

NORTHWEST HOSPITAL  
FINAL ADOPTED  
MASTER PLAN



NORTHWEST  
HOSPITAL



CITY OF  
SEATTLE



Errata Sheet  
Northwest Hospital Final  
Adopted Master Plan

The text below replaces items 29 and 30 in Section IV, "Final Conditions of Approval." The previously published document did not reflect the final conditions. Please attach this page to your copy of the Final Adopted Master Plan.

Air Quality (Incinerator):

29.(a) The required Operation and Maintenance Plan (OMP) for the incinerator shall be subject to review and approval by the Director. The Master Plan Advisory Committee shall be invited to participate in the review and to advise the Director regarding the provisions of the OMP.

29.(b) Should a review of City Policy with regard to the siting of medical waste incinerators take place and should it lead to policy changes which exclude such incinerators from residential or major institution zones, termination of the operation of the Northwest Hospital incinerator would be required as determined by that policy.

30.(a) The use of the incinerator for waste burning shall be limited to infectious waste as defined in SMC 21.43, and the sources of such waste shall be limited to the Northwest Hospital campus and Northwest Hospital facilities within one-half (1/2) mile of the campus boundary, pending the results of the study referenced in condition 29.b.

30.(b) A program for monitoring fugitive dust from ash handling shall be included in the required incinerator Operation and Maintenance Plan. Upgrades of controls and equipment shall be as required by PSAPCA to meet regulations for best available control technology. Controls on fugitive dust emissions shall be evaluated annually as part of the Operation and Maintenance Plan.

30.(c) The Operation and Maintenance Plan shall also provide for new continuous emission monitoring (CEM) technology to be evaluated every two years. In particular, CEM technology for hydrochloric (HCl) shall be investigated. If new technology is found by PSAPCA to be reliable, reasonably available, and economically feasible, the new equipment shall be installed by NWH according to the Operation and Maintenance Plan.



## Preface

This document is the final adopted Master Plan for Northwest Hospital. It is organized into four sections. **Section I** is the Proposed Final Master Plan as issued by Northwest Hospital on February 4, 1991. **Section II** is Ordinance 115914 through which the Seattle City Council approved the February 4, 1991 Proposed Master Plan with modifications as set forth in Exhibit A, attached to the ordinance. Exhibit A is the City Council's Findings, Conclusions and Decision, dated November 12, 1991. **Section III** is the Seattle Hearing Examiner's July 22, 1991 Findings, Conclusions and Recommendations which is presented because the City Council's decision adopts by reference many of the Hearing Examiner's recommendations. **Section IV** presents the final conditions of approval by combining the Hearing Examiner recommendations and City Council decision into a single document.



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**SECTION I. PROPOSED NORTHWEST HOSPITAL MASTER PLAN  
FEBRUARY 4, 1991**

NORTHWEST HOSPITAL  
FINAL PROPOSED MASTER PLAN

Issued by  
Northwest Hospital

Management Contact:

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February 4, 1991

Prepared by Northwest Hospital



FINAL PROPOSED MASTER PLAN

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## I. BACKGROUND AND MASTER PLAN DESCRIPTION

### INTRODUCTION

Northwest Hospital, located in North Seattle, is a non-profit community hospital licensed by the State of Washington serving residents of North Seattle and South Snohomish County. Northwest Hospital, originally dedicated as a 113-bed acute care facility in 1960, currently offers a comprehensive range of inpatient and outpatient medical/surgical services, as well as a number of specialized services such as rehabilitative medicine, hospice care and short-term extended care. Services are provided by a staff of more than 1270 employees plus a medical staff of more than 600 physicians.

Northwest Hospital increased its licensed bed capacity with the addition of a wing in 1967 and again in 1984 with the acquisition of Northgate Hospital. Northwest Hospital currently operates 218 of its 281 licensed hospital beds, 30 short-term, skilled nursing beds and 12 hospice beds. All inpatient activities have been consolidated on the Northwest Hospital campus since 1987.

Northwest Hospital has three affiliated corporations: (1) Health Resources Northwest, the non-profit parent corporation; (2) Pacific Consolidated Services Corporation, a for-profit subsidiary; (3) the Northwest Hospital Foundation, a fund-raising arm for Northwest Hospital. All monies from Northwest Hospital and Pacific Consolidated Services are reinvested in improving health

care services provided to the community. Exhibit 1 illustrates the corporate structure.

In addition to general, acute care and emergency medical and surgical services, Northwest Hospital and its affiliates provide a number of specialized services including intermediate-risk obstetrical services and specialized oncology services.

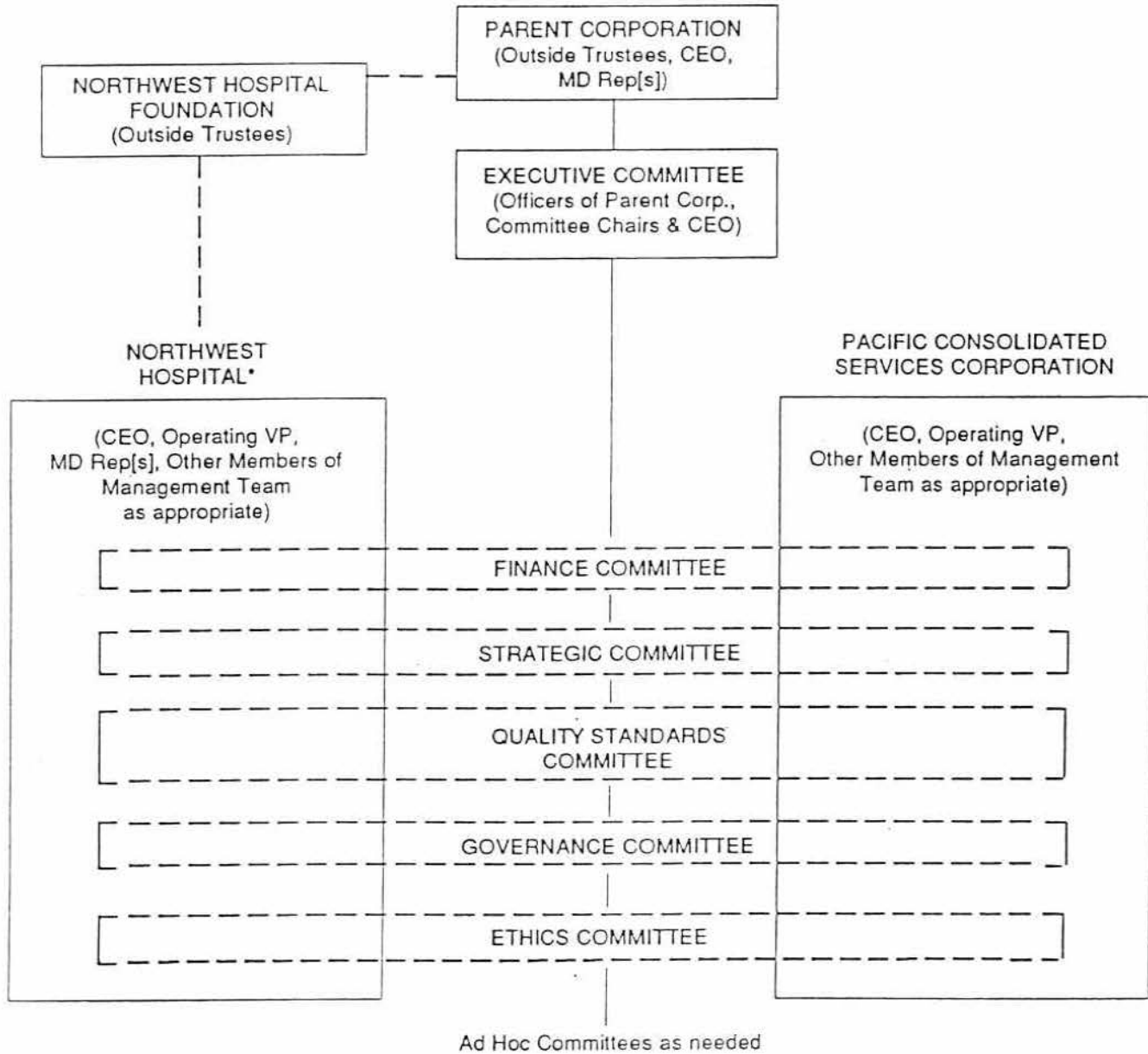
Northwest Hospital also offers the community a wide range of well-publicized health education and wellness programs through its Education and Training Department as well as maintaining MED-INFO, a free health care information telephone service.

Northwest Hospital plans to continue operating as a general service, non-profit community hospital offering primary and secondary healthcare services to residents of the North Seattle/South Snohomish area with emphasis on acute rather than long-term care services. Northwest Hospital is also committed to maintaining and initiating new programs and services that promote access to affordable, high-quality health care services with particular emphasis on serving the increasingly elderly population of the North Seattle area. (See Appendix A at the end of the Master Plan which delineates the Mission and Philosophy of Northwest Hospital.)

During the next ten years Northwest Hospital expects to rapidly outgrow its present facilities in providing health care to the community it currently serves. More space will be required for medical/surgical and intensive care beds, for outpatient ancillary and diagnostic services and for community education services and private physician offices.

Over the last five years the average overall occupancy of Northwest Hospital has ranged between 70% and 80%. Occupancy of the

# HEALTH RESOURCES NORTHWEST CORPORATE ORGANIZATION



\* Northwest Hospital Auxiliary operates within hospital organization

the Medical/Surgical units often approaches 90%, and ICU/CCU beds are often not available, necessitating redirection of emergency patients to other hospitals. Space and functional deficiencies in the old nursing units and in many of the ancillary and support service departments also contribute to the problems of high occupancy and high outpatient utilization.

Additional space will also be required to accommodate physician offices for specialists and internists who admit patients to Northwest Hospital. Close proximity of these physicians to the hospital is essential to provide access to increasingly sophisticated outpatient services, including diagnostic and therapeutic radiologic services and endoscopy. Rehabilitation services include physical, occupational and speech therapy. Proximity to the hospital is also necessary to maintain high quality inpatient care for very sick patients who often require emergency visits by their attending physician and consultation by additional specialists for complications.

Parking has also become an increasing problem despite the implementation of a Transportation Management Program.

#### Development Prior to Master Plan

The following projects are proposed to be developed prior to adoption of the master plan. These projects are either allowed under the existing underlying lowrise zoning or are projects that are vested to the prior major institution zoning. It is the hospital's intent that if these projects are not developed prior to the master plan adoption, then they will be allowed to be developed under the approved master plan.

A 1700 square foot expansion of the Tumor Institute in existing Medical Office Building to accommodate growing outpatient radiation therapy services has been submitted for a building permit.

A Master Use Permit is pending for development of the West Campus Medical Office Building which will allow for relocation of outpatient physical therapy from its current location in the existing east campus Medical Office Building, provide space for approximately 50 physicians and temporarily house Executive Administrative and related support services. An additional 459 surface parking spaces will be developed on the Northwest Hospital Campus in conjunction with this project. Consideration is being given to developing a small portion of the Heart Cath Lab as described under Phase I of the proposed Master Plan facility development and will require a building permit.

Development of a 24-bed inpatient Psychiatric Unit in the south portion of the Center for Medical Rehabilitation (formerly identified as the Progressive Care Center) managed by the Menninger Foundation, a non-profit health care corporation, is under consideration and will require a building permit for remodeling of space.

#### PURPOSE

The purpose of this document is to provide a well-reasoned, long-range facility plan to guide both programmatic and capital planning decisions for the institution in conformance with the Master Plan requirements of the Land Use Code. The Institutional Master Plan, as approved by City Council, will establish the development standards, general location and size of development with the associated improvements to mitigate impacts for developments proposed over the next ten years. Approval of the

Master Plan does not eliminate the requirement to file for a Master Use Permit on a project-by-project basis.

The Master Plan is required because Northwest Hospital proposes to increase its gross floor area and lot coverage beyond that permitted by the underlying zoning.

#### Applicable Land Use Code Provisions

The provisions of the Land Use Code applicable to major institutions were substantially amended during the preparation of this master plan. The transition rules adopted with these amendments (S.M.C. 23.04.040.D.) allowed Northwest Hospital, at its election, to have its master plan subject either to the procedures and provisions in effect at the time the master plan application was filed (recently repealed S.M.C. 23.81.040 and 23.81.050) or to the newly adopted procedures and provisions for master plans (S.M.C. 23.69.030 and 23.69.032). Northwest Hospital elected to process its master plan according to the rules in effect at the time its master plan application was filed. For clarity, these applicable sections, S.M.C. 23.81.040 and 23.81.050, have been reprinted in Appendix B of the master plan. All sections of the newly adopted Major Institution Overlay District code (S.M.C. 23.69), other than Sections S.M.C. 23.69.030 and 23.69.032, apply to Northwest Hospital.

#### PLANNING PROCESS AND METHODOLOGY

The Master Plan process began during 1987 with revision of Northwest Hospital's strategic plan. Revision of the Strategic Plan was a seven-month process involving input from the Board of Trustees, key leaders of the Medical Staff and Administration.



Future trends were identified and key areas of development were identified for Northwest Hospital. Priority areas included cancer, heart, orthopaedics, obstetrics, geriatrics, rehabilitation, and psychiatry along with expansion of accompanying ancillary services. Based on direction established by the Strategic Plan, Northwest Hospital performed medical and space programming for key areas with accompanying financial analysis of various alternatives.

In Spring of 1988 Northwest Hospital began to discuss preparation of a Master Plan and Draft Environmental Impact Statement with the City of Seattle, and an application was filed in September 1988. An Advisory Committee composed of community residents, business representatives, consumer representatives and others was established in October 1988 to work with Northwest Hospital in developing a ten-year Master Plan. This membership committee has worked with Northwest Hospital in developing the Draft Master Plan/Environmental Impact Statement and will be filing a report on the Final Plan with the City of Seattle. (See Exhibit 2 for listing of Advisory Committee members.)

#### SITE CONTEXT

Northwest Hospital's main campus is located southwest of Haller Lake and about a quarter mile west of the I-5 freeway in North Seattle. More specifically, the campus site extends from North 115th Street to North 120th Street and from about one-half block west of Meridian Avenue North to Ashworth Avenue North (as extended). Exhibits 3 and 4 provide site maps of Northwest Hospital's main campus and its immediate vicinity.

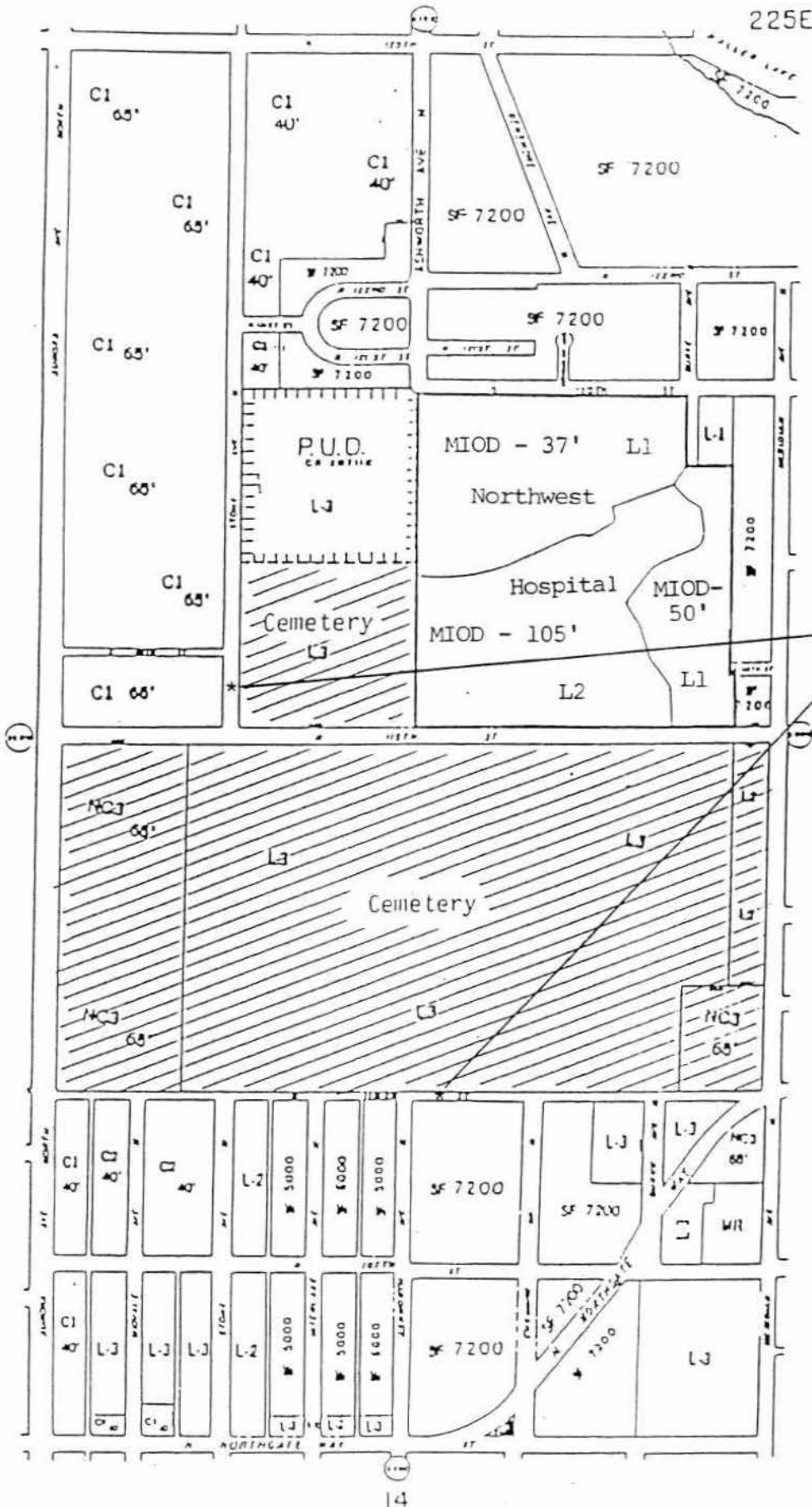
The Northwest Hospital Campus is located at the southern edge of a primarily residential area southwest of Haller Lake. The property across North 120th Street to the north is zoned SF7200 and

## COMPOSITION OF NORTHWEST HOSPITAL

## MASTER PLAN ADVISORY COMMITTEE

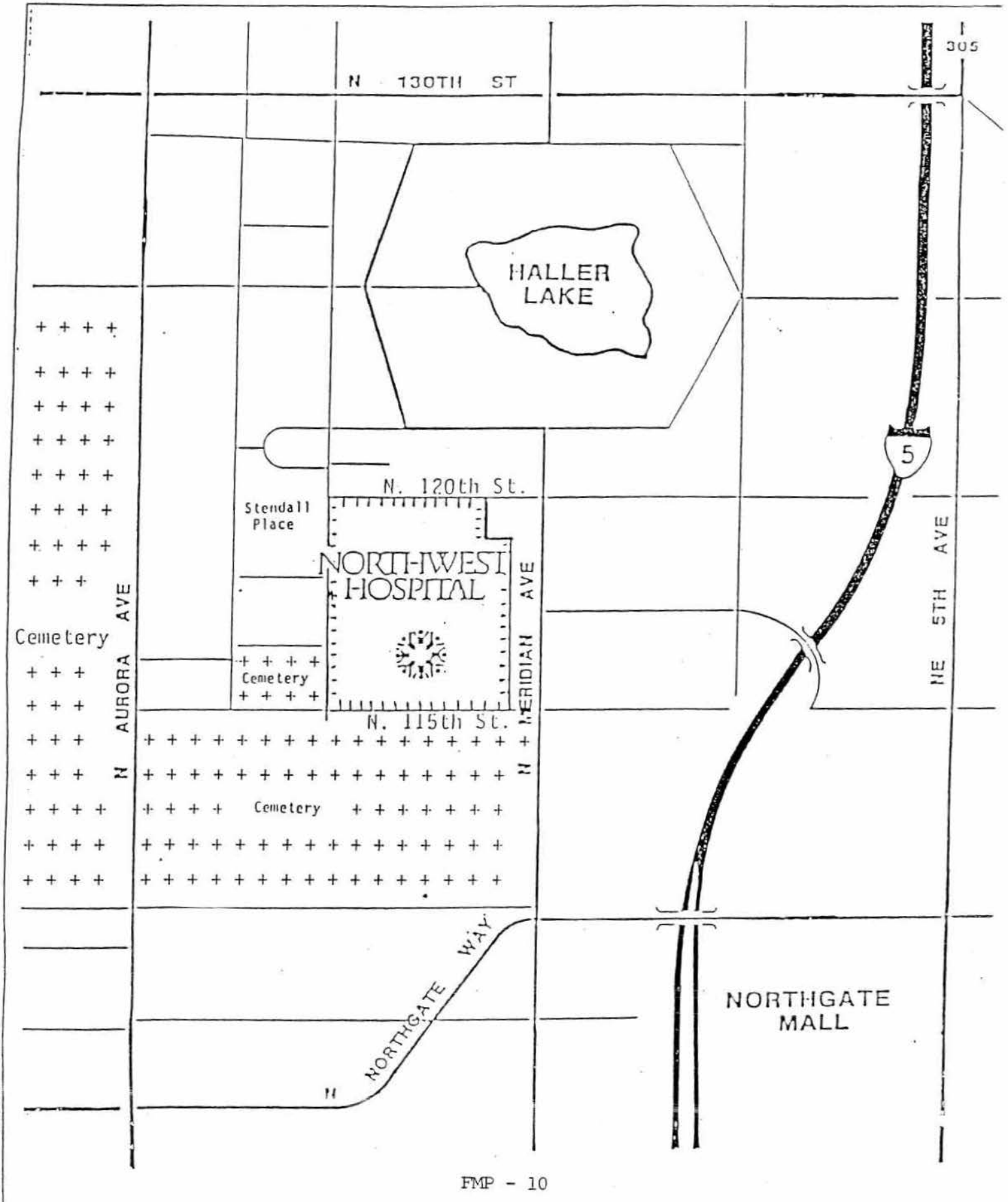
Mr. George Berkman, CPA 11800 Stendall Drive N. Seattle, WA 98133	Neighbor, West
Ms. Dorothy Webb 2115 North 115th St. Seattle, WA 98133	Haller Lake Improvement Club
Ms. Helen Christiancy 2119 North 115th St. Seattle, WA 98133	Neighbor, East and Consumer Representative
Ms. Faye Garneau 951 North 100th Seattle, WA 98133	Aurora Merchants Assn.
Mr. Andrew Hall 1509 North 121st St. Seattle, WA 98133	Neighbor, North
Mr. Dave Daly, President Evergreen Washelli Cemeteries 11111 Aurora Ave. N. Seattle, WA 98133	Local Business Interest
Ms. Sue Linnabary 2104 North 122nd Seattle, WA 98133	Neighbor, North
Mr. Jack Mahler Executive Director Northwest Treatment Center 9010 13th North West Seattle, WA 908117-3499	Health Care Provider
Ms. Barbara Hinkle 940 North 101st St. Seattle, WA 98133	Neighbor, South
Ms. Bonnie Williamson 10650 Exeter Northeast Seattle, WA 98125	Retired Nurse
Mr. Ken Sheide 12032 Burke Ave. N. Seattle, WA 98133	Volunteer at Northwest Hospital (in place of non-managerial employee)

225E



Portion of Stone Ave. and N. 110th not opened.

(Seattle 2-88)



developed with single family residences. The property across North 115th Street to the south is zoned Low-rise 3, but is developed as a cemetery. Property to the west is also zoned Low-rise 3 and is partly developed as a cemetery (southwest corner) with Stendall Place Condominium, a planned unit development, bordering the rest of that margin. Stendall Place is a high density 67-unit condominium complex constructed in 1980. Nearly all of the property to the east of the site is zoned for and developed as single family (SF 7200) except for a small portion at the northeast corner of the campus which is zoned Low-rise (L-1) and developed primarily as single family homes. (See Exhibit 3 for zoning in the surrounding area.)

Major arterials surrounding Northwest Hospital include Aurora Avenue North to the west, I-5 to the east, and Northgate Way to the south. Meridian Avenue North to the east serves as a collector arterial. Other surrounding streets include North 115th to the south of the site and North 120th to the north of the site. (See Exhibit 4 for location of arterials.)

The main entrance of Northwest Hospital is situated on North 115th Street and a secondary entrance serving only the Center for Medical Rehabilitation, the extended care facility, is situated on North 120th Street. On-campus surface parking for 834 cars is accessible from 115th Street and 40 parking spaces are accessible from the secondary campus entrance on N. 120th Street. An additional 459 on-campus surface parking spaces with access to N. 115th will be added as part of the West Campus Medical Office Building development.

Facilities currently operated on Northwest Hospital's 32.2 acre campus include: the acute-care hospital, an extended care facility (Center for Medical Rehabilitation), including the "Easy Street" Pavilion, and three physician office buildings.

Facilities currently under development on the campus include an additional physician office building (59,353 sq. ft. West Campus Medical Office Building) and a 1,700 sq. ft. expansion to the existing Medical Office Building to accommodate outpatient radiation therapy services. (See Exhibit 5 depicting the existing campus.)

Major activities on the main campus include inpatient acute care services, rehabilitation and extended care services, outpatient ancillary and diagnostic services and private physician offices.

As part of its operations, Northwest Hospital [identified as (1) in Exhibit 6] maintains facilities beyond the main campus. Locations of the off-site facilities are identified in Exhibit 6 which shows which off-site facilities lie within the 2500 foot radius regulated by the Major Institution Policies. These off-site facilities, keyed to the exhibit, include:

(2) Northgate Facility

39,000 square feet of leased space in Northgate Hospital (northwest corner of Northgate Mall) used for outpatient surgery, diagnostic radiology, storage and private physician offices (within 2500-foot radius).

(3) 128th Street Facility

Ownership of a satellite parking facility at the southeast corner of Stone Avenue North and North 128th Street (1318 N. 128th St.) with 190 parking spaces for employees and a support services building (within 2500-foot radius).

(4) Delta Building

4,089 square feet of leased space in the Delta Building at 9706 - 4th Ave N.E. used for outpatient Speech and Hearing Services (outside 2500-foot radius).

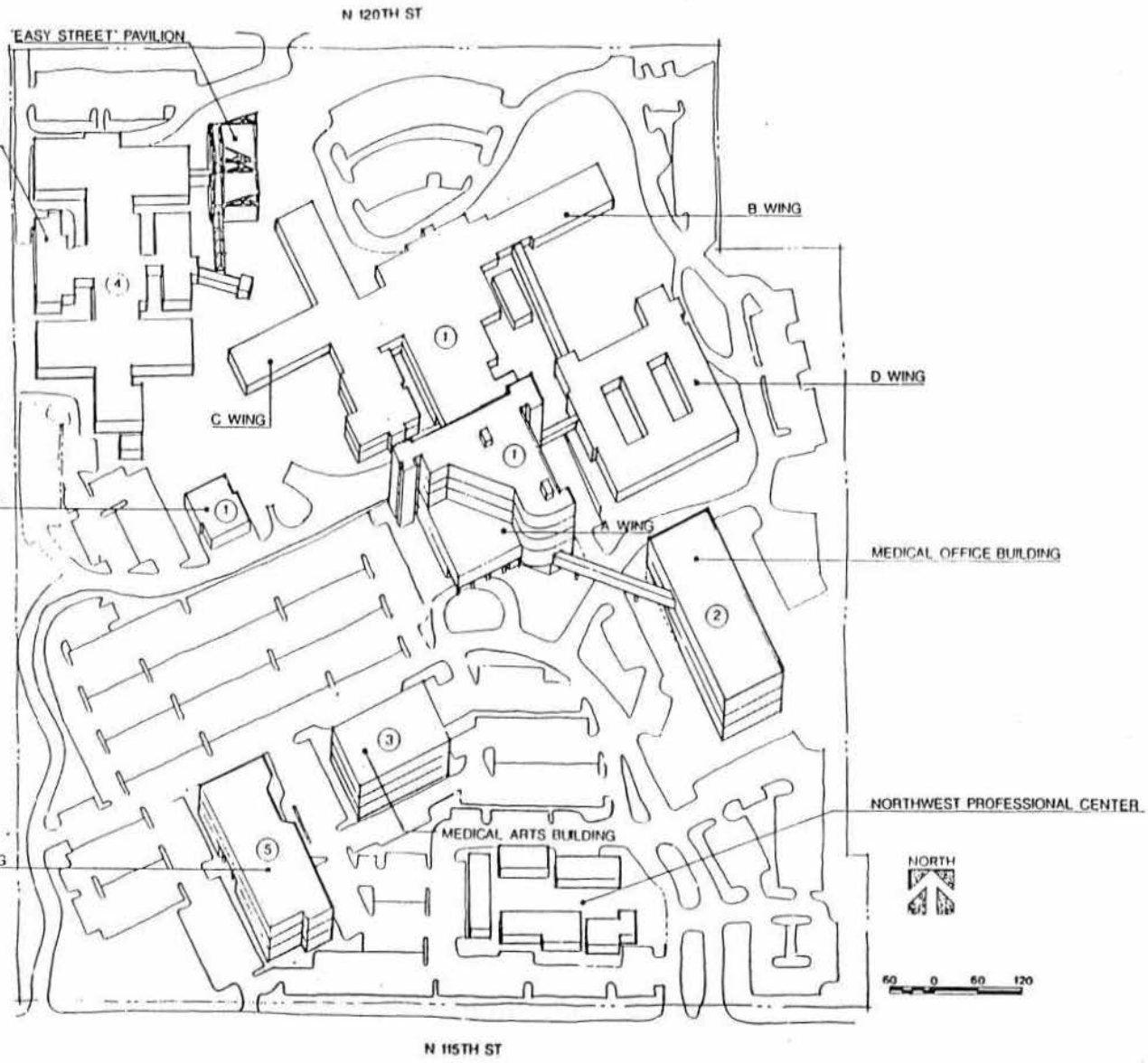
EXISTING  
SITE PLAN



Walker  
Dunwoody Smith  
Wood & Akira  
Architects

EXHIBIT 5

Job No.	8824	Sheet No.	
Scale		Date	
Drawn		Checked	
Proj. Eng.		Disc.	
Date			



NORTHWEST HOSPITAL      EXISTING

CENTER FOR MEDICAL REHABILITATION

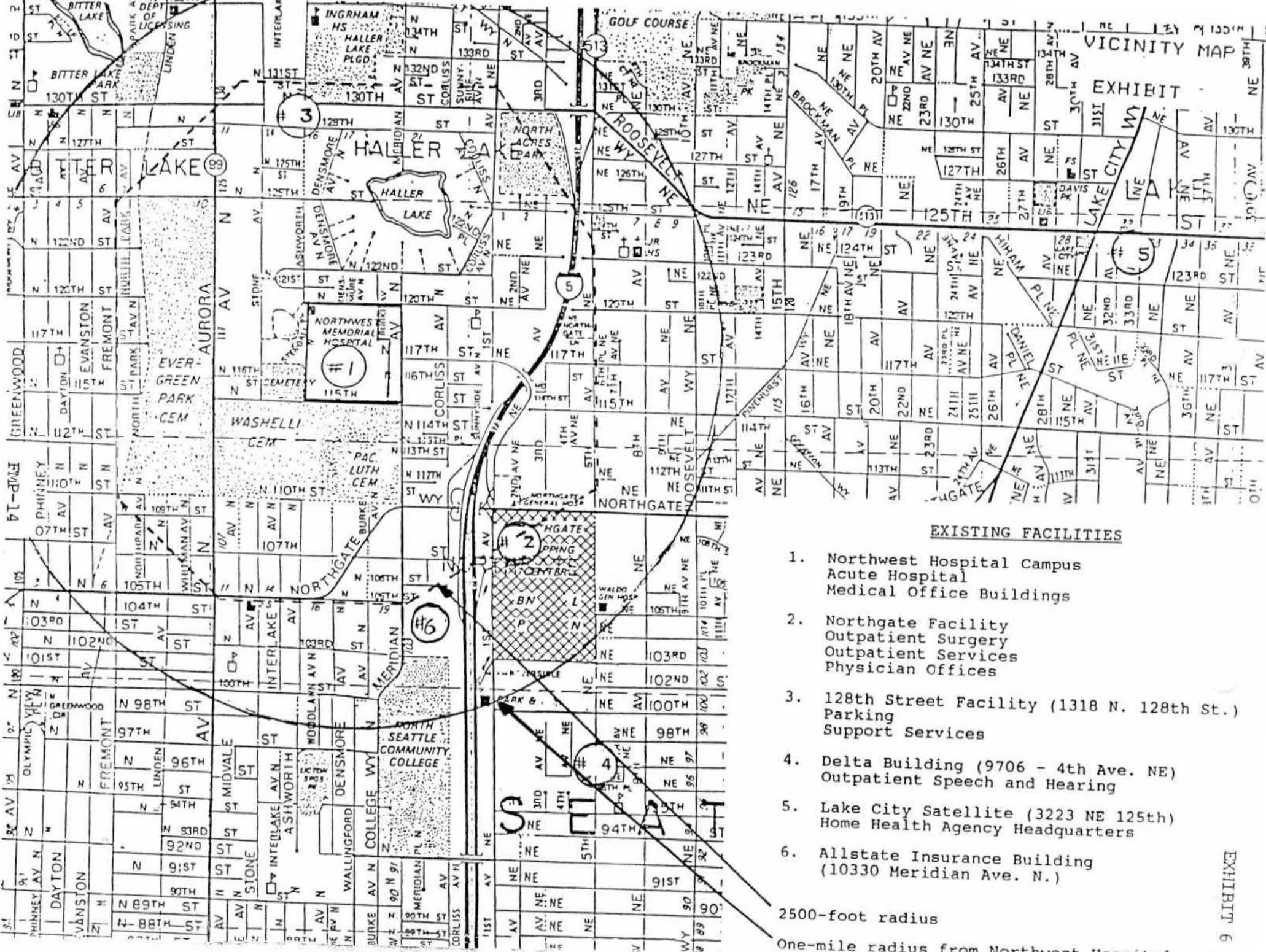
DAY CARE CENTER

WEST CAMPUS MEDICAL OFFICE BUILDING  
(application in progress)

N 120TH ST

N 115TH ST

FMP - 13



EXISTING FACILITIES

1. Northwest Hospital Campus  
Acute Hospital  
Medical Office Buildings
2. Northgate Facility  
Outpatient Surgery  
Outpatient Services  
Physician Offices
3. 128th Street Facility (1318 N. 128th St.)  
Parking  
Support Services
4. Delta Building (9706 - 4th Ave. NE)  
Outpatient Speech and Hearing
5. Lake City Satellite (3223 NE 125th)  
Home Health Agency Headquarters
6. Allstate Insurance Building  
(10330 Meridian Ave. N.)

2500-foot radius  
One-mile radius from Northwest Hospital



(5) Lake City Satellite

Ownership of a 4400 square foot building at 3223 N.E. 125th used as headquarters of a home health care agency (outside 2500-foot radius).

Subsequent to publication of the Draft Master Plan, Northwest Hospital acquired the former Allstate Insurance Company building located at 10330 Meridian Avenue North (#6 on map). This site is developed with an office building of approximately 135,000 square feet and parking for approximately 558 cars.

Because the Allstate site is located more than 2,500 feet away from the Northwest Hospital Major Institution Overlay District boundary, its use by Northwest Hospital is not regulated by the major institution code. S.M.C. 23.69.008.D. Use and development of this site is regulated by the applicable zoning standards (NC3-85 zoning), ordinances such as the Northgate Interim Traffic Standards (Chapter 25.07) and the State Environmental Policy Act.

The hospital has evaluated the potential uses of the Allstate building and submitted a change of use permit application with the City of Seattle. Pursuant to this change of use permit (MUP No. 9006693) Northwest Hospital may occupy the Allstate building with up to 47,000 square feet of administrative space and 20,000 square feet of storage space, both of which are severely overcrowded on the Northwest Hospital campus. A variety of outpatient services and medical office uses are also authorized for 57,000 square feet of the building. Six thousand square feet of the building will be used as a cafeteria.

Pursuant to the Interim Traffic Standards for the Northgate Area, S.M.C. 25.07, the Department of Construction and Land Use conditioned the change of use permit to require a mandatory flextime program and applicability of all elements of the ongoing Northwest Hospital Transportation Management Program to

employees at the Allstate building site. The hospital is also required to conduct an annual traffic monitoring program to ensure the effectiveness of the traffic mitigation plan. This plan is required to show that the hospital will not add more than 29 new peak hour trips at the Allstate building over and above the trips that were generated by Allstate Insurance Company when it occupied the building.

The hospital is currently using the Allstate site parking facilities as a temporary satellite parking lot for hospital employees due to the severe parking shortage on the hospital campus. It is anticipated that this temporary parking use will continue until a parking garage is constructed on the Northwest Hospital campus. However, once the Allstate building is occupied, a re-evaluation of the parking lot will be conducted to ensure compliance with the Northgate interim traffic standards.

The hospital's acquisition of the Allstate site has not resulted in a modification to the proposed master plan. At this point it appears that there will be no reduction in the ultimate proposed development under the master plan, but the schedule to complete all of the proposed buildings is likely to be extended.

#### MASTER PLAN CONCEPT

While every effort is being made to make judicious use of existing square footage, increasing volumes, current hospital construction standards and the requirements of new technology require further campus development.

Future space needs are related to the following factors:

- Conversion of the remaining semi-private beds into private beds in keeping with patient and physician demands.

- Reactivation and addition of 50 to 65 licensed beds to serve a growing population, fuller surgery schedules, increased needs of the aging population and enhancement of specialized services such as cardiology, oncology and orthopaedics.
  
- Expansion of ancillary services such as surgery, heart cath, emergency, diagnostic imaging and laboratory to meet increasing volume and technological demands.
  
- Further development of medical office space to accommodate the demand for private physician specialist offices located near the hospital, providing required access to specialized services and equipment.
  
- Development of parking facilities to accommodate unmet current and future needs of patients, physicians, employees and visitors.
  
- Development of a Teaching/Learning Center to accommodate patient, employee, Medical Staff and community meetings and educational programs.
  
- Development of further Administrative and support space.

Option A and Option B were two development alternatives proposed as campus Master Plans in the Draft Master Plan. Option B represents a lower level of campus development with 193,400 fewer square feet of facility development. Subsequently, Northwest Hospital has developed Option C with 91,300 fewer square feet than Option B. The Final Proposed Master Plan focuses exhibits and discussion on Option C. See "Description of the Alternative Proposed Action,"

section of Environmental Impact Statement for further discussion about Option A and Option B (page EIS - 16 of the Draft Environmental Impact Statement).

Exhibit 7 provides a statistical summary of the campus service population based on past trends and future estimates by key service areas for Plan Option C.

Major goals in the development of the physical concept for Northwest Hospital campus include the following:

- To give top priority to redevelopment and/or expansion of departments and services which are in substandard space or rapidly outgrowing their current space.
- To preserve the feeling of openness, greenery and beauty which has been associated with Northwest Hospital while permitting needed development to accommodate the expected growth.
- To integrate closely related activities, paying special attention to the sequential flow of services, to achieve maximum functional efficiencies and effectiveness.
- To create distinctive, user-friendly, campus zoning, with separation of inpatient and outpatient activities connected by a campus-wide pedestrian circulation pathway.
- To create campus vehicle circulation patterns which encourage greater use of major arterials south and west of the campus.
- To develop a facility plan which is sensitive to the residential nature of the surrounding community.

EXP. '00 GROWTH BY MAJOR CATEGORIES  
OPTION C

EXHIBIT 7

ESTIMATE	PROPOSEE											REMARKS	
	1990	1971(A)	1992	1993	1994	1975(B)	1996	1997(C)	1998	1999(D)	2000		2001(E)
Excl. Reliab. I	194	194	194	194	194	260	260	260	260	260	260	260	Reactivate and add beds
IN-PATIENTS	161	167	173	180	186	193	200	208	215	223	232	240	3.7% growth per year
NRS	322	334	346	359	372	386	400	415	431	447	463	480	2 per patient per day
PATIENT VISITS	918	991	1,071	1,156	1,249	1,349	1,457	1,573	1,699	1,835	1,982	2,140	8% growth rate per year
PHYSICIAN VISITS	66	70	74	79	83	88	94	99	105	112	118	125	6% growth per year
REGERY	9	9	10	10	10	11	18	18	19	19	20	21	Concentrate OP Surg. at NWK in 1995
TEES-all shifts	1,332	1,483	1,545	1,609	1,678	1,750	1,829	1,910	1,996	2,087	2,183	2,285	15 OP Visits=1 Pt. Day 5.2 employees per adjusted pt. day
TAL CASE M.D.'s	44	49	51	53	55	58	60	63	66	69	72	75	1 M.D. per 30.4 employees
TITE ACT. M.D.'s	525	514	523	533	554	575	596	619	642	666	650	676	3% Total M.D. growth rate (On campus and off-site M.D.s)
FICES ON CAMPUS													
CIANS	101	131	141	151	151	151	151	151	151	151	191	191	Based on Medical Office development
YEES	315	409	440	471	471	471	471	471	471	471	596	596	3.12 employees per M.D.
FATIENTS	1,327	1,721	1,853	1,984	1,984	1,984	1,984	1,984	1,984	1,984	2,509	2,509	13.14 patients per M.D.
OP MED. REPAR.													
PSYCH. BEDS (F)	24	46	48	48	48	48	48	48	48	48	48	48	
PSYCH. PATIENTS	16	36	36	36	36	36	36	36	36	36	36	36	Based on 75% Occupancy
PSYCH. VISITORS	36	54	54	54	54	54	54	54	54	54	54	54	1.5 per patient per day
ICE BEDS (F,G)	12	12	12	12	12	12	12	12	12	12	12	12	
ICE PATIENTS	11	11	11	11	11	11	11	11	11	11	11	11	Based on 94% Occupancy
ICE VISITORS	22	22	22	22	22	22	22	22	22	22	22	22	2 per patient per day
ED NURS. BEDS (G)	30	30	30	30	30	30	30	30	30	30	30	30	
Y SHF PATIENTS	24	24	24	24	24	24	24	24	24	24	24	24	Based on 80% Occupancy
Y SHF VISITORS	19	19	19	19	19	19	19	19	19	19	19	19	.8 per patient per day
EMPLOYEES	30	30	30	30	30	30	30	30	30	30	30	30	
IS/SERVICES	97	99	101	103	105	107	109	111	114	116	118	121	2% growth rate per year

1st Campus HOP completed in 1991 and Psychiatry Unit Opened  
 in Tower completed in 1995  
 Specialty Center completed in 1997  
 South Campus HOP completed in 1999  
 Specialty Center II completed in 2001  
 Rehab., Hospice Employees and Volunteers included with NWK employees  
 Northwest Hospital operates beds under separate nursing home license

- To develop facilities which are expandable, convertible and versatile in order to accommodate a continually growing and changing service mix.

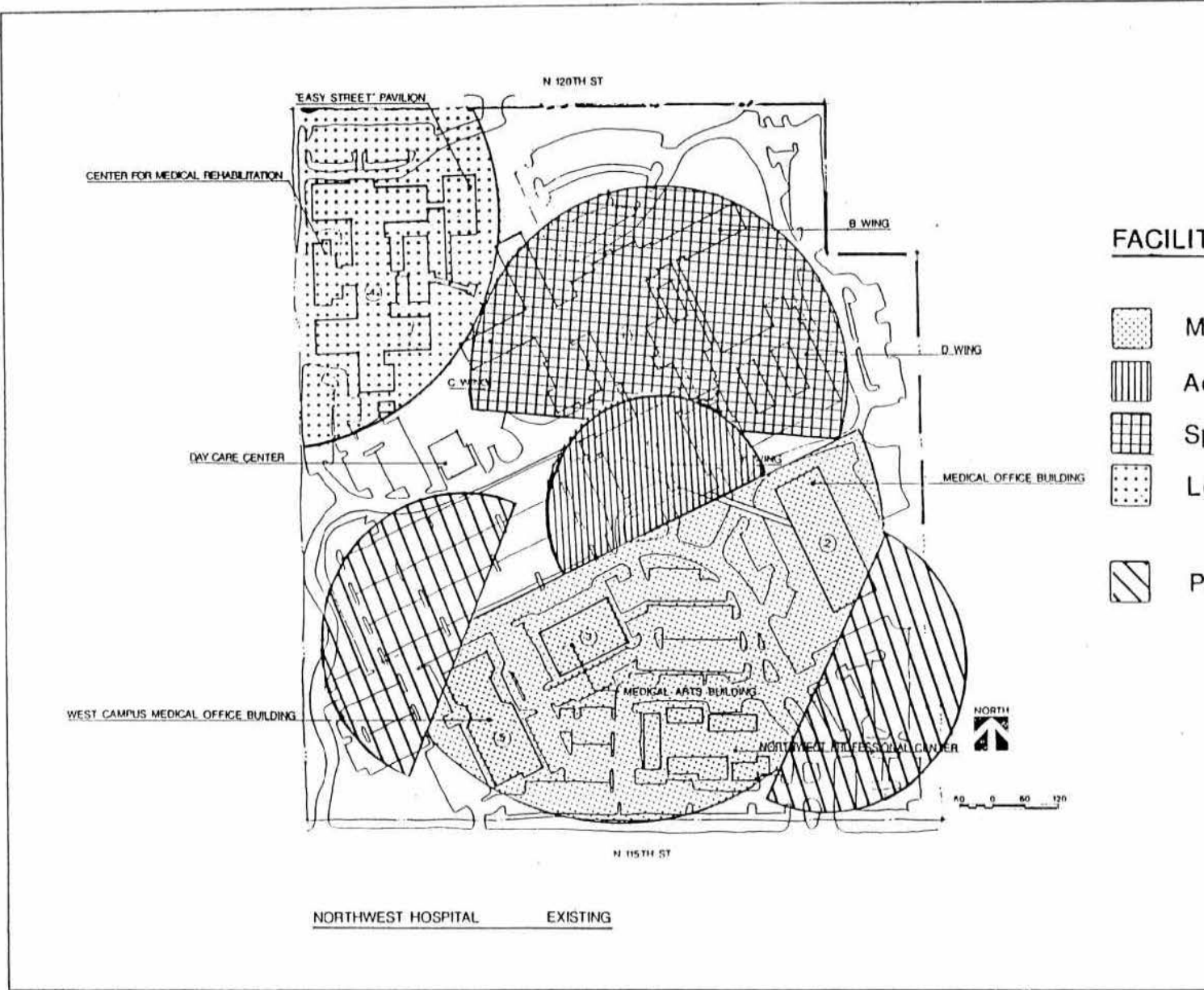
In order to best meet the concept goals for future growth, it is proposed that the Northwest Hospital campus be divided into five major facility zones, including MD offices, Acute Inpatient, Specialty/Outpatient, Long Term Care/Rehabilitation and Parking/Circulation. Exhibit 8 illustrates these zones as follows:

- A. MD Offices -- The south campus area off North 115th Street will be devoted to private physician office buildings.
- B. Acute Inpatient -- The geographic center of the campus will be devoted to acute, inpatient care services.
- C. Specialty/Outpatient -- The semicircle to the north of the geographic center will be devoted to specialty services including obstetrics, cancer and orthopedics with special emphasis on outpatient services.
- D. Long Term Care/Rehabilitation -- The northwest corner of the campus will be dedicated to long-term and rehabilitative care services and will retain the most park-like and residential surroundings.
- E. Parking/Circulation -- The major parking and circulation zone including two major parking garages will be maintained close to North 115th Street to promote easy ingress and egress.

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**FACILITY ZONES**

-  M.D. Offices
-  Acute Inpatient
-  Specialty/ Out-Patient
-  Long Term Care/ Rehabilitation
-  Parking/ Circulation



**NORTHWEST HOSPITAL EXISTING**

Architectural information block containing:

- Logo of **Walton Dameron Smith Trook & Akira Architects**
- Project Name: **Northwest Hospital**
- Scale: **1/8" = 1'-0"**
- Date: **10/15/00**
- Sheet No: **21**
- Total Sheets: **28**

In keeping with the goals and major zoning delineations, the following key design elements are proposed:

- Development of a Heart Cath Lab and additional Support Service Space as a 13,305 square foot, one-story addition to the east side of the existing hospital to house locker rooms, surgery staffing office, storage area and data processing in anticipation of the D-Wing demolition. (As previously mentioned, part of the Heart Cath Lab space may be built prior to adoption of the Master Plan.)
- Development of an Administrative Annex as an addition to the north side of the hospital. The Administrative Annex is a one-story 13,000 square foot addition to the north side of the existing hospital.
- Expansion of the Child Care Center, a 2000 square foot, one-story addition to the existing Child Care Center.
- Retention of A-Wing and C-Wing of the Hospital with the addition of a twin tower mirroring A-Wing, as core of the hospital. The Twin Tower is a five-story, 149,946 square foot building.
- Development of a new multi-story Specialty Center I to accommodate inpatient and ancillary services. Specialty Center I is a three-story, 65,000 square foot building proposed under Option C.
- Continued use of the Center for Medical Rehabilitation for services including a skilled nursing facility, a rehabilitation unit, a hospice unit and a psychiatric unit.



- Continued use of the existing Medical Office Building and the Medical Arts Building for private physician offices with addition of the West Campus Medical Office Building currently under development. The West Campus Medical Office Building is a three-story, 59,353 square foot building.
- Development of the South Campus Medical Office Building, a new, multi-story, private physician office building. The South Campus Medical Office Building is a three-story, 60,000 square foot building under Option C. (Project includes demolition of the Northwest Professional Center.)
- Development of an outpatient-oriented Specialty Center II. Specialty Center II is a one-story, 40,000 square foot building under Option C. (Project includes demolition of Hospital B-Wing or enlargement of Hospital B-Wing.)
- Elimination of approximately 630 surface on-site parking spaces to accommodate development of additional facilities including development of two multi-level parking garages (one to the west containing approximately 900 spaces and one to the south containing 650 to 850 spaces, depending on future requirements).
- Continued utilization of current off-site facilities, as previously discussed and identified in Exhibit 6.

Because this Master Plan is necessarily conceptual and represents long-term planning, other medical Major Institution uses may be developed under this Master Plan. Services that might be instituted include substance abuse treatment, AIDS treatment, out-patient psychiatric treatment, among other health-related services.

## II. ELEMENTS OF THE MAJOR INSTITUTIONS LAND USE CODE AND MASTER PLAN

The City of Seattle's Major Institutions Land Use Code (S.M.C. 23.69) applies to several large health care and educational institutions in the Seattle area. It establishes use restrictions, growth boundaries, as well as height restrictions. It regulates development by the major institution within 2500 feet of the institution's overlay district boundary. An institution must comply with the underlying zoning standards or prepare a master plan which establishes new standards tailored to the needs of the institution and the surrounding community. Section (S.M.C. 23.81.049) sets forth eleven elements that the Northwest Hospital Master Plan must address: (1) boundaries, (2) non-institutional zone designations, (3) site plan, (4) institutional zones and development standards, (5) description of parking and traffic circulation, (6) transportation management program, (7) energy and utilities, (8) alternatives, (9) phasing priorities, (10) street and alley vacations, and (11) consistency of Master Plan with land use policies.

### (1) BOUNDARIES

The existing boundaries for Northwest Hospital's Campus are illustrated in Exhibit 4. Northwest Hospital owns 100 percent of the property within its boundaries. The land underlying the site of the Medical Arts Building, is leased to Travelers Insurance Company until the year 2017. All property within the Northwest Hospital campus boundaries is dedicated to Major Institution use. No boundary changes are requested as part of this Master Plan proposal.

(2) NON-INSTITUTIONAL  
ZONE DESIGNATIONS

All property within the boundaries of a major institution has two zone classifications. The overriding zone is the major institution's classification overlay district. The underlying zoning is the non-institution classifications which would apply to non-major institutional development or development without a Master Plan.

Exhibit 9 provides the current underlying zoning classifications in parenthesis. (Major institution overlay district zoning are indicated above the underlying classifications.) No changes are proposed for either the major institution overlay district zoning or the underlying zoning.

(3) SITE PLANS

A site plan illustrating the height and location of existing campus development is presented in Exhibit 5. Some of the projects in the process of being developed are shown.

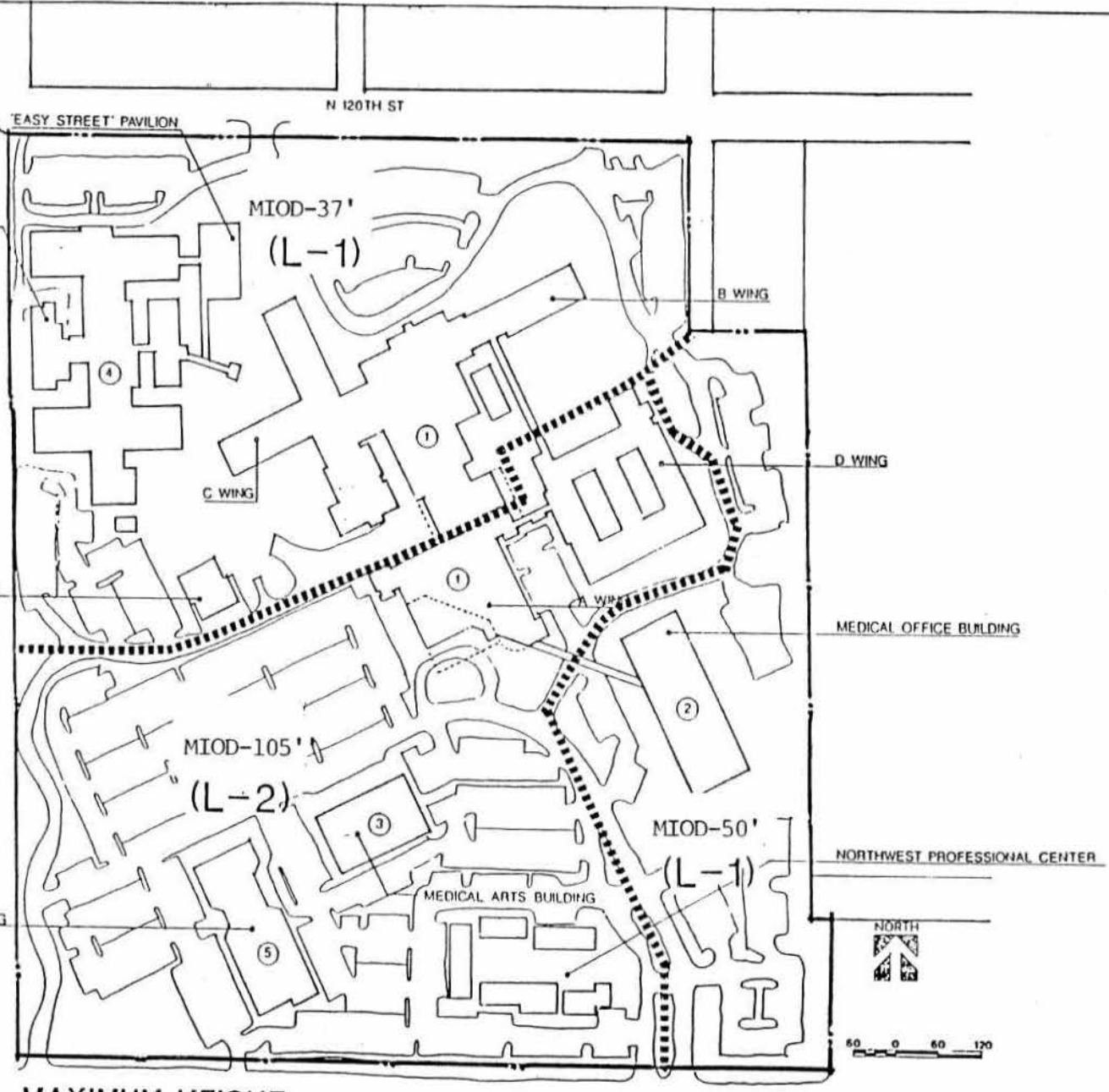
A site plan illustrating the height and location of the proposed campus development is presented in Exhibit 10 relating to Option C. Any project proposed to be developed prior to Master Plan adoption (see FMP-4), but not completed prior to adoption, will be authorized under the adopted Master Plan.

The square footage and heights of existing and proposed facilities under Options A, B and C are presented in Exhibit 11 to provide a comparison of the three alternatives.

CAMPUS  
ZONING MAP

EXHIBIT 9

Waldron  
Pomeroy Smith  
Frost & Akira  
Architects



EMP - 26

MAJOR INSTITUTION  
OVERLAY DISTRICT (MIOD)

MAXIMUM HEIGHT

N 115TH ST

UNDERLYING ZONE

- MIOD - 37'
- MIOD - 50'
- MIOD - 105'

- 37 FEET
- 50 FEET
- 105 FEET

- (L-1), LOWRISE 1
- (L-2), LOWRISE 2

PLAN C  
SITE PLAN



Waldron  
Barnes & Smith  
Frost & Alara  
Architects

EXHIBIT 10



CENTER FOR MEDICAL REHABILITATION

SPECIALTY CENTER PHASE 2

SPECIALTY CENTER PHASE 1

C WING

NEW TWIN TOWER

DAY CARE ADDITION

A WING

MEDICAL OFFICE BUILDING

WEST PARKING GARAGE

SOUTH CAMPUS MEDICAL OFFICE BLDG.

SOUTH GATEWAY PARKING GARAGE

WEST CAMPUS MEDICAL OFFICE BUILDING



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NORTHWEST HOSPITAL FUTURE PLAN C

EMP - 27

**NORTHWEST HOSPITAL MASTER PLAN  
BUILDING SUMMARY**

	PLAN "A"			PLAN "B"			PLAN "C"		
	Area	(e) Stories	(b) Height	Area	(e) Stories	(b) Height	Area	(e) Stories	(b) Height
1 Existing Main Hospital	(a) 265,440 sf	1 to 5	72 ft	(a) 265,440 sf	1 to 5	72 ft	(a) 265,440 sf	1 to 5	72 ft
2 Existing Medical Office Building	67,700 sf	3	44 ft	67,700 sf	3	44 ft	67,700 sf	3	44 ft
3 Existing Medical Arts Building	37,578 sf	3	42 ft	37,578 sf	3	42 ft	37,578 sf	3	42 ft
4 Existing Center for Medical Rehabilitation	63,549 sf	1	(c) 12 ft	63,549 sf	1	(c) 12 ft	63,549 sf	1	(c) 12 ft
5 Proposed West Campus Medical Office Building	59,353 sf	3	42 ft	59,353 sf	3	42 ft	59,353 sf	3	42 ft
6 Proposed West Parking Garage. (1,100 cars for "A" and "B", 900 cars for "C")	290,000 sf	3	36 ft	290,000 sf	3	36 ft	250,000 sf	3	36 ft
7 Proposed Twin Tower	149,000 sf	5	(f) 72 ft	149,946 sf	5	(f) 72 ft	149,946 sf	5	(f) 72 ft
8 Proposed Specialty Center, Phase I	71,300 sf	4	58 ft	71,300 sf	4	58 ft	65,000 sf	3	44 ft
9 Proposed Specialty Center; Phase II	125,700 sf	4	58 ft	65,000 sf	3	44 ft	(g) 40,000 sf	1	14 ft
10 Proposed South Campus Medical Office Building	156,700 sf	4	58 ft	80,000 sf	3	44 ft	(h) 60,000 sf	3	44 ft
11 Proposed South Gateway Parking Garage. (i) (850 cars for "A"; 650 cars for "B" and "C")	224,000 sf	3	36 ft	168,000 sf	2	25 ft	168,000 sf	2	25 ft
12 Swedish Tumor Institute	1,700 sf	-	(d) -	1,700 sf	-	(d) -	1,700 sf	-	(d) -
13 A-Wing/B-Wing Corridor	2,205 sf	1	14 ft	2,205 sf	1	14 ft	2,205 sf	1	14 ft
14 Cath. Lab/Support Services Addition	13,305 sf	1	14 ft	13,305 sf	1	14 ft	13,305 sf	1	14 ft
15 Administration Addition	13,000 sf	1	12 ft	13,000 sf	1	12 ft	13,000 sf	1	12 ft
16 Daycare Addition	2,000 sf	1	12 ft	2,000 sf	1	12 ft	2,000 sf	1	12 ft
GARAGE, Subtotals	514,000 sf			458,000 sf			418,000 sf		
BUILDING, Subtotals	1,029,476 sf			892,076 sf			840,776 sf		
<b>TOTAL AREAS</b>	<b>1,543,476 sf</b>			<b>1,350,076 sf</b>			<b>1,258,776 sf</b>		

FMP - 26

- (a) With development of Projects 8 and 9, this area would be reduced through demolition of existing area to allow for construction. Net area would be approx. 221,786 sf.
- (b) Building height is stated as average height to top of building parapet, excluding elevator and mechanical penthouses, stairs, etc.
- (c) Easy Street roof height 20 ft., with top of columns at 41 ft.
- (d) Expansion below grade.
- (e) Above grade, some buildings have floors below grade.

- (f) Since site drops off to west, actual height of building (when designed) above existing grade will exceed 72 ft. Top of building will match existing A-Wing which is 72 ft.
- (g) Possible combination with Specialty Center; Phase I or partial early development as part of B-Wing.
- (h) Condition to be set for assurances of adequate parking and traffic conditions.
- (i) Increased or decreased depending on conditions at that time.

EXHIBIT 11

A site plan illustrating the current open space and landscaping is presented in Exhibit 12.

The landscaping/pedestrian circulation concept plan for Option C is presented in Exhibit 13. The plan proposes to retain as many of the existing trees and as much vegetation as possible, given the expanded facility development. The plan also calls for wider, more urban pathways between various campus destination points. Exhibit 13 has identified five major elements including: a greenbelt at N. 120th, a pedestrian zone, an urban streetscape, buffer zones and native tree preservation zones.

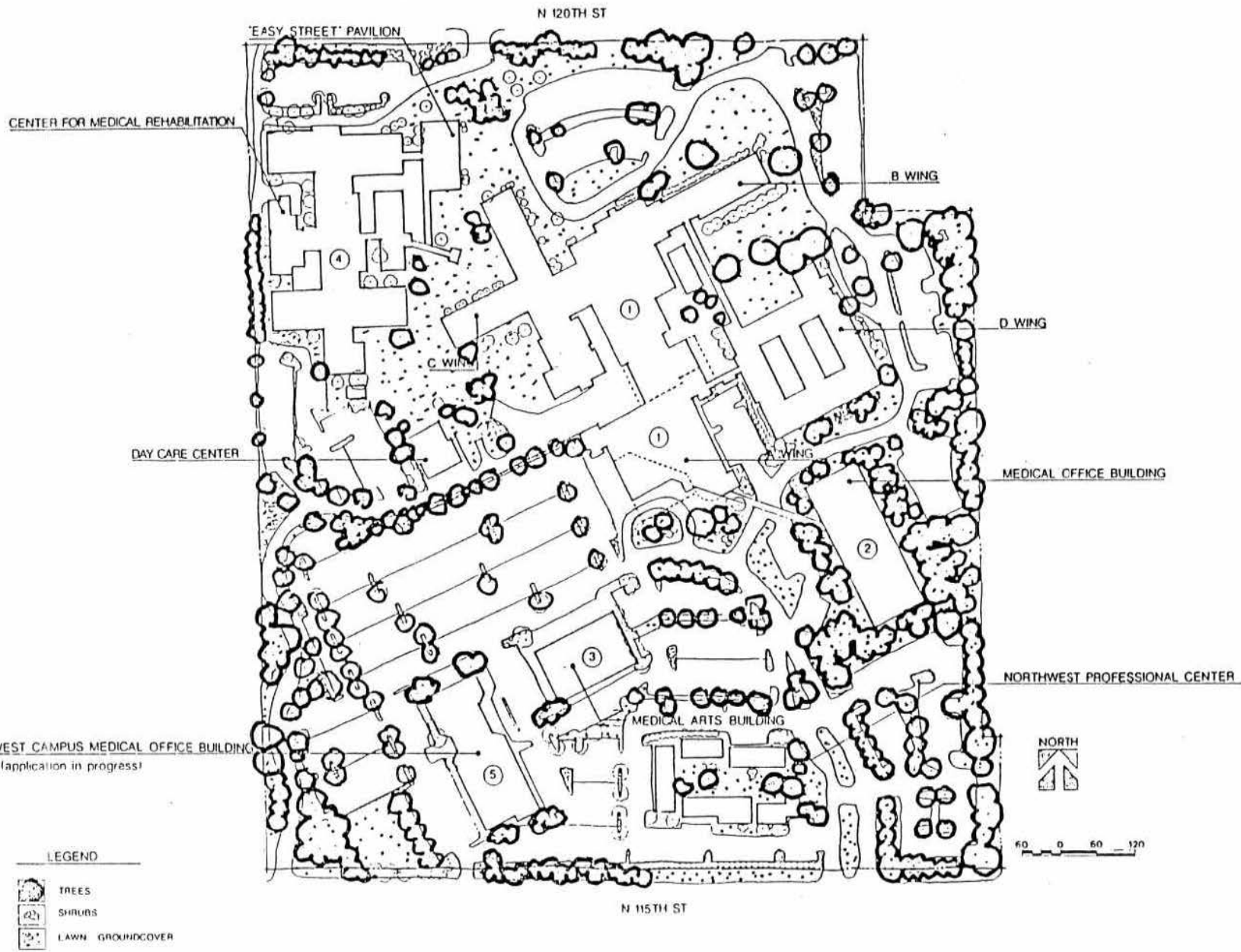
Exhibits 14 through 18 provide further visual and descriptive information about the five major elements as follows:

- Greenbelt/Pedestrian Path: Establishment of a greenbelt/pedestrian path along the south side of North 120th including closure of the west entrance of the Center for Medical Rehabilitation, adjacent to Stendall Place. (Exhibit 14)
  
- Pedestrian Campus Zone: A more defined hospital front entrance on North 115th Street with wider sidewalks leading to a well-defined pedestrian circulation system within the hospital grounds. (Exhibit 15)
  
- Streetscape: A structured public streetscape on North 115th to promote safety and to facilitate easy transition to campus pedestrian pathways. (Exhibit 16)
  
- Buffers: Improved buffer landscaping adjacent to residential and cemetery areas tailored to specific needs. (Exhibit 17)

# EXISTING LANDSCAPING

Waldron  
Pomeroy Smith  
Frost & Akira  
Architects

EXHIBIT 12



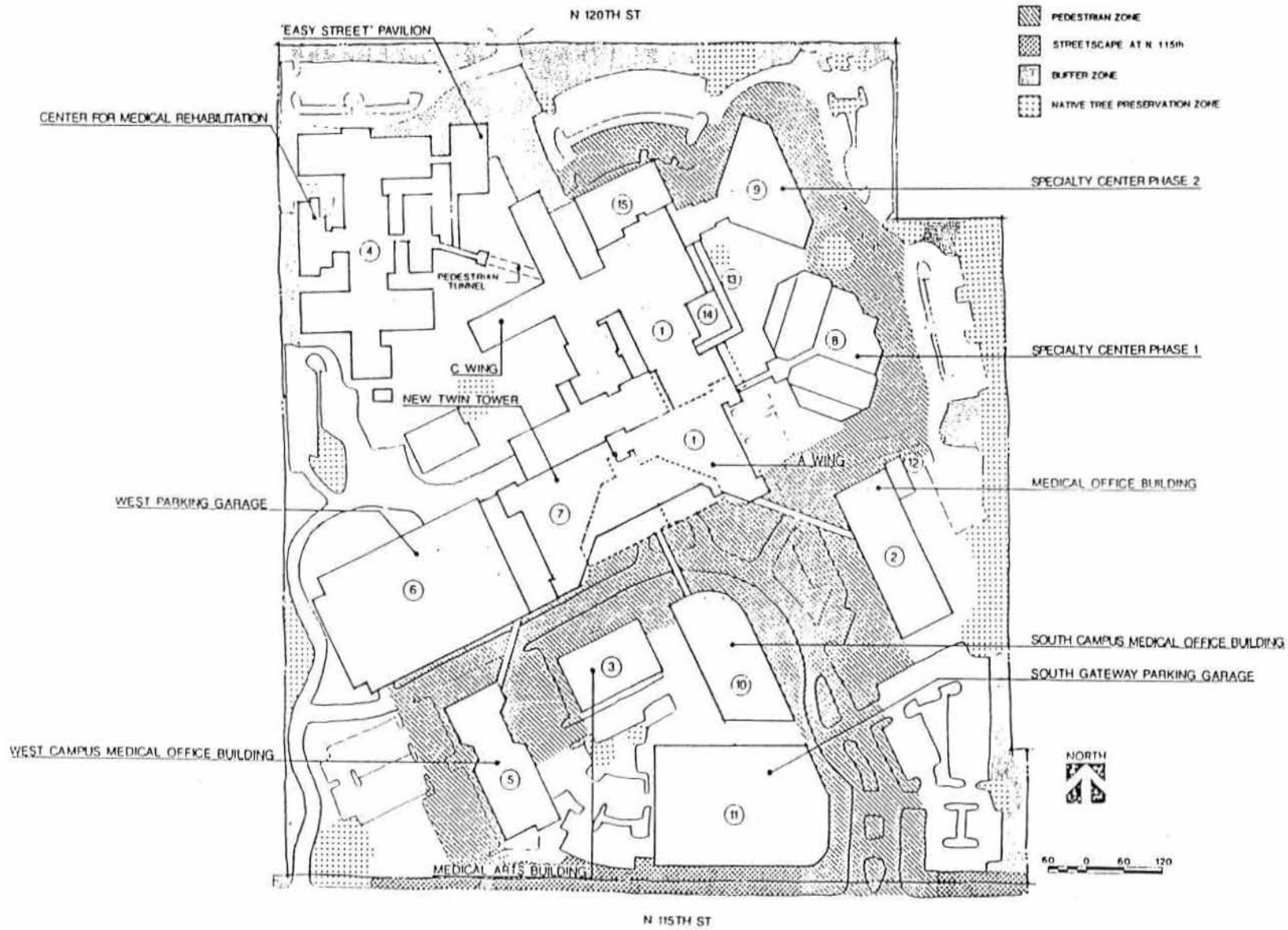
ENMP - 30

NORTHWEST HOSPITAL      EXISTING  
LANDSCAPING



# LANDSCAPE CONCEPTS PLAN

- LEGEND
- GREENBELT AT N 120th
  - PEDESTRIAN ZONE
  - STREETScape AT N 115th
  - BUFFER ZONE
  - NATIVE TREE PRESERVATION ZONE



NORTHWEST HOSPITAL PLAN C  
LANDSCAPE CONCEPTS PLAN

EXHIBIT 13



Waldron  
Anderson Smith  
Frost & Akers  
Architects

WORTHY AND ASSOCIATES  
Landscape Architecture • Urban Design • Planning

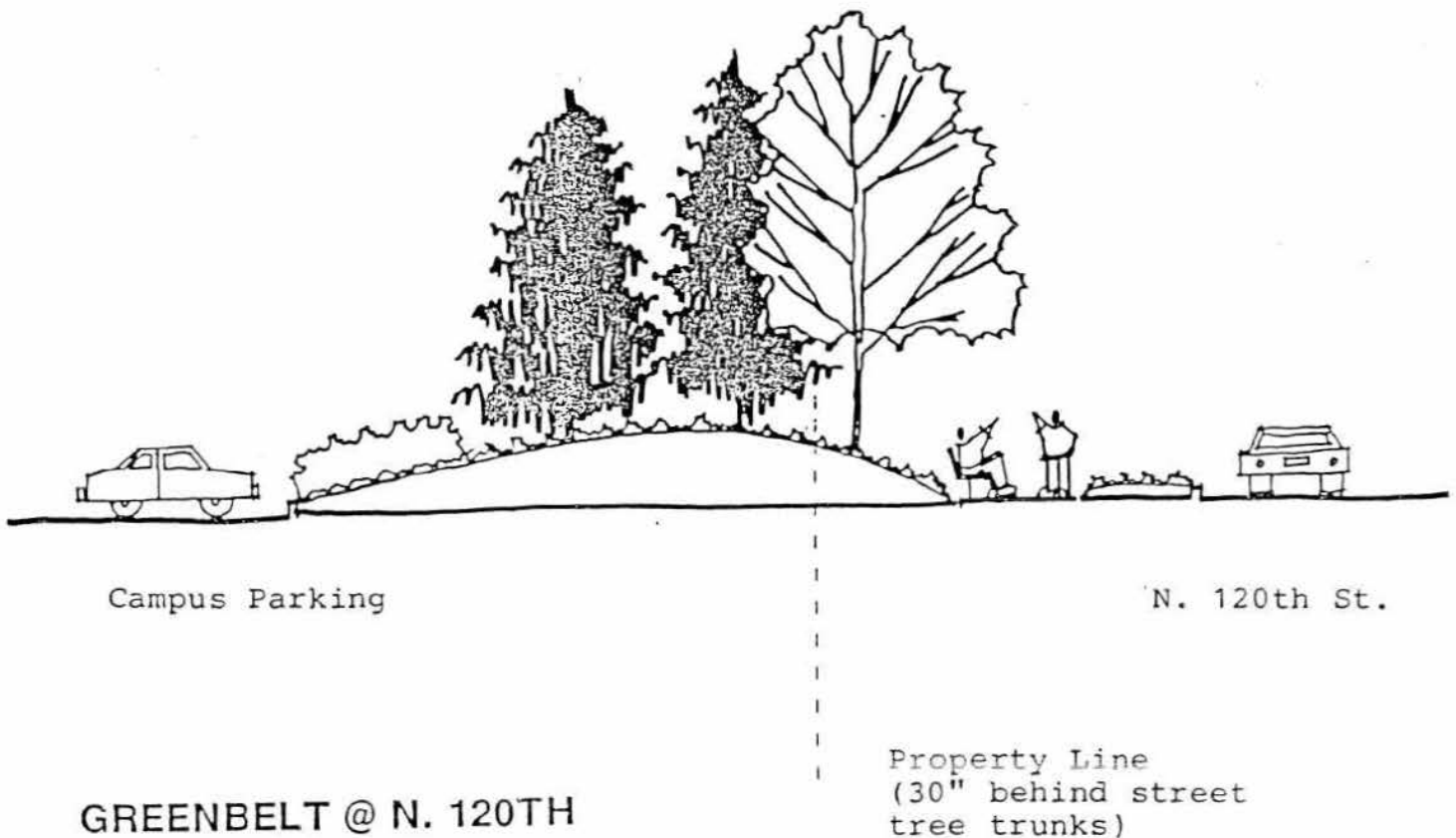
FNIP - 31

Greenbelt at 120th

The residential interface would have a park-like atmosphere, not woody with tangled underbrush but neat and densely planted with native trees and shrubs. The drawing below presents a cross section of the proposed plan. No street parking would be permitted on the south side of North 120th Street.

This greenbelt (Linear Street Park) would vary in width from + 40 feet to 60 feet from the edge of the roadway pavement and include a paved walk with benches and if space allows, a picnic table.

Screening without excess sun blockage to the neighbors to the north would be accomplished by planting a variety of trees, including Incense Cedars (shorter than our Native Red Cedar). Other planting in the greenbelt zone will include flowering Rockroses, low screen shrubs and hardy ground-cover.



### Pedestrian Campus Zone

Widening pathways, providing more seating and developing courtyards are a few ways in which the comfort of pedestrians (visitors, patients and staff) will be increased. Refer to Exhibit 13 for proposed pedestrian zones under Plan Option C.

Pedestrian pathways will be patterned, not random, to fit with architecture and provide opportunities for visitors to pause and enjoy short-range views.

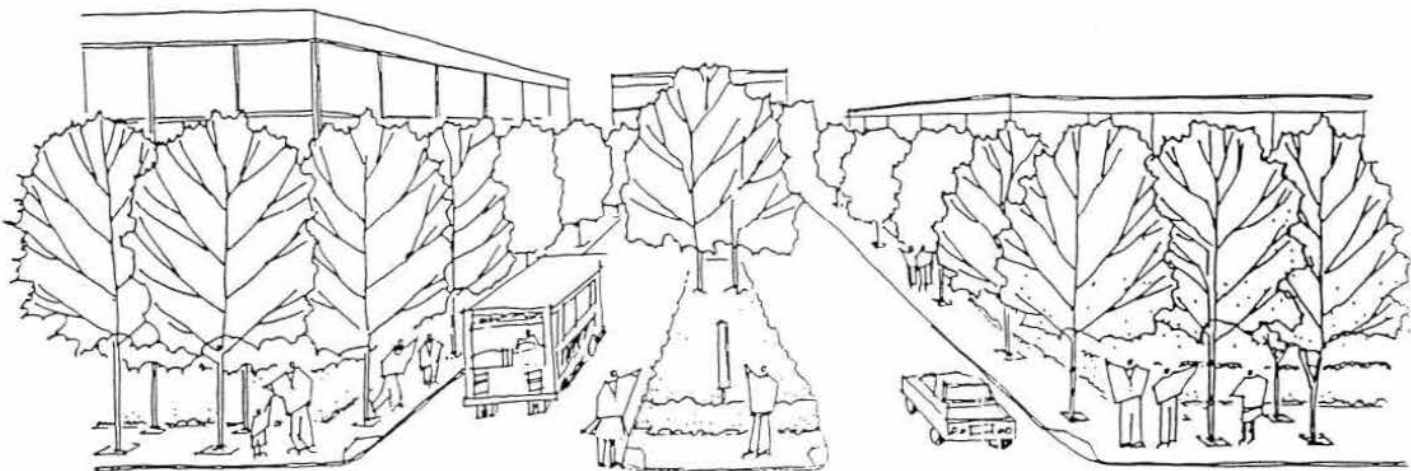
Visual interest could be enhanced at building entry/people areas by punctuations of seasonal flower color, special plant textures and fragrances.

To guide pedestrian movement, visual clues and functional aesthetic signage will be provided.

Definition lighting in parking lots, walkways, building/site entries will be added to help insure safety and security.

Provision for Barrier Free Access throughout hospital campus will include internal corridors and covered walkways wherever possible.

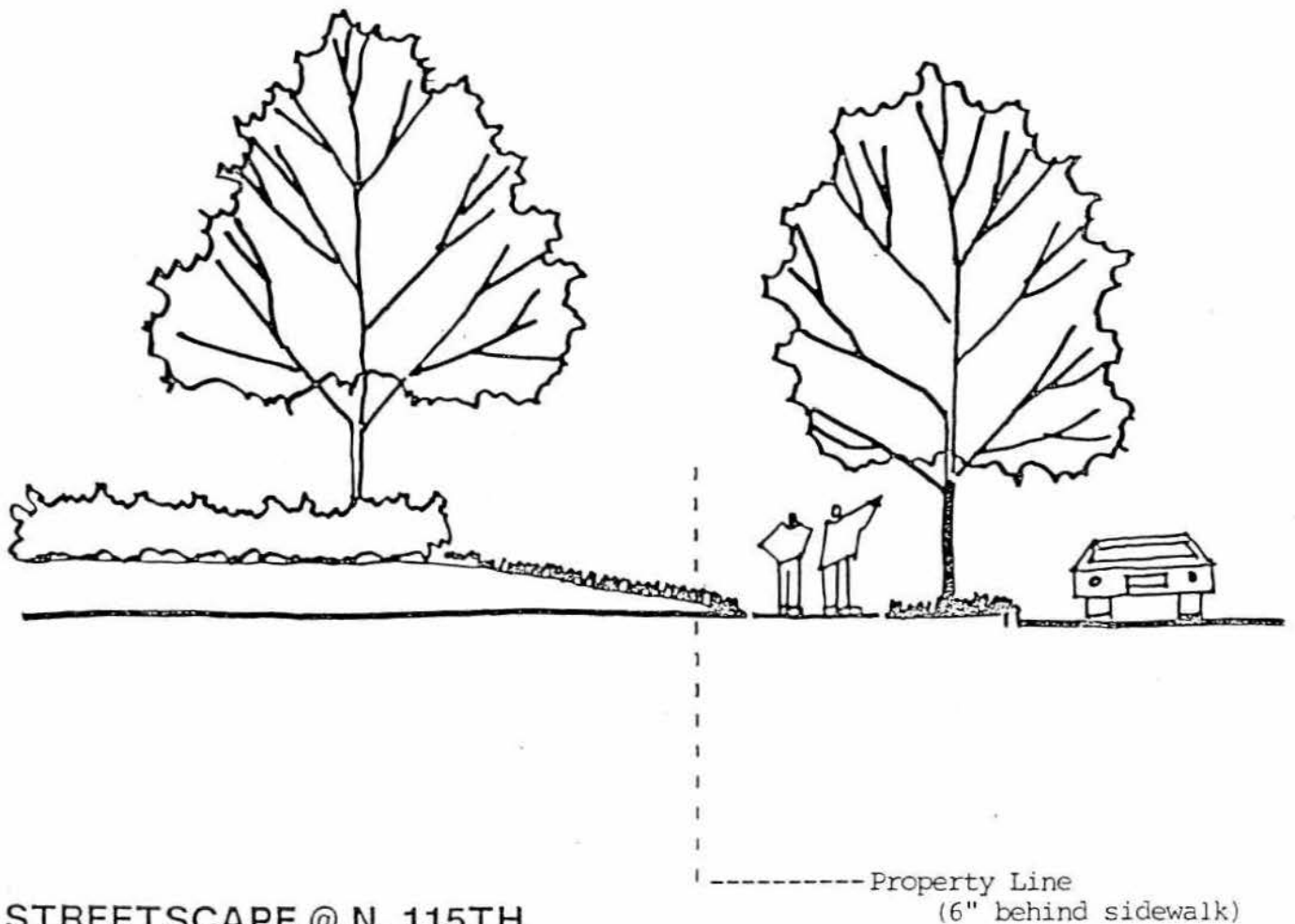
Overall color and material coordination will include trees, shrubs, groundcover, pavement, benches and other furnishings selected to provide an overall cohesion of design.



PEDESTRIAN ZONE

Streetscape at 115th

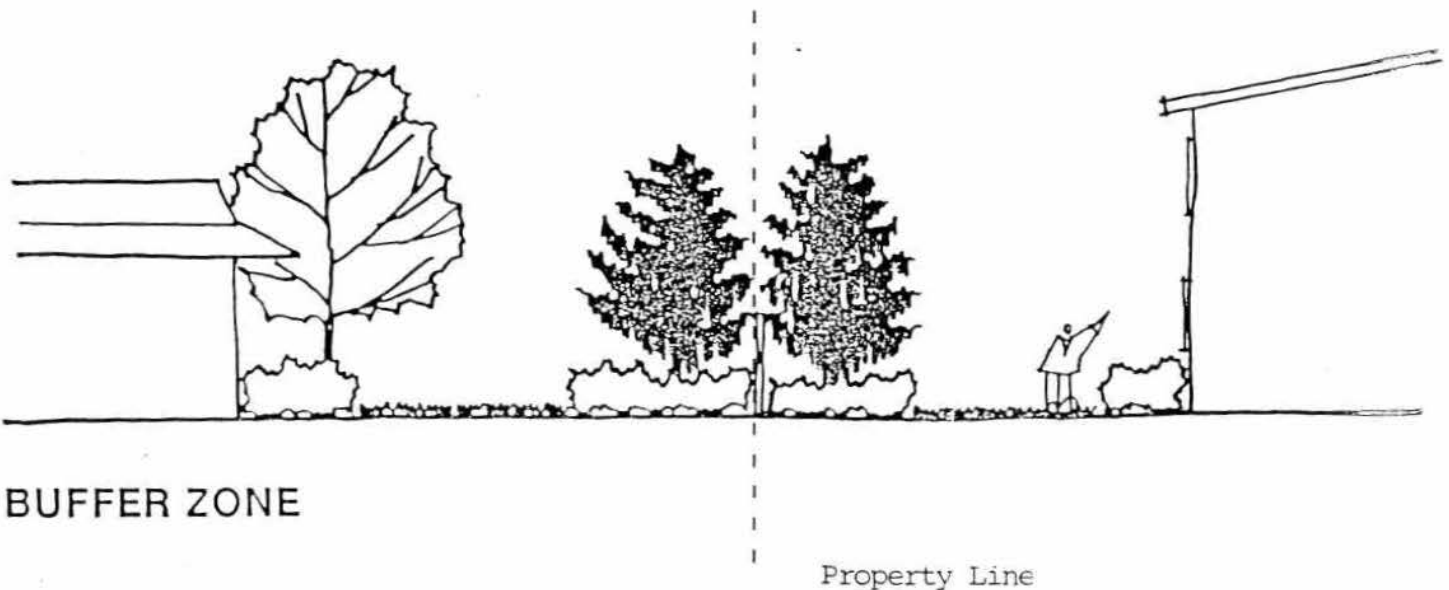
Develop structured Landscape/Streetscape at the main entry which is an interface between the Pedestrian Campus Zone and the Public Streetscape providing wide sidewalks at the hospital's entrance leading to a pedestrian circulation system within the hospital grounds. The proposed urban approach along North 115th will provide both a landscaped berm and a sidewalk planting strip to substantially screen view of the west parking garage and other buildings adjacent to North 115th.



Buffer

The difference in adjacent uses/needs (Examples: Neighbors at Stendall Place/Meridian Ave./Burke Ave.) will be addressed in landscape designs separately to satisfy the needs of all involved. Screening as appropriate to the scale of planned facilities should not be higher than needed and will be tailored to the individual situation. Seasonal variety and color will be evident in tree and plant selection, as well as integration with adjacent plantings such as matching pine trees at Stendall Place.

Trees and plants will also be selected to improve the screening and buffering of the retention pond located on the southwest corner of the property.

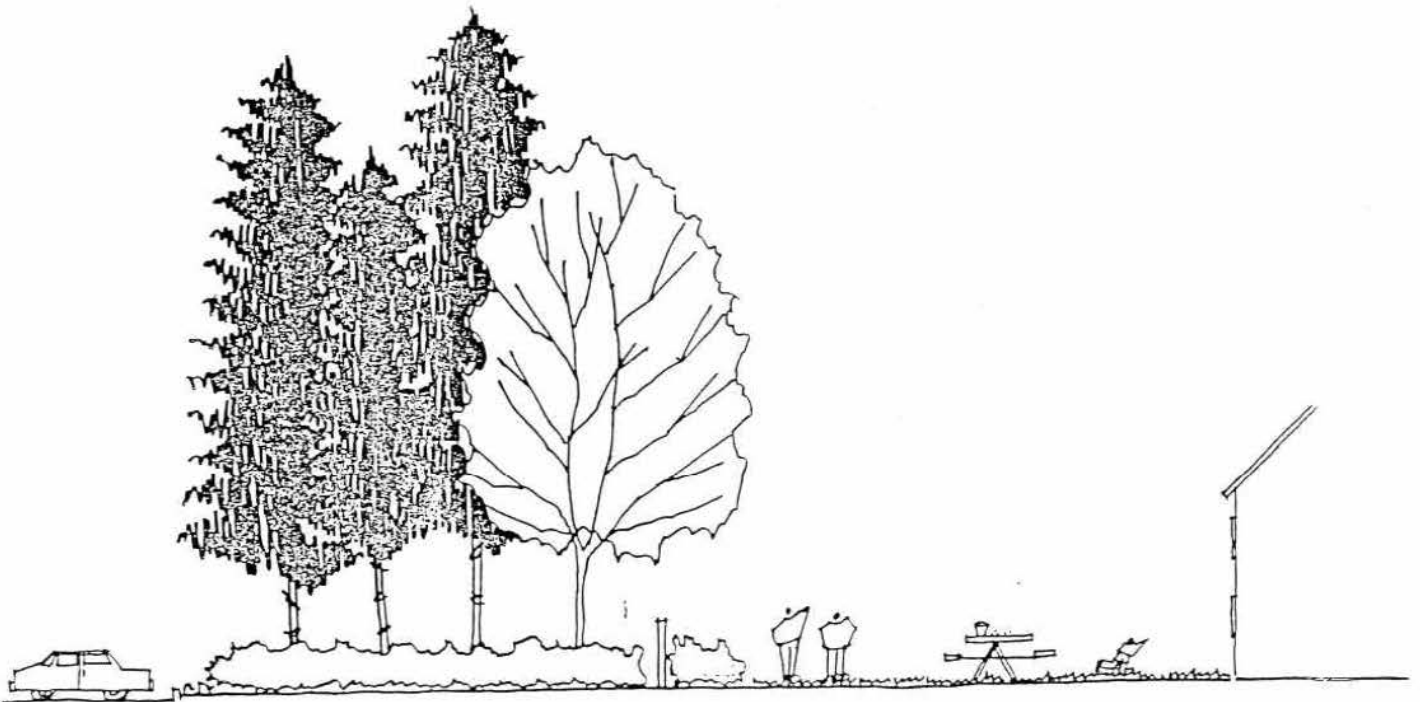


- Native Tree Preserves: Preservation of mature native trees will be given a high priority, particularly adjacent to residential areas. (Exhibit 18)

These major landscape improvements will be executed in conjunction with the development of the Master Plan facilities. As landscaping improvements are installed, maintenance plans for the new plantings will be developed. Landscaping plans will ensure that plantings do not interfere with electrical lines and minimize the potential for increased water demand.

Native Tree Preservation Zone

A high priority will be placed on maintaining mature native trees despite the development and expansion of facilities within the Northwest Hospital campus. To the greatest degree possible, mature trees along the eastern and northern boundaries of the campus will be maintained to buffer adjacent residential areas from hospital facilities. Additionally, effort will be made to save large stands of trees in areas that may be slated for further grounds development. This is of importance to the hospital and the surrounding areas providing large scale 60'-120' trees linked to historic/regional landscapes. Furthermore, these trees are adapted, low maintenance species (Douglas Fir, Hemlock, Western Red Cedar, etc.) that require minimal care and irrigation.

**NATIVE TREE PRESERVATION ZONE**

(4) INSTITUTIONAL ZONES  
AND DEVELOPMENT  
STANDARDS

When the Draft Master Plan was being prepared, major institutions had the option of developing standards tailored to the needs of the institution or complying with the major institution development standards set forth at Chapter 23.48 of the Land Use Code. Since the Draft Master Plan was published, the major institution provisions of the Land Use Code have been amended. Major institutions still have the option of developing specialized development standards. However, Chapter 23.48 was repealed and institutions that do not specify specialized development standards in a master plan are subject to the development standards of the underlying zone, which for Northwest Hospital is Lowrise 1 or 2.

For most development standards, it remains the hospital's intent to comply with the major institution standards set forth in Chapter 23.48. However, because that chapter was repealed, it has been reprinted in Appendix B of this master plan and for each development standard, an appropriate reference has been identified below.

Height:

Northwest Hospital proposes to retain the maximum height restrictions as set forth in the prior Institution zoning classifications on campus. Under the new major institution zoning provisions, these classifications are identified as Major Institution Overlay Districts (MIOD) with a height designation representing the maximum height limit that can be approved in a master plan without a rezone. For Northwest Hospital, these classifications are as follows:



-- Northern segment MIOD-37	--	37 feet
-- Eastern segment MIOD-50	--	50 feet
-- Southern segment MIOD-105	--	105 feet

No changes to these overlay districts are proposed. The maximum height limitations shall be those set forth in these overlay districts.

In addition, S.M.C. 23.48.008 (B) provided special height allowances for certain rooftop features. The hospital shall be permitted to comply with these allowances.

#### Structure Width and Depth

The underlying zoning establishes a maximum width and depth for institutional structures located in any lowrise zone. These standards are inappropriate for Northwest Hospital because of the size of the campus and because of the commitments and limitations established in this master plan. For these reasons, the standards set forth at S.M.C. 23.45.094 shall not apply.

#### Setbacks and Landscaping

The setback and landscaping requirements of S.M.C. 23.48.010 shall apply.

#### Noise

The noise standards of S.M.C. 23.48.014 shall apply.

### Odor

The previous development standards for major institutions (Chapter 23.48) did not contain standards for regulating odor. However, the underlying zoning does regulate odor from institutions locating in lowrise zones. S.M.C. 23.45.100. The hospital intends to comply with these odor requirements.

### Light and Glare

The light and glare standards of S.M.C. 23.48.012 shall apply.

### Signs

The sign regulations of S.M.C. 23.48.016 shall apply.

### Parking:

In amending the land use code for major institutions, the parking regulations in chapter 23.48 concerning parking quantity and Transportation Management Plans were relocated to chapter 23.54. Regulations concerning the location, screening and landscaping of major institution parking were repealed and replaced with the applicable limitations in the underlying zone. The hospital intends to comply with the major institution parking regulations in chapter 23.54 except as noted below.

Maximum Parking Limit: The maximum parking limitation shall be as specified in S.M.C. 23.54.016.A.2.<sup>1</sup> However, because of phasing of construction and the efficiency of building parking

<sup>1</sup> The Draft Master Plan had proposed an increase in the maximum parking limitations. Because the outpatient parking requirements were adjusted upward in the new code, there is no longer a need to increase this limitation.

garages of a certain size, there may be occasions when the construction of a garage causes parking to exceed the maximum parking limitation. In such situations, the hospital proposes to limit access to those excess stalls until parking demand from new construction or existing structures requires these stalls. These excess stalls may also be available as interim parking during construction. Thus, any parking surplus should not impair the effectiveness of the hospital's Transportation Management Program which works toward reducing traffic congestion.

**Location, Screening and Landscaping Standards:** The location, screening, and landscaping of offstreet parking shall be regulated by the applicable standards in S.M.C. 23.48.018.E. Other standards concerning the design of and access to offstreet parking shall be subject to the general standards of Chapter 23.54 and not the specific standards of the underlying lowrise zone.

Parking Stall Size:

The current applicable code requires a mix of parking stalls: 35% small (7'6"), 35% large (8'6"), and the remainder small, medium (8') or large (S.M.C. 23.54.030. B.2). Northwest Hospital proposes that a uniform 8'6" stall be provided for short-term visitor/patient parking and uniform 8'0" stall be provided for employee parking.

This approach eliminates the problem that people have in determining whether they drive a large or small car, and it eliminates small cars from parking in large stalls. The total parking area required for this mix of stalls is approximately the same as under the current code.

Transportation Management Program (TMP) Goal:

Under the current code, the goal of all major institution transportation management programs is:

reducing the percentage of employees of the major institution's employees, staff and/or students who commute in single-occupancy vehicles (SOV) during the peak period to fifty percent, (50%) or less, excluding those employees or staff whose work regularly requires the use of a private automobile during working hours. [S.M.C. 23.54.016.C.1.]

S.M.C. 23.54.016.C.1 To evaluate progress toward this goal, the institution must first determine which employees are subject to the requirement and which employees are exempt because of daily work-related travel.

Northwest Hospital proposes to eliminate the need to evaluate which employees are exempt by establishing a new TMP goal based on total employees. The new TMP goal would be to reduce the percentage of all doctors and employees who commute to the campus by SOV to 70 percent. This represents a more aggressive target than the 50 percent goal applied only to non-exempt employees, since nearly half of the total doctors and employees are considered exempt.

Although the code establishes the same TMP goal for all major institutions, it is recognized that each institution is unique and through the Master Plan the TMP and TMP goal may be tailored to each institution. There are several unique features of Northwest Hospital that have influenced its TMP and TMP goal.

The most important of these features is Northwest Hospital's location. Because the hospital is not located in a core business area, transit service to the campus is not adequate and nearly all daily commercial business transactions require travel by car. In addition, because the number of major employers in the area is limited, there are fewer opportunities for finding successful matches for

carpools or vanpools. Finally, because the hospital is located in a residential area, special attention must be given to avoiding actions that will result in employees parking on surrounding residential streets.

Another feature of Northwest Hospital that differentiates it from many other major institutions is its historical reliance on non-hospital employed doctors. Very few of the doctors who have offices on the hospital campus are hospital employees. Moreover, a substantial number of doctors who admit patients into the hospital do not even have office space on the campus. As a result, the hospital has had less influence over the driving practices of its physicians.

The proposed TMP, described in a subsequent section, has recognized these and other limitations and has incorporated incentives and disincentives to address these problems. Nonetheless, the proposed modified TMP goal is based on a realistic appreciation for these factors.

#### (5) DESCRIPTION OF PARKING & TRAFFIC CIRCULATION

##### Existing Conditions

##### Traffic:

During the P.M. peak hour, Northwest Hospital campus generates 739 vehicle trips.

Traffic volumes along Northgate Way, Meridian Avenue North, North 115th Street and Aurora Avenue North have increased substantially in the last ten years. Northwest Hospital is one of the many contributors to this increased volume.

Level of Service (LOS) describes the ability of an intersection to accommodate peak-hour traffic and is expressed on a scale from LOS "A" (free flow) to LOS "E" (substantial delay) to LOS "F" (beyond reliable delay estimates). LOS at a four-way stop is expressed as "saturation level."

The following table illustrates existing LOS information for the nine main intersections surrounding Northwest Hospital:

<u>Intersection</u>	<u>Existing LOS (1990 Data)</u>
Northgate Way/Meridian Ave.	F (Delay beyond reliable est.)
N. 130th St./Meridian Ave.	B (12.3 second delay)
N. 130th St./1st Ave.	F (Delay beyond reliable est.)
N. 115th St./Aurora Ave.	D (34.5 second delay)
N. 115th St./ Meridian Ave.	C (68% saturation level)
Aurora Ave./N. 125th St.	C (19.0 second delay)
Corliss Ave./Northgate Way	B (11.0 second delay)
1st Ave. NE/Northgate Way	F (Delay beyond reliable est.)
5th Ave. NE/N. 130th St.	F (Delay beyond reliable est.)

#### Parking:

Northwest Hospital currently provides 1064 off-street parking spaces (874 on campus and 190 at satellite lot) for physicians, employees, patients and visitors. These spaces are supplemented with approximately 140 additional on-street parking spaces located on North 115th Street and approximately 60 other on-street spaces, mainly on Meridian Avenue, Burke Avenue and Ashworth Avenue. In August 1988, a parking study including a commuter survey was conducted at Northwest Hospital to determine the current parking demands generated by the campus and the number of parking spaces required to adequately serve existing needs.

The study concluded that 1500 parking spaces are necessary to serve existing needs and that 1767 parking spaces are required to serve needs with development of West Campus Medical Office Building. While actual demand is 1275 stalls at 100 percent utilization, convenient access to stalls requires that parking facilities be sized to be approximately 85 percent full.

The total off-street and on-street parking supply of 1,204 spaces (counting the on-street parking on North 115th Street only) falls 296 spaces short of the 1500 spaces recommended by the parking study. This does not mean that 296 cars are being displaced, but that the lots are being utilized at 100 percent capacity, making it difficult for patients to locate parking within reasonable proximity to their destination.

As an interim measure, Northwest Hospital will add approximately 459 additional on-site surface parking spaces in conjunction with the construction of the West Campus Medical Office Building during 1992. This addition would bring the on-campus spaces to 1333 in addition to the 190 stalls at the satellite lot for a total of 1523 off-street spaces. Two hundred sixty-seven of these added spaces will fully meet the requirements of the West Campus Medical Office Building. The remaining 192 additional spaces will help to alleviate the current parking space shortage. The addition of the 459 surface parking spaces will maximize the surface parking potential within the campus boundaries. Alternatively, if Master Plan approval coincides with development of the West Campus Medical Office Building, the hospital will develop the 900-stall West Campus Garage instead of the additional 459 surface parking spaces.

## Campus Relation to External Street System:

The internal campus circulation system, designed to accommodate vehicular access to multiple campus parking lots, has three access points from the external street system. A total of 781 parking stalls on campus are accessible from the hospital's main entrance on North 115th Street and an additional 53 stalls are accessible through the west drive off North 115th. An additional 40 parking stalls are accessible from the Center for Medical Rehabilitation entrance on North 120th Street. An "Exit Only" drive is also provided on North 115th. On-campus parking to be developed as part of the West Campus Medical Office Building will add 459 parking stalls accessible from North 115th.

## Proposed Improvements and Impacts

### Traffic:

With or without the addition of the project traffic volumes, the increased traffic due to both existing Northwest Hospital facilities and background traffic volume from other sources will cause all major intersections to operate at LOS "F" in 2000, except for Corliss Ave./Northgate Way which will operate at LOS C.

Northwest Hospital proposes to mitigate traffic impacts through implementation of a strong TMP Program and other engineering solutions, such as, added signalization, adjusted signal timing, the addition of left- and right-turn lanes for short distances and some separation of vehicular access to the hospital campus on North 115th Street. Figures 12 through 17 of the Revised Traffic Analysis included as Appendix A in the Final EIS summarize improvements proposed for major intersections surrounding Northwest Hospital that may be necessary, depending on the success of the TMP.



Other measures to direct traffic away from the residential streets surrounding Northwest Hospital include re-signing the approaches to Northwest Hospital to direct traffic away from 1st Avenue North toward Aurora Avenue and/or installation of traffic diverters to discourage use of surrounding residential streets.

Please note: No widening of Meridian Avenue North to the north of 115th is proposed.

See Revised Traffic Section of the FEIS and Appendix A of FEIS for a more detailed traffic analysis.

#### Parking:

Exhibit 19 lists the anticipated parking space demand and the proposed parking space supply through the Master Plan development for Plan Option C. During Phase I the West Campus Garage would be developed in conjunction with development of any major building project such as the West Campus MOB. Demand from construction of smaller projects such as the Administrative Annex and the Cath Lab would be satisfied by surface parking if the garage was not yet built. A second garage would be constructed under a later phase of the proposed Master Plan Option C.

As shown in Exhibit 19, the West Campus Garage would provide future parking for Specialty Center I.

During construction of the garage, 339 surface parking stalls would be eliminated and additional parking capacity would have to be provided for construction workers. Northwest Hospital proposes to lease temporary parking during garage construction to accommodate displaced employee parking.

Exhibit 19 shows proposed development of the South Campus Gateway Parking Garage in conjunction with development of the

## EXHIBIT , PLAN C

NORTHWEST HOSPITAL CAMPUS				PARKING SPACE DEMAND				PARKING SPACE SUPPLY					PARKING SURPLUS OR (DEFICIENCY)
DEV. PHASES (EST. YR OF COMPL.)	I.D. #'s	BUILDING DESCRIPTION	AREA (GSF)	PER PROP. BLDG.	CUMUL. DEMAND	TMP ADJ. (a)	REDUCED CUMUL. DEMAND	CAMPUS SURFACE PARKING	REM. LOT SURFACE PARKING	PARKING GARAGES	N. 115TH STREET PARKING	TOTAL PARKING PROVIDED	
1990	1-4	EXISTING BUILDINGS	265,440	1,500	1,500	1.00	1,500	874	190	0	140	1,204	(296)
1990	5	WEST CAMPUS M.O.B.	59,353	267	1,767	1.00	1,767	874	190	0	105	1,169	(598) (b)
1990		PARKING LOT MOD'S(c)	0	0	1,767	1.00	1,767	1,333	190	0	105	1,628	(139)
1990	12	SWEDISH TUMOR INSTITUTE	1,700	0	1,767	1.00	1,767	1,333	190	0	105	1,628	(139)
PHASE I 1992  EMP - 48	13	A-WING/B-WING CORR.	2,205	0	1,767	0.98	1,732	1,333	190	0	105	1,628	(104)
	14	CATH. LABORATORY/ SUPPORT SERV. ADD.	13,305	11	1,778	0.98	1,742	1,333	190	0	105	1,628	(114)
	15	ADMINISTRATION ADDITION	13,000	30	1,808	0.98	1,772	1,333	190	0	105	1,628	(144)
	16	DAY CARE ADDITION	2,000	0	1,808	0.98	1,772	1,333	190	0	105	1,628	(144)
	6	WEST GARAGE	250,000	0	1,808	0.98	1,772	(339) 994	190	900	105	2,189	417
PHASE II (1995)	7	TWIN TOWER	149,946	242	2,050	0.95	1,948	(68) 926	190	900	60	2,076	128
PHASE III (1997)	8	SPECIALTY CENTER I	65,000	212	2,262	0.93	2,104	(70) 856	190	900	60	2,006	(98)
PHASE IV (1999)	10	SOUTH CAMPUS M.O.B.	60,000	(269-62 NWPC) 207	2,469	0.91	2,247	(100) 756	190	900	60	1,906	(341) (d)
	11	SOUTH GATEWAY GAR. (+650 CARS)	168,000	0	2,469	0.91	2,247	(105) 651	190	1,550	60	2,451	204
PHASE V (2000)	9	SPECIALTY CENTER II	40,000	(189-120 B-wing) 69	2,538	0.90	2,284	721	190	1,550	60	2,521	237

(a) 1% Annual reduction in demand based on HOV goals in TMP.

(b) Because surface lot modifications would be built in conjunction with West Campus M.O.B., the parking deficiency would be (139).

(c) If the West Garage is built in lieu of all surface parking modifications, Campus surface parking would increase to 994, garage stalls would increase to 900 and the parking surplus would be 422.

(d) Because the South Garage would be built in conjunction with the South Campus M.O.B., the parking surplus would be 204.

South Campus Medical Office Building. Under Option C shown in Exhibit 19, the garage would provide an additional 650 parking stalls, but may be increased or decreased depending on conditions at that time. Construction of the South Gateway Parking Garage and the South Campus Medical Office Building will result in the loss of 200 or more surface parking stalls. Parking needs and construction-related parking demands will be re-evaluated prior to construction to determine if provisions for temporary leased off-site parking may be necessary.

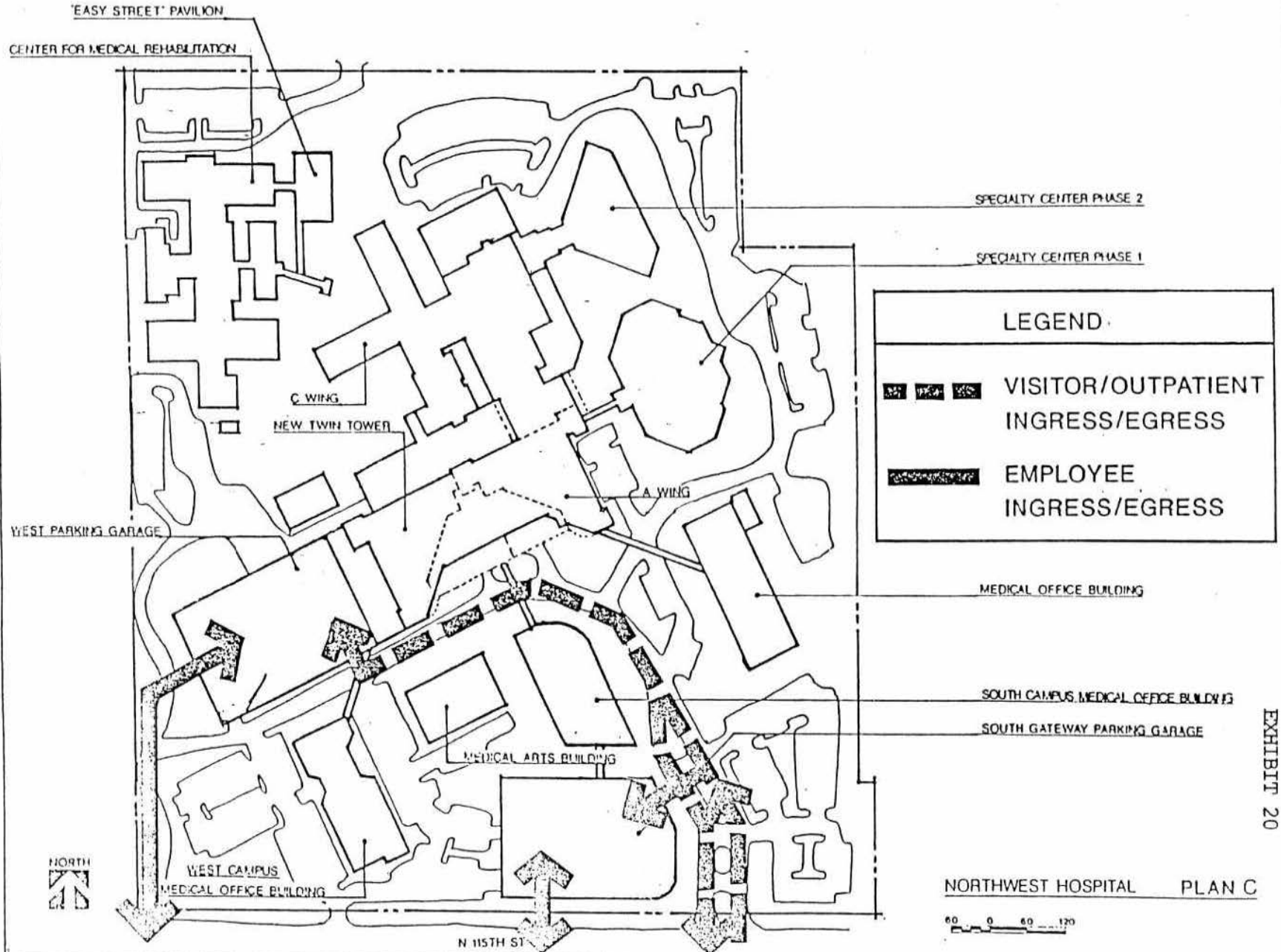
Exhibit 20 illustrates proposed separation of employee and visitor/patient parking garage access under Option C. Separation of access will minimize traffic difficulties associated with automobile cueing, facilitate fee schedule differentiation and improve campus security.

It should also be noted that further reduction of the number of on-street parking spaces on North 115th Street is expected to result from street improvements, including left-turn lane channelization to accommodate traffic ingress and egress from the hospital entrances along 115th.

## (6) TRANSPORTATION MANAGEMENT PROGRAM

### Existing Transportation Management Program

Northwest Hospital adopted its first formal Transportation Management Program (TMP) in 1988 in conjunction with the Easy Street Project. The primary purpose of the TMP is the reduction of single occupant vehicles (SOV's) coming to the hospital campus, particularly during peak hours.



ENIP - 50

NORTHWEST HOSPITAL PLAN C

Based on information collected in a campus-wide employee survey conducted in May 1988, 85.8 percent of Northwest Hospital employees drive to work alone. Reasons for the high use of single-occupancy vehicles (SOV's) include the following:

- 60 percent of the employees indicate work schedules subject to change based on employer requirements. (Of this group, 73 percent indicate that their work schedules change weekly or more frequently.)
- 26 percent of the employees indicate that they frequently need use of their automobiles for work-related business during their work shift.

The remaining employees commute by the following means:

- 10.5% Carpool/vanpool
- 1.3% Public transit
- .4% Bicycle
- .9% Walk
- 1.0% Dropped off

Northwest Hospital's first TMP included a variety of promotional and incentive activities to discourage the use of SOV's and to encourage carpools and transit use. These include:

- Establishment of three Commuter Information Centers in various campus locations to provide information about Metro ride-share and transit service.
- Periodic issues of "Commuter News," an employee newsletter which promotes options other than SOV's.
- Communication to new and existing employees through commuter fairs and information packets.
- Permission for carpools/vanpools to park on campus in the most convenient locations.

- Prohibition of on-campus SOV parking for those who do not need their vehicles during work shifts for hospital business.
- Transit pass subsidy of \$15 per month to employees.
- Subsidized fares for vanpools equal to transit subsidy.
- Free shuttle to and from the Northgate Shopping Center between 6:30 A.M. and 7:30 P.M. on weekdays.
- Covered bicycle parking.

The parking management element of the current TMP includes the following measures:

- Employee satellite parking lot with a free shuttle service.
- Support for parking restrictions on residential streets, including support for Residential Parking Zones (RPZ's) should the criteria for RPZ's be met.

As part of the Master Use Permit for the West Campus Medical Office Building, Northwest Hospital strengthened the TMP with the addition of the following promotional and incentive measures:

- Appointment of Employee Transportation Coordinators in all medical office buildings to increase program coordination with tenants.
- Providing the same TMP incentive programs to tenants of the medical office buildings as leases are up for renewal.

- Expanding carpool program to include other Northgate area employees.

The TMP is monitored and evaluated by providing quarterly reports to the City of Seattle. In addition, Northwest Hospital has committed to conducting an employee transportation survey every two years to monitor progress in reducing the number of SOV's.

In addition, the following conditions were added by DCLU:

- 100 percent transit subsidies
- 100 percent van pool subsidies
- A guaranteed ride home for employees commuting by non-SOV vehicles
- Free one-day-per-month SOV parking for employees traveling to work at least four days per week by non-SOV modes.

#### Proposed Transportation Management Program

Because the TMP for the Master Plan is a "third generation" program, it consists primarily of a continuation of the TMP approved and conditioned by DCLU as part of the West Campus Medical Office Building. Additional elements include:

- Establishment of two additional Commuter Information Centers as new campus facilities are built.
- Work with Metro to establish a new bus route closer to campus.
- Work with Metro for custom bus service, potentially in conjunction with other Northgate area employers.

- Implement flex-time and alternative work schedules to promote carpool/vanpool/Transit use.

After construction of the West Campus parking garage the following measures will be added:

- Implement monthly parking fees in the range of \$30 - \$45 per month for SOV employees who park in the hospital garage. Free parking will be provided to carpools of two or more employees and vanpools. Visitor and patient parking will be free for approximately 1.5 hours. It is proposed that \$1 per hour be charged for additional time with a maximum daily rate of \$8. It should be noted that the Seattle Engineering Department recommends implementing a parking fee immediately upon adoption of the Master Plan.
- Implement RPZ in conjunction with fees (if allowed by the city code) or other mechanism to prevent or discourage on-street employee parking to avoid fee payment.

In addition, the proposed TMP has established targets to monitor progress. If progress is not being made, additional measures are established for the imposition of further incentives and disincentives.

See Appendix D of the Final Environmental Impact Statement for revised TMP.



## (7) ENERGY AND UTILITIES

### Energy:

Present energy consumption at Northwest Hospital is electricity and natural gas used for lighting, space heating and cooling, potable water heating and process use. A limited amount of oil is used for emergency boiler and engine/generator fuel. While some energy is consumed by the Center for Medical Rehabilitation and the Medical Office Buildings, most energy is used by the hospital itself. A summary of present energy use and electrical demands is presented in Exhibit 21.

The expected energy consumption across the campus will increase under development Option C as detailed in Exhibit 21. The largest increases will result from major additions of hospital space. Lesser increases of energy use will result from additions of professional office space and parking garages.

All new buildings and additions to existing buildings will be subject to provisions of the Seattle Energy Code, while hospital buildings will be required to comply with additional State of Washington rules related to energy.

See Energy Section of the Draft EIS for a more complete discussion of Energy.

### Storm Water:

Most storm water on campus is collected through catch basins and directed to a retention pond on the southwest corner of the site. From the retention pond, water is metered to the south through culverts under the Washelli Cemetery. The existing retention pond is being relocated and enlarged in connection with

## ENERGY SUMMARY PLAN C

BUILDING	EXISTING			PLAN C		
	GAS ENERGY MBtu	ELECTRIC ENERGY, MWh	PEAK ELECTRIC DEMAND, KW S/W	GAS ENERGY MBtu	ELECTRIC ENERGY, MWh	PEAK ELECTRIC DEMAND, KW S/W
1. MAIN HOSPITAL	40,000	12,600	1320/1250	31,000	10,800	1200/1100
2. MEDICAL OFFICE BUILDING	-0-	2,150	410/410	-0-	2,150	410/410
3. MEDICAL ARTS BUILDING	-0-	942	183/183	-0-	942	183/183
4. CENTER FOR MEDICAL REHABILITATION	3,704	1,087	130/430	3,704	1,250	145/430
5. WEST CAMPUS MOB	-0-	-0-	0/0	-0-	932	338/505
6. WEST GARAGE	-0-	-0-	0/0	-0-	350	125/125
7. TWIN TOWER	-0-	-0-	0/0	13,500	4,725	780/600
8. SPECIALTY CENTER, PHASE 1	-0-	-0-	0/0	5,850	2,048	360/338
9. SPECIALTY CENTER, PHASE 2	-0-	-0-	0/0	3,600	1,260	208/160
10. SOUTH CAMPUS MOB	-0-	-0-	0/0	3,000	360	180/90
11. SOUTH GATEWAY GARAGE	-0-	-0-	0/0	-0-	235	84/84
12-14. SMALL HOSPITAL ADDITIONS	-0-	-0-	0/0	986	715	90/68
15. ADMINISTRATION ADDITION	-0-	-0-	0/0	650	585	78/52
16. DAY CARE ADDITION	-0-	-0-	0/0	115	90	10/08
17. PROFESSIONAL BUILDING (A)	<u>1,400</u>	<u>180</u>	<u>82/45</u>	<u>-0-</u>	<u>-0-</u>	<u>0/0</u>
	45,104	16,959	2125/2318	52,405	26,442	4191/4153

(A) To be demolished with construction of South Campus MOB

## LEGEND:

MBtu - MILLIONS OF BRITISH THERMAL UNITS  
MWh - MEGAWATT HOURS (MILLIONS OF WATT-HOURS)  
KW - KILOWATTS (THOUSANDS OF WATTS)  
S/W - SUMMER DEMAND/WINTER DEMAND

NOTE: Energy and demand for existing buildings are based upon analysis of utility bills for recent years. Calculations for new additions and buildings were made in accordance with DCLU Director's Rule 3-87, "ENERGY CONSUMPTION AND PEAK DEMAND INFORMATION FOR ENVIRONMENTAL REVIEW."

development of the West Campus Medical Office Building and with the development of additional surface parking. The relocated retention pond has the capacity of accommodating an average 75% run-off rate from roofs and other paved surfaces on the Northwest Hospital campus. (The average run-off rate is a mathematical calculation designed to factor both developed and undeveloped terrain.) Since the maximum run-off rate expected under Option A of the Master Plan (the larger alternative) is 64%, the relocated and enlarged retention pond will be of sufficient size to meet all future needs created by the 1990 - 2000 Northwest Hospital Master Plan.

A small portion of the storm water on campus in the southwest corner is collected through catch basins and discharged directly out to N. 115th Street.

See Water/Storm Water Section of the Draft EIS and the Final EIS for a more complete discussion of Storm Water.

#### Waste Disposal:

Northwest Hospital currently has solid waste streams and disposal methods as follows:

1. Hospital-generated infectious waste is incinerated on site. Incinerated waste includes most material from patient-care areas, but excluding, a) needles, scalpels, and other "sharps," and b) occasional kidney dialysis waste. The definition and the methods of handling meet or exceed the requirements of the King County Code of the Board of Health Title 10.
2. Hazardous chemical waste and any infectious waste not incinerated on site (about eight 20-gallon containers per week)

is shipped by carrier with a Washington Utilities and Transportation Certificate for such service. Handling within the facility prior to entry into WUTC jurisdiction is conducted in accordance with Title 10 of the Health Code (infectious waste) and Seattle City Ordinance #114723 (hazardous waste). Disposal at the remote sites is conducted in accordance with applicable state and federal regulations.

3. Cardboard cartons, computer paper, white paper and aluminum cans are being recycled.
4. Items that do not incinerate well, including glass and metal cans, are collected in a 20-cubic-yard compactor/container which is hauled out once a month.
5. Kitchen waste and general trash from offices and other areas in which infectious and hazardous materials are not used or generated is incinerated on site,
6. Low-level nuclear waste is shipped to approved depositories,
7. Incinerator ash is taken to landfill.

The Hospital's incinerator is operated for one shift, seven days a week. In that shift, approximately two tons or 800 cubic feet of waste are incinerated per day.

Recent reduction in the number of beds operated in the Center for Medical Rehabilitation has resulted in removal of 43,000 nursing home patient days per year; nevertheless, increases in patient days related to the full development of Master Plan C will generate some increase in all types of waste.

See Solid Waste Disposal Section of Draft EIS and Final EIS for full discussion related to waste disposal, including discussion pertaining to the upgrade of the incinerator.

## (8) ALTERNATIVES

Northwest Hospital has outlined four alternatives, a "no action" alternative and three action alternatives, (Option "A," Option "B" and Option "C") as proposed campus Master Plans. While Option "A" provides the maximum flexibility for growth desired by Northwest Hospital, Option "C" has been scaled down in response to recommendations of the Master Plan Citizens' Advisory Committee and to concerns about the environmental impact that Northwest Hospital's future growth will have on the surrounding residential community.

If Northwest Hospital were to choose a no-action alternative, campus expansion under the new major institution code would be limited to those options allowed by the underlying zoning. The underlying zoning code permits only low-rise development with severe bulk and scale restrictions virtually precluding any further development on campus for clinical or healthcare-related use.

Because the Master Plan must project ten or more years into the future, it is necessarily conceptual. The specific medical services to be conducted at Northwest Hospital ten years in the future, the specific location of those uses, and the specific design of facilities to house such needs cannot be predicted with certainty. Therefore, various assumptions have been made in the master plan concerning the types of medical services to be offered at Northwest Hospital and the location, shape and size of various buildings to accommodate these uses. The environmental impact statement evaluated impacts based on these assumptions of use and development.

It is the intent of this master plan that any major institution use, as defined at S.M.C. 23.69.008.A, may be permitted on

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It is the intent of this master plan that any major institution use, as defined at S.M.C. 23.69.008.A, may be permitted on

campus under an approved master plan. At the time that a specific new use is proposed, the Director of DCLU may determine that the new use is significantly different than the uses analyzed in the Master Plan and may require supplemental environmental analyses. However, as long as the use is a major institution use, it will be permitted without an amendment to the Master Plan, subject to the limitations of S.M.C. 23.69.035 which states when a major amendment is required.

It is also the intent of this master plan that changes to the location, size, and shape of buildings will be approved without the need for an amendment to this master plan as long as the total square footage of development, as shown on Exhibit 11, is not exceeded and as long as the changes are not considered a major amendment according to S.M.C. 23.69.035.B. The Director of DCLU may determine that supplemental environmental analyses are required for a new or altered structure without requiring an amendment to the master plan.

(9) PHASING  
PRIORITIES

Northwest Hospital has identified general facility uses, probable footprint envelope and maximum size of the proposed facilities. While the Master Plan development alternatives represent best estimates for maximum future facility needs, design changes are likely to occur and flexibility is requested. In addition,

due to continually changing market and technology demands, it is not possible to identify exact size and location of departments and services within the facilities.

Probable sequence for the development of the major facility improvements is as follows:

1. Development of the Administrative Annex as an addition to the north side of the hospital facility and the Cath Lab/Support Service addition to the east side of the hospital, along with doubling of the current Child Care Center. Construction of the 900-car West Campus Parking Garage is also anticipated in conjunction with further large scale development.
2. Development of Twin Tower, largely dedicated to replace semi-private Orthopaedic Unit, to reactivate licensed beds, and to provide space for inpatient services.
3. Development of Specialty Center I to provide space for the expansion of key ancillary and specialty outpatient services.
4. Development of the South Campus Medical Office Building and accompanying 650-stall Gateway parking garage. (The Northwest Professional Center will be demolished.)
5. Development of the hospital-based, outpatient-oriented Specialty Center II as a part of Hospital B-Wing or after demolition of B-Wing Med/Surg Unit.

Exhibit 22 summarizes the development of the Northwest Hospital Master Plan for Option "C" in five major phases based on service needs and availability of funding. As shown in Exhibit 22,



Master Plan  
Phasing Priorities  
(Under Option C)

EXHIBIT 22

COMBINED IMPROVEMENTS

PHASES	FACILITY DEVELOPMENT	TRAFFIC IMPROVEMENTS	PARKING IMPROVEMENTS	LANDSCAPE IMPROVEMENTS	TEMPORARY ACCOMMODATIONS
PHASE I	<ul style="list-style-type: none"> <li>* Administrative Annex</li> <li>* Cath Lab/Support Area</li> <li>* A wing/B wing Corridor</li> <li>* Day Care Expansion</li> </ul>	<ul style="list-style-type: none"> <li>* Widen N.115th at Aurora Ave. (1)</li> </ul>	<ul style="list-style-type: none"> <li>* West Campus Parking Garage (900 stalls)</li> </ul>	<ul style="list-style-type: none"> <li>* 120th Street Landscaping</li> </ul>	<ul style="list-style-type: none"> <li>* Temporary Parking as needed during Garage Construction</li> </ul>
PHASE II	<ul style="list-style-type: none"> <li>* Twin Tower (in-patient focus)</li> </ul>	-----	-----	<ul style="list-style-type: none"> <li>* Internal Pedestrian Circulation Plan and Pathway on N. 120th</li> </ul>	-----
PHASE III	<ul style="list-style-type: none"> <li>* Specialty Center I (hosp. based out-pt. focus)</li> </ul>	<ul style="list-style-type: none"> <li>* Reconstruct and Signalize Meridian Ave and N.115th Intersection. (2)</li> </ul>	-----	<ul style="list-style-type: none"> <li>* Improved Landscaping along East Campus Boundary</li> </ul>	-----
PHASE IV	<ul style="list-style-type: none"> <li>* So. Campus Med. Office Bldg. (private M.D. offices)</li> </ul>	<ul style="list-style-type: none"> <li>* Share cost of improvements to Northgate Way/Meridian Intersection.</li> <li>* Share cost to widen Meridian to 4 lanes S. of N.115th to Northgate Way.</li> </ul>	<ul style="list-style-type: none"> <li>* Gateway Parking Garage (600 stalls)</li> </ul>	<ul style="list-style-type: none"> <li>* Improved Main Entrance on N. 115th</li> </ul>	-----
PHASE V	<ul style="list-style-type: none"> <li>* Specialty Center II (hosp. based out-pt. focus)</li> </ul>	<ul style="list-style-type: none"> <li>* Share in cost of improv'ts to N. and S. approaches to 130th /1st Ave N. Intersect.</li> </ul>	-----	-----	-----

(1) Extend right turn lane back from intersection with a permanent improvement to N.115th St.

(2) Partial reconstruction of eastbound approach and part of the northbound approach performed as part of the

Northwest Hospital recognizes that various traffic, parking and landscaping improvements should accompany various stages of service facility development. While the sequence of development represents our best estimates based on future needs, the actual sequence may vary without necessitating revision of the Master Plan.

(10) STREET AND  
ALLEY VACATIONS

None are planned.

(11) CONSISTENCY OF  
MASTER PLAN WITH  
LAND USE POLICIES

Major Institution Policies

The general land use policy applicable to Northwest Hospital seeks "to balance the need for institutional growth and change with the need to protect the livability of neighborhoods adjacent to institutions." S.M.C. 23.16.010. This policy is articulated through ten implementation guidelines. Those guidelines applicable to Northwest Hospital and its master plan are:

Implementation Guideline 3 - Development Not Requiring a Master Plan

Implementation Guideline 4 - Institutional Classifications

Implementation Guideline 5 - Development Requiring a Master Plan

Implementation Guideline 7 - Decentralization

(See Master Plan Appendix B for full text of Major Institution Policies.)

Northwest Hospital's master plan has been developed in conformance with the basic major institution policy of permitting necessary expansion of hospital services while protecting the surrounding community from the adverse consequences of that growth. The balance has been achieved primarily by retaining the existing institutional boundary, Major Institutional Overlay District use classifications, institutional development standards, and development pattern established under the current land use code.

The hospital will continue to be confined to the boundaries fixed in the 1983 major institution zoning code. The institution will not encroach upon adjacent residential homes or the adjoining cemeteries.

The existing major institutional overlay district classifications (MIOD-105' in the center and southern portion, MIOD-50' on the eastern portion, and MIOD-37' on the northern portion) will remain the same. (See Exhibit 9.) The more intensive development will continue to be concentrated away from the residential homes to the north and east of the campus.

Likewise, North 115th Street will remain the primary street of access to the hospital. This orients traffic to the south side of the campus, minimizing institutional traffic on residential streets to the north.

All of the development standards that had been established for major institutions for setbacks, height, open space, landscaping, screening, parking, transportation, light, glare, noise, and signing will remain applicable to the hospital. Compliance with these standards will help ensure the hospital's compatibility with the adjoining residential community.

Only two modifications to these standards are proposed. (See page MP-5.) Modifications to parking stall sizes will provide more convenient parking for visitors. A revised methodology for calculating progress of the transportation management program is proposed to simplify this analysis while aggressively pursuing traffic and parking reduction goals of that program.

Several design features have been incorporated into the master plan to conform with the land use policies of providing sensitive treatment along the campus edges adjacent to residential zones. Greater setbacks than required by code are proposed. For example, the proposed setbacks for planned facilities located across from the single family zone to the east are: Specialty Center I (200 foot setback), Specialty Center II (120-150 foot setback), and the South Campus Parking Garage (45 foot setback). For these facilities the minimum required setback from the single family lot lines would be 30 feet (S.M.C. 23.48.10.B.2).

The master plan also includes substantial landscape buffering and pedestrian amenities on the residential periphery to enhance compatibility with adjacent residential property. Pages FMP-29 - FMP-37 of the master plan describe the establishment of a greenbelt at North 120th Street including trees and a paved walk with benches, improved landscaping adjacent to residential areas on the east, preservation of mature native trees on the north, east, and west edges of the campus, and establishment of a formal streetscape on North 115th Street. These features will soften the transition from residential to institutional use.

The policy objective of providing sufficient parking to meet the needs of the institution and to avoid parking on residential streets has been met by the proposed construction of two major parking garages in conjunction with facility development. The

hospital has also committed to fund a residential parking zone (RPZ) if an RPZ is needed to reduce residential parking by institution employees and if the RPZ is able to be established under the city code.

Another critical policy objective satisfied by the master plan is the reduction of traffic impacts on the adjoining residential streets. Although the development proposed in the master plan will generate additional traffic, the enhanced Transportation Management Program (TMP) will reduce that traffic by encouraging transit, carpools, and vanpools, and discouraging travel by single occupancy vehicles. The hospital is also committed to constructing street and intersection improvements to mitigate traffic delays anticipated from the hospital expansion.

The decentralization policy has also been addressed. The facilities proposed in the master plan expansion are those that require a centralized location and/or inpatient beds for efficient utilization. A significant portion of the planned facility development is upgraded inpatient facilities, including private rooms, additional beds, added surgical units, expanded laboratory services, and expanded diagnostic and treatment facilities. The major outpatient facilities planned for expansion are those that benefit from sharing major capital diagnostic and treatment equipment and facilities which service inpatients as well.

The new office space for private physicians on campus (including the space in the West Campus Medical Office Building) will be leased to specialists practicing at the hospital who need access to large, specialized equipment, laboratories and other services that are cost-effectively provided and shared in a hospital, rather than duplicated in dispersed clinics or individual offices. Specialists on campus are also more conveniently

located for frequent hospital visits which reduces the number of vehicle trips. Many of the patients of specialists will also avoid having to make separate trips to their physician and to the hospital campus for testing or treatment. General Practitioners now on campus will be displaced over time by specialists and will be encouraged to decentralize. The Medical Arts Building on the campus is not owned or controlled by the hospital. Until its ground lease expires in 2017, its utilization cannot be controlled by Northwest Hospital.

The hospital will retain many of its existing off-campus facilities. At present, the following operations are decentralized at locations off the main campus shown on Exhibit 6.

- Outpatient speech and hearing (Delta Building)
- Outpatient surgery (Northgate)
- Outpatient radiology (Northgate)
- Home health care agency offices (Lake City)
- Support services (marketing, data processing, print shop, purchasing, storage) (128th St. Satellite)
- Remote parking lot (128th St. Satellite)

The space at Northgate, 39,000 square feet, is on a lease which expires in 1999. It is not certain that the lease will be renewed, and it may be terminated early as part of the expansion of the Northgate retail mall. Because of this uncertain future, the hospital has chosen not to invest in needed new and upgraded space and equipment at Northgate at this time. The hospital may move outpatient surgery back into the hospital as new upgraded space is built.

The 128th Street Satellite facility is expected to continue to operate as a satellite parking facility. This parking facility will be able to serve excess parking demand until adequate on-campus parking is built and will provide needed parking during construction phases of the master plan. Some

of the support services now operating at this facility are expected to move back onto campus into the Administrative Annex and data processing area of the Cath Lab facility. The consolidation of administrative and support services on campus substantially increases operating efficiency and will reduce daily employee travel now occurring between the campus and the satellite facility.

#### Single Family Policies

The thrust of the Single Family land use policies, as they relate to the Northwest Hospital master plan, is to preserve and maintain the physical character of single family residential areas by discouraging demolition of single family residences and by protecting the edges of single family residential areas from encroachment by other uses (S.M.C. 23.16.002). As described in detail above, the master plan conforms with this policy by limiting growth to the current institution boundary, concentrating expansion to central and southern areas of campus, and providing sensitive treatment of facilities proposed near the edge of the single family zone.

### III. ENVIRONMENTAL INFORMATION AND CUMULATIVE IMPACTS

Due to the scale of Northwest Hospital's future facility development plans, an Environmental Impact statement (EIS) has been prepared and included as a separate section of this document.

MASTER PLAN

A P P E N D I X    A

Northwest Hospital

Mission and Philosophy



MISSION STATEMENT OF NORTHWEST HOSPITAL

The Mission of Northwest Hospital is to engage in the art and science of delivering high quality health care services to residents of the north Seattle community. In so doing, the health care team will strive to establish a personalized and trusting relationship with each and every patient throughout his or her acute illness, including associated preparatory and rehabilitative phases. These services will be delivered in a safe, ethical and efficient manner with the best possible technology, given resources available to Northwest Hospital.

The Mission is also to maintain a harmonious and challenging work environment that enables all employees to reach their highest potential.

## PHILOSOPHY OF NORTHWEST HOSPITAL

As employees and practicing physicians of Northwest Hospital, we believe that:

Patients

1. Northwest Hospital does not discriminate against anyone who needs health care services.
2. Patients are to be provided with opportunities to participate in the planning of their care.
3. Patient care is individualized and based on identified needs.
4. Patient confidentiality is to be safeguarded.
5. Clinical needs take priority over economic factors in making individual patient decisions.
6. Quality of patient care takes priority over quantity of programs.

Community

7. Selection and continued support of hospital programs is based on community health care needs and hospital resources.
8. The Trustees represent and address community interests.
9. Northwest Hospital is committed to sharing facility development plans with the surrounding community and to minimizing environmental impacts.

Organization

10. Work at Northwest Hospital is challenging, enjoyable and fulfilling.
11. All employees are members of the health care team, and every job makes a contribution.
12. Serving patients is the focal point of all employee efforts.
13. Solution-seeking is more enabling than problem-searching.
14. Excellence and longevity of service are valuable.
15. All employees are familiar with Northwest Hospital's vision, mission, and philosophy and direct their efforts toward achieving the mission and goals.
16. All programs are to be monitored according to the hospital vision and mission.
17. Flexibility and responsiveness are necessary to meet changing health care needs.
18. Change is critical to the evolution of the organization.
19. Maintaining an open communication between management and staff/employees is important.
20. Management encourages employee creativity, effectiveness and efficiency.
21. Decision-making is encouraged at the most appropriate organizational level.
22. Management helps employees set challenging, yet attainable, goals.
23. Financial viability is necessary to meet changing health care needs.
24. Balance between cost and effectiveness is critical.

MASTER PLAN

A P P E N D I X    B

Applicable (repealed)

Policies and Code



23.48.006 LAND USE CODE

23.48.006 General development standards.

The development standards of Sections 23.48.008 through 23.48.020 shall apply to all institutional structures and uses. The development standards may be modified to fit the needs of a specific institution through the Master Plan process.

(Ord. 111100 § 4(part), 1983.)

23.48.008 Structure height.

A. Maximum permitted height of structures in institution zones is as follows:

Institution Zone	Maximum Height
Institution 1	37 feet
Institution 2	50 feet
Institution 3	65 feet
Institution 4	105 feet
Institution 5	160 feet
Institution 6	240 feet

B. Sloped Lots. On sloped lots, when more than fifty percent (50%) of the roof area of a floor is below the height limit, the remainder of that floor may be built above the height limit, not to exceed fifteen feet (15') (Exhibit 23.48.008 A).

C. Rooftop Features.

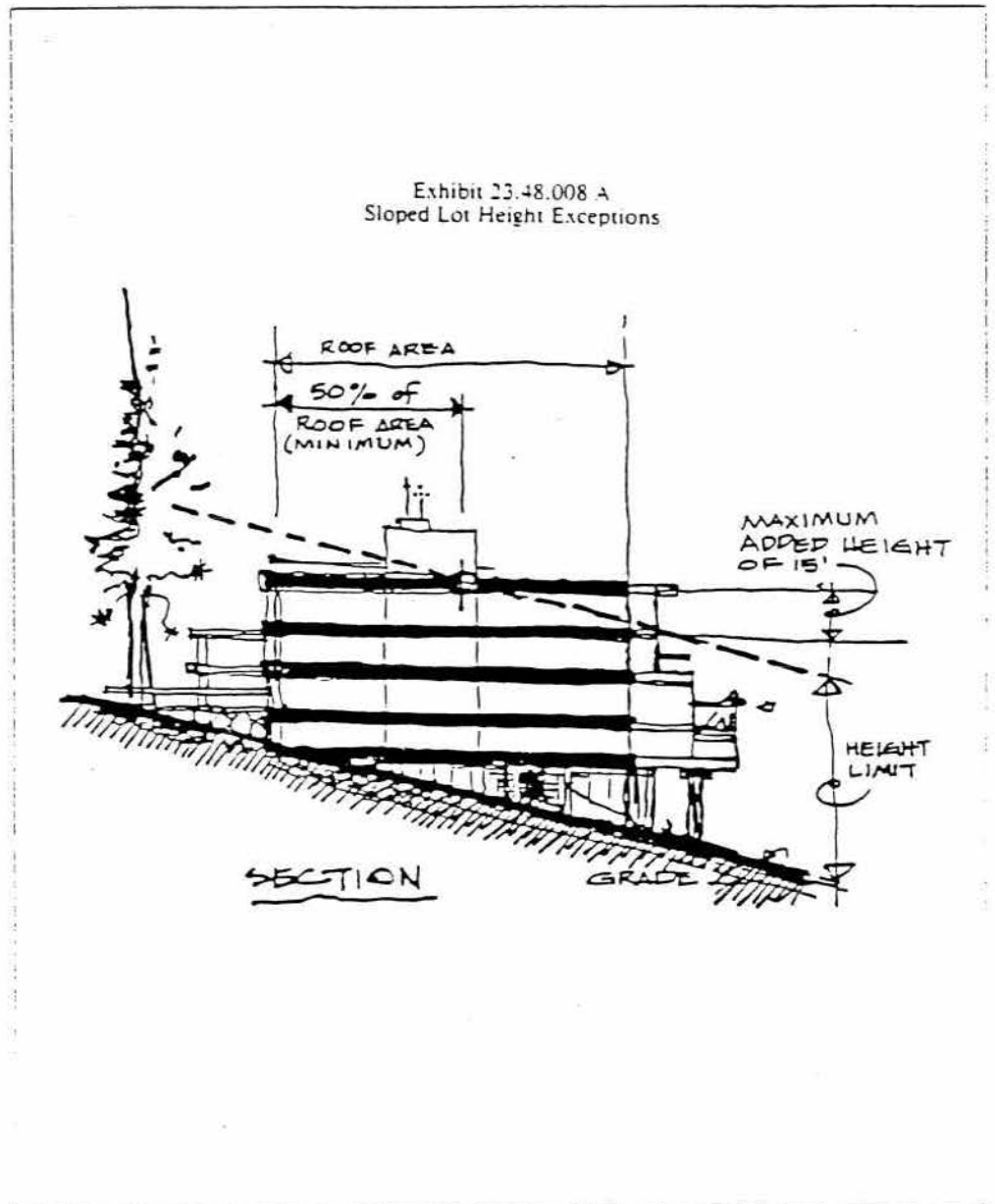
1. Radio and television receiving aerials, flagpoles, and spires for religious institutions are exempt from height controls, except as regulated in Chapter 23.64, Airport Height District, provided they are no closer to the lot line than fifty percent (50%) of their height above existing grade or, if attached only to a roof, no closer to any adjoining lot line than fifty percent (50%) of their height above the roof portion where attached.

2. The following rooftop features may extend four feet (4') above the maximum height permitted in the zone with unlimited rooftop coverage: solar collectors, railings, planters, clerestones, greenhouses, dish antennae, play equipment, parapets and firewalls.

3. The following rooftop features may extend up to fifteen feet (15') above the maximum height so long as the combined coverage of all features in this subsection does not exceed twenty percent (20%) of the roof area, or twenty-five percent (25%) if the total includes stair or elevator penthouses or screened mechanical equipment:

MAJOR INSTITUTIONS

Exhibit 23.48.008 A  
Sloped Lot Height Exceptions



MAJOR INSTITUTIONS 23.48.010

- a. Stair and elevator penthouses;
- b. Chimneys;
- c. Mechanical equipment; and
- d. Play equipment and open-mesh fencing, so long as the fencing is at least five feet (5') from the roof edge.

4. Solar Retrofits. The Director may permit the retrofit of solar collectors which exceed permitted heights under subsections C2 and C3 of this section on conforming and nonconforming structures existing on the effective date of this Land Use Code as a special exception. Chapter 23.76, Master Use Permit. The following conditions shall be met:

- a. There is no feasible alternative solution to placing the collectors on the roof;
- b. The positioning of such collectors minimizes view blockage and shading of property to the north, while still providing adequate solar access for the collectors; and
- c. Such collectors meet minimum energy standards administered by the Director.

5. In order to protect solar access for property to the north, the applicant shall either locate the following rooftop features at least ten feet from the north edge of the roof, or provide shadow diagrams which indicate that the proposed location would shade property to the north on January 21st at twelve noon no more than would a structure built to maximum permitted height and bulk:

- a. Solar collectors;
- b. Planters;
- c. Clerestories;
- d. Greenhouses;
- e. Dish antennae;
- f. Play equipment;
- g. Nonfirewall parapets.

(Ord. 111100 § 4(part), 1983.)

**23.48.010 Required setbacks and landscaping for institutional structures.**

**A. General Provisions.**

1. Setbacks for structures shall be determined by facade width, height and proximity to other zones.

2. Setbacks shall be required for structures only when located on a boundary of an institutional zone, on a through street, or across a lot line from residential property which is not owned by the institution. Roadways which provide access only to the institution shall not be considered through streets.

3. The zone directly across the street, lot line or alley from a structure shall be used to determine the setback requirements for that frontage of the structure. Where there is more than one (1) zone directly across from the structure, the provisions for the zone with the greatest amount of frontage shall apply, except that when any portion of the facing zone is residential, other than Highrise, the minimum setback shall be ten feet (10') (Exhibit 23.48.010 A).

**B. Setback Requirements Across From Residential Zones.**

**1. Across a Street From Residential Zones.**

a. Structures across a street from residential zones shall be set back from the lot line according to facade height and the designation of the facing zone, as shown in Table 23.48.010 A. Setbacks may be averaged horizontally or vertically, according to the measurement technique set out in Section 23.86.012 A3 (Exhibits 23.48.010 B and C). Such averaging shall be permitted so long as no part of the structure is closer than ten feet (10') to the lot line, except across from Highrise Zones where portions of the structure shall be permitted to the lot line.

Table 23.48.010 A  
SETBACK REQUIREMENTS FOR  
MAJOR INSTITUTION STRUCTURES  
ACROSS A STREET FROM  
RESIDENTIAL ZONES

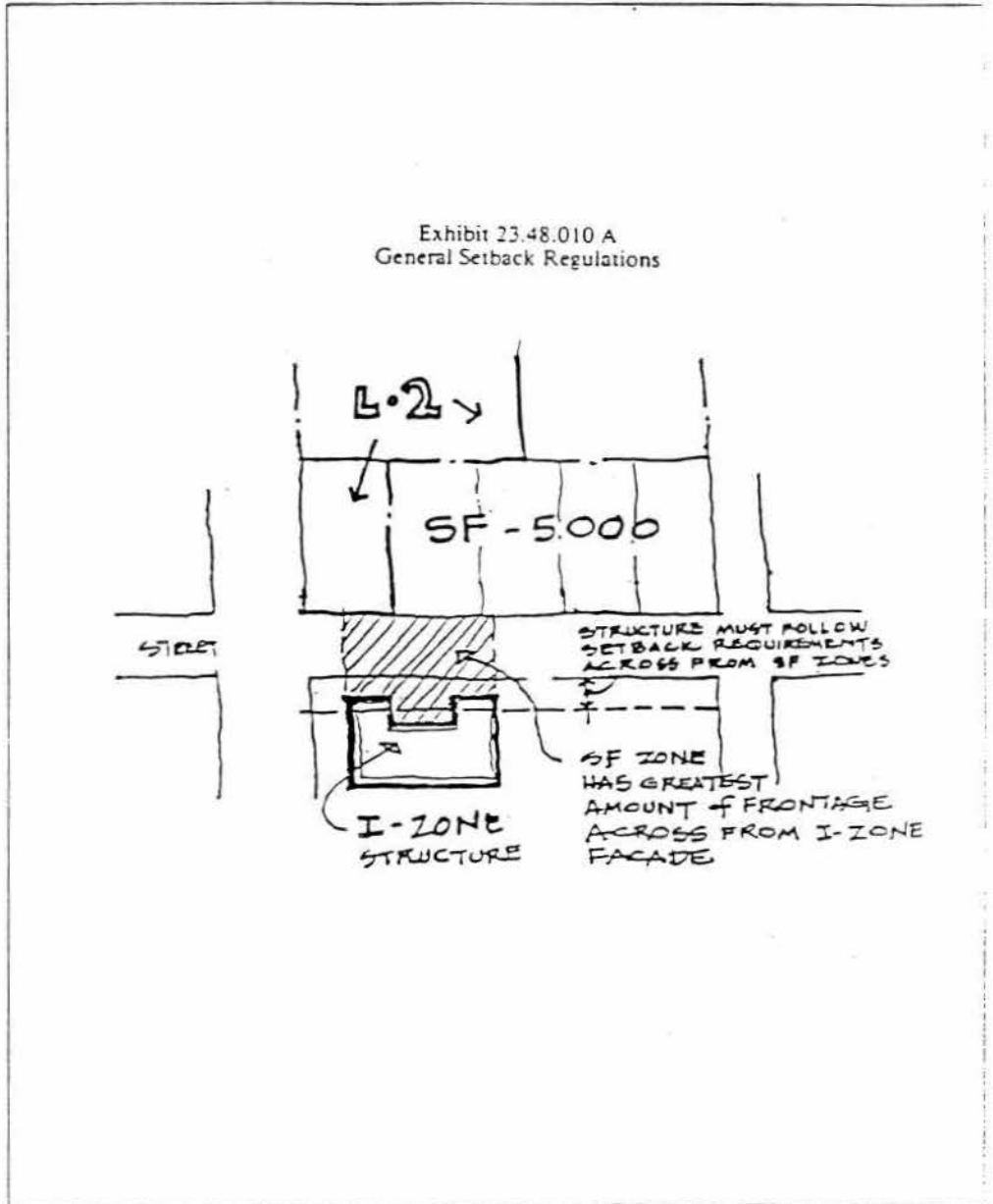
Height of Facade or Portion of Facade from Existing Grade (feet)	SF/L1	L2/L3	HR	HR
35	20	15	10	0
50	25	20	10	0
65	30	25	15	0
105	40	30	20	20
160	45	35	30	20
240	45	35	30	20

Between heights shown on chart, required setback shall be interpolated proportionally.

b. In applying subsection B1a, if a structure is designed so that the upper portions of a facade are set back and the full setback is not provided at ground level, street trees must be provided according to the provisions of subsection F. In such a case, if the facing zone is Single Family or Lowrise Multifamily, the ground level

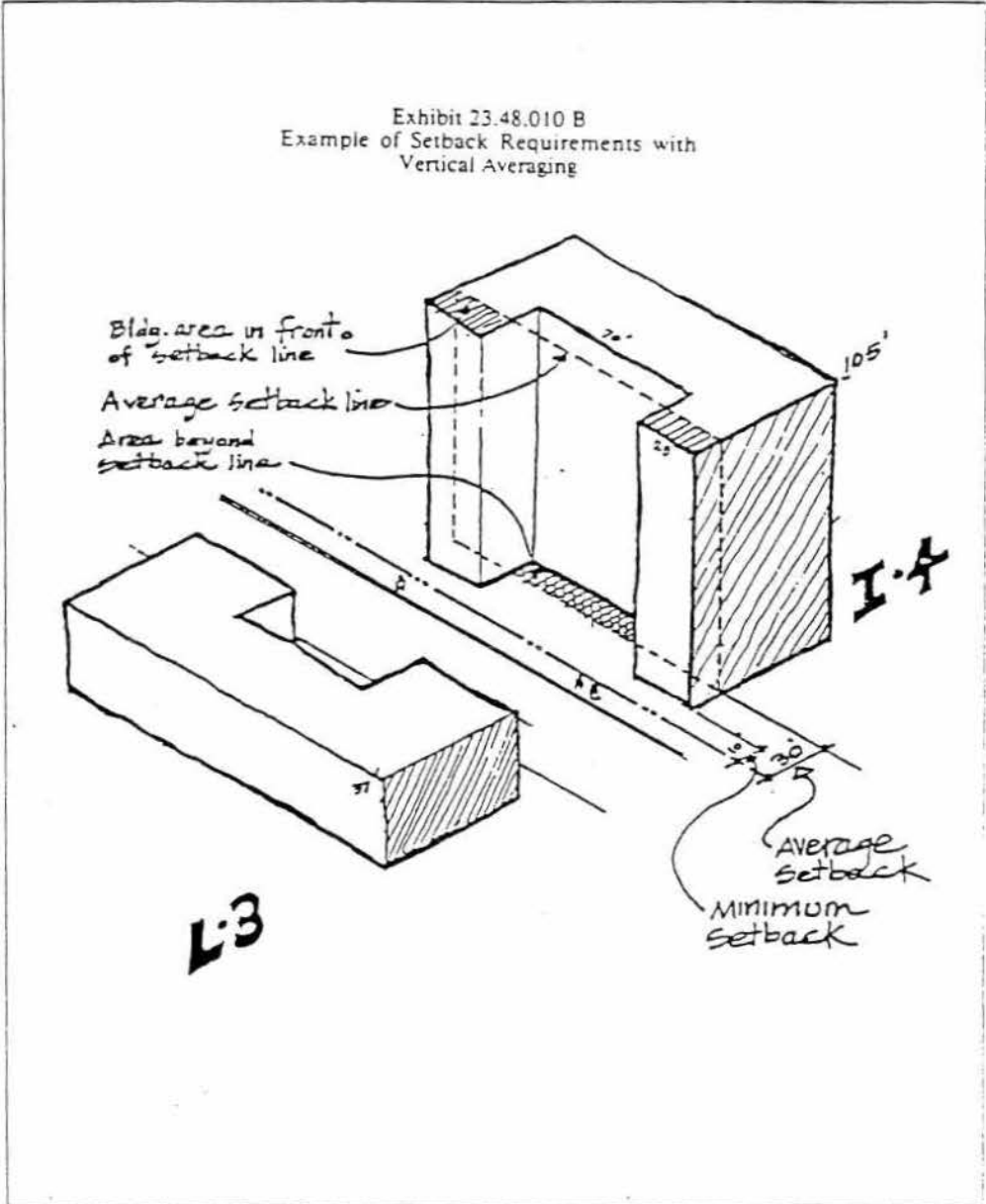
MAJOR INSTITUTIONS

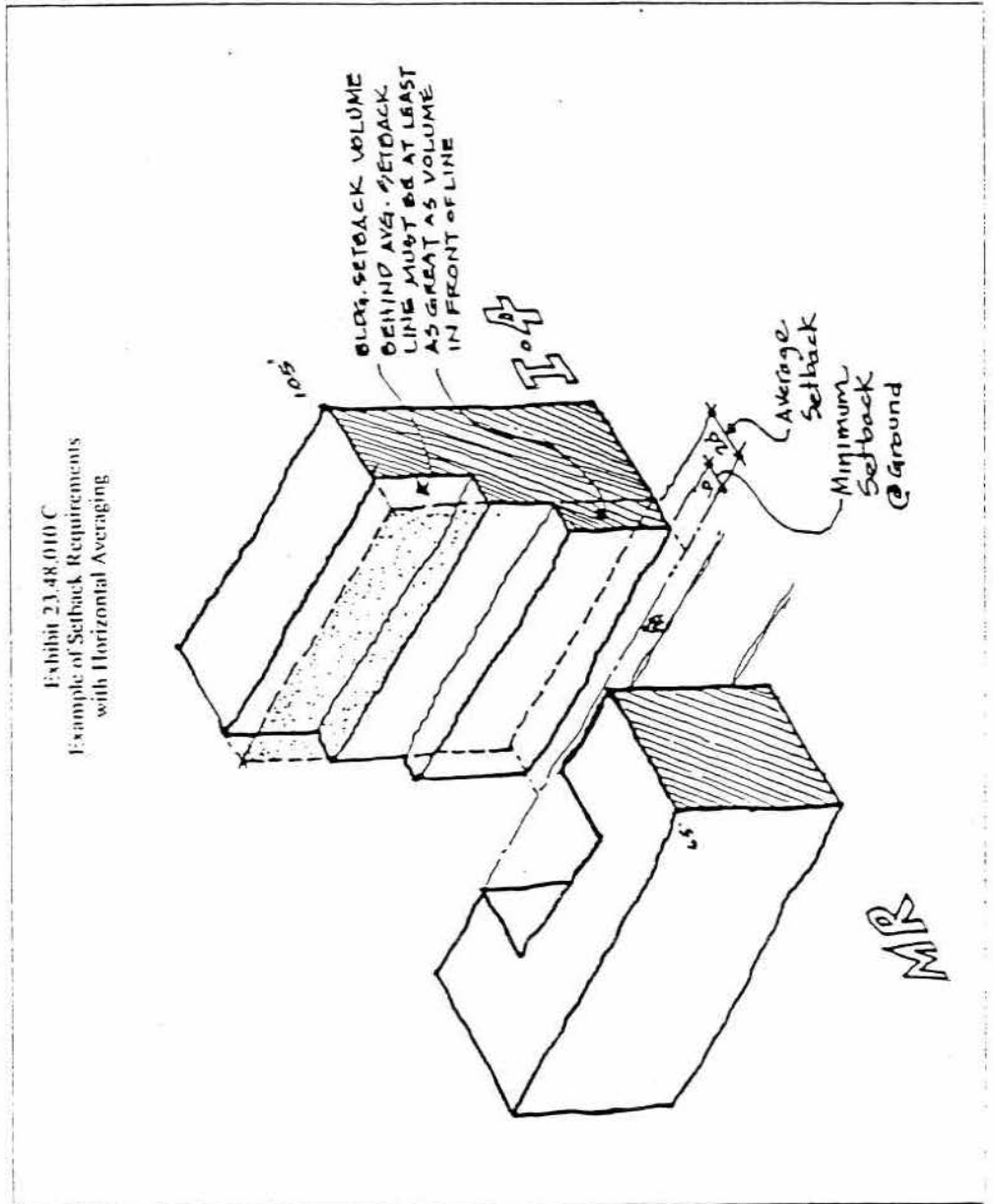
Exhibit 23.48.010 A  
General Setback Regulations





LAND USE CODE





23.48.010 LAND USE CODE

setback shall average a minimum of fifteen feet (15') (Exhibit 23.48.010 D).

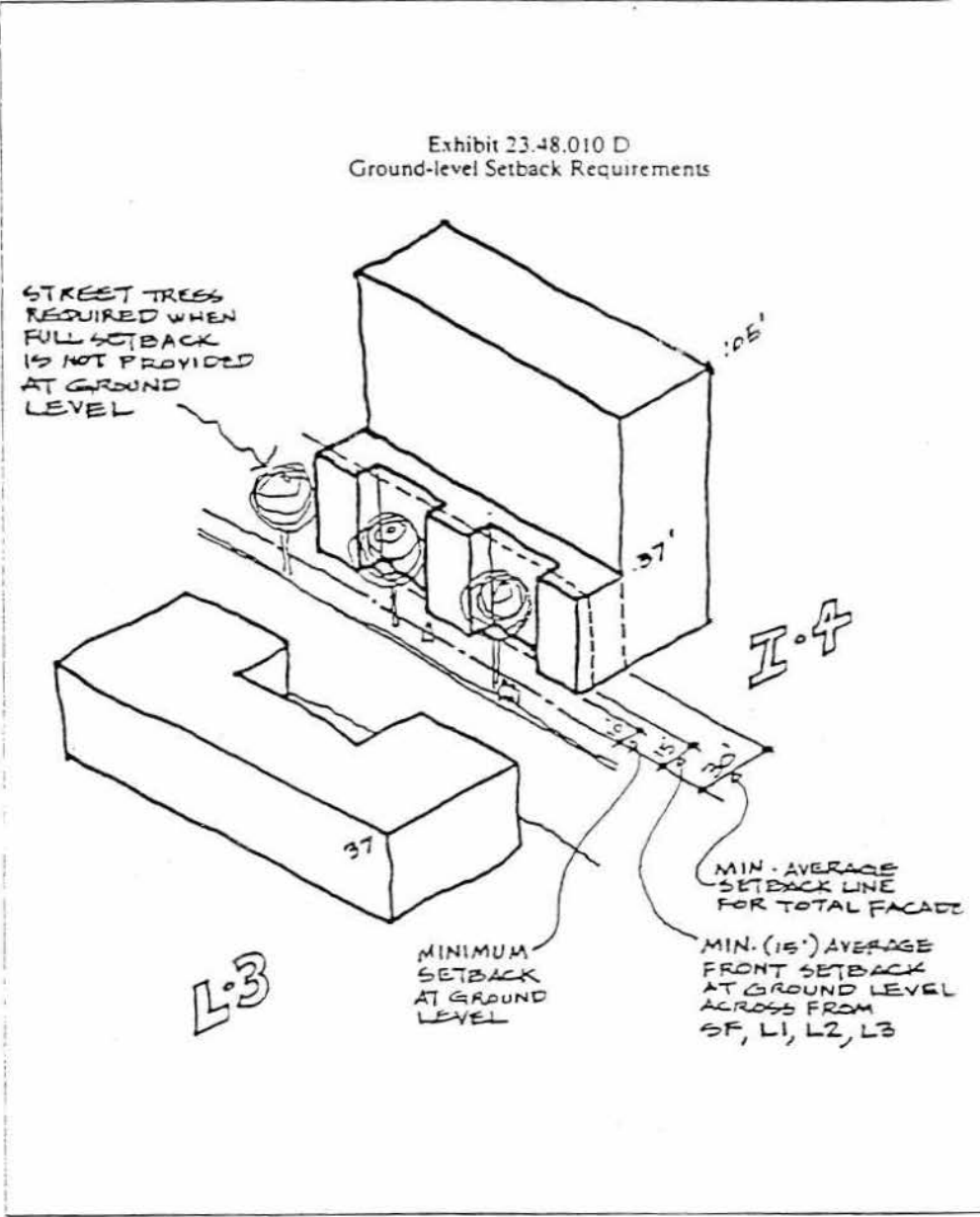
c. If the distance from the curb to the property line is more than sixteen feet (16'), the distance in excess of sixteen feet (16') may be used as part of the required setback, to a maximum of five feet (5'). In such case, the planting strip shall be landscaped according to the provisions of subsection F, and the sidewalk shall be limited to eight feet (8') in width (Exhibit 23.48.010 E).

d. When a structure is located across a street from a Single Family Zone in which less than fifty percent (50%) of the structures on a block facing the institutional zone are single-family dwelling units, the setback requirements for structures across from Lowrise 2/ Lowrise 3 Zones shall apply across from that block.

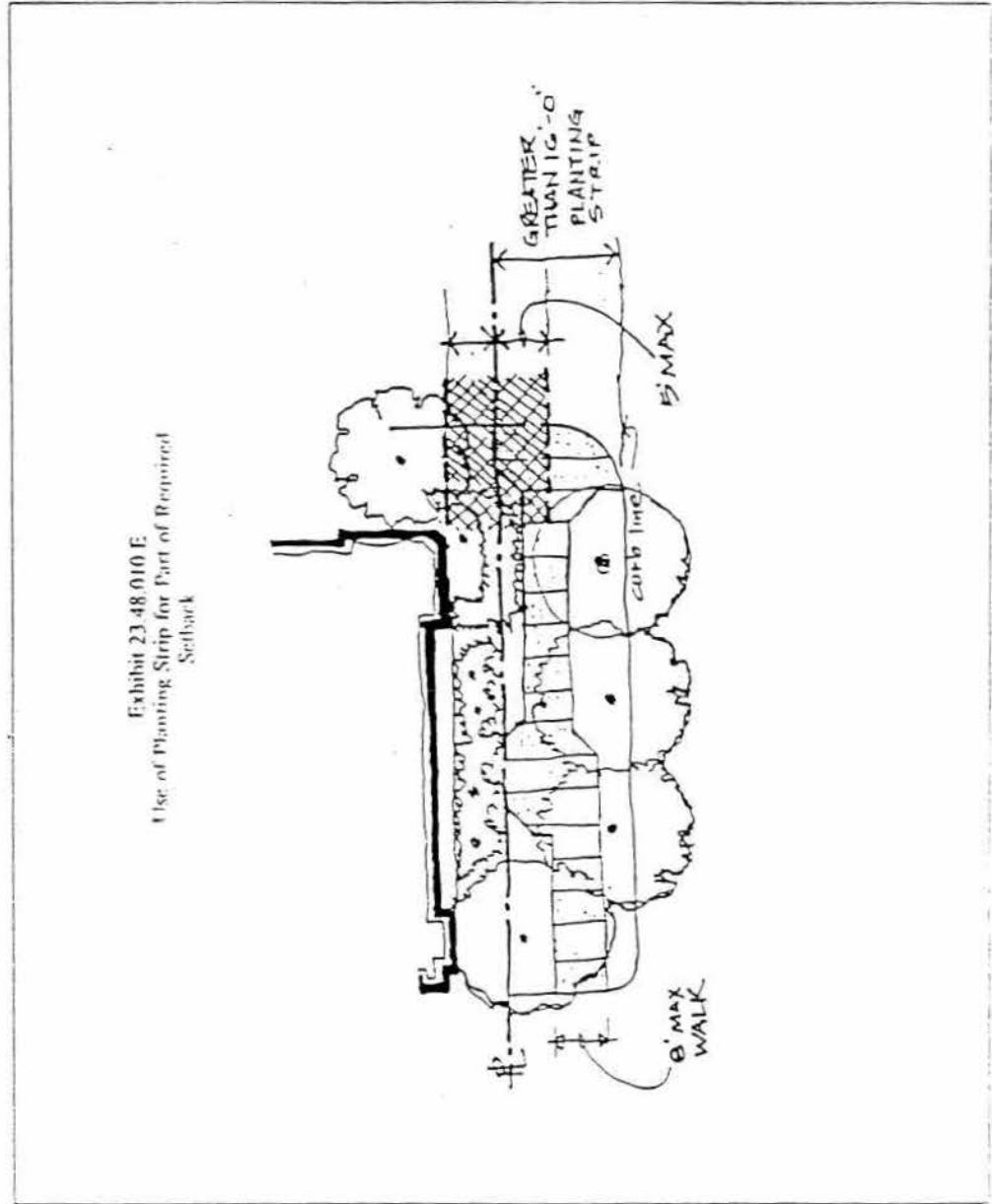
e. For purposes of this subsection B1, property within an institutional boundary shall be governed by its institutional designation, whether or not devoted to an institutional use.

2. Across a Lot Line or Alley From Residential Zones.

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a. Structures across a lot line or an alley from a residentially zoned lot shall be set back from the lot line a minimum of ten feet (10'), except when the residentially zoned lot is owned by the institution, or the residential zone is Highrise. In such a case, where the difference between the permitted height in the institutional zone and the adjacent residential zone is greater than ten feet (10'), then the height of the facade at the setback line shall be no greater than the maximum height permitted in the adjacent residential zone. Structures and portions of structures exceeding the maximum height permitted in the adjacent residential zone shall be set back a minimum of thirty feet (30') from the lot line (Exhibit 23.48.010 F).

b. Structures across a lot line or alley from a lot in a Highrise Zone which is not owned by the institution shall be set back ten feet (10') for those parts of the structure sixty feet (60') or less in height, and twenty feet (20') for those parts of the structure which exceed sixty feet (60') in height.

C. Requirements Across From Institution Zones.

1. Structures on a through street shall provide a minimum setback of ten feet (10') when the noninstitutional zone across the street is Single Family, Lowrise or Midrise.

2. Structures across an alley or lot line from any institutionally zoned property shall have no required setback.

D. Requirements Across From Open Space, Commercial, Manufacturing and Industrial Zones.

1. Structures across a street, lot line or alley from an open space zone shall provide a minimum setback of ten feet (10').

2. Structures across a street, lot line or alley from a commercial, manufacturing or industrial zone shall have no required setback; provided, that those portions of the facade of the structure which exceed the maximum height limit of any pedestrian-oriented commercial zone across a street or side lot line shall be set back an average of twenty feet (20') from the street.

E. Setbacks for Specific Items.

1. The following equipment or facilities shall be located a minimum of twenty-five feet (25') from the lot line when across a lot line, alley or street from a residential zone:

a. Outdoor loading or unloading berths for service vehicles unless located wholly within an enclosed structure;

b. Outdoor garbage and trash disposal mechanisms;

c. Unscreened ventilation, air-conditioning and/or heating systems areas; and

d. Similar items creating noise, fumes and/or odors.

2. The following equipment or facilities shall be located a minimum of twenty-five feet (25') from the lot line when across a lot line or alley from a residential zone:

a. Ventilation, air-conditioning or heating systems areas, when screened from view;

b. Play equipment and game courts;

c. Emergency entrances and exits;

and

d. Similar items causing noise, fumes or odors.

F. Landscaping Requirements.

1. Setbacks between an institutional structure and a street lot line, or between an institutional structure and the side lot line of a residentially zoned lot, shall be landscaped according to the following minimum standards:

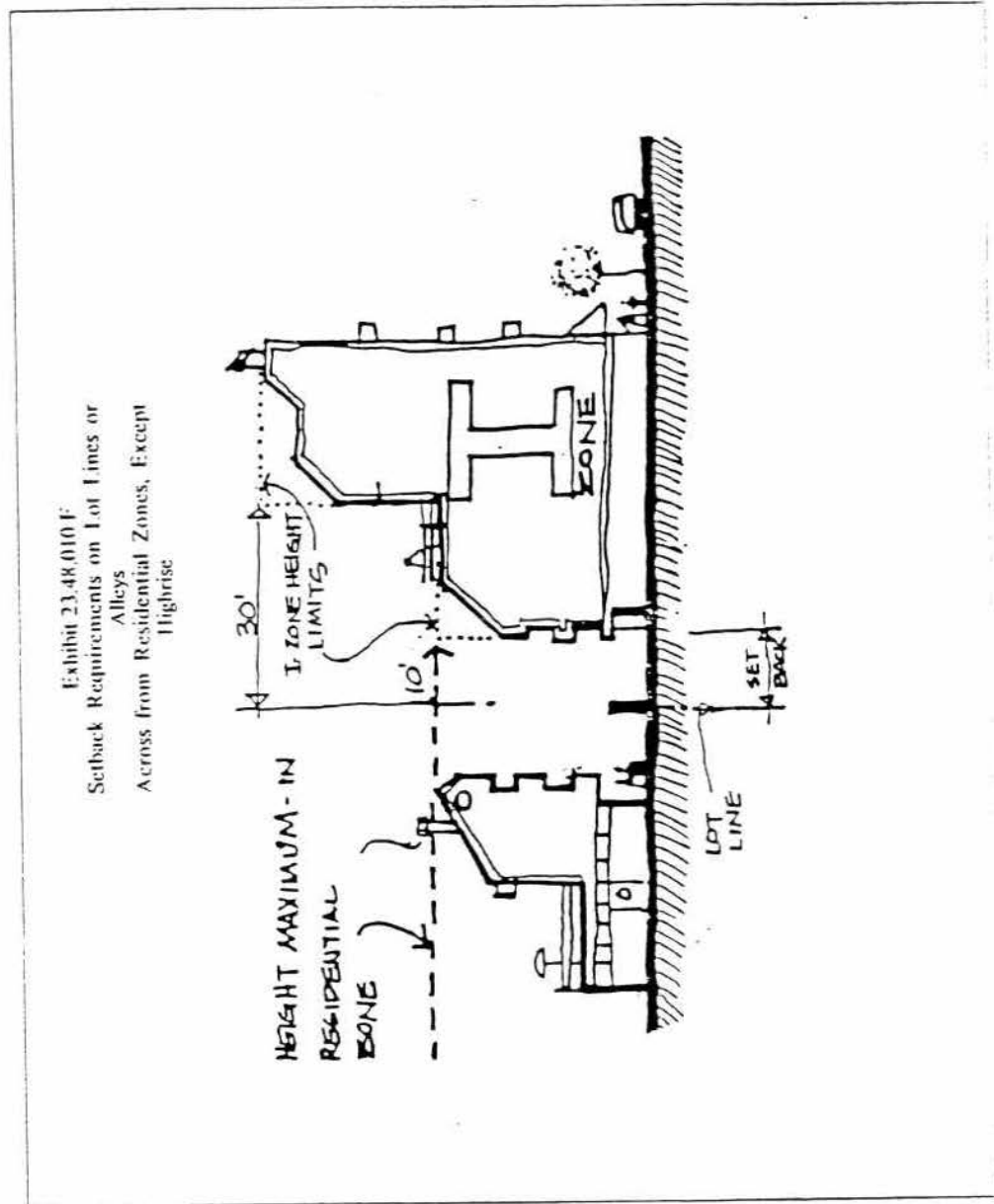
a. One (1) tree and three (3) shrubs are required for each five hundred (500) square feet of setback.

b. Trees and shrubs which already exist in the required planting area or have their trunk or center within ten feet (10') of the area may be substituted for required plantings on a one-tree-to-one-tree or one-shrub-to-one-shrub basis. In order to give credit for large existing trees, a tree may count as one (1) required tree for every three hundred (300) square feet of its canopy spread.

c. The planting of street trees may be substituted for trees in setbacks on a one-to-one (1:1) basis. All street trees shall be planted according to City standards.

d. Each setback required to be landscaped shall be planted with shrubs, grass, and/or evergreen ground cover in a manner that the total required setback, excluding driveways, will be covered in three (3) years. Landscape features such as walkways, decorative paving, sculptures or fountains are permitted to a maximum of thirty percent (30%) of each required landscaped area.

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e. When no setback from the street is required, or when the required setback is not all provided at ground level, according to the provisions of Section 23.48.010 B1, the planting of street trees shall be required according to City standards.

f. A plan shall be filed showing the layout of the required landscaping.

g. The property owner shall maintain all landscaped material and replace any dead or dying plants.  
(Ord. 111100 § 4(part), 1983.)

23.48.012 Light and glare.

A. Exterior lighting from major institutions shall be shielded or directed away from structures in adjacent or abutting residential zoned areas.

B. Exterior lighting on poles shall be permitted up to a maximum height of forty feet (40') from finished grade.

C. Glare diagrams which clearly identify potential adverse glare impacts on residential zones and on arterials shall be required when:

1. A structure is proposed which will have facades of reflective coated glass or other highly reflective material, and/or which will have more than thirty percent (30%) of the facades comprised of clear or tinted glass; and

2. The facade(s) surfaced or comprised of such materials either:

a. Face and are less than two hundred feet (200') from any residential zone, and/or

b. Face and are less than four hundred feet (400') from a major arterial with more than fifteen thousand (15,000) vehicle trips per day, according to Engineering Department data.

In such cases, the Director may require modification of the plans to mitigate adverse impacts, using methods including but not limited to:

(1) Minimizing the percentage of exterior facade that is composed of glass

(2) Using exterior glass of low reflectance

(3) Tilting glass areas to prevent glare which could affect arterials, pedestrians or surrounding structures

(4) Alternating glass and non-glass materials on the exterior facade and

(5) Changing the orientation of the structure.

(Ord. 111100 § 4(part), 1983.)

23.48.014 Noise.

A. Major institution facilities shall be designed to meet the provisions of Chapter 25.08 of the Seattle Municipal Code, Noise Control Ordinance.

B. Emergency entrances or the access to emergency entrances for vehicles which emit noise specifically exempted by Chapter 25.08 shall be located only on an arterial street as designated by the Seattle Municipal Code, Chapter 11.18, Traffic Code.

(Ord. 111100 § 4(part), 1983.)



23.81.040 Contents of the Master Plan.

A. The Master Plan is a conceptual plan which shall describe existing and future physical developments of a Major Institution for the entire area included within the boundaries of the major institution, as depicted on the Official Land Use Maps, Chapter 23.32, rather than for the limited area to be changed, and for any area into which the institution proposes to expand. The Master Plan shall describe proposed physical developments for a five (5) to ten (10) year period. The Master Plan shall include each of the following elements:

1. Boundaries of the major institution as marked on the Official Land Use Maps, Chapter 23.32, and any proposed changes;
2. Proposed noninstitutional zone designation(s) for all areas within the boundaries;
3. A site plan which shall provide:
  - a. The height and location of existing development;
  - b. The specific location of existing and the general location of proposed open space, landscaping, and screening, and
  - c. The general form and location of any anticipated development and proposed alternatives;
4. The institutional zone(s) and development standards to be used by the major institution. If no specific standards are discussed, the development standards, the institutional zone designation, and the noninstitutional zone designation shall remain the same as those provided in Chapter 23.48 and Sections 23.30.010, 23.34.058 through 23.34.068, 23.54.030 and 23.86.012, relating to major institutions. The institutional zone and standards shall be identified on a map included in the Master Plan.
  - a. The Master Plan should describe any proposed special standards tailored to the specific institution and the height allowed by any existing institutional zone designation.
  - b. When the Master Plan proposes a modification of the development standards provided at Sections 23.48.006 through 23.48.016, 23.54.010 and 23.54.020, the following additional information shall be included in the Master Plan:
    - (1) A list of the specific modification(s) which would replace the development standards provided at Sections 23.48.006

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through 23.48.016, 23.54.010 and 23.54.020, and

(2) The reasons for the proposed modification(s);

5. A general description of parking facilities and bicycle, pedestrian and traffic circulation systems within the institutional boundaries; the relationship of the facilities and systems to the external street system; and the institution's impacts on traffic and parking in the adjacent areas;

6. A transportation plan which shall include specific institutional programs to reduce traffic impacts and to encourage the use of public transit, carpools, vanpools and other alternatives to single-occupancy vehicles. Any specific agreements with the City for the provision of alternative modes of transportation shall also be included;

7. A general description of future energy and utility needs, potential energy system and capacity improvements, and proposed means of increasing energy efficiency;

8. A description of alternative proposals for physical development including a detailed explanation of the reasons for considering each alternative;

9. Proposed development phases and plans, including development priorities, the probable sequence for proposed developments, estimated dates of construction and occupancy, and anticipated interim uses of property awaiting development;

10. A description of any planned or anticipated proposed street or alley vacation or the abandonment of existing rights-of-way;

11. An analysis of the proposed Master Plan and its consistency with the intent of the Major Institution Policy and other Land Use Policies.<sup>1</sup>

B. Environmental information and the Master Plan should be integrated into one (1) document.

C. Where two (2) or more major institutions are located in close proximity to one another so that their existing and proposed developments affect each other and the surrounding neighborhoods, their combined land use, traffic and parking impacts on the surrounding area shall be included as an additional element in the Master Plan for each institution.

(Ord. 111101 § 11(part), 1983.)

1. Editor's Note: This subsection was editorially renumbered to "11" from "12" for consistency.

23.81.050 The Master Plan process.

A. Procedures for Master Plan Approval. The procedures for Master Plan review and approval shall be as provided in Chapter 23.76, Procedures for Master Use Permits and Council Land Use Decisions, and as provided in this section.

B. New Master Plan.

1. Formation of Citizens Advisory Committee.

a. The institution proposing a Master Plan shall submit to the Department of Community Development a list of appropriate groups from which representatives may be selected for appointment to an Advisory Committee. The groups may include area community groups, residents, property owners, and business persons; consumer groups using the services of the institution; nonmanagement employees of the institution; and any other persons or organizations directly affected by the actions of the institution. Neither the applicant institution nor the City shall have a representative on the committee.

b. The Director of the Department of Community Development shall review the list of groups and recommend to the Council those groups appropriate to achieve a balanced, independent, and representative committee. The Director of the Department of Community Development shall also recommend the number of representatives to serve from each group, and the total number of members of the Advisory Committee, which may vary in size from seven (7) to eleven (11) members.

Each recommended group shall select (a) representative(s) and (an) alternat(e)s for service on the Advisory Committee. If no organized group(s) exist(s), the Community Development Director shall select representatives. Alternates shall replace representatives only when the latter are unable to serve.

After the representatives have been selected by the group, the Community Development Director shall review the membership. If he/she finds that more than one-third (1/3) of the members has a direct economic relationship with the institution, including employment by the institution or a significant business contact with the institution, he/she shall seek alternative representatives from the affected

group, notify the Council of the economic relationship, and recommend changes.

c. The recommendation of the Community Development Director shall be submitted to the Council. After the recommendation has been submitted, the institution may convene the Advisory Committee. The Council may confirm the recommendation, may make changes in the size and composition of the Advisory Committee, or may remand the matter to the Community Development Director for further action. The Council shall establish the final composition of the Committee through a memorandum of agreement with the institution. Individual representatives may be substituted by the represented group without Council confirmation so long as the Council-approved size and composition remain the same.

d. The City-University Community Advisory Committee (CUCAC) shall serve as the Advisory Committee for the University of Washington.

2. Advisory Committee Rules. The Community Development Director shall promulgate general rules to govern the proceedings of all advisory committees and shall provide orientation for advisory committees.

3. Notice of Application. Notice of application for approval of a Master Plan shall be provided as required by Chapter 23.76. Procedures for Master Use Permits and Council Land Use Decisions.

4. Development of Master Plan.

a. The Advisory Committee shall hold meetings open to the public to discuss the Master Plan. The institution shall provide adequate and timely information to the Advisory Committee for its consideration of the content and level of detail of each of the specific elements of the Master Plan and the scope and content of the environmental analysis. The Advisory Committee shall participate directly in the formulation of the Master Plan from the time of its preliminary concept so that the concerns of the community and the institution are included. The Advisory Committee comments shall be limited to a consideration of the physical development and environmental impacts of the institution based upon the objectives listed in the Major Institutions Policy and the Chapter 25.05, SEPA Policies and Procedures.

b. After a draft Master Plan has been prepared, a written copy of the draft Master Plan and any environmental checklist shall be submitted to the Advisory Committee and the Director. The threshold determination of need for the preparation of an environmental impact statement shall be made as required by Chapter 25.05, SEPA Policies and Procedures.

c. If an environmental impact statement is required it shall be prepared in accordance with the requirements of Chapter 25.05. When an institution is the lead agency, it should initiate a predraft consultation with the Director. A joint public hearing on any draft environmental impact statement should be held before the Advisory Committee and the lead agency.

d. The institution may revise the draft Master Plan and the lead agency may revise the environmental documentation following the public meetings and the hearing(s). The institution shall then submit a proposed final Master Plan and the required environmental documentation to the Director.

5. Advisory Committee Report. The Advisory Committee shall submit to the Director a written report of its findings and recommendations on the proposed final Master Plan. The Advisory Committee report shall include the public comments it received and analyzed as part of its formal comment and the Committee recommendations.

C. Previously Prepared Master Plans.

1. Long-range development plans which have been prepared by an institution prior to the adoption of the ordinance (June 1, 1983) codified, in part, in this chapter may be submitted for Council approval as a Master Plan in the following manner:

a. The plans shall be submitted to the Director who shall determine whether the requirements for the contents of a Master Plan, as provided in Section 23.81.040, have been substantially satisfied, and whether the level of community involvement in the plan has satisfied the intent of Major Institutions Policy Guideline 5b.

(1) If the level of community involvement is determined to have been inadequate, the institution shall establish an Advisory Committee in accordance with subsection B1 above and shall develop a new Master Plan and prepare a report in the manner prescribed by subsections B4 and 5 above.

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(2) If the requirements for the contents of a Master Plan have not been substantially satisfied, the Director may require the preparation of a new Master Plan or a supplement to the previously prepared long-range development plans in order to satisfy the requirements of Section 23.80.040 above. The Director shall determine whether a required supplement must be reviewed by an Advisory Committee.

(3) The Director's determination shall be final, and it shall not be subject to a request for an interpretation or to appeal.

b. If the Director determines that the proposed Master Plan satisfies the requirements of Section 23.81.040 and has been developed through a community planning process which satisfies the objectives of the Major Institutions Policy and the Land Use Policies, the Director shall submit to the Council a recommendation in support of the determination. If the Council determines that the level of community involvement met the intent of the Major Institutions Policy, no Advisory Committee will be appointed.

2. If no Advisory Committee, new Master Plan, nor supplement to previously prepared long-range development plans is required, City review of previously prepared plans shall be conducted in the manner prescribed by subsections D through H of this section.

D. Review by the Director. The Director shall review the proposed final Master Plan, the comments of all City agencies and other governmental agencies, and the written report and record of the Advisory Committee, and the environmental documentation. If the Director determines that an element of the Master Plan or an environmental issue has not been adequately described, the Director shall request the institution to prepare additional information and, if necessary, to reconvene the Advisory Committee.

E. Report of Director.

1. The Director shall prepare a written report on an application for a Master Plan as provided in Chapter 23.76, Procedures for Master Use Permits and Council Land Use Decisions.

2. The Director shall transmit to the Hearing Examiner the report and record of meetings and hearings of the Advisory Committee along with the Director's report and the proposed master plan.

3. If the Director's findings and/or recommendations differ from those of the Advisory Committee, the Director's report shall state the reasons for the difference.

F. Hearing Examiner Consideration of Master Plan.

1. The Hearing Examiner shall review the Director's report and recommendation as provided in Chapter 23.76, Procedures for Master Use Permits and Council Land Use Decisions.

2. If the Hearing Examiner considers the proposed Master Plan and all proposals for changes, alternatives, mitigating measures and conditions, and determines that a significant Master Plan element or environmental issue was not adequately addressed by the proposed Master Plan, the Hearing Examiner may request the institution to prepare new proposals on the issues identified and may request the Advisory Committee to reconvene for the limited purpose of commenting on the new proposals. The new proposals shall also be submitted to the Director for comment. After the new proposals and comments have been received, the Hearing Examiner may:

a. Remand the new proposals and Advisory Committee comments and recommendation to the Director for further consideration and report; or

b. Open the record for a hearing on the new proposals, the Advisory Committee comments and recommendation, and any comments pertaining to the limited issues which were presented by other parties of record. The Hearing Examiner shall conduct the hearing and issue a recommendation to the Council in the manner prescribed by this section.

G. Council Consideration of the Hearing Examiner's Recommendation.

1. The Council shall review and consider the Hearing Examiner's recommendation as provided in Chapter 23.76, Procedures for Master Use Permits and Council Land Use Decisions.

2. If the Council examines the proposed Master Plan and all proposals for changes, alternatives, mitigating measures and conditions, and determines that a significant Master Plan element or environmental issue was not adequately addressed by the proposed Master Plan, the

Master Plan  
Exhibit B

MAJOR INSTITUTION MASTER PLAN 23.81.070

Council may request the institution to prepare new proposals on the issue identified, and may request the Advisory Committee to convene for the limited purpose of commenting on the new proposals. The new proposals shall also be submitted to the Director for comment. After the new proposals and comments have been received, the Council may:

a. Remand the new proposals and Advisory Committee comments and recommendation to the Director for further consideration and report; or

b. Direct the Hearing Examiner to conduct another hearing and to reconsider the recommendation based on the new proposals, the Advisory Committee comments and recommendation, and any comments pertaining to the limited issue which were presented by other parties of record; or

c. Open the record for a hearing on the new proposals, the Advisory Committee comments and recommendation, and any comments pertaining to the limited issues which were presented by other parties of record.

3. Consideration of a Master Plan for the University of Washington will be made in concert with the Board of Regents in accordance with the following procedure:

a. The Council shall hold a public hearing to receive comments from representatives of the University of Washington, the City-University Community Advisory Committee, and all other persons who petitioned for further consideration (parties of record) in the manner prescribed by Chapter 23.76, Procedures for Master Use Permits and Council Land Use decisions.

b. The Council shall consider the record before the Hearing Examiner and the comments received at its public hearing and shall prepare a preliminary decision which shall be mailed to the parties of record. By five p.m. of the thirtieth calendar day following the date of mailing of the preliminary decision, the parties of record shall file any response to the Council recommendation by providing written comments which should include specific objections to the recommendation, the basis for the objections, and reasonable alternatives to the recommendation. The Council shall mail any written comments of parties of record to all other parties of record, who shall file any response in writing by

five p.m. on the fourteenth calendar day following the date of mailing of the written comments. When the last day of the response period so computed is a Saturday, Sunday or federal or City holiday, the request period shall run until five p.m. on the next business day.

H. Council Decision. Approval of a Master Plan shall be by ordinance. A Master Plan shall not become final until the ordinance approving it becomes law pursuant to the City Charter and the Council adopted plan has been adopted by the institution. Within three (3) days of its decision to adopt the plan, the institution shall provide written notification of the decision to the City Clerk, who shall send a copy of the decision to the Director, the Hearing Examiner, and all parties of record.

(Ord. 112522 § 14, 1985; Ord. 111101 § 1(part), 1983.)

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**SECTION II. ORDINANCE 115914 with EXHIBIT "A",  
CITY COUNCIL'S FINDINGS, CONCLUSIONS  
AND DECISION, NOVEMBER 12, 1991**