

FINDINGS AND RECOMMENDATION

OF THE HEARING EXAMINER FOR THE CITY OF SEATTLE

In the Matter of the Application of

HARBORVIEW MEDICAL CENTER

FILE NO. 8401432

CF NO.

for approval of its master plan

Introduction

Harborview Medical Center requests approval of its major institution master plan, "Harborview Medical Center 1986-1987." A public hearing was held August 7, 1987, by the Office of Hearing Examiner. Harborview Medical Center was represented at hearing by David Gitch, administrator. The Director, Department of Construction and Land Use, was represented by Malli Anderson, land use specialist.

After considering the evidence presented at the hearing, the file and the recommendation of the Director, Department of Construction and Land Use, the following findings of fact, conclusions and recommendation to the City Council are entered.

Findings of Fact

1. Harborview Medical Center ("Harborview") proposes a major institution master plan which represents a ten year development program. The plan includes Harborview's objectives and a description of development projects, divided into five phases, to meet those objectives. The projects include construction and renovation in the "core area" and extension of the major institutions boundary to the north and east for a "medical-related" area. For a graphic depiction of the master plan concept see Figure 1, p. MP-15.

2. Harborview has engaged in various planning efforts over the last 15 years. A master site plan focused on current services and projected changes. A strategic plan addresses the goal of expanding the range of health care services provided. The added space and new facilities needed to implement these plans were expected to trigger the major institution master plan requirement so that process was begun.

3. A Community Advisory Committee ("CAC") was formed. The CAC held 21 committee meetings open to the public and two meetings for the public to discuss the master plan. It then issued a report to the Director, Department of Construction and Land Use. Representatives were enthusiastic in their praise of Harborview for its cooperation with the CAC and willingness to incorporate CAC suggestions in its plan.

4. King County was lead agency for preparation of the environmental impact statement (EIS) for this proposal, however supplemental EIS's will be prepared when specific projects in the medical-related zone are to be implemented. The EIS was found by the Department of Construction and Land Use to be adequate for the core area proposal.

5. The existing major institutions boundary for Harborview is, generally, Alder on the south, Jefferson Street on the north, Boren Avenue on the east, and the I-5 freeway on the west. Approximately 10.92 acres lie within the existing boundary.

6. Harborview has four separate buildings for patient care. The original building, now the Center Wing, was constructed in 1930. The South Wing was built in 1952, the North Wing in two parts in 1973-74 and 1979-80, and the Community Mental Health Center in 1974.

Education and research is housed in Harborview Hall, a residence hall from the 1930's. This incremental development has resulted in the scattering of trauma activities, patient services and education and research among floors and buildings. There are, for example, five main entrances to the hospital. The facilities are deficient in terms of the quality of the systems (e.g. ventilation) and space, the quantity of space and the location of various functions as they relate to other functions.

7. The proposed master plan includes a map showing the existing boundaries and proposed boundaries. The site of Hilltop House would be eliminated from the boundary and added would be the remainder of the block bounded by Alder and Jefferson Streets and 9th and Terry Avenues, the full block between James and Jefferson Streets and 9th and Terry Avenues, the southeast corner of the block bounded by Jefferson and James Streets, 9th and 7th Avenues and the lot at the south end of the half block bounded by Terrace and Jefferson Streets and Terry Avenue and an alley. The net addition would be 2.41 acres to a total of 13.33. About 75 percent of the area proposed to be added is under King County ownership.

8. The Hilltop House property would be excluded to remove any pressure for institutional development placed on it by the dual zoning.

9. The master plan proposes no changes to the underlying zone classifications.

10. The proposed master plan provides graphics showing: existing development and its use, number of floors, height, size of building footprints and gross area (Fig. 4 and Table 2); existing open space and landscaping (Fig. 5). A map (Fig. 6) shows the core area where development is proposed and the "medical-related zone" which is intended for future development of related uses.

11. If fully implemented, the master plan for the core area would upgrade the Center, North and South Wings, locate inpatient services on the north side of the complex and outpatient areas on the south with staff facilities and services connecting including physicians' offices, radiology, laboratories, expanded trauma center, administration, public areas, etc; provide beds to replace those now in the Center Wing in a raised structural connection between the North Wing and CMHC; place outpatient services in the renovated South Wing extending across 9th Avenue to new structures on the east side; shift the main entrance to 8th Avenue with emergency vehicles entering at the basement level and the main entry at the ground floor level with easy access to the garage; locate research in a new building on the site of the existing warehouse along with materials management all connected underground with the main hospital; and create expanded parking at the View Park Garage and new parking in the Boren Street Garage.

12. New parking is proposed to be developed through construction of the Boren Street Garage in Phase I and expansion to the south of the View Park Garage in Phase II. Those projects will add 605 spaces but 132 surface spaces will be lost for a net addition of 473 spaces.

13. The master plan proposes five phases of development of the core area. Phase I is 1986-87 and includes the South Wing renovation which would be ongoing through 1994, Harborview Hall improvements and construction of the Boren Street Garage. Phase II from 1988-90 includes demolishing the warehouse, construction of the Materials Management and Conference Center and Teaching and Research Tower in its place, construction of the Diagnostic and Treatment and Emergency Room on the west side of the main buildings, South, Central and North Wings and the expansion of the View Park Garage to the south.

Phase III, 1991-92, is the addition, Replacement Beds, which would connect the North Wing and CMHC. Phase IV, 1992-94, is the renovation of the Center Wing. Phase V, 1992-96, is the demolition of Harborview Hall, the additional nursing unit in the Phase III addition between the North Wing and CMHC and the Clinic Expansion, the connection between the South Wing and the Research Tower. Total new building area is 555,685 gross sq. ft. and parking, 209,770 sq. ft. The master plan contains a series of figures, 19-23, which clearly depict the sequence of development.

14. The master plan does not describe specific development in the proposed medical-related zone so provides no indication of phasing of any development.

15. Harborview would lease up to 50,000 sq. ft. of space within one mile of the core area through Phase III (1992) to allow continued operation during that construction and renovation activity.

16. No institutional zoning classification changes are proposed by the master plan within the existing boundaries. For the "medical-related zone", the plan proposes that property north of Jefferson Street be Institution 5; the property to be included south of Jefferson Street and west of Terry Avenue be classified Institution 4; and that to be added east of Terry be Institution 3. At hearing in response to the recommendation of the Director, Department of Construction and Land Use, Harborview requested that the property at the northwest corner of the intersection of 9th Avenue and Jefferson be classified Institution 1.

17. The existing open space is primarily in View Park on the roof of the View Park Garage. The plan proposes new open space in the middle of the campus and adjacent to View Park on the new garage addition.

18. Landscaping currently consists of street trees or shrubs along a few of the streets and near the garage. Landscaping proposed would be much more extensive, separating pedestrian and vehicular ways.

19. The addition of institution zoning would result in the following height relationships: in the Highrise zone north of Jefferson the maximum height is 160 ft. and would remain 160 ft. with I-5 zoning; the Midrise zoned property south of Jefferson and north of Terry has an underlying maximum of 60 ft. and the I-4 maximum would be 105 ft.; the midrise zone east of Terry also has a 60 ft. limit and the proposed I-3 classification has a 65 ft. height limit. The I-1 classification carries a 37 ft. height limit where the underlying zoning for that site allows 160 ft.

20. The heights of the new structures and additions would be 102 ft. above grade for the research tower, 86 ft. for the replacement bed addition over 9th Avenue, 74 ft. for the CMHC expansion, 54 ft., 45 ft. and 33 ft. for the North, Central and South Wing additions, 33 ft. for the View Park Garage expansion and 28 ft. for the Boren Street Garage. The existing central building reaches a height of 176 ft., goes down to around 130 ft. toward the ends and down to 112 ft. at the North Wing.

21. Four setback modifications are proposed. A setback of 10 ft. on all sides of the Boren Street Garage is required by the code. The master plan shows 5 ft. on the south side and no setback on the west, alley, side. The modified setback would allow a larger building foot print for the garage so the height with its shadow and view blockage impacts on Hilltop House, can be minimized. If Alder street is not vacated, a setback of 10-30 ft. would be required for buildings over 50 ft. in height across the street from L-3 zoned property. The master plan proposes that if the street is not vacated, the setback be that of the existing building, approximately 5 ft.

The reason for the modification is the difficulty that would arise from having a different setback for the addition to the existing building. The fourth modification proposed would be at the deadend of Terrace Street between 9th and Terry where the required setback is between 10 ft. and 30 ft., specifically 20 ft. for the proposed research facility. The master plan proposes a 10 ft. setback to preserve flexibility in locating the building and recognizing that the building would not be along a street but at the end where the length of the street provides open space.

22. The master plan describes vehicular, bicycle and pedestrian circulation in the area. While implementation of the plan is not expected to change overall patterns of pedestrian movement, the most heavily used intersection, 9th and Jefferson, is expected to get more activity because of a projected shift to transit usage. No bikeways are planned so any bicyclists would continue to use streets and sidewalks.

23. The primary vehicular circulation pattern is along Jefferson Street and 9th Avenue to Boren, James, Yesler and Broadway. Other streets, Alder, 6th, Terrace and Terry, are much less used. The intersections operate at level of service (LOS) A except for Boren and Broadway which is at LOS C during the morning peak period, Boren and James and 8th and Yesler, which both operate at LOS D during the evening peak period. While LOS in the area is expected to deteriorate over the next ten years, the deterioration will result from factors other than Harborview.

24. The master plan includes moving the main hospital entry from 9th and 8th Avenue. That street would have two levels with the lower providing emergency vehicle access to the Emergency Trauma Center and the upper level being the main entrance. Eighth Avenue is proposed to be vacated and operate as a one-way access to the hospital and garage. The change may increase traffic on 9th Avenue causing delays and decreased safety for pedestrians crossing midblock. However, the LOS in the area are not expected to change as a result of the master plan.

25. The master plan provides for the eventual construction of a total of 930 parking spaces in garages controlled by Harborview, compared to 325 now. The proposed Boren Street Garage, which had been approved by a master use permit, now expired, would contain 331 spaces, replacing 101 surface spaces. The View Park Garage with 325 spaces would be expanded to the south with an additional 274 spaces replacing 31 surface spaces. The surface parking would be reduced from the existing 336 spaces to 204 in small lots spread about the campus.

26. The existing off-street spaces controlled by Harborview are about 85 percent occupied until 4:00 p.m. On-street parking spaces within the area surrounding the institution are 99 percent occupied at peak usage and down to 70 percent after 4:00 p.m.

27. Using the minimum Land Use Code calculation, Harborview has an existing demand for 1,438 parking spaces with an existing supply since the Boren Street Garage is not yet constructed, of 661 spaces since, under Harborview control, for a deficit of 777. Some 280 on-street spaces are considered available (85 percent of the supply) which would reduce the deficit to 497. In 1995, after the proposed development, the deficit would be 889 spaces with 85 percent utilization of on-street parking.

28. A residential parking zone (RPZ) is scheduled for the area which would remove the on-street parking from the supply available to employees but would still allow it to be used by visitors and patients.

29. Three vacations of public rights-of-ways are proposed and are necessary to implement the master plan.

The alley between Terrace and Alder on the north and south and between the Hilltop House and the Boren Street Garage is proposed to be vacated to give Hilltop House more outside activity area to offset the effects of the height of the garage on the other side by allowing for more land with southern exposure.

30. The vacation of 8th Avenue between Jefferson and Alder Streets is proposed to allow the implementation of the two-tiered access to the trauma center and the main entrance above. The air rights over 9th Avenue between Jefferson and Alder Streets are proposed to be vacated to allow construction of the structural connections between the buildings on each side of the street to provide space for replacement beds, nursing units and outpatient services. This vacation would allow the structural connections which would provide needed space and improve circulation. The northern structure would be three stories high at the 4th, 5th and 6th floor levels beginning some 35-40 ft. above street grade. Later, one more floor would be added above the others. The southern bridge structure would start at the 4th floor level and be four stories high.

31. A further alley vacation has been proposed, but not by Harborview or as part of the master plan, of the alley west of 9th Avenue which runs north from Jefferson Street east of Jefferson Terrace. The intention is to create enough area or site for a garage for the Medic I facility which has relocated on the site. This vacation is not expected to have any effect on the proposed master plan.

32. The proposed structures across 9th Avenue would shadow 9th Avenue during midday but would have little effect on the movement of air. No significant view would be blocked although from a certain point on 9th, part of Beacon Hill would be obscured.

33. The master plan describes the existing transportation management plan (TMP) at Harborview which involves subsidized METRO passes, parking fees, guaranteed and discounted parking for carpools, a shuttle bus between the University of Washington, First Hill hospitals, Childrens Hospital, Group Health and Harborview, bicycle parking, a Commuter Information Center and an annual transportation day. With the current TMP, 25 percent of the employees use transit and 59 percent of the employees arrive in single occupancy vehicles (SOV).

34. The master plan indicates that Harborview's goal is to decrease SOV use to no more than 50 percent by continuing to promote use of transit, carpools and vanpools. A suggested goal of 25 percent is deemed unattainable unless conditions, outside of Harborview's control, change markedly.

35. One of the chief reasons for renovation of the South and Center Wings is to improve the ventilation and heating systems. These proposed improvements would greatly increase energy efficiency. New buildings are to be energy efficient with energy management capabilities. While the existing facility uses 151,400 BTU per square foot per year, all of the proposed facilities would be below that level.

36. Current annual energy use by the Harborview complex is 110,000 million BTU's annually. The proposed additions would require an additional 81,740 million BTU's.

37. With the exception of telephone service, the existing utility network has adequate capacity to serve the projects proposed under the master plan. The capacity of the telephone service may have to be increased.

38. The existing uses within the area proposed to be added to the Harborview boundary for a medical-related zone include several apartment buildings (132 units), a medical clinic, dry cleaners, two groceries, wholesale medical supply, and two single family residences.

39. An additional 134 dwelling units would be within the Harborview boundary under the proposed master plan 102 of which are considered low income housing. The 144 units at Hilltop House would be removed.

40. Harborview had acknowledged the applicability of the Housing Preservation Ordinance (HPO) and its effect of requiring replacement housing, relocation of the units, rehabilitation of a vacant structure or a cash contribution to the Low Income Housing Fund, along with notice to tenants and a relocation fee. Since that time the Washington State Supreme Court has largely invalidated the HPO. Harborview has committed, in writing, to the terms of the HPO as a "baseline commitment" should housing be demolished. (see Harborview letter, June 23, 1987).

41. The medical-related zone is proposed to allow for the addition of services, not now provided, "to be competitive and to maintain position in state-of-the-art health care," (p. MP-12). Uses to which the area with the expanded boundaries could be put are various kinds of outpatient care such as chemical dependency programs, day care for psychiatric patients, medical/surgical clinic and/or ambulatory surgery facility for physicians on the University of Washington faculty, residential care such as a nursing house, hospice, family and patient housing, commercial enterprises such as a pharmacy, medical equipment sales or rental, mixed use components such as a restaurant, and other potential related uses such as day care or parking.

42. Harborview sees the development of medical-related uses close to its campus as vital to improving health care delivery. While the demand for traditional hospital services is not expected to grow, major growth is expected in a range of non-hospital health care services such as nursing homes and other forms of residential care, outpatient surgery, etc. Access to these kinds of services is severely limited for Harborview's patients both because of the supply and the patients' financial condition. Without such services Harborview's indigent patients must remain in the hospital, even though they could receive necessary care in a less costly setting, causing serious financial loss to Harborview. The development of such services would allow appropriate care of the patients while improving Harborview financial picture. It is also noted that many of Harborview's patients have special needs that cannot be met in regular nursing homes but do not require hospital care.

43. The total lot area within the medical-related zone would be 100,800 sq. ft., which, assuming zoning allowing twelve story development, could allow development of up to 950,400 gross sq. ft. of floor area.

44. Harborview has tentative plans to occupy the three story frame apartment building on parcel 6, next to the new Medic One facility, with housing for AIDS patients on the first floor and AIDS program activities on the upper two floors.

45. Two other major institutions, Seattle University and Swedish Medical Center, are within the study area for Harborview. Both have plans for expansion under master plans, Swedish by about 2 acres and Seattle University by about 11.9 acres. The cumulative effect of Harborview's proposed boundary expansion with that of the other two would be to reduce land available for non-institutional development by about 16 acres.

46. The master plan includes discussion of a series of alternatives' and the alternatives impacts are compared to those of the proposed plan in the EIS. The "no action" alternative would leave Harborview with only 86 percent of the "desirable" amount of space for existing activities and would mean continued inefficiency in circulation. Alternative 2 offers different design concepts for upper floors and towers. These are shown in Figures 16 and 17 and could have greater aesthetic and land use impact. Alternative 3 would not expand the institution boundary but would have buildings developed to the maximum height and to the existing allowable setback lines, which alternative would require demolition and replacement of buildings. Without regard for landscaping, etc., the total floor area could be 8.5 times the existing floor area. Alternative 4, no street vacations, would require different building configurations along 8th and 9th Avenues and would create functional and operational conflicts. Alternative 5, no boundary revisions, would maintain the current boundary thereby reducing housing impacts, but would restrict Harborview's ability to achieve needed development. Alternative 6 proposes increased decentralization of functions and sharing of services with other hospitals. Since this is already occurring, the ability to reduce capital needs to any extent in this way is quite limited.

47. The master plan presents an analysis of the consistency of the plan with various City policies, i.e., Seattle 2000, Seattle Growth Policies, the Land Use Code, HPO and the First Hill Neighborhood Goals and Policies (not adopted by the City Council).

48. Harborview's helistop was approved as a conditional use by the Board of Adjustment in 1970 subject to conditions regarding location and retention of trees. A variance necessary for its location as an accessory use on a lot separate from the principal use was granted at the same time.

49. Kate Hemer raised an issue at the public hearing on the master plan as to whether the helistop approval should be reviewed as part of the master plan. She argues that it should be and that the safety of neighbors, staff and patients as well as its use for non-life threatening emergencies should be considered.

50. The CAC generally supported Harborview's proposal and made a series of recommendations to Harborview and to the Director, Department of Construction and Land Use, for inclusion in the master plan. One concern, resulting in recommendations, was that a pedestrian plan be developed to make the campus and its buildings fully accessible to patients and visitors who are physically challenged. The CAC recommended an advisory committee made up of professionals with practical experience and of persons with apparent mobility problems and with covert medical problems such as respiratory disorders. The CAC urged architectural consistency with the existing buildings; prohibition of the use of reflective windows or finish; that the heights be stepped down to the height of surrounding structures in the community; that landscaping be used to create a park-like campus but be well-lit and pruned to avoid the creation of hiding places; that Harborview commit to establish a committee to study the possibility of starting a day care facility for employees or one for sick children of employed parents in the medical-related zone; that security for employees and the community be a major consideration in design; that measures be taken to lessen the danger to Harborview employees, such as satellite parking and increased bus subsidies; that Harborview lead an effort to address security issues in the area; and that the potential problem of traffic using Jefferson Terrace for a turn around if 8th Avenue is vacated and made one way be addressed by adding a turnaround area on top of the View Park Garage or changing Jefferson Street to one-way west and Alder Street to one-way east.

51. The Department of Community Development indicated to the Director that it could not support including the area for the medical-related zone in the institution boundary where no definite proposals are made for its use which can be evaluated against its current primarily residential use.

52. The Director, Department of Construction and Land Use, found that the benefits of the proposed master plan outweigh the adverse environmental impacts which could not be mitigated and recommended that the master plan and requests for setback reductions be approved subject to conditions to mitigate some of the adverse effects. The approval includes the medical-related zone but, except for the Medic One site which should be Institution 1, not be given a specific institutional zone designation. Her representative orally recommended that the street and alley vacations be approved. The SEPA conditions recommended to mitigate environmental impacts due to core area development are as follows:

At Application for a Building Permit

Harborview shall:

1. Comply with their (sic) letter of June 23, 1987 regarding mitigation for the demolition of housing in the Medical Related Zone.
2. Identify demolition and excavation disposal sites which are located inside the City.
3. Submit plans showing the dimensioned details, messages, and location of signs.
4. In order to reduce the appearance of bulk of the proposed buildings, submit plans showing street trees and landscaping of the public open spaces on the HMC campus, and submit plans showing facade treatments which reduce the apparent scale of the buildings. The use of facade treatments and landscaping shall be particularly important along facades where setbacks have been reduced. Facade treatments including, but not limited to, modulation, colors, pitched roofs, emphasis of entrances and street portions of the building, fenestration and ornamentation, may be used to reduce the appearance of bulk of the buildings. Determination of this compliance shall be by the Land Use Review Section of the Department of Construction and Land Use.
5. To improve safety, landscaping shall be well lighted.
6. Complete an MUTCD signal warrant analysis for the 9th and Jefferson intersection. If a signal is warranted, Harborview shall pay the cost of the signal and installation.
7. Submit and have approved by the Land Use Review Section a Transportation Management Plan (TMP) in agreement with the Seattle Engineering Department. The plan is intended to reduce the parking demand based on the attached Matrix #3. The TMP can be amended with the mutual agreement of Harborview, SED and DCLU.
8. Submit plans showing the location of exterior lighting and detailing how the lighting will be directed and shielded so that all lighting is contained on the property and nearby properties or street traffic are not affected by light and glare.

9. Submit a full soils report for the construction of the View Park Garage and comply with the provisions of Director's Rule 7-84 as required by the building plans examiner. The need for soils reports for other proposed structures will be determined during the environmental review and conditioning of proposed structures.
10. Submit concept street and/or alley improvement plans approved by the Seattle Engineering Department or Board of Public Works as appropriate.
11. Submit plans which show the new additions to be stylistically consistent with the facade of the old front entry, if the center portion of the central building or Harborview Hall are retained.
12. Submit plans with non-reflective windows to reduce light and glare. Rooflines and building heights shown on the plans shall be designed to step down gradually toward the outer walls along the institutional boundaries, to minimize shadows and maximize light.
13. Consider, in addition to the Energy Code requirements, the following list of measures in the design of the building:
 - a. Selection of appliances for their energy efficiency.
 - b. A maximum of daylight where it does not increase the consumption of energy (often referred to as the "greenhouse effect") and a tested U value of the glazing equal to .60 or lower.
 - c. Energy systems in the common internal area and outside lighting controlled with a microprocessor based, energy management system (EMS).
 - d. A central hydronic loop heat pump to heat all buildings provided with an economizer.
 - e. Installation of a heat recovery system from the kitchen hood with an air to air heat exchanger with a self-washing and refrigeration heat recovery system, and a dishwashing system.
 - f. Landscaping which does not interfere with solar heat gain potential, but also shades walls and windows from sun and helps obstruct winter winds.

During Construction

15. Bid specifications shall include the following instructions. Construction operators and supervisors shall be advised in writing by Harborview that noise control and reduction of construction impacts is of particular importance. The letter to the construction operators and supervisors shall include the mitigating measures listed below as Conditions a. through e. A copy of this letter shall be forwarded to the Land Use Review Section of this Department.
 - a. In addition to the Noise Ordinance requirements, to reduce the noise impact of construction on nearby properties, equipment registering more than 55 dba at the property line or 50 feet, whichever is greater shall not be used on weekends or holidays and may be used on other days only between 7:30 a.m. and 6:00 p.m.

- b. Electrical and hydraulic equipment shall be employed, where practicable, in preference to diesel or pneumatic equipment. Equipment shall not be allowed to idle unnecessarily.
 - c. During site preparation and construction, truck routes shall be specified by the Traffic and Transportation Division of the Engineering Department. Truck trips shall be planned to avoid coincidence with peak period traffic.
 - d. A flagman shall be on duty during all hours of demolition, excavation and outdoor construction activities to control traffic to and from the site.
 - e. Construction contracts shall specify that adequate on-site parking for construction and employee vehicles be available at all times during the construction and employee vehicles on-site rather than on neighborhood streets.
16. To reduce the impact of height, bulk and scale, Harborview shall provide landscaping according to the plan approved by the Land Use Specialist. Harborview shall submit to the Construction Inspector an affidavit from a licensed landscape architect that the landscaping is installed per plan.
17. Harborview shall direct and shield illumination of parking areas and building exteriors so that all lighting is generally contained on the property and nearby properties or street traffic are not affected by light or glare.
18. Harborview shall install signs per plans.

Prior to Occupancy

19. Harborview shall provide street improvements as approved by the Seattle Engineering Department (SED) or be bonded to the satisfaction of SED for construction.
20. Harborview shall install and pay for utility improvements in accordance with plans and specifications prepared by the Seattle Engineering Department and approved by the Board of Public Works.
21. Harborview shall improve and pay for the existing electrical distribution system prior to occupancy of the development.
22. Harborview shall implement the TMP.

Permanent for the Life of the Project

23. Harborview shall maintain all landscaping per approved plans.
24. Harborview shall maintain all required signs in the locations designated on approved plans.
25. Harborview shall direct illumination of parking areas or building exteriors so that all lighting is generally contained on the property and nearby properties or street traffic are not affected by light or glare.

Conclusions

1. The proposed master plan contains all elements required by Section 23.81.040, Seattle Municipal Code. All elements are adequately addressed for the core area proposals.

2. The proposed plan for the core area is well-developed, providing direction for Harborview and an understanding in the community as to what the future holds. It includes projects which will enhance Harborview's ability to meet its mission objectives thereby improving its services to its patients and maximizing the return on the public investment. Use of that area would be intensified but the streets and utilities are adequate to handle the increased demands. A TMP can be designed to reduce parking demand to an acceptable level as it increases. Therefore, the master plan, as it relates to the core area, should be approved, including the setback standard modifications, subject to the conditions in Findings No. 52, recommended by the Director, as modified below. In addition, structural connections over 9th Avenue and right-of-way vacations are a necessary part of the plan and should be approved when presented if all standards and requirements are met.

3. Expanding the major institution boundaries to include the property designated by Harborview as its medical-related zone would correspond to that part of the purpose of the Major Institutions code and policies to allow increased predictability for the institution but would provide only partial predictability for the surrounding neighborhood, i.e., that Harborview intends to use the land someday. As recommended by the Director, the areas could be included within the boundary, to show the institutions intent, but without any institutional zoning designation which would mean that a rezone would be necessary with opportunity for public comment about the specific parcel(s) or use. If designated as proposed by Harborview, a specific project could be later approved with a supplement to the master plan but without rezone. Which process gives the public more notice or the institution more assurance of approval is not clear.

4. Some of the alternative uses suggested in the master plan for the medical related zone would be permitted outright under the existing zoning but could not be developed by Harborview without the boundary expansion. This suggests that if these uses are needed the area should be included in the boundary to make it possible, in a process shorter than the two or three years for a master plan, for Harborview to develop them.

5. The large number of low income housing units in the area proposed for inclusion should caution against adding area unless the need is clearly established. It is recognized that some of the types of potential uses would provide types of housing needed which could offset the cost to society from the loss of the existing housing. The documents also recognized the potential for deterioration of existing housing or disincentive to develop housing if the area is included within the boundary for future institutional development.

6. When the considerations on each side appears to the Hearing Examiner to have about equal value, i.e., preserving neighborhood housing unless the need for other use outweighs its v. provision of medical services for a continuum of care within a reasonable time, the Hearing Examiner must find a policy basis for a value judgement, recognizing that the City Council may view differently the values involved. The value offered in Implementation Guideline 7, Decentralization, suggests direction with regard to the medical-related zone. That policy states:

Decentralization of major institutions shall be encouraged where appropriate. In particular, alternative locations for uses which may not be necessary on the main campus, such as laundry facilities and computer services, shall be considered....

p. 23-55, Seattle Municipal Code. Harborview has indicated that it is desirable to have some of the auxiliary services it has suggested within walking distance of its main facility, the location of the outpatient and residential facilities is not required to be nearby, nor are the commercial uses suggested.

7. The Major Institutions Policy recognizes that institutions such as Harborview provide needed services and their reasonable growth should be encouraged. At the same time it requires that need for growth be balanced against the need to protect the neighborhood which, in this case, includes low income housing. Since, with the exception of the Medic One site and the structure next to it, no specific projects are proposed, the amount of area needed for expansion is not clearly established. Further, it has not been shown that the services presented as options cannot be located elsewhere or provided by others. Therefore, the expansion of the boundaries to create the full size of the medical-related zone is not adequately supported. However, the boundary should be expanded to include the 7,200 sq. ft. in what is designated as Parcel No. 6 at the northwest corner of the intersection of 9th Avenue and Jefferson Street where the Medic One facility is to be located along with the structure next to it, to be designated as I-1 HR. The boundary should also be changed to exclude the Hilltop House property, Parcel 17. If the City Council determines that predictability and a more expeditious process for Harborview are of greater importance and the entire area of the medical-related zone should be included within the boundary, it should be included without designation to ensure further public review when actual projects are determined, again, excepting Parcel 6 which should be designated I-1.

7. The Hearing Examiner concludes that review of the conditional use and variance for the helistop is not authorized by Chapter 23.81, Seattle Municipal Code.

Recommendation

The proposed Harborview Medical Center master plan be approved for the core area including its proposed setback modifications, alley and street right-of-way vacations and "raised structural connections" over 9th Avenue subject to the SEPA conditions proposed by the Director and found in Finding No. 52 above, with the following modifications:

Condition No.

7. Submit and have approved by the Land Use Review Section a transportation management plan (TMP) approved by the Seattle Engineering Department. The TMP's objectives should be to reduce parking demand to the lowest level; the Seattle Engineering Department deems reasonably achievable, based on the matrices submitted to the file. The TMP shall be annually reviewed for goal attainment by the Seattle Engineering Department and can be amended with the agreement of Harborview, the Seattle Engineering Department and Department of Construction and Land Use.
9. Submit a full soils report for the construction of the View Park Garage and comply with the provisions of the Director's Rule 7-84 as required by the building plans examiners. The need for soils reports for other projects outside the core area, will be determined during environmental review of those proposals.
19. Harborview shall provide street improvements related to specific development as required and approved by the Seattle Engineering Department (SED) or be bonded to the satisfaction of SED for construction.
20. Harborview shall install and pay for such utility improvements as are required for specific development in accordance with plans and specifications prepared by the SED and approved by the Board of Public Works.

The boundary should be modified to exclude the Hilltop House property, and to include Parcel No. 6 at the northwest corner of the intersection of 9th Avenue and Jefferson Street. The proposed inclusion of the remainder of the "medical-related zone" should be rejected as too indefinite to show sufficient need in light of the potential impact on the residential area and specifically on low income housing and based on the policy favoring decentralization when possible.

Entered this 8th day of September, 1987.

M. Margaret Klockars
M. Margaret Klockars
Deputy Hearing Examiner

NOTICE OF RIGHT TO PETITION
FOR FURTHER CONSIDERATION

Pursuant to Seattle Municipal Code Section 23.76.054, as amended, any person substantially affected by a recommendation of the Hearing Examiner may submit a petition in writing to the City Council requesting further consideration. The petition must be submitted within fifteen days after the date of mailing the recommendation of the Hearing Examiner and addressed to: City Council, Urban Redevelopment Committee, Municipal Building, Seattle, Washington 98104. The request for further reconsideration shall clearly identify specific objections to the Hearing Examiner's recommendation, facts missing from the record, and the relief sought.

Pursuant to Seattle Municipal Code Section 23.76.054(D), if there is no request for further consideration Council action shall be based on the record established by the Hearing Examiner.

The City Council Urban Redevelopment Committee should be consulted for further information on the Council review process.