2010



TABLE OF CONTENTS

I. EXECUTIVE SUMMARY	7
II. INTRODUCTION	13
A. Background	13
B. Strategic Plan	13
C. Healthcare Needs	14
III. DEVELOPMENT PROGRAM	17
A. Program and Master Plan	17
1. Neighborhood Context	17
2. Campus Development Program	19
3. Master Plan	20
B. Density and Overall Floor Area	36
C. Maximum Parking Spaces	36
D. Existing and Future Physical Development	36
1. Existing Building and Facilities	36
2. Future Buildings and Facilities	38
3. Height	40
4. Open Space, Landscape and Screening	44
E. Major Institution Overlay Height Districts	52
1. Existing Major Institution Overlay Heights	52
2. Future Major Institution Overlay Heights	54
F. Description of Phased Campus Development	56
G. Street or Alley Vacations	64
H. Planned and Potential Development	64
I. Decentralization	64
J. Purpose and Public Benefit	64
K. Duration of Master Plan	64
IV. DEVELOPMENT STANDARDS	66
A. Development Principles	66
B. Sustainability and Environmental Stewardship	66
1. Hospital Campus Grounds and Facilities	67
2. Sustainability Goals for Facilities Design, Construction and Operations for New Development	67
3. Children's Leads the Community in Corporate Environmental Stewardship	68
C. Underlying Zoning	68
D. Development Standards	68
1. Structure Setbacks	68
2. Modifications to Height	68
3. Lot Coverage	70
4. Landscaping	70
5. Percentage of MIO District to Remain in Open Space	72

6. Height and Scale Transition	72
7. Width and Depth Limits	73
8. Setbacks Between Structures	73
9. Preservation of Historic Structures	73
10. View Corridors	73
11. Pedestrian Circulation	73
12. Density/FAR	74
13. Light and Glare	74
E. Applicable Development Standards	77
F. Specific Design Guidelines	77
V. COMPREHENSIVE TRANSPORTATION MANAGEMENT PLAN	79
A. Introduction	79
B. Existing and Planned Transportation System	79
1. Vehicular Access and Parking	79
2. Parking	80
3. Loading and Service Facilities	80
C. Existing and Planned Shuttles and Transit	81
D. Existing and Planned Nonmotorized Connections	84
1. External Pedestrian and Bicycle Access	84
2. Internal Pedestrian Access	85
E. Programs to Reduce Traffic Impacts and Encourage Use of Alternatives to Single-Occupant Vehicles	88
1. Elements 1-3: Enhanced Transportation Management Plan	88
2. Elements 4-8: Above and beyond a typical TMP	92
VI. APPENDIX	
A: Legal Descriptions	
B: Citizens Advisory Committee Member List	
C: Community Outreach Overview	
D: Adopting Ordinance	
E: Approved Specific Design Guidelines	
F: Comprehensive Transportation Plan	
G: Sound Transit Letter of Intent	
H: Community Transit Letter of Intent	

LIST OF TABLES

1.	Proposed Master Plan Phasing	56
2.	Modifications to the Underlying Zoning Heights	70
3.	Development Standards Comparison	74
4.	Shuttle Service and Future Enhancements	89
5.	Bicycle Programs and Future Enhancements	89
6.	TDM Programs and Future Enhancements	90
7.	Parking Management Policies and Future Enhancements	90
8.	Required Elements of Transportation Management Plan in Existing and Future TMP	91

LIST OF FIGURES

1.	Distant View Eastward of Existing Children's Hospital	12
2.	Major Institution Overlay Boundaries	12
3.	Campus Is Designed to Screen Views of Buildings from Single-Family Areas	18
4.	Master Plan	21
5.	Montage of Images Describing the Proposed Garden Edges	22
6.	Location of Garden Edges	23
7.	Artist Illustration of Sand Point Way NE: Penny Drive Main Vehicular Entry, Looking Southwest	24
8.	Montage of Images Describing Potential Improvements	24
9.	Artist Illustration of NE 45th Street, Looking West	25
10.	Montage of Images Describing Existing Qualities and Potential Improvements	25
11.	Artist Illustration of 40th Avenue NE and NE 45th Street	26
12.	Montage of Images Describing Potential Improvements	27
13.	Montage of Images Describing the Street Frontage Edges	28
14.	Location of Street Frontages	29
15.	Montage of Images Describing Potential Improvements	30
16.	Artist Illustration of View from Sand Point Way NE onto the Laurelon Terrace Frontage	31
17.	Montage of Images Describing Potential Improvements	31
18.	Artist Illustration of Hospital Campus Street Frontage along 40th Avenue NE	32
19.	Montage of Images Describing Potential Improvements	32
20.	Artist Illustration of Hospital Campus Looking from Sand Point Way NE, South of Springbrook	33
21.	Views of Hospital Campus from Different Areas	33
22.	Montage of Images Describing Examples of Planned Building and Site Improvements	34
23.	Existing Site Plan	37
24.	Master Plan	39
25.	Oblique View of Existing Hospital Campus	40
26.	Existing Building Elevations	41
27.	Oblique View of Future Hospital Campus	42
28.	Future Building Elevations	43
29.	Existing Open Space, Landscape and Screening	45
30.	Future Open Space, Landscape and Screening	47
31.	Existing Transportation and Parking	49
32.	Future Transportation and Parking	51
33.	Existing Zoning and Major Institution Overlay	53

34.	Future Zoning and Major Institution Overlay	55
35.	Proposed Phasing	57
36.	Street and Alley Vacation	65
37.	Examples of Well-Designed and Executed Development Principles	66
38.	Structure Setbacks	69
39.	Future Landscaping	71
40.	Montage of Images Describing Planned Transportation Improvements	78
41.	Existing Transportation and Parking	82
42.	Planned Transportation and Parking	83
43.	Existing Nonmotorized Connections	86
44.	Planned Nonmotorized Connections	87

I. EXECUTIVE SUMMARY

SEATTLE CHILDREN'S MISSION: We believe all children have unique needs and should grow up without illness or injury. With the support of the community and through our spirit of inquiry, we will prevent, treat and eliminate pediatric disease.

HISTORY, VALUES AND VISION: The driving force behind Seattle Children's Hospital (Children's) is the vision of a better future for sick and injured children. For more than a century, Children's has provided specialized healthcare services to the children of the Northwest who needed care, regardless of race, religion or their family's ability to pay.

Treatments and medical technologies have changed dramatically during that time, and Children's has evolved to become a highly specialized academic medical center that serves children and youth from Washington, Alaska, Montana and Idaho who are referred to Children's for complex health problems. More than 200,000 patient visits are made to Children's clinical sites each year. These children receive the highest quality care from physicians, nurses and other skilled professionals who are specially trained to meet their unique needs, in facilities that are specifically designed with them in mind.

Children's commitment to caring for all children, regardless of their family's ability to pay, has earned the institution respect and goodwill throughout the region. A well-established network of volunteer guilds supports the hospital in the fundraising that is essential to its mission. In 2007, Children's provided \$65.4 million in uncompensated and under-compensated care for children whose families lacked the ability to pay, a 57% increase from the previous year. In 2008, that amount climbed to over \$86 million and, in 2009, it reached \$96.4 million.

Teaching is also central to Children's mission: Children's pediatric residency program — in partnership with the University of Washington School of Medicine — is one of the most highly sought-after programs of its kind in the United States. Sixty-five percent of the pediatricians currently practicing in the Puget Sound region were trained at Children's. During the past decade, Children's has also greatly expanded its role in medical research, and is now engaged in major research projects that address many of the most important diseases of childhood, including asthma, diabetes and HIV AIDS, as well as depression, gene repair and neurodevelopment.

As Children's entered its second century, it created a new Strategic Plan to guide the organization's future. The Strategic Plan envisions that Children's will:

- Provide patients and families throughout the region with easy access to specialty care
- Build programs that set national standards for quality
- Provide the best possible service to families and referring physicians
- Develop the next generation of health-care leaders through its teaching programs
- Conduct research that contributes to the prevention, treatment and elimination of diseases that affect children
- Preserve the organization's financial health, while keeping the promise to provide care regardless of a family's ability to pay

THE NEED FOR GROWTH: Children's created its Strategic Plan in the context of regional growth and national health trends that point to increasing need for pediatric specialty care. Four key factors point to the need for growth:

1. ***The number of children in our region is projected to grow.*** During the next 20 years, the population 21 years of age and younger in Washington is projected to increase by 21%, as the children of the "baby boom echo" enter their child-bearing years, setting off a third wave of births, and in-migration from other states and other nations continues.
2. ***Children with serious health problems are living longer.*** Thanks to advances in pediatric medicine during the past 20 years, more children with serious chronic illnesses — such as cystic fibrosis or sickle cell anemia — are living into adulthood. With multiple and lengthy hospital admissions, these children now account for half of the patients at Children's on any given day. Thankfully, children with severe chronic diseases are now living longer, but this good news carries with it a growing need for highly specialized medical facilities to care for them.
3. ***The nature of and prevalence of pediatric diseases are changing.*** The increasing prevalence of chronic conditions such as diabetes, developmental disorders and the rising rates of infant prematurity and childhood obesity are placing added stress on pediatric hospitals nationwide. A 2007 study published by the Child Health Corporation of America (CHCA) projects inpatient days for pediatric diseases will grow at 3.1% annually through 2010. At Children's, the growth in 2007 was double this amount — 6%. The need in areas such as neonatology, transplantation, infectious disease and endocrinology is growing even faster — at more than 3.5% per year, and diabetes admissions increased nearly 17% between 2000 and 2003.
4. ***Children's is already overcrowded.*** With just 250 beds, Children's is small when compared to other pediatric hospitals in cities of comparable size, yet it serves a larger geographic area than any other children's hospital in the country. This has become all too apparent in the high occupancy rates at Children's. National standards of care set the optimal occupancy rate for pediatric specialty hospitals at 65%. This standard is to ensure that the appropriate types of beds are available for emergency admissions and to reflect the unpredictable nature of pediatric disease outbreaks. Today, Children's is operating at unprecedented levels, ranging from 85% to 100% occupancy year-round. On several recent occasions, Children's has had to turn sick children away because there were no intensive care beds available, in spite of the fact that Children's was the only hospital in the region with the expertise and technology to provide the critical care they required. During 2008, Children's had to send four children who needed life-sustaining heart-lung mechanical support to another state because our intensive care beds were completely full. While high volumes are typical during the winter months when outbreaks of viral diseases generally occur, the patient volumes at Children's are now consistently high throughout the year. During 2008, our Emergency Department experienced a 22% increase in visits, with one in five of those visits resulting in admission to the hospital. Many of our outpatient clinics are also reaching the limits of their capacity. Additionally, 50 of the hospital's 200 rooms currently have two inpatient beds, which makes preventing the spread of infectious disease more difficult, reduces privacy and makes it more challenging to provide family-centered care. For these reasons, the national standard of care now calls for single-occupancy rooms throughout the hospital.

CHILDREN'S PLAN FOR GROWTH: Children's must expand its current facility to meet the needs of the region it serves. Children's has developed a three-part strategy to meet these needs:

Children's will further decentralize its outpatient services to bring pediatric specialty services closer to families in communities throughout the region. In addition to a clinical and ambulatory surgery center currently being constructed in Bellevue, future outpatient clinics are being planned in Snohomish County and South King County, and additional outpatient services in specialties such as cardiology, cancer, endocrinology and neurology will be offered through Children's outreach clinics in Yakima, Wenatchee, Kennewick and Missoula, Montana.

Children's relocated its research facilities near South Lake Union in downtown Seattle to take advantage of the concentration of biomedical research resources at that location and to relieve pressure on the hospital campus.

Children's development at the hospital campus is focused on inpatient care and those highly specialized services that are most difficult to replicate in more than one location. This will provide the most effective care for children with complex, chronic conditions who require multidisciplinary specialists and 24-hour access to care.

THE MAJOR INSTITUTION MASTER PLAN (MIMP): Three Years of Community Involvement Culminates in a New Proposal

During the past three years, Children's worked with its partners in the Citizens Advisory Committee (CAC), city agencies and the surrounding neighborhoods to create a plan for development that will reduce the hospital's physical impact on the people who live nearby and the community at large. The Master Plan process afforded Children's the opportunity to solicit comments and ideas from neighbors and other interested citizens, and to work intensively with the members of the CAC in a search for the best solutions for all concerned. This resulted in improvements, refinements and enhancements to the plan at each stage of the process.

As a result of this collaborative effort, the Seattle City Council adopted a modified version of Master Plan Alternative 7R as Children's Master Plan. This choice carefully balances the urgent need for additional capacity at the hospital with innovative programs and plans that respond to community concerns. Children's commitment to purchase Laurelon Terrace, thus moving the bulk of its expansion "downhill" and adjacent to the Sand Point Way NE arterial and refining the proposed development through transitional heights and building setbacks, represented an extraordinary mitigation measure to reduce the impact of the expansion on neighbors.

The Master Plan allows Children's to:

- Place the majority of new development on the Laurelon Terrace site
- Keep heights at or below 140 feet
- Maintain the overall height of the new facilities at an elevation that is lower than the highest elevation on the existing campus
- Limit the entrances to Sand Point Way NE and 40th Avenue NE
- Reduce the bulk and scale of proposed facilities through transitional heights and building setbacks
- Reduce the impact of construction on hospital operations and the neighborhood
- Create community gathering places and green space, including access to rooftop gardens and courtyards
- Create an innovative transit hub on both sides of Sand Point Way NE to make it easier for people to get safely to and from the hospital and the neighborhood without an automobile
- Redevelop the street frontage and the north and west property lines of the Hartmann property to provide transit service, an inviting streetscape and access to the Burke-Gilman Trail
- Create facilities that are adequate to meet the healthcare needs of the children of our region

The acquisition of the Laurelon Terrace property for expansion purposes created the opportunity to enhance the way people travel into and within the community by providing a better environment for pedestrians, bicyclists and transit riders. Children's is fully committed to developing replacement housing in northeast Seattle, creating the opportunity to improve other areas of the community as well.

Children's believes strongly in minimizing the impacts of expansion on the environment. In order to provide a healing place for our patients and their families, as well as be a responsible steward of natural resources, Children's included measures in the Master Plan to expand upon the environmentally friendly practices already in use at the hospital. The new buildings will be designed to reduce energy use and create healthy environments. The landscape plan creates tranquil settings for patients, families and neighbors to enjoy, while providing a natural shield to minimize noise and glare in the nearby neighborhoods.

Increasing the size of the campus will mean more staff, more patients and, consequently, more traffic. Children's has an excellent track record of working to reduce automobile trips generated by our employees, cutting the percentage of commutes by single-occupancy vehicles from 73% in 1995 to just 38% today, one of the lowest rates of any large employer in the state.

Children's Master Plan includes a comprehensive strategy to meet the needs of staff, patients and their families with creative transportation programs that contribute to solving the transportation challenges facing the immediate vicinity and the region as a whole. Children's will continue to invest in transportation improvements by continuing sponsorship of increased bus service on the routes serving its neighborhood and creating a growing system of shuttles — like the new Green Line — to connect the hospital to key transportation hubs. Children's will invest in new technology and other improvements in the major corridors serving its area, and in bicycle and pedestrian programs that create better and healthier ways of getting to and from work.

The Seattle Children's Hospital Major Institution Master Plan is the culmination of three years of planning, over 25 Citizens Advisory Committee and subcommittee meetings and ongoing community involvement, including over 25 outreach activities or meetings (see Appendix C and page 17). It represents a collaborative vision for the hospital and the surrounding neighborhood. This vision is supported by substantive standards which guide future development through subsequent environmental review and the corresponding decision making and public permit approvals. It is responsive to the community need for increased pediatric healthcare, environmental stewardship and the livability of the neighborhood. It will be further refined through a Standing Advisory Committee (SAC) of community representatives who assist the institution in the review of subsequent phases of the facility's design.

The balance of this document describes the Master Plan in detail. It is organized into five sections:

Part I, this Executive Summary, presents an overview of Seattle Children's Master Plan.

Part II, the Introduction, describes the need and vision for the Master Plan.

Part III, the Development Program, describes the basis for the program and planned improvements.

Part IV, the Development Standards, sets forth Children's standards by which future development will be controlled.

Part V, the Comprehensive Transportation Management Plan, describes the proposed measures to mitigate traffic and parking impacts associated with the Master Plan.

It also includes the following Appendices:

Appendix A: Legal Descriptions

Appendix B: Citizens Advisory Committee Member List

Appendix C: Community Outreach Overview

Appendix D: Adopting Ordinance

Appendix E: Approved Design Guidelines

Appendix F: Comprehensive Transportation Plan

Appendix G: Sound Transit Letter of Intent

Appendix H: Community Transit Letter of Intent



Figure 1 Distant View Eastward of Existing Children's Hospital



12 Figure 2 Major Institution Overlay Boundaries

II. INTRODUCTION

A. BACKGROUND

Founded in 1907, Seattle Children's is a regional pediatric academic healthcare center serving Washington, Alaska, Montana and Idaho (WAMI), the largest service area of any children's hospital in the country. Children's is currently ranked among the top ten pediatric hospitals in America by a number of published sources, and received a number eight ranking on the *U.S. News & World Report* Best Children's Hospitals 2008 Guide. To continue to provide this level of care to all of the region's children who need it, Children's must expand its facilities on its hospital campus and across the region.

Children's is committed to improving access to quality pediatric healthcare by decentralizing outpatient services to bring them closer to patients and families. Due to the national shortage of pediatric specialists, Children's doctors travel throughout Washington, Alaska, Montana and Idaho to provide services at community clinics that are closer to our patients living in these areas. Children's currently operates regional clinics in Bellevue, Everett, Federal Way, and Olympia; outreach clinics in Yakima, Wenatchee and Kennewick, Washington; and sites in Alaska and Montana.

Children's is committed to expanding its clinic network. It opened a regional clinic in the Tri-Cities area in May 2008, and a major new outpatient facility near downtown Bellevue is slated to open in July 2010. Similar facilities are planned for Snohomish County and South King County.

Children's relocated its rapidly growing research programs to downtown Seattle (1900 Ninth Avenue) in close proximity to South Lake Union and other key research centers, such as the Fred Hutchinson Cancer Research Center, the Seattle Cancer Care Alliance and the University of Washington. Children's also purchased additional property (1000 Stewart Street) in downtown Seattle to enable the organization to develop 1.5 million square feet of space for medical research into the diseases that afflict children here and around the world.

While decentralizing its outpatient services and research facilities, Children's is consolidating the most highly specialized clinical services and inpatient beds on the hospital campus in northeast Seattle. This concentration of services allows complex pediatric procedures to be performed in highly specialized diagnostic and treatment facilities 24 hours a day.

A cornerstone of Children's mission is our historic commitment to provide the highest quality care for all children who need our services, regardless of their family's ability to pay. To meet that commitment, generous community support enabled Children's to provide \$65.4 million in uncompensated and under-compensated care in fiscal year (FY) 2007 to patients whose families were unable to pay all or part of their medical bills. This amount climbed to over \$86 million in FY 2008 and reached \$96.4 million in FY 2009. In FY 2009, Children's provided 291,912 patient visits, including 227,901 outpatient visits, 38,414 emergency room visits, 14,106 inpatient admissions and 11,491 short-stay visits.

B. STRATEGIC PLAN

Children's strategic plan, developed in 2006, provides a foundation for the next 100 years and a road map for integrating the growth of clinical, research and educational programs during the next five years. The strategic plan sets six key goals:

1. Build programs that set national standards for quality care.
2. Improve clinical access and service to families and physicians.
3. Prevent, treat and eliminate pediatric disease.
4. Recruit and retain the best staff at all levels.
5. Develop the next generation of healthcare leaders.
6. Secure Children's financial future while keeping its promise to provide high-quality care, regardless of a family's ability to pay.

The strategic plan serves as the guide for the development of the facilities that will be needed to support these goals.

C. HEALTHCARE NEEDS

Population growth in our region is one of several key factors driving the need for growth at Seattle Children's. According to the State Office of Financial Management, the number of children and youth in Washington state, for example, is projected to increase by 21% by 2030, as the children of the Baby Boom Generation enter their child-bearing years. Nationally, the need for children's healthcare is growing for other reasons as well. A recent study by the Child Health Corporation of America (CHCA), a national association of free-standing pediatric hospitals, shows that the demand for inpatient pediatric services overall is estimated to grow 3.1% annually through 2010. Causes include:

- Increased severity of pediatric illnesses
- Increases in prematurity and low birth weight
- Increased prevalence of chronic conditions, such as diabetes and developmental disorders
- Growing prevalence of obesity, which complicates care
- More patients surviving childhood diseases and utilizing healthcare services longer
- The need for single-bed rooms to control the potential spread of infectious diseases

Demand for certain areas of pediatric care, such as the treatment of infectious diseases, premature birth and endocrinology, is growing at even faster rates. Admissions for diabetic conditions increased nearly 17% between 2000 and 2003. Because the illnesses treated at academic pediatric medical centers such as Children's tend to be more critical and complex, they often involve longer hospital stays and require the collaboration of many sub-specialists.

Children's experience reflects and in fact exceeds the national trends. A recent study by Dr. John Neff, medical director, Center for Children with Special Health Care Needs, shows that in the past five years, Children's patient population has become more chronic and complex, older and more expensive to care for, requiring more frequent hospital and Emergency Department admissions. More than half of the inpatients at Children's on any given day have lifelong chronic illnesses and often require specialized pediatric medical care.

Caring for these complex patients requires more staff, more types of specialists, more technology and more equipment and space to store equipment, which often varies with patient sizes. The specialists provide care in patient rooms, in clinic exam rooms, in offices and in other settings on campus so that they can respond to the changing conditions of young patients. When a child is more seriously ill, there will also be more family members who need to be housed close to the child — often in the patient room or lobbies. Teaching functions also bring more students and residents to the patient care area. All of these factors lead to more people and more equipment, all of which drives the need for more space for each hospital bed, compared to the hospitals of the past.

In addition, the scope of conditions Children's treats and the wide range in ages of the patients (premature through 21 years) requires a variety of types of beds. For example, a critically ill premature newborn and a teenager undergoing psychiatric evaluation cannot be housed in the same unit. Children's bed mix includes:

- Neonatal Intensive Care Unit
- Pediatric Intensive Care Unit
- Cardiac Intensive Care Unit
- Inpatient Psychiatric Unit
- Rehabilitation and Complex Care Unit
- Seattle Cancer Care Alliance Unit (for patients undergoing stem cell transplant and other cancer treatments)
- Surgical Unit
- Medical Unit

As a national standard of care, the recommended average inpatient occupancy level is 65% because pediatric illness is unpredictable (patients with chronic lifelong diseases are more likely to have unplanned admissions) and patients must be admitted to units appropriate to their age and acuity level. Today, Children's is consistently operating at 85% to 100% occupancy, which is an unprecedented and precariously high level for Children's. This high occupancy strains the entire system — and is particularly difficult for patients, their families and our staff. For many of the most seriously ill patients, there is nowhere else in the region that can provide the care they need.

The Master Plan is designed to address those challenges and meet the future needs of our region. To project the need for facilities over the next 20 years, Children's conducted an in-depth analysis of the historical patient volumes, service by service, and developed an estimate of future needs that is based upon:

- The changing demographics of its service area
- The increasing severity of Children's patients, especially those with complex or chronic conditions
- The technology, equipment and staff required to care for such critically ill children
- The need to control the spread of infections
- The need for caregivers to be located close at hand to respond to any emergency
- The healing comfort of allowing families and loved ones to stay with their sick child

To further validate key assumptions for the Master Plan, Children's conducted an in-depth analysis of the historical patient volumes and services, and consulted regional and national leaders in pediatric healthcare regarding our analysis and growth projections. As a result of that analysis, Children's Master Plan emphasizes six service areas — cardiovascular, general surgery, hematology/oncology, neonatology, orthopedics and transplantation — as the major areas in which new facilities will advance the quality and accessibility of the services Children's patients will need in the future.

Using industry standards for academic pediatric medical center space needs, the necessary amount of space for each service at Children's Hospital was calculated, resulting in a total of 2.4 million square feet for the next 20 years. This estimate provides 4,000 gross square feet to support each pediatric bed (this includes operating rooms, diagnostic and therapeutic space, faculty offices, etc.). This figure is well within the square-feet-per-bed range of peer institutions and is, in fact, at the lower end of that range due to Children's efforts to decentralize services and maximize efficiency in care delivery.

Currently, Children's has 250 beds within 200 rooms (50 double-occupancy rooms). To meet the projected need, Children's plan adds 250 to 350 beds over the next 20 years, bringing the total bed count to around 600. These additional beds would be phased in over time to ensure that Children's development meets and does not lag behind or exceed the needs of the region.



III. DEVELOPMENT PROGRAM

A. PROGRAM AND MASTER PLAN

1. NEIGHBORHOOD CONTEXT

Children's is located between the Laurelhurst and Ravenna/Bryant neighborhoods and is 0.5 mile from the Ravenna portion of the University Community Urban Center. The surrounding neighborhoods include a mixture of single- and multi-family residences, retail/commercial businesses, institutions and recreational opportunities, such as the Burke-Gilman Trail and Magnuson Park. The retail/commercial businesses are located primarily south and west of Children's along Sand Point Way NE, and include University Village, restaurants and shops, an exercise gym, office space and the Virginia Mason Sand Point Pediatrics Clinic. There are several institutions in the area, including the National Archives & Records Repository, Children's 70th and Sand Point Way administrative offices, churches, Talaris Research and Conference Center, Laurelhurst Elementary School and Villa Academy. The nearest major institution in the area, the University of Washington, is less than a mile to the west.

Beginning in spring 2007, Children's initiated dialogue with the surrounding community regarding the strategic plan and necessary expansion. Prior to submitting its Concept Plan, Children's conducted two community meetings, inviting over 10,000 households in northeast Seattle and to solicit concerns, advice and recommendations on how growth should occur on the hospital campus. In addition to the Citizens Advisory Committee regular and subcommittee meetings from the summer of 2007 until the present, Children's met with numerous neighborhood and other groups to discuss its proposed plans:

- Laurelhurst Community Club Board of Trustees (March 2007)
- Children's Standing Advisory Committee for Major Institution Master Plan (March 2007)
- Children's 70th and Sand Point Advisory Committee (April 2007)
- Community-wide meeting in Laurelhurst sponsored by Children's (May 2007)
- View Ridge Community Council Annual Meeting (May 2007)
- Laurelhurst Community Club Annual Meeting (June 2007)
- Community-wide meeting in Laurelhurst sponsored by Children's (June 2007)
- Laurelon Terrace Representatives (September 2007)
- Virginia Mason physicians based at the Hartmann Building (October 2007)
- Two model presentations in Laurelhurst (October 2007)
- Montlake Community Club Board Meeting (December 2007)
- Burke-Gilman Public Development Authority (January 2008)
- Laurelcrest Condo Association Board Meeting (April 2008)
- Odessa Brown Community Clinic Open House (April 2008)
- NE District Council Meeting (June 2008)
- Montlake Community Club (June 2008)
- Children's 70th and Sand Point Advisory Committee (June 2008)
- University District Farmer's Market Q and A (June 2008)
- West Seattle Farmer's Market Q and A (June 2008)
- View Ridge Community Council (June 2008)
- Ravenna/Bryant Community Club (June 2008)
- Four model presentations at Laurelhurst Community Center (June, July and two in October 2008)
- Ravenna/Bryant Focus Groups (August 2008)
- Hawthorne Hills Community Council (September 2008)
- View Ridge Community Council (September 2008)
- Ravenna/Bryant Community Council (September 2008)
- Laurelhurst Community Club Board of Trustees (October 2008)
- Model presentation at the NE branch of the Seattle Public Library, Ravenna/Bryant (November 2008)

For more information about the development of the plan, please see Children's Master Plan project Web site at <http://masterplan.seattlechildrens.org>.



18 *Figure 3 Campus Is Designed to Screen Views of Buildings from Single-Family Areas*

2. CAMPUS DEVELOPMENT PROGRAM

The Master Plan will provide the facilities needed to accommodate a total of 600 beds, with approximately 3,542 gross square feet (gsf) of development per bed, inclusive of the patient bed rooms themselves as well as the necessary ancillary services, facilities and utilities that are common in pediatric healthcare facilities. The Master Plan will allow for a total of 2.125 million gsf of hospital facilities and 3,100 parking spaces. (Developable building area does not include rooftop mechanical space and above- and below-grade parking.)

Under the Master Plan, the existing hospital campus will be expanded to the Laurelon Terrace site for future hospital facilities. The Laurelon Terrace site is immediately adjacent to the west property boundary of the existing hospital campus. Children's and Laurelon Terrace have negotiated the major terms for a sale of the Laurelon Terrace property to Children's, conditioned on approval of this Major Institution Master Plan. In addition, in order to develop this property for major medical institution uses, the City has been asked to approve the vacation of the public rights-of-way and Seattle City Light easements within the boundaries of Laurelon Terrace.

Children's will continue to lease office space at Springbrook and potentially other space within 2,500 feet of the Major Institution Overlay (MIO) boundary, and will continue to own and use the Hartmann property located across Sand Point Way NE. This is in compliance with the requirements of the Major Institution Code. The Code allows Children's to locate such uses as long as they comply with applicable street-level use restrictions in any commercial zones, follow the use and development standards of the underlying zone, include such uses in its Transportation Management Plan (per Code, Transportation Management Program) (TMP), and apply for an administrative conditional-use permit for any medical service uses over 10,000 square feet in area.

The open-space system will be expanded by the inclusion of Laurelon Terrace within the Major Institution Overlay Boundary, and provide the opportunity for public open space at the western portion of an expanded and contiguous hospital campus. The edges of the campus will be designed to screen views of campus buildings and parking areas from nearby single-family residential areas (see Figure 3). Subject to patient privacy needs and hospital security, pedestrian pathways will be provided across the site where feasible.

The existing helistop will be relocated from its current location to the rooftop of the first bed unit constructed on the Laurelon Terrace property.

The mechanical and electrical components of the Central Utility Plant (CUP) will be distributed throughout the existing campus and proposed buildings and parking structures. It is not intended for the CUP to be built in its entirety at a consolidated location. The mechanical and electrical components will be incorporated and treated to prevent noise, exhaust and vibration impacts within each building during the buildout of the campus.

Circulation improvements will be made to distribute peak-period traffic movements. The City of Seattle is planning to install a signalized intersection on Sand Point Way NE at 40th Avenue NE. This will help reduce impediments to traffic flow and the delay at existing signals serving Laurelhurst and View Ridge along Sand Point Way NE.

3. MASTER PLAN

Children's Master Plan provides the following benefits:

- The overall height of the new facilities will be lower than the highest elevation for the existing campus buildings. The greatest building height is 140 feet.
- Eliminates need for entrances on neighborhood streets (NE 45th Street and NE 50th Street)
- Reduces bulk and scale of facilities through transitional heights and building setbacks
- Reduces construction impact on hospital operations and the neighborhood
- Creates community gathering places and green space, including access to rooftop gardens and courtyards
- Creates an innovative transit hub on both sides of Sand Point Way NE to make it easier for people to get safely to and from the hospital and the neighborhood without an automobile
- Provides new access to the Burke-Gilman Trail along the north and west property lines of the Hartmann property, within the applicable zoning constraints
- Allows a first phase development that balances scale and profile without encumbering later phases with undesirable building mass near campus edges
- Minimizes the visual impacts from the Ravenna/Bryant Neighborhood
- Minimizes the visual impact of buildings along Sand Point Way NE
- Consolidates access to the Emergency Department with service and parking from 40th Avenue NE
- Sets taller bed units farther away from the hospital campus edges

The benefits listed above respond to the items raised in the Citizens Advisory Committee's letter of July 25, 2008, to Children's and DPD, as well as to community concerns raised since May 2007.

See Figure 4, Master Plan.

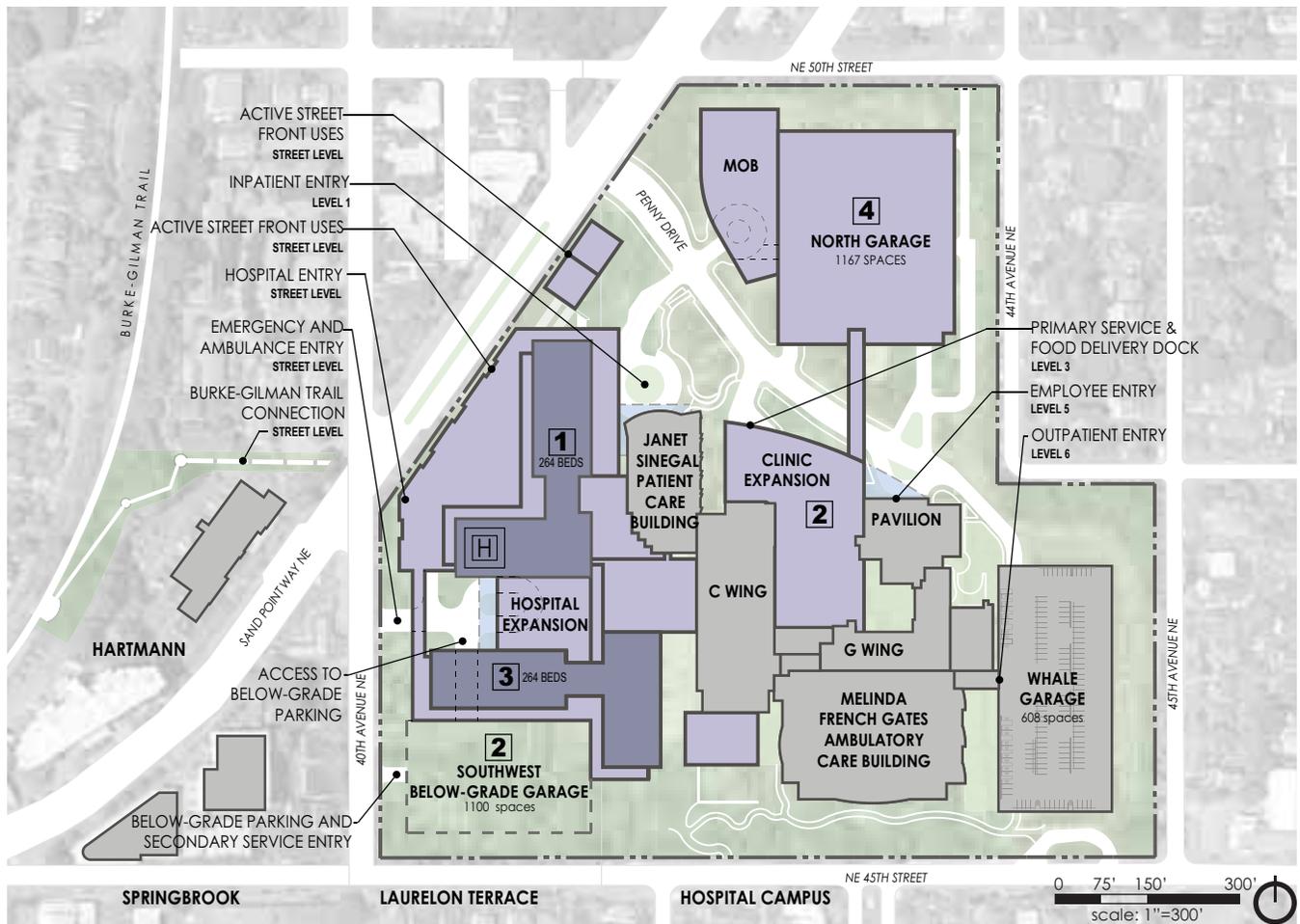
FIGURE 4:
MASTER PLAN

STATISTICS

Hospital Campus	
Beds	500 - 600*
Building gross floor area	2.125 million gsf
Parking spaces	3,100

*addition of 250 - 350 beds

- LEGEND
- Property Line
 - Campus Grounds
 - Existing Buildings and Parking Garage
 - Lower Buildings and Parking Garages
 - Taller Buildings
 - Covered Walkway
 - Roadways and Surface Parking
 - 1 Proposed Construction Sequence
 - H Helicopter
 - Service and Fire Access





22 Figure 5 Montage of Images Describing the Proposed Garden Edges

a) Campus Character

The character of the campus will be defined by the appearance from public streets at its edges. Two edge treatments will be developed. The first is the "garden edges" where landscaped buffers are planned. The second is the "street frontage edges" where buildings are built to the street property line and where significant pedestrian and bike activity are anticipated. The image of the existing hospital campus along the northern, eastern and southern edges of the campus will remain intact and maintained as garden edges. Street frontage edges will be developed along the western edges of the campus on Sand Point Way NE, 40th Avenue NE and the western reach of NE 45th Street.

GARDEN EDGES

Garden edges will be locations where outdoor program areas and plantings will be used to screen or open views of the campus from adjacent residential uses. At locations where buffers include pedestrian, bike or vehicle access, special consideration will be given to the visibility and security of landscape and building areas. Following current practice, Children's will work collaboratively with the adjacent property owners and nearby neighbors to improve the garden edges of the campus.

See Figures 5 and 6.



Figure 6 Location of Garden Edges



Sand Point Way NE: Penny Drive Main Vehicular Entry

The intersection of Penny Drive and Sand Point Way NE will be improved with additional gardens and other landscape elements. The planned building at this location will have a thin edge toward the street, surrounded by green rooftop plazas cascading to ground-level gardens. Accessible pedestrian routes will be improved as Penny Drive is widened. See Figures 7 and 8.



Figure 7 Artist Illustration of Sand Point Way NE: Penny Drive Main Vehicular Entry, Looking Southwest



24 Figure 8 Montage of Images Describing Potential Improvements

NE 45th Street

A 75 foot buffer will extend along the entire length of the campus edge on NE 45th Street. Buildings will be set back behind the dense plantings at the street edge. In this area, gardens and pathways will be located. In some cases the plantings might be opened up to take advantage of views from raised landforms on campus. In other locations, more densely planted screens may be desirable. See Figures 9 and 10.

Stephanie Bower, Architectural Illustration



Figure 9 Artist Illustration of NE 45th Street, Looking West



Figure 10 Montage of Images Describing Existing Qualities and Potential Improvements

40th Avenue NE

The eastern frontage of 40th Avenue NE will provide pedestrian open space areas. Here, landscaped areas and stormwater treatment could be configured in a garden. See Figures 11 and 12.



Figure 11 Artist Illustration of 40th Avenue NE and NE 45th Street



Figure 12 Montage of Images Describing Potential Improvements



28 *Figure 13 Montage of Images Describing the Street Frontage Edges*

STREET FRONTAGE EDGES

Street frontages are located where pedestrian and bike activities are anticipated in conjunction with transit or building entries. Here, the transit component will be built into the public right of way and will include furnishings, pocket garden and landscape improvements organized to enhance transit rider experience and promote transit ridership. These spaces will form useable pathways accessible to neighbors for access to transit service at 40th Avenue NE and Sand Point Way NE. Active hospital and community service uses that primarily and directly serve Children's users will be provided along the building frontage of Sand Point Way NE. These improvements and the design of plazas and garden areas, including canopies for weather protection, will support transit use, neighborhood activities and building functions.

See Figures 13 and 14.

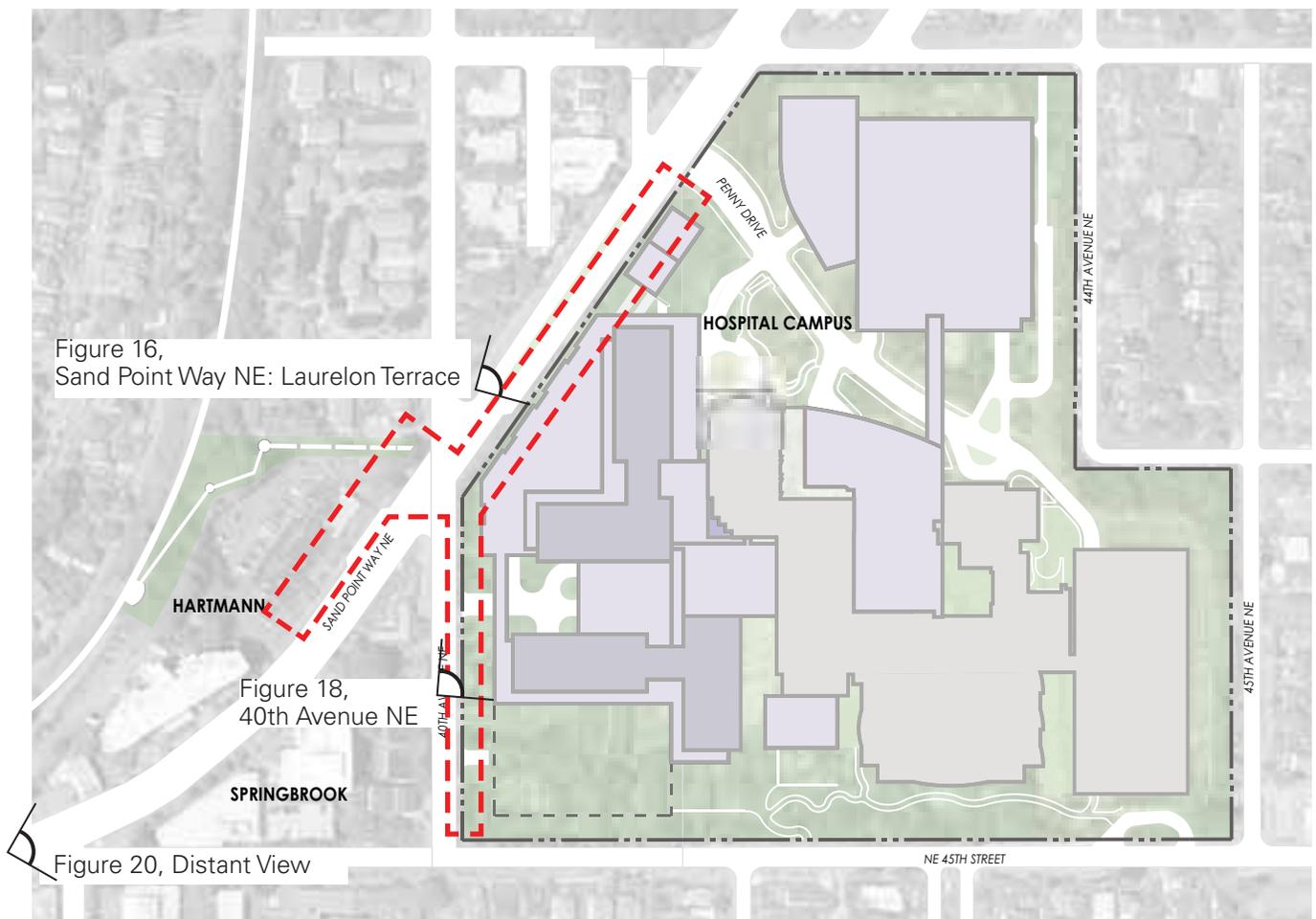


Figure 14 Location of Street Frontages



Sand Point Way NE: Hartmann

The street frontage along Hartmann will be the southbound transit stop of the transit hub at the intersection of Sand Point Way NE and 40th Avenue NE. This will be an intermodal transit stop for public transit with landscape improvements. A link between the Burke-Gilman Trail and the Sand Point Way NE street frontage will preserve the existing Sequoia trees and make a direct pedestrian and bike connection. See Figure 15.



30 Figure 15 Montage of Images Describing Potential Improvements

Sand Point Way NE: Laurelton Terrace

The Laurelton Terrace frontage of Sand Point Way NE will serve as the northbound transit stop of the transit hub at the intersection of Sand Point Way NE and 40th Avenue NE. The hospital buildings will step down in height as they reach the street edge. Building canopies will protect pedestrians along active hospital amenities and hospital entries. Access to rooftop gardens will be through plazas leading through accessible pathways connected to the crossing point along 40th Avenue NE between the northbound and southbound transit stops. See Figures 16 and 17.



Figure 16 Artist Illustration of View from Sand Point Way NE onto the Laurelton Terrace Frontage



Figure 17 Montage of Images Describing Potential Improvements

40th Avenue NE

The Emergency Department ancillary parking and service access will be built alongside an intensely landscaped frontage. Here the street-fronting buildings will be set back. Plantings will be used to mark building entries and to provide public-accessible gardens near NE 45th Street. More active street frontage uses will be developed closer to Sand Point Way NE. This frontage will form a visually calming pedestrian and bike pathway around the west boundary of the campus, connecting southern residential areas to the transit hub at the intersection of Sand Point Way NE and 40th Avenue NE. See Figures 18 and 19.



Stephanie Bower, Architectural Illustration

Figure 18 Artist Illustration of Hospital Campus Street Frontage along 40th Avenue NE



32 Figure 19 Montage of Images Describing Potential Improvements

Distant Views

Distant views of the hospital buildings and site improvement will be defined by the color, texture and pattern of the building materials and how they complement their surroundings. The goal is for the overall color, texture and pattern of the campus to fit in with the background land forms, surrounding buildings and density of plantings. See Figures 20 and 21.



Stephanie Bower, Architectural Illustration

Figure 20 Artist Illustration of Hospital Campus Looking from Sand Point Way NE, South of Springbrook



Figure 21 Views of Hospital Campus from Different Areas

b) Additional Plan Components

Three additional Master Plan components will address community needs and hospital operations and facilities. They are facility design, planned activities and uses on campus, and interim construction conditions to minimize impacts in the neighborhood, as illustrated in Figure 22.

i. Transportation Management

COMPREHENSIVE TRANSPORTATION PLAN (CTP)

For over a decade, Children's has recognized the complex transportation issues facing the region, and northeast Seattle in particular. In response, the hospital has established an award-winning Transportation Management Plan (per Code, Transportation Management Program) (TMP) that has substantially reduced the number of employees driving alone to work. Among daytime employees affected by Washington's Commute Trip Reduction (CTR) law, the percentage traveling to campus via single-occupant vehicle (SOV) fell from 73% in 1995 to a remarkable 38%. This accomplishment is significant both for a hospital and for an employer located in a neighborhood with limited public transit service.

With the input from the Citizens Advisory Committee, Seattle Department of Transportation (SDOT) and the Department of Planning and Development (DPD), Children's developed a Comprehensive Transportation Plan (CTP) with the goal of being a leader in sustainable transportation programs. The CTP includes a TMP to mitigate vehicle traffic related to MIMP expansion by shifting even more employees and visitors from single-occupancy vehicles (SOV) to bicycling, walking, shuttle and transit. In addition, the CTP goes above and beyond the traditional TMP elements by including a substantial investment in transportation infrastructure improvements outside the hospital campus. See Part V, for a discussion of the Transportation Management element of the Master Plan.



34 *Figure 22 Montage of Images Describing Examples of Planned Building and Site Improvements*

ii. Construction Management

Children's will develop a Construction Management Plan that will be reviewed by the Standing Advisory Committee (SAC) and approved by DPD prior to the construction of projects under the Master Plan to address the following issues:

- Construction impacts due to noise
- Mitigation of traffic, transportation and parking impacts on the surrounding neighborhood, including the provision of temporary off-site parking lots for construction workers and displaced Children's employees, together with shuttle vans and buses
- Mitigation to impacts to pedestrians and bicyclists along the edges of the campus, including temporary sidewalks or pathways around construction areas if needed
- Installation of temporary modular buildings on Children's property for displaced Children's functions
- Survey of existing street conditions and post-construction conditions and commitment to repairing any damage caused by Children's construction contractors

iii. Housing

The livability of the neighborhoods near Children's is vitally important to Children's as well as to the community for a variety of reasons:

- A safe home is necessary for the healthy development of every child. Children who experience homelessness or live in substandard housing are at greater risk of significant health problems.
- As an employer, Children's is committed to attracting the very best talent, but is at a competitive disadvantage when employees must commute long distances to find housing they can afford because of the high cost of housing in Seattle.
- Children's commitment to care for all children in the region who need our services, regardless of the family's ability to pay, means that families with limited means travel from throughout the region for care at Children's. Once in Seattle, families often experience significant difficulties securing housing so they can be near their child during their care at Children's.

Children's is committed to meeting the City of Seattle's replacement housing requirements listed as Condition 19 in the "MIMP Conditions for MUP Approvals" in Part III.F.



Figure 22 continued

B. DENSITY AND OVERALL FLOOR AREA

The density of the Master Plan, as defined by total maximum developable gross floor area ratio (FAR) for the MIO District, is 1.9 (excluding below-grade developable floor area, below-grade parking structures and rooftop mechanical equipment).

C. MAXIMUM PARKING SPACES

Children's Master Plan, consisting of total development of 2.125 million square feet and 600 beds, will allow a maximum parking supply of 3,100 parking spaces. See calculations of both the minimum and maximum parking supply allowed by Seattle City Code in the Transportation section of the Final Environmental Impact Statement (FEIS). Children's is proposing a total of 3,100 parking spaces in the Master Plan. See "Transportation Management Plan" in Part V.

D. EXISTING AND FUTURE PHYSICAL DEVELOPMENT

1. EXISTING BUILDING AND FACILITIES

Children's owns the existing hospital campus and the Hartmann property located across Sand Point Way NE at 4575 Sand Point Way NE. The existing campus extends roughly 1,300 feet in a north-south direction and 900 feet in an east-west direction. The facilities on-site include approximately 846,000 square feet of hospital uses. The parking supply includes 1,462 spaces on campus, 80 spaces at Hartmann and 640 leased spaces at remote lots.

See Figure 23, Existing Site Plan.

HOSPITAL CAMPUS

The existing hospital campus is bounded by NE 50th Street to the north; 44th Avenue NE, NE 47th Street and 45th Avenue NE to the east; NE 45th Street to the south; and Sand Point Way NE to the west. The western edge of the hospital is adjacent to the Laurelton Terrace multifamily development. The elevation of the site slopes from Elevation (El.) 170' at NE 45th Avenue to El. 60' on the western property line with Laurelton Terrace. Due to the 110' grade change, the buildings appear low on the eastern edge of the campus but commensurably taller on the western edge of the campus. The floor area ratio (FAR) on the existing hospital campus is 0.9.

The existing facilities are separated by Penny Drive. On the south side are the inpatient and outpatient facilities for patient care. On the north side are parking, administrative offices in trailers, a nursery for plants and evaporative cooling equipment. There is one primary vehicle entrance to the campus from Sand Point Way NE at the Sand Point Way NE intersection with Penny Drive. All of the building entries are accessible from this drive. A secondary egress is located along the southeastern corner of the campus, accessible from NE 45th Street. This is a drive-through bus layover area, with a pedestrian and service vehicle connection to the Whale Garage and fire access along the south face of the building.

The tallest rooftop elevation on the south side of Penny Drive is at Elevation 218'. On the north side of Penny Drive, the one-story temporary trailers are the highest buildings.

OWNED AND LEASED SPACE

Children's owns the Hartmann property, located at 4575 Sand Point Way NE. The Hartmann property is zoned Lowrise 3 (L3) and is developed with a one-story clinic and office with 80 surface parking spaces. The west edge of the property fronts the Burke-Gilman Trail. The east edge is adjacent to Sand Point Way NE. The north and south edges are adjacent to multifamily developments, the tallest of which is a building with a height of approximately 90' located on the south side of Hartmann along Sand Point Way NE. The multifamily development to the north is lower, at approximately 35' along 40th Avenue NE.

Children's currently is a part owner and leases 6,700 of the 49,500 square feet of space in the Springbrook office buildings at 4500 and 4540 Sand Point Way NE. The Springbrook property is zoned Neighborhood Commercial (NC2) and fully developed as office buildings. There are two buildings; one is a two-level structure and the other has three levels. The property is surrounded by commercial and multifamily residential uses within the neighborhood commercial center for Laurelhurst.

FIGURE 23: EXISTING SITE PLAN

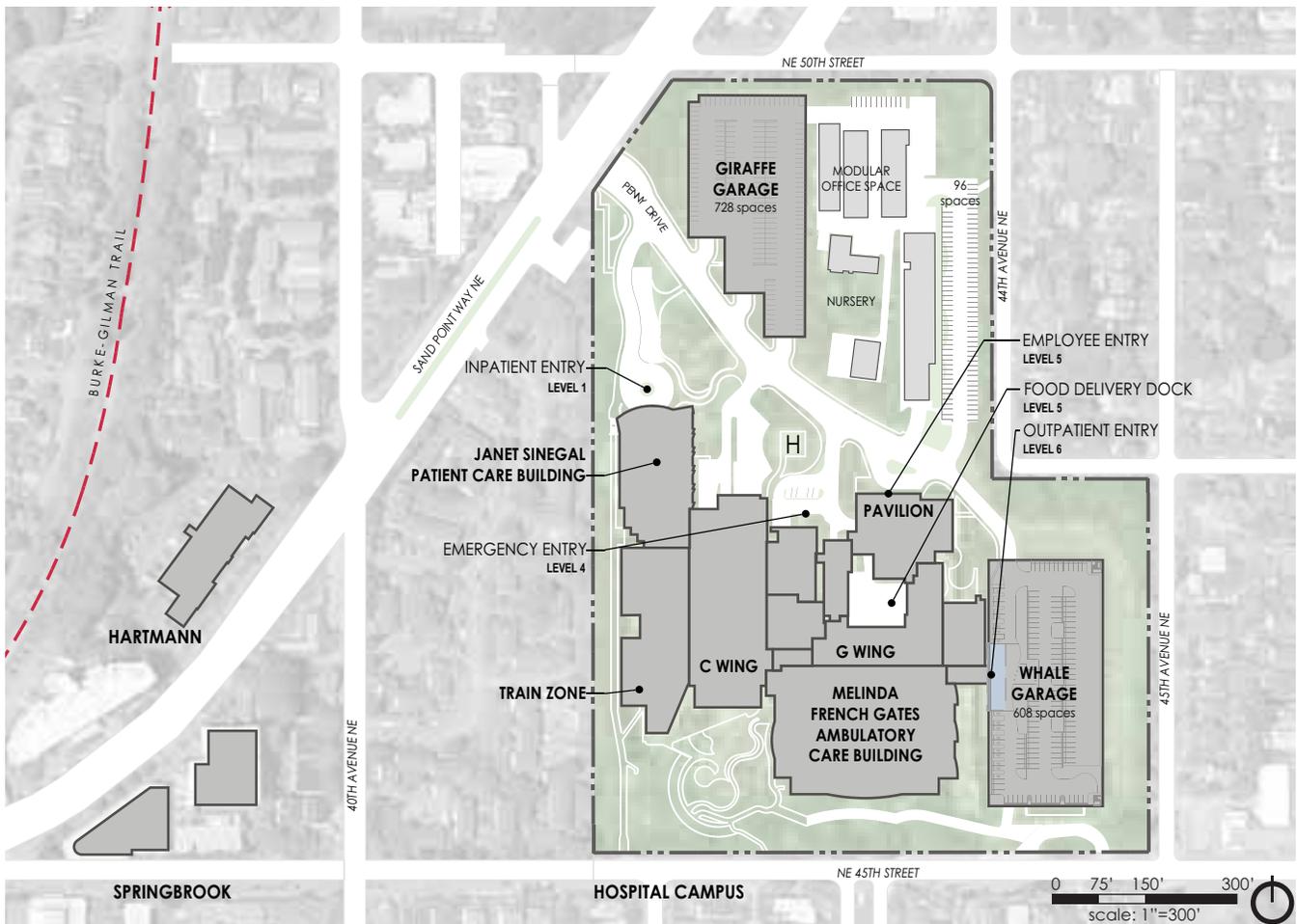
STATISTICS

Hospital Campus	
Beds*	250*
Building gross floor area	846,000 gsf
Parking spaces	1462
FAR	0.9

*including 50 double rooms

LEASED SPACE	
Springbrook	6,700 gsf
OWNED SPACE	
Hartmann	16,228 gsf
Parking spaces	80
FAR	0.2

LEGEND	
	Property Line
	Campus Grounds
	Existing Buildings and Parking Garage
	Roadways and Surface Parking



Children's is allowed by City code to locate major institutional uses in Springbrook and maintain existing major institutional uses at Hartmann, which are within 2,500 feet of Children's MIO, as long as it complies with certain street-level use restrictions and with the standards in the NC and L3 zones, includes such uses in Children's Transportation Management Plan and obtains an administrative conditional-use permit for new medical service use in excess of 10,000 square feet.

2. FUTURE BUILDINGS AND FACILITIES

HOSPITAL CAMPUS

The Master Plan includes the facilities needed for 600 beds, at approximately 3,542 gross square feet (gsf) of major institution space per bed, inclusive of ancillary services, patient beds and utilities that are common in pediatric healthcare facilities. It will allow for total campus development of 2.125 million gsf of hospital facilities (excluding rooftop mechanical space, and above and below ground parking) and will require a total of 3,100 parking spaces. This will be an increase of approximately 1.23 million gsf over existing levels authorized on the current hospital campus. The additional space will be developed over the next 20 years. As the hospital is redeveloped, parking will be built in corresponding increments, up to 3,100 total parking spaces on the expanded hospital campus. When existing floor space and parking spaces must be demolished, such floor space and parking spaces can be replaced. The floor area ratio for the hospital campus will be 1.9 (excluding below-grade developable floor area, below-grade parking structures and rooftop mechanical equipment).

The Master Plan will relocate emergency facilities and some inpatient access to the Laurelon Terrace portion of the campus. Inpatient access will continue at the existing Giraffe entry (Janet Sinegal Patient Care Building). The outpatient entry is split between two building access points, one above the Whale Garage and the other near the Pavilion entry. Emergency access will be on 40th Avenue NE near Sand Point Way NE. The existing loading docks will be expanded at or near their current locations on Penny Drive and an additional loading dock will be created on the Laurelon Terrace property to service the buildings being built there. Secondary service access to the hospital campus will occur off 40th Avenue NE. Overall the majority of arrivals and departures on the campus will be expected from the entry at Sand Point Way NE and Penny Drive.

The Master Plan will include a new North Garage and a new below-grade garage on the Laurelon Terrace site.

Campus circulation will be coordinated with visual screening and public open-space goals along hospital campus edges. New vehicular access points on 40th Avenue NE will distribute peak period traffic movements, lessening the impacts on Sand Point Way NE and Penny Drive.

Pedestrian and bike circulation improvements will connect the hospital and surrounding areas across Sand Point Way NE to Ravenna/Bryant and the Burke-Gilman Trail at existing and future signalized intersections. While this improvement serves Children's needs, it will also benefit the surrounding neighborhoods in northeast Seattle.

The existing helistop will be relocated from its current location to the rooftop of the first bed unit constructed on the Laurelon Terrace site.

OWNED AND LEASED SPACE

Children's owns the Hartmann property and will continue to use the property for medical support services and surface parking.

Children's will continue to lease office space for temporary relocation during construction or until new campus space becomes available. The leasing of space within 2,500 feet of the MIO boundary would be done in compliance with the requirements of the Major Institution Code.

See Figure 24, Master Plan.

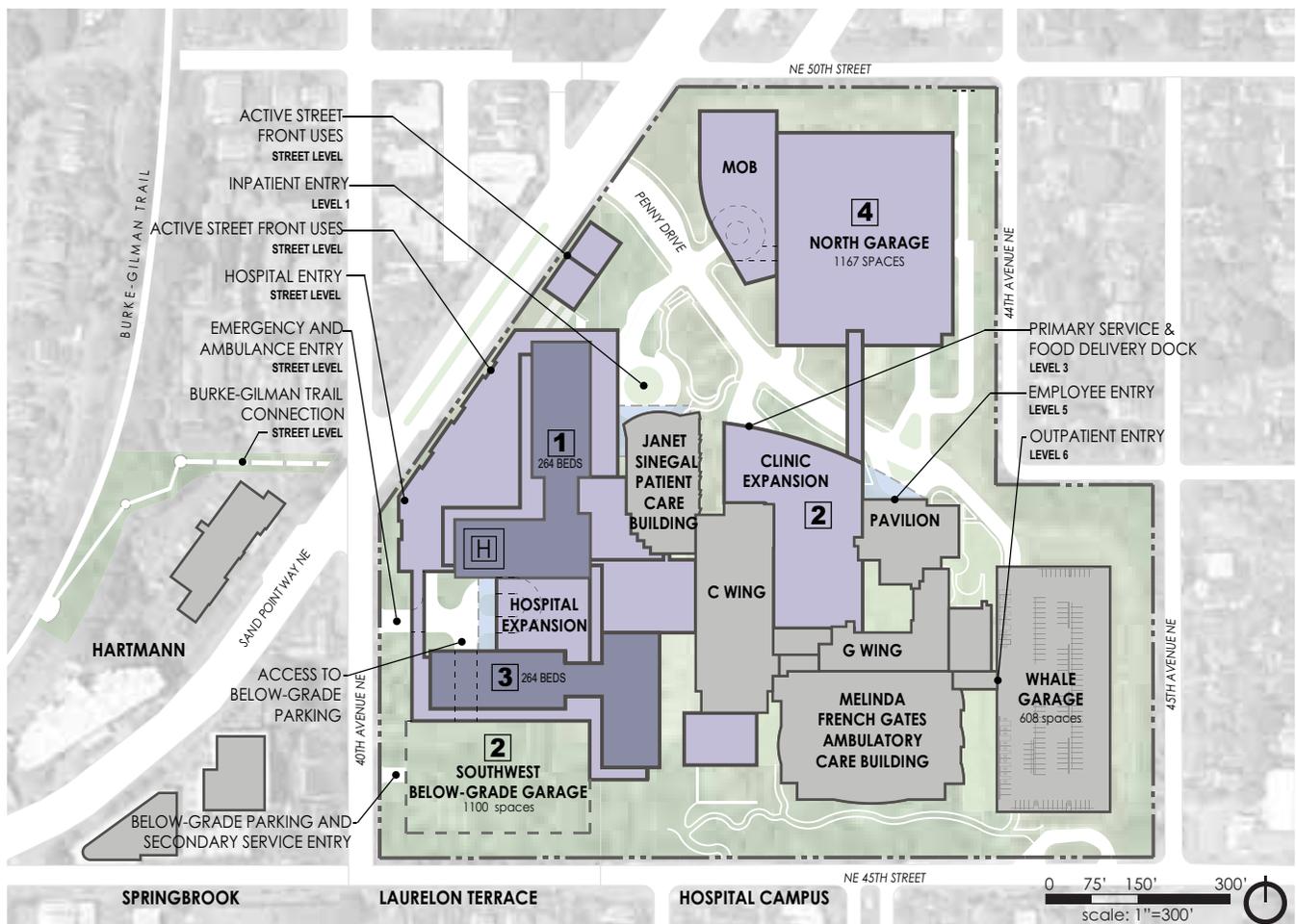
FIGURE 24:
MASTER PLAN

STATISTICS

Hospital Campus	
Beds	500 - 600*
Building gross floor area	2.125 million gsf
Parking spaces	3,100
FAR	1.9

*addition of 250 - 350 beds

- LEGEND
- Property Line
 - Campus Grounds
 - Existing Buildings and Parking Garage
 - Lower Buildings and Parking Garages
 - Taller Buildings
 - Covered Walkway
 - Roadways and Surface Parking
 - 1 Proposed Construction Sequence
 - H Helicopter
 - Service and Fire Access



3. HEIGHT

The height of the buildings on campus can be described in two ways. First is the elevation, or height above sea level (designated as El.). By subtracting two elevations, one can determine the difference in height. The second measurement of height is defined by the City of Seattle Land Use Code. This measurement is taken between the roof and the ground. This latter measurement cannot exceed the MIO-designated height parallel to the ground plane. This is represented in all the site elevations shown below. The bulk and form is determined by existing and proposed development standards, such as MIO Districts, which are discussed here, and structure setbacks, height and scale transition and lot coverage, which are discussed in Part IV, "Development Standards."

a) Existing Hospital Campus Heights

The existing buildings on the hospital campus are within the MIO-designated height, as adopted in the prior Major Institution Master Plan. The buildings step down the grade of the campus, which drops 110' from east to west. See Figure 26, Existing Building Elevations.

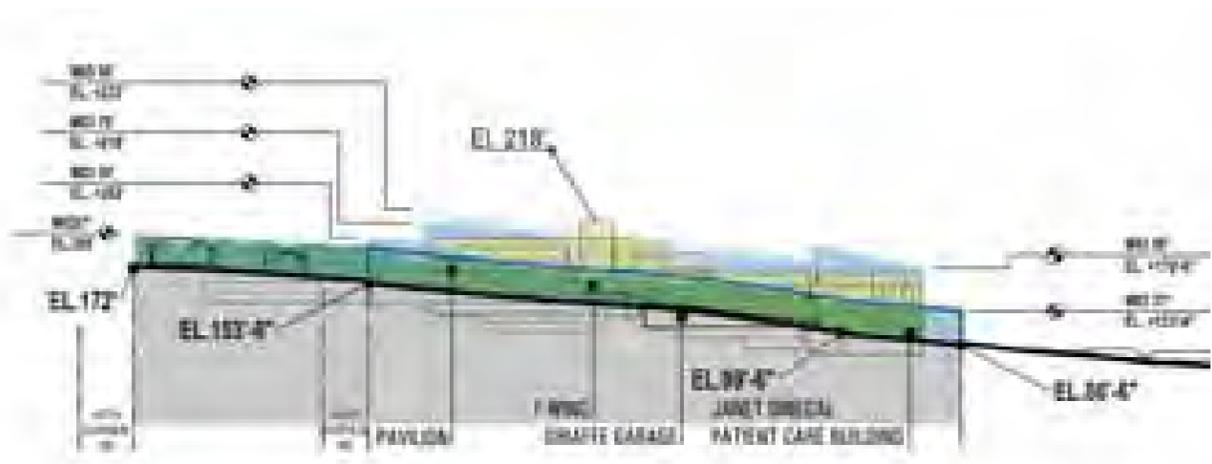
The highest point on the existing hospital campus is atop the rooftop penthouse on the G Wing at El. 218. This is located near the center of the existing hospital campus and surrounded by progressively lower buildings from the center to the property line. On the north and south elevations, the buildings on campus step down with the hillside. Along the Laurelon Terrace property line, the hospital's buildings are lower than the eastern campus areas. The height of the Janet Sinegal Patient Care Building is El. 150' and the Train Building is El. 148' along the west elevation. See Figure 26, Existing Building Elevations.

The tallest existing hospital campus buildings are set back from single-family buildings along the east and south edges of the hospital campus. Most of the perceived campus building bulk and form can be seen along the west building elevation, adjacent to Laurelon Terrace. Because these buildings are set back from public streets and largely screened by mature plants from single-family areas, they are primarily visible only from distant views of the campus. See Figure 25, Oblique View of Existing Hospital Campus.

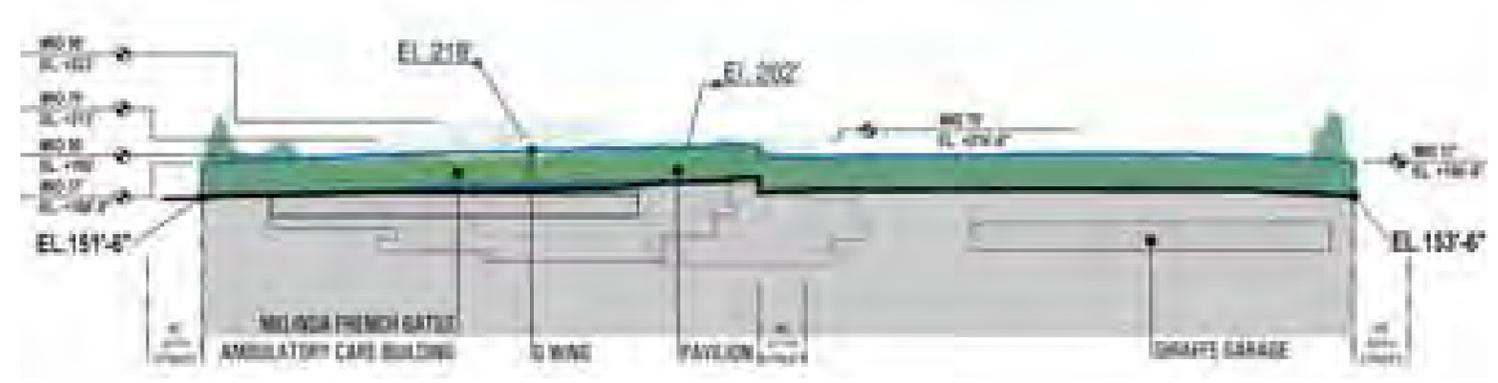


40 Figure 25 Oblique View of Existing Hospital Campus

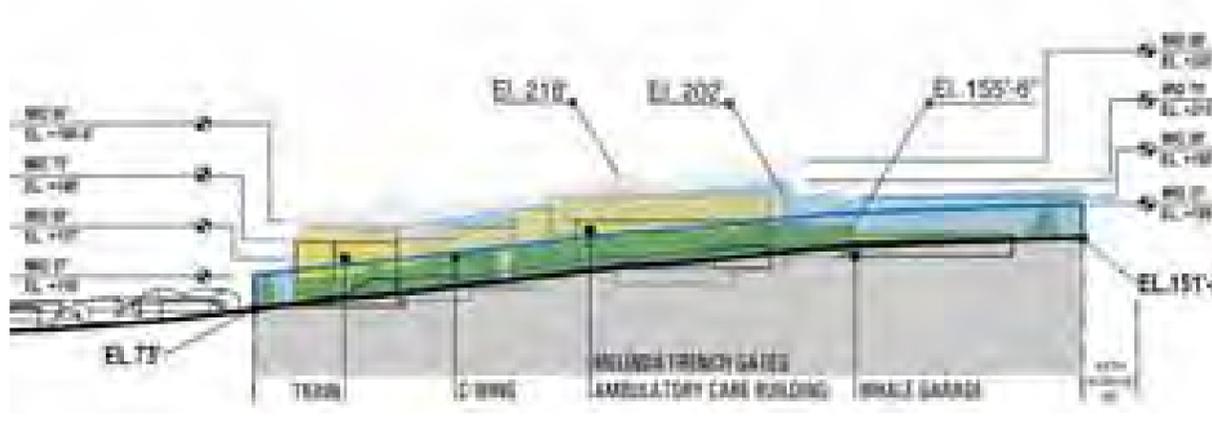
FIGURE 26: EXISTING BUILDING ELEVATIONS



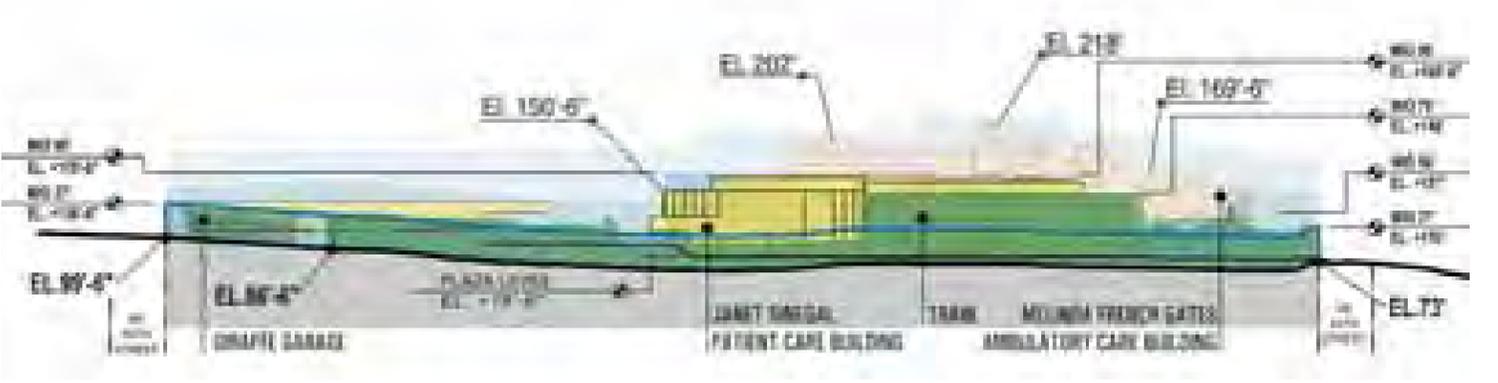
NORTH ELEVATION FROM NE 50TH STREET AND SAND POINT WAY NE (LOOKING SOUTH)



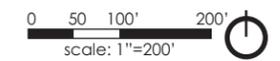
EAST ELEVATION FROM 44TH AVENUE NE AND 45TH AVENUE NE (LOOKING WEST)



SOUTH ELEVATION FROM NE 45TH STREET (LOOKING NORTH)



WEST ELEVATION FROM LAURELON TERRACE AND SAND POINT WAY NE (LOOKING EAST)



c) Future Hospital Campus Heights

The Master Plan will primarily utilize the lower elevations of the expanded campus for new development. At hospital campus frontages, the buildings will be set back as they increase in height from the street-fronting property line. The existing height limits will be largely maintained on the existing hospital campus. On the lower portion of the campus, the Laurelton Terrace property, a new MIO boundary will merge the two sites. The highest point on the existing campus is located on top of the roof penthouse of the G Wing at El. 218'. Buildings lower than this elevation will be planned on the western areas of the existing hospital campus and on Laurelton Terrace and step down to designated densely planted setback areas along garden edges and street frontage edges.

The majority of the new buildings will be located on the lowest areas of the expanded hospital campus and closest to Sand Point Way NE and 40th Avenue NE on Laurelton Terrace. Buildings will be located near the sidewalk along street frontage edges, such as Sand Point Way NE. On portions of the campus that face single-family areas, setbacks will separate buildings from those areas through garden edges. Within the MIO 160' district, buildings will be limited to a 125' and 140' height, excluding rooftop mechanical equipment. Along the streets in the western portions of the expanded campus, the hospital buildings will step back with incremental increases in height. The base will be no taller than four exposed stories or 50' near the sidewalk.

See Figure 28, Future Building Elevations.

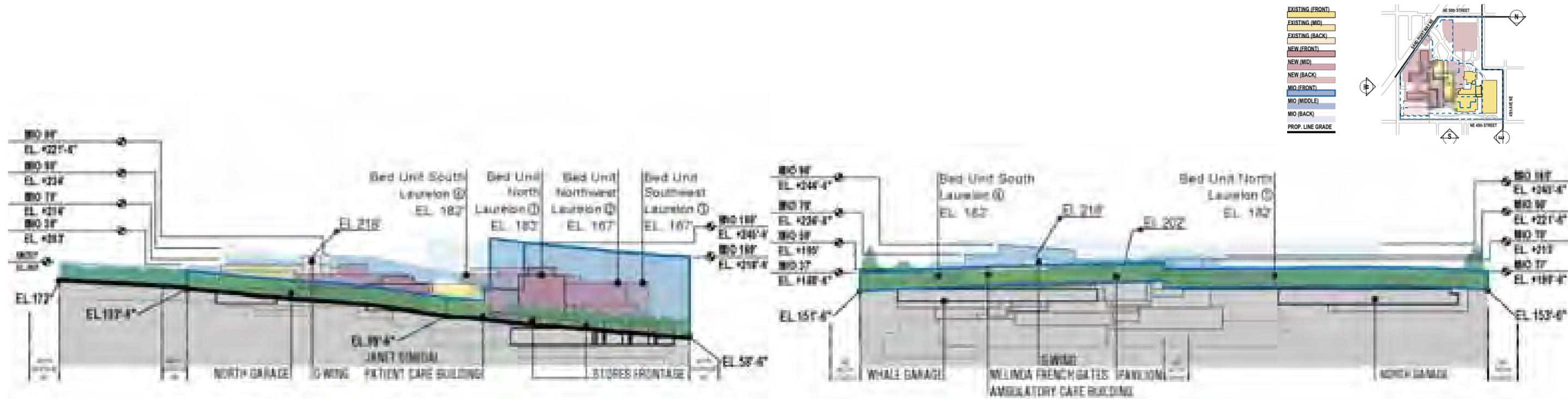
The tallest buildings will be located near the center of the campus and away from single-family residences. The buildings facing along Sand Point Way NE and 40th Avenue NE, the west elevation, will have upper level setbacks of 30 feet and 80 feet respectively for portions of the buildings taller than 50 feet. Other campus elevations to the north, east and south will have landscaping planted to screen or limit views of buildings.

See Figure 27, Oblique View of Future Hospital Campus.



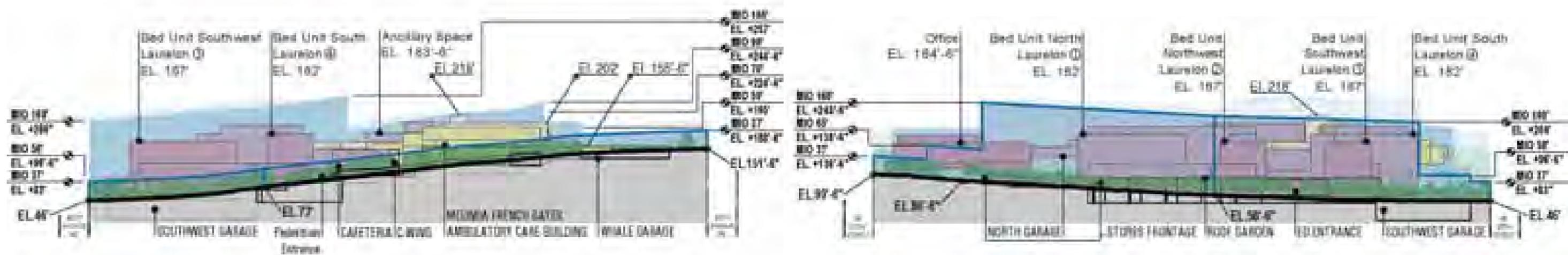
Figure 27 Oblique View of Future Hospital Campus

FIGURE 28: FUTURE BUILDING ELEVATIONS



NORTH ELEVATION FROM NE 50TH STREET AND SAND POINT WAY NE (LOOKING SOUTH)

EAST ELEVATION FROM 44TH AVENUE NE AND 45TH AVENUE NE (LOOKING WEST)



SOUTH ELEVATION FROM NE 45TH STREET (LOOKING NORTH)

WEST ELEVATION FROM LAURELON TERRACE AND SAND POINT WAY NE (LOOKING EAST)



4. OPEN SPACE, LANDSCAPE AND SCREENING

a) Existing Open Space, Landscape and Screening

EXISTING HOSPITAL CAMPUS

Children's open-space system includes plazas, roof gardens, gardens, play areas and roadways.

Plazas

Plazas are located at the front of each building entry. Building entries for patients, staff or materials arrivals have designs and features that are appropriate to the use. The main entry plazas for inpatient arrivals are the Giraffe Entrance of the Janet Sinegal Patient Care Building and the Whale Entrance of the Melinda French Gates Ambulatory Care Building from the Whale Garage. Currently, the Emergency Department is a primary entry that is set back from Penny Drive and not readily visible from surrounding public streets.

Gardens

There are more than 2,000 different plant varieties within the gardens on campus. There are several garden types:

Courtyards, such as that built between the Whale Garage and the Melinda French Gates Ambulatory Care Building at the fourth floor, provide enclosed gardens.

Garden edges provide vertical plantings to buffer the neighbors from the building facilities along designated edges of the campus.

A roof garden is provided on a portion of the Whale Garage top level — as a part of the Melinda French Gates Ambulatory Care Building entry plaza — with raised planters and garden ornaments.

Another garden is provided on the first floor of the Janet Sinegal Patient Care Building (Giraffe Zone), an outdoor space adjacent to hospital services and public areas of the hospital.

A sculpture garden is located along the south face of the Melinda French Gates Ambulatory Care Building.

Pocket gardens are located throughout the campus, where land can be made into terraces, providing restful places for patients, visitors, caregivers and neighbors to congregate.

Play Areas

Children's has two outdoor play areas on campus available to patients and siblings. They are located on grade at the southwest corner of the campus.

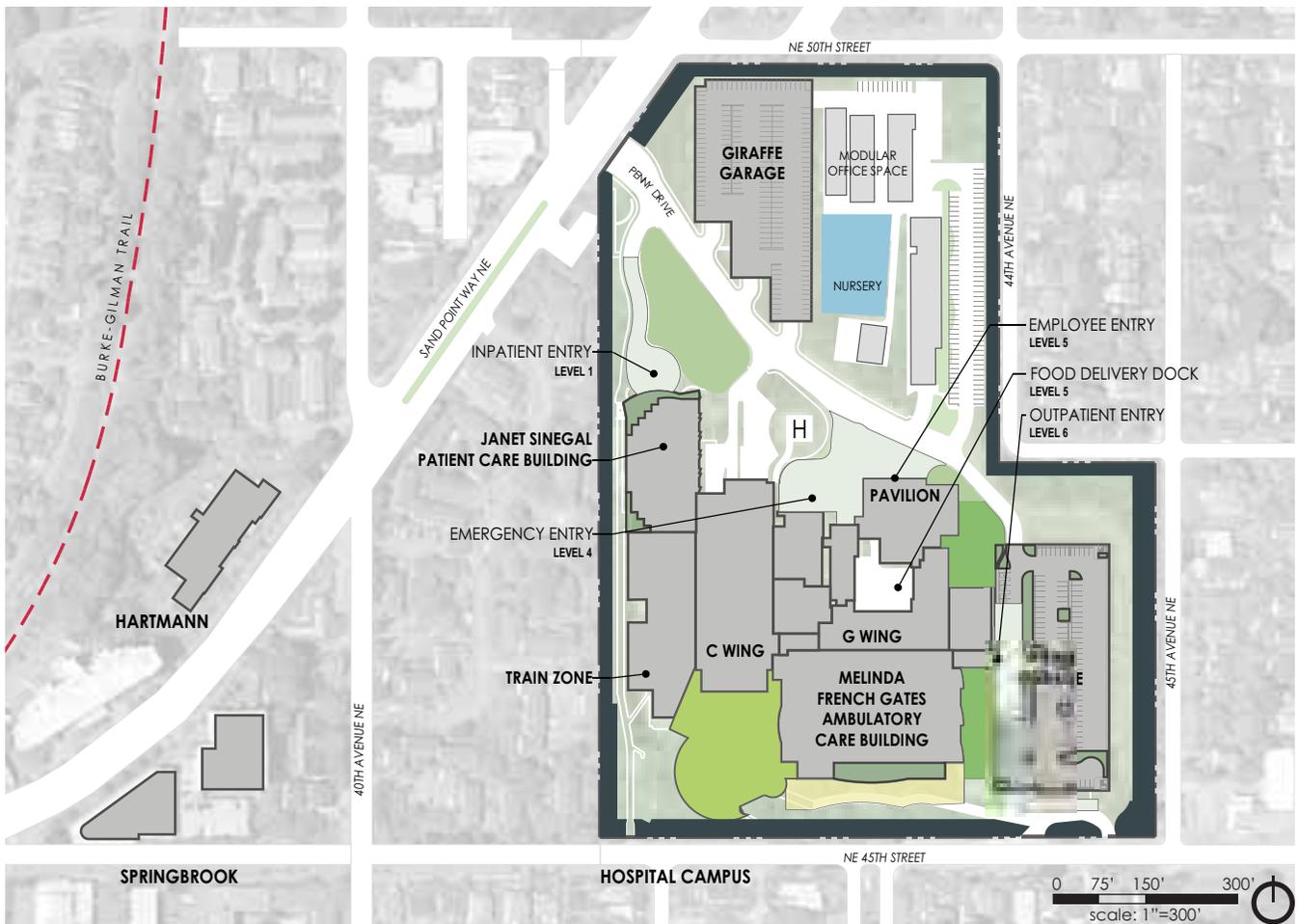
Roadways

Penny Drive is a roadway that is flanked by foundation plantings and pocket gardens. The plantings serve a dual purpose for vehicles and pedestrians in defining the roadway edge and providing a refuge from traffic for pedestrians.

See Figure 29, Existing Open Space, Landscape and Screening.

FIGURE 29: EXISTING
OPEN SPACE, LANDSCAPE AND SCREENING

LEGEND	 Property Line	Gardens:
	 Campus Grounds	 Vertical Planting
	 Existing Buildings and Parking Garage	 Roof Gardens
	 Roadways and Surface Parking	 Sculpture Garden
		 Pocket Gardens
		 Play Areas
		 Plazas
		 Courtyards
		 Garden Nursery



b) Future Open Space, Landscape and Screening

The system of existing plazas, gardens, courtyards and pathways will connect buildings with the surrounding public spaces around the campus.

Plazas

Plazas will be expanded at the Giraffe inpatient entry (Janet Sinegal Patient Care Building), the Pavilion entry, and the existing Whale outpatient building entry. A fourth plaza will be developed along 40th Avenue NE for the Emergency Department.

Gardens

The garden edge surrounds the campus and will be designed to minimize the visual presence of the hospital while marking entries to the campus and its associated gardens. The quality of the existing landscape screen along the south, east and north edges of the campus will be continued.

Garden spaces similar to those that now exist on campus will be programmed for activities and organized in concert with interior building functions to promote restorative spaces on campus, which may be used by the neighborhood.

Roof gardens visible to patient rooms will be placed on the lower roofs. These will also provide outdoor space for patients, visitors and staff. The upper roofs will have eco-roof opportunities around mechanical penthouses.

Frontages

Development on the Laurelton Terrace portion of the hospital campus will include landscaping suitable to the pedestrian/transit-friendly active street frontage environment envisioned on Sand Point Way NE and 40th Avenue NE.

Play Areas

Children's will provide additional play areas for children in rooftop gardens above new buildings on the Laurelton Terrace property.

Roadways

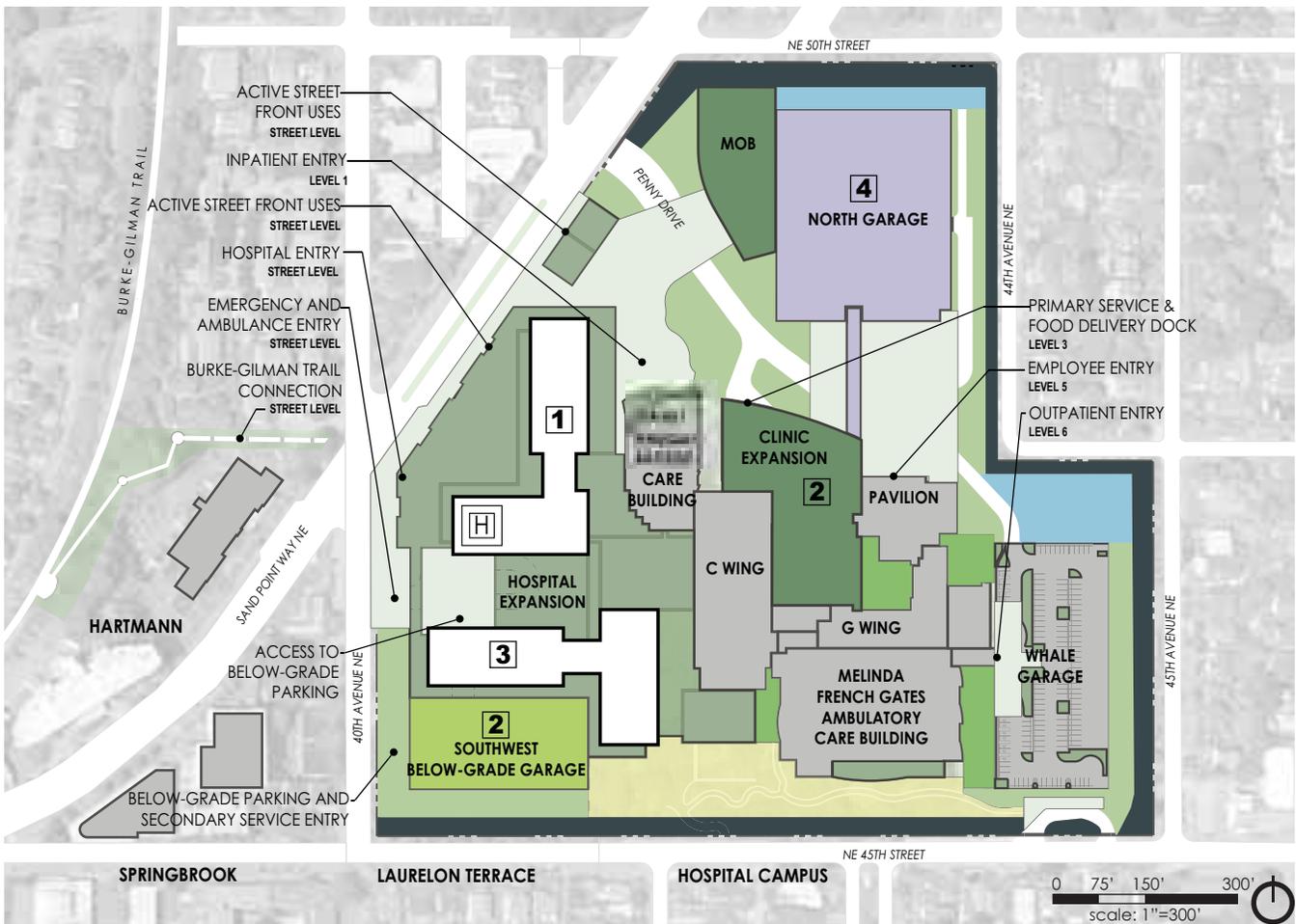
Penny Drive will continue to be flanked by foundation plantings and pocket gardens. The plantings will continue to both define the roadway edge and provide a refuge from traffic for pedestrians.

CONNECTION TO BURKE-GILMAN TRAIL

A new pedestrian connection between Sand Point Way NE and the Burke-Gilman Trail will be created along the north and west property lines of the Hartmann property, within the applicable zoning constraints. Along this pathway's length will be landscaping and a preserved grove of Sequoias.

See Figure 30, Future Open Space, Landscape and Screening.

FIGURE 30: FUTURE OPEN SPACE, LANDSCAPE AND SCREENING



c) Public and Private Roadways and Parking

i. Existing Public and Private Roadways and Parking

HOSPITAL CAMPUS

Sand Point Way NE is the primary arterial serving Children's. The hospital campus entry is at the signalized intersection of Sand Point Way NE and Penny Drive. Most vehicle trips related to hospital operations use this access point to Penny Drive.

The second access point to the campus is a driveway from NE 45th Street near the southeast corner of the campus. This is a secured access point that is not available to the public. Service vehicles can enter the Whale Garage via a secured gate. In addition, an apron at this location allows Metro buses to lay over on Children's property. This entrance also provides access to a utility lane on the south side of the Melinda French Gates Ambulatory Care Building.

Penny Drive distributes vehicles to all parking areas, entry points and loading docks. The roadway has two through-lanes with a two-way center turn lane and 10-mph speed limit. At-grade crosswalks are located along Penny Drive, connecting the parking and campus facilities areas to the north with the primary hospital areas to the south. Most deliveries are handled at two separate loading docks, one for general receiving and one specifically for food deliveries. Neither loading dock is configured to allow larger trucks to turn around. Therefore, most delivery and service vehicles must back in from Penny Drive.

The existing Giraffe Garage provides 728 parking spaces for patients, visitors, staff and physicians. The garage has four levels, which are not currently interconnected with ramps between floors; direct access to each level is via separate garage entrances off Penny Drive. The Giraffe Garage is located on Penny Drive across from the hospital. ADA-accessible parking is located at the Janet Sinegal Patient Care Building entry plaza. The existing three-level Whale Garage has 608 parking spaces for patients, visitors and physicians. The Whale Garage serves the main entrance of the Melinda French Gates Ambulatory Care Building and provides direct access to ADA-accessible parking. Automobile access to the Whale Garage is primarily from Penny Drive, although a secured service access is located off NE 45th Street. In the northeast portion of the campus, there are 126 surface parking spaces which provide parking for the Emergency Department, patient/family motor homes and other visitors. The number of surface parking spaces has been reduced due to interim modular office units and landscape maintenance operations. Children's currently provides a total of 1,462 parking spaces on campus.

Shuttles provide access to Children's off-campus parking as well as off-campus work locations, and operate from 5:30 a.m. to 9 p.m., Monday through Friday. During peak commuting hours, two shuttles serve each lot; during off-peak commuting hours, a single shuttle serves each lot. On campus, the Children's shuttle drops off shuttle riders at the Giraffe Entrance. Frequent weekday shuttle service is provided to off-campus parking locations. Shuttles also serve interfacility transportation needs between Children's main campus and other Children's facilities in Seattle. This service reduces traffic and parking congestion. Guest Services transportation is provided to patients and families via a separate fleet of ADA-equipped vehicles.

The hospital campus is served by Metro Transit routes #25 and #75. The #75 serves the main entrance of the campus on Sand Point Way NE. Sheltered bus stops are located in both the northbound and southbound directions, and an ADA-accessible ramp system provides access from Sand Point Way NE to the Giraffe Entrance. The #25 serves the secondary access point of the campus, along NE 45th Street. A single, sheltered bus stop on Children's property serves both incoming and outgoing trips. A covered, ADA-accessible walkway through the Whale Garage provides access to the Whale Entrance.

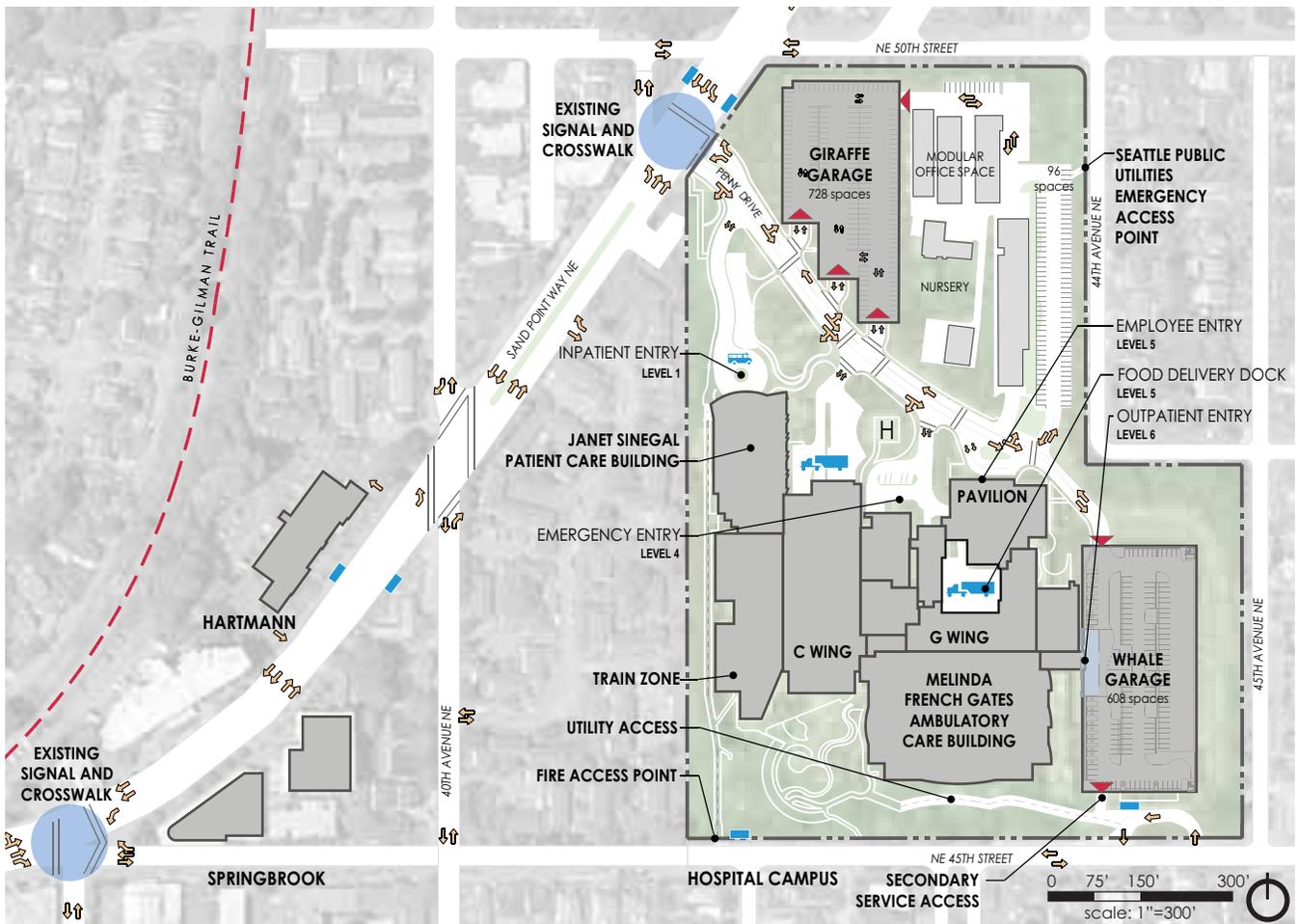
See Figure 31, Existing Transportation and Parking.

OFF CAMPUS

Access for vehicles to the hospital campus is via the signalized intersection of Sand Point Way NE and Penny Drive. It is served by left-turn lanes without dedicated signal phases for left turns from any approach. The next nearest signalized intersection is located to the south, at Sand Point Way NE and NE 45th Street. Other important intersections providing neighborhood accessibility to Sand Point Way NE are not signalized, including 40th Avenue NE and NE 50th Street.

FIGURE 31: EXISTING TRANSPORTATION AND PARKING

- LEGEND**
- Property Line
 - Campus Grounds
 - Buildings and Parking Garage
 - Roadways and Surface Parking
 - Bus Stop
 - Shuttle Stop
 - Service and Delivery Dock
 - ▲ Parking Entry
 - ≡ Crosswalk
 - Existing Signalized Intersection
 - - - Service and Fire Access



ii. Future Public and Private Roadways and Parking

HOSPITAL CAMPUS

Penny Drive will be improved to accommodate more vehicle stacking capacity and safe non-vehicle crossings along its length. The loading dock access will be expanded for consolidated service truck movements. In addition, two new ADA crossings will be provided. One will be located at the intersection of Penny Drive and Helen Lane (access drive leading to the Giraffe inpatient entry), and the other crossing will be located between the new North Garage and the Pavilion. The secure access to the Whale Garage and service drive, within the south setback and connected to NE 45th Street near the southeast corner of the campus, will remain.

New hospital vehicle access points will be provided to distribute peak period traffic movements from campus onto streets fronting the hospital campus. Two new access points will be located on 40th Avenue NE. Including Penny Drive, a total of three access points will be maintained closer to Sand Point Way NE and away from single-family residential areas. This will afford improved efficiency and utilization of existing and proposed signals along Sand Point Way NE.

In addition to the 608-space existing Whale Garage, new parking structures are proposed. A new North Garage with 1,392 parking spaces will be built on the northeast corner of the campus. The parking levels in the new garage will align with floors of a redeveloped and expanded Giraffe Garage, which will be connected by an internal ramp and circulation system. In addition to the North Garage, a new underground garage will be built on the Laurelon Terrace site with 1,100 parking spaces. The total amount of parking on the hospital campus will be 3,100 spaces.

The existing service and loading areas will be expanded. An additional loading dock will be added on Laurelon Terrace to service the buildings built on that portion of the campus. Existing access driveways from Penny Drive will be modified to accommodate improved pedestrian crossings and roadway geometry.

Public transit will continue to serve the hospital campus from Sand Point Way NE and NE 45th Street.

OFF-CAMPUS

A number of local traffic improvements have been identified, which will facilitate campus access and, in many cases, contribute to improved neighborhood accessibility to Sand Point Way NE. These improvements will include, but may not be limited to:

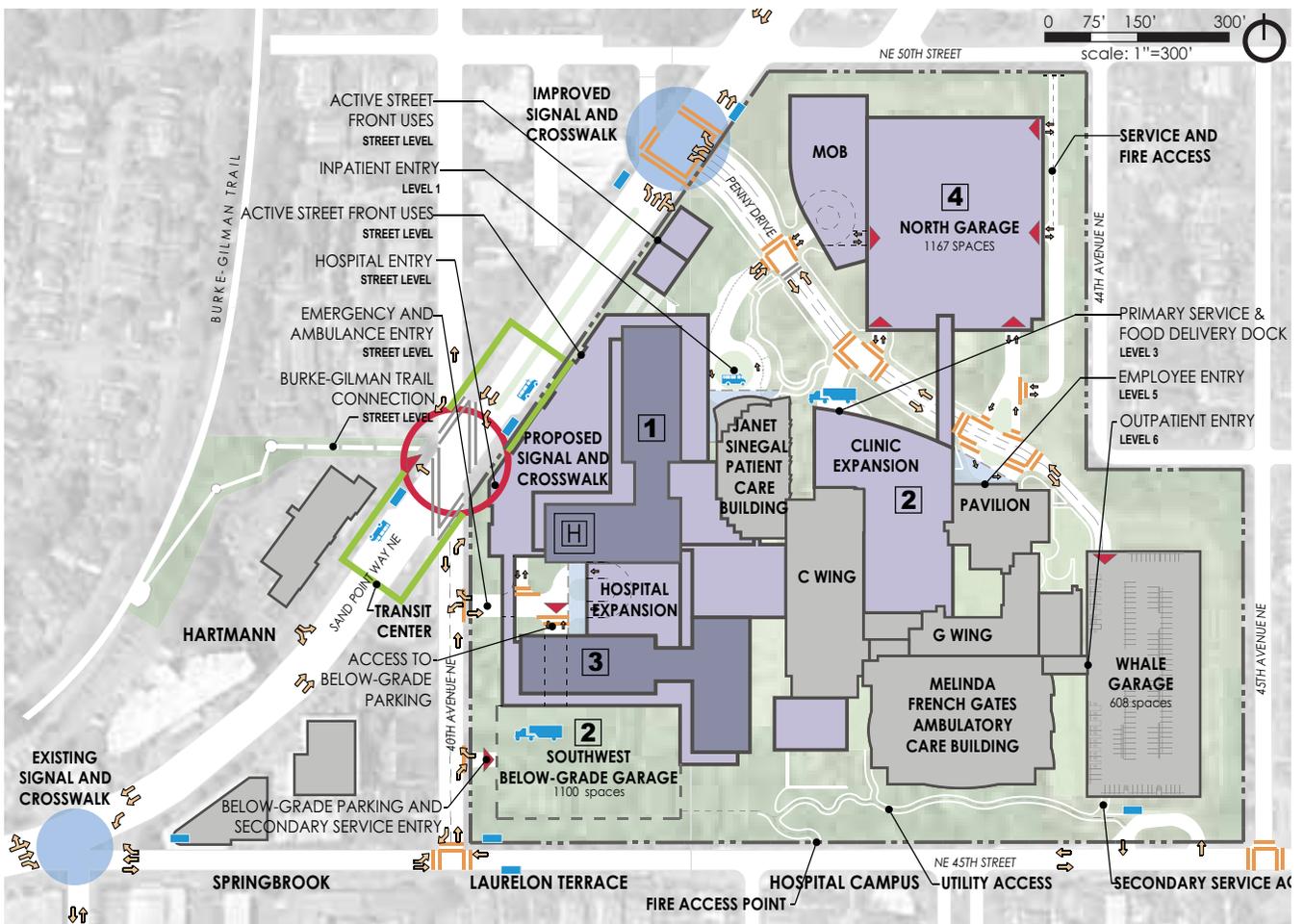
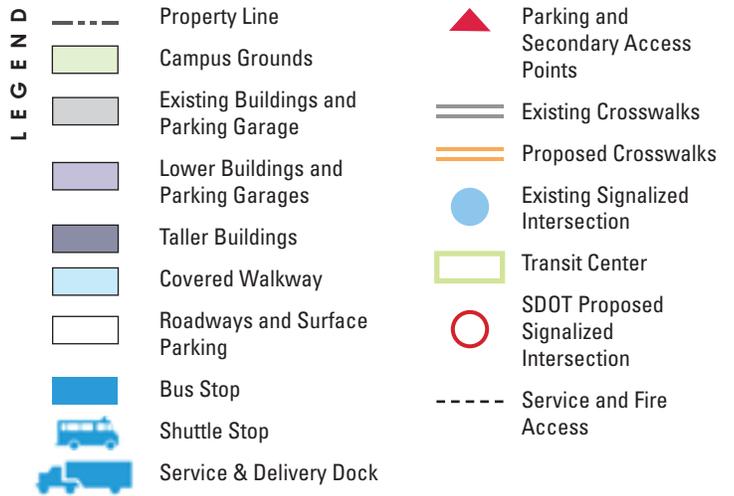
- Sand Point Way NE/Penny Drive. Realignment of the Penny Drive intersection with Sand Point Way NE to the north and add left-turn traffic signal phasing to enhance the safety of turns to and from the hospital campus.
- Sand Point Way NE/NE 40th Street. The City of Seattle has a plan to install a signal at the intersection to enhance vehicular and pedestrian accessibility to Sand Point Way NE and the Burke-Gilman Trail.

The specific configuration of these improvements will be subject to further study and ultimately review and approval of the Seattle Department of Transportation (SDOT) and Washington State Department of Transportation (WSDOT).

As part of its Comprehensive Transportation Plan and as necessary to mitigate future transportation impacts, Children's intends to identify out-of-area, off-site parking spaces per phase of development. It is expected that every 100 cars parked at out-of-area facilities will result in a 5% reduction in traffic impacts surrounding the hospital. See discussion in Comprehensive Transportation Management Plan, Part V.

See Figure 32, Future Transportation and Parking.

FIGURE 32: FUTURE TRANSPORTATION AND PARKING



E. MAJOR INSTITUTION OVERLAY HEIGHT DISTRICTS

1. EXISTING MAJOR INSTITUTION OVERLAY HEIGHTS

Children's campus now includes four height districts: MIO 37' around the periphery of the campus, MIO 50' along the south to form a transition to the MIO 70' and MIO 90' in the interior of the campus. The higher MIOs are centered at the core and southern parts of the campus and transition down to a lower height at the campus edges. The site generally slopes downward from east to west and from north to south. The existing buildings are approximately 20' from the northern property edge, 40' to 75' from the eastern property edge of the campus and also 40' on the west side of campus at the base of the slope. On the southern and southwestern edges, buildings are 75' from the property line. All of the setbacks are heavily landscaped to create a screen between the campus and surrounding neighborhood. Landscaping around the campus also provides open space and sidewalks as public amenities.

In addition to the height limits shown in Figure 33, the Seattle City Council further conditioned the heights of two buildings on the campus: the Janet Sinegal Patient Care Building and portions of the Melinda French Gates Ambulatory Care Building. The Janet Sinegal Patient Care Building is located in the MIO 90' area of the campus and was limited in height to 74', with an additional 15' allowed for mechanical equipment (a total of 89' with mechanical). The Melinda French Gates Ambulatory Care Building is located in an MIO 70' district and portions of this building were limited in height to 54.5'.

See Figure 33, Existing Zoning and Major Institution Overlay.

FIGURE 33: EXISTING ZONING AND MAJOR INSTITUTION OVERLAY

STATISTICS

ZONING	
SF 5000	Single-family Residential 30' height limit
LDT	Low-rise Duplex/Triplex 25' height limit
L3	Multifamily Residential, Low-rise 3 30' height limit
L2	Multifamily Residential, Low-rise 2 25' height limit
NC2-30	Neighborhood Commercial 2 30' height limit
NC2-40	Neighborhood Commercial 2 40' height limit

LEGEND	
	MIO Height District Boundary
	Roadways and Surface Parking
	Buildings



2. FUTURE MAJOR INSTITUTION OVERLAY HEIGHTS

Five changes in the location and height of MIO districts from what was approved in the previous Major Institution Master Plan have been approved for the existing campus in the new Master Plan:

1. On the north, setbacks are increased from 20' to 40' and 75'. East setbacks, previously 40' and 75', are now all 75'. The existing south setback of 75' will be retained on the existing campus, and a new setback of 75' is added on the south side of Laurelon Terrace. In the setbacks, no above-grade structures are allowed.
2. On the existing campus, the existing MIO 37' district to the northwest has been changed to MIO 65'. An MIO 37' district is maintained on the northeast, over the Whale Garage, on the southeast corner and on the south edge of the hospital campus.
3. On the north edge of the existing hospital, a small portion of the existing MIO 37' district and a portion of the existing MIO 70' district along Penny Drive have been changed to MIO 90'. This change also applies to the area previously conditioned to 74' plus 15' for mechanical.
4. On the south edge of the existing hospital, a portion of the existing MIO 50' and MIO 70' districts have been changed to MIO 90'.
5. The approximately 40'-wide area now bordering the east side of Laurelon Terrace has been increased from MIO 37' to MIO 160' (conditioned to 140'/125'), as the area is no longer a perimeter buffer and the new MIO matches the MIOs for Laurelon Terrace.

Other MIO heights for the expanded campus areas include:

6. MIO heights for the Laurelon Terrace site include an MIO 160' transitioning to the south with MIO 50' and then MIO 37'. Building heights will be limited to 140' in the northern portion of the MIO 160' height district and 125' in the southern portion of the MIO 160' height district, not including screened mechanical equipment or penthouses.
7. Development on Sand Point Way NE and 40th Avenue NE shall be placed adjacent to the street to foster an environment conducive to transit and shuttle use by the community and Children's visitors and staff.
8. Along the western edge of the expanded campus on 40th Avenue NE from Sand Point Way NE south to NE 45th Street, an upper level setback of 80' in depth shall be applied to portions of buildings higher than 50'; and 30 feet deep on Sand Point Way NE from 40th Avenue NE to Penny Drive.

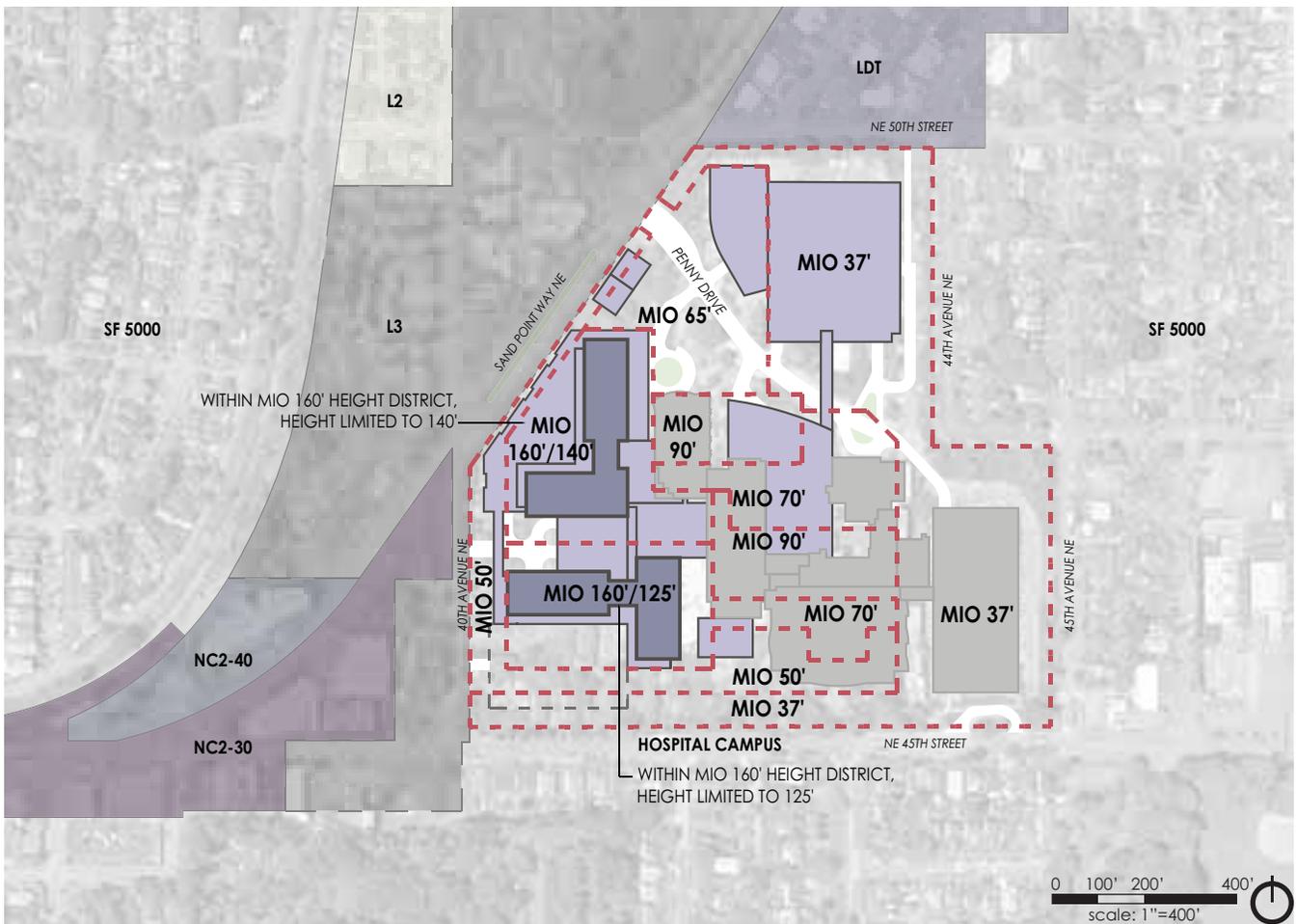
See Figure 34, Future Zoning and Major Institution Overlay.

FIGURE 34: FUTURE ZONING AND MAJOR INSTITUTION OVERLAY

STATISTICS

ZONING	
SF 5000	Single-family Residential 30' height limit
LDT	Low-rise Duplex/Triplex 25' height limit
L3	Multifamily Residential, Low-rise 3 30' height limit
L2	Multifamily Residential, Low-rise 2 25' height limit
NC2-30	Neighborhood Commercial 2 30' height limit
NC2-40	Neighborhood Commercial 2 40' height limit

LEGEND	
	MIO Height District Boundary
	Roadways and Surface Parking
	Lower Buildings
	Taller Buildings



F. DESCRIPTION OF PHASED CAMPUS DEVELOPMENT

Children's intends to phase the construction of facilities improvements to its campus over the next 20 years. Overarching goals of the phasing plan are to meet the hospital's growth needs predictably while minimizing development impacts to existing facilities and surrounding neighborhoods.

Phasing Sequence

Children's anticipates four major phases of development, illustrated in Figure 35 Proposed Phasing, including the following projects:

- (1) Bed Unit North
- (2) Ambulatory Expansion and Below-grade Southwest Garage
- (3) Bed Unit South
- (4) North Garage and Office Building

The proposed periods for construction of each phase, together with the estimated square footage of new construction, square footage of demolition of existing campus facilities, added parking spaces and total cumulative parking spaces and square footage of development, are shown in the following table:

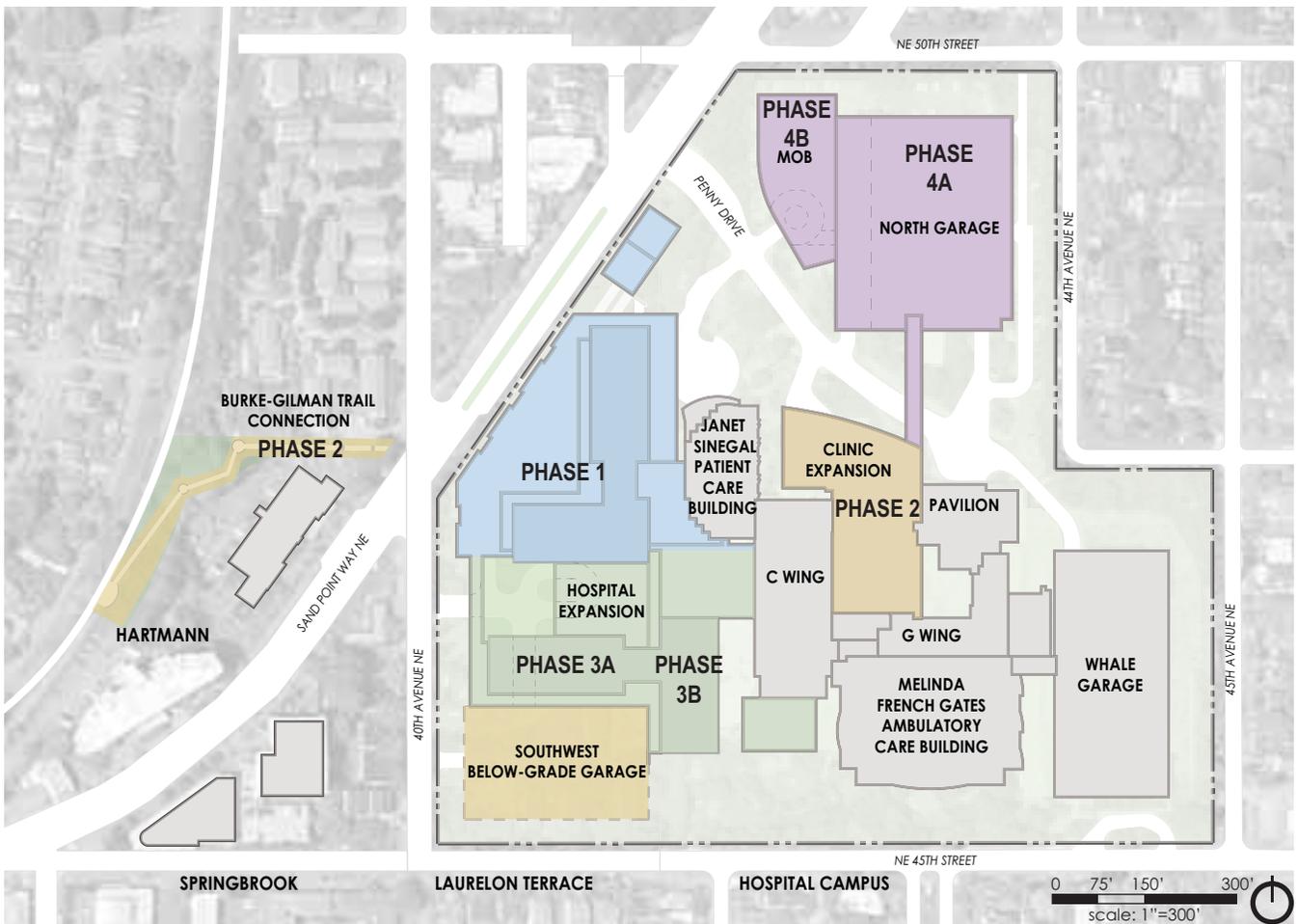
Table 1. Proposed Master Plan Phasing

	Phase 1	Phase 2	Phase 3A & 3B	Phase 4
Construction Timeline*	3rd Qtr 2010 - 4th Qtr 2012	4th Qtr 2013 - 4th Qtr 2016	(3A) 2nd Qtr 2017 - 4th Qtr 2019 (3B) 1st Qtr 2022 - 4th Qtr 2024	2nd Qtr 2025 - 4th Qtr 2027
Building Square Footage	592,000 GSF	177,000 GSF	592,000 GSF	65,000 GSF (plus 54,000 GSF from current MIMP)
Existing Campus Demolition Square Footage	0 GSF	65,000 GSF (D Wing 47,000) (F Wing 18,000)	136,000 GSF (Train 3B)	0 GSF (Giraffe Garage demolition 728 stalls and 126 surface stalls)
Parking Spaces Added	300 surface stalls on campus	1,100 spaces Southwest Garage	0 spaces	1,392 spaces North Garage expansion
Total Parking Spaces (cumulative)	1,762 spaces	2,562 spaces	2,562 spaces	3,100 spaces (includes spaces previously targeted for Hartmann)
Total Campus Square Footage (cumulative)	1,492,000 GSF	1,604,000 GSF	2,060,000 GSF	2,125,000 GSF

* Demolition, excavation, shoring and building exterior envelope construction comprises 60% to 70% of the construction timeline duration for each phase.

FIGURE 35: PROPOSED PHASING

- LEGEND**
- Property Line
 - Phase 1
 - Phase 2
 - Phase 3
 - Phase 4



Phase 1 Proposed Development

Children's plans to build Phase 1 between the third quarter of 2010 and the fourth quarter of 2012. Phase 1 will include the construction of a new Emergency Department, new diagnostic and treatment facilities, adding new patient rooms to meet Children's projected initial bed needs, and the relocation of the existing helistop to the top of the new building to facilitate access to the new Emergency Department.

Children's has projected the following total bed needs, all in single-bed rooms:

- Year 2012 336 beds
- Year 2017 408 beds
- Year 2019 460 beds
- Year 2030 600 beds

Children's currently has 197 rooms, with 53 rooms holding two beds each, to provide the current supply of 250 beds. These double-bed units will be converted to single-bed units. Other existing bed units will require updating to new bed standards which will mean a loss in total number of existing beds. The new construction will require demolition of some existing patient bed rooms in order to provide connections between the new and old bed units. These changes will leave Children's with 144 single-bed rooms.

There are two key considerations that go into determining how many beds are located on a floor. The first is that every patient room must be located on an exterior wall in order to have a window (which is a Department of Health requirement). The second is that patient bed units are designed in clusters of 24, 32 or 48 beds in order to maintain the appropriate ratio and access between staff and patients. These clusters also help maximize staff and equipment access efficiency on each floor and help keep the number of needed floors as low as possible.

As described above, Children's needs an additional 264 new beds by 2017 (total needed beds of 408 less supply of 144). If designated with 48 beds-per-floor, this will require 5.5 floors of new construction for the bed units alone.

Monitoring and Agency Oversight of Phased Development

Children's is required to provide the following status reports and engage in further environmental and project review for each phase of its proposed development:

- MIMP Annual Status Report shall be submitted to Department of Planning and Development (DPD) and Standing Advisory Committee (SAC) each year.
- Project-based SEPA review shall be performed by DPD for each phase of construction.
- State Department of Health (DOH) Certificate of Need is a requirement for each phase of new bed development. Where additional beds are proposed, this information would also be provided to the SAC.
- DPD Master Use Permitting (MUP) public notification and comment will be done for each major phase of construction that requires discretionary approval by DPD (called a Type II MUP). Type II MUPs are subject to extensive posting and publishing of notice, with opportunity for written comment. Prior to submitting any MUP application, Children's will review any proposed major construction project with the SAC for purposes of discussing the nature of the project, its proposed location and design.
- Transportation Management Plan Annual Report shall be submitted to Seattle's Department of Transportation.
- Commute Trip Reduction Annual Report shall be submitted to King County Metro.
- Commute Trip Reduction biannual surveys shall be made to evaluate compliance with city- and state-mandated trip reduction targets.

Content of Monitoring Reports

Children's annual status report to the DPD Director and the Standing Advisory Committee (SAC) shall provide the following:

- Status of current and proposed construction projects
- Status of applications to the DOH for Certificates of Need
- Status of all land and property acquisition, ownership and leasing outside the MIO but within 2,500 feet of the MIO district boundary
- Status of compliance with TMP goals and mitigation requirements
- Proposed contingencies for mitigating unanticipated problems or worsened conditions attributable to institution's development

MIMP Conditions for MUP Approvals

Seattle City Council Ordinance No. 123263, adopted April 5, 2010, and included as Appendix D to this Compiled Final Master Plan, imposed the following conditions as a part of its approval of Children's Major Institution Master Plan (where section, figure and table references have changed in this Compiled Final Master Plan document, correct references are provided parenthetically):

1. Total development on the existing and expanded campus shall not exceed 2,125,000 gross square feet, excluding above and below grade parking and rooftop mechanical equipment.
2. The Floor Area Ratio (FAR) for the expanded campus shall not exceed 1.9, excluding below grade developable floor area, below-grade parking structures and rooftop mechanical equipment.
3. No more than 20% of the land area within the MIO, approximately 264,338 square feet, may include structures that exceed 90 feet in height. No more than 10% of the land area within the MIO, approximately 142,596 square feet, may include structures that exceed 125 feet in height. No structure in the MIO shall exceed 140 feet in height, excluding rooftop mechanical equipment.
4. MIO heights shall be measured in accordance with SMC 23.86.006 as now or hereafter amended.
5. Children's shall amend Section IV.D.1 of the Master Plan (*section IV.D.1 in this Compiled Final Master Plan document*) to add upper level setbacks 80 feet deep, applied to portions of buildings higher than 50 feet, along the western edge of the expanded campus on 40th Avenue Northeast from Sand Point Way Northeast south to Northeast 45th Street, and 30 feet deep on Sand Point Way from 40th Avenue Northeast to Penny Drive.
6. Children's shall amend Section IV.D.1 and Master Plan Figure 50, "Proposed Structure Setbacks" (*section IV.D.1 and Figure 38 "Structure Setbacks" in this Compiled Final Master Plan document*), to increase the south setback to 75 feet along the entire Northeast 45th Street boundary.
7. Children's shall amend Section IV.C.1 of the Master Plan (*amended in Section IV.D.1 in this Compiled Final Master Plan document*) to expressly prohibit above-ground development within the setback areas, as shown on revised Figure 50 (*Figure 38 in this Compiled Final Master Plan document*), except as otherwise allowed in the underlying zone.
8. The Hartmann site as originally proposed in the MIMP is not included within the MIO boundary and is not subject to this MIMP.
9. A minimum of 41% (being 507,000 square feet) of the combined total area of the expanded campus shall be maintained as open space. In addition:
 - a. Open Space should be provided in locations at ground level or, where feasible, in other spaces that are accessible to the general public. No more than 20% (being 101,000 square feet) of the designated 41% open space, shall be provided in roof top open spaces;
 - b. Open Space areas shall include existing and proposed ground level setback areas identified in the Master Plan, to the extent that they meet the criteria in the proposed Design Guidelines;

- c. The location of open space, landscaping and screening as shown on Figure 42 of the Master Plan (*Figure 30 in this Compiled Final Master Plan document*) may be modified as long as the 41% figure is maintained;
 - d. To ensure that the 41% open space standard is implemented with the Master Plan, each planned or potential project should identify an area that qualifies as Open Space as defined in this Master Plan;
 - e. Open Space that is specifically designed for uses other than landscaped buffers or building setback areas, such as plazas, patios or other similar functions, should include improvements to ensure that the space contains Usable Open Space as defined under SMC 23.84A.028; and
 - f. Open space shall be designed to be barrier-free to the fullest extent possible.
10. For the life of the Master Plan, Children's should maintain open space connections as shown on Figure 56 of the Final Master Plan (*Figure 44 in this Compiled Final Master Plan document*), or similar connections constituting approximately the number and location of access points as shown in the Master Plan. During the review of all future buildings, Children's should evaluate that building's effect upon maintaining these connections. If Children's proposes to change the open space connections from surrounding streets from that shown on Figure 56 (*Figure 44 in this Compiled Final Master Plan document*), it shall first provide notice to DPD and DON, and formally review the proposed changes with the SAC.
 11. The City's tree protection ordinance, SMC 25.11, applies to development authorized by this MIMP. In addition, to the extent feasible, any trees that exceed 6 caliper inches in width measured three feet above the ground and that are located within the Laurelon expansion area shall be used on Children's campus.
 12. Children's shall amend Section V.D, "Parking" on page 104 of the Final Master Plan (*Section V.B.2 "Parking" on page 80 of this Compiled Final Master Plan document*) to add the following at the end of that subsection: "As discussed in the TMP, the forecasted parking supply including the potential leasing of off-site spaces, exceeds the maximum allowed under the Land Use Code. Therefore, if Children's continues to meet its Transportation Master Plan goals, the Master Plan authorizes parking in excess of the Code maximum to minimize adverse parking impacts in the adjacent neighborhood."
 13. Children's shall amend Table 3 "Development Standard Comparisons" in the Master Plan (*Table 3 "Development Standard Comparisons" in this Compiled Final Master Plan document*) to be consistent with all modifications to development standards made by this decision.
 14. Prior to the submittal of the first Master Use Permit application for Phase 1, Children's must draft a more comprehensive set of Design Guidelines for planned and potential structures, to be reviewed by the Seattle Design Commission and approved by DPD. The Design Guidelines are not a part of this approved MIMP, but shall be an appendix to the Master Plan, and shall address issues of architectural concept, pedestrian scale, blank wall treatment, tower sculpting, nighttime lighting, and open space and landscaping, among others.
 15. Children's shall create and maintain a Standing Advisory Committee (SAC) to review and comment on all proposed and potential projects prior to submission of their respective Master Use Permit applications. The SAC shall use the Design Guidelines for their evaluation.
 16. Prior to issuance of any MUP for any project under Phases 2, 3 and 4 of the Master Plan, Children's shall provide documentation to the Director and the SAC clearly demonstrating that the additional construction requested is needed for patient care and directly related supporting uses by Children's, including administrative support.
 17. The TMP will be governed consistent with Director's Rule 19-2008, or any successor rules. In addition, Children's shall achieve a 30% SOV goal at full build out of the MIMP. The 30% SOV goal shall be achieved in increments, as Children's moves from its current 38% SOV mode split to the 30% goal at build out of the MIMP.

18. No portion of any building on Children's extended campus shall be rented or leased to third parties except those who are providing pediatric medical care, or directly related supporting uses, within the entire rented or leased space. Exceptions may be allowed by the Director for commercial uses that are located at the pedestrian street level along Sand Point Way Northeast, or within campus buildings where commercial/retail services that serve the broader public are warranted.
19. Before Children's may receive a temporary or permanent Certificate of Occupancy for any structure that is included in any phase of proposed development described on page 66 of the MIMP (*page 56 in this Compiled Final Master Plan document*), DPD must find that Children's has performed either of the following options:
 - a. That Children's has submitted an application for a MUP for the construction of comparable housing, as defined below, in replacement of the housing demolished at Laurelon Terrace. In the event that Children's will construct more than one housing project to fulfill the housing replacement requirement, then Children's must have applied for a MUP for the first housing replacement project, which shall include no fewer than 68 housing units. A MUP application must be submitted for all of the remaining replacement units before a temporary or permanent certificate of occupancy may be issued for any project authorized in Phases 2-4 of the MIMP. The MUP application(s) for the replacement housing project(s) may not include projects that were the subject of a MUP application submitted to DPD before Council approval of the MIMP. Children's may seek City funds to help finance the replacement housing required by this condition, but may not receive credit in fulfillment of the housing replacement requirement for that portion of the housing replacement cost that is financed by City funds. City funds include housing levy funds, general funds or funds received under any housing bonus provision.
 - b. That Children's has either 1) paid the City of Seattle \$10,920,000 to help fund the construction of comparable replacement housing or 2) paid the City of Seattle 35% of the estimated cost of constructing the comparable replacement housing, as determined by DPD and the Office of Housing. In determining the estimated cost, DPD and the Office of Housing shall consider at least two development pro-forma, prepared by individual(s) with demonstrated expertise in real estate financing or development, and submitted by Children's. DPD and the Office of Housing's determination of the estimated cost is final and not subject to appeal. Money paid to the City under this option b shall be used to finance the construction of comparable replacement housing, as defined below, and subject to the provisions of the City's Consolidated Plan for Housing and Community Development and the City's Housing Levy Administrative and Financial Plan in existence at the time the City helps finance the replacement housing.

For purposes of this condition 19, the comparable replacement housing must meet the following requirements:

- 1) Provide a minimum of 136 housing units;
 - 2) Provide no fewer than the number of 2 and 3 bedroom units as those in the Laurelon Terrace development;
 - 3) Contain no less than 106,538 gross square feet;
 - 4) The general quality of construction shall be of equal or greater quality than the units in the Laurelon Terrace development; and
 - 5) The replacement housing will be located within Northeast Seattle. Northeast Seattle is bounded by Interstate 5 to the west, State Highway 520 to the south, Lake Washington to the east, and the City boundary to the north.
20. Children's shall develop a Construction Management Plan (CMP) for review and comment by the SAC prior to the approval of any planned or potential project discussed in the Master Plan. The CMP must be updated at the time of site-specific SEPA review for each planned or potential project identified in the MIMP. The CMP shall be designed to mitigate impacts of all planned and potential projects and shall include mitigating measures to address the following:
 - a. Construction impacts due to noise

- b. Mitigation of traffic, transportation and parking impacts on arterials and surrounding neighborhoods
 - c. Mitigation of impacts on the pedestrian network
 - d. Mitigation of impacts if more than one of the projects outlined in the Master Plan are under concurrent construction
21. Prior to the issuance of a Certificate of Occupancy for any project associated with development of Phase 1 of the MIMP, the proposed traffic signal at 40th Avenue Northeast and Sand Point Way NE shall be installed and functioning.

**SEPA CONDITIONS
GEOLOGY**

22. To minimize the possibility of tracking soil from the site, Children's shall ensure that its contractors wash the wheels and undercarriage of trucks and other vehicles leaving the site and control the sediment-laden wash water using erosion control methods prescribed as City of Seattle and King County best management practices for construction projects. Such practices include the use of sediment traps, check dams, stabilized entrances to the construction site, erosion control fabric fences and barriers, and other strategies to control and contain sediment.
23. Children's shall ensure that its contractors cover the soils loaded into the trucks with tarps or other materials to prevent spillage onto the streets and transport by wind.
24. Children's shall ensure that its contractors use tarps to cover temporary on-site storage piles.

AIR QUALITY

25. Prior to demolition of the existing housing units at Laurelon Terrace, Children's shall perform an asbestos and lead survey and develop an abatement plan to prevent the releases into the atmosphere and to protect worker safety.
26. During construction, Children's shall ensure that its contractors spray exposed soils and debris with water or other dust suppressants to reduce dust. Children's shall monitor truck loads and routes to minimize impacts.
27. Children's shall stabilize all off-road traffic, parking areas, and haul routes, and it shall direct construction traffic over established haul routes.
28. Children's shall schedule delivery of materials transported by truck to and from the project area to minimize congestion during peak travel times on adjacent City streets. This will minimize secondary air quality impacts otherwise caused by traffic having to travel at reduced speeds.
29. Children's shall ensure that its contractors cover any exposed slopes/dirt with sheets of plastic.
30. Around relevant construction areas, Children's shall install perimeter railings with mesh partitioning to prevent movement of debris during helicopter landings.

NOISE

31. Construction will occur primarily during non-holiday weekdays between 7:00 am and 6:00 pm, or as modified by a Construction Noise Management Plan, approved by DPD as part of a project-specific environmental review.
32. Children's will inform nearby residents of upcoming construction activities that could be potentially loud. Children's shall schedule particularly noisy construction activities to avoid neighborhood conflicts whenever possible.
33. Impact pile driving shall be avoided. Drilled piles or the use of a sonic vibratory pile driver are quieter alternatives.
34. Buildings on the extended campus are to be designed in such a way that noise received in the surrounding community is no greater than existing noise based on a pre-test of ambient noise levels and subsequent annual noise monitoring to be conducted by Children's.

TRANSPORTATION

35. Consistent with the Transportation Management Plan (TMP), onsite improvements shall include: a shuttle hub; an enhanced campus pathway to connect to transit along Sand Point Way Northeast and/or 40th Ave Northeast; and bicycle parking.
36. Consistent with the TMP, near-site improvements will include: working with Seattle Department of Transportation and Washington State Department of Transportation (WSDOT) to improve intersections such as Penny Drive/Sand Point Way Northeast and 40th Ave Northeast/Sand Point Way Northeast; improve connectivity between the Burke-Gilman Trail and Children's; enhance the Sand Point Way Northeast street frontage.
37. Consistent with the TMP, and as necessary to reduce future transportation impacts, Children's may provide off-site parking that reduces the level of required parking on site and reduces traffic on Northeast 45th St, Sand Point Way Northeast and Montlake Blvd/SR 520 interchange area.
38. Children's shall enhance its TMP to achieve a 30% single occupancy vehicle (SOV) mode split goal or lower.
39. Prior to the issuance of any construction permits for any project outlined in Phase 1 of the MIMP, Children's shall pay the City of Seattle its fair share to the future installation of traffic signals at 40th Ave Northeast/Northeast 55th St. Prior to the issuance of any construction permits for any project outlined in Phase 2 of the MIMP, Children's shall pay the City of Seattle its fair share, ~~based on the [sic]~~ to the future installation of traffic signals at 40th Ave Northeast/Northeast 65th St. These intersections shall be monitored by the Seattle Department of Transportation over the life of the Master Plan to determine the timing of the mitigation implementation.
40. Prior to the issuance of any construction permits for any project outlined in Phase 1 of the MIMP, Children's shall pay the City of Seattle \$500,000 to build Intelligent Transportation System improvements through the corridor from Montlake Blvd/Northeast 45th St to Sand Point Way Northeast/Northeast 50th St. The contribution shall be used to fund all or part of the following projects:
 - a. Install a detection system that measures congestion along southbound Montlake Boulevard, linked to smart traffic control devices that adapt to traffic conditions;
 - b. Install variable message signs to give real-time traffic information for drivers, including travel time estimates, updates of collisions and other traffic conditions, and to implement variable speed limits throughout the day to keep traffic flowing as smoothly as possible;
 - c. Optimize signal coordination and timing to move vehicles most efficiently and optimize signal performance;
 - d. Upgrade signal controllers as needed to allow signals to be interconnected, and/or
 - e. Install traffic cameras as identified by the City of Seattle
41. Children's shall pay the Seattle Department of Transportation (SDOT) a pro rata share of the Northeast Seattle Transportation improvement projects identified from the University Area Transportation Action Strategy, the Sand Point Way Northeast Pedestrian Study, and the City of Seattle Bicycle Master Plan. This amount is estimated at approximately \$1,400,000 or approximately \$3,955 per bed, over the life of the MIMP. (adjusted for inflation as beds come online). Each pro-rata share payment shall be made prior to the issuance of any construction permits for the first project constructed under each phase of the MIMP. The total payment of \$1,400,000 shall be completed by the issuance of any construction permit for a project outlined in Phase 4 of the MIMP.
42. Children's shall pay the Seattle Department of Transportation (SDOT) a total of \$2,000,000 for pedestrian and bicycle improvements in Northeast Seattle over the timeframe of the Master Plan development. A pro-rata share payment shall be made prior to the issuance of any construction permits for the first project constructed under each phase of the MIMP. The total payment of \$2,000,000 shall be completed by the issuance of any construction permit for a project outlined in Phase 4 of the MIMP.

G. STREET OR ALLEY VACATIONS

A vacation of the internal streets on the Laurelon Terrace site — 41st Avenue NE and NE 46th Street — is necessary in order to use this property for major institutional development. Children's has requested City Council approval of this vacation request.

See Figure 36, Street and Alley Vacation.

H. PLANNED AND POTENTIAL DEVELOPMENT

Based on planning done in 2007, Children's Phase 1 Bed Unit and Emergency Department facilities, straddling the Laurelon Terrace property and existing campus property, are designated as a planned physical development. Phases 2, 3 and 4 are designated as potential physical development.

See Figure 35, Proposed Phasing.

I. DECENTRALIZATION

Children's strategy is to decentralize its facilities and services wherever possible, providing pediatric specialty care at clinics throughout the region. This brings outpatient services to patients closer to where they live and reduces the number of outpatient-related vehicle trips to and from the hospital campus.

Children's currently operates regional clinics in Bellevue, Everett, Federal Way and Olympia; outreach clinics in Yakima, Wenatchee and Kennewick, Washington; and sites in Alaska and Montana. Children's has acquired 6.6 acres near downtown Bellevue for a new outpatient facility, expected to open in July 2010. Similar facilities are planned for Snohomish and South King counties. A regional clinic in the Tri-Cities area opened in May 2008.

Research functions have already been consolidated away from the hospital campus. Children's purchased research facilities and land in the Denny Triangle area of downtown Seattle with the expectation that it will develop 1.5 million gsf of research space.

As Children's continues its decentralization plan over the coming years, the percentage of vehicle trips to and from the existing hospital campus related to outpatient care will be reduced. This will enable facilities, transportation access and parking to be prioritized for inpatient care and related clinical support services.

Growth in Children's outpatient services locally and in the wider region as well as future research advances, is likely to result in increased demand for inpatient services at the hospital campus.

J. PURPOSE AND PUBLIC BENEFIT

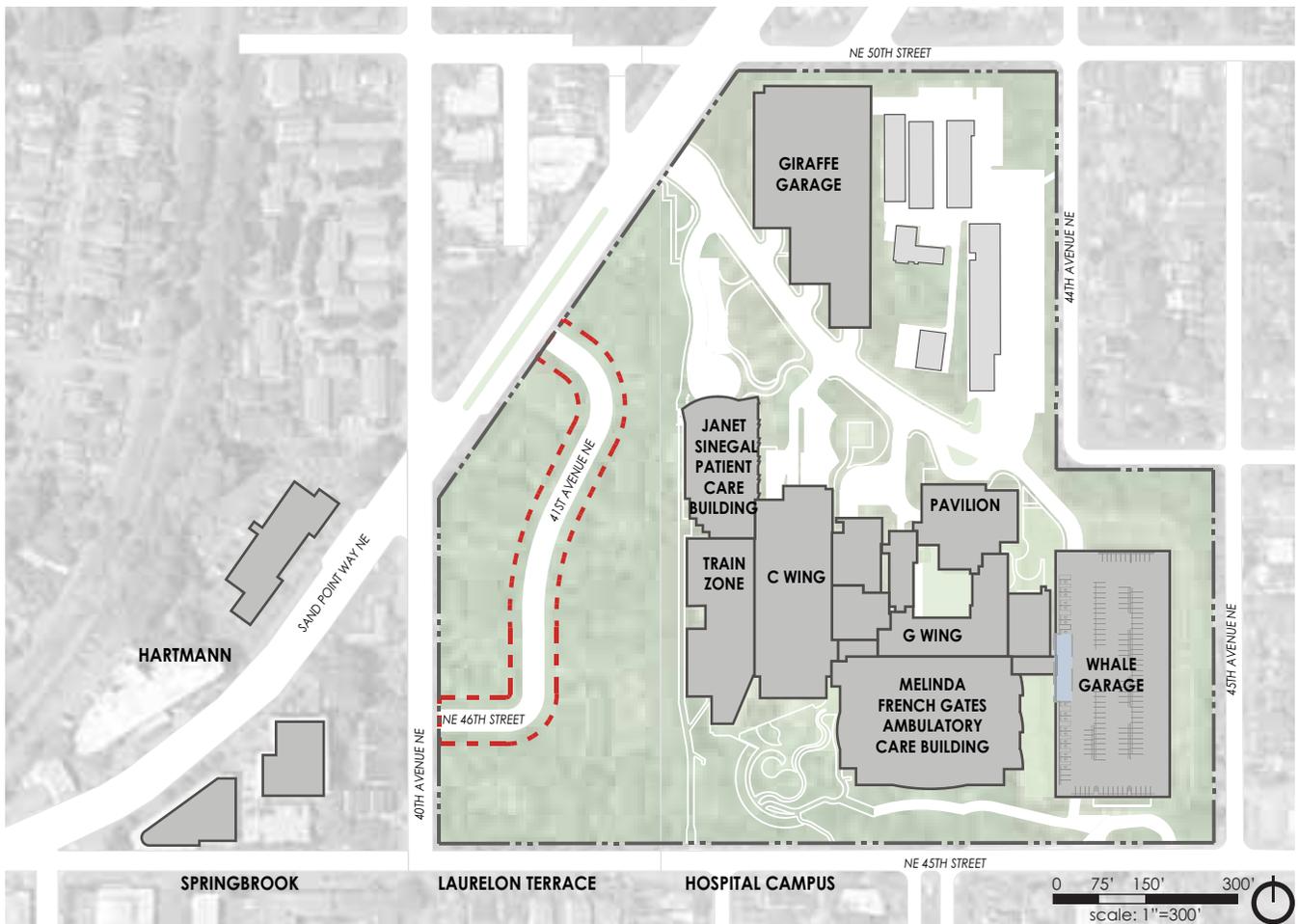
As noted in the Executive Summary on page 7, Children's mission is that we believe all children have unique needs and should grow up without illness or injury. With the support of the community and through our spirit of inquiry, we will prevent, treat and eliminate pediatric disease. We provide an immeasurable public benefit to the City of Seattle, region and state of Washington by providing access to unique pediatric specialty care. To meet this commitment, we provided \$65.4 million of uncompensated care in FY 2007, over \$80 million in FY2008, and \$96.4 million in FY2009.

K. DURATION OF MASTER PLAN

Children's Master Plan will remain in place until the allowed developable square footage is constructed.

FIGURE 36:
STREET AND ALLEY VACATION

- LEGEND**
-  Property Line
 -  Campus Grounds
 -  Existing Buildings and Parking Garage
 -  Street and Alley Vacation



IV. DEVELOPMENT STANDARDS

The development standards set forth in this Master Plan govern physical development within Seattle Children's MIO boundaries. As a supplement to the development standards, Children's Design Guidelines direct qualitative architectural and engineered design. (See Approved Design Guidelines in Appendix E.) These qualitative guidelines will direct design within the limits of the development standards to achieve the character envisioned for the campus.

The development standards and design guidelines are based on design principles identified during community meetings, Citizens Advisory Committee deliberations and Children's facility Master Plan programming.

A. DEVELOPMENT PRINCIPLES

The development standards and design guidelines in this Master Plan are based on the following design principles:

- Consolidate the footprint of the hospital to maximize the amount of open space around the campus.
- Set back higher buildings to the center of the campus and away from single-family residential areas.
- Build lower buildings at the perimeter that compliment the architecture of and provide transition to the adjacent neighborhood.
- Connect neighborhood pedestrian circulation to Children's campus while accommodating patient and family requirements for privacy and security.
- Provide amenities (e.g., bike storage, showers) that make commuting to Children's by means other than SOV the preferred choice of transportation.
- Enhance portions of the campus garden edge with desirable and usable places, benefiting patient care, caregivers and the surrounding neighborhood.
- Minimize exhaust, light and noise resulting from hospital operations.

See Figure 37, Examples of Well-Designed and Executed Development Principles.

B. SUSTAINABILITY AND ENVIRONMENTAL STEWARDSHIP

Children's believes that green buildings are healthier environments for their occupants, and building green is integral to the core mission of providing top-quality healthcare. Children's received the 2008 Governor's Award for Sustainable Practices. Children's demonstrates its continuing commitment to environmental stewardship through its successful Transportation Management Plan, its improvements to the environmental quality on campus, reduced energy use and conservation of natural resources. The hospital reduces the vehicle trips of patients and caregivers to and from the hospital by providing services at clinics throughout the region, bringing care closer to the communities where its patients live. Children's aggressive, Diamond-award-winning Commute Trip Reduction program minimizes the number of single-occupant vehicle trips by its staff.



Figure 37 Examples of Well-Designed and Executed Development Principles

Through thoughtful, sustainable facility master planning, Children's future development will consider habitat, energy and water, which are essential to community design and reducing demand on the local infrastructure. These choices will contribute to a sustainable urban campus and, by extension, positively affect the community around it.

Children's is committed to following the principles and strategies in the Green Guide for Health Care™. This program describes the best-practice methods for hospital facility design, construction, facilities management and operations. Children's will use the Green Guide for Health Care™ during development of its Master Plan facilities. As a member of the Green Guide for Health Care's Executive Committee, Children's staff continues to review and help shape this national assessment tool. The U.S. Green Building Council's LEED for Health Care is currently under development and will build on and complement the Green Guide for Health Care™. Both provide a helpful framework for assessing success of ongoing greening efforts on Children's campus.

1. HOSPITAL CAMPUS GROUNDS AND FACILITIES

The existing campus has significant areas of impervious surfaces. To the extent feasible, future development of hospital grounds and facilities will be designed to protect existing tree canopy and landscaping; reduce impervious surfaces; and control, filter and reduce storm water runoff.

Large amounts of plantings shade some of the impervious areas and contribute to cooler areas on the campus. Vertical plantings on the perimeter of the campus are located to minimize views of the buildings and the light leaking off of the site into the surrounding neighborhood. This screen shields the hospital and, therefore, may minimize noise in the neighborhood associated with the hospital's operations.

Improvements to pedestrian pathways and linkages through and around the campus, as well as enhanced transportation management techniques, will support Children's Comprehensive Transportation Program to minimize trips to the site and reduce the carbon footprint, with improved access to transit and other modes of transportation.

To reduce the ecological footprint in the design of future hospital facilities, Children's will, at each phase of campus project development, consider specific sustainable design strategies and operational goals related to overall building performance, including energy use; greenhouse gas emissions; trip reduction and transportation choices; waste and recycling, potable water, impervious surface; and on-site storm water management.

2. SUSTAINABILITY GOALS FOR FACILITIES DESIGN, CONSTRUCTION AND OPERATIONS FOR NEW DEVELOPMENT

Children's will make meaningful performance efficiencies in the following areas as they relate to new development for facilities design, construction and operations:

- Adopt 2030 Challenge reduction in Green House Gas Emissions for new construction.
- Reduce BTU per square foot energy use of new building area over existing.
- Generate renewable energy on-site.
- Supply buildings' energy use purchased from off-site renewable green power sources.
- Use Green Roof Coverage.
- Purchase wood products used from certified sustainable forests.
- Increase the number of employees using alternatives to driving to work alone.
- Continue efforts to support visitors in their use of alternative transportation, e.g., transit, walking, shuttles, etc.
- Reduce construction waste; maintain high levels of demolition reuse and/or recycling.
- Employ operational recycling, solid waste diversion.
- Reduce potable water usage.
- Use locally sourced building materials.
- Purchase environmentally preferred, low V.O.C. products.

To monitor Children's projects, baseline measurements will be taken to allow for accurate comparison as the project progresses. These goals are aspirational and are not all presently achievable with today's technology. As the technology improves and becomes cost efficiently available, Children's will provide leadership in implementing its goals.

3. CHILDREN'S LEADS THE COMMUNITY IN CORPORATE ENVIRONMENTAL STEWARDSHIP

Children's is a member of the Mayor's Seattle Climate Partnership and will continue to advocate for reducing global greenhouse gas emissions with local and regional partners, as well as provide leadership in transportation alternatives and best management practices for lean-based sustainable measures consistent with health care delivery and healthy environments.

C. UNDERLYING ZONING

The existing underlying zoning for Children's campus is Single Family 5000 (SF 5000) for the existing portion of the campus and Multi-Family Residential Lowrise 3 (L3) for Laurelon Terrace. In the 1994 Master Plan, MIOs of 37', 50', 70' and 90' were established on the existing campus. See Figure 33, Existing Zoning and Major Institution Overlay. The Master Plan revises the Major Institution Overlay for the entire campus and supersedes the requirements of the underlying zone development standards.

D. DEVELOPMENT STANDARDS

1. STRUCTURE SETBACKS

The above-ground structure setback standards will coincide with the depth of garden edges and street frontage edges. Above-ground development is expressly prohibited within the setback areas, as shown in Figure 38, except as otherwise allowed in the underlying zone.

The setbacks are measured from the existing property lines. A setback of 75 feet will start at the property line corner of 40th Avenue NE and NE 45th Street and extend east along NE 45th Street to 45th Avenue NE; then extending north along 45th Avenue NE to NE 47th Street; then west along NE 47th Street to 44th Avenue NE; at this corner, the existing 40-foot setback will be increased to 75 feet as it extends north along 44th Avenue NE to NE 50th Street; then it will extend west along NE 50th Street approximately 2/3 of the distance between 44th Avenue NE and Sand Point Way NE; at this point, the existing 20-foot setback will transition to a 40-foot setback as it extends west to Sand Point Way NE and then turns south along Sand Point Way NE to Penny Drive.

Along street frontage edges, structures will be located at a minimum setback of 10 feet along Sand Point Way NE from Penny Drive south to 40th Avenue NE. A minimum structure setback of 20 feet is proposed along 40th Avenue NE. The proposed setbacks will enable widened sidewalks with street trees and other pedestrian amenities.

Upper level setbacks 80 feet deep shall be applied to portions of buildings higher than 50 feet, along the western edge of the expanded campus on 40th Avenue NE from Sand Point Way NE south to NE 45th Street, and 30 feet deep on Sand Point Way NE from 40th Avenue NE to Penny Drive.

Below-grade structures will be allowed within setbacks in the garden edges and street frontage edges. Below-grade structure setbacks from the property lines will be zero.

Any development standards for structure setbacks otherwise applicable in the SF or L3 zones are superseded by those in the Master Plan.

See Figure 38, Structure Setbacks.

2. MODIFICATIONS TO HEIGHT

Prior to the adoption of the new MIIMP, the Children's campus included four height districts: MIO 37' around the periphery of the campus, MIO 50' along the south to form a transition to the MIO 70' and MIO 90' districts. The higher MIOs are centered at the core and southern parts of the campus and transition down to a lower height at the campus edges. The site generally slopes downward from east to west and from north to south. The existing buildings are approximately 20' from the northern property edge, 40' to 75' from the eastern property edge of the campus and also 40' on the west side of campus at the base of the slope. On the southern and southwestern edges, buildings are 75' from the property line. All of the setbacks are heavily landscaped to create a screen between the campus and surrounding neighborhood. Landscaping around the campus also provides open space and sidewalks as public amenities.

FIGURE 38:
STRUCTURE SETBACKS

LEGEND		Property Line
		Existing Buildings and Parking Garage
		Lower Buildings
		Taller Buildings
		Setbacks



In addition to the height limits shown in Figure 33, the Seattle City Council further conditioned the heights of two buildings on the campus in the 1994 Master Plan: the Janet Sinegal Patient Care Building and portions of the Melinda French Gates Ambulatory Care Building. The Janet Sinegal Patient Care Building is located in the MIO 90' area of the campus and was limited in height to 74', with an additional 15' allowed for mechanical equipment (a total of 89' with mechanical). The Melinda French Gates Ambulatory Care Building is located in an MIO 70' district. Portions of this building were limited in height to 54.5'.

The boundaries of the MIO districts have been expanded in the new Master Plan to include the Laurelon Terrace property. No more than 20% of the land area within the MIO, approximately 264,338 square feet, may include structures that exceed 90 feet in height. No more than 10% of the land area within the MIO, approximately 142,596 square feet, may include structures that exceed 125 feet in height. No structure in the MIO shall exceed 140 feet in height, excluding rooftop mechanical equipment. See Table 2 for a comparison of existing and future heights.

Any development standards for structure height otherwise applicable in the SF or L3 zones are superseded by those in the Master Plan.

Table 2. Modifications to the Underlying Zoning Heights

PROPERTY	PREVIOUS MASTER PLAN	NEW MASTER PLAN
Children's Campus – North of Penny Drive	SF 5000 with MIO of 37'	SF 5000 with MIO of 37' and 65'
Children's Campus – South of Penny Drive	SF 5000 with MIO of 37', 50', 70' and 90'	SF 5000 with MIO of 37', 50', 70' and 90' on the east, MIO of 37', 50', 70', 90' and 160'/140' and 160'/125' on the west
Laurelon Terrace	L3 Zoning	L3 with MIO of 37', 50' and 160'/140' and 160'/125'

3. LOT COVERAGE

The maximum lot coverage standard for the entire MIO district is 51%. The maximum lot coverage standard is calculated against the entire campus rather than against individual project sites. The existing campus-wide lot coverage is approximately 35%. See Table 3. Lot coverage is defined as that portion of a lot occupied by the principal structure and its accessory structures expressed as a percentage of the total lot area. Above-grade hand railings, sound- and view-blocking fences, surface parking, streets and sidewalks will not be considered structures for the purposes of lot coverage. Below-grade portions of buildings will not be counted as lot coverage. Any development standards for lot coverage otherwise applicable in the SF or L3 zones are superseded by those in the Master Plan.

4. LANDSCAPING

Garden edges and street frontage edges will be landscaped and maintained to improve the visual quality of the streetscape, to buffer the visual impact of buildings and parking lots, to connect diverse architecture and land uses, and to promote attractive roadways and accommodate community activities around the campus. No above-grade buildings will be permitted in the setbacks; below-grade buildings, sidewalks, curb cuts and driveways, signs, fire hydrants, mailboxes, telephone poles, light poles and similar items may be permitted in the setbacks. Existing parking spaces within the garden edge may remain only until the new North Garage parking structure is available for occupancy. Existing paved roadways through and within the garden edge may remain in their present locations. Large, mature trees will be retained where possible.

The width of the garden edges and street frontage edges are described under "Structure Setbacks" in Part III D.1. On the north, the garden edge will increase from 20' to 40' and 75' in width. The east garden edge, now 40' and 75', will increase to 75' in width. The existing south garden edge of 75' will be retained on the existing campus, and a new garden edge of 75' will be added on the south side of Laurelon Terrace. See Figure 39, Future Landscaping, and Table 3.

Any development standards for landscaping otherwise applicable in the SF or L3 zones are superseded by the Master Plan.

FIGURE 39: FUTURE LANDSCAPING

- LEGEND**
-  Property Line
 -  Existing Buildings and Parking Garage
 -  Lower Buildings
 -  Taller Buildings
 -  Garden Edges



5. PERCENTAGE OF MIO DISTRICT TO REMAIN IN OPEN SPACE

A minimum of 41% of the combined total area of the expanded campus shall be maintained as open space. In addition:

- a. Open Space should be provided in locations at ground level or, where feasible, in other spaces that are accessible to the general public. No more than 20% of the designated 41% open space, shall be provided in rooftop open spaces;
- b. Open Space areas shall include existing and proposed ground level setback areas identified in the Master Plan, to the extent that they meet the criteria in the approved Design Guidelines;
- c. The location of open space, landscaping and screening as shown on Figure 39 of the Master Plan may be modified as long as the 41% figure is maintained;
- d. To ensure that the 41% open space standard is implemented with the Master Plan, each planned or potential project should identify an area that qualifies as Open Space as defined in this Master Plan;
- e. Open Space that is specifically designed for uses other than landscaped buffers or building setback areas, such as plazas, patios or other similar functions, should include improvements to ensure that the space contains Usable Open Space as defined under SMC 23.84A.028; and
- f. Open space shall be designed to be barrier-free to the fullest extent possible.

The existing campus open space is 45% (see Table 3). Open space is defined as land and/or water area with its surface predominately open to the sky or predominately undeveloped, which is set aside to serve the purpose of providing park and recreation opportunities, conserving valuable natural resources and structuring urban development and form. Future open space will consist of plazas, gardens, courtyards and pathways to connect the campus with the surrounding public spaces and neighborhoods. Rooftop gardens and plazas that are accessible to the public will count as useable open space. Parking areas and driveways are not considered usable open spaces.

Any development standards for percentage of land to be retained as open space otherwise applicable in the SF or L3 zones are superseded.

6. HEIGHT AND SCALE TRANSITION

Transition in height and scale will be accomplished through the pattern of MIO district heights and other key design elements of the Master Plan. The greatest MIO heights will be located toward the center of the campus away from the single-family neighborhoods. On the north, east and south, the heights will transition down to the very generous setbacks that constitute the garden edges of the campus, where no above-grade buildings will be allowed. Along the active street frontage edges of Sand Point Way NE and 40th Avenue NE, the taller buildings will be terraced in order to reduce the visual bulk and height of the proposed buildings while maintaining low building frontage to allow transit-oriented hospital and neighborhood uses near the sidewalk. No structure in the MIO shall exceed 140 feet in height, excluding rooftop mechanical equipment.

Any development standards for height and scale transition otherwise applicable in the SF or L3 zones are superseded by the Master Plan.

See Figures 27 and 28 as well as Table 3.

7. WIDTH AND DEPTH LIMITS

The Master Plan allows for unlimited widths and depths of buildings. Along Sand Point Way NE and 40th Avenue NE, however, the effects of building bulk will be reduced by the following measures:

- Modulating the ground-level building façade
- Limiting the pedestal building height above grade to four stories
- Stepping back the building façade above four stories
- Applying upper level setbacks 80 feet deep to portions of buildings higher than 50 feet, along the western edge of the expanded campus on 40th Avenue NE from Sand Point Way NE south to NE 45th Street, and 30 feet deep on Sand Point Way NE from 40th Avenue NE to Penny Drive.

Any development standards for width and depth of buildings otherwise applicable in the SF or L3 zones are superseded by those in the Master Plan.

8. SETBACKS BETWEEN STRUCTURES

No setbacks between structures are required along interior campus property lines or along public right-of-ways or along the boundary of the MIO district for the campus. Instead of mandating specific setbacks and separation between structures, Children's Master Plan emphasizes perimeter setbacks. Children's is preserving and, in some cases, enhancing the width of the landscaped perimeter setbacks on the north, east and south of the campus. Setbacks between structures, however, remain an option and future project design will create building separation, open spaces, gardens and play areas. Any development standard for setbacks between structures otherwise applicable in the SF or L3 zones is superseded by those in the Master Plan.

9. PRESERVATION OF HISTORIC STRUCTURES

There are no structures designated on federal, state or local registers within the proposed MIO district.

10. VIEW CORRIDORS

The Master Plan contains no specific view corridors, but Children's has taken into consideration views from public spaces, rights-of-ways and adjacent properties, and has minimized the view impacts of its proposed development by a) moving the bulk of the facilities from the high ground on the existing campus to the lower-elevation Laurelon Terrace site, b) limiting building height exclusive of rooftop mechanical screening and equipment within MIO district boundaries, c) retaining generous buffers on the north, east and south edges of the existing campus and in some places increasing them, d) moving the tallest buildings to the west and away from the single-family neighborhood, e) committing to a fully designed streetscape on Sand Point Way NE and 40th Avenue NE, and f) committing to Phase 1 buildings on the Laurelon Terrace site that will be below the height limits allowed by the MIO 160'/140' and 160'/125' districts and by stepping back the faces of those buildings for each incremental increase in height. Any development standards for view corridors otherwise applicable in the SF or L3 zones (there are believed to be none) are superseded by the Master Plan.

11. PEDESTRIAN CIRCULATION

Streetscape and pedestrian amenity improvements will be provided around and across the campus. Improvements within the public right-of-way will conform to pedestrian and bike goals for residential areas around the garden edges of the campus and to goals for mixed-use commercial areas along the street frontage edges of the campus. Across the campus, pedestrian pathways will be a minimum of 4' wide and coordinate with the open spaces for the campus, with needed lighting and plantings, and conform to SMC 23.53.006, Pedestrian Access and Circulation. Any development standards for pedestrian circulation otherwise applicable in the SF or L3 zones (there are believed to be none) are superseded by the Master Plan.

12. DENSITY/FAR

The density allowed in the Master Plan, as defined by the total maximum developable gross floor area for the expanded MIO district, is 2.125 million square feet (excluding below-grade developable floor area, below-grade parking structures and rooftop mechanical equipment). This is the equivalent of a maximum floor area ratio (FAR) for the entire MIO district of 1.9. The existing campus FAR is approximately 0.9. The FAR is intended to be applied campus-wide and not to specific project sites. Any standards for density and FAR otherwise applicable in the SF or L3 zones are superseded by those in the Master Plan. See Table 3.

13. LIGHT AND GLARE

The previous Master Plan standards for light and glare will continue to be in effect in the new Master Plan. Those standards are as follows (see Table 3):

- Exterior lighting shall be shielded and directed away from adjacent properties.
- Interior lighting in parking garages shall be shielded to minimize nighttime glare on adjacent properties.
- Screening of vehicle lights from driveways to adjacent single-family properties and from parking areas to adjacent properties.

Any development standards for light and glare otherwise applicable in the SF or L3 zones are superseded by those in the Master Plan.

Table 3. Development Standards Comparison

L3 ZONE		SF 5000	MASTER PLAN
STRUCTURE HEIGHT			
	Max 30'	Max 30', plus additional height of 1 foot for ea. 6% of slope on sloped lots	MIO'S 37', 50', 65', 70', 90', 160'/140' and 160'/125'
EXEMPTION FOR CAMPUS			
Mechanical Equipment	May extend 10' above max height; may cover 20% of roof if screened	May extend 10' above max height; may cover 20% of roof if screened	May extend 15' above max height; may cover 40% of roof if screened
LOT COVERAGE ¹			
	50% Max (town houses) 45% Max (all other structures)	35%	51%

L3 ZONE	SF 5000	MASTER PLAN
STRUCTURE SETBACKS 2, 7		
	5' to 15' (front) 15' to 25' (rear) 8' (side)	20' (front) 25' (rear) 10' (side) 10' along Sand Point Way NE from Penny Drive to 40th Ave NE, and 20' along 40th Ave NE to NE 45th St; 75' along NE 45th St, 45th Ave NE, NE 47th St, 44th Ave NE, and east 2/3 of NE 50th St; 40' along west 1/3 of NE 50th St and Sand Point Way NE to Penny Drive. Upper level setbacks 80 feet deep shall be applied to portions of buildings higher than 50 feet, along the western edge of the expanded campus on 40th Avenue NE from Sand Point Way NE south to NE 45th Street, and 30 feet deep on Sand Point Way NE from 40th Avenue NE to Penny Drive.
SETBACKS BETWEEN STRUCTURES		
	Average setback between facing facades 40' to 151' or more in length are 10' to 40'; minimum setback is 10'	NA No setbacks between structures would be required along interior campus property lines, public right-of-ways, or along the boundary of the MIO district.
LANDSCAPING		
	Min area = 3' x length of all property lines = 7,869 SF	NA 75' along NE 45th St, 45th Ave NE, NE 47th St, 44th Ave NE, and east 2/3 of NE 50th St; 40' along west 1/3 of NE 50th St and Sand Point Way NE to Penny Drive. = 216, 755 SF
OPEN SPACE 3, 4, 5		
	Min 25% of lot area; Max 1/3 of required open space can be roof gardens if required open space area increased to 30% of lot area	NA 12.27 acres or 41% of lot area
FAR (Floor Area Ratio) 6		
	NA	NA 1.9
HEIGHT & SCALE TRANSITION		
	NA	NA Transition in height and scale will be accomplished through tie pattern of MIO district heights, upper level setbacks along the western portion of campus and other key design elements of the Master Plan.

L3 ZONE		SF 5000	MASTER PLAN
WIDTH & DEPTH LIMITS			
	Maximum Building Width without Modulation: 30 feet; or 40 feet with a principal entrance facing a street; Max Building Width with Modulation: Apartments and ground-related housing (except townhouses), 75 feet; Max Building Depth: Apartments and ground-related housing including townhouses, 65% depth of lot.	NA	Unlimited dimensional limits, modulating the ground-level building façade, limiting the pedestal building height above grade to four stories, stepping back the building façade above four stories. Upper level setbacks 80 feet deep shall be applied to portions of buildings higher than 50 feet, along the western edge of the expanded campus on 40th Avenue NE from Sand Point Way NE south to NE 45th Street, and 30 feet deep on Sand Point Way NE from 40th Avenue NE to Penny Drive.
LIGHT & GLARE			
EXTERIOR			
	Exterior lighting shall be shielded and directed away from adjacent properties	Exterior lighting shall be shielded and directed away from adjacent properties	Exterior lighting shall be shielded and directed away from adjacent properties
INTERIOR			
	Interior lighting in parking garages shall be shielded to minimize nighttime glare on adjacent properties	Interior lighting in parking garages shall be shielded to minimize nighttime glare on adjacent properties	Interior lighting in parking garages shall be shielded to minimize nighttime glare on adjacent properties
Vehicle Lights			
	To prevent vehicle lights from affecting adjacent properties, driveways and parking areas for more than (2) vehicles shall be screened from adjacent properties by a fence or wall between five (5) feet and six (6) feet in height, or solid evergreen hedge or landscaped berm at least five (5) feet in height.	NA	Screening of vehicle lights from driveways to adjacent single-family and from parking areas to adjacent properties

Definitions:

1. "Lot coverage" means that portion of a lot occupied by the principal structure and its accessory structures are expressed as a percentage of the total lot area.
2. "Setbacks" means the required distances between every structure and the lot lines of the lot on which it is located. Also see "Upper level setbacks" below.
3. "Open space" means land and/or water area with its surface predominately open to the sky or predominantly undeveloped, which is set aside to serve the purposes of providing park and recreation opportunities, conserving valuable natural resources and structuring urban development and form. "Open space" includes "landscaped open space" and "usable open space."

4. "Open space, landscaped" means exterior space, at ground level, predominantly open to public view and used for the planting of trees, shrubs, ground cover and other vegetation.
5. "Open space, usable" means an open space that is of appropriate size, shape, location and topographic sitting so that it provides landscaping, pedestrian access or opportunity for outdoor recreational activity. Parking areas and driveways are not usable open spaces.
6. "FAR" means a ratio expressing the relationship between the amount of gross floor area permitted in a structure and the area of the lot on which the structure is located.
7. "Upper level setbacks" means the required distance between the lot line and the building façade applied only to portions of the building above a specified height.

E. APPLICABLE DEVELOPMENT STANDARDS

The development standards described in Parts III and IV of the Master Plan supersede the use and development standards currently found in the following portions of the Seattle Municipal Code (SMC): SMC Chapter 23.44 (Residential Single-Family), SMC Chapter 23.45 (Multi-family), SMC Chapter 23.55 (Signs); and, except as to the Sequoia tree grove on Hartmann, SMC Chapter 25.11 (Tree Protection).

F. DESIGN GUIDELINES

Children's Design Guidelines address issues of architectural concept, pedestrian scale, blank wall treatment, nighttime lighting, open space and landscaping, and other physical aspects of development. The Design Guidelines have been reviewed by the Seattle Design Commission and approved by DPD, and are included as Appendix E to this Compiled Final Master Plan. The guidelines will be used by the Standing Advisory Committee (SAC) during their review and evaluation of Children's development projects.

Future building designs are intended to enhance the experience of the hospital campus for both its users and neighbors. The Design Guidelines are intended to assist both Children's and the SAC achieve the desired character envisioned for the campus while harmonizing the hospital and surrounding neighborhood landscape and building forms.



78 Figure 40 Montage of Images Describing Planned Transportation Improvements

V. COMPREHENSIVE TRANSPORTATION MANAGEMENT PLAN

A. INTRODUCTION

Children's has long been recognized as a leader in Transportation Demand Management (TDM), receiving awards from the Governor's office, King County and the U.S. Environmental Protection Agency for its excellent commuter benefits and achievements in vehicle trip reduction. The hospital's programs to reduce drive-alone commuting and vehicle trips to the campus have resulted in a drive-alone rate of only 38% among daytime employees, down from 73% in 1995 as measured by a state-administered Commute Trip Reduction survey. This accomplishment is significant both for a hospital and for an employer located in a neighborhood with limited public transit service.

With the input of the Citizens Advisory Committee, SDOT and DPD, Children's developed a Comprehensive Transportation Plan (CTP) to focus on sustainable transportation programs. The CTP includes a Transportation Management Plan (per Code, Transportation Management Program) (TMP) to mitigate vehicle traffic related to MIMP expansion by shifting even more employees and visitors from single-occupancy vehicles (SOV) to bicycling, walking, shuttle and transit. In addition, the CTP goes above and beyond the traditional TMP elements by including a substantial investment in transportation infrastructure improvements outside the hospital campus.

The TMP enhancements described in this document, consisting of enhanced shuttle, bicycle and incentive programs, are expected to further reduce the percent of employees driving alone to work, leading to an SOV mode split of 30% or lower among daytime employees at MIMP build-out. For comparison, this meets or exceeds the 2020 goal of 70% non-SOV travel set for the University District Urban Village in the City of Seattle's Comprehensive Plan (see Appendix F for a complete discussion of the TMP enhancements and the methodology used to calculate the proposed TMP's SOV and vehicle trip reduction benefits).

See Figure 40, Montage of Images Describing Planned Transportation Improvements.

B. EXISTING AND PLANNED TRANSPORTATION SYSTEM

1. VEHICULAR ACCESS AND PARKING

EXISTING HOSPITAL CAMPUS ACCESS

Sand Point Way NE is the primary arterial serving Children's. The hospital campus entry is at the signalized intersection of Sand Point Way NE and Penny Drive. Most vehicle trips related to hospital operations use this access point to Penny Drive.

The second access point to the campus is a driveway from NE 45th Street near the southeast corner of the campus. This is a secured access point that is not available to the public. Service vehicles can enter the Whale Garage via a secured gate. In addition, an apron at this location allows Metro buses to lay over on Children's property. This entrance also provides access to a fire lane on the south side of the Melinda French Gates Ambulatory Care Building.

FUTURE HOSPITAL CAMPUS ACCESS

Two entrances will be located on 40th Avenue NE to serve the Emergency Department and the Southwest Garage. These two vehicle access and egress locations on campus will allow vehicles to be distributed more evenly on and around the campus, reducing congestion and vehicle conflicts with pedestrians, bikes and pedestrian access to transit service.

New signals or improvements to existing intersections will be made in cooperation with the City of Seattle's Department of Transportation to distribute peak demands from Children's while also enhancing safety and access for bicycles and pedestrians. The City of Seattle has a plan to install a traffic signal at Sand Point Way NE at 40th Avenue NE, Penny Drive. Limited emergency access, such as fire and rescue, will be provided for NE 50th Street.

EXISTING INTERNAL CIRCULATION

Penny Drive distributes vehicles to all parking areas, entry points and loading docks. The roadway has two through-lanes with a two-way center turn lane and 10-mph speed limit. At-grade crosswalks are located along Penny Drive, connecting the parking and campus facilities areas to the north with the primary hospital areas to the south.

FUTURE INTERNAL CIRCULATION

Penny Drive will continue to distribute vehicles to the north parking areas, entry points and loading docks. The roadway has two through-lanes with a two-way center turn lane and 10-mph speed limit. At-grade crosswalks are located along Penny Drive, connecting the parking and campus facilities areas to the north with the primary hospital areas to the south.

2. PARKING**EXISTING PARKING**

Children's currently provides 1,462 parking spaces on campus.

The existing 728-space Giraffe Garage provides parking for patients, visitors, staff and physicians. The garage has four levels, which are not currently interconnected with ramps between floors; direct access to each level is via separate garage entrances off Penny Drive. The Giraffe Garage is located on Penny Drive across from the hospital. ADA-accessible parking is located at the Janet Sinegal Patient Care Building entry plaza.

The existing 608-space three-level Whale Garage serves the main entrance of the Melinda French Gates Ambulatory Care Building and provides direct access to ADA-accessible parking. Automobile access to the Whale Garage is primarily from Penny Drive, although a secured service access is located off NE 45th Street.

Parking for the Emergency Department is provided by 126 surface parking spaces, which also accommodate patient/family motor homes and other visitors. The number of surface parking spaces has been reduced due to interim modular office units and landscape maintenance operations.

See Figure 41, Existing Transportation and Parking.

FUTURE PARKING

Traffic generated by 600 pediatric beds at Children's would require 3,600 parking spaces. The Comprehensive Transportation Plan will reduce that demand by 500 spaces, leaving a parking need of 3,100 spaces. The Master Plan parking would provide up to 3,100 spaces on-campus at full campus buildout.

As necessary to mitigate future impacts, Children's may identify 100 to 200 out-of-area, off-site parking spaces as part of its Comprehensive Transportation Plan. This plan could further reduce the amount of parking needed on campus and result in significantly reduced impacts on the transportation system near campus. Every 100 parking spaces located off-site and out of the area would reduce impacts near campus by 5%. For more information on the off-site parking plan and its impacts, see Appendix F and the Environmental Impact Statement.

The full on-campus parking demand alternative calls for a new 1,392-space North Garage, which will be built on the northeast corner of the property. The parking levels of the proposed garage will align with floors of the current Giraffe Garage, which will be connected by an internal ramp and circulation system. Another 1,100 spaces will be located in a new Southwest Garage.

As discussed in the TMP, the forecasted parking supply, including the potential leasing of off-site spaces, exceeds the maximum allowed under the Land Use Code. Therefore, if Children's continues to meet its Transportation Master Plan goals, the Master Plan authorizes parking in excess of the Code maximum to minimize adverse parking impacts in the adjacent neighborhood.

See Figure 42, Planned Transportation and Parking.

3. LOADING AND SERVICE FACILITIES**EXISTING DELIVERIES AND SERVICE TRAFFIC**

Most deliveries are handled at two separate loading docks, one for general receiving and one specifically for food deliveries. Neither loading dock is configured to allow larger trucks to turn around. Therefore, most delivery and service vehicles must back in from Penny Drive. See Figure 41, Existing Transportation and Parking.

FUTURE DELIVERIES AND SERVICE TRAFFIC

Deliveries on the main campus will be consolidated into one loading dock for general receiving and one for food deliveries. An additional, secondary loading dock is planned for the Laurelon Terrace site to provide service to buildings built on that portion of the campus. See Figure 42, Planned Transportation and Parking.

C. EXISTING AND PLANNED SHUTTLES AND TRANSIT**EXISTING SHUTTLES**

Shuttles provide access to Children's off-campus parking as well as off-campus work locations, and operate from 5:30 a.m. to 9 p.m., Monday through Friday. During peak commuting hours, two shuttles serve each lot; during off-peak commuting hours, a single shuttle serves each lot. On campus, the Children's shuttle drops off shuttle riders at the Giraffe Entrance.

Frequent weekday shuttle service is provided to off-campus parking locations. Shuttles also serve inter-facility transportation needs between Children's main campus and other Children's facilities in Seattle. The service reduces traffic and parking congestion. A third shuttle runs every hour to Children's research facility in downtown Seattle. The Seattle Cancer Care Alliance (SCCA) shuttle runs every 40 minutes to the University of Washington, where it connects to service to the SCCA in South Lake Union. Guest Services transportation is provided to patients and families via a separate fleet of ADA-equipped vehicles.

See Figure 41, Existing Transportation and Parking.

EXISTING TRANSIT

The hospital campus is served by Metro Transit routes #25 and #75. In anticipation of Children's new Master Plan expansion, Children's partnered with Metro to have both routes enhanced in fall 2007 in an effort to reduce single-occupant vehicle use to the hospital. This \$250,000-per-year investment provides service at least every 30 minutes on route #75 throughout the entire service time span, enhancing service greatly during shift-change times. The #75 serves the main entrance of the campus on Sand Point Way NE. Sheltered bus stops are located in both the northbound and southbound directions, and an ADA-accessible ramp system provides access from Sand Point Way NE to the Giraffe Entrance.

The #25 serves the secondary access point of the campus along NE 45th Street. A single, sheltered bus stop on Children's property serves both incoming and outgoing trips. A covered, ADA-accessible walkway through the Whale Garage provides access to the Whale Entrance.

See Figure 41, Existing Transportation and Parking.

FUTURE TRANSIT AND SHUTTLE BUSES

The Master Plan allows for the development of a high-quality transit center on both sides of Sand Point Way NE at 40th Avenue NE, in front of the hospital and the Hartmann property. Currently, there are no shelters at the transit stops in this location and the crossing is extremely dangerous, forcing some transit riders to dart across four lanes of traffic to reach their destination.

The transit center will bring benefit to the surrounding community as well as provide easy access for commuters and visitors to the hospital's "front door" on 40th Avenue NE and Sand Point Way NE. The transit center will be served by a safe and attractive covered waiting area for both public transit and shuttles.

Four to six bays, two to three on each side of Sand Point Way NE, will create a welcoming and dry location for neighborhood commuters and Children's staff to catch transit and shuttles. Coordination with Metro will occur to design the transit stops.

See Figure 42, Planned Transportation and Parking

FIGURE 41: EXISTING TRANSPORTATION AND PARKING

- LEGEND**
-  Property Line
 -  Campus Grounds
 -  Buildings and Parking Garage
 -  Roadways and Surface Parking
 -  Bus Stop
 -  Shuttle Stop
 -  Service and Delivery Dock
 -  Parking Entry
 -  Crosswalk
 -  Existing Signalized Intersection

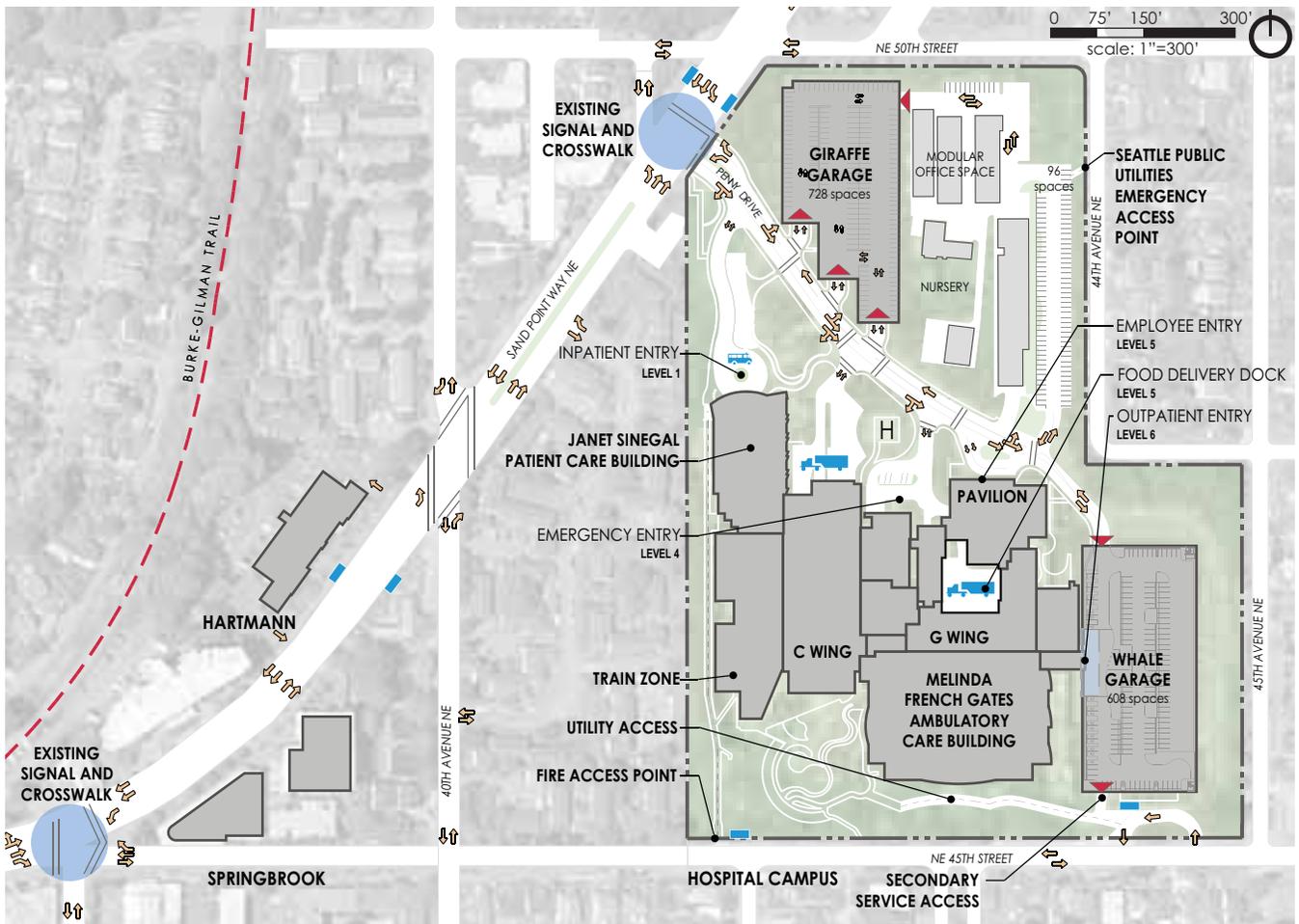
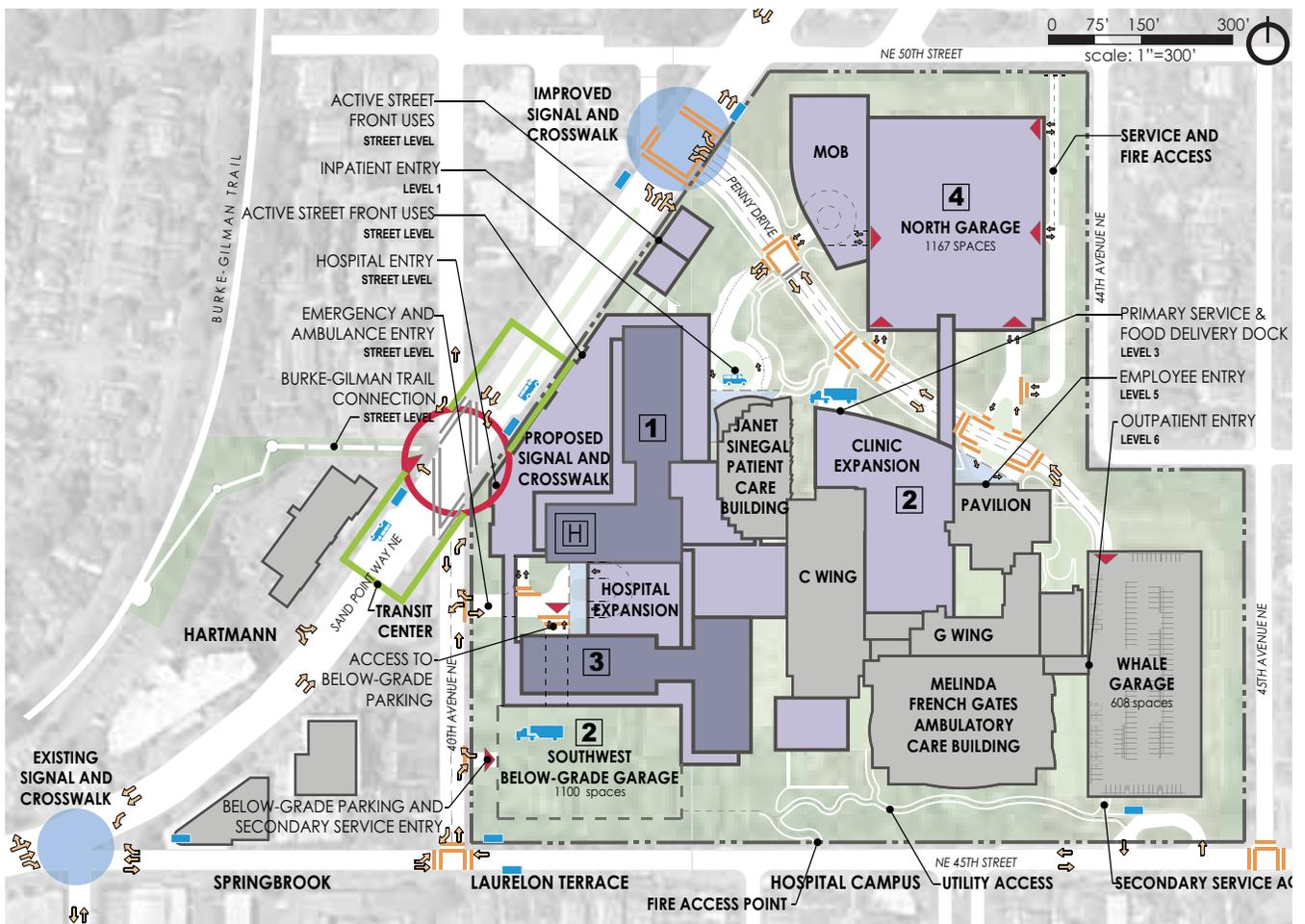
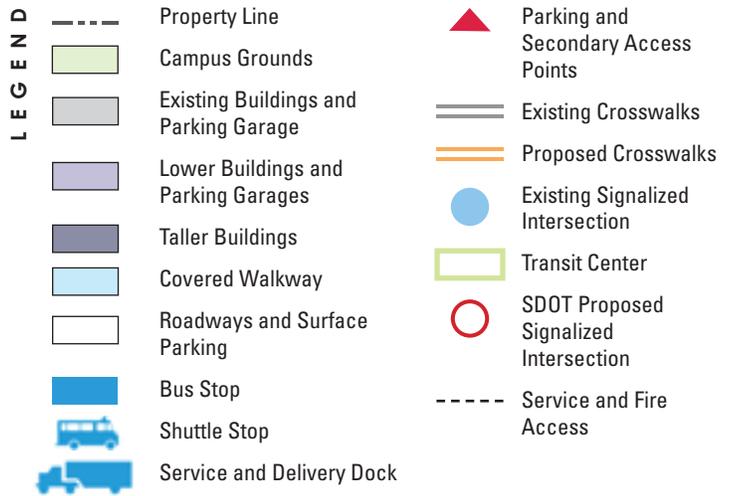


FIGURE 42: PLANNED TRANSPORTATION AND PARKING



D. EXISTING AND PLANNED NONMOTORIZED CONNECTIONS

1. EXTERNAL PEDESTRIAN AND BICYCLE ACCESS

EXISTING PEDESTRIAN AND BICYCLE ACCESS

The primary pedestrian entrance is from Sand Point Way NE.

There are three pedestrian access points off NE 45th Street. The primary pedestrian access point is at the bus stop and layover area, which provides access to the Whale Entrance, sculpture garden and a courtyard. Another is via a secured gate into the outdoor play area. The third is the pathway described previously, which connects NE 45th Street with a stairwell to the Giraffe Entrance. None of these are ADA-compliant routes.

The primary bicycle entrance is from Sand Point Way NE via Penny Drive. Bicyclists can access covered, secured bicycle parking in each level of the Giraffe Garage, or open bicycle racks at nearly every entrance of the hospital. Bicycles also access the campus via a secured gate on NE 45th Street, behind which is a long-term bicycle storage area. Cyclists have access to showers and lockers in the Melinda French Gates Ambulatory Care Building as well as the modular buildings north of Penny Drive.

EXISTING OFF-CAMPUS PEDESTRIAN AND BICYCLE FACILITIES

There are no sidewalks on the east side of Sand Point Way NE between NE 50th Street and 47th Avenue NE. There are also no sidewalks in either direction along NE 50th Street between 41st Avenue NE and 40th Avenue NE. The Hartmann property frontage, including the bus zone for route #75, does not have sidewalks.

The Burke-Gilman Trail is located two blocks west of Children's campus. The trail access point closest to the hospital campus is a short trail spur that leads to a dead-end portion of NE 50th Street. There is no marked bicycle route between this access point and Sand Point Way NE. Due to the slope of 40th Avenue NE and parked cars in violation of the 30-foot restriction from the corner of NE 50th Street, cyclists crossing 40th Avenue NE have limited visibility to traffic in both directions. Cyclists must then cross two lanes of traffic on Sand Point Way NE to reach the left turn lane into Penny Drive. As an alternative, some cyclists ride down 41st Avenue NE and use the crosswalk to cross Sand Point Way NE.

See Figure 43, Existing Nonmotorized Connections.

FUTURE PEDESTRIAN AND BICYCLE ACCESS

Making nonmotorized transportation safe, attractive and time-competitive with SOV travel is a guiding principle of the Children's Transportation Plan. Nonmotorized solutions include clear, safe pedestrian routes from nearby neighborhoods, transit and shuttle stops, end-of-trip amenities such as bicycle racks and showers for cyclists and walkers, and safe and intuitive connections between buildings and parking garages.

The pedestrian focus of the expanded campus will be along Sand Point Way NE and 40th Avenue NE. The Master Plan will provide pedestrians and bicyclists with a "front door" on 40th Avenue NE and Sand Point Way NE and will eliminate the hill climb on Penny Drive.

The City's planned installation of a signalized intersection along Sandpoint Way NE at 40th Avenue NE, with a pedestrian-only phase, would add another pedestrian crossing, making Sand Point Way NE safer and more convenient to cross. This will provide a direct bicycle and pedestrian connection between the hospital campus, the Laurelhurst neighborhood and the Burke-Gilman Trail, as a new connection to the Burke-Gilman Trail will be made along the north boundary of the Hartmann property, within the applicable zoning constraints.

On the north side of the campus, a pedestrian path will connect Penny Drive through the Laurelon Terrace property to 40th Avenue NE, along Sand Point Way NE. A new entrance along Sand Point Way NE near 40th Avenue NE will provide convenient access to transit and shuttle users and those using the new parking structure. The proposed Emergency Department will have similar convenience along 40th Avenue NE.

The addition of bicycle route signs and pavement markings, such as bike lanes or sharrows, will enhance wayfinding between the hospital campus, the Laurelhurst neighborhood and the Burke-Gilman Trail will improve bicycle access.

See Figure 44, Planned Nonmotorized Connections.

2. INTERNAL PEDESTRIAN ACCESS

EXISTING INTERNAL PEDESTRIAN ACCESS

From the main pedestrian access point on Sand Point Way NE, a ramp provides an ADA-accessible route to the Giraffe Entrance for pedestrians. A pedestrian pathway crosses the campus from NE 45th Street to Sand Point Way NE. Other pedestrian access points along the eastern perimeter lead to parking lots and do not follow contiguous pathways to Penny Drive or to a main building entry.

The primary pedestrian access point along NE 45th Street from the bus stop provides access to the Whale Entrance, sculpture garden and a courtyard. Another is via a secured gate to the outdoor play area. The third is the pathway described previously, which connects NE 45th Street with a stairwell to the Giraffe Entrance. None of these are ADA-compliant routes.

There are four pedestrian crossings of Penny Drive between the parking areas on the north and the hospital buildings on the south. All are surface level crossings with some areas of limited line of sight from drivers rounding the curves of Penny Drive. These crossings direct patients, staff and visitors to the entries of the Giraffe building, Emergency Department and Pavilion building.

FUTURE INTERNAL PEDESTRIAN ACCESS

The Master Plan will provide enhanced crossings of the campus through a system of gardens, courtyards and plazas. The pedestrian pathways through the campus could connect other park and garden spaces in the community.

Access between the proposed North Garage and the hospital will be consolidated at two locations, where Helen Lane is realigned, and at the new clinical entry in front of the Pavilion. ADA-compliant crossings of Penny Drive will be made at these locations. The pedestrian movements at these crossings will be safer, as there will be fewer crossings and they will be better coordinated with planned vehicle movements. Elevated walkways and tunnels may also be developed.

On the west side of the existing hospital campus, a pedestrian path will be retained between the development on Laurelon Terrace and that on the hospital campus at a new elevation of EL. 92. This will provide access across the middle of the campus in the north-south direction. It will distribute visitors to the rooftop gardens built atop buildings on Laurelon Terrace.

The pedestrian system could connect across the proposed signalized intersections along Sand Point Way NE, through the campus and up toward 45th Avenue NE, 47th Avenue NE and 50th Avenue NE.

Pedestrian pathways will be designed to make it easier for neighbors to access and, where appropriate, to cross the campus. The design of these facilities will include wayfinding signage. Design of pedestrian and green space areas on campus will include accepted national standards for public safety, such as Crime Prevention Through Environmental Design (CPTED).

Walking and ADA access between this lower campus and the upper campus to the east will be made through interior corridors, stairs and elevators as well as potentially exterior stairs and ramps. The rooftop gardens at the EL. 92 level may allow a pedestrian path around the perimeter of this area of the building. From here, access to public gardens and buildings will occur, connecting Helen Lane to 42nd Avenue NE to the south.

See Figure 44, Planned Nonmotorized Connections.

FIGURE 43: EXISTING NONMOTORIZED CONNECTIONS

LEGEND		Property Line		Pedestrian Entry
		Campus Grounds		Bus Stop
		Buildings and Parking Garage		Shuttle Stop
		Roadways and Surface Parking		Crosswalk
		Pedestrian Circulation		Existing Signalized Intersection
		Bicycle Path		Service and Fire Access
		Short Term Bicycle Parking		
		Long Term Bicycle Parking		

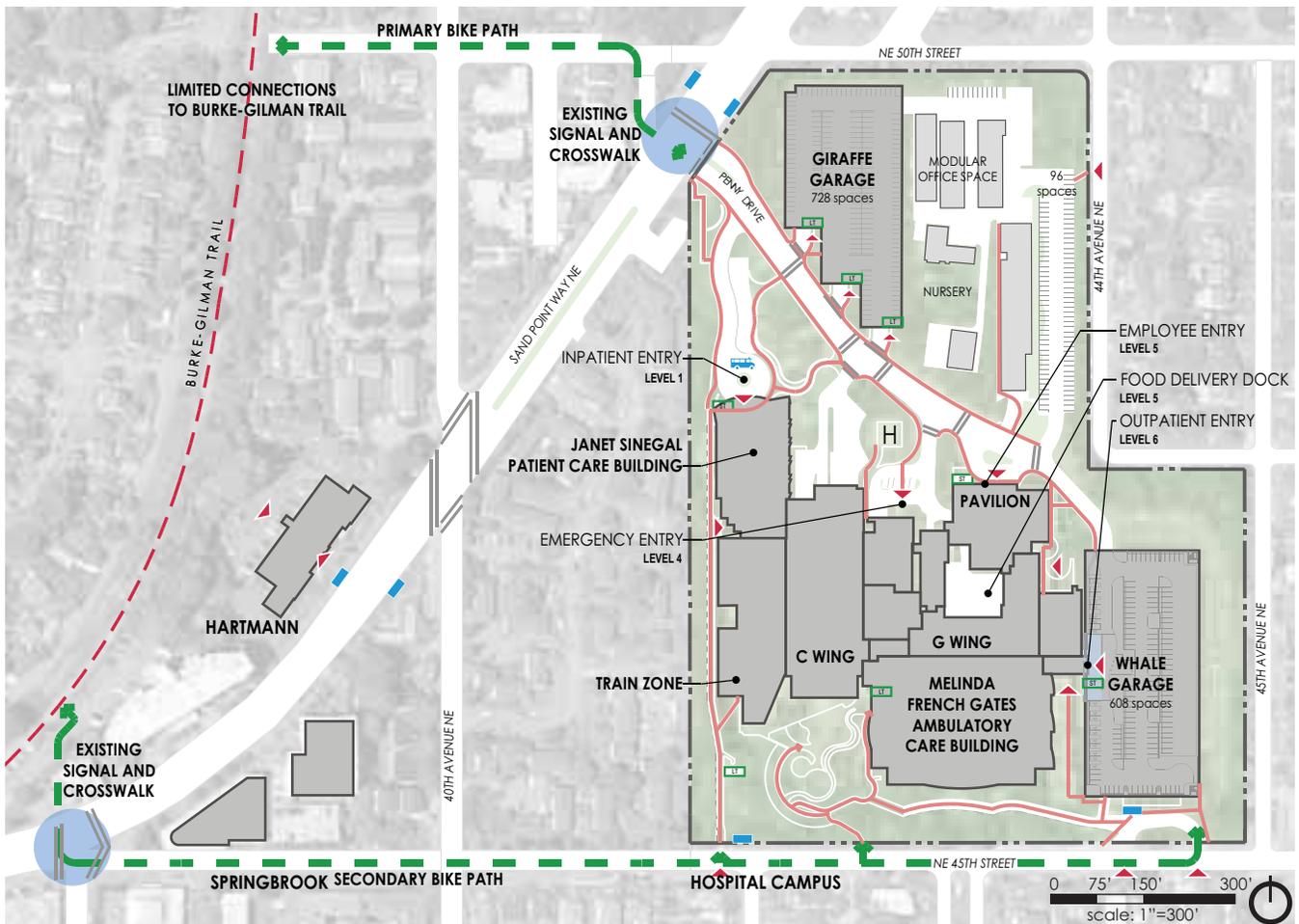
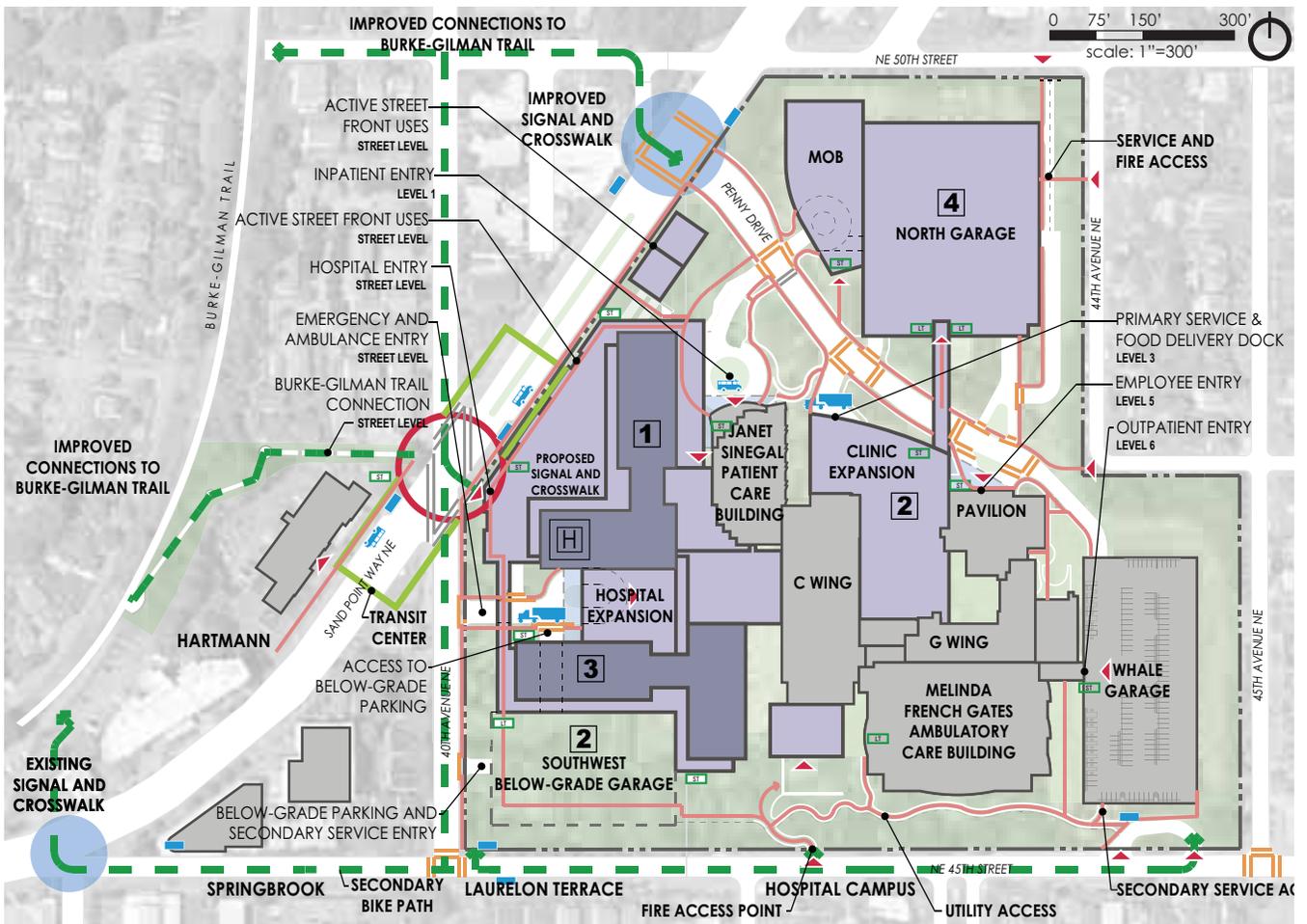


FIGURE 44 : PLANNED NONMOTORIZED CONNECTIONS

LEGEND		Property Line		Pedestrian Entry
		Campus Grounds		Bus Stop
		Existing Buildings and Parking Garages		Shuttle Stop
		Lower Buildings and Parking Garages		Existing Crosswalks
		Taller Buildings		Proposed Crosswalks
		Roadways and Surface Parking		Existing Signalized Intersection
		Pedestrian Circulation		Transit Center
		Bicycle Route		SDOT Proposed Signalized Intersection
		Short Term Bicycle Parking		Service and Fire Access
		Long Term Bicycle Parking		



E. PROGRAMS TO REDUCE TRAFFIC IMPACTS AND ENCOURAGE USE OF ALTERNATIVES TO SINGLE-OCCUPANT VEHICLES

Children's is committed being a leader in sustainable transportation programs. Through the CTP, the hospital will mitigate vehicle traffic related to MIMP expansion by shifting even more employees and visitors from single-occupant vehicles (SOV) to biking, walking, shuttle and transit. The CTP will allow Children's to:

- Achieve a 30% SOV rate, matching the 2020 mode share goal set by the City of Seattle comprehensive plan for the University District.
- Reduce the number of parking spaces needed on campus by 500.
- Reduce vehicle miles traveled, and thus reduce the resulting greenhouse gas emissions that would otherwise be generated with no further mitigation measures beyond Children's 2007 TMP.

For more detailed information on Children's Comprehensive Transportation Plan, please refer to Appendix F.

The first three elements of Children's CTP represent major enhancements to programs in the TMP. The balance of the CTP consists of five new elements that go beyond the measures usually associated with a TMP.

1. ELEMENTS 1-3: ENHANCED TRANSPORTATION MANAGEMENT PLAN

Children's proposed enhanced policies and programming for its TMP include expanding its Transportation Demand Management incentives and extending Children's shuttle system to offer new commute alternatives. These TMP enhancements will achieve a 30% SOV mode split or lower at full Master Plan buildout among existing and future employees, as measured under applicable TMP requirements. Modeling indicates that the enhanced TMP and its associated SOV mode split is expected to result in a 36% reduction in net new PM peak-hour vehicle trips, reducing what would otherwise be additional peak-hour vehicle traffic generated by the MIMP expansion. The level of additional investment in shuttles and other elements of the TMP is a significant commitment and represents additional costs on the order of several million dollars annually, in addition to capital expenditures.

The three enhanced Transportation Management Plan elements are listed below.

Tables 4, 5, 6 and 7 describe the enhancements proposed for Children's Transportation Management Plan. Plan elements will be monitored and adjusted, as necessary and appropriate, to optimize the outcome in the most cost-effective manner.

(1) ROBUST SHUTTLE-TO-TRANSIT SYSTEM LINKING CHILDREN'S TO REGIONAL TRANSIT HUBS

Children's expanded shuttle system is designed to increase the number of employees who use transit by providing frequent and convenient service between Children's and regional transit hubs, including the Downtown Transit Tunnel and 3rd Avenue corridor, Campus Parkway in the University District, the Montlake Flyover stop at SR-520, and park-and-ride locations in south Snohomish County during later phases of development.

Expected outcome: 19% reduction in net new PM peak-hour vehicle trips by 2028

Table 4. Shuttle Service and Future Enhancements

2007 Program	Enhancements
Seven routes connect Children's facilities and off-campus parking	Create shuttle routes to regional transit hubs
Shuttle fleet of 12 vehicles, equipped to carry bicycles	Green Line launched in June 2008: Route to Westlake Station
	Purple Line launched in January 2009
	Route to University District NE 45th Street and Campus Parkway hubs
	Proposed route to SR 520/Montlake Blvd Station
	Proposed route to Future UW light rail station at Husky Stadium
	Proposed route to south Snohomish County

(2) INNOVATIVE BICYCLE PROGRAMS

Children's is pioneering a number of creative programs to increase the use of bicycles for commute and mid-day trips, such as:

- Company Bikes, which offers free use of a bicycle to employees who commit to cycling at least two days per week
- Flexbikes, a shared-bicycle program that allows users to check out bicycles for one-way travel to the 70th / Sand Point Way administrative building or the Autism Clinic located off the Burke-Gilman trail near the University Village

Expected outcome: Increase in the percentage of employees who commute by bicycle from 6% (2007) to 10% by 2028

Table 5. Bicycle Programs and Future Enhancements

Element	2007 Program	Enhancement
Incentives for Bicycle Commutes	120 bicycle parking spaces	600 bicycle parking spaces
	Showers and lockers for cyclists and walkers	Expand number of showers and lockers
	Towel service	Same
	Subsidized tune-ups	Same
		Implement Flexbike program in cooperation with the University of Washington
		Assign a Children's-owned bicycle to employees who commit to cycling
		Institute a \$100 per year gear bonus for bike commuters

(3) INCREASED FINANCIAL REWARDS FOR EMPLOYEES WHO COMMUTE WITHOUT DRIVING ALONE

Children's rewards employees who use alternative forms of transportation with monthly financial bonuses. Children's will continue to provide many other programs, such as free transit passes, fully subsidized vanpools, guaranteed taxi rides home in the case of emergency and others.

Expected outcome: 17% reduction in net new PM peak-hour vehicle trips in 2028

Table 6. TDM Programs and Future Enhancements

Element	2007 Program	Enhancement
Incentives for Alternate Commutes	Up to \$50 per month in Commuter Bonus for not driving to work alone	Increase incentive to \$65 per month
	Internal rideshare matching	Same
	Reserved parking for vanpools	Increase number of stalls for vanpools
	Vanpool bonus ·Driver \$250/quarter ·Backup driver ·Bookkeepers	Same
	Free FlexPass for employees	Same; expand to non-employee staff
	Showers and lockers for cyclists and walkers	Expand number of showers and lockers
	Towel service	Same
	Umbrellas, reflective lights provided annually	Same
	New walking incentives	\$100 per year gear bonus for walking commuters
	Guaranteed Ride Home — up to eight emergency taxi trips per year; maximum 60 miles per trip	Same
	Zipcars — three cars on-site. Free membership and free miles for business use	Same

Table 7. Parking Management Policies and Future Enhancements

Element	2007 Program	Enhancement
Parking Cost	\$50 per month paid parking on-campus and off-campus	Increase to pay-per-use with \$100 per month maximum Review annually to establish rate that encourages non-SOV modes
	Patients, families, carpools and vanpools park on campus for free, as do medical residents, students, fellows, volunteers, community physicians, trustees, board members and vendors	Eliminate free parking with introduction of pay-per-use. Charge patients and families for parking, with the potential for validation or Medicaid vouchers for families.
Street Parking Enforcement	Parking on neighborhood street forbidden and enforced by Children's patrol. Disciplinary action for infraction.	Expand

Table 8 compares the standard Transportation Management Plan elements typically required of developers by the City of Seattle with the elements of Children's existing TMP and the future TMP included as part of this Master Plan.

Table 8. Required Elements of Transportation Management Plan in Existing and Future TMP

Program Element	Existing TMP	Future TMP
Transportation Coordinator	Required and provided	Same
Promotions	Required and provided	Same
Commuter Information Center	Required and provided	Same
Tenant Participation	Not included	Same
Ridematch Program	Required and provided	Same
Site and Access Improvements	Required and provided	Provides additional pedestrian and bicycle access
Height and Turning Clearances for Vanpools	Required and provided in limited areas	New garage to accommodate vanpool access to designated vanpool parking
Carpool/Vanpool Parking	Required and provided	Same
Bicycle Parking	Required and provided	Provides additional bike parking
Shower/Lockers	Required and provided	Provides more showers and lockers for bike riders
Pedestrian/Bicycle Links	Not included	Provides link to Burke-Gilman Trail and to near-site transit stops
Transportation Management Associations	Not included	Same
Parking Fees	Required and provided	Review annually to establish rate that encourages non-SOV modes
Non-SOV Subsidy	Required and provided	Review annually to establish rate that encourages non-SOV modes
Unbundling of Parking Charges	Not included	Same – not included
Flexible Work Schedule	Accommodates where applicable	Accommodates where applicable
Subscription Bus Service	Not included	Same – not included
Shuttle Service	Required and provided	Review annually to serve facilities and reduce SOVs
Telecommuting	Accommodates where applicable	Accommodates where applicable
Reduced SOV Parking	Parking supply is less than code allowable	Parking supply will be less than code allowable
Fleetpools	Not included	Same – not included
Car-Sharing Programs	Zipcar on site	Zipcar on site
Guaranteed Ride Home Program	Required and provided	Same
Multifamily Requirements	Not applicable	Same – not applicable
Off-Site Mitigation	Not included	Provides pedestrian and vehicular mobility improvements in key corridors
Residential Parking Zones	Not included	Same – not included
Annual Program Reports	Required and provided	Same
Biannual Surveys	Required and provided	Same

2. ELEMENTS 4-8: ABOVE AND BEYOND A TYPICAL TMP

The additional five elements of the Comprehensive Transportation Plan are above and beyond what is typically included in a TMP. These additional elements will provide community benefits, improve northeast Seattle's transportation network and provide even further reductions in transportation impacts related to the hospital's expansion. These elements are:

(4) CAMPUS DESIGN AND NEAR-SITE IMPROVEMENTS TO ENCOURAGE ALTERNATIVE TRANSPORTATION

Through careful arrangement of design elements such as pedestrian access, bicycle facilities, transit centers and the buildings themselves, Children's will create a campus that supports the convenience and attractiveness of alternative transportation modes. This campus design will blend with the surrounding neighborhood and include adjacent improvements on Sand Point Way NE and 40th Avenue NE to support vehicle and pedestrian movement near the campus, both for Children's transportation and for the benefit of the surrounding neighborhood.

Expected outcome: A more attractive, safe and pleasant development that encourages walking, bicycling and transit use

(5) INTELLIGENT TRANSPORTATION SYSTEMS (ITS) FOR NE 45TH STREET / MONTLAKE BOULEVARD / SAND POINT WAY NE

Children's will contribute up to \$500,000 to directly fund Intelligent Transportation System (ITS) projects in the corridor most likely to be impacted by the hospital's expansion: Montlake Boulevard through Sand Point Way NE to the hospital. By applying smart signals that adapt to traffic conditions, ITS enhancements will optimize the performance of key intersections and produce substantial reductions in vehicle delay and travel time within the corridor. For example, when ITS improvements were installed at Greenwood Avenue N and Holman Road NW in Seattle, the result was a 30% reduction in vehicle delay and a 15% reduction in travel time.

Expected outcome: 5% to 10% reduction in delay and travel time

(6) CONTRIBUTIONS TO CAPITAL PROJECTS THAT WILL IMPROVE THE NORTHEAST SEATTLE TRANSPORTATION NETWORK

The City of Seattle has identified a comprehensive list of projects intended to improve the movement of people and goods as well as increase safety in the area impacted by Children's. These projects emerged from a number of planning efforts conducted by the City, including the University Area Transportation Study, the University Area Transportation Action Strategy, the Bicycle Master Plan and the Sand Point Way Pedestrian Plan. Children's will contribute a proportionate share of the cost of the projects on this list based upon the amount of traffic related to Children's, in an amount up to \$1.4 million.

Expected outcome: Currently unfunded improvements in the Northeast Seattle transportation network will receive substantial financial support

(7) INVESTMENTS IN WALKABLE AND BIKEABLE NORTHEAST SEATTLE.

Children's will contribute up to \$2 million to a Bicycle + Pedestrian Fund that will be used to build capital projects — in some cases above and beyond those found in existing plans — that improve pedestrian and cyclist access, mobility and safety for Children's employees, visitors and members of the surrounding community. Projects listed in the Bicycle Master Plan that have a connection to Children's and are currently unfunded will receive first priority. Children's will work with the City and communities surrounding the hospital to identify improvements that will create wide-ranging community benefits, particularly those that promise to increase the numbers of families and children who feel safe and comfortable bicycling and walking in northeast neighborhoods. These projects should also lead to even further increases in the numbers of Children's employees who arrive at work on foot or by bicycle.

Expected outcome: Significant reductions in vehicle/bicycle crashes, and greater numbers of cyclists and pedestrians in the area

(8) OUT-OF-AREA PARKING

Children's may identify out-of-area, off-site parking spaces per each phase of development as part of its CTP and as necessary to mitigate future transportation impacts. As a first step, Children's and Sound Transit have signed a Memorandum of Understanding committing both organizations to investigate options to create capacity for Children's employees at regional park-and-ride facilities.

Expected outcome: Every 100 cars parked in off-site, out-of-area facilities will result in a 5% reduction in traffic impacts surrounding the hospital

APPENDIX A: LEGAL DESCRIPTIONS

APPENDIX A

LEGAL DESCRIPTION OF CHILDREN'S MASTER PLAN PROPERTY

EXISTING CAMPUS

PARCEL A

THAT PORTION OF THE WEST HALF OF THE SOUTHEAST QUARTER OF THE SOUTHWEST QUARTER OF SECTION 10, TOWNSHIP 25 NORTH, RANGE 4 EAST, WILLAMETTE MERIDIAN, IN KING COUNTY, WASHINGTON, DESCRIBED AS FOLLOWS:

BEGINNING ON THE EASTERLY LINE OF SAID SUBDIVISION AT A POINT 658.20 FEET NORTHERLY OF THE SOUTHEAST CORNER THEREOF; THENCE WEST 271.44 FEET, MORE OR LESS TO THE WESTERLY LINE OF BLOCK 1, GWINN'S LAURELHURST MANOR ADDITION, ACCORDING TO THE PLAT THEREOF, RECORDED IN VOLUME 41 OF PLATS, PAGE 27, IN KING COUNTY, WASHINGTON; THENCE NORTH 0°26'19" EAST ALONG THE NORTHERLY PRODUCTION OF SAID WESTERLY LINE TO THE SOUTHEASTERLY LINE OF SAND POINT WAY; THENCE NORTHEASTERLY ALONG SAID SOUTHEASTERLY LINE TO THE SOUTHERLY LINE OF NORTHEAST 50TH STREET; THENCE EASTERLY ALONG SAID SOUTHERLY LINE TO THE EASTERLY LINE OF SAID SUBDIVISION; THENCE SOUTHERLY ALONG SAID EASTERLY LINE 630 FEET, MORE OR LESS, TO THE POINT OF BEGINNING.

PARCEL B:

THE WEST 5.00 FEET OF THE NORTHEAST QUARTER OF THE SOUTHEAST QUARTER OF THE SOUTHWEST QUARTER OF SECTION 10, TOWNSHIP 25 NORTH, RANGE 4 EAST, WILLAMETTE MERIDIAN, IN KING COUNTY, WASHINGTON; EXCEPT THE NORTH 30.00 FEET THEREOF; AND EXCEPT THE SOUTH 25 FEET THEREOF.

PARCEL C:

BLOCKS 1, 2, 3, 4, 5 AND 6, GWINN'S LAURELHURST MANOR ADDITION, ACCORDING TO THE PLAT THEREOF, RECORDED IN VOLUME 41 OF PLATS, PAGE 27, IN KING COUNTY, WASHINGTON.

PARCEL D:

THOSE PORTIONS OF 42ND AVENUE NORTHEAST, 43RD AVENUE NORTHEAST, 44TH AVENUE NORTHEAST AND NORTHEAST 47TH STREET, VACATED UNDER ORDINANCE NO. 76010 OF THE CITY OF SEATTLE.

LAURELON TERRACE

THAT PORTION OF THE WEST HALF OF THE SOUTHEAST QUARTER OF THE SOUTHWEST QUARTER OF SECTION 10, TOWNSHIP 25 NORTH, RANGE 4 EAST, W.M., IN KING COUNTY, WASHINGTON, DESCRIBED AS FOLLOWS:

BEGINNING AT THE SOUTHWEST CORNER OF SAID SUBDIVISION; THENCE NORTH ALONG WEST LINE THEREOF TO ITS INTERSECTION WITH THE SOUTHEASTERLY LINE OF SAND POINT WAY; THENCE NORTH 35°10'24" EAST ALONG SAID SOUTHEASTERLY LINE, TO ITS INTERSECTION WITH THE WEST LINE OF BLOCK 1 OF GWINN'S LAURELHURST MANOR ADDITION, ACCORDING TO THE PLAT RECORDED IN VOLUME 41 OF PLATS, PAGE 27, IN KING COUNTY, WASHINGTON, PRODUCED NORTH; THENCE SOUTH ALONG SAID PRODUCED WEST LINE OF BLOCK 1 AND THE WEST LINE OF SAID BLOCK 1 TO THE SOUTH LINE OF SAID SUBDIVISION; THENCE WEST ALONG SAID SOUTH

LINE TO THE POINT OF BEGINNING; EXCEPT THE SOUTH 30 FEET FOR EAST 45TH STREET; EXCEPT PORTION THEREOF LYING WITHIN 40TH AVENUE NORTHEAST; EXCEPT THAT PORTION THEREOF LYING WITHIN THE ALLEY ADJOINING TO THE WEST LINE OF SAID BLOCK 1, GWINN'S LAURELHURST MANOR ADDITION, ACCORDING TO THE PLAT RECORDED IN VOLUME 41 OF PLATS, PAGE 27, IN KING COUNTY, WASHINGTON. EXCEPT A STRIP OF PARCEL OF LAND 50 FEET IN WIDTH OVER AND ACROSS A PORTION OF THE SOUTHEAST QUARTER OF THAT SOUTHWEST QUARTER OF SECTION 10, TOWNSHIP 25 NORTH, RANGE 4 EAST, W.M., IN KING COUNTY, WASHINGTON, THE CENTERLINE OF WHICH SAID STRIP IS DESCRIBED AS FOLLOWS:

BEGINNING AT THE SOUTHWEST CORNER OF SAID SUBDIVISION; THENCE ON THE WEST LINE THEREOF NORTH 0°25'38" WEST 235.54 FEET; THENCE NORTH 89°34'22" EAST 30 FEET TO THE TRUE POINT OF BEGINNING; THENCE FROM SAID POINT NORTH 89°34'22" EAST 129 FEET TO A POINT OF CURVE TO THE LEFT; THENCE WITH A RADIUS OF 42.50 FEET FOLLOWING THE ARC OF SAID CURVE THROUGH A CENTRAL ANGLE OF 90° FOR A DISTANCE OF 66.76 FEET TO A POINT OF TANGENCY; THENCE ON SAID TANGENT NORTH 0°25'38" WEST 179.85 FEET TO A POINT OF CURVE TO THE RIGHT; THENCE WITH A RADIUS OF 204 FEET FOLLOWING THE ARC OF SAID CURVE IN A NORTHERLY DIRECTION THROUGH A CENTRAL ANGLE OF 27°32'09" FOR A DISTANCE OF 98.04 FEET TO A POINT OF TANGENCY; THENCE ON SAID TANGENT NORTH 27°06'31" EAST 111.02 FEET TO A POINT OF CURVE TO THE LEFT; THENCE WITH A RADIUS OF 330 FEET FOLLOWING THE ARC OF SAID CURVE IN A NORTHERLY DIRECTION THROUGH A CENTRAL ANGLE OF 13°08'00" FOR A DISTANCE OF 75.64 FEET TO A POINT OF COMPOUND CURVE; THENCE WITH A RADIUS OF 98.94 FEET FOLLOWING THE ARC OF SAID CURVE TO THE LEFT IN A NORTHERLY DIRECTION THROUGH A CENTRAL ANGLE OF 69°00'00" FOR A DISTANCE OF 119.15 FEET TO A POINT OF TANGENCY; THENCE ON SAID TANGENT NORTH 55°01'29" WEST 58.75 FEET TO A POINT ON THE SOUTHEASTERLY LINE OF SAND POINT WAY; AND EXCEPT THE WEST 30 FEET OF THE NORTH 368 FEET OF THE SOUTH 398 FEET OF THE SOUTHEAST QUARTER OF THE SOUTHWEST QUARTER OF SAID SECTION 10, TOWNSHIP 25 NORTH, RANGE 4 EAST, W.M., IN KING COUNTY, WASHINGTON.

APPENDIX B: CITIZENS ADVISORY COMMITTEE MEMBER LIST

APPENDIX B

CITIZENS ADVISORY COMMITTEE FOR SEATTLE CHILDREN'S MAJOR INSTITUTION MASTER PLAN (MIMP)

(Confirmed by Seattle City Council on July 30, 2007, by Resolution 31002)

Karen Wolf	Ravenna/Bryant Resident / Chair
Catherine Hennings	Laurelhurst Resident / Vice Chair
Kim O. Dales	Laurelhurst Resident
Theresa Doherty	Educational Institutional Representative
Doug Hanafin	Laurelhurst Resident
Shelley D. Hartnett	Hawthorne Hills Resident
Cheryl Kitchin	Laurelhurst Resident
Bob Lucas	View Ridge Resident
Yvette Moy	City-Wide Representative
Myriam Muller	Laurelhurst Resident
Michael S. Omura	Hawthorne Hills Resident / Architect
Wendy Paul	Seattle Children's Non-Management Representative
Dolores Prichard	Laurelhurst Resident
Robert Rosencrantz	Montlake Resident
Dr. Gina Trask	Laurelhurst Resident / Local Business Owner

Alternates:

Dr. Brice Semmens	Ravenna/Bryant Resident
Nicole Van Borkulo	Ravenna/Bryant Resident / Local Business Owner
Mike Wayte	Laurelhurst Resident

Ex-Officio Members:

Steve Sheppard	Department of Neighborhoods, City of Seattle
Scott Ringgold	Department of Planning and Development, City of Seattle
Ruth Benfield	Seattle Children's Hospital

APPENDIX C: COMMUNITY OUTREACH OVERVIEW

APPENDIX C

OVERVIEW OF COMMUNITY OUTREACH ACTIVITIES SINCE SPRING 2007

- Laurelhurst Community Club Board of Trustees (March 2007)
- Children’s Standing Advisory Committee for Major Institution Master Plan (March 2007)
- Children’s 70th and Sand Point Advisory Committee (April 2007)
- Community-wide meeting in Laurelhurst sponsored by Children’s (May 2007)
- View Ridge Community Council Annual Meeting (May 2007)
- Laurelhurst Community Club Annual Meeting (June 2007)
- Community-wide meeting in Laurelhurst sponsored by Children’s (June 2007)
- Laurelon Terrace Representatives (September 2007)
- Virginia Mason physicians based at the Hartmann Building (October 2007)
- Two model presentations in Laurelhurst (October 2007)
- Montlake Community Club Board Meeting (December 2007)
- Burke-Gilman Public Development Authority (January 2008)
- Laurelcrest Condo Association Board Meeting (April 2008)
- Odessa Brown Community Clinic Open House (April 2008)
- NE District Council Meeting (June 2008)
- Montlake Community Club (June 2008)
- Children’s 70th and Sand Point Advisory Committee (June 2008)
- University District Farmer’s Market Q and A (June 2008)
- West Seattle Farmer’s Market Q and A (June 2008)
- View Ridge Community Council (June 2008)
- Ravenna/Bryant Community Club (June 2008)
- Four model presentations at Laurelhurst Community Center (June, July and two in October 2008)
- Ravenna/Bryant Focus Groups (August 2008)
- Hawthorne Hills Community Council (September 2008)
- View Ridge Community Council (September 2008)
- Ravenna/Bryant Community Council (September 2008)
- Laurelhurst Community Club Board of Trustees (October 2008)
- Model presentation at the NE branch of the Seattle Public Library, Ravenna/Bryant (November 2008)

APPENDIX D: ADOPTING ORDINANCE

ORDINANCE 123263

AN ORDINANCE relating to land use and zoning; adopting a new Major Institution Master Plan for Seattle Children's Hospital; and amending Chapter 23.32 of the Seattle Municipal Code at Page 63 of the Official Land Use Map, to modify height limits and rezone property to and within the Major Institution Overlay, all generally located along Sand Point Way Northeast (Project Numbers 3007521 and 3007696, Clerk File 308884).

WHEREAS, Seattle Children's Hospital (Children's) had an existing Major Institution Master Plan (MIMP) which was adopted by the City Council in September 1994 by Ordinance 117319; and

WHEREAS, because the 900,000 total square feet of development authorized under that MIMP has been largely realized, Children's sought a new MIMP to allow additional development over a time period of at least 20 years; and

WHEREAS the preparation and review of the proposed new Children's MIMP included the following principal steps:

1. The application to the Department of Planning and Development (DPD) for a new MIMP in July 2007;
2. Council's approval of a new Citizen's Advisory Committee (CAC) by Resolution 31002 in July 2007;
3. Issuance of a Draft MIMP and Draft Environmental Impact Statement (EIS) on June 9, 2008;
4. Publication of the Final MIMP and Final EIS (FEIS) on November 10, 2008;
5. An appeal of the adequacy of the FEIS by the Laurelhurst Community Club (LCC) on December 15, 2008;
6. The publication of the DPD Director's recommendation to City Council on February 5, 2009;
7. A hearing on the LCC appeal starting March 2, 2009 and ending March 10, 2009;
8. The issuance of a remand by the Hearing Examiner on the adequacy of the FEIS related to the Land Use and Housing impacts analyzed in the FEIS, on April 20, 2009;
9. DPD's publication of a revised FEIS concerning the review of Land Use and Housing impacts on May 28, 2009;
10. An appeal by LCC on the adequacy of the Revised FEIS in June 2009;
11. The Hearing Examiner's hearing on the appeal of the Revised FEIS on July 14-15, 2009;
12. The issuance of a determination that the Revised FEIS was adequate on August 11, 2009;



- 1 13. The publication of a Recommendation by the Hearing Examiner to deny to requested
MIMP on August 11, 2009, with conditions if the MIMP is approved;
- 2 14. 11 separate appeals filed on August 25, 2009 concerning the Hearing Examiner's
recommendation;
- 3 15. Review of the proposed MIMP by the City Council's Planning, Land Use and
Neighborhood Committee on November 18, 2009;
- 4 16. Continued review by the City Council's Committee on the Built Environment
5 (COBE) January 13, 2010 and January 20, 2010;
- 6 17. Oral Argument concerning requirements for replacement housing required under
Seattle Municipal Code (SMC) Section 23.34.124B7, along with the presentation of a
7 Settlement Agreement between appellants, on February 3, 2010;
- 8 18. Further review by COBE on February 25, 2010;
- 9 19. Submission of supplemental briefings on March 5, 2010 by certain appellants on the
issue of replacement housing requirements under SMC 23.34.124B7;
- 10 20. An Executive Session held by the City Council on March 8, 2010 concerning the
issue of replacement housing requirements under SMC 23.34.124B7; and
- 11 21. Further review by COBE on March 11, 2010, culminating in a recommendation to
approve the MIMP, with certain conditions, which was then forwarded to full Council for
a vote: and

12 WHEREAS the City Council has considered the proposed MIMP, the record assembled by the
13 Hearing Examiner, including the reports of the CAC, DPD and the Hearing Examiner,
14 and the arguments of the appellants, **NOW THEREFORE,**

15 **BE IT ORDAINED BY THE CITY OF SEATTLE AS FOLLOWS:**

16 Section 1. Children's Final MIMP, dated November 10, 2008 and filed in Clerk's File
17 (C.F.) 308884, is hereby adopted by the City Council subject to the conditions contained in
18 Council's Findings, Conclusions and Decision in Attachment A. Upon DPD review and approval
19 of a final compiled MIMP, including the conditions adopted by the City Council, pursuant to
20 the provisions of Seattle Municipal Code Section 23.69.032K, DPD shall submit a copy of the
21 final compiled Children's MIMP to the City Clerk, to be placed in C.F. 308884.
22

23 Section 2. This Ordinance affects the legally described properties ("the Property") held
24 separately by Seattle Children's Hospital, currently known as 4800 Sand Point Way Northeast,
25
26



1 and the Laurelon Terrace Condominiums, currently known as 4644 – 41st Street Northeast, as
2 described in Attachment B.

3 Section 3. The Official Land Use Map zone classification, established on page 63 of the
4 Official Land Use Map, adopted by Ordinance 110381 and last modified by Ordinance 123129,
5 is amended to rezone the Property through the adoption of a Major Institution Overlay (MIO)
6 District, and mapped with height limits of 37 feet, 50 feet, 65 feet, 70 feet, 90 feet and 160 feet,
7 conditioned to 125 feet and 140 feet, as shown in Attachment C. The underlying zoning of
8 Single Family 5000 and Lowrise 3 is not changed as a result of this Ordinance.
9

10 Section 4. This Ordinance, effectuating a quasi-judicial decision of the City Council and
11 not subject to mayoral approval or disapproval, shall take effect and be in force thirty (30) days
12 from and after its passage and approval by the City Council.
13
14
15
16
17
18
19
20
21
22
23
24
25
26



1
2 Passed by the City Council the 5th day of April, 2010, and
3 signed by me in open session in authentication of its passage this
4 5th day of April, 2010.

5
6
7 
8 _____
9 President _____ of the City Council

10 Filed by me this 5th day of April, 2010.

11 
12 _____
13 City Clerk

14 (Seal)

15 Attachment A: Clerk's File 308884 - Findings Conclusion and Decision

16 Attachment B: Legal Description

17 Attachment C: Rezone Map

SEATTLE CITY COUNCIL

FINDINGS, CONCLUSION AND DECISION

SEATTLE CHILDREN'S HOSPITAL MAJOR INSTITUTION MASTER PLAN

APRIL 5, 2010

Introduction

This matter involves the petition of Seattle Children's Hospital (Children's) to establish a new Major Institution Master Plan ("MIMP") for its main campus located at 4800 Sand Point Way Northeast in Northeast Seattle (Clerk's File 308884). The proposed MIMP includes the approval of a twenty year physical development plan in four phases, a new Transportation Management Plan regulating commuting and parking, development standards governing new construction, an increase in the amount of allowed parking provided at the campus, and a rezone to expand the existing boundaries of the Major Institution Overlay (MIO) District and increase the permitted height of buildings within the MIO. Finally, the MIMP proposes the vacation of two streets – 41st Avenue Northeast and Northeast 46th Street – that would be considered by the City Council under a different process and potentially approved by the Council by another ordinance.

The rezone would extend the MIO boundaries from 21.7 acres to 28.4 acres as a result of the acquisition of Laurelton Terrace Condominiums (Laurelton), a 6.7 acre, 136 unit condominiums immediately to the west of the existing MIO. The MIO expansion would also change the zoning within Laurelton from Lowrise 3 (L3) to a combination of height limits that include MIO 37 feet, MIO 50 feet, MIO 90 feet and MIO 160 feet (conditioned to 125 feet and 140 feet, respectively). MIO Heights on the existing campus are 37, 50, 70 feet (with part conditioned to 54.5 feet), and 90 feet (with part conditioned to 74) feet. The MIMP as reflected in the Settlement Agreement¹ proposes heights of 37 feet, 50 feet, 65 feet, 70 feet, 90 feet, and 160 feet (conditioned to 125 feet and 140 feet, respectively).

Children's previous MIMP, adopted in September 1994 by the City Council through Ordinance 117319, authorized development of up to 900,000 square feet for the MIO. The MIMP indicates that the campus currently has approximately 846,000 square feet of development and, as such, a new MIMP is required for additional growth in the MIO.

In March 2007, Children's began the process of establishing a new MIMP. In August 2007 a Citizens Advisory Committee (CAC) began its review of the proposed MIMP. In January 2009, the Department of Planning and Development (DPD) issued its Analysis, Recommendation and Determination of the DPD Director, recommending that the MIMP be approved subject to conditions. In February 2009, the CAC issued its Final Report and Recommendation, recommending that the MIMP be approved subject to conditions.

¹ The "Settlement Agreement" refers to a proposal to revise the MIMP as it was originally proposed, to reflect an agreement between Children's Hospital and the Laurelhurst Community Club.



Report and Recommendation, recommending that the MIMP be approved subject to conditions. Appeals were filed to the Seattle Hearing Examiner of DPD's decision that the final Environmental Impact Statement (FEIS) was adequate.

In March 2009, the Hearing Examiner held a hearing on the appeal of the FEIS. On April 20, 2009, the Hearing Examiner issued a decision that the FEIS was inadequate because it failed to adequately discuss potential environmental impacts of the proposed development on housing and land use. A revised FEIS was published by DPD in May 2009, and the adequacy of the revised FEIS was also appealed to the Hearing Examiner. In July 2009, the Hearing Examiner held a hearing on the adequacy of the Revised FEIS. On August 11, 2009 the Hearing Examiner issued a decision ~~((decided))~~ that the Revised FEIS was adequate. On August 11, 2009 the ((The)) Hearing Examiner also published a recommendation ((also-recommended)) that the Council deny the proposed MIMP or, if the Council were to approve the MIMP, to attach 43 conditions to its approval. Eleven ((+)) appeals of the Hearing Examiner's recommendation were filed with the Council. The names and addresses of all eleven appellants are listed on the last page of this document.

The City Council's Planning Land Use and Neighborhood Committee ~~((Urban Development and Planning (UDP) Committee))~~ began consideration of the proposed MIMP at a meeting on November 18, 2009. The Council's Committee on the Built Environment (COBE), the successor to the UDP, considered the matter on January 13 and 20, 2010. Oral argument by appellants was presented to the COBE on February 10, 2010. On February 10, 2010 a Settlement Agreement was also submitted to the Council. The nine appellants who presented claims on the extent of physical development under the MIMP withdrew their appeals in support of the Settlement Agreement. A remaining appeal by the Seattle Displacement Coalition and Interfaith Taskforce on Homelessness (SDC/ITH) on the application of Seattle Municipal Code (SMC 23.34.124.B.7), the housing replacement ordinance, remained. Oral argument was presented on this issue: ~~((A)) S((a)) subsequent COBE meetings were ((was)) held on February 24, 2010, ((with the Council holding an executive session on the proposed MIMP on)) March 8, 2010 and then March 11, 2010, ((Supplemental briefings were also accepted by COBE on the housing replacement options. These were submitted by appellants on or before March 5, 2010.))~~

Findings of Fact

Background

1. Children's is an academic medical center that provides highly specialized pediatric and adolescent health care services to children throughout the Northwest through integrated diagnostic and therapeutic services provided by specialists in multiple disciplines.
2. Children's "bed mix" includes separate neonatal, pediatric, and cardiac intensive care units; an inpatient psychiatric unit; a rehabilitation and complex care unit; a Seattle Cancer Care Alliance unit; a surgical unit; and a medical unit.



Appeals were filed to the Seattle Hearing Examiner of DPD's decision that the final Environmental Impact Statement (FEIS) was adequate.

In March 2009, the Hearing Examiner held a hearing on the appeal of the FEIS. On April 20, 2009, the Hearing Examiner issued a decision that the FEIS was inadequate because it failed to adequately discuss potential environmental impacts of the proposed development on housing and land use. A revised FEIS was published by DPD in May 2009, and the adequacy of the revised FEIS was also appealed to the Hearing Examiner. In July 2009, the Hearing Examiner held a hearing on the adequacy of the Revised FEIS. On August 11, 2009 the Hearing Examiner issued a decision that the Revised FEIS was adequate. On August 11, 2009 the Hearing Examiner also published a recommendation that the Council deny the proposed MIMP or, if the Council were to approve the MIMP, to attach 43 conditions to its approval. Eleven appeals of the Hearing Examiner's recommendation were filed with the Council. The names and addresses of all eleven appellants are listed on the last page of this document.

The City Council's Planning Land Use and Neighborhood Committee (PLUNC) began consideration of the proposed MIMP at a meeting on November 18, 2009. The Council's Committee on the Built Environment (COBE), the successor to the UDP, considered the matter on January 13 and 20, 2010. Oral argument by appellants was presented to the COBE on February 10, 2010. On February 10, 2010 a Settlement Agreement was also submitted to the Council. The nine appellants who presented claims on the extent of physical development under the MIMP withdrew their appeals in support of the Settlement Agreement. A remaining appeal by the Seattle Displacement Coalition and Interfaith Taskforce on Homelessness (SDC/IFH) on the application of Seattle Municipal Code (SMC 23.34.124.B.7), the housing replacement ordinance, remained. Oral argument was presented on this issue. Subsequent COBE meetings were held on February 24, 2010, March 8, 2010 and then March 11, 2010.

Findings of Fact

Background

1. Children's is an academic medical center that provides highly specialized pediatric and adolescent health care services to children throughout the Northwest through integrated diagnostic and therapeutic services provided by specialists in multiple disciplines.
2. Children's "bed mix" includes separate neonatal, pediatric, and cardiac intensive care units; an inpatient psychiatric unit; a rehabilitation and complex care unit; a Seattle Cancer Care Alliance unit; a surgical unit; and a medical unit.
3. Children's population includes patients (from premature newborns to 21 years of age); hospital employees; physicians, students and residents; and visitors.

Site and Vicinity

4. Children’s Laurelhurst campus within the existing Major Institution Overlay (MIO) is located on approximately 21.7 acres at 4800 Sand Point Way Northeast in northeast Seattle. Neither the Laurelhurst neighborhood nor Children’s campus are located in an “urban center” or “urban village”, as designated in the City’s Comprehensive Plan. The closest urban center or village is the Ravenna portion of the University Community Urban Center located approximately one-half mile away.

5. The existing Children’s MIO includes downhill slopes from east to west and from north to south. The MIO is currently bounded on the northwest by Sand Point Way Northeast; on the north by Northeast 50th Street; on the east by 44th Avenue Northeast (from Northeast 50th Street to Northeast 47th Street) and by 45th Avenue Northeast (from Northeast 47th Street to Northeast 45th Street); on the south by Northeast 45th Street; and on the west by a shared property line with Laurelon.

6. The underlying zoning in the existing Children’s MIO is Single-family 5000 (SF5000). The neighborhood outside of the existing MIO to the east and south is also zoned SF 5000, with a 30 foot height limit, and is developed with single-family residences. The area to north of the existing MIO is zoned Lowrise Duplex/Triplex, with a 25-foot height limit, and is developed with low density multifamily residences. The area to the northwest of the existing MIO is zoned Lowrise 3 (L3) with a 30-foot height limit and is also developed with low density multifamily residences. The area to the west of the existing MIO is also zoned L3, and is developed with the Laurelon Terrace Condominiums (Laurelon), a 6.7 -acre, two- and three-story garden-style community built in the 1940s. To the west and southwest of Laurelon is L3-zoned property developed with low density multifamily residences, and then a strip of property along Sand Point Way that is zoned Neighborhood Commercial 2 with a 30-foot height limit (NC2-30) and developed with the Springbrook professional buildings and a bank. L3 zoning and development continues to the north of the existing MIO across Sand Point Way and includes the nonconforming one-story medical office use in the Hartmann Building. To the southwest of the Hartmann site is Neighborhood Commercial 2 zoning with a 40 foot height limit (NC2-40) developed with a nonconforming 100-foot-high condominium building. Further to the west from that NC2-40 zone is the Burke-Gilman Trail, and then the Bryant neighborhood with SF5000 zoning and development. See Exhibit 4 (Final Master Plan) at 63, Figure 45².

7. Retail and commercial businesses, including University Village, QFC and Safeway, the Virginia Mason Pediatric Clinic, the Springbrook buildings, and smaller specialty businesses, are located primarily to the southwest of Children’s. Several institutions are also located nearby, including Children’s 70th and Sand Point Way facility, the Talaris Research and Conference Center at Northeast 41st Street, Laurelhurst Elementary School and Villa Academy to the east, and the University of Washington less than one mile to the southwest.

Current Major Institution Overlay

² Exhibits refer to exhibits in the Hearing Examiner’s record.

8. Children's Laurelhurst campus is located within an existing MIO under a MIMP approved in 1994. Existing facilities include a hospital with 250 beds (230 of which are acute care) in 200 patient rooms, a clinic, and clinical research, office and laboratory space, for a total permitted building area within the MIO of 900,000 square feet. In addition, Children's maintains an existing clinic and office at the Hartmann Building on the west side of Sand Point Way Northeast. Children's owns the 1.7 acre Hartmann site and the 16,228 square foot Hartmann Building. Children's has a partnership interest in the Springbrook buildings at Northeast 45th Street and Sand Point Way Northeast and leases 6,700 square feet in those buildings. Both Hartmann and Springbrook are located outside, but within 2,500 feet of the existing MIO. Children's also owns nine single-family residences located across from its east and south boundaries that it purchased in 2007 and 2008. Exhibit 22, Attachment G.

9. Primary access to Children's is via the Northeast 45th Street corridor (Sand Point Way Northeast and Northeast 45th Street to Interstate 5), or via the Montlake Boulevard corridor (Sand Point Way Northeast and Montlake Boulevard Northeast to SR 520). Approximately 50% of Children's employees travel one of these corridors to reach Children's. The campus itself is accessed via Penny Drive from Sand Point Way Northeast. Three King County Metro bus stops are located on or adjacent to the campus.

10. Children's provides a total of 2,182 parking stalls, including 80 surface stalls at the Hartmann Building and 640 off-campus leased stalls.

11. Current MIO height districts are 37 feet north of Penny Drive, and 37, 50, 70 and 90 feet south of Penny Drive. Part of the 90-foot height district is conditioned to 74 feet plus mechanical, and part of the 70-foot height district is conditioned to 64 feet. Setbacks are approximately 20 feet on the north, 40 feet on the west and a portion of the east, and 75 feet on the south and a portion of the east. Many of the existing setbacks are heavily landscaped to screen the campus from the surrounding neighborhood.

12. As documented in the MIMP Children's has completed approximately 846,000 square feet of the development approved in its existing MIMP, with approximately 54,000 square feet remaining.

13. Children's has relocated its research facilities away from the hospital campus and established pediatric specialty care at regional clinics in Alaska, Montana and many cities within Washington. It is also working with community providers to increase the availability of pediatric specialty care services within the area.

Master Plan Process

14. The MIMP process began in the spring of 2007, when Children’s submitted a notice of intent to prepare a new MIMP. The Citizens Advisory Committee (CAC) was formed and first met in July of 2007. The Draft MIMP was submitted and a draft EIS was issued on June 9, 2008. Exhibits 3 and 5. Public review during development of the draft MIMP and draft EIS included public meetings of the CAC, which included time for public comment; a public scoping meeting; two public comment periods; and a public hearing. The Final MIMP and FEIS were issued on November 10, 2008. Exhibits 4 and 6. The Director’s Report and Recommendation was issued on January 20, 2009. Exhibit 9.

15. The CAC, staffed by the Department of Neighborhoods, held 26 public meetings over a period of 18 months. They received 248 public comments, and reviewed and commented on draft MIMP and SEPA documents. The CAC was instrumental in achieving many changes to the MIMP that would reduce the proposed MIMP’s impact on the surrounding neighborhood. The CAC’s Final Report and Recommendation, and six Minority Reports from 13 CAC members, were issued on February 3, 2009. Exhibit 8.

Public Comment

16. The Director received approximately 600 written comments on the MIMP and EIS, and heard from 66 people at the Director’s 2008 public hearing. The Examiner received 153 public comments, and heard testimony from 65 members of the public at the Examiner’s two public hearings.

Hearing Examiner Recommendation

17. On August 11, 2009 the Hearing Examiner recommended that the proposed MIMP be denied. Balancing the potential adverse impacts to the neighborhood against Children’s asserted expansion needs, the Examiner concluded that without considering a less expansive development proposal, the potential impacts to the neighborhood outweighed Children’s needs. The Examiner also concluded that the proposal was inconsistent with the “urban village strategy” contained in the City’s Comprehensive Plan.

18. The Hearing Examiner recognized that the City Council could strike a different balance than that struck by the Examiner, and decide to approve the proposed MIMP. Accordingly she recommended that if the Council decided to approve the MIMP, the Council consider adopting a number of conditions for such approval.

Appeals and Settlement Agreement

19. Eleven parties appealed the Hearing Examiner’s recommendation to the Council. Approximately half supported approval of the MIMP and half opposed approval.



20. On February 10, 2010, Children's and parties supporting approval of the MIMP, and the Laurelhurst Community Club (LCC) and parties opposing approval of the MIMP, with the exception of two housing advocacy appellants, told the Council that they had concluded a Settlement Agreement that would reduce the scope of Children's proposed development under the MIMP. Those parties agreed that the proposed MIMP, as amended and limited by the terms of the Settlement Agreement, achieved a proper balance "between the need for Children's to expand and the livability of the adjacent neighborhoods."

21. In light of the Settlement Agreement, the following descriptions of the proposed MIMP describe the proposed MIMP as revised, in part, by the Settlement Agreement.

Proposed Master Plan

22. Children's has applied for a new MIMP to establish development potential through the year 2030. The MIMP would remain in place until Children's constructs the allowed developable square footage. The objectives of Children's proposed MIMP are stated in the Final MIMP, Exhibit 4 at Pages 12-15, and are summarized in the Director's Report, Exhibit 9 at 9.

23. Children's Final MIMP includes the three required components under SMC 23.69.030: (1) a development program; (2) development standards; and (3) a transportation management program.

24. Details of Children's proposed development program are found at pages 17-73 of the proposed MIMP, Exhibit 4.

25. Children's explored seven alternatives that would have achieved its original objective of obtaining a total of 2,400,000 square feet of development area. The alternatives are described in detail in Exhibit 6 at 2-7 to 2-33, and in Exhibit 4 at 20-23. As a result of the Settlement Agreement, that amount has been reduced to 2,125,000 square feet.

26. Children's selected Alternative 7R as its preferred alternative. It originally sought to expand the MIO boundary to include both Laurelon and the existing Hartmann site across Sand Point Way Northeast. As a result of the Settlement Agreement, Children's has withdrawn its proposal to include Hartmann within the MIO. Children's has purchased 101 of the Laurelon units and holds an option to purchase the entire 136-unit complex.

27. Laurelon, along with portions of certain existing campus buildings would be demolished, and development under the proposed MIMP would occur in four phases. The timing for the phases remains an estimate. Phase 1 is designated "planned development;" Phases 2, 3 and 4 are designated "potential development". See Exhibit 4 at 66-68; Exhibit 6 at 2-22 to 2-30.



28. Phase 1 would expand total building area up to approximately 1,492,000 square feet. Phase 1 is expected to occur between 2010 and 2012, and would include:

- Demolition and removal of Laurelon
- Construction of a new Emergency Department (93,527 square feet)
- Construction of Bed Units 1 and 2 (258,800 square feet)
- Construction of diagnostic and treatment facilities (176,343 square feet)
- Construction of mechanical facilities (49,400 square feet)
- Construction of a mechanical penthouse (14,000 square feet)

29. Phase 2 would expand total building area up to approximately 1,604,000 square feet, (including replacement of 65,000 square feet of existing space to be demolished) and is expected to occur from the fourth quarter of 2013 to the fourth quarter of 2016. It would include:

- Construction of a 1,100 stall, below grade garage for staff at the south end of the Laurelon (Southwest garage)
- Construction of additional diagnostic, treatment, and ancillary, mechanical and general plant facilities
- Demolition at existing portions of the campus at D and F wing

30. Phase 3 is expected to occur in two sub-phases and would expand total building area up to approximately 2,060,000 square feet (including replacement of 136,000 square feet to be demolished): Sub-phase 3A from the second quarter of 2017 to the fourth quarter of 2019; and Sub-phase 3B from the first quarter of 2022 to the fourth quarter of 2024. Phase 3 would include:

- Construction of Bed Units 3 and 4
- Construction of diagnostic, treatment, and ancillary, mechanical and general plant facilities
- Demolition of existing portions of the campus at Train 3B

31. Phase 4 would expand total building area up to approximately 2,125,000 square feet and is expected to occur from the fourth-quarter of 2025 to the fourth-quarter of 2027. It would include:

- Demolition of the Giraffe Garage on the northwest portion of the campus
- Construction of a new North Garage, offices, and ancillary, mechanical and general plant facilities on the north part of the property

32. The net increase in building area over the life of the MIMP would be 1,225,000 square feet, with a total building area for the completed campus of approximately 2,125,000 square feet, 136% larger than Children's existing facilities. The net increase in beds would range from 250 to 350, for a total bed count ranging from 500 to 600 beds.

33. Development under the proposed MIMP would require vacation of streets within Laurelon, specifically 41st Avenue Northeast and Northeast 46th Street between Sand Point Way Northeast and 40th Avenue Northeast. While the MIMP assumes the vacation of these streets, the review of the proposed street vacations requires a separate legislative action.

Major Areas of Concern

Need and Public Benefit

34. SMC 23.69.002 states that the purpose and intent of the Major Institution Code is to:

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

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

C. Encourage the concentration of Major Institution development on existing campuses, or alternatively, the decentralization of such uses to locations more than two thousand five hundred (2,500) feet from campus boundaries;

....
E. Discourage the expansion of established major institution boundaries;

....
H. Accommodate the changing needs of major institutions, provide flexibility for development and encourage a high quality environment through modifications of use restrictions and parking requirements of the underlying zoning;

I. Make the need for appropriate transition primary considerations in determining setbacks. Also setbacks may be appropriate to achieve proper scale, building modulation, or view corridor;

....

35. SMC 23.69.025 states that the intent of a MIMP is to "balance the needs of the Major Institutions to develop facilities for the provision of health care or educational services with the need to minimize the impact of Major Institution development on surrounding neighborhoods."

36. The Director of DPD concluded that Children's has shown a credible need for the requested expansion, and no appellants now dispute that conclusion.



37. Children's states its mission as preventing, treating and eliminating pediatric disease, and providing access to quality pediatric health care regardless of a family's ability to pay. Children's proposed MIMP is intended to allow Children's to fulfill its mission in a manner consistent with its 2006 strategic plan.

38. Children's cites a recent national study of freestanding pediatric hospitals that estimated an annual growth rate of 3.1 percent in inpatient demand for pediatric services through 2010 due to increased severity of pediatric illnesses; increases in prematurity and low birth weight; increased prevalence of chronic conditions; growing prevalence of obesity; more patients surviving childhood diseases and utilizing healthcare services longer; and a need for single bed rooms to control the potential spread of infection.

39. Children's states that a report on its own experience reflects the reported national trends. In 2007 and 2008, it experienced average "midnight occupancy levels" above the targets recommended by the Washington State Department of Health. It has identified a need to improve and expand its facilities to respond to increasingly complex patients who require additional staff, specialists, technology, and equipment and storage space that often varies by patient size, as well as space for additional visitors. See Exhibit 26, Slide 3. Children's reports that its current inpatient occupancy rates exceed the national standard of care for pediatric hospitals.

40. Children's has projected the following total unmet bed need, in single-bed rooms, for specialized pediatric care, including psychiatric care, within the State of Washington: 2012 - 336 beds; 2017 - 408 beds; 2019 - 460 beds; 2024 - 600 beds.

41. Children's indicates that it will decide how much of the projected need to accept when it applies for a Certificate of Need.

42. To calculate the total square footage required to accommodate total state need, Children's multiplied the maximum projected bed need by 4,000 square feet, which includes 300 square feet required for bed space plus the amount said to be required to support each pediatric bed (i.e., the "per bed share" of family space, operating rooms, diagnostic and therapeutic spaces, offices, central plant space, etc.). See Exhibit 26, slide 6. The total bed need of 600 times 4,000 square feet equals 2,400,000 square feet. These assumptions were not modified under the Settlement Agreement.

43. Children's growth projections show that under Phases 3 and 4 of the proposed MIMP, available space would somewhat exceed total projected need. Exhibit 26, slide 3.

44. Children's most recent Certificate of Need from the state was issued in 2001. The state's planning horizon for a hospital's request for a certificate of need is generally seven years. Thus, Children's anticipates that it would need to submit applications for at least three certificates of need during the lifetime of the proposed MIMP.

45. Public comment uniformly supported the mission of Children's and applauded its work in the region. However some members of the public questioned the need for Children's to nearly triple the square footage of its existing facilities within the MIO.

46. Children's originally did not evaluate any alternatives that included less than 2,400,000 square feet of development area. Instead, the alternatives considered different ways to configure the same amount of development space on the existing campus and Hartmann site, and later, on an expanded campus that included both Laurelon and Hartmann sites. Now, Children's proposes to exclude the Hartmann site from the MIO and to limit the development area to 2,125,000 square feet.

47. The CAC gave considerable attention to the issue of need. Comments to the CAC were provided by individuals and groups both in support and against Children's projections concerning the rationale for a certificate of need. See Exhibits 51-63, 65 and 66, and Exhibits 73-78 and 108. See also, Exhibit 22 at 2-8.

48. In response to the CAC's continuing concerns about the discrepancies between Children's and LCC's need projections, Children's offered assurance that it had no intention to build beyond its actual needs.

49. Aside from the impacts of a significantly expanded medical center, some neighbors expressed concern that facilities not be constructed for general research or other uses not directly supporting Children's pediatric medical care.

50. The CAC determined to accept Children's projections of need with the understanding that the issue would be thoroughly vetted during the state certificate of need process. However, the CAC recommended "in the strongest terms" that the decision on the MIMP include both conditions on phasing the project in relationship to need and conditions restricting use of the constructed facilities. Exhibit 8 at 17-19.

Boundary Expansions

51. Children's originally proposed to meet projected need primarily within existing MIO boundaries. This required raising heights limits up to 240 feet and expanding the boundary to include up to 105-foot heights on the Hartmann site. The community made it clear that such heights were unacceptable.

52. Children's revised its proposed MIMP to include early expansion onto Laurelon (Alternative 7R), thereby enabling it to construct new facilities without disrupting existing hospital operations. The change also allowed Children's to eliminate height increases on the existing campus, reduce the overall height of all new development to less than 160 feet, reduce the overall height of new facilities to an elevation similar to the highest building elevation on the existing campus, place increased height and bulk at a lower elevation where it is removed from most single-family neighborhoods to the east and south and multifamily development to the north, and provide vehicle access via 40th Avenue Northeast (a neighborhood access street), to Sand Point Way Northeast, an

arterial. This eliminated the need for entrances on Northeast 45th Street and Northeast 50th Street (also neighborhood access streets).

53. Both the CAC and the Director recommended that the MIO boundary be expanded to incorporate Laurelon.

Intensity

54. Lot coverage on the existing campus is 35%, and would increase to 51% under the proposed MIMP. However, institutions in the underlying Lowrise zone are not regulated by lot coverage but by structure width and depth limits.

55. The proposed MIMP, following the Settlement Agreement, requests 2,125,000 gross square feet. "Gross floor area" is "the number of square feet of total floor area bounded by the inside surface of the exterior wall of the structure as measured at the floorline." SMC 23.84A.014.

56. "Floor area ratio" (FAR) is "a ratio expressing the relationship between the amount of gross floor area or chargeable floor area permitted in one or more structures and the area of the lot on which the structure is, or structures are, located, as depicted in Exhibit 23.84A.012A." SMC 23.84A.012.

57. Children's received a DPD Director's interpretation on FAR which stated that since the Code does not prescribe the FAR, or any exclusion from it, for a MIMP, both may be defined by the decision on the MIMP.

58. The proposed MIMP originally requested an increase in intensity of development, expressed as FAR, from .9 on the main campus and .2 at Hartmann, to 1.9 across the entire MIO including Hartmann. While the Settlement Agreement removed Hartmann from the MIO, no adjustment was proposed to modify the 1.9 FAR.

59. The record documents review by DPD, the CAC and the Hearing Examiner concerning the amount of FAR being requested under the MIMP, including the methods by which FAR should be calculated and what features (parking structures, rooftop mechanical equipment, etc) should be included in the calculations.

60. The Settlement Agreement reflects that the FAR for the campus should be 1.9. FAR is defined in the settlement agreement as "the square footage of above-grade gross developable floor area plus the square footage of above-grade parking floor area, divided by the combined square footage of land in the New MIO Boundary (The current MIO campus plus Laurelon):

$$\frac{\text{Above-grade gross developable floor area (gsf)} + \text{Above grade parking floor area (gsf)}}{\text{SF of current MIO campus} + \text{SF of Laurelon}}$$

Rooftop mechanical equipment is not included in floor area ratio calculations".

Development Standards and Transitions

62. Details of the proposed development standards for the MIMP are found at pages 75-87 of the proposed MIMP, Exhibit 4, and are summarized at pages 88-91. The development standards would modify or supersede most underlying zoning standards.

Height

63. MIO Heights on the existing campus are 37, 50, 70 (with part conditioned to 64), and 90 (with part conditioned to 74) feet. The MIMP as modified by the Settlement Agreement proposes heights of 37 feet, 50 feet, 65 feet, 70 feet, 90 feet, and 160 feet (conditioned to 125 feet and 140 feet, respectively).

64. DPD, the CAC and the Hearing Examiner heard comments on the original proposed 160 foot height limit within the Laurelon expansion area. Concerns expressed by some individuals included a feeling of towers looming over the streetscapes and the multifamily development across 40th Avenue Northeast, and the opinion that a 160 foot height limit is too high for an area outside an urban village. There was some public comment, including by members of the CAC, calling for reducing the 160 foot MIO height to 105 feet, the current MIO height limit at some major institutions located outside an urban village. However, the record, including comments from the CAC, clearly states that the proposed 160 foot height limit should be conditioned to 140 feet and 125 feet, respectively.

65. The CAC recommended modifications to the heights shown in the proposed MIMP. These included adding a MIO 50 height district along the west side of the main hospital campus along 40th Avenue Northeast, reducing the MIO 160 district to MIO 140 and MIO 125, placing limits on the number of floors above the podiums for the bed towers, limiting and screening rooftop mechanical equipment, and establishing a MIO 65 for the Hartmann site. See Exhibit 93³.

66. SMC 23.86.006 currently provides that heights are to be measured from existing or finished grade, whichever is lower.

Setbacks

67. Under the proposed MIMP, setbacks on the western one-third of the north boundary would increase from 20 feet to 40 feet and on the eastern two-thirds of the north boundary, from 20 feet to 75 feet. Setbacks on the south boundary of the existing campus would remain at 75 feet. On the south boundary of Laurelon, the setback would be 40 feet. On the east, the setback along 45th Avenue Northeast would increase from 40 feet to 75 feet; along 44th Avenue Northeast and Northeast 47th Street, they would remain at 75 feet. Setbacks on the west boundary along 40th Avenue Northeast would be 20 feet.

³ The measurements for the MIO 160/140 and MIO 160/125 districts stated in CAC Recommendation 7, at pages 12 and 25 of Exhibit 8, are incorrect. The correct measurements are stated in the motion that adopted Recommendation 7, which is found at page 212 of Exhibit 8. These measurements are reflected in Exhibit 93.

On the west boundary along Sand Point Way Northeast setbacks would be 10 feet from 40th Avenue Northeast to Penny Drive, and 40 feet from Penny Drive to Northeast 50th Street. In their Settlement Agreement, Children's agreed to increase the setback along Northeast 45th Street to a minimum 75 foot setback along the entire Northeast 45th Street frontage.

Landscaping and Open Space

68. Children's existing campus includes extensively landscaped edges and open space. Children's proposes similar "garden-edge" landscaping within the proposed north, south and east setbacks. On the west, along 40th Avenue Northeast and Sand Point Way Northeast, Children's proposes to landscape the street frontage edges. Extensive landscaping is currently located within Laurelon.

69. Open space on the main campus is proposed to decrease from 45% to 41% of lot area. Some open spaces will continue to be available for community use, and Children's proposes streetscape and pedestrian amenity improvements around and across the campus, including pathways, lighting and plantings.

70. The CAC was concerned that open space is maintained and accessible. It recommended that designated open space be provided in locations at ground level or other spaces accessible to the general public, and that no more than 20% of the designated open space be provided in rooftop locations. Children's has agreed to the recommended condition.

71. Councilmembers expressed a desire that mature, existing vegetation at Laurelon be maintained and preserved, if feasible, following redevelopment within the Laurelon expansion area.

Design

72. A design review process would address the design of new buildings. Children's anticipates that building façades would be composed of materials that aesthetically blend with the existing campus buildings, such as a "precast/ceramic wall cladding system or glazed aluminum curtain wall system". FEIS at 3.9-3.

Transitions

73. Transitions in height, bulk and scale are proposed to be addressed through the pattern of MIO district heights, setbacks, upper-level setbacks, landscaping and design elements.

74. The FEIS stated that the proposed MIMP would have some height, bulk and scale impacts when viewed from Sand Point Way Northeast, and on existing residential areas to the south and west. For the no-build scenario, Alternative I, and the preferred alternative, Alternative 7R, Viewpoint 13 shows these impacts using a wide angle perspective from a location south of the single-family residences across from the south boundary of Laurelon, and south and west of the multifamily residences across 40th Avenue Northeast from Laurelon. FEIS, Appendix C. Viewpoint 8 also shows these impacts from a location west of the multifamily residences on 40th Avenue Northeast.

75. The Director advised, with respect to the original proposed MIMP, that the combination of the approximately 55-foot wide Northeast 45th Street right-of-way, 40-foot landscaped setback, and MIO 50 height district in which a 4- to 5-story garage will be constructed would create a sufficient transition between the row of one- and two-story single-family residences south of Laurelon and the proposed 125- and 140-foot towers to be constructed on that site. As part of the Settlement Agreement, Children's has agreed to change the MIO height district along Northeast 45th Street to be a MIO 37 foot zone for a continuous 75 foot depth along Northeast 45th Street. This corresponds with Children's agreement to establish a 75 foot continuous setback along Northeast 45th Street.

76. With respect to transitions on the west, the Director recommended that the MIMP include upper level setbacks along the western edge of campus, requiring that above 50 feet in height, the buildings step back at least 40 feet from the western property line. The Director also recommended that any proposed structure higher than 37 feet and located adjacent to a street edge is reviewed by a standing advisory committee pursuant to design guidelines that will be established.

Transportation, Access and Parking

77. Transportation-related impacts are addressed in section 3.10 and Appendix D of the FEIS. They are also examined in the Director's Report at 70-73 and in the Examiner's decision in MUP-08-035(W).

Transportation

78. Children's has proposed a transportation management program (TMP) that includes the information required by SMC 23.69.030 and SMC 23.54.016. Details of the TMP are found at pages 93-108 of the proposed MIMP, Exhibit 4, as well as in Exhibit 6, the FEIS, at Appendix D, Attachment T-9.

79. Children's existing TMP has reduced single occupant vehicle (SOV) commute trips to 38% of daytime employees. The proposed TMP includes enhancements to reduce that number to 30%, in increments of approximately 2% with each phase of development.

80. Proposed enhancements to Children's TMP include an expanded shuttle service linking the Children's campus to regional transit hubs, an extensive bicycle commute program, financial rewards for employees who commute by means other than SOV, various improvements to encourage alternative transportation, and improvements to Children's off-site parking program.

81. The CAC supported the enhanced TMP and recommended an additional provision restricting vehicle entrances on Northeast 45th and 50th Streets to service and emergency access only for the life of the MIMP. In addition, Children's will work with the standing advisory committee to develop additional pedestrian and bicycle-only perimeter access points and designated pedestrian and bicycle routes through the campus to allow efficient connection to the Burke Gilman Trail.

82. The FEIS projects that the MIMP will result in 8,400 new daily vehicle trips without mitigation measures, and 6,800 daily trips with the TMP. That equates to 850 new AM peak hour trips and 690 new PM peak hour trips without the TMP, and 540 new AM peak hour trips and 440 new PM peak hour trips with the TMP.

83. Level of service (LOS) is a measure of average delay at intersections and ranges from LOS A (free-flowing, minimal delay) to LOS F (extreme congestion, long delays). As a general rule, the City considers LOS D (using a weighted average of delays for all approaches) or better acceptable at the signalized intersections.

84. Most intersections in the vicinity of Children's are operating at LOS D or better and are expected to continue to do so in the "No Build" scenario. Notable exceptions are the "Five Corners" intersection (Northeast 45th Street/Union Bay Place Northeast), which presently operates at LOS E and is expected to deteriorate to LOS F with or without Children's expansion (FEIS, Page 3.10-17), and the Montlake Boulevard Northeast/Eastbound SR-520 ramps, which presently operates at LOS E and is expected to continue at that level.

85. Traffic times were calculated across two main corridors - Sand Point Way Northeast to the Montlake Bridge and Northeast 45th Street to Interstate 5 (I-5). The changes in travel times from 'no build' to full build out of the MIMP, with an enhanced TMP include:

- Children's to Roanoke Exit via Sand Point Way Northeast/Montlake Northbound - 0 minutes;
- Children's to Roanoke Exit via Sand Point Way Northeast/Montlake Southbound - 1 minute;
- Children's to I-5 via Sand Point Way Northeast/Northeast 45th Street Westbound - 1 minute; and
- Children's to I-5 via Sand Point Way Northeast /Northeast 45th Street Eastbound - 2 minutes.

Exhibit 6 at 3.10-14 to 3.10-23.

86. Some residents of the area expressed concern about congested traffic conditions in the area and questioned whether the traffic models used to predict intersection LOS at build out of the MIMP accounted for "pipeline projects" in the projection for background traffic. In addition to anticipated development at Children's, master use permit applications have been submitted for expansion of the Talaris Research and Conference Center at Northeast 41st Street and expansion of University Village shopping center. Other potential projects, such as redevelopment of the University Village QFC, are anticipated.

87. The FEIS shows that background traffic growth totaling 710 PM peak hour trips is projected at the Five Corners intersection and 450 trips at the intersection of Montlake Boulevard and Northeast 45th Street. At the hearing on the FEIS, the Director testified that together, the Talaris and University Village expansions are expected to generate 186 PM peak hour trips at Five Corners, and 193 PM peak trips at Montlake Boulevard/Northeast 45th Street of this growth.

88. The Director did not consider the transportation impacts of the state's project to improve SR 520 because funding for the project had not been approved when the FEIS and Director's Report were prepared. It is now known that the state's schedule for construction on the west side of the SR 520 project will coincide with the projected timeline for build out of the first two phases of Children's proposed MIMP. Exhibit R-10.

89. Approximately 10 percent of Children's employees commute by transit, and 12 percent drive or carpool to one of three off-site parking lots and commute via the shuttle service Children's provides between campus and the lots. Children's proposes under the preferred alternative to relocate shuttle and transit stops to Sand Point Way Northeast at 40th Avenue Northeast to provide more direct access to Children's.

90. Approximately 11% of Children's employees either walk or bike to work. To encourage increased utilization of non-motorized modes of travel, Children's proposes to construct new sidewalks along portions of Sand Point Way Northeast, develop new pedestrian and bicycle facilities for the MIO, and contribute to funds for improvements to pedestrian and bicycle facilities.

Access

91. Access to Children's under the preferred alternative will continue from Penny Drive via Sand Point Way Northeast. In addition, Children's proposes to add both an emergency entrance and a general parking entrance from 40th Avenue Northeast, a residential access street. 40th Avenue Northeast would also serve as a secondary service access. A traffic signal and crosswalk, with emergency vehicle preemption, will be added at the intersection of 40th Avenue Northeast and Sand Point Way Northeast.

92. Some Laurelhurst residents have expressed concern about potential congestion at the 40th Avenue Northeast access points. The street provides the major connection between the Laurelhurst community and northbound Sand Point Way Northeast, and emergency vehicles access Laurelhurst via 40th Avenue Northeast to Northeast 45th Street.

93. The transportation analysis determined that the two 40th Avenue Northeast access points would operate at LOS C or better at build out.

94. The FEIS recommends that a left turn lane be constructed on eastbound Northeast 45th Street at 40th Avenue Northeast to facilitate access to the proposed southwest garage from Northeast 45th Street.

95. The CAC recommended that Children’s limit access from 40th Avenue Northeast to one point for either parking or emergency access, but not both, and instead, construct a second new access from Sand Point Way Northeast. The CAC also recommended that if the 40th Avenue Northeast entrance is used for parking, it should be designed so that vehicles entering and exiting the garage avoid travel on Northeast 45th Street east of Sand Point Way Northeast by traveling only on the portion of 40th Avenue Northeast between the access point and Sand Point Way Northeast.

96. DPD’s consulting transportation engineer evaluated the possibility of adding a second access on Sand Point Way between the traffic signals at 40th Avenue Northeast and Penny Drive, but determined that it would degrade traffic operations on that roadway segment. Consequently, Children’s did not agree to the CAC’s recommendations.

Parking

97. The FEIS shows that peak parking demand under the MIMP at build out would be approximately 3,400 vehicles, but reduced to 3,190 vehicles with proposed TDM programs and 2,940 with both TDM programs and Transit Shuttles. SMC 23.54.016 requires Children’s to supply 2,300 to 3,100 parking spaces, either on site or within off-site parking lots. Under this code section, additional spaces may be provided if the major institution is meeting its TMP goal. Children’s originally proposed to supply 3,100 parking spaces on site, including Hartmann, and 500 leased off-site spaces as needed to mitigate future transportation impacts. This would be an increase of 1,418 spaces over existing provided parking. No specific provisions were provided in Children’s Settlement Agreement concerning the potential location of the 225 parking spaces that were planned for Hartmann.

Mitigation Strategy and Unmitigated Impacts

98. Children’s proposed transportation mitigation strategy, including phasing, is discussed at pages 3.10-56 to 3.10-67 of the FEIS and in Appendix D, and is summarized by the Director as follows:

(1) Children's design and facilities, including campus design, near-site improvements, and off-site parking. Campus improvements include development of a shuttle hub (perhaps combined with transit), additional bicycle parking and shower and locker facilities, a relocated "front door" for the hospital at 40th Ave Northeast, clear pedestrian flow paths from adjacent neighborhoods and through campus, and a redesign of Penny Drive to provide designed spaces for pedestrians and bicycles, as well as automobiles. Near-site improvements would consist of reconfiguring the Sand Point Way Northeast/40th Avenue Northeast intersection in conjunction with Seattle Department of Transportation (SDOT) to enhance pedestrian crossings, modifying the Sand Point Way Northeast/Penny Drive intersection, and restriping Northeast 45th St to accommodate a left-turn lane for eastbound-to-northbound turns. Wayfinding and design of near-site pedestrian and bicycle facilities would be improved, and connectivity between the hospital and the Burke-Gilman Trail would be enhanced through improved wayfinding and intersection enhancements. Children's also will continue to pursue new off-site and out-of-area remote parking facilities, which Children's would connect to the hospital campus with shuttle service.

(2) Children's Enhanced Transportation Management Program. To achieve a maximum 30% single-occupant vehicle goal, Children's would expand its existing transit shuttle program, to identify effective shuttle connections from downtown, the University District, and future light rail stations; add new trip reduction services and programs; and modify its parking management policies, including raising the cost of both on-campus single-occupant vehicle parking and commuter bonus awards.

(3) Contributions to area transportation facilities. This encompasses three general strategies:

(a) a contribution of \$500,000 to construct Intelligent Transportation System improvements from Montlake Boulevard/Northeast 45th Street and Sand Point Way Northeast/Northeast 50th Street;

(b) a proportional share of Northeast Seattle transportation improvements identified in certain City documents (the University Area Transportation Action Strategy, the Sand Point Way Northeast Pedestrian Study, and the City of Seattle Bicycle Master Plan), amounting to approximately \$1,400,000;

(c) a \$2,000,000 contribution to cover unfunded pedestrian and bicycle improvements in Northeast Seattle, including priority projects from the Bicycle Master Plan, connections from Children's to the broader bicycle/pedestrian network, and possibly bicycle boulevards.

(4) Proportional share of installation of traffic signals at 40th Avenue Northeast/Northeast 55th Street and 40th Avenue Northeast/Northeast 65th Street. These intersections will be monitored by Seattle Department of Transportation over the life of the Master Plan to determine the timing of the mitigation implementation.

99. The FEIS shows that traffic generated by Children's will contribute to congestion and the deterioration of traffic conditions in the area. The proposed mitigation package would likely reduce impacts to traffic operations across the Montlake Boulevard and Northeast 45th Street corridors. The FEIS stated that "it is anticipated that a 40 to 60 percent improvement could be achieved as a result of this mitigation". Exhibit 6 at 3.10-67 to 3.10-68.

Construction

100. The Director has recommended several conditions to mitigate construction impacts of the proposed MIMP. The CAC has recommended an additional condition to mitigate impacts specific to construction on the Hartmann site, and Children's has agreed to the CAC's recommended condition. See Exhibit 26, Slide 28. However, potential conditions related to Hartmann are no longer applicable because this MIMP does not regulate development at the Hartmann site because it is outside of the MIO boundary.

Housing demolition and replacement

101. Major Institutions may not expand their boundaries if the expansion would result in demolition of housing "unless comparable replacement is proposed to maintain the housing stock of the city." SMC 23.34.124.B.7.

102. Children's proposes to expand its existing MIO boundaries into Laurelon and to demolish the 136 condominium housing units on that site.

103. Children's has agreed to purchase the Laurelon property for 2.55 times its fair market value, approximately \$93,000,000, if Children's MIMP and boundary expansion are approved.

104. Rather than constructing replacement housing, Children's proposes to pay the City \$5,000,000 in fulfillment of the housing replacement requirement. The City's Office of Housing believes that such a payment would satisfy the requirements of SMC 23.34.124.B.7, and entered into a Memorandum of Agreement (MOA) to that effect, subject to approval by the City Council. Exhibit R-6. Children's agreed that its proposed payment could be used to construct replacement housing that would be subject to City rent controls.

105. Under the terms of the proposed MOA, Children's payment would be combined with other funding sources to construct replacement housing, and Children's would receive full credit for fulfillment of the housing replacement requirement even though much of the replacement cost would be paid by other private or public fund sources.

106. The cost to construct 136 replacement housing units comparable to those to be demolished by Children's is estimated to be \$31,218,136 based upon July, 2009 construction costs. Exhibit R-12.

Height District Rezone

107. The Director’s Report addresses the required rezone in detail relative to the requirements of SMC 23.34.124 on designation of MIO’s and SMC 23.34.008, the general rezone criteria. Exhibit 9 at 45-62.

108. Rezones are required for the areas identified in MIMP Figure 1 (Exhibit 4 at 12) as Laurelton, and for increased height districts on portions of the existing campus.

109. Laurelton is presently zoned L3 for low-density residential development. Laurelton was developed as a one-and two-story, garden-style apartment complex in the 1940s. Laurelton was converted to Condominiums in 1979.

110. The most recent Children’s master plan and rezones were approved in 1994, and added 262,630 square feet, for a total allowed development area of 900,000 square feet. The FAR was increased from .5 to .9.

111. Children’s existing height districts are shown in Exhibit 4, Figure 45 at 63. MIO heights are MIO 37 on the north, increasing to MIO 70 (conditioned to 64) and MIO 90 (conditioned to 74) toward the center of the campus, and decreasing to MIO 50 and MIO 37 on the south. Children’s MIMP included proposed height districts, as modified by accepted CAC recommendations, and are shown in Exhibit 93. The proposed MIMP increases heights to MIO 65 on the northeast and MIO 90, MIO 160/140 and MIO 160/125 on approximately the west one-third of the center of the expanded campus, and adds MIO 50 and MIO 37 on the south part of the expanded campus. The extent of the proposed MIO 37 foot and MIO 50 foot height limits were modified in the Settlement Agreement. The MIO 37 foot height limit would be a continuous depth of 75 feet from Northeast 45th Avenue, to correspond to the continuous 75 foot setback from Northeast 45th. As a result of the proposal in the Settlement Agreement to eliminate Hartmann from the MIO, no change in zoning at Hartmann is required.

112. The Director advises that the MIO rezones as originally proposed are consistent with the zoning principle that requires minimization of the impact of more intensive zones on less intensive zones through use of transitions or buffers, if possible, (SMC 23.34.008.E.1); that with recommended conditioning, the height limits of the district boundaries are compatible with heights in adjacent areas (SMC 23.34.124.C.2); and that transitional height limits have been provided where the maximum permitted height within the MIO is significantly higher than permitted heights in adjoining areas (SMC 23.34.124.C.3).

113. The Director also advises that the rezone is consistent with the zoning principle which provides that, in general, height limits greater than 40 feet should be limited to urban villages, and that height limits greater than 40 feet may be considered outside urban villages if the limits would be consistent with an adopted neighborhood plan, a major institution’s adopted master plan, or the existing built character of the area (SMC 23.34.008 E.4).

Conclusions

Need and Public Benefit

1. There is no question raised concerning the public benefits that Children's provides and will provide in the future. The record includes a substantial amount of information about Children's exceptional work.
2. Although SEPA allows an applicant broad latitude in defining its own development objective, SMC 25.05.440.D, of the Major Institution Code requires more when it comes to "need". To assure that the Master Plan balances the projected needs of the Major Institution with the need to minimize impacts on surrounding neighborhoods, as required by SMC 23.69.025, it is necessary to know with some degree of accuracy what the Major Institution's needs actually are.
3. Testimony by Children's and LCC's healthcare planning experts was provided during the appeal hearing. However, because of illness, LCC's expert on healthcare planning was not subject to cross examination. There is evidence in the record showing that, in calculating bed need, LCC's expert incorrectly excluded patients ages 15 and over from the first step of the state methodology used for calculating need, and used a "midnight occupancy level" for Children's that assumed any available bed could be used for any patient. In fact, Children's 230 acute-care beds are located in several discrete specialty units and are generally not interchangeable. These errors resulted in a report from LCC's expert that understated total bed need. The report is also inconsistent with Children's current experience.
4. The evidence in the record shows that the Certificate of Need process requires, among other things, that an applicant demonstrate that it has control of a site proposed for expansion; document that the proposed site may be used for the intended project and is properly zoned; provide a project timeline; and begin the project within two years of receiving a Certificate of Need. Consequently, it appears that an approved MIMP is necessary before Children's can successfully apply for a Certificate of Need.
5. Children's has shown a projected statewide need for specialized pediatric care over the next 20 years sufficient to support the development area being requested in the proposed MIMP.
6. The CAC's recommended condition, that approval of Master Use Permits for the various phases of development be contingent on a demonstration of need by Children's, and restricting use of space within the MIO primarily to those providing pediatric medical care or directly related services, is appropriate and should be included as a condition if the MIMP is approved.



Boundary Expansion

7. The Code strongly discourages expansion of MIO boundaries, and calls for MIOs to include contiguous areas that are as compact as possible within the constraints of existing development and property ownership. However, the Code also stresses the need to protect the livability and vitality of adjacent neighborhoods. As suggested in the Director's Report, the likely intent of Code provisions discouraging boundary expansion is to protect established residential neighborhoods from unrestrained major institution expansion. In this case, nearby residential neighborhoods are better protected by expansion of the MIO boundary to include the Laurelon site than they would be by requiring Children's to accommodate the entire projected need within existing boundaries.

8. Children's enhanced TMP, including connections to the Burke Gilman Trail on the Hartmann site, and transit and shuttle improvements on both sides of Sand Point Way, was developed to provide partial mitigation for the significant adverse transportation impacts associated with each of the alternatives studied, including the non-Hartmann Alternative 8.

9. The CAC's recommended conditions to reduce the bulk and scale and other impacts on neighboring properties are appropriate and should be included as a condition of approval. The mitigation of these impacts is achieved through additional property line and upper level structure setbacks and the approval by DPD of site specific design guidelines.

Intensity

10. The increase in lot coverage from the 35% coverage allowed in the underlying single-family zone to 51%, an amount similar to the 45%-50% coverage allowed in the underlying L3 zone at Laurelon, will increase the intensity of development on the Children's campus but not to an unreasonable extent. No change in lot coverage was included in the Settlement Agreement.

11. The Settlement Agreement proposes a reduction from 2.4 million square feet to 2.125 million gross square feet of development area, or a reduction of 275,000 square feet. The reduced square feet are associated with the exclusion of the 150,000 square feet of development proposed for Hartmann as well as an additional 125,000 square feet deducted from the remaining area of MIO. Rooftop mechanical equipment and all above and below ground parking areas are excluded from the calculation of gross square feet of development.

12. Exclusions from FAR calculations under the Code depend upon the zone in which a proposal is located. Since FAR does not apply to single-family or Lowrise zones, which is the underlying zoning within the MIO, there are currently no prescribed FAR limits or exclusions governing this application, as stated in the Director's interpretation.

13. Children's has agreed that a FAR of 1.9 is sufficient to meet its development needs. No change in FAR was included in the Settlement Agreement. As no provisions were made concerning the method of calculation of FAR, SMC 23.86.007 as now or hereafter amended shall be used when determining FAR.

Development Standards and Transitions

14. The Examiner recommended that MIO heights be measured from existing or finished grade, whichever is lower, in accordance with SMC 23.86.006, as now or amended.

15. All property line setbacks proposed in the MIMP meet or exceed the setbacks required in the underlying zones. In addition, the proposed upper level setbacks are designed to mitigate the impacts of additional height bulk and scale resulting from the MIMP. These measures, along with the proposed landscaping, height restrictions and open space plan, provide adequate mitigation of height bulk and scale impacts on surrounding properties.

16. The setback on the east boundaries, together with moving the greatest mass of development to the west side of the campus and stepping it down the hillside, will provide a sufficient buffer for the single-family neighborhood to the east.

Transportation, Access and Parking

17. The issue of whether the forecast for PM peak hour background trips included in the traffic model was sufficient to cover traffic generated by known "pipeline projects" is a SEPA issue and was addressed briefly in the decision in MUP-08-035(W). To summarize, the record shows that the background traffic forecast was sufficient to cover known "pipeline projects". Further, Master Use Permit applications and additional environmental review would be required for each project within Children's proposed MIMP. Additional mitigation could be required if it were shown that a shortfall in forecast traffic growth will likely lead to unanticipated transportation impacts.

18. Although approval of the MIMP is expected to result in significant adverse impacts on traffic, the FEIS shows that a 40 percent and 60 percent improvement in travel time could be achieved as a result of the proposed mitigation package, relative to impacts without such mitigation.

19. Although there is significant concern by some neighborhood groups about congestion on 40th Avenue Northeast, the evidence in the record shows that the two access points proposed for this street will operate at LOS C or better, and that moving one of the access points to Sand Point Way Northeast would degrade traffic operations on that arterial. The CAC's suggestion to limit access from 40th Avenue Northeast to one entrance should not be included as a condition of approval.

20. The transportation impacts of the overlap between the state's schedule for construction on the west side of the SR 520 project and build out of the first two phases

of Children's proposed MIMP must be considered and appropriate mitigation imposed. However, the analysis would be more accurate, and the mitigation more effective, if current information available during the Master Use Permit process for each development project were used.

Housing

21. SMC 23.24.127 (B) (7) contemplates that a major institution may satisfy the housing replacement obligation by financing and constructing the replacement housing itself, and therefore Children's is entitled to do that if it chooses to do so. However as a matter of policy the Council will allow Children's to pay the City to facilitate the provision of replacement housing, as further described in Conclusions 22-24.

22. If Children's elects to pay the City to facilitate the provision of the replacement housing, then Children's shall pay the City 35% of the estimated cost of the replacement housing. Based upon a 2009 estimated replacement cost of \$31.2 million (Exhibit R-12), Children's payment to the City would be \$10,920,000.

23. If Children's prefers to have the 35% figure determined on the basis of the estimated replacement cost at the time it proceeds with development, then it may ask DPD and the Office of Housing to determine that cost at that time. To assist DPD and the Office of Housing to make that determination, Children's must submit at least two development pro formas that describe the estimated replacement cost. The determination by DPD and the Office of Housing of the estimated replacement cost is final and not subject to appeal.

24. If Children's elects to pay the City to facilitate the provision of replacement housing, the City may use Children's payment to construct housing that is affordable. If Children's elects to build the housing itself, it may build affordable housing, but is not required to do so.

Height District Rezone

25. The Laurelton expansion area is across the street from a well-established single-family zone to the south and a limited area of multifamily residences in an L3 zone across 40th Ave Northeast. The impact of rezoning Laurelton to MIO 160, conditioned to heights of 140 feet and 125 feet (MIO 160/140 and MIO 160/125), and the anticipated corresponding development allowed under the MIMP, can be minimized by the use of proposed transitions in height, upper level setbacks, the proposed property line setbacks and the use of design guidelines that have been included in the MIMP and recommended to be further amended by DPD. With these measures, in light of the overall approach in this MIMP and the limited number of properties directly affected by the proposed expansion, the mitigation of the rezone impacts is appropriate. However, the mitigating measures required here are based on a review of the proposed impacts outlined in this MIMP and the related Final EIS. It should not be concluded that this solution is appropriate in any other circumstance where a MIO seeks an expansion and the expansion area is across a right of way from a residential zone.

Balancing

26. SMC 23.69.025 states that 'the intent of the Major Institution Master Plan shall be to balance the needs of the Major Institutions to develop facilities for the provision of health care or educational services with the need to minimize the impact of Major Institution development on surrounding neighborhoods.

27. Council reviewed the proposed MIMP, revised MIMP, Final EIS and revised Final EIS, the Hearing Examiner's record, and considered oral argument and submittals from appellants, including the Settlement Agreement. It is Council's conclusion that the MIMP embodies an appropriate balance between Children's need for long-term growth and the need to lessen the impact of that growth on the surrounding community, and should therefore be approved. Mitigation measures are found in Children's significant commitments that include 1) reducing and managing the transportation impacts by employees and patients while improving the transportation infrastructure at or near its campus; 2) creating a development plan that lessens the impacts of new buildings through significant setbacks, the siting of new buildings and limitations on lot coverage; 3) limiting the massing and location of new buildings to lessen their visual impacts on surrounding properties; 4) providing a comprehensive open space network to provide relief from bulk and scale of development while providing passive recreation opportunities for the campus; and 5) a commitment to landscaping that enhances the campus while shielding it from neighboring properties.

28. The City's Land Use Code (SMC Title 23) and substantive SEPA policies (SMC 25.05) authorize reference to the City's Comprehensive Plan as a basis for review of a proposed MIMP only with respect to specific Comprehensive Plan policies identified in those ordinances, neither of which include policies related to the "urban village" strategy described in that Plan. Therefore the Council lacks authority to consider those policies as a basis for its decision whether to approve the proposed MIMP.

29. The Council has reviewed the record of public participation that includes the role of the Citizen's Advisory Committee and the process that allowed the general public to comment from the plan's initial inception up through and including the Hearing Examiner's hearings on the final MIMP and final EIS. Council concludes that this process was fair, thorough, thoughtful, deliberative and designed to provide a balance between the stated plans detailed by Children's in their MIMP and the concerns expressed by members of the community.

30. The Council takes notice of the February 3, 2010 Settlement Agreement that was provided to the Council as part of the oral argument heard by Council on February 10, 2010. The Council appreciates that Children's and the LCC have concluded an agreement concerning the scope of physical development in keeping with the intent of the balancing section in SMC 23.69.025.

DECISION

The Council hereby **approves** the MIMP for Seattle Children’s Hospital, Clerk’s File 308884, subject to the following MIMP and SEPA conditions:

MIMP CONDITIONS

As a requirement for approval of the Children’s MIMP, Children’s shall comply with the following conditions:

1. Total development on the existing and expanded campus shall not exceed 2,125,000 gross square feet, excluding above and below grade parking and rooftop mechanical equipment.
2. The Floor Area Ratio (FAR) for the expanded campus shall not exceed 1.9, excluding below grade developable floor area, below-grade parking structures and rooftop mechanical equipment.
3. No more than 20% of the land area within the MIO, approximately 264,338 square feet, may include structures that exceed 90 feet in height. No more than 10% of the land area within the MIO, approximately 142,596 square feet, may include structures that exceed 125 feet in height. No structure in the MIO shall exceed 140 feet in height, excluding rooftop mechanical equipment.
4. MIO heights shall be measured in accordance with SMC 23.86.006 as now or hereafter amended.
5. Children’s shall amend Section IV.D.1 of the Master Plan to add upper level setbacks 80 feet deep, applied to portions of buildings higher than 50 feet, along the western edge of the expanded campus on 40th Avenue Northeast from Sand Point Way Northeast south to Northeast 45th Street, and 30 feet deep on Sand Point Way from 40th Avenue Northeast to Penny Drive.
6. Children’s shall amend Section IV.D.1 and Master Plan Figure 50, “Proposed Structure Setbacks,” to increase the south setback to 75 feet along the entire Northeast 45th Street boundary.
7. Children’s shall amend Section IV.C.1 of the Master Plan to expressly prohibit above-ground development within the setback areas, as shown on revised Figure 50, except as otherwise allowed in the underlying zone.
8. The Hartmann site as originally proposed in the MIMP is not included within the MIO boundary and is not subject to this MIMP.

9. A minimum of 41% (being 507,000 square feet) of the combined total area of the expanded campus shall be maintained as open space. In addition:

- a. Open Space should be provided in locations at ground level or, where feasible, in other spaces that are accessible to the general public. No more than 20% (being 101,000 square feet) of the designated 41% open space, shall be provided in roof top open spaces;
- b. Open Space areas shall include existing and proposed ground level setback areas identified in the Master Plan, to the extent that they meet the criteria in the proposed Design Guidelines;
- c. The location of open space, landscaping and screening as shown on Figure 42 of the Master Plan may be modified as long as the 41% figure is maintained;
- d. To ensure that the 41% open space standard is implemented with the Master Plan, each planned or potential project should identify an area that qualifies as Open Space as defined in this Master Plan;
- e. Open Space that is specifically designed for uses other than landscaped buffers or building setback areas, such as plazas, patios or other similar functions, should include improvements to ensure that the space contains Usable Open Space as defined under SMC 23.84A.028; and
- f. Open space shall be designed to be barrier-free to the fullest extent possible.

10. For the life of the Master Plan, Children's should maintain open space connections as shown on Figure 56 of the Final Master Plan, or similar connections constituting approximately the number and location of access points as shown in the Master Plan. During the review of all future buildings, Children's should evaluate that building's effect upon maintaining these connections. If Children's proposes to change the open space connections from surrounding streets from that shown on Figure 56, it shall first provide notice to DPD and DON, and formally review the proposed changes with the SAC.

11. The City's tree protection ordinance, SMC 25.11, applies to development authorized by this MIMP. In addition, to the extent feasible, any trees that exceed 6 caliper inches in width measured three feet above the ground and that are located within the Laurelon expansion area shall be used on Children's campus.

12. Children's shall amend Section V.D, "Parking" on page 104 of the Final Master Plan to add the following at the end of that subsection: "As discussed in the TMP, the forecasted parking supply including the potential leasing of off-site spaces, exceeds the maximum allowed under the Land Use Code. Therefore, if Children's continues to meet its Transportation Master Plan goals, the Master Plan authorizes parking in excess of the Code maximum to minimize adverse parking impacts in the adjacent neighborhood."

13. Children's shall amend Table 3 "Development Standard Comparisons" in the Master Plan to be consistent with all modifications to development standards made by this decision.

14. Prior to the submittal of the first Master Use Permit application for Phase 1, Children's must draft a more comprehensive set of Design Guidelines for planned and potential structures, to be reviewed by the Seattle Design Commission and approved by DPD. The Design Guidelines are not a part of this approved MIMP, but shall be an appendix to the Master Plan, and shall address issues of architectural concept, pedestrian scale, blank wall treatment, tower sculpting, nighttime lighting, and open space and landscaping, among others.

15. Children's shall create and maintain a Standing Advisory Committee (SAC) to review and comment on all proposed and potential projects prior to submission of their respective Master Use Permit applications. The SAC shall use the Design Guidelines for their evaluation.

16. Prior to issuance of any MUP for any project under Phases 2, 3 and 4 of the Master Plan, Children's shall provide documentation to the Director and the SAC clearly demonstrating that the additional construction requested is needed for patient care and directly related supporting uses by Children's, including administrative support.

17. The TMP will be governed consistent with Director's Rule 19-2008, or any successor rules. In addition, Children's shall achieve a 30% SOV goal at full build out of the MIMP. The 30% SOV goal shall be achieved in increments, as Children's moves from its current 38% SOV mode split to the 30% goal at build out of the MIMP.

18. No portion of any building on Children's extended campus shall be rented or leased to third parties except those who are providing pediatric medical care, or directly related supporting uses, within the entire rented or leased space. Exceptions may be allowed by the Director for commercial uses that are located at the pedestrian street level along Sand Point Way Northeast, or within campus buildings where commercial/retail services that serve the broader public are warranted.

19. Before Children's may receive a temporary or permanent Certificate of Occupancy for any structure that is included in any phase of proposed development described on page 66 of the MIMP, DPD must find that Children's has performed either of the following options:

- a. That Children's has submitted an application for a MUP for the construction of comparable housing, as defined below, in replacement of the housing demolished at Laurelton Terrace. In the event that Children's will construct more than one housing project to fulfill the housing replacement requirement, then Children's must have applied for a MUP for the first housing replacement project, which shall include no fewer than 68 housing units. A MUP application must be submitted for all of the remaining replacement units before a temporary or permanent certificate of occupancy may be issued for any project authorized in Phases 2-4 of the MIMP. The MUP application(s) for the replacement housing project(s) may not include projects that were the subject of a MUP application submitted to DPD before Council approval of the MIMP. Children's may seek City funds to help finance the replacement housing required by this condition, but may not receive credit in fulfillment of the housing replacement requirement for that portion of the housing replacement cost that is financed by City funds. City funds include housing levy funds, general funds or funds received under any housing bonus provision.
- b. That Children's has either 1) paid the City of Seattle \$10,920,000 to help fund the construction of comparable replacement housing or 2) paid the City of Seattle 35% of the estimated cost of constructing the comparable replacement housing, as determined by DPD and the Office of Housing. In determining the estimated cost, DPD and the Office of Housing shall consider at least two development pro-forma, prepared by individual(s) with demonstrated expertise in real estate financing or development, and submitted by Children's. DPD and the Office of Housing's determination of the estimated cost is final and not subject to appeal. Money paid to the City under this option b shall be used to finance the construction of comparable replacement housing, as defined below, and subject to the provisions of the City's Consolidated Plan for Housing and Community Development and the City's Housing Levy Administrative and Financial Plan in existence at the time the City helps finance the replacement housing.

For purposes of this condition 19, the comparable replacement housing must meet the following requirements:

- 1) Provide a minimum of 136 housing units;
- 2) Provide no fewer than the number of 2 and 3 bedroom units as those in the Laurelton Terrace development;
- 3) Contain no less than 106,538 gross square feet;
- 4) The general quality of construction shall be of equal or greater quality than the units in the Laurelton Terrace development; and
- 5) The replacement housing will be located within Northeast Seattle. Northeast Seattle is bounded by Interstate 5 to the west, State Highway 520 to the south, Lake Washington to the east, and the City boundary to the north.

20. Children's shall develop a Construction Management Plan (CMP) for review and comment by the SAC prior to the approval of any planned or potential project discussed in the Master Plan. The CMP must be updated at the time of site-specific SEPA review for each planned or potential project identified in the MIMP. The CMP shall be designed to mitigate impacts of all planned and potential projects and shall include mitigating measures to address the following:

- a. Construction impacts due to noise
- b. Mitigation of traffic, transportation and parking impacts on arterials and surrounding neighborhoods
- c. Mitigation of impacts on the pedestrian network
- d. Mitigation of impacts if more than one of the projects outlined in the Master Plan are under concurrent construction

21. Prior to the issuance of a Certificate of Occupancy for any project associated with development of Phase 1 of the MIMP, the proposed traffic signal at 40th Avenue Northeast and Sand Point Way NE shall be installed and functioning.

SEPA CONDITIONS

Geology

22. To minimize the possibility of tracking soil from the site, Children's shall ensure that its contractors wash the wheels and undercarriage of trucks and other vehicles leaving the site and control the sediment-laden wash water using erosion control methods prescribed as City of Seattle and King County best management practices for construction projects. Such practices include the use of sediment traps, check dams, stabilized entrances to the construction site, erosion control fabric fences and barriers, and other strategies to control and contain sediment.

23. Children's shall ensure that its contractors cover the soils loaded into the trucks with tarps or other materials to prevent spillage onto the streets and transport by wind.

24. Children's shall ensure that its contractors use tarps to cover temporary on-site storage piles.

Air Quality

25. Prior to demolition of the existing housing units at Laurelon Terrace, Children's shall perform an asbestos and lead survey and develop an abatement plan to prevent the releases into the atmosphere and to protect worker safety.

26. During construction, Children's shall ensure that its contractors spray exposed soils and debris with water or other dust suppressants to reduce dust. Children's shall monitor truck loads and routes to minimize impacts.

27. Children's shall stabilize all off-road traffic, parking areas, and haul routes, and it shall direct construction traffic over established haul routes.

28. Children's shall schedule delivery of materials transported by truck to and from the project area to minimize congestion during peak travel times on adjacent City streets. This will minimize secondary air quality impacts otherwise caused by traffic having to travel at reduced speeds.

29. Children's shall ensure that its contractors cover any exposed slopes/dirt with sheets of plastic.

30. Around relevant construction areas, Children's shall install perimeter railings with mesh partitioning to prevent movement of debris during helicopter landings.

Noise

31. Construction will occur primarily during non-holiday weekdays between 7:00 am and 6:00 pm, or as modified by a Construction Noise Management Plan, approved by DPD as part of a project-specific environmental review.

32. Children's will inform nearby residents of upcoming construction activities that could be potentially loud. Children's shall schedule particularly noisy construction activities to avoid neighborhood conflicts whenever possible.

33. Impact pile driving shall be avoided. Drilled piles or the use of a sonic vibratory pile driver are quieter alternatives.

34. Buildings on the extended campus are to be designed in such a way that noise received in the surrounding community is no greater than existing noise based on a pre-test of ambient noise levels and subsequent annual noise monitoring to be conducted by Children's.

Transportation

35. Consistent with the Transportation Management Plan (TMP), onsite improvements shall include: a shuttle hub; an enhanced campus pathway to connect to transit along Sand Point Way Northeast and/or 40th Ave Northeast; and bicycle parking.

36. Consistent with the TMP, near-site improvements will include: working with Seattle Department of Transportation and Washington State Department of Transportation (WSDOT) to improve intersections such as Penny Drive/Sand Point Way Northeast and 40th Ave Northeast/Sand Point Way Northeast; improve connectivity between the Burke-Gilman Trail and Children's; enhance the Sand Point Way Northeast street frontage.

37. Consistent with the TMP, and as necessary to reduce future transportation impacts, Children's may provide off-site parking that reduces the level of required parking on site and reduces traffic on Northeast 45th St, Sand Point Way Northeast and Montlake Blvd/SR 520 interchange area.

38. Children's shall enhance its TMP to achieve a 30% single occupancy vehicle (SOV) mode split goal or lower.

39. Prior to the issuance of any construction permits for any project outlined in Phase 1 of the MIMP, Children's shall pay the City of Seattle its fair share to the future installation of traffic signals at 40th Ave Northeast/Northeast 55th St. Prior to the issuance of any construction permits for any project outlined in Phase 2 of the MIMP, Children's shall pay the City of Seattle its fair share, based on the to the future installation of traffic signals at 40th Ave Northeast/Northeast 65th St. These intersections shall be monitored by the Seattle Department of Transportation over the life of the Master Plan to determine the timing of the mitigation implementation.

40. Prior to the issuance of any construction permits for any project outlined in Phase 1 of the MIMP, Children's shall pay the City of Seattle \$500,000 to build Intelligent Transportation System improvements through the corridor from Montlake Blvd/Northeast 45th St to Sand Point Way Northeast/Northeast 50th St. The contribution shall be used to fund all or part of the following projects:

- a. Install a detection system that measures congestion along southbound Montlake Boulevard, linked to smart traffic control devices that adapt to traffic conditions;
- b. Install variable message signs to give real-time traffic information for drivers, including travel time estimates, updates of collisions and other traffic conditions, and to implement variable speed limits throughout the day to keep traffic flowing as smoothly as possible;
- c. Optimize signal coordination and timing to move vehicles most efficiently and optimize signal performance;
- d. Upgrade signal controllers as needed to allow signals to be interconnected, and/or
- e. Install traffic cameras as identified by the City of Seattle

41. Children's shall pay the Seattle Department of Transportation (SDOT) a pro rata share of the Northeast Seattle Transportation improvement projects identified from the University Area Transportation Action Strategy, the Sand Point Way Northeast Pedestrian Study, and the City of Seattle Bicycle Master Plan. This amount is estimated at approximately \$1,400,000 or approximately \$3,955 per bed, over the life of the MIMP. (adjusted for inflation as beds come online). Each pro-rata share payment shall be made prior to the issuance of any construction permits for the first project constructed under each phase of the MIMP. The total payment of \$1,400,000 shall be completed by the issuance of any construction permit for a project outlined in Phase 4 of the MIMP.

42. Children's shall pay the Seattle Department of Transportation (SDOT) a total of \$2,000,000 for pedestrian and bicycle improvements in Northeast Seattle over the timeframe of the Master Plan development. A pro-rata share payment shall be made prior to the issuance of any construction permits for the first project constructed under each phase of the MIMP. The total payment of \$2,000,000 shall be completed by the issuance of any construction permit for a project outlined in Phase 4 of the MIMP.

Dated this 5th day of April, 2010.



City Council President

PARTIES OF RECORD – CHILDREN’S HOSPITAL MIMP APPEALS

1. **Seattle Displacement Coalition/Interfaith Taskforce on Homelessness.**
 - John V Fox, Seattle Displacement Coalition, 4554 – 12th Ave NE, Seattle, WA 98105
 - Bill Kirlin-Hackett, Interfaith Task Force on Homelessness, 3030 Bellevue Way NE, Bellevue, WA 98004
2. **Coalition of Major Institutions**
 - Thomas Walsh and Judy Runstad, Foster Pepper Law Firm, 1111 Third Ave, Suite 3400, Seattle, WA 98101
3. **Catherine Hennings – Member of Children’s Hospital Citizen Advisory Committee and resident of Laurelhurst Neighborhood**
 - Catherine J Hennings, 3638 – 49th Ave NE, Seattle, WA 98105
4. **Steve Ross – Chair, Friends of Children’s Hospital and resident of Laurelhurst Neighborhood**
 - Steve Ross, 3625 – 47th Ave NE, Seattle, WA 98105
5. **Hawthorne Hills Community Council**
 - Bonnie Miller, Chair of Land Use Committee, 6057 Ann Arbor Ave NE, Seattle, WA 98115-7618
6. **Seattle Community Council Federation**
 - Rick Barrett, Vice President, 1711 N 122nd Street, Seattle, WA 98133
7. **Seattle Children’s Hospital**
 - John E. Keegan, Davis Wright Tremaine, 1201 Third Avenue, Suite 2200, Seattle, WA 98101
8. **City of Seattle, Department of Planning and Development**
 - Judith Barbour, Assistant City Attorney, Seattle City Attorney’s Office, 600 Fourth Avenue, 4th Floor, P.O. Box 94769, Seattle, WA 98124-4769
9. **Laurelhurst Community Club**
 - Peter J. Eglick and Jane S. Kiker, Eglick Kiker Whited, 1000 Second Avenue, Suite 3130, Seattle, WA 98104
10. **Dixie and Steve Wilson**
 - Peter Buck, The Buck Law Group, 2030 First Avenue, Suite 201, Seattle, WA 98121
11. **Laurelon Terrace**
 - Peter Buck, The Buck Law Group, 2030 First Avenue, Suite 201, Seattle, WA 98121

ATTACHMENT B

LEGAL DESCRIPTION OF CHILDREN'S MASTER PLAN PROPERTY

EXISTING CAMPUS

PARCEL A

THAT PORTION OF THE WEST HALF OF THE SOUTHEAST QUARTER OF THE SOUTHWEST QUARTER OF SECTION 10, TOWNSHIP 25 NORTH, RANGE 4 EAST, WILLAMETTE MERIDIAN, IN KING COUNTY, WASHINGTON, DESCRIBED AS FOLLOWS:

BEGINNING ON THE EASTERLY LINE OF SAID SUBDIVISION AT A POINT 658.20 FEET NORTHERLY OF THE SOUTHEAST CORNER THEREOF; THENCE WEST 271.44 FEET, MORE OR LESS TO THE WESTERLY LINE OF BLOCK 1, GWINN'S LAURELHURST MANOR ADDITION, ACCORDING TO THE PLAT THEREOF, RECORDED IN VOLUME 41 OF PLATS, PAGE 27, IN KING COUNTY WASHINGTON; THENCE NORTH 0°26'19" EAST ALONG THE NORTHERLY PRODUCTION OF SAID WESTERLY LINE TO THE SOUTHEASTERLY LINE OF SAND POINT WAY; THENCE NORTHEASTERLY ALONG SAID SOUTHEASTERLY LINE TO THE SOUTHERLY LINE OF NORTHEAST 50TH STREET; THENCE EASTERLY ALONG SAID SOUTHERLY LINE TO THE EASTERLY LINE OF SAID SUBDIVISION; THENCE SOUTHERLY ALONG SAID EASTERLY LINE 630 FEET, MORE OR LESS, TO THE OF BEGINNING.

PARCEL B:

THE WEST 5.00 FEET OF THE NORTHEAST QUARTER OF THE SOUTHEAST QUARTER OF THE SOUTHWEST QUARTER OF SECTION 10, TOWNSHIP 25 NORTH, RANGE 4 EAST, WILLAMETTE MERIDIAN, IN KING COUNTY, WASHINGTON; EXCEPT THE NORTH 30.00 FEET THEREOF; AND EXCEPT THE SOUTH 25 FEET THEREOF.

PARCEL C:

BLOCKS 1, 2, 3, 4, 5 AND 6, GWINN'S LAURELHURST MANOR ADDITION, ACCORDING TO THE PLAT THEREOF, RECORDED IN VOLUME 41 OF PLATS, PAGE 27, IN KING COUNTY, WASHINGTON.

PARCEL D:

THOSE PORTIONS OF 42ND AVENUE NORTHEAST, 43RD AVENUE NORTHEAST, 44TH AVENUE NORTHEAST AND NORTHEAST 47TH STREET, VACATED UNDER ORDINANCE NO. 76010 OF THE CITY OF SEATTLE.

LAURELON TERRACE



1 THAT PORTION OF THE WEST HALF OF THE SOUTHEAST QUARTER OF THE SOUTHWEST
2 QUARTER OF SECTION 10, TOWNSHIP 25 NORTH, RANGE 4 EAST, W.M., IN KING COUNTY,
3 WASHINGTON, DESCRIBED AS FOLLOWS:

4 BEGINNING AT THE SOUTHWEST CORNER OF SAID SUBDIVISION; THENCE NORTH ALONG WEST
5 LINE THEREOF TO ITS INTERSECTION WITH THE SOUTHEASTERLY LINE OF SAND POINT WAY;
6 THENCE NORTH 35°10'24" EAST ALONG SAID SOUTHEASTERLY LINE, TO ITS INTERSECTION
7 WITH THE WEST LINE OF BLOCK 1 OF GWINN'S LAURELHURST MANOR ADDITION, ACCORDING
8 TO THE PLAT RECORDED IN VOLUME 41 OF PLATS, PAGE 27, IN KING COUNTY, WASHINGTON,
9 PRODUCED NORTH; THENCE SOUTH ALONG SAID PRODUCED WEST LINE OF BLOCK 1 AND THE
10 WEST LINE OF SAID BLOCK 1 TO THE SOUTH LINE OF SAID SUBDIVISION; THENCE WEST ALONG
11 SAID SOUTH LINE TO THE POINT OF BEGINNING; EXCEPT THE SOUTH 30 FEET FOR EAST 45TH
12 STREET; EXCEPT PORTION THEREOF LYING WITHIN 40TH AVENUE NORTHEAST; EXCEPT THAT
13 PORTION THEREOF LYING WITHIN THE ALLEY ADJOINING TO THE WEST LINE OF SAID BLOCK 1,
14 GWINN'S LAURELHURST MANOR ADITION, ACCORDING TO THE PLAT RECORDED IN VOLUME 41
15 OF PLATS, PAGE 27, IN KING COUNTY, WASHINGTON. EXCEPT A STRIP OF PARCEL OF LAND 50
16 FEET IN WIDTH OVER AND ACROSS A PORTION OF THE SOUTHEAST QUARTER OF THAT
17 SOUTHWEST QUARTER OF SECTION 10, TOWNSHIP 25 NORTH, RANGE 4 EAST, W.M., IN KING
18 COUNTY, WASHINGTON, THE CENTERLINE OF WHICH SAID STRIP IS DESCRIBED AS FOLLOWS:

19 BEGINNING AT THE SOUTHWEST CORNER OF SAID SUBDIVISION; THENCE OF THE WEST LINE
20 THEREOF NORTH 0°25'38" WEST 235.54 FEET; THENCE NORTH 89°34'22" EAST 30 FEET TO
21 THE TRUE POINT OF BEGINNING; THENCE FROM SAID POINT NORTH 89°34'22" EAST 129 FEET
22 TO A POINT OF CURVE TO THE LEFT; THENCE WITH A RADIUS OF 42.50 FEET FOLLOWING THE
23 ARC OF SAID CURVE THROUGH A CENTRAL ANGLE OF 90° FOR A DISTANCE OF 66.76 FEET TO
24 A POINT OF TANGENCY; THENCE ON SAID TANGENT NORTH 0°25'38" WEST 179.85 FEET TO A
25 POINT OF CURVE TO THE RIGHT; THENCE WITH A RADIUS OF 204 FEET FOLLOWING THE ARC
26 OF SAID CURVE IN A NORTHERLY DIRECTION THROUGH A CENTRAL ANGLE OF 27°32'09" FOR
27 A DISTANCE OF 98.04 FEET TO A POINT OF TANGENCY; THENCE ON SAID TANGENT NORTH
28 27°06'31" EAST 111.02 FEET TO A POINT OF CURVE TO THE LEFT; THENCE WITH A RADIUS OF
29 330 FEET FOLLOWING THE ARC OF SAID CURVE IN A NORTHERLY DIRECTION THROUGH A
30 CENTRAL ANGLE OF 13°08'00" FOR A DISTANCE OF 75.64 FEET TO A POINT OF COMPOUND
31 CURVE; THENCE WITH A RADIUS OF 98.94 FEET FOLLOWING THE ARC OF SAID CURVE TO THE
32 LEFT IN A NORTHERLY DIRECTION THROUGH A CENTRAL ANGLE OF 69°00'00" FOR A
33 DISTANCE OF 119.15 FEET TO A POINT OF TANGENCY; THENCE OF SAID TANGENT NORTH
34 55°01'29" WEST 58.75 FEET TO A POINT ON THE SOUTHEASTERLY LINE OF SAND POINT WAY;
35 AND EXCEPT THE WEST 30 FEET OF THE NORTH 368 FEET OF THE SOUTH 298 FEET OF THE
36 SOUTHEAST QUARTER OF THE SOUTHWEST QUARTER OF SAID SECTION 10, TOWNSHIP 25
37 NORTH, RANGE 4 EAST, W.M. IN KING COUNTY, WASHINGTON.

Children's Hospital and Regional Medical Center
Seattle Washington
March 12, 2010

MIO 37' Zone

That portion of the southeast quarter of the southwest quarter of Section 10, Township 25 North, Range 4 East, W.M., in the City of Seattle, King County, Washington described as follows:

COMMENCING at the southwest corner of said subdivision, being the intersection of 40th Ave NE and NE 45th St. and being marked by a brass nail in a 4" concrete monument in case, from whence the south quarter corner of said section, being a brass nail in a 4" concrete monument in case at the intersection of 45th Ave NE and NE 45th St., bears S89°19'30"E a distance of 1326.07 feet, thence S89°19'30"E a distance of 30.00 feet;

Thence N00°43'24"E a distance of 30.00 feet to the intersection of the north margin of NE 45th St. with the east margin of 40th Ave NE and the **POINT OF BEGINNING**;

Thence from said **POINT OF BEGINNING**, continuing N00°43'24"E, along said east margin, a distance of 75.00 feet;

Thence, leaving said margin, S89°19'30"E a distance of 1010.96 feet;

Thence N00°39'56"E a distance of 464.64 feet;

Thence N44°19'30"W a distance of 191.43 feet;

Thence N89°19'30"W a distance of 151.00 feet;

Thence N00°38'56"E a distance of 50.00 feet;

Thence N89°19'30"W a distance of 72.00 feet;

Thence N00°38'56"E a distance of 493.28 feet;

Thence N89°05'37"W a distance of 139.45 feet;

Thence S36°07'38"W a distance of 115.41 feet;

Thence N53°52'22"W a distance of 40.00 feet to the southeast margin of Sand Point Way NE;

Thence N36°07'38"E along said southeast margin a distance of 136.14 feet to the south margin of NE 50th St.;

Thence S89°05'37"E along said south margin a distance of 499.43 feet;

Thence tangent to the preceding course along the arc of a curve to the right, having a radius of 20.00 feet and a central angle of 89°44'33", an arc length of 31.33 feet to the west margin of 44th Ave NE;

Thence tangent to the preceding curve S00°38'56"W, along said west margin, a distance of 828.48 feet to the south margin of NE 47th St.;

Thence S89°12'15"E along said south margin a distance of 234.03 feet;

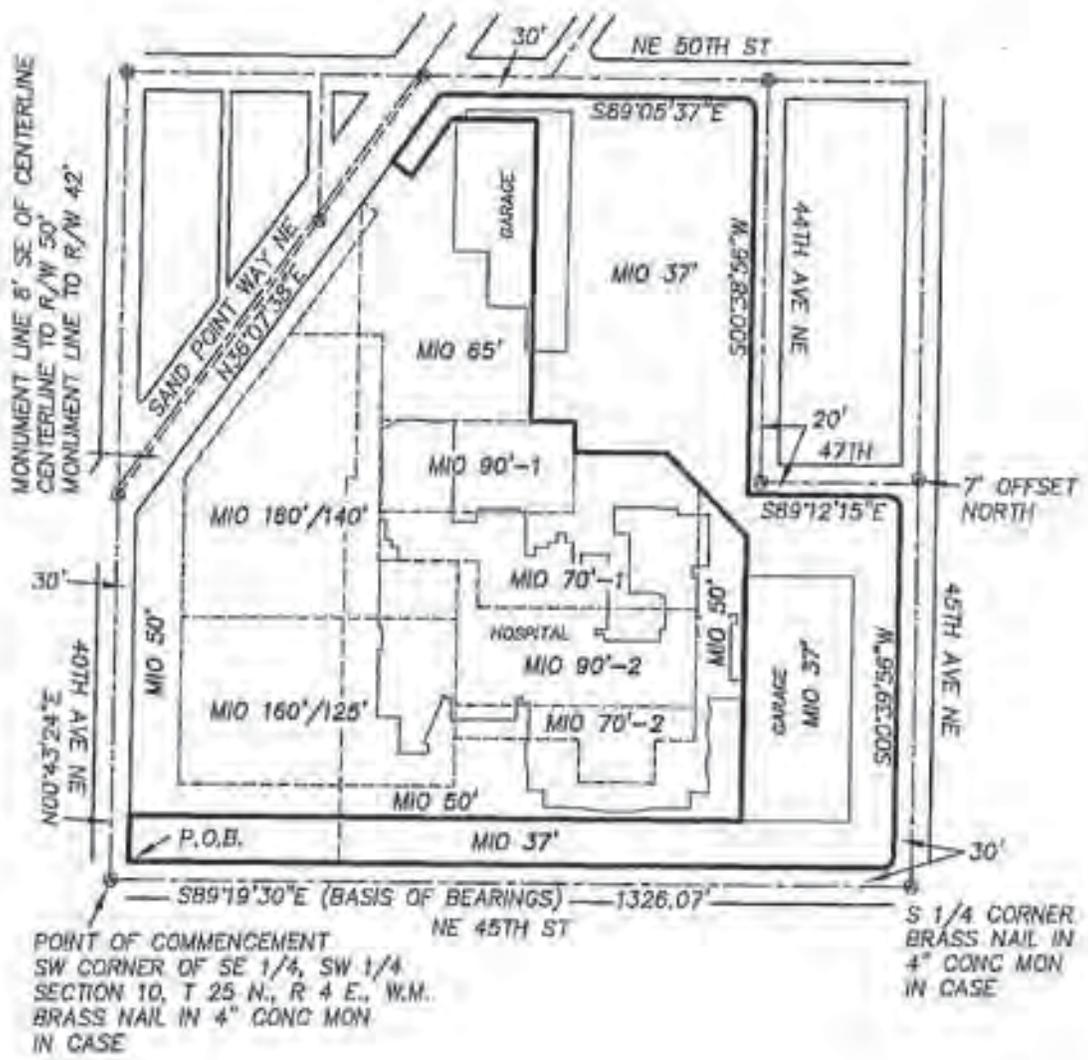
Thence tangent to the preceding course along the arc of a curve to the right having a radius of 20.00 feet and a central angle of 89°52'11", an arc length of 31.37 feet to the west margin of 45th Ave NE;

Thence tangent to the preceding curve S00°39'56"W, along said west margin, a distance of 567.94 feet;

Thence tangent to the preceding course along the arc of a curve to the right having a radius of 20.00 feet and a central angle of 90°00'34", an arc length of 31.42 feet to the north margin of NE 45th St.;

Thence tangent to the preceding curve N89°19'30"W along said north margin a distance of 1246.04 feet to the **POINT OF BEGINNING**.

Contains 456,631 sq. ft. +/- (10.48 acres)



MIO 37' ZONE

CHILDREN'S HOSPITAL AND REGIONAL MEDICAL CENTER
 MIO HEIGHT LIMIT ZONES (MAJOR INSTITUTION OVERLAY)

Children's Hospital and Regional Medical Center
Seattle Washington
March 16, 2010

MIO 50' Zone

That portion of the southeast quarter of the southwest quarter of Section 10, Township 25 North, Range 4 East, W.M., in the City of Seattle, King County, Washington described as follows:

COMMENCING at the southwest corner of said subdivision, being the intersection of 40th Ave NE and NE 45th St. and being marked by a brass nail in a 4" concrete monument in case, from whence the south quarter corner of said section, being a brass nail in a 4" concrete monument in case at the intersection of 45th Ave NE and NE 45th St., bears S89°19'30"E a distance of 1326.07 feet, thence S89°19'30"E a distance of 30.00 feet;

Thence N00°43'24"E a distance of 30.00 feet to the intersection of the north margin of NE 45th St. with the east margin of 40th Ave NE;

Thence continuing N00°43'24"E, along said east margin, a distance of 75.00 feet to the **POINT OF BEGINNING**;

Thence from said **POINT OF BEGINNING**, continuing N00°43'24"E, along said east margin, a distance of 493.17 feet to the southeast margin of Sand Point Way NE;

Thence N36°07'38"E along said southeast margin a distance of 629.44 feet;

Thence, leaving said margin, S53°52'22"E a distance of 30.00 feet;

Thence S36°07'38"W a distance of 533.55 feet;

Thence S00°43'24"W a distance of 501.87 feet;

Thence S89°19'30"E a distance of 455.91 feet;

Thence N00°39'56"E a distance of 78.00 feet;

Thence S89°19'30"E a distance of 205.00 feet;

Thence S00°39'56"W a distance of 70.00 feet;

Thence S89°19'30"E a distance of 125.00 feet;

Thence N00°39'56"E a distance of 70.00 feet;

Thence S89°19'30"E a distance of 65.00 feet;

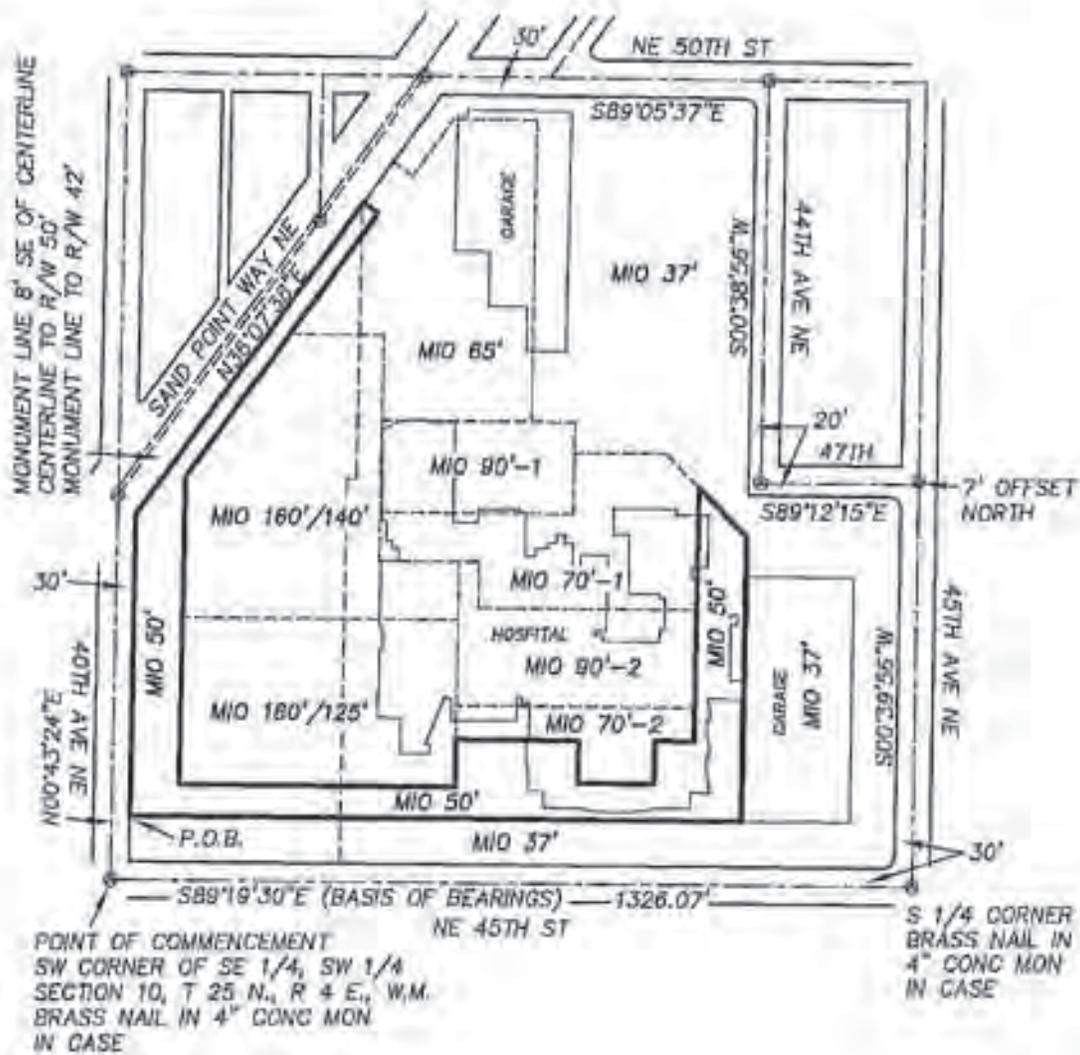
Thence N00°39'56"E a distance of 414.65 feet;

Thence S44°19'30"E a distance of 113.16 feet;

Thence S00°39'56"W a distance of 464.64 feet;

Thence N89°19'30"W a distance of 1010.96 feet to the **POINT OF BEGINNING**.

Contains 166,007 sq. ft. +/- (3.81 acres)



SCALE 1"=300'

MIO 50' ZONE

CHILDREN'S HOSPITAL AND REGIONAL MEDICAL CENTER
MIO HEIGHT LIMIT ZONES (MAJOR INSTITUTION OVERLAY)

Children's Hospital and Regional Medical Center
Seattle Washington
April 1, 2010

MIO 65' Zone

That portion of the southeast quarter of the southwest quarter of Section 10, Township 25 North, Range 4 East, W.M., in the City of Seattle, King County, Washington described as follows:

COMMENCING at the southwest corner of said subdivision, being the intersection of 40th Ave NE and NE 45th St, and being marked by a brass nail in a 4" concrete monument in case, from whence the south quarter corner of said section, being a brass nail in a 4" concrete monument in case at the intersection of 45th Ave NE and NE 45th St., bears S89°19'30"E a distance of 1326.07 feet, thence S89°19'30"E a distance of 30.00 feet;

Thence N00°43'24"E a distance of 30.00 feet to the intersection of the north margin of NE 45th St. with the east margin of 40th Ave NE;

Thence continuing N00°43'24"E, along said east margin, a distance of 568.17 feet to the southeast margin of Sand Point Way NE;

Thence N36°07'38"E along said southeast margin a distance of 629.44 feet to the **POINT OF BEGINNING**;

Thence from said **POINT OF BEGINNING**, continuing N36°07'38"E, along said southeast margin, a distance of 82.40 feet;

Thence, leaving said margin, S53°52'22"E a distance of 40.00 feet;

Thence N36°07'38"E a distance of 115.41 feet;

Thence S89°05'37"E a distance of 139.45 feet;

Thence S00°38'56"W a distance of 493.28 feet;

Thence N89°19'30"W a distance of 249.63 feet;

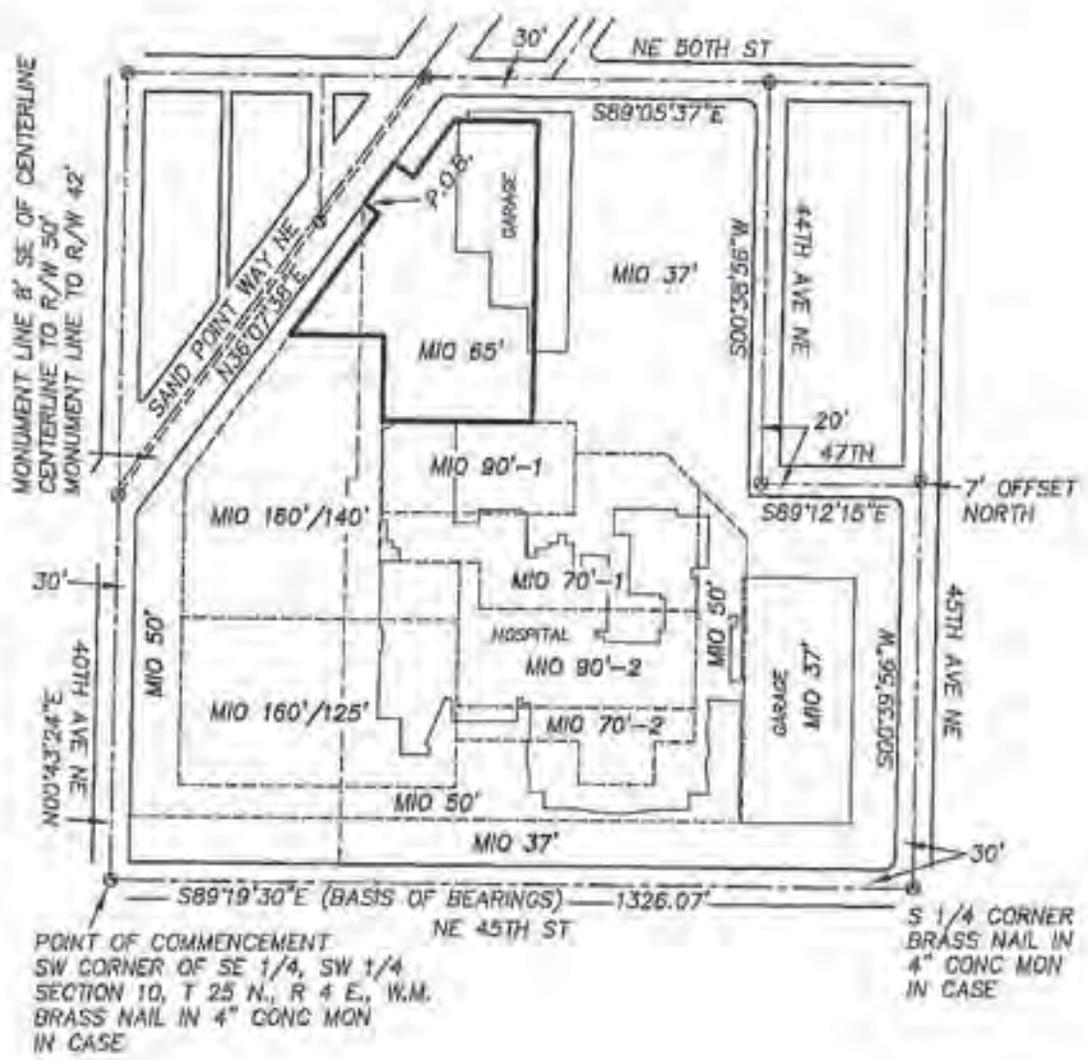
Thence N00°42'32"E a distance of 139.00 feet;

Thence N89°19'30"W a distance of 155.07 feet;

Thence N36°07'38"E a distance of 244.91 feet;

Thence N53°52'22"W a distance of 30.00 feet to the **POINT OF BEGINNING**.

Contains 134,000 sq. ft. +/- (3.09 acres)



POINT OF COMMENCEMENT
 SW CORNER OF SE 1/4, SW 1/4
 SECTION 10, T 25 N., R 4 E., W.M.
 BRASS NAIL IN 4" CONC MON
 IN CASE

S 1/4 CORNER
 BRASS NAIL IN
 4" CONC MON
 IN CASE



SCALE 1"=300'

MIO 65' ZONE

CHILDREN'S HOSPITAL AND REGIONAL MEDICAL CENTER
 MIO HEIGHT LIMIT ZONES (MAJOR INSTITUTION OVERLAY)

Children's Hospital and Regional Medical Center
Seattle Washington
April 1, 2010

MIO 70'-1 Zone

That portion of the southeast quarter of the southwest quarter of Section 10, Township 25 North, Range 4 East, W.M., in the City of Seattle, King County, Washington described as follows:

COMMENCING at the southwest corner of said subdivision, being the intersection of 40th Ave NE and NE 45th St. and being marked by a brass nail in a 4" concrete monument in case, from whence the south quarter corner of said section, being a brass nail in a 4" concrete monument in case at the intersection of 45th Ave NE and NE 45th St., bears S89°19'30"E a distance of 1326.07 feet, thence S89°19'30"E a distance of 30.00 feet;

Thence N00°43'24"E a distance of 30.00 feet to the intersection of the north margin of NE 45th St. with the east margin of 40th Ave NE;

Thence continuing N00°43'24"E, along said east margin, a distance of 568.17 feet to the southeast margin of Sand Point Way NE;

Thence N36°07'38"E along said southeast margin a distance of 629.44 feet;

Thence, leaving said margin, S53°52'22"E a distance of 30.00 feet;

Thence S36°07'38"W a distance of 244.91 feet;

Thence S89°19'30"E a distance of 155.07 feet;

Thence S00°42'32"W a distance of 289.00 feet to the **POINT OF BEGINNING**;

Thence from said **POINT OF BEGINNING**, S89°19'30"E a distance of 321.79 feet;

Thence N00°38'56"E a distance of 100.00 feet;

Thence S89°19'30"E a distance of 151.00 feet;

Thence S44°19'30"E a distance of 78.27 feet;

Thence S00°39'56"W a distance of 199.65 feet;

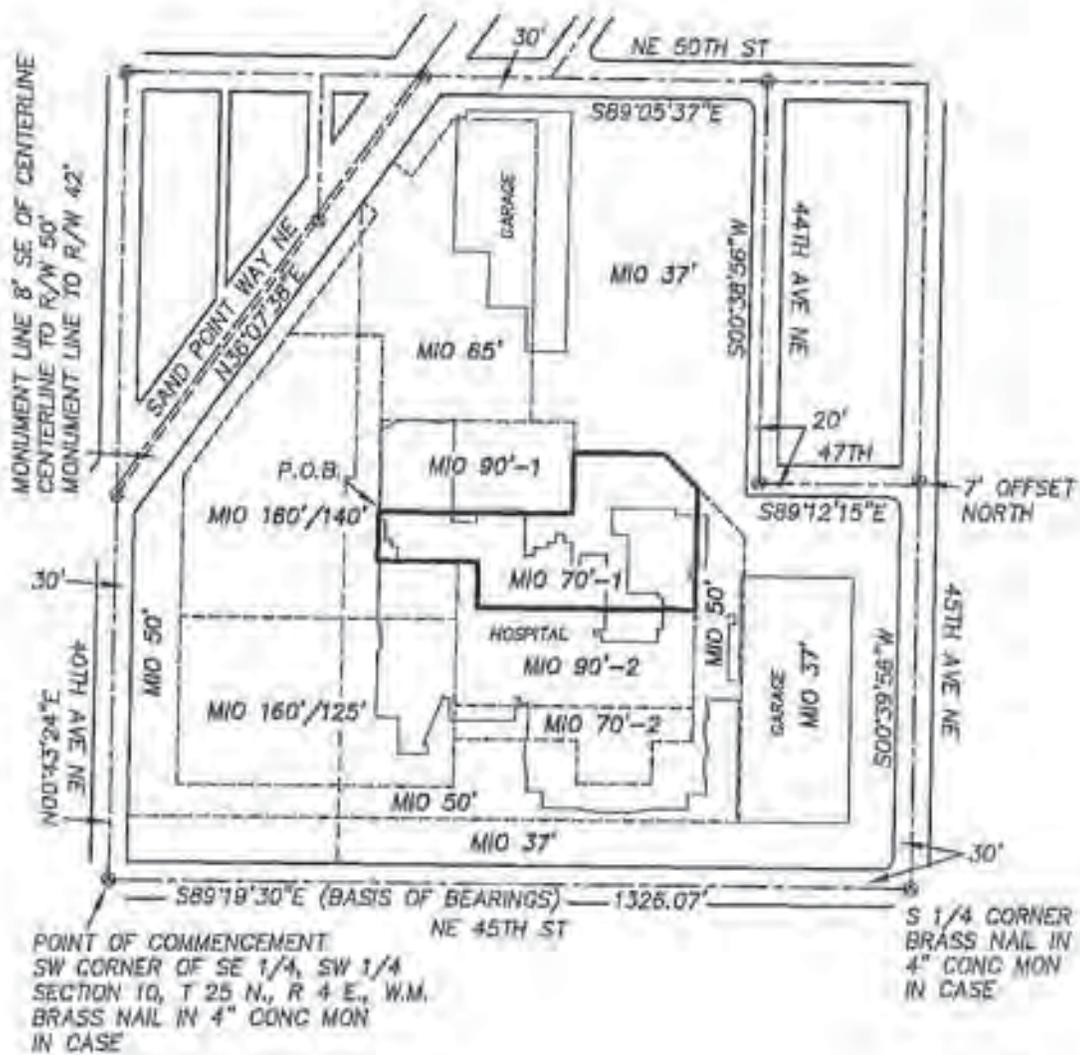
Thence N89°19'30"W a distance of 361.00 feet;

Thence N00°38'56"E a distance of 75.00 feet;

Thence N89°19'30"W a distance of 167.16 feet;

Thence N00°42'32"E a distance of 80.00 feet to the **POINT OF BEGINNING**.

Contains 88,426 sq. ft. +/- (2.03 acres)



SCALE 1"=300'

MIO 70'-1 ZONE

CHILDREN'S HOSPITAL AND REGIONAL MEDICAL CENTER
MIO HEIGHT LIMIT ZONES (MAJOR INSTITUTION OVERLAY)

Children's Hospital and Regional Medical Center
Seattle Washington
April 1, 2010

MIO 70'-2 Zone

That portion of the southeast quarter of the southwest quarter of Section 10, Township 25 North, Range 4 East, W.M., in the City of Seattle, King County, Washington described as follows:

COMMENCING at the southwest corner of said subdivision, being the intersection of 40th Ave NE and NE 45th St. and being marked by a brass nail in a 4" concrete monument in case, from whence the south quarter corner of said section, being a brass nail in a 4" concrete monument in case at the intersection of 45th Ave NE and NE 45th St., bears S89°19'30"E a distance of 1326.07 feet, thence S89°19'30"E a distance of 30.00 feet;

Thence N00°43'24"E a distance of 30.00 feet to the intersection of the north margin of NE 45th St. with the east margin of 40th Ave NE;

Thence continuing N00°43'24"E, along said east margin, a distance of 568.17 feet to the southeast margin of Sand Point Way NE;

Thence N36°07'38"E along said southeast margin a distance of 629.44 feet;

Thence, leaving said margin, S53°52'22"E a distance of 30.00 feet;

Thence S36°07'38"W a distance of 244.91 feet;

Thence S89°19'30"E a distance of 155.07 feet;

Thence S00°42'32"W a distance of 369.00 feet;

Thence S89°19'30"E a distance of 133.16 feet;

Thence S00°39'56"W a distance of 235.00 feet to the **POINT OF BEGINNING**;

Thence from said **POINT OF BEGINNING**, S89°19'30"E a distance of 395.00 feet;

Thence S00°39'56"W a distance of 55.00 feet;

Thence N89°19'30"W a distance of 65.00 feet;

Thence S00°39'56"W a distance of 70.00 feet;

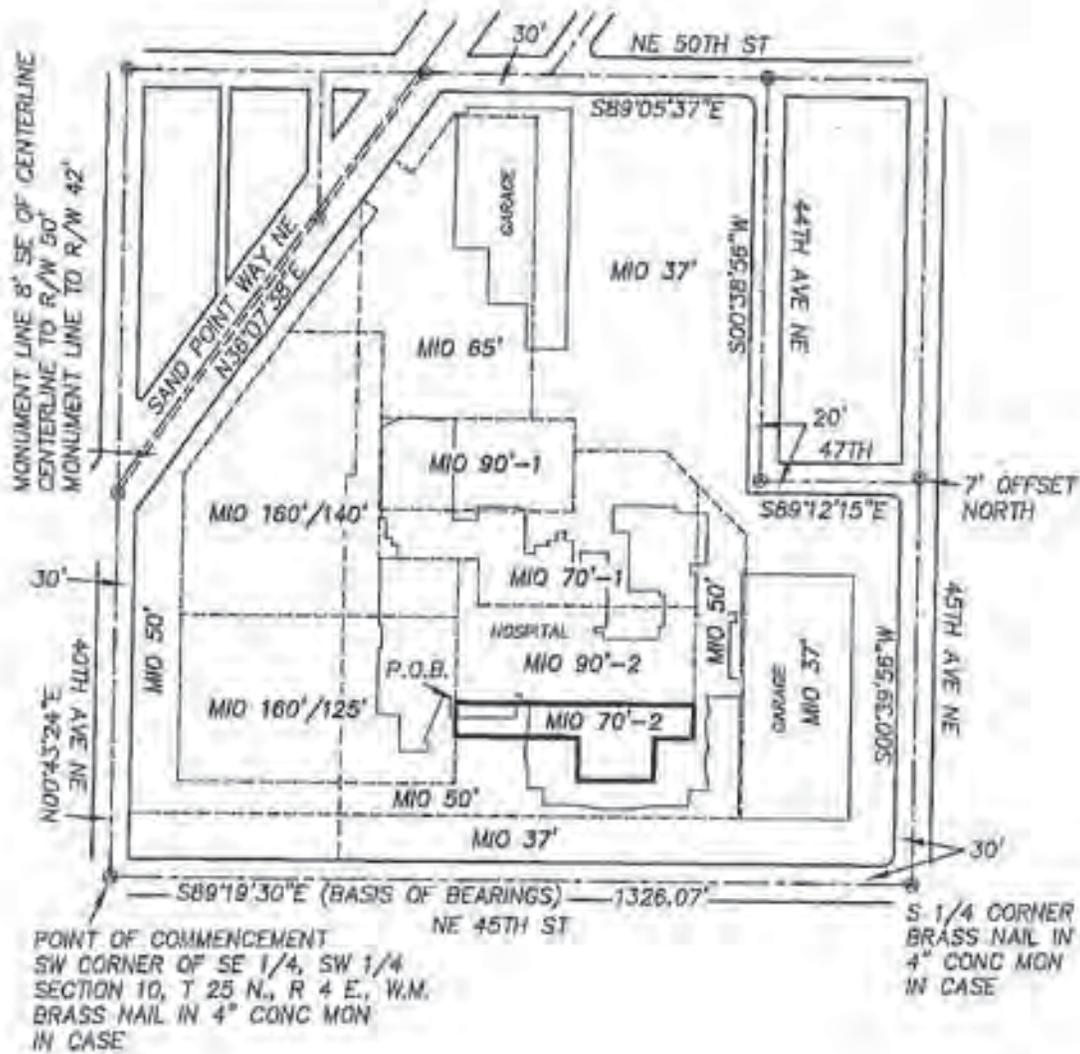
Thence N89°19'30"W a distance of 125.00 feet;

Thence N00°39'56"E a distance of 70.00 feet;

Thence N89°19'30"W a distance of 205.00 feet;

Thence N00°39'56"E a distance of 55.00 feet to the **POINT OF BEGINNING**.

Contains 30,475 sq. ft. +/- (0.70 acres)



SCALE 1"=300'

MIO 70'-2 ZONE

CHILDREN'S HOSPITAL AND REGIONAL MEDICAL CENTER
MIO HEIGHT LIMIT ZONES (MAJOR INSTITUTION OVERLAY)

Children's Hospital and Regional Medical Center
Seattle Washington
April 1, 2010

MIO 90'-1 Zone

That portion of the southeast quarter of the southwest quarter of Section 10, Township 25 North, Range 4 East, W.M., in the City of Seattle, King County, Washington described as follows:

COMMENCING at the southwest corner of said subdivision, being the Intersection of 40th Ave NE and NE 45th St. and being marked by a brass nail in a 4" concrete monument in case, from whence the south quarter corner of said section, being a brass nail in a 4" concrete monument in case at the Intersection of 45th Ave NE and NE 45th St., bears S89°19'30"E a distance of 1326.07 feet, thence S89°19'30"E a distance of 30.00 feet;

Thence N00°43'24"E a distance of 30.00 feet to the Intersection of the north margin of NE 45th St. with the east margin of 40th Ave NE;

Thence continuing N00°43'24"E, along said east margin, a distance of 568.17 feet to the southeast margin of Sand Point Way NE;

Thence N36°07'38"E along said southeast margin a distance of 629.44 feet;

Thence, leaving said margin, S53°52'22"E a distance of 30.00 feet;

Thence S36°07'38"W a distance of 244.91 feet;

Thence S89°19'30"E a distance of 155.07 feet;

Thence S00°42'32"W a distance of 139.00 feet to the **POINT OF BEGINNING**;

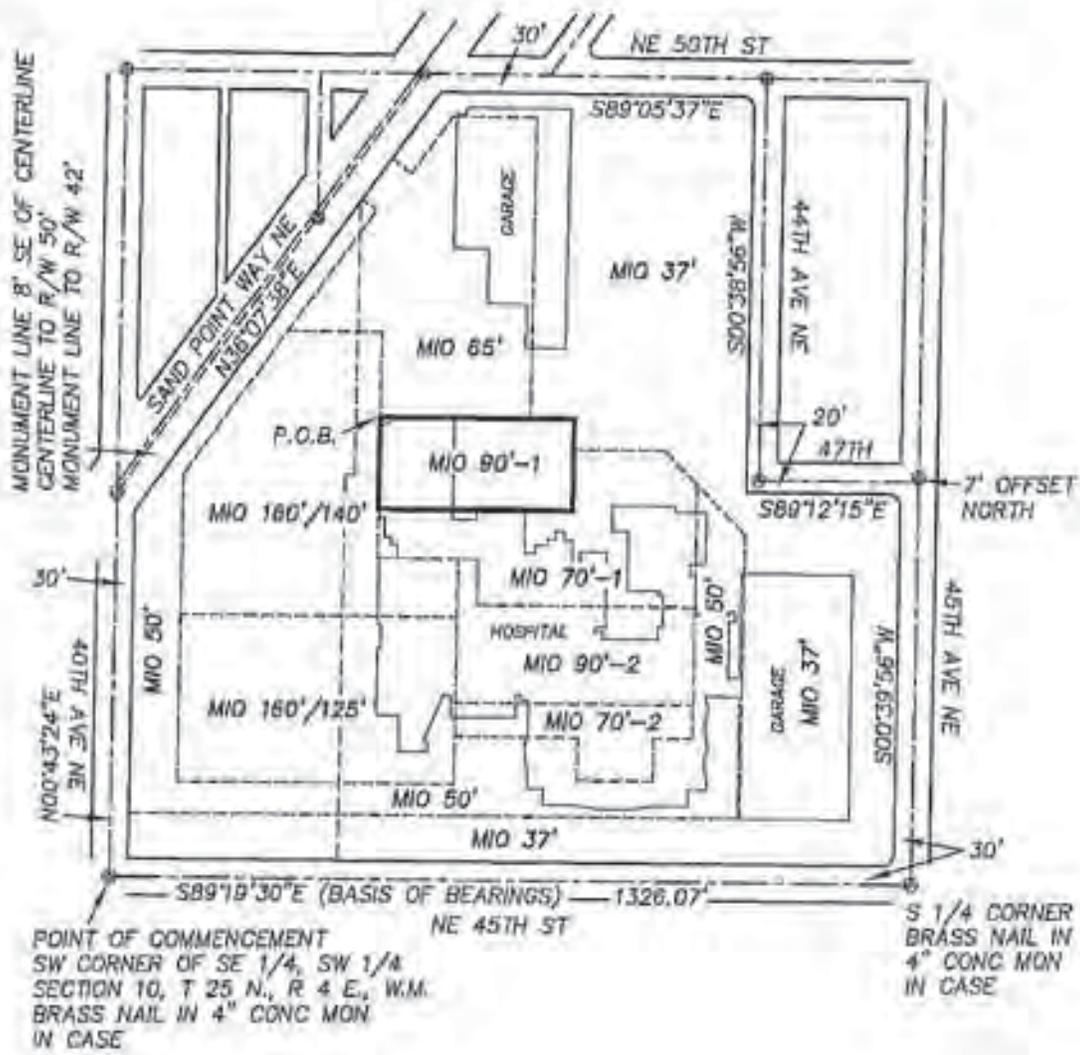
Thence from said **POINT OF BEGINNING**, S89°19'30"E a distance of 321.63 feet;

Thence S00°38'56"W a distance of 150.00 feet;

Thence N89°19'30"W a distance of 321.79 feet;

Thence N00°42'32"E a distance of 150.00 feet to the **POINT OF BEGINNING**.

Contains 48,256 sq. ft. +/- (1.11 acres)



SCALE 1"=300'

MIO 90'-1 ZONE

CHILDREN'S HOSPITAL AND REGIONAL MEDICAL CENTER
MIO HEIGHT LIMIT ZONES (MAJOR INSTITUTION OVERLAY)

Children's Hospital and Regional Medical Center
Seattle Washington
April 1, 2010

MIO 90'-2 Zone

That portion of the southeast quarter of the southwest quarter of Section 10, Township 25 North, Range 4 East, W.M., in the City of Seattle, King County, Washington described as follows:

COMMENCING at the southwest corner of said subdivision, being the intersection of 40th Ave NE and NE 45th St. and being marked by a brass nail in a 4" concrete monument in case, from whence the south quarter corner of said section, being a brass nail in a 4" concrete monument in case at the intersection of 45th Ave NE and NE 45th St., bears S89°19'30"E a distance of 1326.07 feet, thence S89°19'30"E a distance of 30.00 feet;

Thence N00°43'24"E a distance of 30.00 feet to the intersection of the north margin of NE 45th St. with the east margin of 40th Ave NE;

Thence continuing N00°43'24"E, along said east margin, a distance of 568.17 feet to the southeast margin of Sand Point Way NE;

Thence N36°07'38"E along said southeast margin a distance of 629.44 feet;

Thence, leaving said margin, S53°52'22"E a distance of 30.00 feet;

Thence S36°07'38"W a distance of 244.91 feet;

Thence S89°19'30"E a distance of 155.07 feet;

Thence S00°42'32"W a distance of 369.00 feet;

Thence S89°19'30"E a distance of 133.16 feet to the **POINT OF BEGINNING**;

Thence from said **POINT OF BEGINNING**, continuing S89°19'30"E, a distance of 34.00 feet;

Thence S00°39'56"W a distance of 75.00 feet;

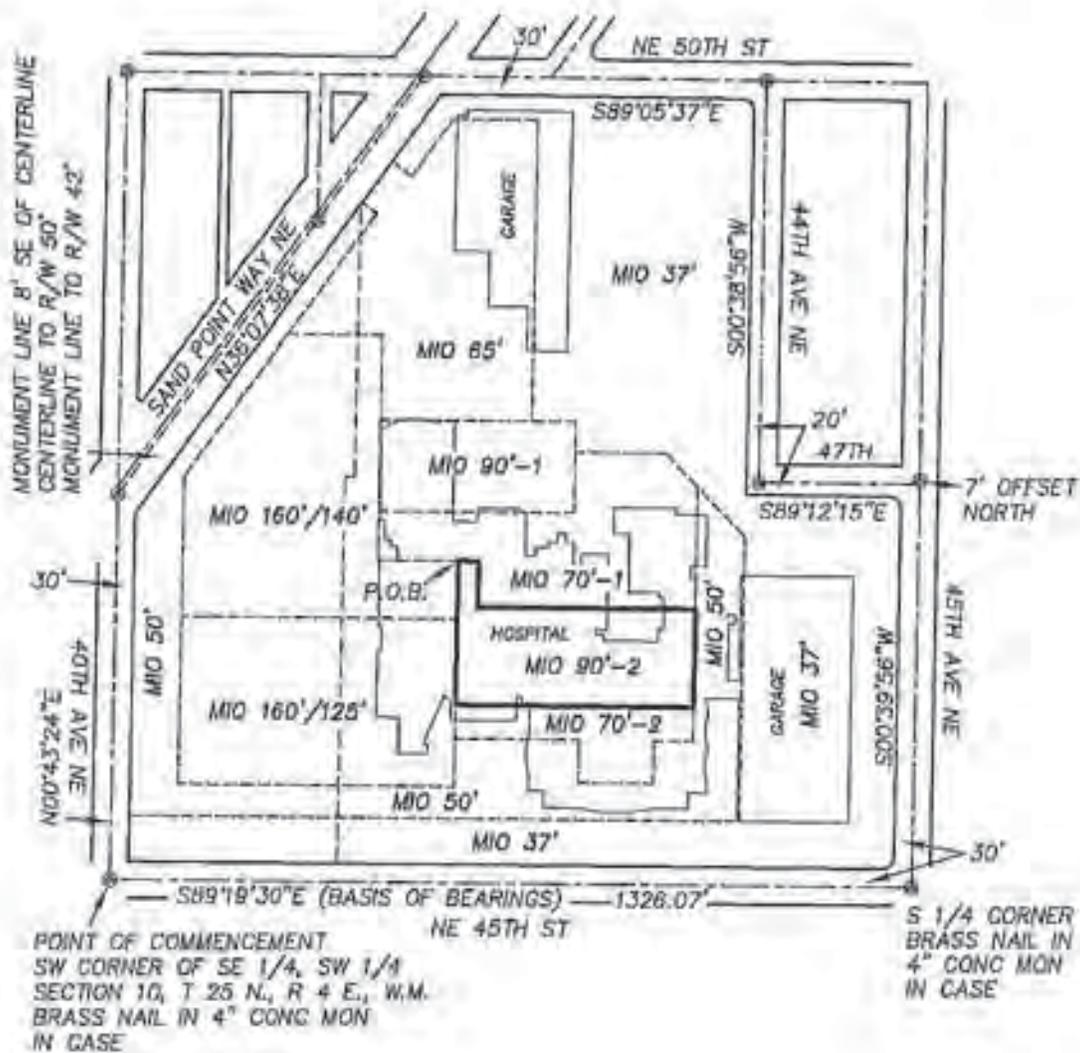
Thence S89°19'30"E a distance of 361.00 feet;

Thence S00°39'56"W a distance of 160.00 feet;

Thence N89°19'30"W a distance of 395.00 feet;

Thence N00°39'56"E a distance of 235.00 feet to the **POINT OF BEGINNING**.

Contains 65,750 sq. ft. +/- (1.51 acres)



MIO 90'-2 ZONE

CHILDREN'S HOSPITAL AND REGIONAL MEDICAL CENTER
MIO HEIGHT LIMIT ZONES (MAJOR INSTITUTION OVERLAY)

Children's Hospital and Regional Medical Center
Seattle Washington
April 1, 2010

MIO 160'/125' Zone

That portion of the southeast quarter of the southwest quarter of Section 10, Township 25 North, Range 4 East, W.M., in the City of Seattle, King County, Washington described as follows:

COMMENCING at the southwest corner of said subdivision, being the intersection of 40th Ave NE and NE 45th St. and being marked by a brass nail in a 4" concrete monument in case, from whence the south quarter corner of said section, being a brass nail in a 4" concrete monument in case at the intersection of 45th Ave NE and NE 45th St., bears S89°19'30"E a distance of 1326.07 feet, thence S89°19'30"E a distance of 30.00 feet;

Thence N00°43'24"E a distance of 30.00 feet to the intersection of the north margin of NE 45th St. with the east margin of 40th Ave NE;

Thence continuing N00°43'24"E, along said east margin, a distance of 568.17 feet to the southeast margin of Sand Point Way NE;

Thence N36°07'38"E along said southeast margin a distance of 629.44 feet;

Thence, leaving said margin, S53°52'22"E a distance of 30.00 feet;

Thence S36°07'38"W a distance of 244.91 feet;

Thence S89°19'30"E a distance of 155.07 feet;

Thence S00°42'32"W a distance of 369.00 feet;

Thence S89°19'30"E a distance of 133.16 feet;

Thence S00°39'56"W a distance of 95.00 feet to the **POINT OF BEGINNING**;

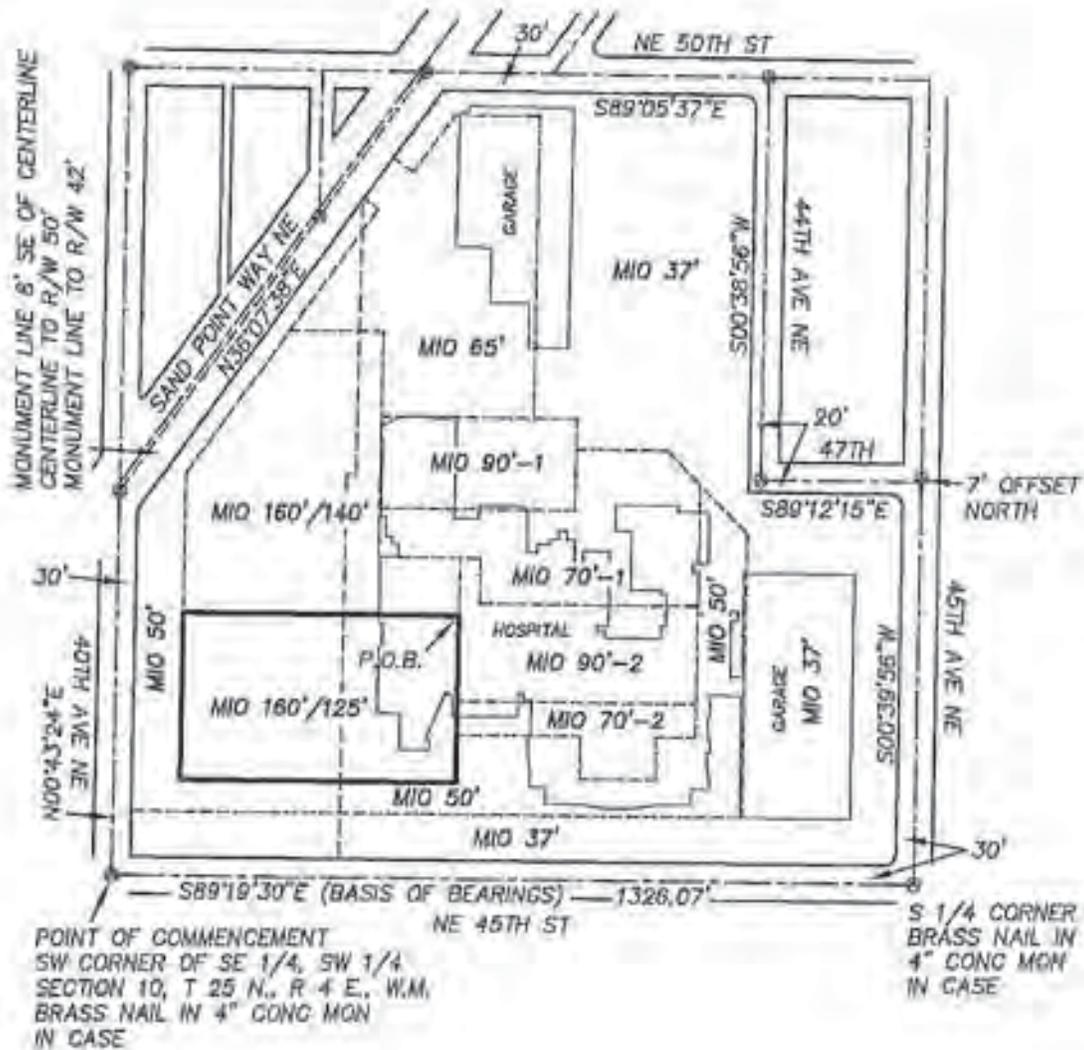
Thence from said **POINT OF BEGINNING**, continuing S00°39'56"W, a distance of 273.00 feet;

Thence N89°19'30"W a distance of 455.91 feet;

Thence N00°43'24"E a distance of 273.00 feet;

Thence S89°19'30"E a distance of 455.64 feet to the **POINT OF BEGINNING**.

Contains 124,426 sq. ft. +/- (2.86 acres)



SCALE 1"=300'

MIO 160'/125' ZONE

CHILDREN'S HOSPITAL AND REGIONAL MEDICAL CENTER
MIO HEIGHT LIMIT ZONES (MAJOR INSTITUTION OVERLAY)

Children's Hospital and Regional Medical Center
Seattle Washington
April 1, 2010

MIO 160'/140' Zone

That portion of the southeast quarter of the southwest quarter of Section 10, Township 25 North, Range 4 East, W.M., in the City of Seattle, King County, Washington described as follows:

COMMENCING at the southwest corner of said subdivision, being the intersection of 40th Ave NE and NE 45th St. and being marked by a brass nail in a 4" concrete monument in case, from whence the south quarter corner of said section, being a brass nail in a 4" concrete monument in case at the intersection of 45th Ave NE and NE 45th St., bears S89°19'30"E a distance of 1326.07 feet, thence S89°19'30"E a distance of 30.00 feet;

Thence N00°43'24"E a distance of 30.00 feet to the intersection of the north margin of NE 45th St. with the east margin of 40th Ave NE;

Thence continuing N00°43'24"E, along said east margin, a distance of 568.17 feet to the southeast margin of Sand Point Way NE;

Thence N36°07'38"E along said southeast margin a distance of 629.44 feet;

Thence, leaving said margin, S53°52'22"E a distance of 30.00 feet;

Thence S36°07'38"W a distance of 244.91 feet to the **POINT OF BEGINNING**;

Thence from said **POINT OF BEGINNING**, S89°19'30"E a distance of 155.07 feet;

Thence S00°42'32"W a distance of 369.00 feet;

Thence S89°19'30"E a distance of 133.16 feet;

Thence S00°39'56"W a distance of 95.00 feet;

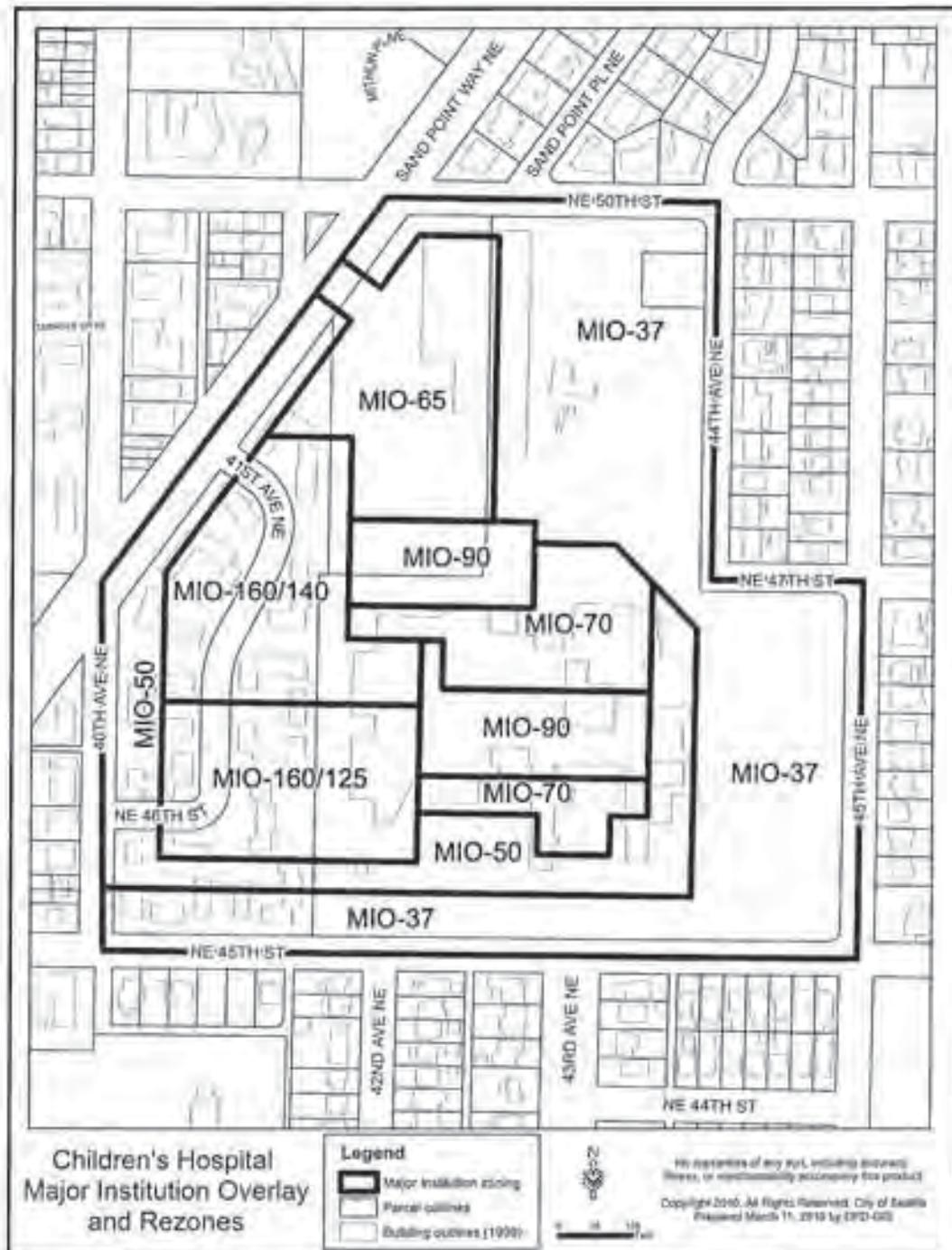
Thence N89°19'30"W a distance of 455.64 feet;

Thence N00°43'24"E a distance of 228.87 feet;

Thence N36°07'38"E a distance of 288.64 feet to the **POINT OF BEGINNING**.

Contains 142,565 sq. ft. +/- (3.27 acres)

ATTACHMENT C



FISCAL NOTE FOR NON-CAPITAL PROJECTS

Department:	Contact Person/Phone:	DOF Analyst/Phone:
Legislative	Michael Jenkins, 615-1674	NA

Legislation Title:

AN ORDINANCE relating to land use and zoning; adopting a new Major Institution Master Plan for Seattle Children's Hospital; and amending Chapter 23.32 of the Seattle Municipal Code at Page 63 of the Official Land Use Map, to modify height limits and rezone property to and within the Major Institution Overlay, all generally located along Sand Point Way Northeast (Project Numbers 3007521 and 3007696, Clerk File 308884).

Summary of the Legislation:

This is legislation adopting a new Major Institution Master Plan (MIMP) for Seattle Children's Hospital and approving an expansion of the Major Institution Overlay boundary and approving height rezones.

Background:

This legislation and Council review has been undertaken in accordance with the requirements and process set out for the adoption of Major Institution Master Plans in Seattle Municipal Code (SMC) Section 23.69. Related legislation includes Clerks File 308884

- *Please check one of the following:*

This legislation does not have any financial implications. *(Stop here and delete the remainder of this document prior to saving and printing.)*

This legislation has financial implications. *(Please complete all relevant sections that follow.)*

APPENDIX E: APPROVED DESIGN GUIDELINES

Seattle Children's Major Institution Master Plan

DESIGN GUIDELINES

Approved May 7, 2010



Contact: Todd Johnson, todd.johnson@seattlechildrens.org, (206)987-5259



A. MASTER PLAN DESIGN GUIDELINES 3

A1.0 Context 3

 A1.1 Purpose of Design Guidelines 3

 A1.2 Design Guidelines 4

B. DESIGN GUIDELINES 5

B1.0 Site Design 5

 B1.1 Hospital Campus Character..... 5

 B1.1.1 Statement of Intent 5

 B1.1.2 General Guidelines 5

 B1.1.3 Street Frontage Edge 5

 B1.1.3.1 Public Entrances and Access Points 6

 B1.1.3.2 Streetscape and Pedestrian Pathways 7

 B1.1.3.3 Sidewalks 8

 B1.1.3.4 Parking and Vehicle Access 9

 B1.1.4 Transition Edge..... 10

 B1.1.5 Garden Edge 11

 B 1.2 Exterior Spaces 12

 B1.2.1 Statement of Intent 12

 B1.2.2 General Guidelines 12

 B1.2.3 Retaining Wall Guidelines 12

 B1.2.4 Screening Guidelines 13

 B1.2.5 Lighting, Safety and Security Guidelines 14

 B1.2.6 Artwork Guidelines 15

 B1.3 Landscape..... 16

 B1.3.1 Statement of Intent 16

 B1.3.2 General Guidelines 16

 B1.3.3 Planting Guidelines 16

 B1.3.4 Stormwater Guideline..... 17

 B1.3.5 Irrigation Guideline 17

 B1.3.6 Steep Slope Guideline..... 17

 B2.0 Architectural Character..... 18

 B2.1 Height, Bulk and Scale 18

 B2.2 Architectural Elements and Features 19

 B2.3 Rooftops 20

 B2.4 Finish Materials 21

Appendix: Design Guidelines ChecklistA-1



Figure 1 Seattle Children's Major Institution Master Plan Area



Figure 2 Seattle Children's Major Institution Overlay Map

A. MASTER PLAN DESIGN GUIDELINES

A1.0 Context

Seattle Children's Master Plan, approved by the Seattle City Council in accordance with the conditions in the Major Institutions Code (Seattle Municipal Code Chapter 23.69), is the governing development plan for future expansion of Children's facilities at its Laurelhurst campus. The Master Plan has three major components:

- The development standards component (the height, setback, open space and other regulatory standards that supersede the development standards in the underlying zone);
- The development program component (proposals for physical development of the campus, including total maximum developable gross floor area allowed, overall Floor Area Ratio, number of parking spaces, phasing and other features);
- The transportation management component (the internal and external pedestrian and traffic circulation systems that serve the development and programs to reduce the use of single-occupant vehicles).

These Master Plan components are mandated by the City's Major Institutions Code and, in the event of conflict, the provisions of the Master Plan supersede these Design Guidelines.

The development standards in the Master Plan and these Design Guidelines serve different, yet complementary purposes.

- The development standards are prescriptive regulations that define the allowable development envelope within Children's Major Institution Overlay ("MIO") boundaries (see Figure 2).
- The Design Guidelines address hospital campus character and provide a qualitative basis for assessing conformance with the Master Plan.

A1.1 Purpose of Design Guidelines

In its review of Children's Master Plan, the City's Department of Planning and Development (DPD) recommended that Seattle Children's create a comprehensive set of Design Guidelines that are customized to Children's Master Plan. DPD explained how these Design Guidelines would be used: "To frame future Standing Advisory Committee (SAC) review [of projects to implement the Master Plan] ... SAC members would then apply the guidelines as they evaluate how specific proposals address shared concerns about how hospital development is to address its nearby neighbors and the public realm." [See DPD Director's Report, pg. 39] Seattle Children's accepted DPD's recommendation, prepared these Design Guidelines for its Master Plan that go beyond the examples mentioned by DPD, and submitted them to the Seattle Design Commission for review and recommendation. DPD approved, adopted and will administer these Design Guidelines.

The objective of the Design Guidelines is to balance the impacts from hospital development on the surrounding, non-institutional community, and to enhance the transition between, and the compatibility of, the hospital and the surrounding community. Such impacts include those related to the height, bulk and scale of structures, character of development, transportation (such as increased vehicle and other traffic, and circulation), and operational noise and lighting.

Each section of the Design Guidelines contains an intent statement followed by specific guidelines and suggested strategies to meet those guidelines.

A1.2 Design Guidelines

The Design Guidelines are to assist in achieving the desired character envisioned for the hospital campus. Future facilities should strive to blend old with new while harmonizing with the surrounding neighborhood landscape and building forms. Materials and plantings should be durable, attractive and high quality; using green building practices wherever feasible.

The Design Guidelines provide for compatibility in the use of materials, design of public spaces and overall character of the hospital campus for the life of the Master Plan. The SAC is to prioritize key guidelines, recognizing that all guidelines do not necessarily apply to all projects.



Figure 3 Seattle Children's Access Locations

B. DESIGN GUIDELINES

B1.0 Site Design

B1.1 Hospital Campus Character



Street Frontage Edge Examples

Stephanie Bower, Architectural Illustration

B1.1.1 Statement of Intent:

The hospital campus shall be both a healing environment and complement aesthetic goals of the neighborhood.

B1.1.2 General Guidelines:

- Acknowledge the character of surrounding single-family residential, multi-family and mixed use areas at each edge.
- Use a compatible palette, texture, and color of building materials to unify the hospital campus.
- Use landscaping to soften and enhance outdoor spaces and screen utilities, blank walls and other more functional elements.

B1.1.3 Street Frontage Edge:

- Design open spaces adjacent to Street Frontage Edges to be inviting, open and complementary to adjacent street frontage uses.
- Use a combination of the following architectural treatments to enhance "front door" Street Frontage Edges: architectural features and detailing such as railings and balustrades, awnings or canopies, decorative pavement, decorative lighting, seats, planter boxes, trellises, artwork, signs.

B1.1.3.1 Public Entrances and Access Points



Stephanie Bower, Architectural Illustration

Create a hierarchy of public entrances and access points to emphasize their appearance at Street Frontage Edge locations, and diminish them at Garden Edge locations where visible from single family residences.

Landscaping, artwork and detailing can define primary entrances and access points to create a sense of arrival and place. Primary access points are transition locations that identify entry or departure points for pedestrians and vehicles. They may also identify public building entrances or the beginning of public pathways that cross the hospital campus. These locations are place-making opportunities.

Consider use of:

- Distinctive architectural elements, landscaping and signage at primary public entrances and access points to provide visual emphasis and ease of identification.
- Wayfinding that clearly identifies building entries, pathways, and public gardens and pedestrian-scaled signage.
- Identifiable hospital campus access points to connect neighborhood areas to hospital buildings and gardens throughout hospital campus.
- Location, number and design of access points to balance goals for landscape screening with needs for pedestrian access.

B1.1.3.2 Streetscape and Pedestrian Pathways



Stephanie Bower, Architectural Illustration

Design streets and pathways to accommodate all travel modes.

Streets, sidewalks and hospital campus pathways should be welcoming, open to the general public, as well as barrier-free and ADA-accessible.

The vision for street level use is to encourage bicyclist and pedestrian activity, improve public surveillance, and capacity for all travel modes. Pathways and streets around the hospital campus shall provide opportunities to complete street-to-street connections. Each should encourage travel by transit, bike or walking with a streetscape that is attractive and safe.

Consider use of:

- Nighttime lighting designed for safety and good surveillance with minimal spillover/light pollution.
- Enhanced sidewalk and pathway system with wayfinding program and signage.
- Sidewalks that meet the anticipated pedestrian peak load through zone areas without impediments.
- Street front awnings and weather protection along primary pedestrian pathways.
- Pedestrian amenities in prominent, active areas that are complementary to the adjacent building use or programmed open space, such as:
 - Benches
 - Drinking Fountain
 - Kiosk
 - Lighting, both street and pedestrian
 - Short Term Bicycle Parking
 - Stormwater Facilities
 - Trees
 - Tree grates

B1.1.3.3 Sidewalks



Relate the sidewalk and its amenities to the adjacent uses, the organization of pedestrian movements, and the experience along its length.

Sidewalks provide pedestrian connections throughout the campus. To enhance the function of the sidewalk, organize furnishings in a furnishings zone, between the curb and the through zone. Areas flanking the through zone at the property line would allow pedestrians to stand out of the way of through pedestrian movements. Here, the building zone could be expanded to larger plaza areas, developed with the building.



Figure 4 Typical Sidewalk Section

B1.1.3.4 Parking and Vehicle Access



Stephanie Bower, Architectural Illustration



Minimize vehicle movement and storage and design facilities to complement the envisioned calming character of the campus.

Design of vehicular access and parking facilities provide opportunities to optimize operational functionality and contribute to desired hospital character. Design Street Frontage Edges to direct vehicle movements, mark access points to the campus, and promote safety for bike, pedestrian and transit users. Design Garden Edges to help screen views of parking and access points.

Consider use of:

- Vehicle wayfinding using signage and directions to facilitate orderly movements to and from the hospital campus.
- Vines, hanging plants and other plantings on vertical surfaces of elevated structures to conceal parking.
- Shielded lighting to limit light effects on adjacent properties along driveways, surface parking and garage areas.
- Landscaping to provide tree canopy shading of driving surfaces as well as shrubs to screen views of driveways, surface parking lots and parking garage rooftops.
- Consolidated wayfinding signage to reduce visual clutter.
- Bollards and other appropriate traffic management elements to minimize use of service access point.



Transition Edge

Stephanie Bower, Architectural Illustration

B1.1.4 Transition Edge:

- Transition Edge is a hybrid of the Street Frontage Edge and the Garden Edge.
- This edge occurs along 40th Ave NE, where the street transitions from the urban Street Frontage Edge to the denser landscaping of the residential Garden Edge.

Evaluate the Transition Edge against the same for Street Frontage Edge and Garden Edge guidelines and considerations.



Garden Edge Examples

B1.1.5 Garden Edge:

- The objective of the Garden Edge is to screen hospital structures and light that emanates from vehicles, buildings and site fixtures, while providing an aesthetically pleasing and diversely vegetated viewscape and safe walking environment for pedestrians.
- Architectural features, landscape improvements, and the transition zone between hospital buildings and the public right of way around Garden Edges shall be designed to be compatible with adjacent single family character.
- Use a combination of the following treatments to ensure compatibility with adjacent uses: planted screens, gardens, plaza areas, decorative pavement, non-glare lighting, seating, planter boxes, trellises, artwork, and signage.

B 1.2 Exterior Spaces

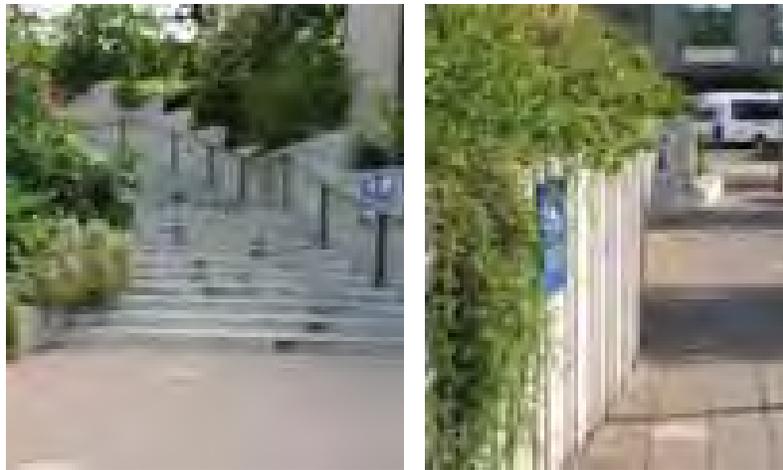
B1.2.1 Statement of Intent:

The hospital campus should relate to and feel integrated with the surrounding residential areas while maintaining clarity of its identity, character and use.

B1.2.2 General Guidelines:

- Exterior spaces should extend the color, texture, pattern and quality of the surrounding residential areas.
- Exterior spaces shall provide a visually and otherwise calming experience.
- The hospital campus shall be designed to include and provide access to restorative and therapeutic gardens with seasonal sun and shade to provide outdoor comfort for families, patients, caregivers and neighbors.
- Similar materials in plantings, paving, stairs and walls to provide a unifying context for the site development which matches or complements existing campus and surrounding areas.
- Artwork integrated into publicly accessible areas of buildings and landscaping that evokes a sense of place related to the use of the area.
- Focal point features such as building entries, fountains, botanical gardens, therapy gardens or pools that relate to wayfinding or honors and memorials.

B1.2.3 Retaining Wall Guidelines:



- Retaining walls near a public sidewalk that extend higher than eye level should be avoided where possible.
- Where high retaining walls are unavoidable, they should be designed to reduce their visual impact and increase the interest for the pedestrian along the streetscape.

Consider use of:

- Masonry, stone or other textured material for retaining walls where visible.
- Terracing and landscaping to reduce the visual impact of high retaining walls, especially on sloped sites.
- Hanging plant material at the top and base of walls to soften appearance and blend with surrounding landscaping.

B1.2.4 Screening Guidelines:



- Where necessary, use screening sensitively to soften noise and visual impacts to adjacent properties.
- Design screening to minimize impact of noise producing equipment to adjacent residential neighborhoods.

Landscaping, fencing and walls can serve as screens to block views of the hospital campus buildings, of loading and utility areas, lighting, parking and functional hospital components. Control sound with screen walls. Soften the appearance of walls with plantings.

Consider use of:

- Planted visual screens.
- Barrier walls to reduce noise impacts on adjacent residential neighbors.
- Plantings to screen areas of greater noise activity.
- Semi-transparent wall systems to minimize screen wall mass, in combination with plantings.

B1.2.5 Lighting, Safety and Security Guidelines:



The design and locations of physical features such as site furnishings, landscaping, pathways and lighting should maximize pedestrian visibility and safety while fostering positive social interaction among patients, visitors, caregivers and neighbors.

The design of the hospital campus shall place high importance on public safety and security. The location of entrances and exits, fencing, lighting and landscape will be used to limit or encourage access or control use. The design of the landscape can help define public, semi-public and private spaces that can be visually monitored effectively by users.

Consider use of:

- Publicly accessible spaces designed with clear sight lines and visible from the street or primary bike or pedestrian pathways.
- Low shrubs and pruned trees for high visibility in landscaped areas. Design structures to eliminate hiding places for predators by locating building windows or security cameras overlooking pathways, plazas and parking.
- Evenly distributed, glare-free lighting to increase security and reduce impacts on adjacent property.
- Lighting placed along pathways and other pedestrian-use areas at proper heights for lighting the faces of the people in the space for ease of identification.
- Landscape designs that promote surveillance needs, especially in proximity to designated points of entry and at points where unauthorized individuals may gain entry.

B1.2.6 Artwork Guidelines:

Include opportunities for art in the design process as early as possible to allow integration into the design.

Evaluate the suitability of artwork, whether commissioned or acquired, for its specific site. Consider the artwork's size, materials, concept, etc.

Artwork for the Seattle Children's campus is an integral element to enliven spaces, to create interest and focal points, and to instill layers of meaning and craft to the variety of spaces created by development of the campus.

Consider use of:

- Ephemeral, seasonal forms and artwork employing new technologies that are in keeping with the mission and users of the campus.

B1.3 Landscape



B1.3.1 Statement of Intent:

The hospital campus should be composed of a rich and varied landscape and plant palette providing the character and sense of an arboretum.

B1.3.2 General Guidelines:

- The landscape plan shall respond to special on-site conditions such as steep slopes, existing significant trees - such as mature, rare or ornamental trees - as well as extend or improve off-site conditions, such as greenbelts, natural areas and streets.
- Coordinate plant locations with adjacent building functions.
- The landscape should extend the color, texture and pattern of the surrounding residential areas while maintaining the visually calming experience unique to the hospital campus.
- Focal point features such as building entries, fountains, botanical gardens, therapy gardens or pools that relate to wayfinding or honors and memorials.

B1.3.3 Planting Guidelines:



- Plantings shall include mix of groundcovers and perennials, shrubs, understory and canopy trees to provide multi-layered interest.
- Plantings shall include deciduous and evergreen plants to provide multi-seasonal interest.
- Plantings shall include some portion of hybridized or native plants which are drought tolerant and beneficial to native insects and birds.
- Avoid dense, dark vegetated "walls" along sidewalks by instead planting year-round screens that are softened by diverse and deciduous plantings and open spaces.
- Avoid planting low-branching shrubs and other potentially unsafe, view-obscuring plants close to sidewalks.
- To minimize need for irrigation beyond the establishment period, consider drought and urban tolerant plants.

- Supplemental planting types and densities to connect greenways and wildlife corridors.
- Existing plant materials mixed with new plant material to maximize longevity of both campus and right-of-way plant communities.

B1.3.4 Stormwater Guideline:

- Stormwater treatment and control integrated with the natural rain water cycle, grading and plant communities of the site.

B1.3.5 Irrigation Guideline:

- Mix of drought tolerant landscape plantings, reused stormwater, and drip irrigation to conserve potable water.

B1.3.6 Steep Slope Guideline:

- Plantings and other erosion control measures to prevent site destabilization on steep topography.

B2.0 Architectural Character

B2.1 Height, Bulk and Scale



Stephanie Bower, Architectural Illustration

Design buildings with materials that help visually reduce the scale and form of the buildings into smaller scaled elements and that complement neighboring structures within the same visual field.

Use landscaping to reduce the visible building area, and change finish materials to reduce large fields of like materials on building surfaces.

Consider use of:

- A palette of compatible materials to divide areas of large forms into smaller shapes that are in scale with surrounding structures; including but not limited to windows, curtain walls, metal panels, retail frontages, glass and brick.
- Articulated building volume by setting wall planes back or forward to create shadows or break up long expanses of building walls.
- Terraced retaining walls to lift landscaping, screen buildings and break up large areas of inclined or retained landscape.
- Trellises, climbing vines or wall mounted planters to soften vertical walls.

B2.2 Architectural Elements and Features



Integrate new buildings with the existing architecture to establish a new cohesive whole for the campus.

Overall, the architecture would use materials that create a backdrop for building entries and public spaces on the Street Frontage Edges as well as less obtrusive forms along Garden Edges. Architectural design should be visually integrated with existing campus while mitigating visual impacts to surrounding residential neighborhood.

Consider use of:

- Compatible palette of materials which is visually harmonious and applied across the entire campus.
- Materials such as glass, metal and wood to celebrate building entries or public spaces which complement their function and use.
- Building forms and treatment of building edges that are scaled in proportion to surrounding buildings.
- Accent lighting, landscaping and other features to highlight and give definition to the architecture.

B2.3 Rooftops



Stephanie Bower, Architectural Illustration

Where rooftops are visible from locations beyond the hospital campus, rooftops are a design element.

Designs should show attention to public views of rooftops from the adjacent neighborhoods.

Consider use of:

- Rooftop elements and surface finishes organized to minimize appearance from higher elevations overlooking the campus.
- Screens to hide roof mounted equipment, and to minimize visual clutter on the roof.
- Rooftop gardens, but be mindful of the visual impacts or the noise impacts of rooftop gathering places.

B2.4 Finish Materials



Stephanie Bower, Architectural Illustration

Design and build new buildings with high-quality, attractive, durable materials aesthetically appropriate to the hospital and the neighborhood.

The selection and use of exterior materials is a key factor in determining how a building will look. Some materials have an intrinsic sense of permanence or can provide texture or scale that helps new buildings fit better in their surroundings.

Consider use of:

- Color palette selected according to relationships to other nearby buildings.
- Reusable and sustainable building materials where feasible, incorporated into the design and acquired from regional producers and manufacturers.
- Low reflective or glare-reducing materials to minimize visual impact on adjacent properties.
- Nighttime light transmission reducing elements.



Figure 5 Campus Expansion Landscape Plan Concept (Hartmann shown but not part of expanded Campus)



Figure 6 Sand Point Way NE



Figure 7 40th Avenue NE

Appendix: Design Guidelines Checklist

	Priority?	Comments/ Notes
B1.0 Site Design		
B1.1 Hospital Campus Character		
B1.1.2 General Guidelines		
• Acknowledge the character of surrounding single-family residential, multi-family and mixed use areas at each edge.	<input type="checkbox"/>	
• Use a compatible palette, texture, and color of building materials to unify the hospital campus.	<input type="checkbox"/>	
• Use landscaping to soften and enhance outdoor spaces and screen utilities, blank walls and other more functional elements.	<input type="checkbox"/>	
B1.1.3 Street Frontage Edge		
• Open spaces adjacent to Street Frontage Edges to be inviting, open and complementary to adjacent street frontage uses.	<input type="checkbox"/>	
• Use a combination of the following architectural treatments to enhance “front door” Street Frontage Edges: architectural features and detailing such as railings and balustrades, awnings or canopies, decorative pavement, decorative lighting, seats, planter boxes, trellises, artwork, signs.	<input type="checkbox"/>	
B1.1.3.1 Public Entrances and Access Points		
• Create a hierarchy of public entrances and access points to emphasize their appearance at Street Frontage Edge locations, and diminish them at Garden Edge locations where visible from single family residences.	<input type="checkbox"/>	
B1.1.3.2 Streetscape and Pedestrian Pathways		
• Design streets and pathways to accommodate all travel modes.	<input type="checkbox"/>	
• Streets, sidewalks and hospital campus pathways should be welcoming, open to the general public, as well as barrier-free and ADA-accessible.	<input type="checkbox"/>	

	Priority?	Comments/ Notes
<p>B1.1.3.3 Sidewalks</p> <ul style="list-style-type: none"> Relate the sidewalk and its amenities to the adjacent uses, the organization of pedestrian movements, and the experience along its length. 	<input type="checkbox"/>	
<p>B1.1.3.4 Parking and Vehicle Access</p> <ul style="list-style-type: none"> Minimize vehicle movement and storage and design facilities to complement the envisioned calming character of the campus. 	<input type="checkbox"/>	
<p>B1.1.4 Transition Edge</p> <ul style="list-style-type: none"> Evaluate the Transition Edge against the same for Street Frontage Edge and Garden Edge guidelines and considerations. 	<input type="checkbox"/>	
<p>B1.1.5 Garden Edge</p> <ul style="list-style-type: none"> The objective of the Garden Edge is to screen hospital structures and light that emanates from vehicles, buildings and site fixtures, while providing an aesthetically pleasing and diversely vegetated viewscape and safe walking environment for pedestrians. Architectural features, landscape improvements, and the transition zone between hospital buildings and the public right of way around Garden Edges shall be designed to be compatible with adjacent single family character. Use a combination of the following treatments to ensure compatibility with adjacent uses: planted screens, gardens, plaza areas, decorative pavement, non-glare lighting, seating, planter boxes, trellises, artwork, and signage. 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<p>B1.2 Exterior Spaces</p> <p>B1.2.2 General Guidelines</p> <ul style="list-style-type: none"> Exterior spaces should extend the color, texture, pattern and quality of the surrounding residential areas. 	<input type="checkbox"/>	

	<i>Priority?</i>	<i>Comments/ Notes</i>
<ul style="list-style-type: none"> • Exterior spaces shall provide a visually and otherwise calming experience. 	<input type="checkbox"/>	
<ul style="list-style-type: none"> • The hospital campus shall be designed to include and provide access to restorative and therapeutic gardens with seasonal sun and shade to provide outdoor comfort for families, patients, caregivers and neighbors. 	<input type="checkbox"/>	
<ul style="list-style-type: none"> • Similar materials in plantings, paving, stairs and walls to provide a unifying context for the site development which matches or complements existing campus and surrounding areas. 	<input type="checkbox"/>	
<ul style="list-style-type: none"> • Artwork integrated into publicly accessible areas of buildings and landscaping that evokes a sense of place related to the use of the area. 	<input type="checkbox"/>	
<ul style="list-style-type: none"> • Focal point features such as building entries, fountains, botanical gardens, therapy gardens or pools that relate to wayfinding or honors and memorials. 	<input type="checkbox"/>	
 B1.2.3 Retaining Wall Guidelines		
<ul style="list-style-type: none"> • Retaining walls near a public sidewalk that extend higher than eye level should be avoided where possible. 	<input type="checkbox"/>	
<ul style="list-style-type: none"> • Where high retaining walls are unavoidable, they should be designed to reduce their visual impact and increase the interest for the pedestrian along the streetscape. 	<input type="checkbox"/>	
 B1.2.4 Screening Guidelines		
<ul style="list-style-type: none"> • Where necessary, use screening sensitively to soften noise and visual impacts to adjacent properties. 	<input type="checkbox"/>	
<ul style="list-style-type: none"> • Design screening to minimize impact of noise producing equipment to adjacent residential neighborhoods. 	<input type="checkbox"/>	
 B1.2.5 Lighting, Safety and Security Guidelines		
<ul style="list-style-type: none"> • The design and locations of physical features such as site furnishings, landscaping, pathways and lighting should maximize pedestrian visibility and safety while fostering positive social interaction among patients, visitors, caregivers and neighbors. 	<input type="checkbox"/>	

	<i>Priority?</i>	<i>Comments/ Notes</i>
B1.2.6 Artwork Guidelines		
<ul style="list-style-type: none"> • Include opportunities for art in the design process as early as possible to allow integration into the design. 	<input type="checkbox"/>	
<ul style="list-style-type: none"> • Evaluate the suitability of artwork, whether commissioned or acquired, for its specific site. Consider the artwork's size, materials, concept, etc. 	<input type="checkbox"/>	
B1.3 Landscape		
B1.3.2 General Guidelines		
<ul style="list-style-type: none"> • The landscape plan shall respond to special on-site conditions such as steep slopes, existing significant trees - such as mature, rare or ornamental trees - as well as extend or improve off-site conditions, such as greenbelts, natural areas and streets. 	<input type="checkbox"/>	
<ul style="list-style-type: none"> • Coordinate plant locations with adjacent building functions. 	<input type="checkbox"/>	
<ul style="list-style-type: none"> • The landscape should extend the color, texture and pattern of the surrounding residential areas while maintaining the visually calming experience unique to the hospital campus. 	<input type="checkbox"/>	
<ul style="list-style-type: none"> • Focal point features such as building entries, fountains, botanical gardens, therapy gardens or pools that relate to wayfinding or honors and memorials 	<input type="checkbox"/>	
B1.3.3 Planting Guidelines		
<ul style="list-style-type: none"> • Plantings shall include mix of groundcovers and perennials, shrubs, understory and canopy trees to provide multi-layered interest. 	<input type="checkbox"/>	
<ul style="list-style-type: none"> • Plantings shall include deciduous and evergreen plants to provide multi-seasonal interest. 	<input type="checkbox"/>	
<ul style="list-style-type: none"> • Plantings shall include some portion of hybridized or native plants which are drought tolerant and beneficial to native insects and birds. 	<input type="checkbox"/>	

	<i>Priority?</i>	<i>Comments/ Notes</i>
<ul style="list-style-type: none"> • Avoid dense, dark vegetated “walls” along sidewalks by instead planting year-round screens that are softened by diverse and deciduous plantings and open spaces. 	<input type="checkbox"/>	
<ul style="list-style-type: none"> • Avoid planting low-branching shrubs and other potentially unsafe, view-obscuring plants close to sidewalks. 	<input type="checkbox"/>	
<ul style="list-style-type: none"> • To minimize need for irrigation beyond the establishment period, consider drought and urban tolerant plants. 	<input type="checkbox"/>	
<ul style="list-style-type: none"> • Supplemental planting types and densities to connect greenways and wildlife corridors. 	<input type="checkbox"/>	
<ul style="list-style-type: none"> • Existing plant materials mixed with new plant material to maximize longevity of both campus and right-of-way plant communities. 	<input type="checkbox"/>	
B1.3.4 Stormwater Guideline		
<ul style="list-style-type: none"> • Stormwater treatment and control integrated with the natural rain water cycle, grading and plant communities of the site. 	<input type="checkbox"/>	
B1.3.5 Irrigation Guideline		
<ul style="list-style-type: none"> • Mix of drought tolerant landscape plantings, reused stormwater, and drip irrigation to conserve potable water. 	<input type="checkbox"/>	
B1.3.6 Steep Slope Guideline		
<ul style="list-style-type: none"> • Plantings and other erosion control measures to prevent site destabilization on steep topography. 	<input type="checkbox"/>	
B2.0 Architectural Character		
B2.1 Height, Bulk and Scale		
<ul style="list-style-type: none"> • Design buildings with materials that help visually reduce the scale and form of the buildings into smaller scaled elements and that complement neighboring structures within the same visual field. 	<input type="checkbox"/>	

	<i>Priority?</i>	<i>Comments/ Notes</i>
B2.2 Architectural Elements and Features		
<ul style="list-style-type: none"> Integrate new buildings with the existing architecture to establish a new cohesive whole for the campus. 	<input type="checkbox"/>	
B2.3 Rooftops		
<ul style="list-style-type: none"> Where rooftops are visible from locations beyond the hospital campus, rooftops are a design element. 	<input type="checkbox"/>	
B2.4 Finish Materials		
<ul style="list-style-type: none"> Design and build new buildings with high-quality, attractive, durable materials aesthetically appropriate to the hospital and the neighborhood. 	<input type="checkbox"/>	

APPENDIX F: COMPREHENSIVE TRANSPORTATION PLAN

MEMORANDUM

To: Paulo Nunes-Ueno, Seattle Children's (Children's)

From: Tom Brennan, Andrea Broaddus, Maggie McGehee, and Manuel Soto: Nelson\Nygaard
Peter Valk, TMS

Date: October 20, 2008

Subject: Proposed Comprehensive Transportation Plan in Support of the 2008 MIMP

Introduction

This memorandum expands upon and amends the memorandum dated March 28, 2008 as presented in Appendix T-9 to the Children's Hospital and Regional Medical Center (now Seattle Children's) Draft Environmental Impact Statement (DEIS) for its Major Institution Master Plan (MIMP). The following document outlines the revised Comprehensive Transportation Plan (CTP) that Children's proposes as part of its anticipated MIMP. Children's would implement the proposed CTP upon MIMP approval.

This CTP is based on Nelson\Nygaard's recommendations and analysis, which are documented in Appendix A to this memorandum. Improvements and refinements to the plan as recommended in the March 28, 2008 memo were made in consultation with the Citizen's Advisory Committee, the City of Seattle Departments of Planning and Development (DPD) and Transportation (SDOT), and in response to comments made by the general public during the review period of the Major Institution Master Plan.

This proposed CTP supports Children's transportation goals, which focus institutional planning and investments to minimize Children's impacts on the transportation network and the environment, while at the same time making the most of precious healthcare dollars by limiting construction of expensive, new parking facilities. Children's transportation goals are to:

- Further reduce the percent of commute trips made by single-occupant vehicle (SOV)
- Further reduce AM and PM peak hour vehicle travel
- Reduce the need to build parking on campus or in nearby facilities within the area that would be affected by MIMP-related vehicle trips, and
- Support Children's continued leadership in delivering innovative transportation solutions in the context of climate change.

This CTP would represent a substantial investment in sustainable transportation programs and infrastructure beyond the hospital campus. The CTP is comprised of eight additive elements that reduce congestion and other negative transportation impacts related to the hospital's growth by making transit, walking, and biking not simply convenient choices, but rather the preferred way to travel to Children's.

Comprehensive Transportation Plan elements

Children's has long been recognized as a leader in Transportation Demand Management (TDM), receiving awards from the Governor's office, King County, and the U.S. Environmental Protection Agency for its excellent commuter benefits and achievements in vehicle trip reduction. The hospital's programs to reduce drive-alone commuting and vehicle trips to the campus have resulted in a drive-alone rate of only 38% among daytime employees in 2006, down from 73% in 1995. This accomplishment is significant both for a hospital and for an employer located in a neighborhood with limited public transit service.

With the input of the Citizens Advisory Committee, SDOT, and DPD, Children's has developed a Comprehensive Transportation Plan (CTP) to focus on sustainable transportation programs. The first three elements of the proposed CTP represent major enhancements in programs that are operated within Children's as part of its highly successful Transportation Management Plan (TMP). This enhanced TMP would mitigate vehicle traffic related to MIMP expansion by shifting even more employees and visitors from single-occupancy vehicles (SOV) to bicycling, walking, shuttle, and transit. In addition, the proposed CTP goes above and beyond the traditional TMP components by including five new elements that go well beyond the measures usually associated with a transportation management plan, including a substantial investment in transportation infrastructure improvements outside the hospital campus.

This enhanced TMP would lead to an **SOV mode split of 30% or lower among daytime employees** at MIMP build out.¹ For comparison, this would meet or exceed the 2020 goal of 70% non-SOV travel set for the University District Urban Village in the City of Seattle's Comprehensive Plan (see *Appendix A to this memorandum for a complete discussion of the TMP enhancements and the methodology used to calculate the proposed TMP's SOV and vehicle trip reduction benefits*).

Elements 1-3: Enhanced Transportation Management Plan²

Children's proposed enhanced policies and programming for its TMP include expanding its Transportation Demand Management incentives and extending Children's shuttle system to offer new commute alternatives. These TMP enhancements would achieve a 30% SOV mode split or lower among existing and future employees, as measured under applicable TMP requirements. Modeling indicates that the enhanced TMP and its associated SOV mode split is expected to result in a 36% reduction in net new PM peak hour vehicle trips, reducing what would otherwise be additional peak hour vehicle traffic generated by the MIMP expansion. The level of additional investment in shuttles and other elements of the TMP is a significant commitment, and would represent additional costs on the order of several million dollars annually, in addition to capital expenditures. The three enhanced Transportation Management Plan elements are:

1) A robust shuttle-to-transit system linking Children's to regional transit hubs. Children's expanded shuttle system is designed to increase the number of employees who use transit by providing frequent and convenient service between Children's and regional transit hubs. Children's has already initiated a shuttle route to the Downtown Transit Tunnel and 3rd Avenue corridor, and plans a new route to Campus Parkway in the University District in 2009. If the MIMP is approved, Children's would additionally run shuttle routes to the Montlake Flyover stop at SR-520, the future LINK light rail station at Husky Stadium, and park and ride locations in south Snohomish County during later phases of development.

Expected outcome: 19 percent reduction in net new PM peak hour vehicle trips by 2028.

¹ As measured by Washington State Commute Trip Reduction (CTR) law reporting requirements.

² For a complete description of the proposed Enhanced TMP, see Appendix A to this memo.

2) Innovative bicycle programs. Children's is pioneering a number of creative programs to increase the use of bicycles for commute and mid-day trips, such as:

Company Bikes, which offers free use of a bicycle to employees who commit to cycling at least two days per week, and

Flexbikes, a shared-bicycle program which allows users to check out electric-assist bicycles for one-way travel to the 70th / Sand Point Way administrative building on the University of Washington Medical Center (UWMC).

Expected outcome: Increase in the percentage of employees who commute by bicycle from 6% (2007) to 10% by 2028

3) Increased financial rewards for employees who commute without driving alone. Children's rewards employees who use alternative forms of transportation with monthly financial bonuses. The amounts of these incentives would be increased, parking fees would rise, and Children's would also continue to provide many other programs such as free transit passes, fully subsidized vanpools, guaranteed taxi rides home in the case of emergency, and others.

Expected outcome: 17 percent reduction in net new PM peak hour vehicle trips in 2028, for a total 30-40% reduction in net new PM peak hour vehicle trips combined with Element 1.

Elements 4-8: Above and beyond a typical TMP

The additional five elements of the Comprehensive Transportation Plan would go above and beyond what is typically included in a Transportation Management Plan. These additional elements would provide community benefits, improve Northeast Seattle's transportation network, and provide even further reductions in transportation impacts related to the hospital's expansion. These elements are:

4) Campus design and near-site improvements to encourage alternative transportation. Through careful arrangement of design elements such as pedestrian access, bicycle facilities, transit centers, and the buildings themselves, Children's would create a campus that supports the convenience and attractiveness of alternative transportation modes. This campus design would blend with the surrounding neighborhood and include adjacent improvements on Sand Point Way NE and 40th Avenue NE, to support vehicle and pedestrian movement near the campus both for Children's transportation and for the benefit of the surrounding neighborhood.

Expected outcome: A more attractive, safe, and pleasant development that encourages walking, bicycling, and transit use.

5) Intelligent Transportation Systems (ITS) for NE 45th Street / Montlake Boulevard / Sand Point Way NE. Children's would contribute up to \$500,000 to directly fund Intelligent Transportation System (ITS) projects in the corridor most likely to be impacted by the hospital's expansion: Montlake Boulevard through Sand Point Way NE to the hospital. By applying smart signals that adapt to traffic conditions, ITS enhancements would optimize the performance of key intersections and produce substantial reductions in vehicle delay and travel time within the corridor. For example, when ITS improvements were installed at Greenwood Avenue N and Holman Road NW in Seattle, the result was a 30 percent reduction in vehicle delay and a 15 percent reduction in travel time.

Expected outcome: 5-10 percent reduction in delay and travel time.

6) Contributions to capital projects that would improve the Northeast Seattle transportation network. The City of Seattle has identified a comprehensive list of projects intended to improve the movement of people and goods as well as increase safety in the area impacted by Children's traffic. These projects emerged from a number of planning efforts conducted by the City, including the University Area Transportation Study, the University Area Transportation Action Strategy, the Bicycle Master Plan and the Sand Point Way Pedestrian Plan. Children's would contribute a proportionate share of the cost of the projects on this list based upon the amount of traffic related to Children's, in an amount up to \$1.4 Million.

Expected outcome: Currently unfunded improvements in the Northeast Seattle transportation network would receive substantial financial support.

7) Investments in Walkable + Bikeable Northeast Seattle. Children's would contribute up to \$2 Million to a Bicycle + Pedestrian Fund that would be used to build capital projects – in some cases above and beyond those found in existing plans – that improve pedestrian and cyclist access, mobility, and safety for Children's employees, visitors, and members of the surrounding community. Projects listed in the Bicycle Master Plan that have a connection to Children's and are currently unfunded would receive first priority. Children's would work with the City and communities surrounding the hospital to identify improvements that would create wide-ranging community benefits, particularly those that promise to increase the numbers of families and children who feel safe and comfortable bicycling and walking in northeast neighborhoods. These projects should also lead to even further increases in the numbers of Children's employees who arrive at work on foot or by bicycle.

Expected outcome: Significant reductions in vehicle/bicycle crashes, and greater numbers of cyclists and pedestrians in the area.

8) Out-of-area parking. If the MIMP is approved, Children's intends to identify 100 to 200 out of area, off-site parking spaces per each phase of development as part of its CTP and as necessary to mitigate future transportation impacts. As a first step, Children's and Sound Transit have signed a Memorandum of Understanding committing both organizations to investigate options to create capacity for Children's employees at regional park and ride facilities.

Expected outcome: Every 100 cars parked in off-site, out-of-area facilities would result in a 5% reduction in traffic impacts surrounding the hospital.

Children's is committed to develop sustainable transportation programs in conjunction with its MIMP construction. Through the CTP, the hospital would mitigate vehicle traffic related to expansion by shifting even more employees and visitors from single occupant vehicle (SOV) to biking, walking, shuttle and transit. The CTP would allow Children's to:

- Achieve a 30% SOV rate, matching the 2020 mode share goal set by the City of Seattle comprehensive plan for the University District
- Reduce the number of parking spaces needed on campus by 500, and
- Reduce vehicle miles traveled, and thus reduce the resulting green house gas emissions that would otherwise be generated with no further mitigation measures beyond Children's 2007 TMP.

Element I. Robust shuttle-to-transit system

Significant investment would be made in the operation of new shuttles from major transit hubs that connect riders directly to the campus. Shuttle routes would meet regional transit service at Westlake Station and 3rd Avenue downtown (*launched in April 2008*), the University District (*scheduled to launch in 2009*), the Montlake/SR 520 flyover stop, and the future light rail station at Husky Stadium. Another route would provide connections from south Snohomish County during peak commute times.

Table 1 summarizes Children’s shuttle program as of 2007, and presents the enhancements that Children’s would implement in conjunction with the MIMP. This enhanced Shuttle service, along with Elements 2 and 3 of the CTP, would together meet Children’s TMP goals referenced above (i.e., pioneering innovative climate change solutions and further reducing SOV rates, vehicle trips, and parking demand). Expanding Children’s existing shuttle routes to connect with regional transit services effectively extends the reach and convenience of the public transit system and allows more employees and other visitors to choose alternate modes to reach campus. (*See Appendix A to this memorandum for a detailed description of the Shuttle program, strategy development for the entire TMP, and expected effectiveness.*)

Table 1. 2007 Shuttle Service and Proposed Enhancements

2007 Program	Proposed Enhancements
<ul style="list-style-type: none"> • 6 routes offer free rides between the main campus and parking lots, other Children’s facilities, and affiliated institutions, Mon-Fri • Shuttle fleet of 12 vehicles, equipped to carry bicycles • 2 routes connect the hospital campus with nearby off-campus parking lots: every 7-10 minutes, runs 5:30AM-9PM • 1 route between the 70th/Sand Point Way administrative building and main campus: every 15 minutes, 6AM-6:30PM • 1 route connecting the Magnuson Park lot and 70th/Sand Point Way building: every 10 minutes, 6AM-10AM, 3PM-7PM • 1 route between Children’s main campus and Metropolitan Park West offices in downtown Seattle: every 30 minutes during peak, 20 minutes off-peak, 6AM-8PM • 1 route between Children’s Hospital Research Institute Building 1 University of Washington Medical Center (UWMC), and Children’s main campus: every hour, 8AM-5PM • Fred Hutchinson provides one route from the Seattle Cancer Care Alliance to UWMC and Children’s: every 40 minutes, 7AM-7PM 	<ul style="list-style-type: none"> • Initiate additional Transit Shuttle routes to public transit hubs • Increase shuttle fleet as needed to support service enhancements • Launched in June 2008: Route to 3rd Avenue/Westlake Station every 15 minutes (absorbing Metropolitan Park West route and 70th/Sand Point Way to hospital route) • Planned for launch in 2009: Route to University District NE 45th St and Campus Parkway hubs, every 10 minutes during peaks, every 15 minutes off-peak • Route to SR 520/Montlake Blvd. Station every 10 minutes during peaks, every 15 minutes off-peak • Route to Future UW light rail station at Husky Stadium, every 10 minutes during peaks, every 15 minutes off-peak • Route to south Snohomish County every 30 minutes, only during peaks

Element II. Innovative bicycle programs

Building on its history as an innovator in transportation management, Children's is piloting novel bicycle programs to bolster the number and proportion of its employees who commute by this physically active, non-polluting transportation mode. Children's campus provides the free use of showers, lockers, secure bicycle parking, and subsidized tune-ups for all employees. Lockers are currently available on a first-come, first-served basis to those who bike or walk to work or who exercise mid-day and utilize the shower and changing facilities.

On July 17, 2008, Children's launched its **Company Bikes** program. Under Company Bikes, Children's invites employees to pledge to bicycle to work at least two days every week, year-round. After completing two bike commuting courses offered by Children's Commuter Services staff, these pledged employees are provided with a bicycle free of charge from the hospital, for their use as long as they continue bike commuting twice a week. The Company Bikes program enjoyed an enormously positive start, assigning 30 bicycles within the first two days of its launch and committing all 100 bicycles for the 2008 program by September. Commuter Services has 27 bicycle commuting courses scheduled through November 2008. 100 more Company Bikes bicycles are planned for purchase and distribution in 2009.

Scheduled to launch in the first quarter of 2009, the **Flexbikes** bike-sharing program would house 20 bicycles on the hospital campus that employees can rent during the day, with the first half hour free. The bicycles would have an electric-assist motor that can be turned on to help climb hills. Children's program would link with a system of 40 Flexbikes to be housed on the University of Washington campus. Flexbikes would reduce the number of midday vehicle trips between the Hospital and nearby facilities such as the 70th and Sand Point administrative offices and the University of Washington Medical Center. In addition, the provision of bikes for mid-day trips would help employees who may not be ready or able to bicycle to campus to try biking for errands and meetings, reducing motorized vehicle trips during the day.

In order to support the projected 10% of employees cycling to work by 2028, Children's is planning for showers, lockers, and bike parking to accommodate 600 cyclists. The hospital is considering a locker-assignment system to ensure consistency and predictability for locker users.

Element III. Increased financial rewards for employees who commute without driving alone

Children's employees receive substantial financial and convenience incentives to choose non-drive alone commute modes. In conjunction with the MIMP, as part of the Comprehensive Transportation Plan, Children's proposes to greatly enhance its 2007 incentives programs to provide substantial economic motivation, supportive benefits, and ample information and guidance to encourage employees to get to work by transit or shuttle, carpool or vanpool, or by bicycle or on foot.

Children's would make the following enhancements to employee incentives:

Table 2. 2007 Incentive Programs and Proposed Enhancements

Element	2007 Program	Proposed Enhancement
Financial Incentives for Alternate Commutes	Children's employees and CUMG physicians can earn up to \$50 per month in Commuter Bonus	Medical residents, fellows, and students also eligible for the monthly bonus; maximum incentive increased to \$65 per month, matching parking fees
	Additional quarterly bonuses for vanpool drivers, backup drivers, and bookkeepers	Same
	FlexPass for all Children's and CUMG employees; PugetPass for others upon request	FlexPass for medical residents & fellows; UPASS subsidized for students (out of pocket portion)
	Free bicycle tune-ups, umbrellas, and reflective lights provided annually.	Institute a \$100 per year gear bonus for commuters who walk or bike to work
Parking costs	Children's employees, CUMG Physicians, Pace temps, travelers, UW employees, and contractors who drive alone to work charged \$50 per month for parking. Children's tracks University of Washington parking fee increases and raises hospital parking fees concurrently.	Raise on-campus SOV parking charge to \$65 per month, with ongoing increases still made in step with University of Washington parking fee changes. Add medical residents, students and fellows to employees charged for monthly parking, similar to UW policies.
	Patients, families, carpools and vanpools park on campus for free, as do: medical residents, students, fellows, volunteers, community physicians, trustees, board members and vendors	Eliminate free parking with introduction of pay-per-use. Charge patients and families for parking, with the potential for validation or Medicaid vouchers for families. Institute parking charges for carpools to create a market incentive for carpools to increase the occupancy of their cars and the frequency with which they share the ride to work.
Carpool and Vanpool	Carpool groups managed internally by Children's Transportation staff. No incentives for formation, but \$65/month bonus for full time carpooling and free parking. Therefore, carpools get enhanced utility from sharing the ride.	Children's would invest in technology that facilitates carpool matching by commuters themselves, including real-time matching. Children's would transition to a single carpool formation bonus and institute parking charges for carpools. These changes would create market incentives for carpools to maximize the number of rides they share and to increase the occupancy of their cars.
Supportive programs	Guaranteed Ride Home and carsharing memberships provided to employees. Shuttles are equipped to carry bicycles.	Continue proportional investment in GRH and Zipcar as employee populations grow.

Element IV. Campus design and near-site improvements to encourage alternate transportation

Research shows that the choice to drive, take transit or use human powered modes is influenced as much by the quality of the built environment along the way as by the availability transportation choices. For example, a well-designed campus portal located near transit, or deliberate placement of bicycle facilities near entrances, help to reduce any real or perceived penalty associated with the use of transit or non-motorized travel modes.

Making non-motorized transportation safe, attractive, and time-competitive with SOV travel is a guiding principle of the CTP. Children’s has integrated pedestrian- and cyclist-supportive infrastructure into every design decision during the MIMP planning process, both within the campus and at access points, crossings, and pedestrian environments along the hospital’s perimeter. Such detailed design efforts would support the effectiveness of all other Children’s transportation programs, and make non-drive-alone travel modes feasible and appealing for all groups of people who come to campus, including clinical and administrative staff, medical students and community physicians, and volunteers and visitors.

On-Campus Capital Improvements

Children’s is working with its architect to ensure that the campus would be designed to make walking, biking, and transit the best ways to commute to work. New on-site facilities would serve increasing numbers of shuttle and transit passengers, bike commuters, and pedestrians. Careful attention is being paid to walking and cycling connections between shuttle and bus stops, campus access points, and main buildings. Regardless of initial travel mode, visitors would navigate the campus by foot or using a mobility aid such as a wheelchair or walker when traveling from the parking garages, transit stops, bicycle cages, or between different buildings; safe, convenient, and clearly-marked on-site pedestrian facilities are necessary for all hospital visitors. Tables 3 and 4 describe facilities on Children’s existing site and proposed enhancements that would be included in the MIMP design:

Table 3. 2007 On-Campus Shuttle/Transit Facilities and Proposed Enhancements

Travel Mode	2007 Facilities	Proposed Enhancements
Shuttle	Shuttles drop passengers off at the turn-around platform in front of the Giraffe Building	Enhanced shuttle service would require 4-6 bus bays for efficient drop off/pick up and vehicle turn around. Build a high-quality hub to serve Children’s shuttles and public transit (see “Proposed combined enhancement” below)
	Passengers dropped off adjacent to hospital building	Support pedestrian circulation with clear, separated infrastructure between shuttle bays and hospital buildings
	Shuttles stored overnight at National Archives on Sand Point Way NE	Dedicate 18,000 sf. (on or off campus) for fleet storage, maintenance and operator facilities
King County Metro Transit riders	Route 75: Arriving passengers must walk up a steep hill on Penny Drive from the bus stops on Sand Point Way NE to buildings. Bus stops are covered adjacent to the hospital campus. However, stops near the Hartmann facility are unsheltered, and there is no signalized crossing to help passengers safely navigate the four lanes of traffic.	Create a pedestrian-oriented building entrance directly adjacent to the Route 75 stops (see “Proposed combined enhancement” below)

	Route 25: Passengers arrive in a protected turn-around but must walk through the Whale parking garage, or find a hidden stairway leading through a garden plaza, to reach the hospital	Enhance signage directing passengers to the path through the garden plaza. If possible after negotiations with King County Metro, co-locate the stops for routes 25 and 75.
<p>Proposed combined enhancement: Transit/Shuttle Hub Depending on which MIMP alternative is chosen, Children’s would work with King County Metro and SDOT to create a shared location where routes 75, 25, and Children’s shuttles all stop. Under Alternative 7R, this hub would be located on both sides of Sand Point Way NE at 40th Avenue NE, in front of the hospital and the Hartmann property. The Transit/Shuttle Hub would be designed as a true gateway arrival point for the campus, with attractive and comfortable amenities such as seating, lighting, and weather protection. This would enable passengers to walk to and wait at a single stop and have the option of using any of these transportation services. As the hospital site exists today, passengers must choose a single option ahead of time – either one of the two Metro routes or a shuttle – because stops for each are located at different places around campus. Co-locating a Transit/Shuttle Hub would encourage more people to choose these modes to travel to and from the hospital by creating more travel options and greater arrival frequencies at one dedicated, safe, and appealing waiting area.</p>		

Table 4. 2007 On-Campus Pedestrian/Bike Facilities and Proposed Enhancements

Travel Mode	2007 Facilities	Proposed Enhancements
Bicycle	Secure bicycle parking for 120 bicycles provided inside bike cages in parking garages, at building entrances, and uncovered locations.	Add enough bicycle parking to accommodate 600 cyclists. Focus bike parking in locations that create easy access to the desired destinations in the campus. Create dedicated central location for Flexbikes (see Element II “Innovative bicycle programs” and Appendix A for details)
	End-of-trip amenities, such as shower and locker facilities, provided free of charge.	Add shower/locker facilities to accommodate the demand generated by 600 cyclists per day as well as those traveling to campus on foot.
Pedestrian	Main campus access point at Penny and Sand Point Way NE is oriented to vehicles. Building entrances are located uphill and far from this main access point as well as all other bike/pedestrian access points.	Build a “front door” to the hospital campus and directly into the main hospital building on 40 th Avenue NE and Sand Point Way NE, eliminating the hill climb on Penny Drive. Build ADA-compliant crossings on Penny between garages and buildings.
	Paved paths lead through campus, but it is difficult to discern where you are and where you should head while on foot outside of the hospital buildings.	Incorporate consideration of pedestrian flow as a fundamental element of all MIMP design work. Build clear, safe, and intuitive pedestrian circulation routes from nearby neighborhoods, transit and shuttle stops, and between buildings and parking garages. Use a system of gardens, courtyards, and plazas to create a beautiful pedestrian space. Utilize accepted national standards for public safety, such as Crime Prevention Through Environmental Design (CPTED). Develop a comprehensive wayfinding system for on foot circulation both to and within the campus, in support of all other elements of the CTP.
	Pedestrian crossings on Penny Drive are marked with crosswalks, signage, and flashing signal lights.	Carefully design all campus vehicle routes to safely serve people on foot as primary users
<p>Proposed combined enhancement: Redesign Penny Drive Existing Penny Drive has narrow sidewalks, two lanes and center turn lane that pedestrians must cross, and no designated bike space. In addition to building a comprehensive system of dedicated pedestrian and cyclist circulation routes through campus, Children’s would revamp Penny Drive and any new campus streets to create obvious places for pedestrians and cyclists, so that drivers are naturally aware of and yield to these travelers.</p>		

Near-site improvements

This same attention is being applied to non-motorized safety and mobility treatments at existing and newly created major street crossings, where vehicles, pedestrians, transit riders, and cyclists meet. Children’s will participate in improving intersections such as at Sand Point Way NE and Penny Drive and at Sand Point Way NE and NE 40th Street. Proposed near-site treatments are outlined in Table 5:

Table 5. 2007 Near-site Facilities and Proposed Enhancements

Travel Mode	2007 Facilities	Proposed Enhancements
King County Metro Transit riders	Route 75: In order to move between stops and the hospital buildings or Hartmann building, riders must cross five lanes of traffic on Sand Point Way NE.	Work with SDOT and WSDOT to suggest intersection designs at Sand Point Way NE at 40 th Avenue NE that create priority for safe pedestrian crossings while balancing vehicle circulation requirements.
	Route 25: The dedicated turn-around on NE 45 th Street allows for protected loading/off-loading westbound. Passengers cross NE 45 th Street at unmarked crosswalks for eastbound stops.	From the turn-around, enhance signage directing passengers to the path through the garden plaza or Whale Garage. Consider marking crosswalks across NE 45 th Street to the hospital.
Intersections on Sand Point Way NE	The intersection with Penny Drive is controlled by a traffic signal but requires pedestrians to push a button to request a “walk” phase. Crossing Sand Point Way NE here or at NE 50 th Street requires navigating 4 lanes of traffic plus a center turn lane.	Improve the Penny Drive intersection to enhance safety and access for bicycles and pedestrians. If an alternative were chosen that includes a campus access point at NE 50 th St, a signal and intersection improvements would be needed at NE 50 th St.
	The 40 th Ave NE intersection is uncontrolled. People run across Sand Point Way NE at this location, darting across five lanes of traffic between bus stops, Hartmann, and commercial destinations on the south side of Sand Point Way NE	It is currently in City plans to install a traffic signal at this intersection. It would be desirable to work with SDOT and WSDOT to encourage a design that integrates with the planned campus entrance and enhances pedestrian crossing safety.
Near-site pedestrian and cycling environment	Perimeter pedestrian entrances to the campus exist on 44 th Avenue NE and on NE 45 th Street close to 40 th Ave NE, but are obscured by wooded areas.	Make the perimeter entrances off of 44 th Avenue NE and NE 45 th Street (including the bus pull-out) more obvious and inviting through wayfinding or design elements. Create additional pedestrian/ bicycle-only perimeter access points.
	The Burke-Gilman Trail runs north of the campus but does not extend to Sand Point Way NE. Connections between the trail and the hospital and Hartmann Building are unclear.	Create clear connection to the hospital from the trail using intersection enhancements and wayfinding. At Hartmann, build a trail connection that flows into the new crossing at 40 th Ave NE to be implemented by SDOT. The crosswalk and level access to campus would greatly increase the convenience to pedestrians and cyclists as well as provide an ADA entrance near the transit drop-off.
	Main campus buildings are set far back from the roadway. The Hartmann Building is surrounded by a parking lot, discontinuous sidewalks, and a blank wall fronting Sand Point Way NE.	Create “Great Streets” along hospital-fronted roads, including Sand Point Way NE and 40 th Ave NE. Bring hospital buildings to the street, provide wide sidewalks and landscaped buffers, and install human-scale amenities such as lighting, seating, and weather protection. Consider adding retail on the first floor. If Hartmann is developed, enliven the street frontage on Sand Point so that pedestrians have a welcoming human-scale environment.

Element V. Intelligent Transportation Systems (ITS) for Sand Point Way and Montlake Boulevard

Above and beyond the trip reduction Children's would achieve through its enhanced TMP, the hospital is pledging capital dollars toward projects that would improve operations for all traffic on one of the most congested corridors impacted by the hospital's expansion. Children's would make a direct contribution of up to \$500,000 to build Intelligent Transportation Systems (ITS) improvements through the corridor from Montlake Boulevard / NE 45th Street to Sand Point Way NE / NE 50th Street. These ITS projects will benefit all road users (not just Children's-generated traffic) by dynamically improving vehicle flow and travel times in response to changing traffic conditions. This contribution would implement and extend the ITS improvements identified by the City of Seattle in the University Area Transportation Action Strategy (UATAS).

ITS projects employ technology to optimize signal coordination and signal timing utilizing traffic cameras and variable message signs. ITS projects can be built quickly and do not require significant construction, so implementing such projects would result in minimal traffic disruption on affected corridors and is expected to provide the best results per dollar spent in terms of improving traffic flow. Beyond improving peak hour traffic conditions, ITS projects improve corridor travel at all times of the day and on weekends. Children's would fund these ITS projects from Montlake Boulevard through Sand Point Way NE to the hospital, up to \$500,000. The contribution would be used to:

- Install a detection system that measures congestion along southbound Montlake Boulevard, linked to smart traffic control devices that adapt to traffic conditions,
- Install variable message signs to give real-time traffic information to drivers, including travel time estimates, updates on collisions and other traffic conditions, and even to implement variable speed limits throughout the day in order to keep traffic flowing as smoothly as possible,
- Optimize signal coordination and timing to move vehicles most efficiently and optimize intersection performance,
- Upgrade signal controllers as needed to allow signals to be interconnected, and/or
- Install traffic cameras as identified by the City of Seattle.

Practice-based research indicates that ITS enhancements achieve between 10-45% improvement in functional street capacity. For example, at Greenwood Avenue N and Holman Road NW in Seattle, an ITS implementation has led to a measured 30% reduction in vehicle delay and a 15% reduction in travel time. While it is inappropriate to model such improvements when dealing with long range forecasts, **achieving functional street capacity improvements even on the low end of the 10-45% range would represent a level of improvement that meets or exceeds the identified impact of Children's added traffic in those areas where ITS projects were implemented.**

Element VI. Contributions to capital projects that would improve the Northeast Seattle transportation network

Children's would contribute funds toward a pro rata share of projects designed to improve person- and vehicle-movement capacity, travel time, and safety through the area impacted by Children's traffic. The contribution amount is based on Children's pro rata share of its potential impact on the transportation system as applied to the cost of a comprehensive list of City projects in these corridors, and is proportionate to the amount of traffic related to Children's that would impact each project. The pro rata methodology used to calculate Children's contribution is consistent with the methods employed by the City of Seattle to calculate pro rata contributions toward transportation infrastructure improvements in other neighborhoods, including South Lake Union and Northgate. In conjunction with Children's MIMP, this methodology was applied to known impacts and project costs, and Children's contribution should be considered as an impact fee, agreed upon as part of project approval and later used by the City to fund projects as appropriate. Based on current estimates, Children's pro rata contribution would total up to \$1.4 Million, or approximately \$3,955 per new bed added over the course of MIMP construction.

Identifying a Comprehensive List of Projects

Children's worked with the Seattle Department of Transportation (SDOT) to identify a comprehensive list of potential capital improvement projects that would improve operations on corridors most impacted by Children's development: NE 45th Street, Montlake Boulevard, and Sand Point Way NE. Sources for the comprehensive list of projects include:

- **University Area Transportation Action Strategy (UATAS).** HOV, bike and pedestrian, and capacity and flow projects that would improve the targeted corridors
- **Sand Point Way Pedestrian Study (SPW Ped Study).** Projects within a one mile radius not otherwise funded or included in the Bicycle + Pedestrian Fund project list (see *Element VII "Investments in Walkable + Bikeable Northeast Seattle"*).
- **Draft Environmental Impact Statement for the Children's MIMP (DEIS).** Projects identified from the UATAS, by Children's, and by the City that were included in the DEIS, excluding those projects that the City requested be removed from consideration due to project cancellation, and including new projects requested by SDOT.
- **Bicycle Master Plan (BMP).** Projects on the prioritized BMP project list falling within Children's impacted corridors, or creating connections to other identified bike/pedestrian projects or to broader bike/pedestrian networks, as per the goals cited in *Element VII "Investments in Walkable + Bikeable Northeast Seattle."* Projects included on the comprehensive list were specifically requested for consideration by SDOT Bicycle Program staff.

Projects included on the comprehensive list meet one or more of the following selection criteria:

- Tailored to achieving greater vehicle or person travel capacity, safety, and improved travel time through the corridors
- Have a direct nexus to mitigating the impact of Children's MIMP on traffic
- Support City of Seattle and sub-area transportation goals, including the Mayor's initiative to make Seattle the most walkable and bikeable city in the country
- Support HOV and non-motorized modes promoted through Children's TMP

- Deemed a feasible and cost effective solution, but not already funded and scheduled for construction
- Provide benefit to the widest range of people within the community, including Children’s employees, patients, and visitors.

Table 6 presents a potential comprehensive list of projects. Most of these appear in existing plans approved by the public. The list is not definitive, and no projects are guaranteed implementation.

Table 6. Comprehensive List of Projects for Pro Rata Consideration

UATAS projects	
NE 45 th St corridor	Add westbound Business Access and Transit-only (BAT) lane
15 th Ave / NE 45 th St	Extend left-turn lane pocket, modify signal to move more buses
Ravenna Ave NE / NE 55 th St corridor	Reconfigure to provide curbs, gutters, sidewalks; delineate corners for safety
NE 45 th and Burke-Gilman Trail (BGT)	Construct a ped/bike connection between BGT and NE 45 th St
Montlake, NE Pacific Place to 25 th Ave NE *	Extend HOV lane from NE Pacific Place to 25 th Ave NE
36 th Ave NE / BGT	Connect BGT with ramp from 36 th Ave NE at NE 45 th St
NE 47 th St / BGT at University Village	Create new pedestrian connections on 47 th , realign 25 th Ave intersections
Montlake Blvd E / E Hamlin St	Extend northbound left/U-turn lane to reduce congestion
NE 45 th St, 18 th -22 nd Ave NE	Widen sidewalks, install landscaped pedestrian refuge islands
Montlake Blvd NE / NE Shelby St *	Narrow intersection, add bike lanes, widen sidewalk
NE 50 th St / 30 th Ave to 35 th Ave NE	Complete sidewalk south of roadway; install traffic calming devices
Montlake Blvd / NE 45 th St corridors	Install variable message signs for real-time traffic information
Montlake Blvd E / E Shelby St	Modify traffic island, add a bike lane
Projects identified in the DEIS process	
Montlake Blvd / NE 45 th St to Sand Point Way NE / NE 50 th St (ITS to Children’s door)	Provide signal coordination and ITS improvements, including cameras, interconnect, signal timing improvements, etc. (see element V “ITS”)
Montlake Blvd (ITS extended to SR 520)	Additional ITS along Montlake (Roanoke to NE 45 th)
NE 45 th St (ITS extended to I-5)	Additional ITS along NE 45 th Street (I-5 to Montlake)
40 th Ave NE / NE 55 th St	Install traffic signal
40 th Ave NE / NE 65 th St	Install traffic signal
Sand Point Way NE / NE 50 th St	Install traffic signal
NE 45 th St / 40 th Ave NE left-turn lane	Install left-turn lane within existing ROW on eastbound NE 45 th Street
Extend Montlake HOV *	Extend SB HOV land from 25 th Ave NE to the Five Corners intersection
“Sand Point Way Pedestrian Study” projects	
Sand Point Way NE / 40 th Ave NE	Install new signal and crosswalks
Sand Point Way NE, NE 50 th St – 47 th Ave NE	Install pedestrian-only signal when warranted
Sand Point Way NE, Princeton – 50 th Ave	Construct sidewalk or walkway on north side
Sand Point Way NE, NE 58 th or NE 60 th St	Monitor for potential crosswalk in the future
Sand Point Way NE, NE 65 th – NE 70 th St	Construct sidewalk or walkway on west side
Bicycle Master Plan projects	
20 th Ave NE, NE 45 th St to Ravenna Blvd	Sharrows, two sides
Ravenna PI NE, NE 55 th St to 25 th Ave NE	Sharrows, two sides
20 th Ave NE, NE 65 th St to NE 86 th St	Sharrows, two sides
35 th Ave NE, NE Blakely St to NE 65 th St	Sharrows, two sides
NE 65 th St, Ravenna to Magnuson Park	Bike lane one side, Sharrow other (partial), Sharrows two sides (partial)
NE 77 th St and Sand Point Way NE	Signalize as part of east-west route

* Note: Projects marked with an asterisk are included for pro rata calculation purposes here, though the specific projects are in question and subject to change as a result of SR 520 planning outcomes.

Due to uncertainty surrounding SR 520, it is impossible to accurately determine Children’s future impacts on the Montlake corridor or appropriate mitigation. However, information from the UATAS, the

Sand Point Way Pedestrian Study, and the DEIS provide the best available understanding of future conditions and what future capital projects might include. This provides a basis for Montlake corridor projects included in the universe of projects to which Children's would contribute a pro rata share.

Calculating Children's Contribution

Children's and the City agreed upon using the City's established methodology for calculating a pro rata share of the overall cost of this comprehensive list of projects. This calculation is based on MIMP-generated traffic's estimated contribution to total traffic at MIMP build out, assuming all programs in the proposed TMP are implemented. The methodology is based on:

- Existing total PM peak hour vehicle trips from all sources, as measured in 2007 through each corridor,
- Estimated total PM peak hour vehicle trips from all sources, at MIMP build out through each corridor, and
- Children's net new PM peak hour vehicle trips expected in 2030 compared to 2007 through each corridor if the MIMP is built out. This is the net new trips expected with the proposed TMP mitigation in place.

Pro Rata contribution rate for each project based on Total Traffic:

Children's net new PM peak hour vehicle trips in 2030, divided by
the 2030 total PM peak hour vehicle trips expected from all sources.

For projects that would improve conditions for transit, bicycling, or walking, the pro rata contribution rate is further multiplied by a percentage based on the ratio of net new PM peak hour Children's trips expected to be made by those modes compared to in vehicles.

These pro rata contribution rates were then applied to the total cost of each project in the comprehensive list of projects, to achieve a pro rata contribution amount for each. The sum of each of these individual pro rata contribution amounts equates to Children's total pro rata contribution toward Northeast Seattle transportation network enhancements. Based on current estimates, Children's pro rata contribution would total up to \$1.4 Million.

Project Prioritization and Implementation

Children's contribution was calculated by determining partial shares of many projects. It is anticipated that actual implementation would be determined by SDOT, and would be directed at funding high priority projects in the affected sub areas. The City should not be restricted to projects appearing on the comprehensive list if other higher-priority, as-yet-unplanned improvements are identified; however, there should be a relationship between any project funded and the identified transportation impacts of Children's development. Again, Children's pro rata contribution should be viewed as a one time fee for its impacts and is intended to also satisfy the institution's obligation for its share of any projects identified at a future date. Any amount of monies from Children's contribution could be applied to any individual project up to and including full funding, but Children's would not be required to make additional contributions once the hospital's pro rata contribution has been spent. Children's contribution may be phased to match the pace of MIMP development.

Element VII. Investments in Walkable + Bikeable Northeast Seattle

Children's TMP is centered on the premise of promoting transportation options that support environmental, community, and public health. Walking and biking are the most healthful forms of transportation, and Children's seeks to aggressively increase its numbers of walking and bicycling commuters through innovative on-campus programming (*as described under Elements II and III "Innovative bicycle programs" and "Increased financial rewards"*) as well as innovative off-site infrastructure improvements.

Although Children's is expected to achieve its reduction goals for vehicle trips, employee SOV rates, and parking demand entirely through the enhanced Transportation Management Plan detailed in Elements I – III, Children's proposes to also pay \$2 Million for bicycle and pedestrian projects in Northeast Seattle. Children's would invest these Bicycle + Pedestrian fund monies over the timeframe of the MIMP. This Fund would implement key capital projects for pedestrian and cyclist connectivity and safety in neighborhoods and corridors leading to campus. The Bicycle + Pedestrian Fund would be applied to projects that:

- Improve safety for pedestrian and bicyclist access to campus for employees, visitors, and neighbors, particularly for people walking to and from transit stops and regional trails
- Create safe and pleasant routes in the neighborhoods where 24% of Children's employees live, within approximately three miles of campus
- Improve connections between residential streets and the Burke-Gilman Trail, particularly the safety of people crossing at intersections, and
- Add additional value by funding projects above and beyond those fully funded through existing City plans.

This fund would directly support the hospital's goal of enabling the most healthful, least impactful transportation modes while protecting the safety of all travelers. This investment would be intended to improve facilities and public health for both Children's visitors and the broader Northeast Seattle community.

Children's would work with the City, neighborhood residents, and pedestrian and bicycle advocates to identify potential improvements. The following represent potential categories of improvements that would guide the investment in bicycle/pedestrian infrastructure projects that Children's would consider funding:

- **Bicycle Master Plan priority projects.** A portion of the Bicycle + Pedestrian Fund would be allocated to projects listed in the Bicycle Master Plan that are currently unfunded and create a direct connection within Children's impact area. Examples of this category of projects include adding sharrows or bike lanes along significant sections of 20th Avenue NE, Ravenna Place, 20th Avenue NE, 35th Avenue NE, and NE 65th Street.
- **Connections between the hospital campus and larger bicycle/pedestrian networks.** A portion of the Bicycle + Pedestrian Fund would be dedicated to projects that improve safety, wayfinding, and connectivity between Children's and regional non-motorized transportation facilities such as the Burke-Gilman Trail.
- **Bicycle Boulevards.** Children's proposes that some of its funding would be devoted to the development of bicycle boulevards in Northeast Seattle, which would create wide-

ranging community benefits, particularly in increasing the numbers of families and children who feel safe and comfortable walking and bicycling in Northeast Seattle. Investing in bicycle boulevards is consistent with the core mission of the hospital, to enhance children’s safety and welfare. In addition, it is consistent with the goal of enhancing travel options for cycling and walking to and from Children’s, as well as from and within surrounding neighborhoods. Specific routes would be planned in collaboration with City staff, community members and bicycle advocacy organizations such as Cascade Bicycle Club.

These projects would be further screened based on general feasibility, cost effectiveness, and overall community benefit and approval. Children’s would dedicate approximately 30% of the financial investments to project design, planning and public consultation costs.

Bicycle Master Plan Priority Projects

Children’s would commit a portion of the Bicycle + Pedestrian Fund toward Bicycle Master Plan (BMP) projects that:

- Appear on SDOT’s BMP project prioritization list
- Contribute to creating bicycle connections to Children’s campus
- Were requested by SDOT Bicycle staff for inclusion in the pro rata list
- Are not already funded and scheduled for construction, and
- Fall within Children’s impact area as studied in the DEIS (roughly bounded by I-5, NE 75th Street, and Roanoke St and Lake Washington)

Examples of candidate projects include:

Table 7. Prioritized Bicycle Master Plan Projects for Bicycle + Pedestrian Fund

Bicycle Master Plan projects	
20th Ave NE, NE 45th St to Ravenna Blvd	Sharrows, two sides
Ravenna Pl NE, NE 55th St to 25th Ave NE	Sharrows, two sides
20th Ave NE, NE 65th St to NE 86 th St	Sharrows, two sides
35th Ave NE, NE Blakely St to NE 65th St	Sharrows, two sides
NE 65th St, Ravenna to Magnuson Park	Bike lane one side, Sharrow other (partial), Sharrows two sides (partial)

Connections from Campus to Larger Bike/Ped Networks

Examples of potential projects that would create connections from Children’s campus to the regional Burke-Gilman Trail or to existing pedestrian networks appear in Table 8. These projects would improve conditions both for those walking, biking, and taking transit to Children’s, as well as improving walking and cycling conditions for all neighborhood residents and visitors to the Northeast Seattle community. .

Table 8. Potential Projects Linking Children’s to Bicycle/Pedestrian Networks

From Campus entrance at Penny Drive to Burke-Gilman Trail and sidewalks
Install clear wayfinding signs to and from campus and Sand Point Way NE to the Burke-Gilman Trail
Build sidewalk, west side on 41st Ave NE from Sand Point Way NE to NE 50th St (175')
Build sidewalk, both sides on NE 50th St from 40th Ave NE to Sand Point Way NE (connect to existing sidewalk on north side of the street extending from Sand Point Way NE to just west of 41 st Ave NE) (475')
Build sidewalk, south side on Sand Point Way NE from NE 50th St to 47th Ave NE (1,800')

Bicycle Boulevards

Children’s proposes to devote some of the Bicycle + Pedestrian Fund to create bicycle boulevards in Northeast Seattle. Wide-ranging community benefits have been associated with bicycle boulevards, including significant reductions in vehicle/bicycle accidents, increased property values, traffic calming, and greater numbers of women and children bicycling. There is a clear nexus between creating safer routes for bicyclists and working toward the principal mission of the hospital: to improve the health and safety of children.

In addition, twenty-four percent of Children’s employees live within three miles of campus. This represents a great opportunity for bike commute mode shift even for novice cyclists. All Northeast Seattle community members, their children, and visitors would benefit from bicycle boulevards that improve safety and confidence for cyclists and calm traffic speeds on residential streets. Bicycle boulevard routes would be planned in collaboration with SDOT staff.

Further, Children’s would be interested in seeking foundation support for a public health research project to test the efficacy of bicycle boulevards as a strategy for improving public health, by supporting increased physical activity and reducing crashes and injuries. This research would be valuable to other Seattle neighborhoods as well as communities nationwide in determining when, where, and how to most effectively implement bicycle boulevards.

Element VIII. Out-of-area parking

Children's existing parking policies are designed to manage demand for available parking supply and ensure no spill-over parking into surrounding neighborhoods. Children's proposed enhanced parking policies as part of the CTP are designed to go even further in removing vehicle trips from the most congested corridors.

Table 9. 2007 Parking Management Policies and Proposed Enhancements

Element	2007 Program	Enhancement
Parking management	Children's employees who drive alone to work assigned to on-campus or off-campus parking lots based on seniority and position. Medical residents and fellows park on campus. On-site employee parking lots are regulated by gates and accessed only by employee ID cards.	Parking assignments made on the basis of home address (began in March 2008). Day-shift medical residents and fellows would be added to those who can be assigned off-campus. The hospital would pursue additional opportunities for off-site and out-of-area parking.
	Children's monitors speed limits, directs traffic, and enforces parking policies through a parking officer and security staff. Parking on neighborhood streets is forbidden, as strictly enforced by regular patrols who check license plates and issue warnings and tickets. Children's takes disciplinary actions for any employee found parking in the neighborhood, up to and including termination.	Children's would invest in technology to allow pay-per-use charges, control access to visitor lots, and more tightly manage on-campus parking supply. This would allow Children's to refocus FTE currently assigned to on-campus monitoring to patrol neighborhood streets for parking violations.

In addition to these policies detailed above, Children's would explore new off-site and out-of-area remote parking lots as a further method to bolster trip reduction. Requiring employees to park in off-site parking encourages the use of alternate modes to get to work (including Children's shuttles). Leasing or even constructing off-site parking may also be cheaper than constructing on-site structures, saving money and land that can be devoted to Children's primary mission of providing critical healthcare services.

Transpo's analyses indicate that for every 100 spaces reduced on-site (and located out-of-area), an approximately five to ten percent reduction in locally-generated traffic could occur.

Currently, 29% of the hospital's parking supply is leased at off-site lots, at the Church/Archives shared lot, Magnuson Park, and the E1 lot at Husky Stadium. In March 2008, Children's began assigning employees to off-campus lots on the basis of home address. This geographic parking assignment will be key to ongoing parking management strategies at Children's. For example, employees who live south of campus and would have to drive past the Husky Stadium E1 lot from their homes in order to reach the hospital will be assigned to park in the E1 lot. Employees then ride a dedicated shuttle route to complete their commute trip to the hospital. This program helps reduce the net number of vehicles proceeding further on Montlake and NE 45th Street and through Five Corners to reach Children's.

As detailed in Appendix A to this memorandum, Children's is forecasted to have a maximum parking demand for 3,100 spots at MIMP build-out if all proposed TMP enhancements are put in place. By ordinance, Children's is required to prove within its master plan that it will be able to accommodate all future parking demand. To demonstrate due diligence, Children's developed plans that show how the entire demand for 3,100 stalls can be accommodated on campus, if needed. At a minimum, Children's will be required to build at least 2,200 on-site parking spaces in order to meet ordinance requirements.

Securing off-site parking clearly supports the goal to reduce on-site parking, and it is Children's intent to pursue off-site parking wherever possible. Children's would:

- Identify 100 to 200 out of area, off-site parking spaces per each phase of development as part of its Comprehensive Transportation Plan and as necessary to mitigate future transportation impacts. It is expected that every 100 cars parked at out of area facilities would result in a five to ten percent reduction in traffic impacts surrounding the hospital. As a first step, Children's and Sound Transit have signed at Memorandum of Understanding committing both organizations to investigate options to create capacity for Children's employees at regional park and ride facilities. Children's would continue to pursue similar collaboration opportunities with Community and Pierce Transit.
- Pursue parking opportunities off-site both within and outside of the study area, including additional small-lot partnerships within Northeast Seattle (i.e., church parking lots). Children's would build on its positive relationships and parking agreements with the University of Washington and the City of Seattle to find further off-site locations and new partners.
- Expand shuttle service as needed in conjunction with new off-site parking locations, to bring employees between the lots and the hospital.

THIS PAGE INTENTIONALLY LEFT BLANK

APPENDIX A. Proposed Enhancements to Children’s Transportation Management Plan in Support of the 2008 MIMP

Appendix A. Contents

TMP Purpose	22
TMP Components.....	24
Effectiveness: SOV Rates, Vehicle Trips, and Parking Demand.....	33

TMP Purpose³

Seattle Children's (Children's) has long been recognized as a leader in Transportation Demand Management (TDM), receiving awards from the Governor's office, King County, and the U.S. Environmental Protection Agency for its excellent commuter benefits and achievements in reducing vehicle trips. The hospital's programs and incentives are targeted to reduce single-occupant vehicle commuting to the campus, and have successfully resulted in a drive-alone rate of only 38% among daytime employees in 2006. This accomplishment is significant both for a hospital and for an employer located in a neighborhood with limited public transit service.

Children's achieves significant commute trip reduction through its current Transportation Management Plan (TMP). This Appendix describes Children's proposed enhancements to its existing TMP that would allow the hospital to achieve the following goals:

- Further reduce the percent of commute trips made by single-occupant vehicle (SOV)
- Further reduce PM peak hour vehicle travel
- Reduce the need to build parking on campus or in nearby facilities within the area that would be affected by MIMP-related vehicle trips
- Support Children's continued leadership in delivering innovative transportation solutions in the context of climate change.

This TMP was developed as part of the Major Institution Master Plan (MIMP) process, through which Children's is proposing to expand its main campus in northeast Seattle. With the input of the Citizens Advisory Committee, SDOT, and DPD, Children's has developed a Comprehensive Transportation Plan (CTP) to focus on sustainable transportation programs. The enhanced TMP described in this appendix forms the basis of the CTP, designed to mitigate vehicle traffic related to MIMP expansion by shifting even more employees and visitors from single-occupancy vehicles (SOV) to bicycling, walking, shuttle, and transit.

The planned expansion would better serve the growing, complex healthcare needs of children in the four-state service region. The Preliminary Draft MIMP alternatives included 1.5 million additional square footage, growth to 500-600 beds, up to 3,600 parking stalls (with 3,000 on-site), and two or three new access points to the main campus.

Children's is responding to City and neighborhood concerns regarding additional traffic to the campus in conjunction with MIMP approval. The major transportation issues, as identified in the DEIS, comments to the DEIS, and by the Citizens' Advisory Committee (CAC), focused on increased congestion and delay at intersections in the surrounding transportation network, such as NE 45th Street and the Montlake corridor. Neighbors have also expressed concerns for pedestrian safety stemming from increased vehicle volumes and additional egress and ingress points from the campus.

Expanding Children's existing successful TMP would demonstrate a commitment to reduce potential traffic impacts generated by increasing populations of employees and patients through MIMP build out in 2028. This memorandum Appendix describes Children's proposed enhancements to its existing TMP and outlines how these mitigation strategies would reduce new vehicle trips to the main campus. In preparing this TMP with Children's, the consultant team: a) relied on the EPA COMMUTER Model (v2.0), a widely accepted model developed for the United States Environmental Protection Agency for

³ Also see *Introduction to this memorandum*

assessing TDM strategy impacts, and b) prepared shuttle routes that connect with regional transit hubs and effectively extend the reach and convenience of the public transit system. Full analysis of the elements presented in the section “TMP Components” using the COMMUTER Model is presented in the final section of this appendix, “Effectiveness: SOV Rates, Vehicle Trips, and Parking Demand.”

Measurement

The consultant team identified the above four TMP goals against which to evaluate different strategy packages. Pursuing these goals also contributes to ameliorating the major traffic impacts described in the DEIS. In conjunction with MIMP build out, Children’s would commit to continuing its historically effective TMP and adopt additional programs to reduce its future contribution to area traffic.

The Transpo Group (i.e., Transpo), the firm that is analyzing the proposed MIMP’s effects on the transportation system as part of the Environmental Impact Statement (EIS) process, previously forecasted Children’s contribution to daily vehicle trips at MIMP build out if no additional mitigation measures were put in place. Transpo identified 720 PM peak hour vehicle trips today, and that 1,410 PM peak hour vehicle trips could be expected in 2028 with development associated with the proposed MIMP if no additional TMP measures were taken. The unmitigated forecast is 690 net new PM peak hour vehicle trips at MIMP build out.

Transpo’s Trip Generation Model for unmitigated conditions assumes that the proportion of people arriving by SOV and by other transportation modes would remain constant while the total number of people grows. Children’s proposed enhanced TMP mitigation strategies seek to shift the mode split so that greater proportions of people would arrive by shuttle and transit, carpool and vanpool, and bicycle and on foot rather than by driving alone, in order to reduce vehicle trips even while person trips increase.

Children’s is legally obliged to monitor its TMP plan under state, county, and city Commute Trip Reduction (CTR) requirements. This monitoring is conducted via employee travel behavior surveys. By law, Children’s must administer the CTR survey bi-annually in order to gauge SOV rates and TMP effectiveness. These surveys have shown a remarkable reduction in Children’s daytime employee SOV travel from 73% in 1993, to 54% in 2001, and to 38% in 2006.

Children’s would commit to achieving a **30% SOV mode split goal among these daytime employees at MIMP build out**. For comparison, this would meet the 30% SOV goal set for the University District Urban Village in the City of Seattle’s Comprehensive Plan.

Children’s ongoing commitment to implementing the enhanced TMP and achieving desired transportation results would include:

- Continued bi-annual employee State CTR surveys, administered by King County
- Continued measurements as required in the signed TMP agreement with the City, and
- Monitoring according to the standard procedures based on the Department of Planning and Development Director Rule 9-99, which applies to major institutions and requires an annual report that includes an update on Children’s mode splits.

TMP Components

Children's delivers a TMP that has achieved considerable success in reducing SOV travel to its campus. Children's Shuttle routes and array of incentives and benefits for alternate commuters are models of innovative transportation solutions both for reducing a worksite's contribution to local and regional traffic, and in the context of global climate change. Children's would work to shift an even greater percentage of drive-alone trips to carpools, vanpools, transit, bicycle, and walking in order to reduce the transportation impacts of MIMP build out.

This section describes each component of Children's existing TMP (as of 2007) along with enhancements proposed as part of the modeled strategy package. Under no element would Children's reduce its current programming. Instead, the Transit Shuttle service and enhanced TDM elements proposed below would build on Children's already notable successes.

1. Children's Shuttle

Children's Shuttle programs cannot be modeled by the EPA COMMUTER Model, but the enhanced services are part of Children's proposed and analyzed vehicle trip and SOV rate reduction goals. In 2007, Children's operated six shuttle routes to provide access to off-site employee parking lots and connections between the hospital, administrative buildings, research facilities, and affiliated institutions. Shuttle counts conducted in October 2007 found approximately 500 riders per day. Riding the shuttle is free, and all routes operate Monday through Friday. Children's 2007 shuttle program consisted of:

- Shuttle fleet of 12 vehicles, equipped to carry bicycles
- 2 routes connect the hospital campus with nearby off-campus parking lots: every 7-10 minutes, runs 5:30AM-9PM
- Added in 2008: 1 route between the Husky Stadium E1 lot and Children's main campus
- 1 route between the 70th/Sand Point Way administrative building and main campus: every 15 minutes, 6AM-6:30PM
- 1 route connecting the Magnuson Park lot and 70th/Sand Point Way building: every 10 minutes, 6AM-10AM, 3PM-7PM
- 1 route between Children's main campus and Metropolitan Park West offices in downtown Seattle: every 30 minutes during peak commute periods, every 20 minutes off-peak, 6AM-8PM
- 1 route between Children's Building 1, University of Washington Medical Center (UWMC), and Children's main campus: every hour, 8AM-5PM
- Fred Hutchinson provides one route from the Seattle Cancer Care Alliance to UWMC and Children's: every 40 minutes, 7AM-7PM

Proposed Shuttle enhancements:

Children's would expand its existing shuttle service to extend the reach and convenience of the regional public transit system. Children's would do this by introducing a "last mile" Transit Shuttle program, a collection of routes that connect the campus to major transit hubs. Public transit riders can take regional buses and eventually light rail to one of these hubs, and then transfer onto a shuttle to continue directly to the Children's campus. New Transit Shuttle routes would meet riders at the following hubs:

Table 10. Transit Shuttle Routes and Frequencies

Transit hub connections	Service Description
University District hub (planned for launch 2009)	Every 10 minutes during peaks; every 15 minutes off-peak
SR 520/Montlake Blvd. Station	Every 10 minutes during peaks; every 15 minutes off-peak
Future UW light rail station at Husky Stadium	Every 10 minutes during peaks; every 15 minutes off-peak
Westlake Center / 3 rd Avenue and Downtown Transit Tunnel (launched June 2008) ¹	Every 15 minutes, all day
South Snohomish County	Every 30 minutes, only during commute peaks

1. Westlake Center / 3rd Avenue shuttle (the Green Line) combines the 2007 Metropolitan Park West and Children's to 70th/Sand Point Way shuttle routes, adding a stop at Building 1 and a brand new stop downtown at the Westlake Center Transit Tunnel entrance and proximate to the 3rd Avenue transit corridor.

This enhanced shuttle strategy package does not include any further investments in regional public transit beyond the current Transit Now improvements to King County Metro routes 25 and 75. Under this Transit Now partnership, Children's funds 63 additional weekly trips on these two routes that serve the hospital, especially concentrated during shift changes.

Children's would plan its Transit Shuttles as a dynamic system, responding to changes in the transportation network, transit service, and employee housing patterns. Children's is building on its existing partnership with King County Metro as the hospital goes forward with shuttle planning and Metro considers service changes to the area. In addition, Children's has secured a letter of intent with Sound Transit to identify long-term partnerships designed to encourage the use of alternate transportation. These partnerships may include:

- Identifying future service enhancements, such as Sound Transit buses and facilities, that link to Children's expanded shuttle services
- Identifying potential private-public partnerships which would allow Children's to access current or future park and ride lots owned and operated by Sound Transit (*see Element VIII of the CTP regarding "Out-of-area parking"*), or
- Participate in regional forums or workshops where Children's would help to advance regional transportation alternatives.

Children's is continuing to pursue similar collaboration opportunities with Community Transit and Pierce Transit, as appropriate based on concentrations of employee home addresses.

2. Commuter Services

Children's funds a full-time staff in Commuter Services to support its TMP. Commuter Services offers the following programs:

- Meets with new employees on their first day of work to provide personalized commuting assistance, including transit route plans and potential car and vanpool partners

- Follows up with support and advice year-round to help staff and visitors identify transportation options
- Distributes information and marketing materials and plans events that promote and reward transportation alternatives to driving alone.
- Materials are distributed via brochures, transportation bulletin boards, a weekly in-house newsletter, email broadcasts, and an annual transportation fair. Commuter Services also maintains a comprehensive internal website and up-to-date print resources.

Children's Commuter Services staff develop innovative social marketing programs to promote the use and benefits of alternate transportation modes, including environmental, social, and public health benefits. For example, Children's is piloting a social marketing program in partnership with King County Metro in Fall 2008. This program, called "In Motion," reaches out to 4,000 hospital staff and 8,000 households in Northeast Seattle, encouraging participants to drive less and use alternative transportation. The program features proven social marketing elements, including incentives, a pledge to drive two fewer days each week, and supporting information regarding alternative travel modes.

Proposed Commuter Services staffing enhancements:

Children's added three new hires in Spring 2008, including Leads for Vanpool Programs, Bicycle Programs, and Transit Programs. One of these Leads filled a previously temporary position. In Summer 2008, Children's also added a Shuttle and Parking Manager. In total:

- Children's would increase Commuter Services staff between 50% and 80% to administer, promote, and monitor this level of commitment to expanded TDM and shuttle programs.
- Children's would continue to pursue innovative social marketing elements and programs to promote walking, biking, carpooling, and taking transit.

3. Parking Pricing

As of 2007, Children's assigned employees to on-campus or off-campus lots according to seniority, shift, and position. Children's Shuttles connect employees from the off-campus Magnuson Park and Church and Archives Lots, as well as the Husky Stadium E1 lot. Parking management and cost policies as of 2007 include:

- Children's employees, Children's University Medical Group (CUMG) physicians, travelers, Pace temps, UW employees, and contractors who drive alone to campus paid \$50 per month to park (through 2007).
- Children's monitors parking fees at the University of Washington to gauge increases in market rates for parking, and the hospital raises its rates concurrently with UW rate increases.
- Patients and their visitors park free of charge, as do volunteers, community physicians, board members and trustees, vendors, medical residents, students, and fellows.
- On-campus employee parking lots are regulated by gates and accessed by ID cards.
- Carpools and vanpools park on campus in reserved spots at no charge.
- Students are required to park at an off-site lot.
- Children's monitors speed limits, directs traffic, and enforces parking policies through a parking officer and security staff.

- Employees are prohibited from parking on local neighborhood streets.
- Children's offers valet patient parking between 7:00 AM and 3:30 PM and between 5:00 PM and 11:00 PM on weekdays in order to use the existing parking supply as efficiently as possible and reduce the number of on-site spaces required.

Parking pricing enhancements proposed by Children's:

- Charging no less than \$65 per month for on-campus SOV parking (implemented in May 2008, a 30% increase from 2007). These fees would be adjusted to what is appropriate for the market, as suggested by UW parking rate increases. However, the EPA COMMUTER Model results suggest that a rate of \$65 would be sufficient to achieve the targeted SOV rates and vehicle trip reduction (*see the section "Effectiveness: SOV Rates, Vehicle Trips, and Parking Demand" in this Appendix for details on the modeling process*).
- Investing in technology (for example, enhancing the gates currently used to regulate on-campus employee parking lots) to control access to visitor lots, allow pay-per-use charges as well as monthly fees, enforce carpool and vanpool occupancy, and more tightly manage on-campus parking supply. This technology would allow Children's to refocus FTE currently assigned to enforce and monitor on campus parking lots, to instead increase the number of parking enforcement personnel assigned to patrol neighborhood streets for parking violations.
- Similar to UW policies, students, medical residents, and fellows who currently park for free would be required to pay the monthly parking fee as paid by Children's and CUMG employees. Day-shift medical residents and fellows would be added to those who can be assigned to off-campus lots.
- Free parking would be eliminated. This would be supported by per-use-charges enabled through the new parking management technology. Children's may consider offering parking validation, reduced fees, or Medicaid parking vouchers to patients' families.

The above parking management measures were the only measures modeled using the EPA COMMUTER Model. The COMMUTER Model can only analyze parking policies that relate to pricing. **The Model results indicate that the above parking management policies, in combination with the other modeled TMP elements, would achieve Children's targeted trip reduction and SOV rate reduction goals with no further parking changes.**

For further parking management programs proposed by Children's beyond those modeled by the COMMUTER Model, see sub-section 6 below "Additional Above-and-Beyond Trip Reduction Strategies."

4. Incentives for Not Driving Alone

In 2007, Children's employees and CUMG physicians could earn up to \$50 per month in Commuter Bonus incentives, depending on how many days per week they don't drive to the campus by themselves. Other 2007 incentives for those who choose non-drive alone commutes included:

Carpool:

- Free, reserved parking on campus (204 spaces for carpools and vanpools)

Vanpool:

- 100% subsidized vanpool fare

- \$250 additional bonus per quarter for vanpool drivers, \$75 for backup drivers, and \$50 for bookkeepers
- Free, reserved parking on campus
- Internal rideshare matching

Transit:

- FlexPass - annual, unlimited transit pass purchased for all Children's permanent employees and CUMG physicians
- PugetPass - monthly transit pass provided upon request to contractors, consultants, Pace temps, and University of Washington staff
- Partnership with King County Metro "Transit Now" to fund 63 additional roundtrips per week on Routes 25 and 75, to provide for higher frequency during shift changes

Bicycle:

- Showers and lockers free of charge
- Approximately 120 total covered and secured bicycle parking spaces, located in each parking garage and at employee entrances
- Subsidized annual bicycle tune-up, on-site

Walk:

- Umbrellas and reflective safety lights provided on an annual basis

Motorcycle:

- Free, covered parking for this more efficient, less-polluting mode

Proposed Incentives enhancements:

In addition to continuing the above programs:

- Children's would invest in technology that facilitates carpool matching by commuters themselves, including real-time matching. Children's would transition to a single carpool formation bonus and institute parking charges for carpoolers. These changes would create market incentives for carpoolers to maximize the number of rides they share and to increase the occupancy of their cars.
- Children's would increase the Commuter Bonus award up to an amount equal to the cost of parking (at least \$65 per month). This bonus would be extended to students, medical residents, and fellows in addition to the Children's employees and CUMG physicians who are already eligible.
- Medical residents and fellows would also begin receiving FlexPass, and Children's would purchase each student's portion of a University of Washington UPASS (currently \$45 per quarter).
- 24% of Children's employees live within a three mile walking and biking distance of the main campus. Children's would offer cyclists and pedestrians an additional \$100 award once a year for equipment, such as bikes, shoes, or clothing, to further reward non-motorized commutes.

5. Alternative Work Schedules

Approximately 2% of Children's staff whose work schedules begin between 6:00 AM and 9:00 AM telecommute. Though the consultant team has not modeled expansion of this program, telework and compressed work weeks represent the quickest, least expensive way to remove a commuter from the road. Employees need not telecommute every day; even one day a week at home provides a trip reduction benefit. Compressed work weeks, such as working 10 hours a day, 4 days per week, 9 hours a day for 9 days over two workweeks, or even the common Children's work schedules consisting of 12 hours a day, 3 days per week, are also potential options for reducing commute trips. The consultant team will work with Children's to further explore employee categories, work tasks, and accountability systems that could allow the hospital to expand these scheduling options.

Proposed Alternative Work Schedule enhancements:

No new alternative work schedule or telework programs are included in the modeled package.

6. Additional Above-and-beyond Trip Reduction Strategies

Children's offers several trip reduction programs – and is evaluating further strategies for the future – that are not included in the modeled TMP package described in sub-sections 1 through 5 above. The strategies described below cannot be modeled using the EPA Commuter Model, and therefore weren't included in the consultant team's analyses of Children's ability to reach targeted trip and SOV rate reductions. The programs described here in sub-section 6 are therefore not necessary to meet the mitigation goals modeled as a result of the other TMP enhancements outlined in Appendix A. Rather, if implemented, these strategies would result in *greater* trip reduction than is modeled in this study.

Parking Management

Above and beyond the modeled parking pricing policies outlined in sub-section 3., and to pursue trip reduction greater than that analyzed in this memorandum and the DEIS, Children's is also proposing the following parking management measures:

- Instituting parking charges for carpools in order to create market incentives for carpoolers to maximize the number of rides they share and increase the occupancy of their cars.
- Partnering with the University of Washington on an agreement that allows Children's staff as employees of an affiliated institution to use the University of Washington's E1 parking lot (implemented in March 2008).
- Reassigning employees to off-campus parking lots based on the direction from which they travel to campus, in order to reduce distances traveled and potentially remove vehicles from the most congested corridors impacted by Children's (implemented in March 2008).
- Identifying between 100 to 200 off-site and out-of-area parking spaces per phase of development as necessary to mitigate future transportation impacts.

Children's has begun assigning employees to off-campus leased parking space on the basis of their home address. For example, employees who live south of campus and would have to drive past the E1 lot from their homes in order to reach the hospital are assigned to park in that lot. Employees ride a dedicated shuttle route to complete their commute trip to the hospital. This program reduces the net number of vehicles proceeding further on Montlake and through Five Corners to reach Children's.

This geographic parking assignment will be a key part of future ongoing parking strategies at Children's. The hospital intends to identify 100-200 off-site and new out-of-area parking spaces per phase of development, as necessary to mitigate future transportation impacts. It is expected that every 100 cars parked at out of area facilities would result in a five to ten percent reduction in traffic impacts surrounding the hospital. This out-of-area parking approach comprises element VIII of the Comprehensive Transportation Plan.

AGAIN: This program was not modeled as part of the TMP package analyzed using the COMMUTER Model, and could further decrease SOV mode split beyond what is predicted by the consultant team.

Innovative Bicycle Programs

The innovative bicycle programs comprising Element II of Children's Comprehensive Transportation Plan were not modeled using the COMMUTER Model, but will serve to bolster and support those employees shifting to bicycling for their commute.

Building on its history as an innovator in transportation management, Children's is piloting novel bicycle programs to bolster the number and proportion of its employees who commute by this physically active, non-polluting transportation mode.

On July 17, 2008, Children's launched its **Company Bikes** program. Under Company Bikes, Children's invites employees to pledge to bicycle to work at least two days every week, year-round. After completing two bike commuting courses offered by Children's Commuter Services staff, these pledged employees are provided with a bicycle free of charge from the hospital, for their use as long as they continue bike commuting twice a week. The Company Bikes program enjoyed an enormously positive start, assigning 30 bicycles within the first two days of the program and committing all 100 bicycles for 2008 by September. Commuter Services has 27 bicycle commuting courses scheduled through November 2008. 100 more Company Bikes bicycles are planned for purchase and distribution in 2009.

Scheduled to launch in the first quarter of 2009, the **Flexbikes** bike-sharing program will house 20 bicycles on the hospital campus that employees can rent during the day, with the first half hour free. The bicycles will have an electric-assist motor that can be turned on to help climb hills. The provision of bikes for mid-day trips will help employees who may not be ready or able to bicycle to campus to try biking for errands and meetings, reducing motorized vehicle trips during the day. Children's program will link with a system of 40 Flexbikes to be housed on the University of Washington campus.

In order to support the projected 10% of employees cycling to work by 2028, Children's is planning for showers, lockers, and bike parking to accommodate 600 cyclists. The hospital is considering a locker-assignment system to ensure consistency and predictability for locker users.

AGAIN: These programs were not modeled as part of the TMP package analyzed using the COMMUTER Model, and could further increase non-SOV mode split beyond what is predicted by the consultant team.

Supportive Transportation Benefits

Children's will continue to fund on-site Zipcars, employee Zipcar membership, and the Guaranteed Ride Home program that subsidizes emergency taxi rides home for alternative commuters in the event of personal or family illness or unscheduled overtime. Children's will also continue to equip its shuttles to carry bicycles, so employees have more options for traveling, including combining bicycling with

shuttles to complete trips. The COMMUTER Model used to evaluate proposed TDM program impacts does not assume any mode shift resulting directly from these benefits, as they are too integrated and dependent on other programs being in place. Nevertheless, these benefits bolster the opportunity for campus visitors to leave personal cars at home.

No new supportive transportation benefits are included in the modeled package.

Neighborhood Transportation Programs

Children's offers various transportation programs and benefits to the neighborhood at large. The hospital sponsors annual Bike to Work Day commuter stations, serving over 700 bicycle commuters in 2007 and over 1,000 in 2008. The Zipcars that Children's funds add to the fleet of cars available for the entire community of Zipcar members. The addition of 63 new daily roundtrips on King County Metro routes 25 and 75 provide enhanced mobility to all riders along those routes. Near the research campus in South Lake Union, Children's participated in a streetscape pedestrian safety audit, sponsored by Feet First, King County Metro, and Vulcan. These and other potential neighborhood programs benefit the entire community and expose more people to transportation alternatives, though it is difficult to predict with certainty what effect these activities have on trip reduction and traffic.

Children's will continue working with King County Metro to pursue the opportunity to offer neighborhood residents free access to use the Children's shuttle system. Bringing passengers onto the shuttles who are not affiliated with Children's will require detailed analysis and approval from Metro to extend the shuttle service to the general public. If Children's acquires this approval, the hospital will publish the shuttle schedules and routes for distribution to neighborhood residents.

In addition, Children's agrees to fund the formation of a Residential Parking Zone (RPZ), should the neighborhood(s) determine that one is desirable. However, Children's has been successful in effectively limiting the impact of employee parking through its employee parking policies and follow-up enforcement. Children's has continued to express a high priority intention to provide a high quality experience for its patients and their families and visitors, and will continue to manage on-site parking to assure that patients and visitors always have a space to park upon arrival.

Patient Transportation

Children's TMP efforts primarily focus on employee groups who make up about 65 percent of the total population traveling to the hospital. As detailed in the following "Evaluation" section, Children's expects to achieve all of its proposed vehicle trip and SOV rate reduction within those employee groups, even if all other populations' trips remain unmitigated. By comparison, patients and families comprise only 17 percent of all traveling to campus, and their trips do not concentrate during the most congested peak-period commute times of day. Even with this comparatively small portion of trips, Children's works to communicate about and enable patient transportation alternatives through its Guest Services department.

In February 2007, Children's initiated a shuttle service for patient families with one vehicle and driver. The fleet has grown to four vehicles and drivers making 200 trips per month. The patient and family shuttle is offered free of charge and is available to all families who come to Children's. 92% of all trips occur on weekdays, with 93% between the hours of 6:00 AM and 8:00 PM. Between October 2007 through July 2008, the patient and family shuttle made 2,431 runs. 41% of these runs connected the hospital to Sea-Tac Airport, 31% to the Ronald McDonald House, and 8% to hotels. The initial philosophy behind the patient and family shuttle was to make the experience of arriving to Children's less overwhelming for families coming from out of town, offering connecting shuttle trips from the airport, train and bus stations, and ferry terminals.

The patient shuttle service decreases the number of vehicles entering Children's campus by enabling families to leave their cars at home. The average length of a hospital stay at Children's is five days. When a family arrives on campus without bringing a car, it has a cumulative effect, ensuring that they will take alternative modes of transportation the entire time they are at the hospital. Key features of patient and family transportation services include:

- When possible, Children's groups patient family shuttle runs in order for multiple families to ride together.
- Children's also encourages families to stay at hotels that offer shuttles, and is currently working on a walking map of the area with Feet First, a organization that promotes walking. This map will include the health benefits of walking as well as how to use walking as a form of meditation.
- In the month of April 2007, Hopelink, a transportation broker for DSHS, provided over 900 individual trips to Children's for families on DSHS. Hopelink currently does not group multiple families into single trips. Children's is working to house a Hopelink transportation coordinator on site at the hospital, partnering in order to group multiple DSHS families into single trips. This partnership will improve the Hopelink service, decrease the number of single family trips, and increase the number of families utilizing the bus system.
- In June 2007, Children's began transporting children to the Hutch School Monday-Friday. The Hutch School is located on the SCCA campus and is for siblings of patients who are here for long term care. At the end of the 2007-2008 school year, the bus was at capacity.
- In January 2008, Children's changed the shuttle run to the Ronald McDonald House from a scheduled bi-hourly service to one that is by reservation only. Fliers encourage families to walk between the two facilities. This change resulted in a decrease of runs from 200 per month to an average of 68 per month.
- Children's surveyed patient families and found that they prefer having all of their clinic appointments scheduled on the same day. Children's has purchased a new integrated scheduling software system to help achieve that goal (when medically appropriate). This new software will impact every clinical area of the hospital, and will enhance interdepartmental communication and the ability to collaborate. This in turn will decrease the number of trips families will need to make in order to receive care at Children's.
- Children's also provides valet patient parking between 7:00 AM and 3:30 PM, and between 5:00 PM and 11:00 PM on weekdays, in order to use the existing parking supply as efficiently as possible and reduce the number of on-site spaces required.

Proposed Patient Transportation enhancements:

Children's would implement pay-per-use parking fees (as outlined in sub- 3 above regarding "Parking Pricing"), with the option for providing parking validation or Medicaid vouchers for patients. Children's would also expand the distribution of information to patients about non-SOV travel options to the hospital, including the shuttle to transit system and public transportation.

Resource Impact

As of 2007, Children's spent millions of dollars annually to plan, implement, and monitor its excellent TDM and shuttle programs. The proposed TMP would require substantial increased financial investment in program operations, staffing, and enhanced monitoring and enforcement of parking policies, as well as capital funding for facilities as described in Element IV of the CTP (*see main body of the memorandum, above*). The consultant team estimates that the hospital would need to substantially increase its annual financial commitment in order to implement these programs.

Effectiveness: SOV Rates, Vehicle Trips, and Parking Demand

The consultant team evaluated TMP strategy packages for expected reductions in SOV rates as measured under CTR requirements. In order to analyze associated reductions in vehicle trips and parking demand, the consultant team focused its attention on those trips made during the PM peak hour. Trips made in the middle of the afternoon or the night, when there are few cars on the road, have less potential for adding to overall delay than trips made during the morning and evening peak commute times. In its Trip Generation Model, Transpo forecasted Children's unmitigated vehicle trips at MIMP build out during the most congested hour of both the AM and PM peak. In order to achieve a substantive reduction of the otherwise unmitigated impacts described in the Preliminary DEIS, Children's should seek to reduce net new vehicle trips in peak periods, when traffic volumes are highest and intersection performance on Sand Point Way NE and in other impacted corridors is poorest. For analysis purposes, the consultant team chose the PM peak hour in addition to SOV rates as the standard of measurement for the TMP's effects, also because there are more patient trips during this period than in the AM, making it more challenging to mitigate vehicle travel.

EPA COMMUTER Model

The consultant team used the U.S. Environmental Protection Agency COMMUTER Model (v2.0) to predict future SOV rate and trip reduction achievements of the above-described TMP enhancements. The COMMUTER Model was created for use by government agencies and individual employers to model the effectiveness of various Transportation Demand Management and Transportation Control Measure strategies. TDM programs targeted with the COMMUTER Model include financial incentives (Commuter Bonus, transit fare), parking charges, and employer support programs (ridematching, Commuter Services staff time, etc). The COMMUTER Model analyzes financial and time savings as the core primary motivators of transportation choice, while supporting elements are offered primarily to meet increased demands on the employer's TDM programs.

The COMMUTER Model uses inputs of current and future population figures, existing mode splits and TDM incentives, and packages of TMP strategy and policy changes to forecast the mode split effects of the proposed programs. This is a logit mode-choice "pivot point" model, and environmental background characteristics that influence travel behavior – such as transit availability and land use patterns – are reflected in the starting mode splits. COMMUTER Model mode choice models have been developed for cities and regions nationwide, including the Puget Sound region. These mode choice coefficients reflect the willingness of people in the area to change travel modes in response to changing incentives or travel conditions. The values of these mode choice coefficients are based on travel models currently used by regional transportation planning agencies. The COMMUTER Model's forecasted future mode splits can be used to calculate future travel behavior and trip reduction, including daily trips, vehicle trips in the PM peak hour, and peak period parking demand.

The consultant team modeled the TDM enhancements outlined in sub-sections 2-5 under "TMP Components" above, assuming that full TDM offerings continue to apply to Children's employees and CUMG physicians, and that full benefits (including transit fare, parking management policies, and Commuter Bonus payments) are extended to medical residents, fellows, and students. These are the only groups included in the model. Other opportunities for trip reduction may exist in patient and non-employee populations, but non-employee travel cannot be modeled by the COMMUTER Model, and such reductions are not estimated here.

The COMMUTER Model results plus forecasted Transit Shuttle ridership combine to create an expected 36% reduction in predicted net new PM peak hour vehicle trips. The full reduction is expected to be achieved within the four populations evaluated using the COMMUTER Model:

- Children’s daytime employees
- Children’s non-daytime employees (including exempt & call, and evening and night shifts);
- CUMG physicians, and
- Medical residents, students, and fellows

For analyses of COMMUTER Model groups that combine several Trip Generation Model groups (i.e., Children’s non-day and Residents/Students/Fellows), weighted averages were calculated for baseline modesplits and number traveling during PM peak hour, based on sub-group modesplits and numbers of people from the Trip Generation Model.

Among the total PM peak hour vehicle trips generated by these four groups in 2007, Children’s daytime employees make the majority of the trips (74%, compared to 21% from non-day Children’s employees, and 2% and 3% from CUMG physicians and students/residents/fellows, respectively). Correspondingly, the most absolute trip reduction is expected to be achieved among those daytime employees. Fortuitously, daytime employees tend to have the most regular work hours and set commuting schedules that make it more likely for them to travel during daylight (attractive to people on foot and on bicycle) and at times of peak public transit and Children’s shuttle service, supporting a full range of commute alternatives.

The COMMUTER Model is set up to predict mode shift as a result of parking pricing, fiscal incentives for using an alternate mode, or TDM programs, but not changes in travel behavior that would occur as the result of new shuttle or transit service except with respect to reduced waiting or in-vehicle travel times. Expected Transit Shuttle ridership had to be calculated off model, and accounted for in the final analysis combined with COMMUTER Model outputs (see “Transit Shuttle Calculations,” below).

Methodology

Base numbers were input into the COMMUTER Model, drawn from Transpo’s Trip Generation Model data for current (2007) mode splits, current population, and expected 2028 population. The COMMUTER Model forecasts the following changes in mode splits from the unmitigated (2007) conditions solely as a result of the TDM strategies outlined above under “TMP Components”:

Table 11. Percent mode splits with enhanced TDM strategies (not including Shuttle)

Modesplits (in percent %)	Children’s Day-shift		Children’s Non-day shift		CUMG Physicians		Students, Medical residents, & Fellows	
	Unmitigated	w/TDM	Unmitigated	w/TDM	Unmitigated	w/TDM	Unmitigated	w/TDM
SOV	38	30	63	58	66	60	73	53
Carpool	21	20	11	12	3	4	8	14
Vanpool	9	9	0	0	0	0	0	0
Transit	10	17	10	13	10	13	6	13
Bike	6	8	5	6	6	8	4	9
Walk	5	6	4	5	5	6	2	4
Other	11	10	7	6	10	9	7	7

The new mode splits achieved by TDM programs alone predict an SOV rate of 30% among Children’s daytime employees in 2028. When the mode splits for each modeled group are input into the Trip Generation Model for future population, the calculations generate the following PM peak hour vehicle trips on motorized modes in 2028:

Table 12. PM peak hour vehicle trips expected in 2028 as a result of enhanced TDM strategies (not including Transit Shuttles)

	Number of PM peak hour vehicle trips by mode			Total (rounded)
	SOV	Carpool	Vanpool	
Children's Day-shift	389	113	19	520
Children's Non-day	212	19	-	230
CUMG	24	1	-	25
Students/ Residents/ Fellows	32	4	-	35
Total PM peak hour vehicle trips from all groups (rounded):				810

Without this TDM mitigation, the Trip Generation Model predicted 930 PM peak hour vehicle trips among these four modeled groups in 2028, representing 690 net new PM peak hour vehicle trips compared to today. The COMMUTER Model mode shift predicted based on TDM programs alone thus reduce 120 PM peak hour vehicle trips ($930 - 810 = 120$), representing a 17% reduction in net new vehicle trips in the PM peak hour at MIMP build out ($120/690 = 17\%$).

Transit Shuttle Calculations

Shuttle ridership estimates then had to be accounted for in order to forecast the total reduction in SOV rates and in net new PM peak hour vehicle trips expected in 2028. Before running the model, the consultant team calculated the vehicle trip reduction that could be expected as a result of the enhanced Transit Shuttle service plan by calculating ridership and converting these person trips to vehicle trips. Shuttle patronage was based on projections of employee home locations, presence and quality of connecting public transit services, and the level of programmed shuttle service (headways). These estimates predict a peak hour Transit Shuttle ridership of 225 persons.

To calculate the Transit Shuttles' effect on mode split, the consultant team assumed that these 225 riders shift proportionally from each of the modeling groups, and, within each group, from among SOV, carpool, vanpool, and transit riders. We exclude bike and walk commuters from this shift, assuming that no one who lives close enough to the hospital to bicycle or walk to work will switch to taking transit to an out-of-area hub and transferring to a shuttle.

As with PM peak hour vehicle trips, the population of daytime Children's employees comprises the vast majority of all modeled persons; as a result, proportionally, most Transit Shuttle riders are expected to come from this group. Also among the four modeled populations, there is a higher proportion of individuals commuting today via SOV than by any other motorized mode. The 225 peak hour shuttle riders were not removed evenly from the groups (i.e., $225 / 4 = 56$ riders taken from each of the four modeling groups, and then within the modeling groups 14 riders taken from each of the motorized modes). Rather, assuming that new shuttle passengers shift to shuttle proportionally from each motorized mode results in a greater reduction in SOV trips compared to trips by other modes.

These sub-proportions were calculated based on the baseline (2007) mode splits and relative numbers of PM peak hour person trips within each group, drawn from the Trip Generation Model. Existing mode split numbers were used to calculate the number of persons and vehicle trips shifted to Transit Shuttle from each mode to make up 225 peak hour riders. This allowed us to adjust the COMMUTER Model's mode split outputs to account for person and then vehicle trips shifted to shuttle, which results in the following PM peak hour vehicle trips including both the TDM effects combined with Transit Shuttle:

Table 13. PM peak hour vehicle trips expected in 2028 as a result of enhanced TDM strategies (COMMUTER model) and Transit Shuttles (forecasted ridership)

	Number of PM peak hour vehicle trips by mode			Total (rounded to nearest 10)
	SOV	Carpool	Vanpool	
Children's Day-shift	308	93	16	420
Children's Non-day	178	16	-	190
CUMG	20	1	-	20
Students/Residents/Fellows	26	3	-	30
Total from all groups:				660

The Table below summarizes the net new PM peak hour vehicle trips expected from each model group, using the proposed TDM strategy and Transit Shuttle ridership to account for the effects of the complete TMP. These estimates include new PM peak hour vehicle trips generated by 2028 carpools, vanpools, and SOV vehicles, and net new trips from Transit Shuttle vehicles are added at the end.

Table 14. PM peak hour vehicle trips from modeled and non-modeled population groups, under full TMP mitigation (TDM strategies + Transit Shuttles)

PM Peak hour vehicle trips in 2028	Modeled mitigated populations				All non-modeled groups* (unmitigated)	Overall Total (rounded to nearest 10)
	CHRMC Day-shift	CHRMC Non-day	CUMG	Students, Residents, & Fellows		
Without mitigation (Trip Generation Model: unmitigated)	631	220	27	49	476	1,410
With TDM programs	521	231	25	36	476	1,290
Subtotal Reduced	110	-11	2	13	0	120
With TDM and Transit Shuttle	417	194	20	29	476	1,140
Total Reduced	214	26	7	20	0	270
Net new PM peak hour vehicle trips created by Transit Shuttles:						20
Overall net new PM peak hour vehicle trips including Transit Shuttles:						1,160
Overall net new PM peak hour vehicle trips reduced:						250

* **Note:** Again, the COMMUTER Model cannot model non-employee travel. In order to ensure conservative estimates, no trip reduction is predicted from any Trip Generation Model group not modeled with the COMMUTER Model. This includes patient and family trips, volunteers, and consultants. Therefore, in the above table, the full 476 net new PM peak hour vehicle trips predicted from these groups in the Trip Generation Model for 2028 with no mitigation are assumed to hold steady with both TDM and Transit Shuttle mitigation. Programs targeted to patient or other non-employee trips could result in further reductions. The new Transit Shuttles will make 36 in and out trips during the PM peak hour; because the Green Line absorbs the former 6 trips during the PM peak hour from Met Park West, and 12 trips between Children's and 70th/Sand Point Way, net new shuttle trips is only 18 (rounded to 20 above).

20 net new PM peak hour vehicle trips are to be expected from the new Transit Shuttles, accounting for the existing shuttle routes absorbed by the new Transit Shuttle to downtown Seattle's Westlake Center / 3rd Avenue hub (launched June 2008). This results in a **net reduction of 250 net new PM**

peak hour vehicle trips ($270 - 20 = \sim 250$). The Trip Generation Model predicts 690 net new PM peak hour vehicle trips from all groups in 2028 if there is no mitigation and no mode shifts from baseline (2007) behaviors. Thus, the COMMUTER Model and Transit Shuttle ridership forecasts predict that the proposed TMP (TDM + shuttles) would achieve at least **30% reduction in net new PM peak hour vehicle trips** ($250/690 = \sim 36\%$).

The proposed enhanced TMP programs are targeted only at the populations modeled using COMMUTER Model: Children’s day- and non-day shift employees, CUMG physicians, and medical residents, students, and fellows. In the above calculations, all of the predicted mode shift and reduced PM peak hour vehicle trips are expected to occur among these groups only. This reduction, then, would be achieved even if vehicle trips from all other groups in the Trip Generation Model – including patients, consultants, and volunteers – increased as predicted under unmitigated conditions.

Results: Summary of SOV and Vehicle Trip Reduction

As shown in Table 11 above, the COMMUTER Model mode splits forecasted based on TDM programs alone would deliver a 30% SOV mode split among daytime Children’s employees. Additional mode shift away from SOV should be expected due to use of the Transit Shuttles.

Final net new PM peak hour vehicle trips in 2028 calculated using these mode splits suggest that **Implementing the proposed TMP could be expected to result in a 36% reduction in net new PM peak hour vehicle trips in 2028**. Table 15 outlines the net new PM peak hour vehicle trips expected with and without enhanced TMP programs. All of these vehicle trip and SOV mode split estimates include expected net new vehicle trips generated by shuttle, carpool, vanpool, and SOV vehicles in 2028, from all population groups. These calculated reductions are achieved entirely within Children’s day- and non-daytime employees, CUMG physicians, and medical residents, students, and fellows. Other opportunities for additional trip reduction may exist in other population groups, such as patients, contract and temporary employees, and volunteers.

Table 15. Net new PM peak hour vehicle trips in 2028 with and without enhanced TMP mitigation

Without additional mitigation	690
With expanded TDM programs	570
Subtotal Reduced	120
Percent Reduced	17%
With TDM and Transit Shuttle	420
Total Reduced	270
Net reduced with 20 net new Shuttle vehicle trips added back in	250
Percent Reduced	36%

Results: Parking Demand

SOV mode split reductions and vehicle trip reductions resulting from Children’s proposed TMP package would also reduce the amount of parking needed. Rather than the 3,600 stalls that Transpo forecasted would be necessary at MIMP build out without further mitigation, Children’s would need only 3,100, a reduction of 500 parking spaces. Parking may be accommodated on campus, or in leased stalls in off-campus parking lots. Under this mitigation package, Children’s would need a total supply of 3,100 total stalls on and/or off campus.

Table 16. Future Peak Parking Demand at MIMP Buildout

Peak Parking Demand in 2028	Without mitigation	With TDM programs	With TDM and Transit Shuttle
Children's Employees - Day Shift	830	690	510
Children's Employees - Non-day	635	610	550
CUMG Physicians	270	250	240
Students, Medical residents, & Fellows	290	200	190
Other employees ¹	555	550	560
Patients (in- and out-)	890	890	890
Total:	3,470	3,190	2,940
Effective demand (+ 5% for circulation):	3,600	3,350	3,100

1. "Other employees" include EE Off-site Children's Employees, Pace temps, construction, consultants, community physicians, vendors, and volunteers. All numbers are rounded to the nearest 5.

Children's intends to pursue off-site parking opportunities when possible, and will continue to utilize geographic parking assignment plus shuttles to intercept vehicle trips that would otherwise enter the most congested impact area (see *Element VIII of the CTP*). Regardless, the enhanced TMP with expanded TDM + Transit Shuttle services alone would achieve the targeted 500 parking space demand reduction, as well as the 30% SOV rate and 30% reduction in net new PM peak hour vehicle trips as described in this memorandum.

APPENDIX G: SOUND TRANSIT LETTER OF INTENT



Letter of Intent

between

Children's Hospital and Regional Medical Center
and the Central Puget Sound Regional Transit Authority

Children's Hospital and Regional Medical Center is a nonprofit corporation in Washington exempt from federal income tax under Section 501(c)(3) of the Code, and fulfills its charitable health care mission in part through the operation of an acute care children's hospital and other children's health services in Seattle, Washington.

The Central Puget Sound Regional Transit Authority (Sound Transit) is a duly organized regional transit authority and has all the powers necessary to implement a high capacity transportation system. Sound Transit has implemented a regional transit system consisting of ST Express bus, Sounder commuter rail, Tacoma Link light rail and the capital infrastructure that supports these services. In mid 2009, Central Link light rail will offer service from downtown Seattle to Tukwila, followed by service to SeaTac Airport in December 2009.

Purpose

The purpose of this Letter of Intent is to document our mutual interest in discussing and identifying short-term and long-term partnerships designed to encourage alternative transportation uses.

General Approach

Sound Transit and Children's Hospital and Regional Medical Center will work together to:

- (a) Identify future service enhancements such as Sound Transit buses or facilities that link to Children's expanded dialysis service;
- (b) Identify potential private-public partnerships which will allow Children's to access current or future park and ride lots owned and operated by Sound Transit;
- (c) Participate in regional forums or workshops where we advance regional transportation alternatives.

Both parties also recognize the need to hold coordinated discussions with other local and regional transit agencies related to service enhancements and other transit related arrangements.

Agency Representation

Sound Transit and Children's Hospital and Regional Medical Center will each identify a single point of contact for carrying out this Letter of Intent.

Conclusion

Sound Transit and Children's Hospital and Regional Medical Center recognize the importance of our collaboration in ensuring effective transportation options that enhance regional mobility. We recognize that potential service or capital project partnerships will be subject to approval by the Sound Transit Board and the Children's Hospital and Regional Medical Center Board of Trustees.


Children's Hospital and Regional Medical Center
Thomas N. Hansen, MD, Chief Executive Officer

3-24-09
Date


Sound Transit
Jim Bail, Chief Executive Officer

3-24-09
Date

APPENDIX H: COMMUNITY TRANSIT LETTER OF INTENT



7100 Hardeson Road
Everett, WA 98203-5834

www.communitytransit.org
425/348-7100 ph
425/348-2319 fax

Joyce Eleanor
Chief Executive Officer

Letter of Intent Between
Seattle Children's Hospital and Community Transit

Seattle Children's Hospital is a nonprofit corporation in Washington exempt from federal income tax under Section 501(c) (3) of the Code, and fulfills its charitable health care mission in part through operation of an acute care children's hospital and other children's health services in Seattle, Washington.

Community Transit is a Public Transportation Benefit Area incorporated in 1976 under RCW 36.57 A. It operates 33 local bus routes, 31 commuter routes and DART paratransit service throughout Snohomish County. Community Transit also offers carpool matching, one of the nation's largest vanpool programs and offers travel training to disabled and senior citizens

Purpose

The purpose of this Letter of Intent is to document our mutual interest in exploring short-term and long-term partnerships designed to encourage alternative transportation and a "think transit first" lifestyle.

General Approach

Community Transit and Seattle Children's Hospital will work together to:

1. Where possible, coordinate connections between Seattle Children's shuttle service and Community Transit's bus service.
2. Explore potential private-public partnerships
3. Research transit efficient locations for future Seattle Children's facilities within Snohomish County
4. Explore targeted TDM programs to help employees access Community Transit services without driving

Both parties also recognize the need to participate in regional forums and hold coordinated discussions with other local and regional transit agencies and jurisdictions related to service enhancements and other transit related arrangements.

Conclusion

Community Transit and Seattle Children's Hospital recognize the importance of our collaboration in ensuring effective transportation options that enhance regional mobility. We recognize that potential service or capital project partnerships will be subject to approval by the Community Transit Board and the Seattle Children's Hospital Board of Trustees.



Seattle Children's Hospital
Thomas N. Hansen, MD, Chief Executive Officer

10/16/08
Date



Community Transit
Joyce Eleanor, Chief Executive Officer

10/14/08
Date



*Interior pages printed on 100% post-consumer recycled paper
Cover pages printed on 30% post-consumer recycled paper*

