

## Sheehan, Maureen

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**From:** Nathan Alexander <natealex@mac.com>  
**Sent:** Monday, November 16, 2020 2:20 PM  
**To:** Sheehan, Maureen  
**Subject:** Proposed Children's Hospital Construction Project (No. 3036201-LU)

**CAUTION: External Email**

To the members of the SAC:

I live directly across the street from the area that Seattle Children's Hospital is proposing to use for significant construction projects. I am writing to express my concerns about these proposed construction projects. For the reasons outlined below, please designate this proposal as an amendment to the 2010 Major Institution Master Plan (MIMP). There are a number of negative impacts on the community, including but not limited to:

- (1) the construction of a hospital building at the highest point on the property;
- (2) the construction of a new two-lane perimeter road within the buffer that leads to the Ocean Garage;
- (3) the impacts of a construction project that will take more than three years (projected total of 40 months) to build;
- (4) the impacts of congestion on [NE 45th Street](#); and
- (5) the impacts of cutting down all 45 exceptional trees on the northeast part of the Hospital property.

SCH's proposal will "result in significantly greater impacts than those contemplated in the adopted master plan" and the proposal will be "materially detrimental to the public welfare or injurious to the property or improvements in the vicinity in which the Major Institution is located;" SMC § 23.69.035(D)(1) & (2).

Please submit comments stating that the proposal is a major MIMP amendment. In the alternative, please submit comments stating that the proposal is a minor MIMP amendment, but impose conditions to limit its adverse impacts on the community. Thank you.

Nathan Alexander

## Sheehan, Maureen

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**From:** Ruby Alexander <rubyalex@mac.com>  
**Sent:** Tuesday, November 17, 2020 3:56 PM  
**To:** Sheehan, Maureen  
**Subject:** Proposed Children's Hospital Construction Project (No. 3036201-LU)

**CAUTION: External Email**

To the members of the SAC:

I am writing to express my concerns about Seattle Children's Hospital proposed construction projects. For the reasons outlined below, please designate this proposal as an amendment to the 2010 Major Institution Master Plan (MIMP). There are a number of negative impacts on the community, including but not limited to:

(1) the construction of a hospital building at the highest point on the property; (2) the construction of a new two-lane perimeter road within the buffer that leads to the Ocean Garage; (3) the impacts of a construction project that will take more than three years (projected total of 40 months) to build; (4) the impacts of congestion on NE 45th Street and construction vehicles coming and going from Seattle Children's Hospital's construction site on quiet residential streets 44th Ave. NE and 47th NE Street; and (5) the impacts of cutting down all 45 exceptional trees on the northeast part of the Hospital property.

The Hospital's proposal will "result in significantly greater impacts than those contemplated in the adopted master plan" and the proposal will be "materially detrimental to the public welfare or injurious to the property or improvements in the vicinity in which the Major Institution is located;" *Seattle Municipal Code 23.69.035(D)(1) & (2)*.

Please submit comments indicating that the proposal is a major MIMP amendment. In the alternative, please submit comments indicating that the proposal is a minor MIMP amendment, but impose conditions to limit its adverse impacts on the community. Thank you.

Kind regards,  
Ruby  
Sent from iCloud

## Sheehan, Maureen

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**From:** McAleer <billandlin@aol.com>  
**Sent:** Monday, November 16, 2020 3:02 PM  
**To:** Sheehan, Maureen  
**Cc:** Vasquez, Colin; v-bmcmul@microsoft.com; Pedersen, Alex; rose.buckingham@outlook.com  
**Subject:** Fwd: Sun reflection from Forest B building SCH Project # 3036201-LU

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**CAUTION: External Email**

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To: Maureen Sheehan, Major Institutions Coordinator  
From : Colleen McAleer, Laurelhurst Community Club

Below is a comment letter that LCC received from a resident who lives right across the street from the SCH Campus, commenting on the highly reflective surfaces used on Forest B which is causing a blinding glare on sunny afternoons.

Please include it in the public comment for the SAC meeting on November 18, 2020 on Project #3036201, which is Phase 3 of Seattle Children's Hospital MIMP.

Of note, Ms. Buckingham asked that the SAC members receive this information to **prevent more glaring materials from being used in any future development of the buildings on the SCH campus.** (She gave express permission that this letter and photos be forwarded and included in the SCH public comment process).

Thank you,  
Colleen McAleer  
President of Laurelhurst Community Club

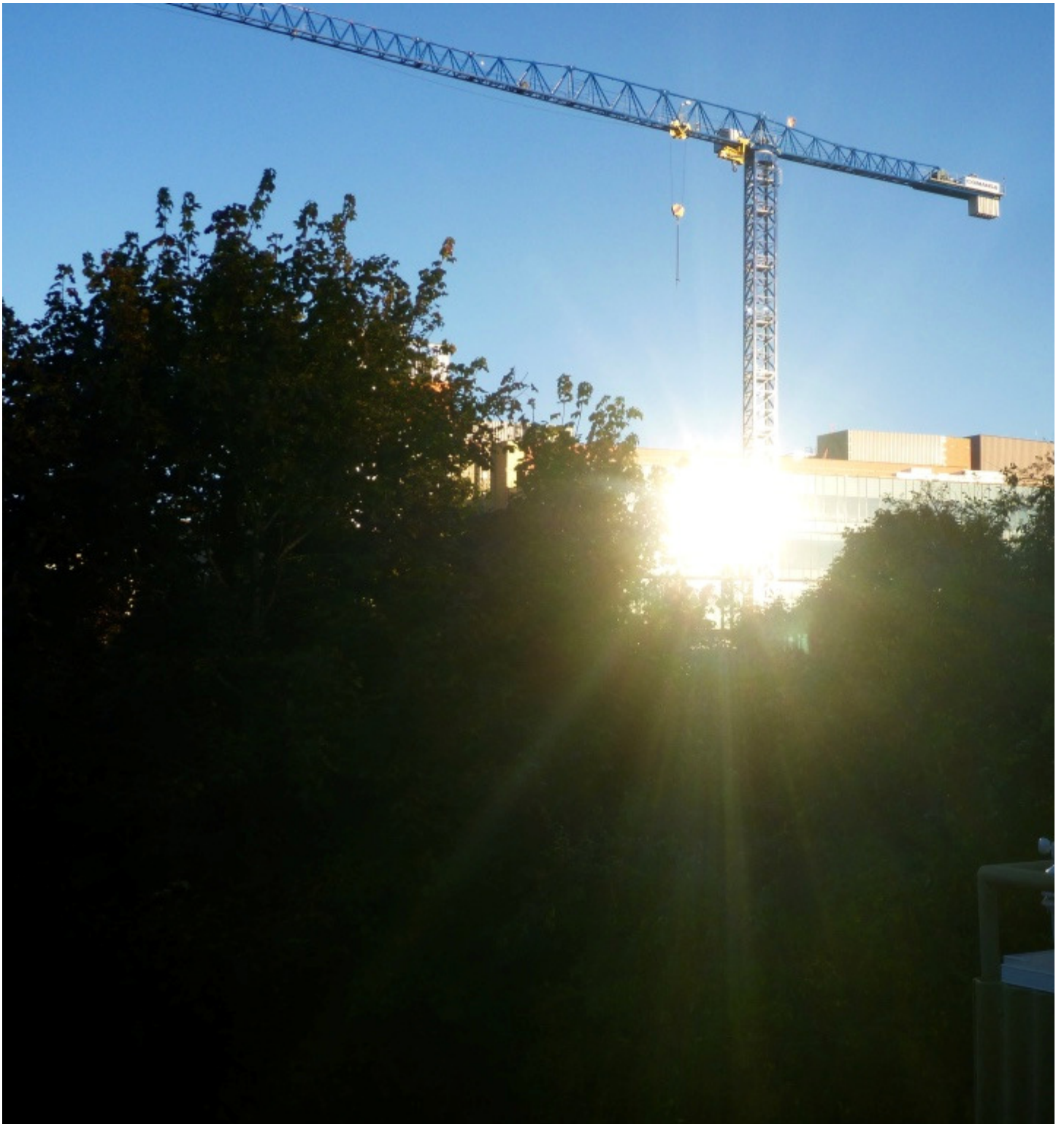
Sent: Thu, Oct 22, 2020 2:43 pm  
Subject: Sun reflection from CHMC

Hi Colleen,

I opened my front door and it was like being struck by lightning. The light was so intense! So, I took pictures. They don't really show the "impact" it had on me. I dread this as a constant problem in the future. Also, I worry about the same problem with the new building, yet to be built. I live in the Laurelcreeks Condominiums across from the hospital, just off 40th Ave NE (on Terrace Dr. NE) I called the construction number and left a message. They never returned my call. I asked if they could put a coating on the windows that would stop the glare. First two pictures show glare from new windows. The other picture I have enclosed, highlights, the two spotlights from the middle of the crane at night. My neighbors and I have not enjoyed being on our front porch, day or night, for a very long time. I ate outside, on it, just once this summer. I think the vertical shaft of the crane could have been aptly lit, for safety, using the same lights that were used for the horizontal beam. The crane comes down this weekend. I understand a new smaller crane will go up. Maybe, it is just to dismantle the larger one. It is unclear to me whether the smaller one will stay. Of course, there is the constant noise (and probably dust) six days a week. Thank you for listening to my concerns. These are the concerns of my next-door neighbors, also.

Sincerely,  
Rose Buckingham  
(206) 818-7707

PS. All pictures were taken from my little front porch/walkway.









## Sheehan, Maureen

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**From:** Pat Chaney <patti.chaney@gmail.com>  
**Sent:** Monday, November 16, 2020 6:27 PM  
**To:** Sheehan, Maureen; Vasquez, Colin  
**Subject:** Comments to SAC regarding "Copper Project" #3036201-LU

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**CAUTION: External Email**

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Dear Maureen and Colin,

I recently reviewed the public comment letters for SCH "Copper Project" #3036201-LU. These comprise over 100 pages and 40 different letters that ALL OPPOSE aspects of the project. Our Laurelhurst neighborhood is under great duress with the plans as they stand. As a community, we feel that our concerns and stresses are not being heard.

The key areas that need to be reconsidered are listed below. Please refer to the letter from the Laurelhurst Community Club to Colin on September 10, 2020 for details.

- the livability of the neighborhood will be greatly denigrated with the current plan
- the height of the buildings need to be reduced
- the parking structures should be underground or greatly sunken
- ALL access to the hospital needs to be limited to Sandpoint Way ONLY
- the current hospital roads need to be retained
- materials used should not be reflective
- the buffers should be green, wide and dense with all heritage trees retained
- the site of the new buildings need to be lower on the hill
- helicopter landing site must minimize impact on neighbors

One commenter used the phrase "Seattle's Children's Hospital has become the bully on the playground". Please take a leadership role that will ensure that the small neighborhoods of Laurelhurst, Bryant and Viewridge are not trodden upon by a corporate bully.

Pat Chaney  
3862 43rd Ave NE  
206 601-8109

## Sheehan, Maureen

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**From:** Susan Doughten <doughtes@yahoo.com>  
**Sent:** Monday, November 16, 2020 5:24 PM  
**To:** Sheehan, Maureen  
**Subject:** Proposed Children's Hospital Construction Project (No. 3036201-LU)

**Categories:** Seattle Children's

**CAUTION: External Email**

To the members of the SAC:

I am writing to express my concerns about Children's Hospital proposed construction projects. For the reasons outlined below, please designate this proposal as an amendment to the 2010 Major Institution Master Plan (MIMP) There are a number of negative impacts on the community, including but not limited to:

(1) the construction of a hospital building at the highest point on the property; (2) the construction of a new two-lane perimeter road within the buffer that leads to the Ocean Garage; (3) the impacts of a construction project that will take more than three years (projected total of 40 months) to build; (4) the impacts of congestion on NE 45th Street; and (5) the impacts of cutting down all 45 exceptional trees on the northeast part of the Hospital property.

The Hospital's proposal will "result in significantly greater impacts than those contemplated in the adopted master plan" and the proposal will "materially detrimental to the public welfare or injurious to the property or improvements in the vicinity in which the Major Institution is located; "Seattle Municipal Code 23.69.035(D)(1) and (2).

Please submit comments indicating that the proposal is a major MIMP amendment. In the alternative, please submit comments indicating that the proposal is a minor MIMP amendment, but impose conditions to limit its adverse impacts on the community. Thank you.

Susan Doughten

## Sheehan, Maureen

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**From:** Michael Grundmeyer <mgrundmeyer2020@outlook.com>  
**Sent:** Monday, November 16, 2020 1:09 PM  
**To:** Sheehan, Maureen  
**Cc:** Pedersen, Alex; Thaler, Toby  
**Subject:** Proposed Children's Hospital Construction Project (No. 3036201-LU)

**CAUTION: External Email**

To the members of the SAC:

I am writing to you out of concern for the Children's Hospital proposed construction project. It can not be overstated how much we support the Hospital and their mission, but the proposal is a major MIMP amendment and the State Environmental Policy Act (SEPA) Addendum is not a substitute for a proper Environmental Impact Statement. The Hospital's proposal will "result in significantly greater impacts than those contemplated in the adopted master plan" and the proposal will be "materially detrimental to the public welfare or injurious to the property or improvements in the vicinity in which the Major Institution is located;" Seattle Municipal Code 23.69.035(D)(1) & (2).

Our major concerns are for the adverse impacts during the construction period and thereafter to the community, which again wholly supports the hospital's mission but is asking for the SAC to recognize and help mitigate these impacts:

1. The construction of a hospital building at the top of the hill instead of downhill near Sandpoint Way. (This is different than a parking structure shown on the northeast part of the site in the 2010 approval.)
2. The construction of a new perimeter road that is parallel to 44th Ave. NE. All visitors parking at the Ocean Garage (608 parking spaces) will be diverted to this perimeter road on the outside edge of the hospital property and immediately adjacent to single family homes.

As well as:

3. The impacts of a construction project that will take more than three years (projected total of 40 months) to build. Construction trucks will enter Hospital property from NE 45th Street and other entry points near homes. The Hospital's Addendum projects up to 16 truck trips per hour or approximately one truck trip every 3 to 4 minutes. Full disclosure and analysis is required on how such high truck volumes will affect access in and

out of Laurelhurst on NE 45th Street and will affect the entire community (including traffic, noise, pollution, and safety).

4. The impacts of congestion on NE 45th Street, including the diversion of traffic into neighboring streets such as 45th Ave NE and 46th Ave NE, to access Sand Point Way NE?

5. The impacts of the surgery pavilion on the surrounding neighborhood, including but not limited to, the alteration of views in the immediate vicinity and the impacts of noise and light pollution. There has been construction noise for years, some well before the 7 am restrictions. We are very concerned for the lighting of structures this close to the neighborhood.

6. The impacts from cutting down over 100 mature trees that are protected by the City's own tree ordinance and not replacing them with trees in kind.

*Just preparing an Addendum to the EIS is not adequate. The City should require the Hospital to prepare a Supplemental Environmental Impact Statement that fully analyzes the range of adverse environmental impacts from this proposal. How is it appropriate to rely on a 2008 EIS that is twelve years old, limited in its analysis, and that does not reflect the impacts from the proposed 2020 construction projects?*

We look forward to having a voice in this process, while still supporting the vision of the Hospital.

Best regards,

Michael Grundmeyer  
45<sup>th</sup> Ave NE, Seattle WA



## Sheehan, Maureen

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**From:** Neal and Dani Holland <nealdani@gmail.com>  
**Sent:** Monday, November 09, 2020 11:52 AM  
**To:** Sheehan, Maureen  
**Subject:** Proposed Children's Hospital Construction Project (No. 3036201-LU)

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

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**CAUTION: External Email**

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I am writing to express my concerns about Children's Hospital proposed construction projects. For the reasons outlined below, please designate this proposal as an amendment to the 2010 Major Institution Master Plan (MIMP). There are a number of negative impacts on the community, including but not limited to:

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The Hospital's proposal will "result in significantly greater impacts than those contemplated in the adopted master plan" and the proposal will be "materially detrimental to the public welfare or injurious to the property or improvements in the vicinity in which the Major Institution is located;" Seattle Municipal Code 23.69.035(D)(1) & (2).

Please submit comments indicating that the proposal is a major MIMP amendment. In the alternative, please submit comments indicating that the proposal is a minor MIMP amendment, but impose conditions to limit its adverse impacts on the community. Thank you.

Danielle & Neal Holland

## Sheehan, Maureen

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**From:** Allison Kelly <allison.kelly09@gmail.com>  
**Sent:** Monday, November 16, 2020 12:00 PM  
**To:** Sheehan, Maureen  
**Cc:** McAleer  
**Subject:** Proposed Children's Hospital Construction Project (No. 3036201-LU)

**CAUTION: External Email**

To the members of the SAC:

I am writing to express my concerns about Children's Hospital proposed construction projects. For the reasons outlined below, please designate this proposal as an amendment to the 2010 Major Institution Master Plan (MIMP). There are a number of negative impacts on the community, including but not limited to:

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- (4) the impacts of congestion on NE 45th Street; and
- (5) the impacts of cutting down all 45 exceptional trees on the northeast part of the Hospital property.

The Hospital's proposal will "result in significantly greater impacts than those contemplated in the adopted master plan" and the proposal will be "materially detrimental to the public welfare or injurious to the property or improvements in the vicinity in which the Major Institution is located;" Seattle Municipal Code 23.69.035(D)(1) & (2).

These modifications are substantial and were not contemplated in the original master plan and should be considered a full amendment that should be taken under review.

Please submit comments indicating that the proposal is a major MIMP amendment. In the alternative, please submit comments indicating that the proposal is a minor MIMP amendment, but impose conditions to limit its adverse impacts on the community.

Thank you for taking the time to consider my request. I know you are busy, but this will have an impact on the community and deserves to be more fully considered. I hope you and your family are healthy and safe.

Best,  
Allison Kelly  
4746 45th Ave NE

# Laurelhurst Community Club

*Serving Seattle's Laurelhurst Community since 1920*

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September 09, 2020

Seattle Department of Construction and Inspections  
Attention: Colin Vasquez  
700 5th Avenue, Suite 2000  
P.O. Box 34019  
Seattle, WA 98124-4019

Re: Comments on Project 3036201-LU

From: The Laurelhurst Community Club (LCC)

**Introduction:** The original SCH Major Institution Master Plan proposal was denied by the City of Seattle's Hearing Examiner in 2010 due to its lack of balance between its needs, and the liveability of its surrounding neighborhood. As an indication of Laurelhurst Community Club's support for a balance between SCG development and the health and wellbeing of the surrounding community, LCC negotiated a mutual, and legally binding Settlement Agreement with SCH to allow new development of 1,225,000 square feet, to a maximum of 2,125,000 on its Laurelhurst Main Campus which is located at 4800 Sandpoint Way NE, Seattle, WA 98105.

We are now 10 years into the approved MIMP, and SCH is seeking approval for what it apparently calls Phase 3, "The Copper Project". SCH has also offered a Phase 3 EIS Addendum which supposedly identifies any changes and impacts that may differ from the originally approved MIMP and its phases. Unfortunately, as explained below, SCH has provided neither the proposal information nor the SEPA disclosures and analysis necessary to meet the legitimate need for consistent accurate data on the SCH proposal. What has been provided demonstrates that the proposal, starting with way it is being handled by SDCI, does not meet Code requirements.

The shortcomings in the proposal started with the failure of notice to the public and SDCI's inexplicable disinterest in ensuring knowledgeable public participation. SDCI posted six large land use signs around the site announcing a short comment period and stating the availability of application documents. However, when LCC checked, the 278-page Phase 3 SEPA document was not available in a readable format. After **four** requests to SDCI and its PRC, this document and 2 other application documents, were finally posted for public access on August 31, 2020 at 10:30am. The City-required Standing Advisory Committee (SAC) meeting to evaluate this project was that evening, so **SAC members had exactly 7 hours to access the contents**. The lay volunteers appointed to the SAC to represent community questions and concerns, were, with SDCI silent complicity, left to struggle with reviewing the hundreds of pages of information belatedly disclosed. This burden was then compounded at the SAC meeting itself, which was held on August 31 despite requests for postponement, as SCH unloaded SCH additional project information that had not previously been disclosed.



The large sign notices posted for this application stated that there was an August 26 deadline for public comments. Because of the failure to provide accessible information to the public, LCC asked SDCI to extend the public comment deadline until 2 weeks after the application documents were made available. SDCI rejected this request, and only extended the deadline to September 9, leaving the public only nine days after the information was finally made available. Further, even this negligible extension was not noted on the Notice signs for the project erected on the site, nor has SDCI published notice of the extension. The SDCI rationale for this dereliction is apparently that it will consider late comments anyway. But this assumes without justification the public will know that it can submit late comments when all of the notices required/sponsored by SDCI state an August 26 public comment deadline.

### **Initial Comments:**

LCC offers the following comments for consideration by SDCI on the EIS Addendum and related materials and reserves the right to add additional comments in the record as more examination of the proposal becomes possible.

#### **1. Phasing**

Changes in the phasing are permissible within the original MIMP, and Seattle Children's has re-arranged almost all of those to date. Phase 1 was to occur along Sandpoint Way NE (SR513) but was moved to the southwest instead. This phase was built at NE 45th St and 40th Ave NE next to the Laurelhurst residential and small business sectors (Forest A tower). Phase 2 was to be the Hartman Building across the street, but it was removed from the MIMP, and the Forest B tower for diagnostics and treatment instead was built again on 40th Ave NE and Sandpoint Way NE. Thus, the original Phase 3 was accelerated, and was built out in Phase 2.

With the recent incidents and deaths following the persistent presence of *Aspergillus* mold in the surgical suites in the original building's HVAC systems, the need to build 12 new surgical suites, and 6 procedure rooms with a sterile processing area is an understandable change for SCH Phase 3 plans. However, the location at the northeastern border is much closer to neighbors, and infills open space to which SCH committed in the approved MIMP. Phase 3 also requires a reconfiguration of Penny Drive to connect the new surgery building to its central campus buildings. The north garage now changes the relatively unobtrusive existing 3 story below-ground garage to an 8-story garage with 3 stories above ground. This was planned for the Phase 4 in the MIMP, and is now moved up into Phase 3. This Phase adds a skybridge over Penny Drive to connect the new north parking garage and the new Surgery Pavilion, and to the central buildings. Both buildings are proposed at the height of 37 feet which is the maximum allowed in the MIO, with 15 feet in height, added for a mechanical "penthouse", making the structures effectively as high as 52 feet. These will create a new visual impact on existing homes across the buffer, which are low-rise single-family residences with a maximum of 30 feet in height.

Because of the excavation of 20 feet in depth, the new proposed Phase 3 is greater in the intensity of development within the existing footprint. It will be a total of 574,062 square feet, including 193,307 in the surgery pavilion with 18 surgery and procedure rooms. The North Garage will be 380,765 sq feet in 8 stories with 1100 parking spaces which is a net campus



increase of 537 spaces. Excavating 2 stories of soil will allow SCH to achieve more below grade, parking, and mechanical exemptions, so only 146,407 of building square footage will be charged in the MIMP development to date . The remaining development will be 487,899 square feet for original Phase 4 of the MIMP.

SCH notes that the Phase 4 will be to the north of its Forest B Building, and now inserts a Phase 5 in the MIMP for the first time, as the "interior clinic expansion project in the Mountain Building", which was originally part of Phase 2.

**2. Impacts Previously Disclosed in the EIS vs. Phase 3 Table 1.5-1 (EIS pages 17 and 18)**  
Site Specific Information Provided in this EIS Addendum, states "no new or significantly different impacts" for Geology, Air Quality, Water, and Noise. **This is not correct, and the proposed Phase 3 plans show:**

- A. **Geology**-Lowering the height of the base of the buildable site to create more square footage allowed under the MIMP requires excavation of **104,500 cubic yards** compared to the 98,000 for the planned SW garage, or 6500 more cubic yards. This increase while only +7%, is in a completely different location than originally planned, and is located within 100 feet of the front yards of sf residents along 44th Ave NE and NE 50th Street. The excavation will drop the grade by 20 feet for more structure height of both the North Parking Garage and the Surgery Pavilion will take place on a steep slope,( possible an ECA), which is not comparable to the original "level" site in the SW corner, and a place for easier haul out onto Sandpoint Way NE.

**There will be air quality and noise impacts from heavy truck traffic used for the six-month massive removal of the 104,500 cubic yards of soil, especially since the inbound construction route** (Construction Logistics attached here from the 08-31-20 SAC meeting) is now planned along residential streets.

The previous Phases 1 and 2 construction was done primarily just off Sandpoint Way NE (SR513), which does not border neighborhood residences.

- B. **Air Quality**-SCH had disclosed potential for lead and asbestos emissions from the demolition of the existing garage and buildings on the NE section of the site. With more excavation in close proximity to residences, encapsulated removal should be required during the demolition. Greenhouse gas emissions should be reduced as new energy technology becomes available, as well as more alternative health care procedures which are less toxic. The new buildings must comply with Washington State bill #1257 which establishes new standards for clean buildings by 2026.

C. **Noise**-The EIS notes that the overall noise will be similar to what was previously disclosed, However, the more extensive and prolonged than disclosed excavation with soil removal and regrading its main exit road requires 50 trucks roundtrip daily for 6 months. **This is DOUBLE** the duration estimate for Phase 3 which was for 13-83 trucks for 3 months at the higher number of trips. The heavy machinery on the "other side of a thin construction fence" without any effort to protect the existing mature trees is a brutal environment for neighbors. Many residents are also

working at home, and the constant and intense levels construction noise by large equipment cannot be mitigated.

Table 3.4-4 "Predicted Phase 3 Construction Noise Levels" predicts (conservatively) that neighbors living on 44th Ave NE will **experience 87 , 82 and 78 decibels of noise**. The noise limits in the City of Seattle for daytime construction are governed by SMC sections 25.08.425.A and 25.08.410. This type of construction noise is only permitted in short segments and between 8:00am -5:00pm on weekdays.

The EIS Addendum for Phase 3 predicts that both excavation and demolition, and building the structures will generate 87, 82 and 78 decibels, respectively. The more-than -most cities generous Seattle noise limit is 80 decibels, so these noise levels are not compliant with the underlying code regulations.

In his Crosscut article of December 4th, 2016 , Professor Eliot Brenowitz from the University of Washington, specialized in biology concurs with the World Health Organization, and Professor Richard Geddes of Cornell University that exposure to excess noise levels has negative effects on human health, particularly in children and those over 60 years. Brenowitz cites that exposure to a noise level of **85 dBA for even one workday can produce hearing loss**. Chronic exposure to noise level (e.g two years of SCH construction), to noise at 65 dBA can increase adrenaline and stress hormone (cortisol) overproduction which can elevate blood pressure. This can increase the risk of heart disease and stroke.

Brenowitz also cites that on the website of the Seattle Department of Planning and Development states that there is a "bad risk of heart circulation disease at constant impact" at **65 decibels**". Further he suggests as other municipalities and other countries do, **to require the installation of noise barriers for construction exceeding 75 decibels**. Seattle Children's Hospital should be required to protect the health of their neighbors and kids, and the 400 students attending the Laurelhurst Elementary school 2 blocks from the construction site to align with their own mission statement, "to provide the healthiest life possible", especially considering the plans for two- years of construction.

The second noise issue is the permanent, close proximity of the new Surgery Pavilion to the residences on 44th Ave NE and 45th Ave NE. While the EIS notes that the new noise from the building will be state of the art, the addition of such a large "penthouse" of HVAC and other systems "just over the greenery", will create more permanent ambient noise in close proximity of residences. The SCH Phase 3 EIS states that: 55 decibels during the day is allowable under the SMC, but even at that level, there is a health risk effect on humans subjected to a constant noise, which adds to their elevated cortisol levels and heart health risks. All mechanical systems should operate at under 45 decibels day and night or less, to comply with the SMC noise code requirement for residential noise maximums.



**Helistop Operation and Impacts previously disclosed in the EIS Addendum 3.5.3 and Pre-MIMP Noise Levels 3.5.3.1.1**

The Phase 3 EIS Addendum states that SCH receives " 4 landings per month, on the average" or 48 annually. **This statement is not correct.** Seattle Children's Hospital collects and posts this data semi-annually for the public to access on its own Construction Blog website.

The actual data is:	2012	2013	2014	2015	2016	2017	2018	2019
SCH Helistop landings	28	36*	35	57	36	65	68	69

\* inconsistent internal data reported

This data shows that helicopter landings on the Forest A roof helistop for the past 3 years is an **average of 67.3/year, or a 40% increase in the EIS's projection, and it sited very close to residences.**

Figure 3.5-3 (page 76), "The Helistop Modeled Flight Tracks for Pre-MIMP Helistop-FEIS" indicates that the helicopters approach their SCH landings "along arterials" from the north or south of Sandpoint Way NE, NE 55th St east and west. This route has NOT been the actual flight path taken for these past years and is exacerbated by the 40% increase on landings. In its temporary location on Forest A rooftop, the helicopters are flying in directly over resident's homes and schools such as 47th Ave NE, 43rd Ave NE, West and East Laurelhurst Drive NE, and NE 45th St. which are residential streets, from their approach over Union Bay. When the rooftop location was granted, the assumption was greater noise but short-term, but now with Forest B non-operative, it will be 2-3 more years from this location.

Table 3.5-10 (Noise at final Helistop location) indicates that the maximum decibels for 13 of its 14 receptors (human ears) **range from 84.5 to 94.5 decibels. That far exceeds any standard of acceptable noise for a residential neighborhood.** While residents are sympathetic to the mission of these flights, SCH should encourage **ground landings at the U of WA Intramural Field** as the first choice, if possible, and is safe for the patient as was promised in the original City Council's Conditional Use Permit issued to allow any helicopter landings .

The Tables 3.5-9 for Phase 2, and Table 3.5-10 for the permanent helistop location are based on the helicopter's planned approaches along Sandpoint Way NE and NE 55th Street. However, since the operators of the equipment have not adhered to that flight path, the noise levels in the residential areas have been much higher than either "Table of Noise" exposure predicted.

The Seattle Children's Hospital External Review Committee reviews landings and fields noise issues semi-annually. There have been numerous incidents of exceptionally loud helicopters flying in the middle of the night in the past two years. This deafening noise interrupts nighttime sleep patterns, and **SCH should correct any wayward flight paths to avoid these noise impacts** as much as possible. As noted by experts above, even one or two noise exposures can adversely affect cardiovascular health in humans, and should be considered as important for public health.

**2. Transportation and Parking**

**A. The Phase 3 EIS Addendum does not include a study for its construction plans to re-route vehicular traffic and create a non-approved temporary exit from the busy Ocean**



**Parking Garage**, which borders 45th Ave NE and NE 45th Street. NE 45th Street, which is very steep, is well known by LCC, SDOT and SCH for its heavy volumes and fast speeds as the main arterial that connects to the Laurelhurst Elementary School, Villa Academy School, Laurelhurst Park, the business district, two churches, and the residential neighbors in the entire north sector of the Laurelhurst neighborhood. Safety issues and speed violations are so pervasive that a radar speed reminder sign had to be installed at mid-point down the hill to slow traffic before 40th Ave NE, which is the SCH Emergency Department entrance.

This use of NE 45th Street for 2-3 years was first revealed at the SAC Meeting of August 31, 2020, as a temporary exit onto 45th from the Ocean Garage . The SAC members living in Laurelhurst immediately noted how unsafe this could be. **SCH's builder promised that they are planning to "staff a flagger" at their garage exit for more than two years for the duration of the Phase 3.** Not clear of the hours or location of the flagger. **This is also missing from Table 3.10-9**, which is "Comparison of FEIS and Forest B Mitigation Measures , under "Proposed Phase 3 Council Condition 20" (on page 149). Other locations of flaggers are mentioned, but the one on NE 45th Street exit from Ocean Garage for 2+ years is omitted. **This "temporary" exit for 2-3 years should be disclosed with a full safety analysis from SDOT, and recorded as part of the Phase 3 EIS Addendum for its impacts and mitigation required.**

**B. Street System** -The additional channelization of lanes on Penny Drive and adding dedicated turn lanes on Sandpoint Way NE (SR513), will be needed for safe access to the SCH campus and **LCC supports** the planned SDOT/SCH improvement.

The electronic directional sign to inform drivers on traffic on SR520 and I-5 was installed by SDOT on NE 45th Street before the MIMP was approved at significant expense to SCH. For the past 2 years, it has failed, and simply posts the same message, "Montlake Bridge is up, Traffic Clearing". SDOT should fix this expensive sign as it is a helpful tool to divert excess traffic to alternate routes especially during the pm peak southbound commute.

### **C. Traffic Volumes**

At least an additional 223 daily trips were projected for the original Phase 3. The FEIS cannot be used to compare the same phases because they have ALL been switched around, and each has different intensities. For example, the original Phase 2 which was expansion of the Hartman Building site that was not included in that MIMP by City Council. Instead, SCH built Forest B which was a more intensive development that was originally planned for its Phase 3. Since that project is now well into construction, the new Phase 3 is the Surgery Pavilion with a new skybridge connecting to an 8-story garage in the NE corner of the site.

Due to the changes in the phases built, or now proposed, the traffic volumes predicted will necessarily change. Phases 1 and 2 which built Forest A and B buildings have different square footages and uses than was originally in the approved MIMP, and it makes the analysis of what was originally planned for Phase 3 irrelevant.

A better approach is to analyze the traffic volumes to date, which would include Phase 3, and subtract what is now planned for the balance of the MIMP because for example, its phases 1 and 2 were moved forward.



Of note, Table 1.5-1 (p. 19) states" Traffic volumes for Phase 3 would be 109 ( 72 in/37 out) new AM peak hour trips, 113 (19in/94 out) new PM peak, and a total of 1150 (575in/575out) new daily trips. Assuming these numbers are correct, that means 1150-222 peak=928 trips non - peak, or, all day long. Trip generation (page 136) compares Phase 3 now vs a different, original Phase 3, claiming less impact in Table 3.10-4, but the phases are not comparable since the development is completely moved forward and backwards on Phases 1,2,3 and 4.

In all cases, adding 1150 new daily trips in the currently proposed Phase 3 **will** impact the entire NE corridor. ( See the Appendix Traffic Study report by Transpo labeled "Arterial Level of Service and Signalized Intersection Capacity Analysis"). The incremental delays and Level of Service noted that traffic in the study was less than anticipated, especially through the Montlake Interchange" due to WSDOT improvements for SR520" . That is not the real reason for the decline in baseline traffic counts.

**The traffic study for this EIS Addendum was done on May 7, 2020 at 1:45-2:00pm in the midst of Covid-19 mandatory stay-at-home orders from the Governor.** The University of Washington was **not in session**, and the **University Village was closed** for retail and restaurants (except for minimal food take out and a drug store). Many of the new high-density apartments along the 25th Ave NE, NE 45th St and Blakeley streets stood vacant.

**Thus, the traffic study data obtained on May 7, 2020 is not an accurate or acceptable baseline for normal traffic corridor operations for the Phase 3 development. This phase is planned to be open in the fall of 2024 when the Covid-19 pandemic will surely have a vaccine, and normal operations of SCH, the University of Washington, and the retail and new residential uses will robustly resume.**

**A new traffic study, pre or post Covid -19 restrictions, should be required before construction to accurately predict the traffic impacts and mitigation proposed.** It might not be soon enough to plan another "normal" traffic study, but might be better to use the prior traffic study with adding an expected mode split volumes. based the SCH's increase in campus population.

Even with low pandemic traffic volumes, the new Transpo study, "HCM Signalized Intersection Capacity Analysis 11: Mary Gates Memorial Drive/Union Bay Place & Montlake Blvd & NE 45th Street weekday pm peak (Seattle Children's Phase 3), notes that the intersection summary is at 113.6% capacity (gridlocked) with a lost time of 24 seconds and a **Level of Service of H which is the lowest possible set by the standard indicating an intersection is over 109% of its capacity.**

The Growth Management Act also requires a study of the impacted arterials surrounding arterials, and the analysis reveals that both neighborhood arterials of 40th Ave NE, NE 45th Place, and Mary Gates Memorial Drive, and through to SR520 and the NE 45th corridor to I-5 will operate at Level F with delays of up to 30 minutes.

The secondary arterials at Roosevelt, 40th Ave NE have similar degraded LOS from the side-street workarounds from the added traffic.



The narrative on pages 143 and 144, Phase 3 EIS Addendum presents a Table 3.10-7 which only analyzes three blocks surrounding their campus driveway access. The traffic "analysis" information omits the real pipeline impacts that are found in the Transpo study in the Phase 3 EIS, Appendix A, Transportation which offers the comprehensive study of traffic impacts.

**D. Parking-**Demolition of the existing parking garage and surface level parking will result in greater onsite parking demands during the three-year construction process from 2021-2024. The new north garage is needed to provide more parking for the expansion of services at the Main Campus of SCH, and the increase of parking at the end of new Phase 3 north garage is a net increase of about 527 spaces in 2024. During the next 10 years of construction in the MIMP, SCH must continue to retain, and lease its current 1072 off-site parking spaces to have an adequate parking supply to avoid the spillover parking onto the surrounding residential neighborhood streets. During the Covid-19 pandemic 5 neighborhood streets were removed from residents' use for 6 months and dedicated to hospital staff needs during the emergency. Neighbors supported this conversion on a one-time temporary basis, but also realized that the SCH rigorous off campus, no-parking enforcement, is essential to continue to maintain some liveability in a residential community. The events also underscored the need for more parking on campus for hospital employees as the services also expand in the future phases of the MIMP. Thus, during the prolonged 10-year construction of the MIMP projects, off -site parking programs should be maintained, to avoid spill over into residential streets.

**E. TMP-** The TMP goal of 30% for the SOV mode was set by the Conditions of approval by City Council in 2010 to meet by the full build out in 2030. With the approval of the MIMP , SCH is required to demonstrate its plan toward meeting that goal before each Phase of the development is approved,

In general, Seattle Children's Hospital has been a model for other institutions to emulate with its numerous options to reduce the SOV rate in the NE corridor, and in Phase 1, SCH built the bicycle connector to the Burke Gilman Trail in advance of its phasing requirements.

The new Surgery Pavilion will no doubt require its patients to primarily arrive and depart in a single occupancy vehicle (SOV) for their safety and a germ-protected transport. The additional SCH employees, however, can be better encouraged to arrive by transit, vanpools, or non-motorized modes.

The EIS Addendum did not note that **the #78 route to SCH has been discontinued** by Metro in March, 2020, and that will affect its transit user options. In 2019 the current employee SOV rate was 33.2 percent rate. With ten more years of expansion underway, SCH will have to create more options and better incentivize employees at all levels to reduce its TMP by 3 percent with a significant amount of development becoming operational. In other words, not only will the percent on non-SOV users have to decrease, but also assume that new employees who may live further away, will also be a 30% maximum SOV users as the services on the campus increase.

**F. Plants and Trees** The mature and exceptional trees primarily located in the SCH campus surrounding 75-foot buffers provide a natural screen for neighbors to reduce the visual impacts of looking onto a large hospital from the front yard of their homes.

The setbacks and mature tree buffers were a critical condition of the MIMP approval by City Council (item #71 The Council explicitly called out that" the mature, existing trees and vegetation be maintained and preserved".

In addition, the SMC 25.11.050 requires a tree protection report for each phase of the MUP application.

Table 3.12-3 "**Revised** Summary of Tree Protection and Removal- Phase 3 EIS Addendum"

shows : The total number of Trees and Shrubs	304
Those which will be protected in place	183
Relocated	16
Trees removed	105

**In the category of "Exceptional Single Trees" which are Seattle's most mature and largest.:**

<b>Total number of exceptional Trees</b>	<b>45</b>
<b>Total number to be removed</b>	<b>45</b>

Further (page 160), it states that "No trees would be protected in place within the anticipated construction limits of Phase 3".

This is not compliant with SMC 25.11 .050, nor is it consistent with the City Council Ordinance #123263 for MIMP condition #11 which is to retain the original site trees.

The mitigation offers vague promises of replacement "in kind" with the same biodiversity and complementary to an SCH planting scheme. However, trees take 15-20 years at least to reach a scale of 20 feet in height to provide similar habitat and screening. Exceptional trees are given that designation precisely because they are exceptional and by definition cannot easily be "replaced" nor can their functions of screening, buffering the harsh look of development on the SCH campus, and providing habitat.

The SCH plan should be revised to avoid the proposed removal of over 100 trees, including 45 exceptional ones. It may cost a bit more and time and budget, but the MIMP and SMC requires a better approach to just bulldozing away its mature trees to say nothing of the visual blight it will leave behind for adjacent neighbors to view. For tree removal that is demonstrated to be absolutely unavoidable, minimum replacement calipers should be required for any significant or exceptional tree removals.

In addition, **green "living walls" should be required on the facades that face east on 44th Ave NE, 45th Ave NE , and on the north facade of the parking garage facing NE 50th.** This will help create vegetation and buffer the two new buildings which with substantial mass, bulk, and scale will present a jarring prospect to the adjacent residential community. Shrubs should also be planted as appropriate on the roof of the parking garage and mechanical penthouse to reduce headlight and indoor room glare.

### **G. Light and glare**

Construction lighting on the site, even if directed inward is usually bright floodlights for safety and security. That bright lighting will be in place for over 2 years without mitigation.



With the final Phase 3 proposal, the addition of 37 feet of structure plus 15 feet in mechanical height, will create new light and glare issues for residents on the other side of the 75 foot buffer, particularly if the mature, exceptional trees are removed.

EIS Addendum Section 3.9.1.1.2 on Light and Glare proposes a satin reflective finish, but this is also 32% reflective and transmits 42% of inward light to the exterior. It predicts the light would be low and shielded by the mature tree buffer (which is planned to be stripped of its exceptional, mature trees).

**The new Surgical building, however, should be treated separately due to its close proximity to neighbors.** Planting green walls should be required to reduce the glare along the NE edge.

The expected hours of day and night operations of the Surgery Pavilion information is missing from this EIS Addendum, making it difficult to predict the full light and glare impacts. The report mentions that automatic shades will be included to reduce the emission of interior night glare, and possible screens can be placed. The lights are also planned to be turned off at 11:00 pm, but that is still late, and precludes neighbors from enjoying the Olympic Mountain sunsets and the dark sky from October through late March.

Table 3.9-2 Estimated Shadows shows that the new surgical structure **will cast shadows** across 44th Ave NE and onto NE 50th Street, for the loss of sunlight in the winter period. A lower height would eliminate that impact.

#### **H. Aesthetics**

Section 3.9.2.1.1 of the EIS Addendum notes that views from the new Phase 3 development would not be visible, but the new Surgery Building is set closer to neighbors on 44th Ave NE and its roofline would be very visible at 37 feet plus the 15 foot mechanical penthouse. It states that these visual impacts are similar to what was proposed in the FEIS, but the illustration Figure 3.9.3 elevation shows that the heights of the mechanicals impede the view lines throughout the campus looking west.

Table 3.9-6 "Estimated Height, Bulk and Scale Impacts shows that the new Phase 3 will expose one of the buildings from the eastern view (Viewpoint 6). In addition, two stories of the new Surgery building will be visible, and four stories of the North garage will be visible.

**SCH should mitigate this impact by excavating another story and lowering the grade so that most of the new structures will be closer to 25 feet in height, rather than the maximum 37 feet. This would require more expense from SCH, but the final result "after all that digging, trucks and dirt in the air" would at least be less impact on the surrounding residences by reducing the visible mass, bulk, and scale of the structure along the SCH northeastern borders.**

Finally, the City of Seattle accepted funds in Phase 1 from SCH for transportation improvements that were never done, and the installation of an diversion information sign on NE 45th St which almost never is accurate, and states "Montlake Bridge Open - Traffic Clearing". This is rarely



the scenario, and we ask that SDOT fix this expensive, and useful traffic-directing tool for SCH, and all of the NE corridor users as soon as possible.

Seattle Children's Hospital can perform its important work and simultaneously be a good fit in the neighborhood without imposing harsh impacts on the neighboring community. To accomplish this several steps are necessary:

The first step in proceeding with SCH's revised Phase 3 should be reissuing notices to the public with a new comment period, now that SCH and SDCI have, although in fits and starts, provided baseline documents concerning the proposal.

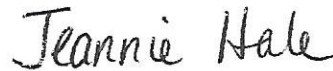
The second step should be preparation and issuance of a Draft Supplemental EIS, rather than continuing reliance on the EIS Addendum, which is inadequate to the task of disclosing and analyzing alternatives, impacts, and mitigation of the current proposal.

At the same time that these steps are taken, it should be acknowledged that the proposal is for nonexempt MIMP amendment requiring rigorous review after full disclosure. The product of these steps should be an improved MIMP that satisfies the concerns raised by the community including in these initial comments submitted by as a party of record.

Thank you for including our initial comments in the review for the Phase 3 project on the Seattle Children's Hospital Main Campus in Laurelhurst,



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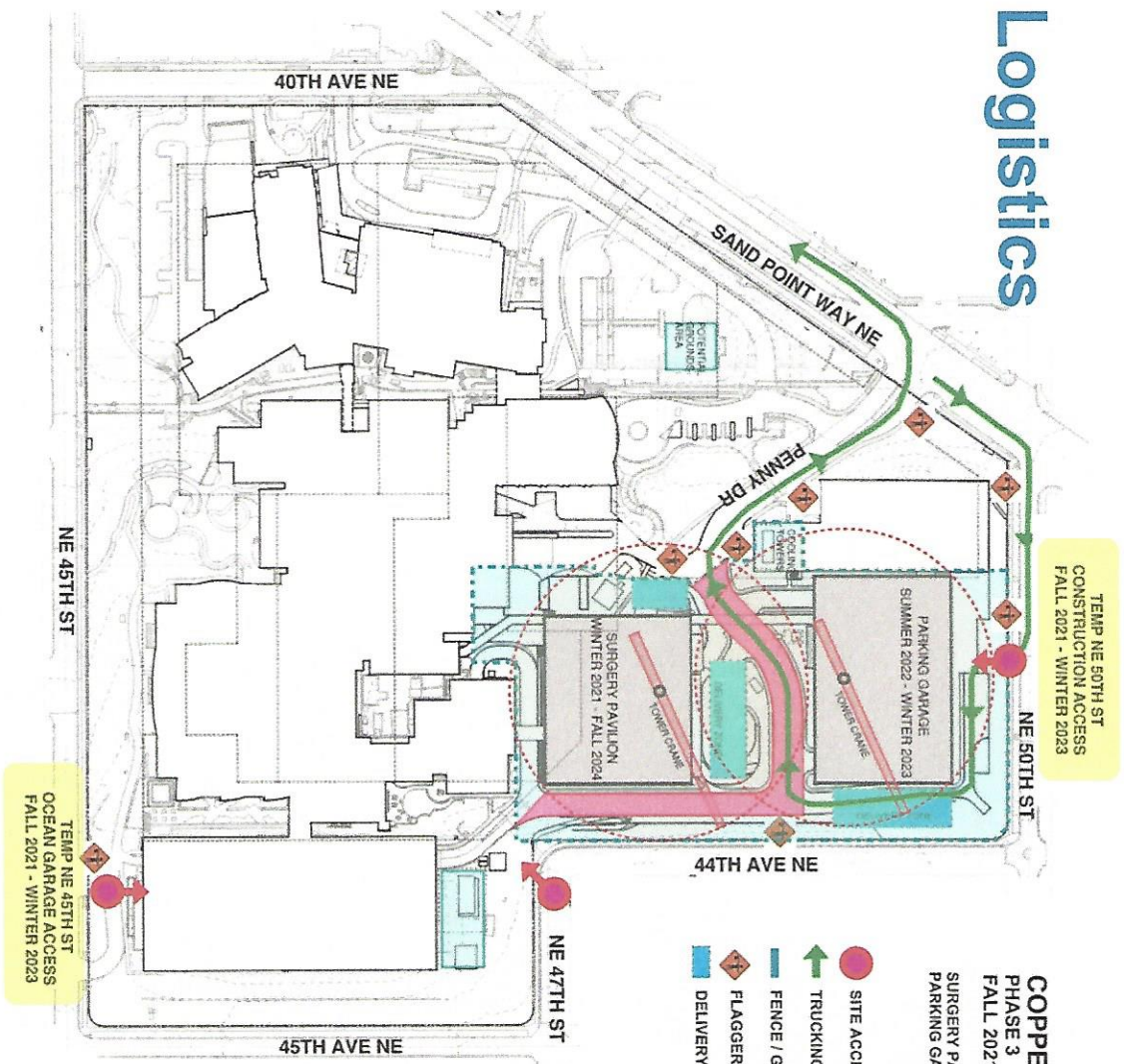
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# Construction Logistics



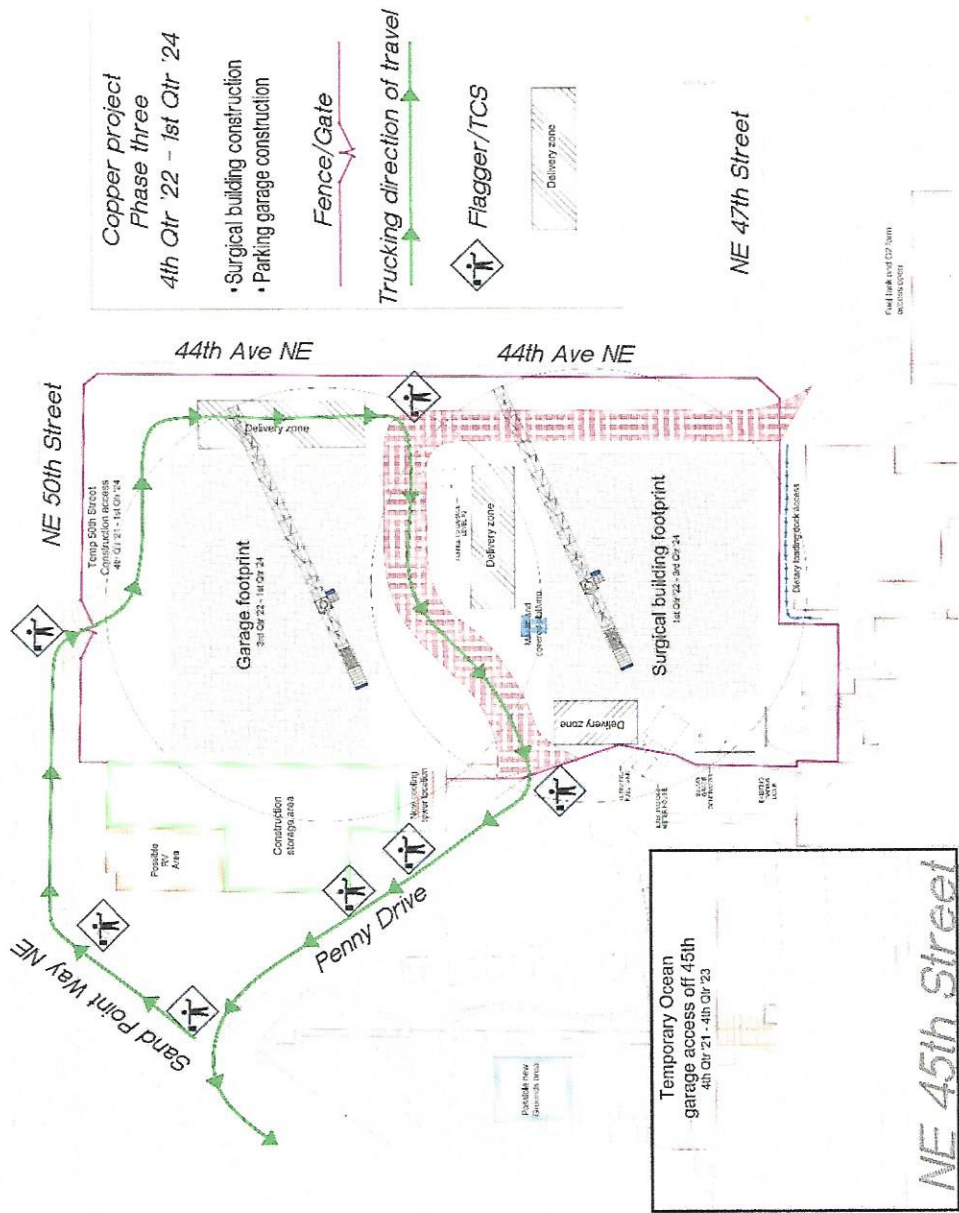
**COPPER PROJECT**  
**PHASE 3**  
 FALL 2021 - FALL 2024  
 SURGERY PAVILION CONSTRUCTION  
 PARKING GARAGE CONSTRUCTION

- SITE ACCESS
- ➔ TRUCKING DIRECTION OF TRAVEL
- FENCE / GATE
- ◊ FLAGGER / TCS
- DELIVERY ZONE



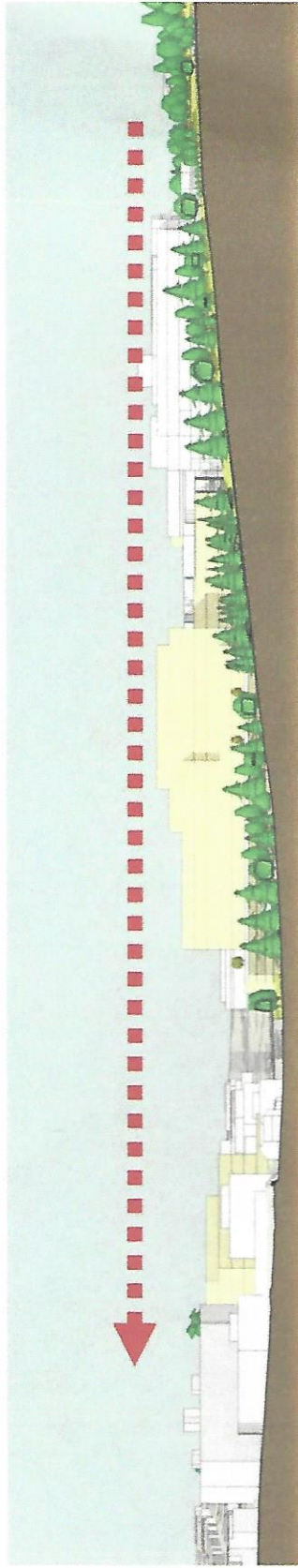


# Construction Logistics

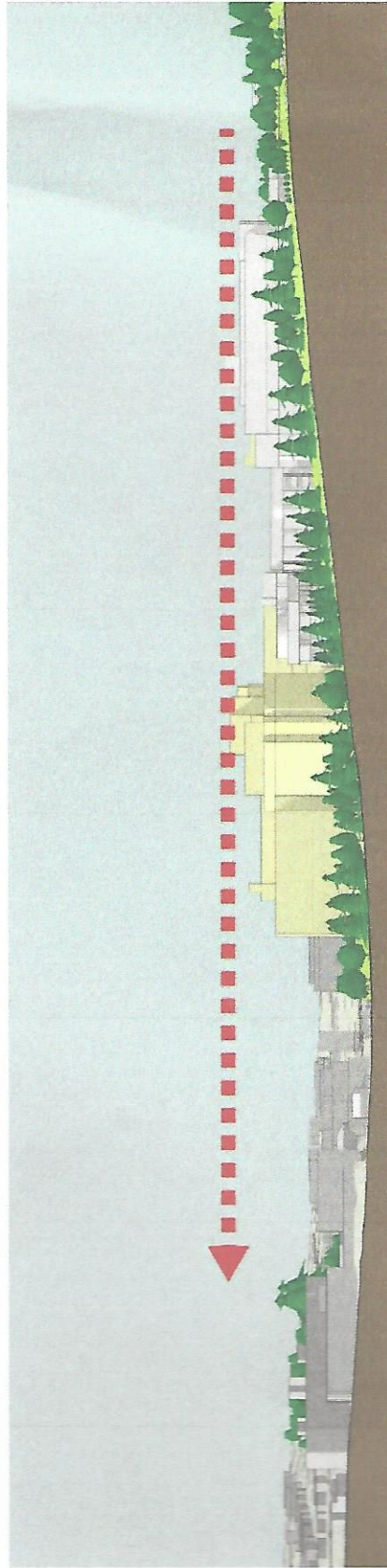


Final Plan and CD 5/20/2024



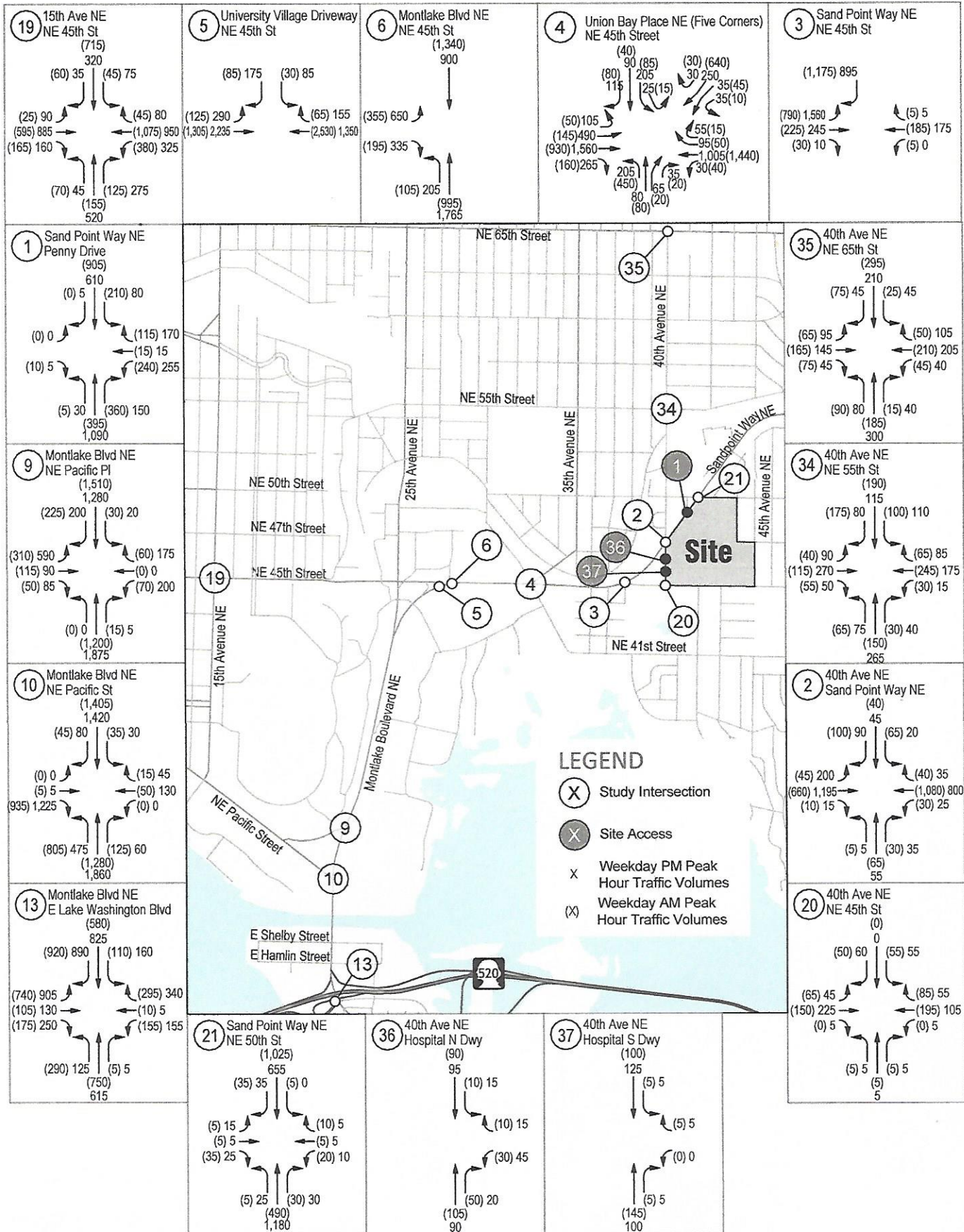


Alternative 7R



Proposed Development

Figure 3.9-3 Elevation Comparison



No Build (2030) Weekday Peak Hour Traffic Volumes

FIGURE

Phase 3



# **Laurelhurst Community Club**

*Serving Seattle's Laurelhurst Community since 1920*

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October 26, 2020

Seattle Department of Construction and Inspections  
Attention: Colin Vasquez  
700 5th Avenue, Suite 2000  
P.O. Box 34019  
Seattle, WA 98124-4019

Re: Comments on Project 3036201-LU

From: The Laurelhurst Community Club (LCC)

The Laurelhurst Community Club (LCC) appreciates the SDCI's re-issuance of the official public notice for Seattle Children's Hospital Project # 3036201-LU. The initial notice was flawed by its lack of accessibility in the EIS Addendum documents, posted on the SDCI website. LCC submits these additional comments for consideration in addition to LCC's first comment letter submitted on September 09, 2020.

With further study of the EIS Addendum, it becomes clear that this land use analysis tool is inadequate to provide the public (and assuming the SDC&I), with the adequate information about the significant impacts of the proposed new Phase 3 project. The physical impacts on the site are so different that Phase 3 should be considered a Major Amendment (or, at the very least, a Minor Amendment), under the provisions of the Major Institutions Code SMC Ch.23.69 . Phase 3 is not consistent with the original intent of the 2010 MIMP, and will significantly burden the community with impacts that were not previously disclosed. The Standing Advisory Committee should also be provided full disclosure of its changes and impacts, and have ample opportunity for a robust review process as well.

LCC finds that the EIS Addendum has numerous shortcomings that require a Supplemental EIS required by a Major (or Minor ) Amendment designation including , but not limited to:

1. Unrelated elements for the Phase 3 comparisons and the addition of new site elements and locations not in the 2010 MIMP's EIS.
2. Lack of alternatives studied for the new MIMP elements
3. Lack of authority of the EIS Addendum as a land use tool for significant changes to a MIMP

## **1. Unrelated and new elements introduced for phase calculations/comparisons**

While the SMC allows phases of a MIMP to be sequenced differently than the original plan, the changes and elements of the EIS Addendum for Phase 3, are not logically comparable for a phase-to phase analysis for Project #3036201-LU.



Phase 1 was originally sited along Sandpoint Way NE (SR513), but was moved to the southwest corner under of the site instead, under the approved and preferred Alternative 7. This Alternative was expressly designed as a compromise to build intense medical facilities **away** from campus' residential borders. With the destruction of the 136 affordable condominiums at Laurelon Terrace, Phase 1 was designated with medical facilities to be located at that southwest corner of the site at NE 45th St and 40th Ave NE, and was named the Forest A tower.

Phase 2 was to be the Hartman Building, which **is across the street** from the Main Campus on Sandpoint Way NE, but it was removed from the MIMP by the Settlement Agreement. Instead, the Forest B tower for diagnostics and treatment, is now under construction for Phase 2, also in the SW part of the site off Sandpoint Way NE, next to the Forest A building. These buildings were part of Phase 3 located in the SW corner allowing greater heights, bulk and scale.

The originally approved Phase 3 was building Forest A and B at the southwest edges of the campus with much greater heights, bulk, scale and intensity because it bordered Sandpoint Way and 40th Ave, which are major roadways and located were away from residential streets.

The plans now submitted for Phase 3 proposes to build extensively at the northeastern corner, bordering residential streets. This Phase proposes to add a large medical facility for surgeries, and contains different design elements, including a re-orientation and expansion of roadways to Penny Drive to serve the newly expanded North Garage (which was moved forward from Phase 4). Phase 3 plans to convert and expand a narrow service perimeter road, parallel to 45th Ave N. It would be the sole access to and from its large the Ocean Garage, of over 600 parking stalls, which is currently used 24/7 by staff, patients and visitors.

Thus, the Phase 3 submitted under Project# 3036201-LU is very different in location, type and location of structures, roadways and their proximity to residents than what the Phase 3 that MIMP contained, which was studied under SEPA review.

SCH notes in the Phase 3 EIS Addendum that the new Phase 4 will be to the north of its Forest B Building, and inserts a Phase 5 in the MIMP for the first time, as the "interior clinic expansion project in the Mountain Building". but also appears to be expanding its footprint in the central campus.

There was never a Phase 5 and the interior expansion was originally part of Phase 2, and now prolongs the construction on the site with a Phase 5.

Despite the unrelated elements in the comparison, the EIS Addendum of July 7,2020 contains extensive tables, charts and analyses in an attempt to justify that the new Phase 3 proposed is somehow similar to the original because of such criteria as the height and amount of excavated dirt are similar to what was planned for the high rises built in the SW corner, which was the original Phase 3, now built in Phase 2.

The EIS addendum for Phase 3 contains these tables for the required categories for comparison the original MIMP Phase 3 to the proposed new Phase 3 in categories, such as :

Table 1.4.5 (p.23) lists the comparisons for :Location, Size, Height, Uses, Parking spaces, Access and demolition of Housing.

and Table 1.4-2 Summarizes the MIMP Development to date including:



Building Square footages, Percent of MIMP approved, Percent of Square footage constructed or proposed to date. Percent remaining for future development and Floor Area Ratio (FAR).

Using these comparative tables, the report then concludes:

## "1.5 Summary of Site-Specific Environmental Information

Table 1.5-1 summarizes potential environmental impacts disclosed in the EIS and additional site-specific information for the proposed *Phase 3* evaluated in this EIS Addendum. It should be noted that these additional site-specific impacts can be mitigated to a level that is less than significant. Mitigation measures are shown in Table 1.5-2.

No new Significant or Unavoidable Adverse Impacts, or new Secondary and Cumulative Impacts, have been identified.

On page 97 of the EIS Addendum, Table 3.7-3 (attached) is the

"Comparison Of Proposed Phase 3 with MIMP Development Standards."

This chart has a category called, "Upper Level setbacks" which compares the "Standard" with the "proposed", measured from the southwest corner of 40th Ave NE. This made sense when the original buildings of Phase 3 (Forest A and B) would be in at the southwest edges, but the new Phase 3 is built on the completely opposite corner, at the top of the campus in the northeast and eastern edges, rendering the comparison irrelevant to measure height and scale for setbacks. Thus, the Standard tables are an example of why these "comparisons of phases" are not the proper land use tool for a legitimate comparison of the MIMP standards when the elements of the phase as well as the location are so different.

**The phase to-phase comparison data itself is intrinsically flawed because it does not comparing the same type and location of development.** The attempts to justify these comparisons because it is simply called new development on Seattle Children's Main Campus, is not the intent of the MIMP review process by phase, and requires a more rigorous SEIS for Phase 3 since the changes are more of a Major Amendment.

## 2. Lack of Alternatives studied in EIS Addendum

The EIS Addendum does not require an Applicant to develop and study alternatives for the phases proposed within the original MIMP's EIS.

Constructing a new medical building in a new and opposite location, creating an entirely new campus roadway system, diminishing the green landscape buffer, adding a new road to access the Ocean garage in close proximity to residents, have never been rigorously examined by independent oversight in the MIMP's EIS. The SDC& I, and relevant agencies and stakeholders, have no alternatives to study for these proposed very different, Phase 3 changes.

For example, there should be alternatives in bulk, height and scale for building a medical surgery facility in the northeastern edge of the campus, in contrast to the original Phase 3, which was located at the southwest edges. Is there an alternative building design that could accomplish their needs with narrower footprint to better retain the eastern buffer? Can the entire facility be lowered by excavating another floor out to reduce visual impacts in front of neighbor's on the



eastern edge? Can other exterior materials and finishes be used to reduce glare ? Can eastern edge buildings put its mechanical elements more on the side of its buildings to reduce visual and noise impacts from the residents on 44th and 45th Aves NE?

The proposed new orientation of the main campus road, Penny Drive, was also never studied in the 2010 MIMP EIS. The original orientation terminates the vehicles into buildings at the edges, which captures the glare and noise by the buildings which buffer the light and noise. The new orientation exposes much of the traffic onto the surface, which will allow headlights to shine into neighbors front of their homes on the eastern edge of 44th Ave NE. Hospitals are operational 365 days a year round the clock, with staff shift changes 2-3 times each day. The trip generation predicts this road would be a corridor used to access 3460 spaces (page 145, in section 3.10.11.5), at least twice a day, which can be as many as **7,920 sets of headlights glaring in the direction of the eastern edge to access the North and Ocean Garages**. The Applicant should be required to study alternatives to their proposed new roadway, ones which could reduce these impacts, and direct traffic and its light and carbon emissions away from residents' homes.

The EIS Addendum contains no alternatives for adding a new 2 full lane road parallel to the eastern edge to access the Ocean Garage. A SEIS study is needed to identify and study alternative ways to access the garage such as an underground tunnel from Penny Drive, similar to Swedish parking garage, or the University of Washington garage off 15th Ave NE, that is **built entirely under the campus**. A Supplemental EIS would require SCH to study and present alternatives to this proposed surface road access, which could instead be designed to be out of the "sight, sound and smell" of neighbors living along 44th Ave NE and 45th Ave NE, and the 350 Laurelhurst Elementary schoolchildren in their playground just a block away.

In the EIS Addendum, SCH offers no alternatives for removal of the trees and vegetation in the 75' buffer which was requirement of approval process in the 2010 MIMP, and replacing half of it with roadway surfaces. Of note, the Hearing Examiner rejected the entire MIMP plans in 2010 due to its immitigable impacts on the surrounding properties. The MIMP was **allowed only after these buffers were** required by the City as well. In the first 2 phases, SCH retained this 75 foot buffer, but Phase 3's plans would diminish the green buffer, and replace trees and plants with hard surfaces. Table 3.12-2 (attached) states that **no mature tree protection is planned during construction, 150 mature trees will be destroyed, including ALL of the 45 exceptional trees**. This is a complete change in its approach to maintaining green landscaping buffers, and is worsened by SCH's lack of maintenance and replacement of plant materials in the past two years. The original "buffer" is thin, and more of a single layer of remaining trees and vegetation. **In addition, these tree removal plans are not compliant with the Seattle Tree Ordinance SMC.25.11.090 which requires exceptional tree retention.** Alternatives are needed for tree retention.

When the Seattle City Council's adopted Findings, Conclusions and Decisions, it stated, "The proposed upper level setbacks (75 feet on the eastern edge) are designed to mitigate the impacts of additional height, bulk and scale resulting from the MIMP. These measures, along with the proposed landscaping, height restrictions and open public space plan, provide adequate



mitigation of height, bulk and scale impacts on the surrounding properties." (April 5, 2010 , page 23)

Further, on page 25 of the City Council's decision, it states, "Mitigation measure are found in Children's significant commitments that include... a commitment to landscaping that enhances the campus while shielding it from neighborhood properties". And on page 13 of the Council's Decision, it states, **"For the setback to function effectively as a screen. it needs to be heavily landscaped. And on page 23 of the Council Decision, it states, "under the proposed MIMP setbacks... along 44th Ave NE.. would remain at 75 feet.**

The lack of alternative for tree protection during construction and adding a new "service road " at the NE corners as well as converting a "service road" running along the eastern edge violates the intent in the MIMP , and the City Council's decisions in 2010 for approval of this MIMP.

These are examples of the consequences that will occur with the lack alternatives and enforceable language that should be studied under the SEPA. Designating this project as a Major or Minor Amendment, is critical to requiring the Applicant study, and present better alternatives for their proposed elements in Phase 3, compatible with the intent of the MIMP.

#### **4. Lack of authority of an EIS Addendum**

The EIS Addendum is not a land use process or a tool that requires the Applicant to conduct a rigorous analysis of potential impacts under SEPA, or actually implement its proposed mitigation measures.

An EIS addendum is not required to include any alternatives to study for its additional or changed elements or location of the built environment that differ or be completely eliminated from its original MIMP. Thus, its narrative just assumes such a facility is somehow permissible under the blanket of the MIMP. In addition, the Phase 3 proposal also assumes that SCH will meet the criteria to demonstrate the actual need for such a large expansion of 12 surgery suites and 6 new procedure rooms required by the Washington State Department of Health with an approved Certificate of Need.

The EIS Addendum lacks the authority of enforcement , and uses language such as "may" or "should" which can be ignored by an Applicant without penalty . Under SEIS regulations, language is directive as in "shall" or "will" which must be done under SEPA.

When hospital budgets are cut, or when new management teams and goals are changed, the City of Seattle and its constituents have only the impartial regulations and legal agreements remaining. These statutes must be enforced to preserve the intent of MIMP for an the institution and protect the livability its surrounding properties, that was required in the original legislation.

Seattle Children's Hospital has resources to expand its services within the approved MIMP, and is able to accomplish that balance of livability with its bordering properties, and residents. As a party of record, we ask that SDCI address our concerns expressed about the shortfalls of the sole use of an EIS Addendum, and request that a Phase 3 be classified as a Major Amendment and require a supplemental EIS for Project #3036201-LU, before it proceeds.

Thank you for your consideration of our comments, and we appreciate your inclusion of them in the record.

Sincerely,

A handwritten signature in cursive script that reads "Colleen McAleer".

Colleen McAleer

President , Laurelhurst Community Club

Seattle, Washington 98105

206-525-0219

[billandlin@aol.com](mailto:billandlin@aol.com)

**Table 3.7-3 Comparison of Proposed Phase 3 with MIMP Development Standards**

MIMP Development Standard	Standard	Proposed	Compliance with MIMP?
Height Limit	Surgery Pavilion: MIO 37, MIO 70, and MIO 90  North Garage: MIO 37	<i>Surgery Pavilion:</i> Maximum building height is 37 feet to top of Level 7 (building without mechanical); and 52 feet to top of Level Penthouse (portions of the building that contain rooftop mechanical range)  <i>North Garage:</i> Maximum building height from existing average grade to top of roof is 37 feet.	Yes
Structure Setbacks	75 feet from 44th Avenue NE  40 feet and 75 feet from NE 50th Street	<i>Proposed Phase 3 Surgery Pavilion</i> is 75 feet from 44 <sup>th</sup> Avenue NE.  <i>Proposed Phase 3 North Garage</i> is 75 feet from NE 50th Street and 75 feet from 44th Avenue NE.	Yes
Upper Level Setbacks	80 feet for structures above 50 feet in height as measured from 40th Avenue NE	<i>Proposed Phase 3 Surgery Pavilion and North Garage</i> are located greater than 80 feet from 40th Avenue NE	Yes
Lot Coverage	Maximum of 51% calculated against entire campus	Maximum of 51% calculated against entire campus; with <i>Phase 3</i> development, lot coverage is estimated at 42%	Yes
Landscaping	Depth of landscaping is same as structure setback requirements	Landscaping preserved and enhanced under <i>Phase 3</i> is a minimum of 75 feet in depth along NE 50th Street and 44th Avenue NE, except where Penny Drive is realigned within setbacks. Note: The MIMP development standards allow driveways within setbacks.	Yes
Open Space	Minimum of 41% of combined total area of campus	Minimum of 41% of combined total area of campus; with <i>Phase 3</i> development, open space is estimated at 46%	Yes
Width and Depth Limits	Unlimited width and depth limits allowed	NA	Yes
Setbacks between Structures	No setbacks between structures are required	NA	Yes
Preservation of Historic Structures	NA	NA	NA
View Corridors	No view corridors designated	NA	Yes
Pedestrian Circulation	Minimum of 4' wide pathways	Minimum of 4' wide pathways	Yes
Density/FAR	Maximum of 1.9 for entire campus	Maximum of 1.9 for entire campus; with proposed <i>Phase 3</i> , FAR is 1.53	Yes



**Table 3.12-3 Revised Summary of Tree Protection and Removal – Phase 3 EIS Addendum**

	#	Protected in Place	Relocated	Removed
<b>Total Number of Trees and Shrubs</b>	304	183	16	105
<b>Exceptional Single Trees</b>	45	0	0	45
<b>Exceptional Trees or Shrubs because of Being Located in a Grove</b>	0	0	0	0
<b>Significant Single Trees</b>	0	0	0	0
<b>Significant Trees or Shrubs because of Being Located in a Grove</b>	0	0	0	0

Source: Tree Solutions 2020

Of the 304 trees or shrubs, 45 are considered “exceptional” because of their size. An arborist evaluated the 45 “exceptional” trees and 259 other trees that are greater than 6 inches dbh. Sixteen trees were considered potential candidates for transplant. No trees would be protected in place within the anticipated construction limits of *Phase 3*.

Children’s goal is to preserve as much of the existing plant material as possible, and where possible to provide mature landscaped environments at the time of new building occupancy.

Children’s would protect and maintain existing landscaping and trees outside the *Phase 3* construction area, including in landscape buffers along NE 50th Street and 44th Avenue NE. Where perimeter buffer areas are disrupted by temporary construction access, materials would be replaced in kind.

Landscaping would be used to screen and soften noise and visual impacts on adjacent properties.

New plantings installed within the construction area would be consistent and complimentary with Children’s planting scheme, using a wide diversity of plant species including trees (deciduous and conifer), shrubs, grasses, ground covers, perennials, and bulbs. Planting choices would extend the color, texture, and pattern of the surrounding residential areas while maintaining the visually calming experience unique to the hospital campus. The landscape program would be designed to provide access to restorative and therapeutic gardens, with seasonal sun and shade to provide outdoor comfort for families, patients, caregivers, and neighbors. Green roof assemblies would be considered where appropriate to the building function.

Proposed landscaping includes building entry treatments, garage entry screening, improvements to perimeter screen planting, landscaped pedestrian pathways, new landscaping around reconfigured on-site roadways and access lanes, rainwater retention areas, and landscaped and hardscaped seating areas. Landscape quantities would meet or exceed the amount required, based on DPD Director’s Rule 13-92. All plantings would be irrigated except where designated as drought-tolerant areas (drought-tolerant areas would be temporarily irrigated until plant materials mature).

As required by SMC 25.11.050, with its MUP application for *Phase 3*, Children’s submitted a tree protection report prepared by a tree care professional that provides:



**From:** constancesidles@gmail.com,

**To:** billandlin@aol.com,

**Subject:** Fwd: Comments on Project 3036201-LU

**Date:** Fri, Nov 6, 2020 5:31 pm

**Attachments:**

---

Begin forwarded message:

**From:** Constance Sidles <[constancesidles@gmail.com](mailto:constancesidles@gmail.com)>

**Subject:** Comments on Project 3036201-LU

**Date:** November 6, 2020 at 5:30:42 PM PST

**To:** [prc@seattle.gov](mailto:prc@seattle.gov)

**Cc:** [Colin.Vasquez@seattle.gov](mailto:Colin.Vasquez@seattle.gov), [billand@aol.com](mailto:billand@aol.com)

To: Seattle Department of Construction and Inspections

Attention: Colin Vasquez

700 5th Avenue, Suite 2000

PO Box 34019

Seattle WA 98124-4019

From: Constance Sidles for the Laurelhurst Community Club

Re: Comments on Project 3036201-LU

The Laurelhurst Community Club would like to express its dismay over the proposal to remove all 45 exceptional trees on the northeast part of the site to accommodate the construction of a new facility at Children's Hospital.

Removing these trees will cause harm to the environment in the following ways:

\* Healing elements: Garden features are healing to patients as well as healthcare staff in medical facilities, as noted in the summary of research in the *Scientific American* (March 01, 2012 ). Scientists building on the body of work by the renowned Roger Ulrich at Texas A&M in 1984 found that integrating garden elements into hospital environments reduces stress and promotes healing for all ages. The best practices checklist noted, "the more greenery versus hard surfaces, the better. We found that a ratio of 7.3 to works best," states Cooper Marcus from University of California at Berkeley. Further, they noted that they heard from employees, who worked in their basement radiology department, that visits to green spaces, "[are] a big emotional lift." The research also found that "mature trees that draw birds...foster greater interaction with nature."

Seattle Children's campus should prioritize its mature trees and vegetation in Phase 3, and all other phases, to promote a more healing and restorative ecosystem on their campus from the inside/out. Replacing greenery with hard surfaces, which are not healing, and actually produce disturbing noise, is not beneficial to patients and their families, staff, nor to residents and families adjacent to the campus who see and hear the facilities' operations.

• Shade reduction impacts: Exceptional tree canopy significantly cools temperatures in the immediate environment of the trees. This effect was not considered in the original EIS, nor in any of the subsequent addenda. Yet, as we learn more about the effects of global warming, it becomes apparent that we must protect urban canopy as much as possible. Rather than destroying exceptional trees, we should be preserving them. Rather than removing or reducing urban tree canopy, we should be increasing it.

- Mental health impacts: The original EIS and subsequent addenda did not take into account the importance of urban wildlife on the mental health of our citizens. According to Seattle Audubon Society, "The birds, butterflies, bees, raccoons and other wildlife that visit our city are critical resources. Birds particularly so. They provide a daily point of contact with wildlife in Seattle unlike any other animal. The experiences birds provide in cities are increasingly important as fewer people, especially children, have experiences in "wild nature." Urban birds help urbanites connect with nature right in their own neighborhood. An individual's connection with nature is positively associated with pro-environmental behaviors (Rosa et al. 2018) and improved mental health (Bratman et al. 2012). Seattle Audubon cannot deliver on its mission without birds to drive the local connection to nature."

- Reduction of bird population impacts: A recent report notes the loss of 3 billion birds across the continent over the past 49 years (*Science* 2019). The abstract notes: "Species extinctions have defined the global biodiversity crisis, but extinction begins with loss in abundance of individuals that can result in compositional and functional changes of ecosystems. Using multiple and independent monitoring networks, we report population losses across much of the North American avifauna over 48 years, including once common species and from most biomes. Integration of range-wide population trajectories and size estimates indicates 30 a net loss approaching 3 billion birds, or 29% of 1970 abundance. A continent-wide weather radar network also reveals a similarly steep decline in biomass passage of migrating birds over a recent 10-year period. This loss of bird abundance signals an urgent need to address threats to avert future avifaunal collapse and associated loss of ecosystem integrity, function and services."

Urban birds depend on urban canopy for their survival. Removing all the proposed exceptional trees harms local populations of birds.

- Urban canopy impacts: The City of Seattle has committed to establishing a tree canopy cover of 30% citywide by 2037 and 40% over time (City of Seattle 2016). Removing exceptional trees from the proposed site will adversely impact this goal. Replacing exceptional trees with saplings reduces tree canopy for multiple generations of people and even more generations of wildlife. We are far better off retaining the exceptional trees we already have. That is no doubt why current Seattle Municipal Codes (SMC23 and SMC 25.11) expect that developers maximize tree retention throughout the development process, beginning with platting.

- Air quality impacts: The EIS and subsequent addenda did not take into account the adverse impact on air quality that removing exceptional trees will cause. (See, eg., 3.2.2.4 Significant Unavoidable Adverse Impacts With the implementation of the mitigation measures, no significant unavoidable adverse air quality impacts are anticipated.)

Yet we know that trees contribute significantly to the purity of our air. They do so through their canopy. Reducing tree canopy thus reduces the benefits large trees provide. Planting saplings in place of exceptional trees means we must wait many decades to achieve the same level of benefit. Meanwhile, we have seen in the past three years a significant loss of air quality due to forest fires in California, Oregon, British Columbia, and Washington, creating hazardous air for all of us in Seattle. Trees clean our air for free. Big trees clean more air. As a community, we should focus on retaining all the urban forest canopy we can, both on public and private lands. The proposed project does the opposite.

\*\*\*\*\*

We know more now about the impacts that exceptional trees and groves have on air quality, temperature, urban wildlife, and mental health than we did when the original EIS and subsequent addenda were prepared.

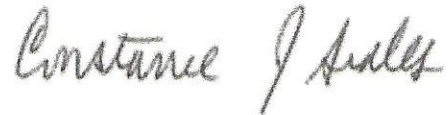
We have no excuse to destroy significant amounts of exceptional trees without meaningful attempts to preserve them, and without meaningful ways to mitigate.

Children's current plans do not meet this standard.



The Laurelhurst Community Club respectfully asks that Children's make a serious attempt to preserve these exceptional trees, recognizing their critical value to the hospital patients, staff, and surrounding community, and also to the urban ecosystem we all share.

Sincerely,

A handwritten signature in cursive script that reads "Constance J. Sidles". The ink is dark and the handwriting is fluid and legible.

Constance Sidles

Laurelhurst Community Club trustee, specializing in environmental issues; member, Seattle Audubon Society's Conservation Committee; master birder; president and owner of Constancy Press; nature author and publisher



**Peter J. Eglick**  
eglick@ewlaw.net

October 23, 2020

*Submitted via Online Portal*  
(<https://cosaccela.seattle.gov/Portal/welcome.aspx>)

Seattle Department of Construction & Inspections  
700 Fifth Ave, Suite 2000  
PO Box 34019  
Seattle, WA 98124-4019

**Re: Request for Interpretation Submitted by Laurelhurst Community Club and David Yuan AIA Concerning: Project 3036201-LU, Seattle Children's Hospital, 4800 Sand Point Way NE**

Dear SDCI Director:

## **I. INTRODUCTION AND REQUEST**

This Request for Interpretation (RFI) is submitted on behalf of the Laurelhurst Community Club (LCC), a Washington nonprofit corporation, and David Yuan, a resident of Laurelhurst immediately adjacent to the Seattle Children's Hospital (SCH) campus. This request is submitted pursuant to, inter alia, SMC Ch. 23.88. Its purpose is to define the application of the Land Use Code, in particular, the provisions of SMC Ch. 23.69, to the SCH proposal (Proposal) submitted to SDCI under Project No. 3036201-LU. Per SDCI Notice, the Proposal is described as a "Land Use Application to allow a 3-story building addition to existing institution (Children's Hospital, Surgery Pavilion & Garage (2 buildings connected by a bridge span). Parking for 1,138 vehicles proposed. Portion of existing garage to be demolished."

This RFI in particular requests that the Director issue an Interpretation, applying to the Proposal the provisions of the SMC Major Institutions Code, SMC Ch. 23.69, to the effect that it constitutes a Major Amendment to the 2010 SCH Major Institution Master Plan (MIMP). In the alternative, and subject to a reservation of requestors' appeal rights, if the Director determines that the Proposal does not constitute a Major Amendment to the SCH MIMP, the Director should issue an Interpretation that the SCH Proposal constitutes a Minor Amendment requiring full disclosure and environmental review, followed by robust public review processes, including but not limited to the Standing Advisory Committee (SAC) procedure set forth in SMC Ch. 23.69.



This RFI is submitted because the categorization of the SCH Proposal as a Major or Minor Amendment will have significant impacts on how the interests of the surrounding community will be recognized and protected during the City’s review. To date, this critical question has not been sufficiently explored for the SCH Proposal, which will significantly burden the community.

## II. THE SCH PROPOSAL IS A MAJOR AMENDMENT

The SCH Proposal must be classified as a Major, not Minor Amendment. To fit in the Minor Amendment category, a proposal must be “consistent with the original intent of the adopted master plan.” SMC 23.69.035 D. As explained below, the SCH proposal is not consistent with this original intent, and in several respects undermines the MIMP’s protective and mitigative purposes.

First, SCH proposes an entirely new road network within its campus. In the 2010 MIMP, currently in effect, Penny Drive was shown in a SE orientation and provided access directly to the Ocean garage, south of the corner of 44<sup>th</sup> Ave NE and NE 47<sup>th</sup> St. Separately, the 2010 MIMP included a small access road, designed for service and fire access, in the 75’ buffer behind the North Garage. SCH specifically labeled the road as “Service and Fire Access” in the map in the adopted 2010 MIMP (see right hand side of the diagram below -- letters in black and bold).

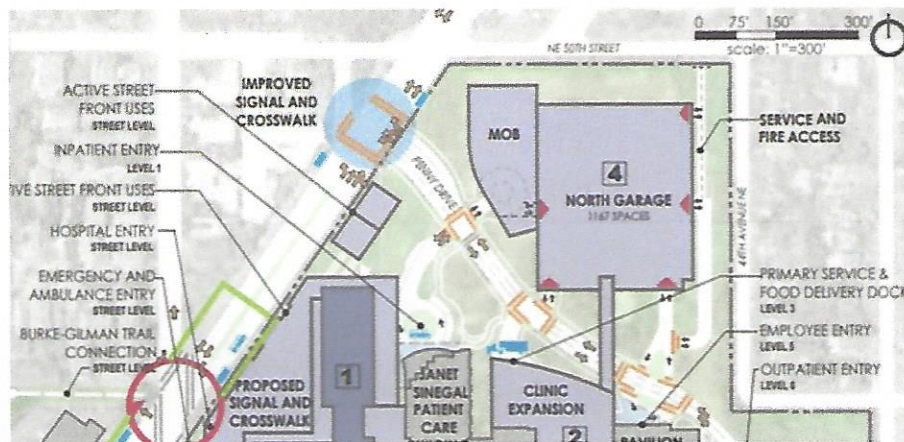


Exhibit A: Figure 4 Non –Motorized Connections; 2010 MIMP, page 83

The current SCH Proposal entirely redesigns and changes the function of the road network inside the SCH campus, to the detriment of the adjacent community. SCH would build a brand-new perimeter road that is parallel to 44th Ave. NE. All visitors parking at the Ocean Garage (608 parking spaces) will be diverted to this perimeter road sited on the outside edge of SCH property and immediately adjacent to single family homes.

Penny Drive will now run SE, and then east and south. The former low use fire access and service road in the 75' buffer will be lengthened substantially and transformed into an I-5-like corridor, serving as the major roadway providing ingress and egress to the existing 600 plus stall Ocean garage right next to the residential homes along 44<sup>th</sup> Ave NE. Further, unlike I-5, which experiences substantial reductions in activity depending on time of day, hospitals function 24/7 with multiple shift changes – intensifying impacts on residents.

The Proposal's new road network is far more and much worse than a mere "realignment" of Penny Drive. It bears no resemblance to the configuration of Penny Drive from the 2010 MIMP. The Proposal is shown below:

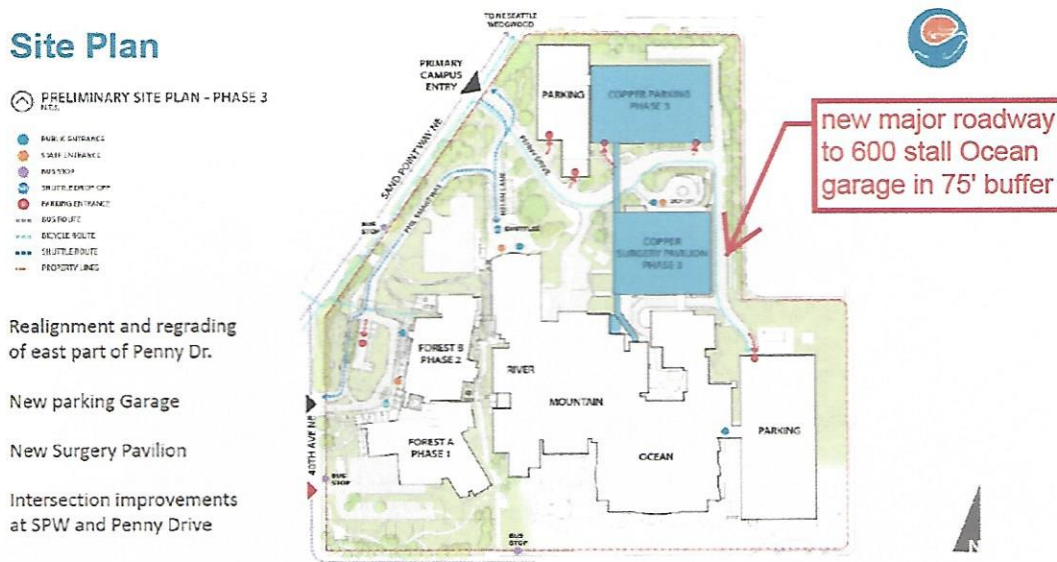


Exhibit B: SCH's PowerPoint slide from the August 31st SAC meeting

The drawing below shows the approximate location of Penny Drive in red (as approved in the 2010 MIMP), combined with the current Proposal. This demonstrates the incongruity of the MIMP with the current Proposal:



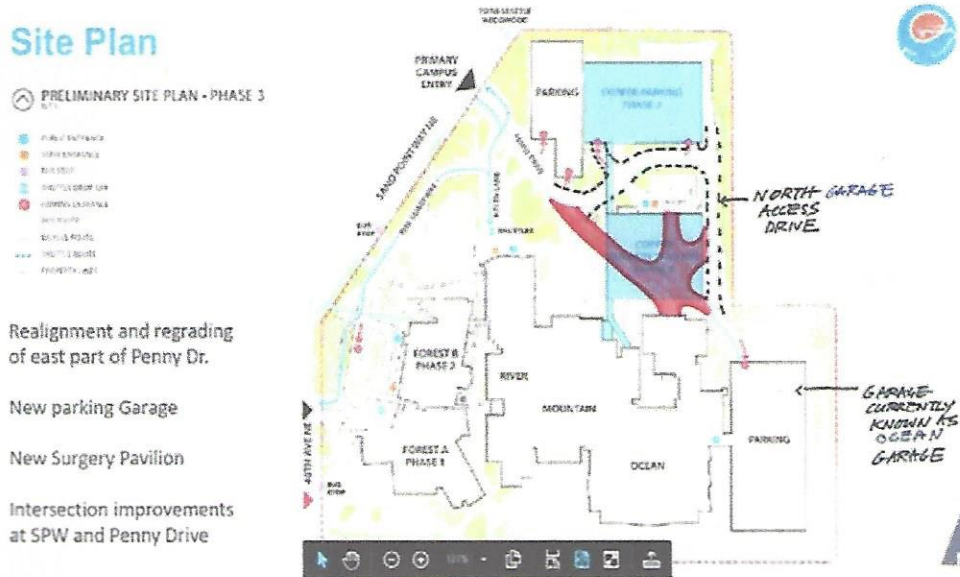


Exhibit C: Yuan amendment to SCH's PowerPoint slide from the August 31st SAC meeting

The 2010 MIMP states that access to Ocean Garage is primarily from Penny Drive (as then proposed), not from a perimeter road. 2010 MIMP, Page 80. The 2010 MIMP clearly identifies and documents the internal campus circulation routes, and maps the approved changes to Penny Drive. "Penny Drive will continue to distribute vehicles to the north parking areas, entry points and loading docks. The roadway has two through-lanes with a two-way center turn lane and 10-mph speed limit. At grade crosswalks are located along Penny Drive, connecting the parking and campus facilities areas to the north with the primary hospital areas to the south." 2010 MIMP, Page 80. This description of Penny Drive in the approved MIMP bears no relationship to the proposed new perimeter road. In addition, the MIMP's reference (2010 MIMP, Page 81) to the "service and fire access" road next to the North Garage and the "service and fire access" road in the MIMP map (2010 MIMP, Page 87) bears no resemblance in location or function to the proposed new road.

SCH is proposing to create an entirely new road network. That network will needlessly -- and contrary to the mitigative and protective intent of the MIMP -- impose the impacts of adjacency to heavy traffic on the surrounding residential community.

As shown in the EIS Addendum, there are no alternatives to access the Ocean Garage from Penny Drive, such as an underpass. The proposed new road will effectively abut neighboring residents' front yards, living rooms, and decks, imposing the noxious impacts of a continuous stream of vehicles in close proximity.

Second, the 2010 MIMP states: "Campus Development Program... Under the Master Plan, the existing hospital campus will be expanded to the Laurelon Terrace site for future hospital



facilities.” Page 19 (emphasis added). See also Seattle City Council Finding No. 52. Additional MIMP and City Council statements, including the following, make unmistakable the fundamental 2010 MIMP premise that, to protect the neighboring community from its impacts, hospital expansion would occur at the bottom of the campus and adjacent to Sand Point Way NE:

A. “Children’s revised its proposed MIMP to include early expansion onto Laurelon (Alternative 7R)... The change also allowed Children’s to... place increased height and bulk at a lower elevation where it is removed from most single-family neighborhoods to the east and south.... “ Seattle City Council Findings, No. 52, Page 10 (emphasis added)

B. ... “Children’s Master Plan... carefully balances the urgent need for additional capacity at the hospital with innovative programs and plans that respond to community concerns. Children’s commitment to purchase Laurelon Terrace, thus moving the bulk of its expansion “downhill” and adjacent to the Sand Point Way NE arterial and refining the proposed development through transitional heights and building setbacks, represented an extraordinary mitigation measure to reduce the impact of the expansion on neighbors.” 2010 MIMP, page 9 (emphasis added)

C. “The Master Plan allows Children’s to... place the majority of new development on the Laurelon Terrace site...2010 MIMP, page 9.

D. “The Master Plan will primarily utilize the lower elevations of the expanded campus for new development.... The majority of the new buildings will be located on the lowest areas of the expanded hospital campus and closest to Sand Point Way NE and 40th Avenue NE on Laurelon Terrace. 2010 MIMP, page 42.

To avoid impacts on the neighboring community, City Council approved -- against public policy for preservation of housing -- SCH acquisition of Laurelon Terrace, displacement of its residents, and redevelopment of the downhill Laurelon Terrace site. The Proposal, by constructing a hospital building at the top of the hill instead of downhill near Sand Point Way NE, would abandon a core principle of the 2010 MIMP.

While SCH has referred to the parking structure shown on the northeast part of the site in the 2010 MIMP as support to site the surgery pavilion, the logic behind this assertion is flawed. MIMP pages 51, 80. The current Proposal includes both the construction of the surgery pavilion and the construction of a parking structure. The maps in the 2010 MIMP do not support the construction of two new buildings, and certainly not the construction of a medical facility at the proposed location. The new surgery pavilion, a three-story, 193,000 square feet structure on the eastern edge of the SCH site and at the highest point of SCH’s property will result in significantly greater impacts and contravene a key premise on which the MIMP adoption was based.

To the extent, if any, that SDCI has addressed to date whether the Proposal’s categorization is consistent with the 2010 MIMP, its consideration appears to have been based largely on whether the Proposal would comply with applicable development standards adopted as part of the MIMP,



as if such compliance would be outcome determinative. However, this robs the community of the benefit of the protective transition and balance that the 2010 MIMP is intended to provide and artificially divorces SDCI's review from important considerations of location and intensity.

The blindered approach that SDCI is apparently contemplating here has previously been rejected by the Seattle Hearing Examiner:

Even if it were true, compliance with the development standard is not sufficient unless the proposal first meets the intended bulk, scale and intensity for this half block. The standards are expressly tailored to structures with a bulk, scale and intensity similar to those approved for the site in the MMP's development program and are designed to effect a smooth transition between that scale of development and the adjacent residences.

*In the Matter of the Appeal of ROBERT GOODWIN et al*, Seattle Hearing Examiner File: MUP-10-010, MUP-10-011, MUP-10-012, Findings and Decision (October 25, 2010) at Conclusion 12. As exemplified in *Goodwin*, SDCI's approach must be wholistic:

9. Considering this MIMP as a whole, and harmonizing all of its provisions, the original intent was that approved development with the greatest bulk, scale and intensity be concentrated on the central campus block, with bulk, scale and intensity being somewhat reduced on the western block of the campus, adjacent to Seattle University, and significantly reduced at the eastern edge along the half-block abutting residential development on 19th Avenue.

*Goodwin*, supra, Conclusion 9.

The guiding principle, per *Goodwin*, must look to a MIMP's fundamental framework, intent and proposal intensity – not just to compliance with development standards: “However, for development program changes to qualify as minor amendments, they must respect the MIMP's fundamental framework for bulk, scale and intensity.” *Id.* at Conclusion 11.

### III. THE PROPOSAL MEETS THE SUBSIDIARY REQUIREMENTS FOR CATEGORIZATION AS A MINOR AMENDMENT

As noted above, the Proposal must be categorized as a Major, not Minor, Amendment because, to fit in the Minor Amendment category, a proposal must be “consistent with the original intent of the adopted master plan” and the SCH proposal is not consistent with the 2010 MIMP. SMC 23.69.035 D.

If the Proposal is nonetheless deemed MIMP consistent, it is then within the Minor Amendment category because: 1) the construction of the new perimeter road will “be materially detrimental to the public welfare or injurious to the property or improvements in the vicinity in which the Major Institution is located;...” SMC 23.69.035(D)(2); and 2) The construction of the surgery pavilion on the eastern edge of the site and at the highest point of the Hospital's property will “result in

significantly greater impacts than those contemplated in the adopted master plan.” SMC 23.69.035(D)(1).

#### IV. CONCLUSION

SDCI should issue an Interpretation that the Proposal constitutes a Major Amendment under SMC Ch. 23.69. All rights are reserved in the event that SDCI does not issue the requested determination.

Respectfully submitted,

EGLICK & WHITED PLLC

A handwritten signature in black ink, appearing to read 'P. Eglick', written over a horizontal line.

Peter J. Eglick



October 24, 2020

I have previously written a comment when I became aware of the change in the plans for the hospital expansion with the addition of a new surgery pavilion. I objected as the construction was too big, too close and too high. I only garnered this from information provided by the Laurelhurst Community Club.

However, the sign posted on 44<sup>th</sup> Ave NE is misleading as it simply shows the outline of the hospital boundaries and no details about the location of the new buildings. This in itself is very poor communication and actually appears to intentionally obscure the extent and change in the construction plans of the hospital.

Since then I have contacted the neighbors on our street, 45<sup>th</sup> Ave NE, to ensure that they are aware of the problem. Two of the neighbors are on the SAC and provided all of us with further details about the planned construction. After reading this I am honestly appalled by the plans. What they have proposed is a non-starter for construction near our neighborhood.

The new surgery pavilion would be at the east upper end of the site very close to 44<sup>th</sup> Ave NE. The building would be visible but also there would be glare, lights at night and mechanical noise very close to homes in our area-particularly on 44<sup>th</sup> Ave NE, 45<sup>th</sup> Ave NE, NE 47<sup>th</sup> St. There is no need for it to be in this location. The pavilion should be moved downhill closer to Sandpoint Way. The parking garage is to be above ground (it should be underground-possibly under the surgery pavilion) and Penny Lane (the main road into the hospital) would be rerouted close to 44<sup>th</sup> AVE NE in what is supposed to be the 75 foot buffer green zone. This would add to the noise.

During construction, there would be an exit from the present Whale Garage on NE45th St. which would lead to a major traffic back-up on NE 45<sup>th</sup> St from the exit to Sandpoint Way. Drivers would be forced to choose alternatives routes to Sandpoint Way which would turn 45<sup>th</sup> Ave NE, 46<sup>th</sup> Ave NE and 47<sup>th</sup> Ave NE into major arterials.

Furthermore, there would be a construction entrance near 44<sup>th</sup> Ave NE and NE47th St, for 40 months (3 years and 4 months!) which would allow for constant truck traffic directly into our neighborhood. This in itself is completely unacceptable. It is not safe for the many children

in the area. Laurelhurst School is 2 blocks from this exit point. As previously explained it would turn our streets into major roadways which is not what they are zoned as and this is not the environment we chose to live in when we bought in the area.

To be clear, we are a neighborhood and a community. We are not a commercially zoned area. It is, in fact, unusual for a hospital to be located in such a residential area. We tolerate the sound of construction that has gone on for years, delivery truck arriving in the middle of the night, car alarms going off, the hum of the machinery and of course the helicopter landings that appear to be on the increase.

But enough is enough.

When the hospital proposed their last expansion, which eventually resulted in the Major Institution Master Plan (MIMP), they initially acted very aggressively lacking consideration for neighbors as they are behaving now. It took several years to come to a decent compromise which was that the hospital construction was limited to building downhill near Sandpoint Way. The construction traffic remained on the west (Sandpoint) side of the hospital and we felt that the hospital finally acknowledged that it was necessary to respect the livability of our neighborhood. But once again they are ignoring this.

There are alternatives.

- 1) Build the garage underground with the surgery pavilion on top, all downhill close to Sandpoint Way.
- 2) Any construction entrance would be a new entrance on Sandpoint Way, west of Penny Lane.
- 3) All construction and building would be kept on the west side and no traffic would be allowed to exist on NE45th St or 44Ave NE.
- 4) The hospital owns the Hartman Building. Could this not be made into a parking garage as well so the parking near the surgery pavilion would be for emergency, surgery patients, or disabled individuals.

- 5) The hospital plans on building north on Sandpoint near 70<sup>th</sup>. Could not some of the services be moved there and the present hospital be refigured for more surgical units.
- 6) Could the hospital not purchase the homes and the old Wells Fargo Building on 40thAve NE and build there. They had no problem buying up homes in our neighborhood and the Laurelon Condominiums when the last construction was proposed.

There are alternatives and they should be looked into. Also I hope that the hospital will not do a replay of their public relations campaign during the last request for expansion, which attempted to vilify anyone objecting to their expansion designs. We all support the excellent quality health care that they provide. As I mentioned in my first letter, our son has autism and has received wonderful help. We donate annually. But this has nothing to do with the hospital expansion plans and should not be any part of the discussion.

Sincerely

Susan Murdoch

4721 45<sup>th</sup> Ave NE

Seattle 98105

206-854-4321



I am writing with concerns about the Seattle Children's Hospital Expansion plans for phase 3.

This expansion involves a new above ground parking garage and surgery pavilion. I think the scope of the project is too large in terms of land use and the heights are excessive. The garage should be underground with 1 story at ground level.

A park/garden on top of this level would be acceptable for visitors and kids to have access to. The buildings should be moved downhill towards Sandpoint Way as much as possible.

The proposed building area presently extend from Penny Lane on the south side, bordered by Sandpoint Way to the west, NE 50<sup>th</sup> St to the north and 44<sup>th</sup> Ave to the east so that most of the property will be covered with buildings or roads. There is supposed to be a 75 ft setback that should be greenway but it appears that there will be a road along this stretch on the 44<sup>th</sup> St side (east side).

(The diagram on the billboard on 44<sup>th</sup> Ave NE is completely unclear and gives no information what so ever about the actual location of the new buildings or planned roadways and my information for this was obtained from the Laurelhurst Community Club).

The height that is listed will affect beautiful mountain views for houses on the east side and the increased noise of the mechanical systems will add to the noise from the hospital already present from helicopters, mechanical systems, parking lot cleaning projects, garbage trucks etc...

We live on 45<sup>th</sup> Ave NE and have been present through various stages of construction. When the Whale parking lot on the east side was built we were subjected to months and months of noise, trucks barreling down our street and traffic congestion on our street and on NE 45<sup>th</sup> St.

With the next stage of construction, after a long hard fight to protect our neighborhood, Seattle Children's Hospital compromised and built downhill, buying and building on the Laurelon condominium complex land. Construction was kept downhill and it appeared that the hospital really respected our concerns and our need to live in a peaceful community and neighborhood. This was a very good compromise and well appreciated and we had minimal disturbances from the construction. But getting to this stage was far from easy as the public relations department at the hospital developed a "Friends of Children's" campaign meant to malign anyway who objected the expansion of the hospital as proposed. The disagreement also involved a court case with the hospital administration and lawyers using patients as props to push for the need of approval of their specific design. Fortunately it all ended with a decent compromise as mentioned.

I hope that a reasonable compromise can be reached on the next phase without the previous contentions and complications, with a compromise including an underground parking garage, keeping heights as low as possible, building downhill rather than near 44<sup>th</sup> Ave NE and maintaining the 75' greenway as green space.

I wish I didn't have to note that this has nothing to do with the wonderful work done by the health care workers at the hospital but I feel it is necessary given what happened when we objected to the initial designs of the previous phase.

To be clear, Seattle Children's Hospital has provided wonderful care for my children. My son has autism and has had weekly speech therapy for 14 years with an incredible and affective speech therapist at the hospital. He sees an excellent neurologist at the Autism Center and he also learned to overcome his fear of water and learn to swim at the Therapy Pool. My children have had surgery at the hospital and we have dashed there with fevers. We donate yearly to support the hospital.

But none of this has anything to do with the need to compromise on the plans put forward by the hospital for the next stage of expansion, in order to ensure that our neighborhood remains livable and remains a peaceful, green community.

Sincerely  
Sue Murdoch  
Sept 9, 2020



## Sheehan, Maureen

---

**From:** doxorn@gmail.com  
**Sent:** Wednesday, November 11, 2020 9:07 PM  
**To:** Sheehan, Maureen  
**Subject:** Proposed Children's Hospital Construction Project (No. 3036201-LU)

**CAUTION: External Email**

To the members of the SAC:

I am writing to express my concerns about Children's Hospital proposed construction projects. For the reasons outlined below, please designate this proposal as an amendment to the 2010 Major Institution Master Plan (MIMP). There are a number of negative impacts on the community, including but not limited to:

(1) the construction of a hospital building at the highest point on the property; (2) the construction of a new two-lane perimeter road within the buffer that leads to the Ocean Garage; (3) the impacts of a construction project that will take more than three years (projected total of 40 months) to build; (4) the impacts of congestion on [NE 45th Street](#); and (5) the impacts of cutting down all 45 exceptional trees on the northeast part of the Hospital property.

The Hospital's proposal will "result in significantly greater impacts than those contemplated in the adopted master plan" and the proposal will be "materially detrimental to the public welfare or injurious to the property or improvements in the vicinity in which the Major Institution is located;" Seattle Municipal Code 23.69.035(D)(1) & (2).

Please submit comments indicating that the proposal is a major MIMP amendment. In the alternative, please submit comments indicating that the proposal is a minor MIMP amendment, but impose conditions to limit its adverse impacts on the community. Thank you.

Donald Oxorn

## Sheehan, Maureen

---

**From:** Barbara Shafer <bashafer@nwfirst.com>  
**Sent:** Thursday, November 12, 2020 5:33 PM  
**To:** Sheehan, Maureen  
**Cc:** billandlin@aol.com  
**Subject:** Proposed Children's Hospital Construction Project (No-3036201-LU)

CAUTION: External Email

Re: Proposed Children's Hospital Construction Project (No. 3036201-LU)

To the members of the SAC:

I am writing to express my concerns about Children's Hospital proposed construction projects. For the reasons outlined below, please designate this proposal as an amendment to the 2010 Major Institution Master Plan (MIMP). There are a number of negative impacts on the community, including but not limited to:

(1) the construction of a hospital building at the highest point on the property; (2) the construction of a new two-lane perimeter road within the buffer that leads to the Ocean Garage; (3) the impacts of a construction project that will take more than three years (projected total of 40 months) to build; (4) the impacts of congestion on [NE 45th Street](#); and (5) the impacts of cutting down all 45 exceptional trees on the northeast part of the Hospital property.

The Hospital's proposal will "result in significantly greater impacts than those contemplated in the adopted master plan" and the proposal will be "materially detrimental to the public welfare or injurious to the property or improvements in the vicinity in which the Major Institution is located;" Seattle Municipal Code 23.69.035(D)(1) & (2).

Please submit comments indicating that the proposal is a major MIMP amendment. In the alternative, please submit comments indicating that the proposal is a minor MIMP amendment, but impose conditions to limit its adverse impacts on the community.

Thank you,  
Barbara Shafer  
4706 45th Ave NE

Sent from my iPad



## Sheehan, Maureen

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**From:** Lee Stites <lee.stites@yahoo.com>  
**Sent:** Tuesday, November 17, 2020 2:05 PM  
**To:** Sheehan, Maureen; PRC  
**Subject:** Seattle University Master Plan

**CAUTION: External Email**

To whom it may concern,

I am a direct neighbor of the Seattle University's hospital property parking lot. It butts the south side of my property.

SU had been a good neighbor until 2020. They maintained parking lot and its grounds. This year, they ceased maintaining the parking lot, allowing the blackberry and morning glory bushes to overgrow the fence that separates us.

My neighbors and I have spent many hours this spring, summer and fall cutting back the overgrowth in an attempt to keep our fence from being overwhelmed by the bushes on the SU property.

SU must not be allowed to continue with this neglect.

I strongly urge the City Department of Construction and Inspection to mandate that SU maintain their property at all times. Also, I urge the department to require SU to provide the "high-quality quality, welcoming open space ...publicly accessible and urban in character" as outlined by the Master Plan.

Thanks for your attention and help.

Lee Stites  
[lee.stites@yahoo.com](mailto:lee.stites@yahoo.com)

## Sheehan, Maureen

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**From:** Thie Cowart <thiecowart@msn.com>  
**Sent:** Monday, November 16, 2020 5:11 PM  
**To:** Sheehan, Maureen  
**Subject:** comment on Seattle Children's Hospital new expanded construction - need for supplemental EIS

**Categories:** Seattle Children's

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**CAUTION: External Email**

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Dear Ms. Sheehan,

As a neighbor affected by the greatly expanded scope of Seattle Children's Hospital Phase 3 construction expansion, I am writing to insist that the City require a Supplementary EIS to examine the impacts of this expanded construction. From routine reading of the posted notice boards and other materials during the ongoing construction, it was not possible to get an idea of this newly disclosed additional construction. The use of neighborhood streets for delivery trucks, the removal of barrier screening vegetation, and the greatly increased height of the parking garage, all increase the severe impacts on the neighbors and neighborhood. A rigorous supplemental EIS would require SCH to consider the impacts and to discuss less intrusive alternatives.

Regards,  
Bonnie Thie  
4007 45<sup>th</sup> Avenue NE  
Seattle, WA 98105

## Sheehan, Maureen

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**From:** David Yuan <dyuan@nbbj.com>  
**Sent:** Monday, November 16, 2020 1:04 PM  
**To:** Sheehan, Maureen  
**Subject:** Public Comments for Children's SAC Meeting #2

**Categories:** Seattle Children's

**CAUTION: External Email**

VIA EMAIL

Seattle Children's Standing Advisory Committee  
c/o Maureen Sheehan  
Major Institutions and Schools Coordinator  
City of Seattle

RE: Children's Hospital Record No. 3036201-LU, November 18th SAC meeting

### **ABSTRACT OF PUBLIC COMMENT TO BE READ ALOUD AT THE SAC MEETING**

In the MIMP, only a service road for fire and maintenance was shown in the 75-foot garden edge. Now, there's a major two-lane road for all vehicles to and from the existing 600 stall Ocean Garage located in the garden edge.

Per the Design Guidelines, the purpose of the 75-foot garden edge is to "screen hospital structures and light that emanates from vehicles, buildings and site fixtures, while providing an aesthetically pleasing and diversely vegetated views cape".

The two lane road to the Ocean garage violates this Design Guideline because it severely limits the depth of the landscaping in the 75-foot garden edge. Most of it is now concrete comprised of the 2 lane road, a sidewalk and a handicapped ramp leaving only a very narrow landscaped zone. The two lane road is also out of scale with the adjacent residential homes and violates yet other design guideline that "architectural features located within the Garden Edge be designed to be compatible with single family character." The two lane road to the Ocean garage must be moved out of the 75-foot garden edge.

Design options exist beyond what the Hospital has presented to the SAC, including options that move the Surgery Pavilion further down the hill, lowers the height of the Surgery Pavilion and garage and relocates the two-lane road out of the 75-foot garden edge. As an architect, I assessed whether the Hospital can, in fact, redesign its proposal to meet its program requirements and reduce impacts on the neighborhood. After personally preparing several design alternatives, the answer is clearly YES.

Please insist that the Hospital share other design options with the SAC. They will help the SAC determine if the proposal is a minor or major MIMP amendment and what conditions to impose. It will also build trust and collaboration between the Hospital and the neighborhood.

Due to the major impacts of the project, please take all the time you need to review this proposal. Remember: The SAC can schedule as many meetings as needed for a full evaluation and to ensure that all questions and concerns by each SAC member is fully addressed. There is no rush.



FORMAL PUBLIC COMMENT LETTER TO THE SAC COMMITTEE

Dear members of the Standing Advisory Committee:

Thank you for the opportunity to provide public comment.

**I. Perimeter Road:**

In the proposal prepared by the Hospital, the Hospital has introduced an entirely new road network. This is not a realignment of Penny Drive. In the 2010 MIMP, Penny Drive was aligned in the SE direction. This proposal would build a new roadway system with a new two-lane perimeter road to the Ocean Garage within the 75-foot buffer/garden edge adjacent to 44th Ave NE.

The Design Guidelines for the 2010 MIMP dated 5/7/2010 reinforces the role of the 75-foot garden edge. See drawing in Fig 1. On page 11, the Design Guideline states that the purpose of the 75-foot garden edge is to “screen hospital structures and light that emanates from vehicles, buildings and site fixtures, while providing an aesthetically pleasing and diversely vegetated views cape and safe walking environment for pedestrians. Garden Edges shall be also be “**compatible** with adjacent single family character.”

Seattle Children’s Major Institution Master Plan  
DESIGN GUIDELINES



Figure 1 Seattle Children’s Major Institution Master Plan Area

EXHIBIT A: Design Guidelines, Figure 1, page 2

Design Guidelines then provide additional content for the use of Garden Edges on page 11.

### 81.1.5 Garden Edge:

- The objective of the Garden Edge is to screen hospital structures and light that emanates from vehicles, buildings and site fixtures, while providing an aesthetically pleasing and diversely vegetated viewscape and safe walking environment for pedestrians.
- Architectural features, landscape improvements, and the transition zone between hospital buildings and the public right of way around Garden Edges shall be designed to be compatible with adjacent single family character.
- Use a combination of the following treatments to ensure compatibility with adjacent uses: planted screens, gardens, plaza areas, decorative pavement, non-glare lighting, seating, planter boxes, trellises, artwork, and signage.

In the 2010 MIMP, only a service road for fire and maintenance was allowed in this 75-foot garden edge buffer.

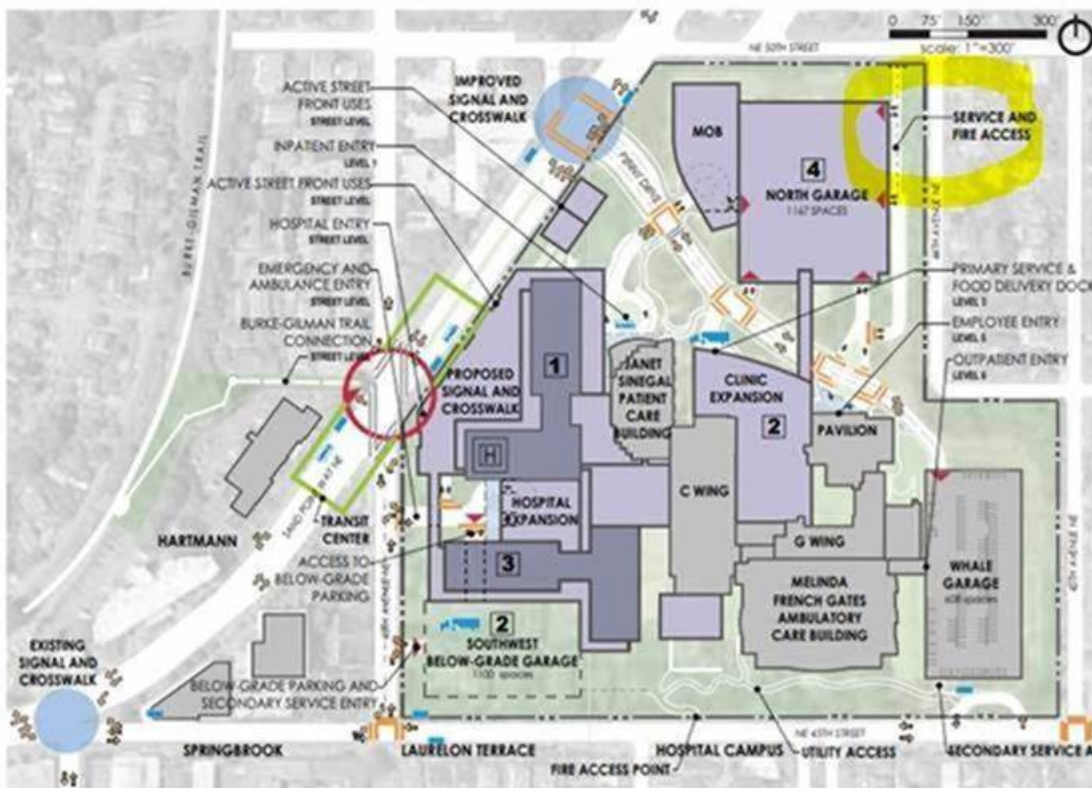


Exhibit B: Figure 4 Non –Motorized Connections; 2010 MIMP, page 83

By locating a major two-lane road for all vehicles to and from the existing 600-plus stall Ocean Garage, the proposal directly contravenes the Design Guidelines. The two-lane road severely limits the depth of the landscaping in the 75-foot buffer since most of it is taken up by concrete comprised of the width of the road, a sidewalk and a handicapped ramp leaving only a very narrow landscaped zone. It does not fulfill the Design Guideline requirement that the 75-foot garden edge provide “aesthetically pleasing and diversely vegetated viewscape.” The two-lane road, serving as a “mini I-5” is also completely out of scale with the adjacent residential homes and violates the Design Guideline requirement that “architectural features located within the Garden Edge be designed to be compatible with single family character.” The two-lane road to the Ocean Garage must be moved out of the 75-foot buffer.

# Site Plan

PRELIMINARY SITE PLAN - PHASE 3  
N.T.S.

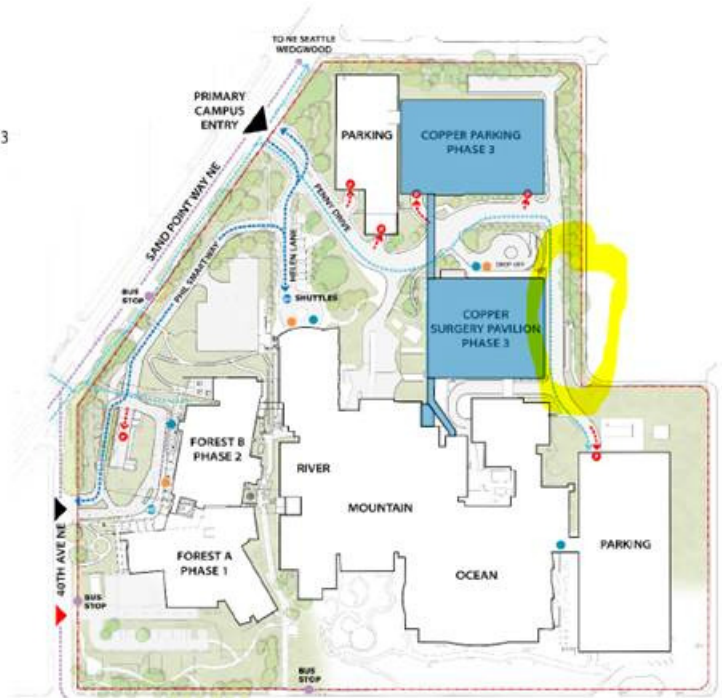
- PUBLIC ENTRANCE
- STAFF ENTRANCE
- BUS STOP
- SHUTTLE DROP/OFF
- PARKING ENTRANCE
- BUS ROUTE
- BICYCLE ROUTE
- SHUTTLE ROUTE
- PROPERTY LINES

Realignment and regrading of east part of Penny Dr.

New parking Garage

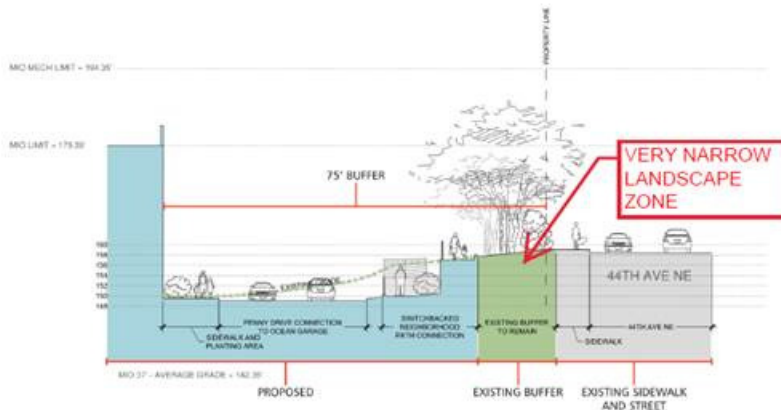
New Surgery Pavilion

Intersection improvements at SPW and Penny Drive



## Landscape Buffer Section

Surgery Pavilion Section - Looking North



SCH COPPER | August 14, 2020

SiteWorkshop  
LANDSCAPE ARCHITECTURE

### II. Design Options:

I believe that there are a number of design options beyond what the Hospital has presented to the SAC. The Hospital should show these options to SAC members and the members should have the opportunity to comment on these options. Unfortunately, the Hospital may deny this request. The Hospital may take the position that while design options are legally required for projects undergoing Seattle Design Review, it is not required for the MIMP process.

But in order to determine whether the proposal is a minor or major MIMP amendment and whether conditions should be imposed, SAC members should logically review and assess what else is feasible. These



options should include proposals that move the Surgery Pavilion further down the hill, reduce the height of the Surgery Pavilion, relocate the two-lane road to the Ocean Garage out of the 75-foot buffer, and lower the height of the north parking garage. There are options that would permit the Hospital to fulfil its mission while reducing the adverse impacts of the Proposal on the community. In order to consider possible layouts, I have prepared several design schemes. As an architect, I wanted to assess whether the Hospital can, in fact, redesign its proposal, fulfill its program requirements, and mitigate the negative impacts on neighborhood. After personally completing these design alternatives, the answer is clearly YES.

By sharing design options with the SAC, the Hospital will promote dialogue and engage in a more transparent process. Such steps will help to build trust and reinforce a spirit of collaboration between the Hospital and the neighborhood.

### **III. SAC Review Schedule:**

The Proposal is a complicated project, with multiple components. The Hospital is proposing to build a major surgery facility of 193,000 square feet and a large 1,138 stall garage at the highest points of the Hospital's property. (For the purposes of comparison, the Pacific Place garage in downtown Seattle in has 1,200 stalls). A major development of this size and scale is not consistent with the MIMP and the Seattle City Council's Decision\* that were adopted when the Council approved the 2010 MIMP. I urge the SAC to take the necessary time to review this proposal since it has short term and long term impacts to the neighborhood. This Proposal will not only transform the neighborhood but also violate the principle that the Hospital should "balance the impacts from hospital development on the surrounding, non-institutional community." Design Guidelines, page 3. The SAC should schedule as many meetings as needed for a full evaluation and to ensure that all questions and concerns by each SAC member is fully addressed. Put simply: There is no rush.

The Hospital has a great mission and we fully support their mission. But even though it has a worthy mission, the Hospital should not receive a free pass. The work of the SAC is important and we encourage you to deliberate the Proposal vigorously.

David Yuan

Neighbor to Children's Hospital

\* On April 5, 2010, the Seattle City Council adopted Findings, Conclusion and Decision when it approved the Hospital's 2010 MIMP (Attachment to Ordinance 123263 starting page 6 of the PDF)

November 16, 2020

VIA EMAIL

Seattle Children's Standing Advisory Committee  
c/o Maureen Sheehan  
Major Institutions and Schools Coordinator  
City of Seattle

RE: November 18th SAC meeting, Children's Hospital Record No. 3036201-LU

Dear members of the Standing Advisory Committee:

Thank you for the opportunity to provide public comment.

We understand that at the November 18th meeting, the Standing Advisory Committee (SAC) will be reviewing the role of the SAC. In addition, the SAC may discuss the ability of the SAC to review the Design Guidelines for Children's Hospital and other related documents as a part of your decision-making process.

On April 5, 2010, the Seattle City Council adopted Findings, Conclusion and Decision when it approved the Hospital's 2010 MIMP (Attachment to Ordinance 123263 starting page 6 of the PDF)("Council's Decision")

[http://clerk.seattle.gov/~legislativeItems/Ordinances/Ord\\_123263.pdf](http://clerk.seattle.gov/~legislativeItems/Ordinances/Ord_123263.pdf)

The Council's Decision controls the development of the medical and parking facilities and the site plan shown in the 2010 MIMP.

In Condition No. 15, the Council's Decision directs the SAC to review the Design Guidelines.<sup>1</sup> However, at the August 31st SAC meeting, the Hospital repeatedly used the 2010 MIMP<sup>2</sup> as justification for proposed Project Copper. The Hospital itself placed the 2010 MIMP on the table and has opened the door to using the MIMP as the basis for assessing Project Copper.

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<sup>1</sup> "Children's shall create and Standing Advisory Committee (SAC) to review and comment on all proposed and potential projects prior to submission of the respective Master Use Permit application. The SAC shall use the Design Guidelines for their evaluation." Seattle City Council, Findings, Conclusions and Decision, Seattle Children's Hospital Major Institution Master Plan, dated April 5, 2010, Condition No. 15 (Page 28).

<sup>2</sup> We understand that references to the 2010 MIMP or the MIMP are references to the document entitled Major Institution Master Plan, Seattle Children's Hospital, compiled Final Master Plan, approved May 12, 2010.

<http://www.seattle.gov/Documents/Departments/Neighborhoods/MajorInstitutions/SeattleChildrens/Compiled%20Final%20Master%20Plan%20-%20Approved%2005-12-10.pdf>

As outlined below, the Hospital has repeatedly asserted that Project Copper is in compliance with the 2010 MIMP. In order to analyze the Hospital's claims, the SAC members must review the 2010 MIMP and the Council's Decision in order to assess whether Project Copper is (or is not) in compliance with the 2010 MIMP and "the intent" of the 2010 MIMP. As stated in Section 1 of the Ordinance approving the MIMP, "Children's Final MIMP... is... adopted by the City Council subject to the conditions contained in Council's Findings, Conclusions and Decisions in Attachment A." Ordinance 123263, page 1, page 2 of the PDF (emphasis added).

The process of reviewing the Hospital's assertions is a fundamental part of the duties of the SAC. "The Advisory Committee shall be given the opportunity to review a proposed minor or major amendment and submit comments on whether it should be considered minor or major, , and what conditions (if any) should be imposed if it is minor." Seattle Municipal Code 23.69.035(C). What did the Council say when it approved the 2010 MIMP? Does Project Copper comply in full (or in part) with the 2010 MIMP? The answers to these questions will enable the SAC to determine whether a major MIMP amendment or a minor MIMP amendment if required. The City Code also specifically states that if it is a minor MIMP amendment, then the SAC has the option of imposing conditions on the minor amendment.

Below please find two specific examples from the August 31st meeting. They illustrate how the 2010 MIMP and the Council's Decision need to be considered in SAC deliberations.

#### **I. Proposed new two-lane road in the buffer:**

At the August 31st SAC meeting, a SAC member (Myriam Muller) asked a question about the proposed "one lane or two-lane road" on the perimeter of the property. This new road would provide access to the Ocean Garage. On behalf of the Hospital, Tobin Thompson stated:

"these 75 foot setbacks are defined from property line to face of building in the MIMP. These edges along the northeast and south edges of the campus are also defined as landscape buffers and that the landscape buffers happens inside the 75 foot setback. It is not a requirement of the MIMP that the entire 75 foot dimension be landscaped and in fact the intent of having circulation on the this side of the garage and here to the whale garage or the ocean garage was embodied in the MIMP if for no other reason that we need to get emergency vehicle access to access that side of the garage for fire fighting, but in addition the MIMP had defined two-way circulation coming in and out of this garage from the east. We're not proposing this as part of this. It really will be just for landscape maintenance vehicles and for emergency access." (rough transcript of the recording of the August 31st SAC meeting at minutes 1:25:50 to 1:27:25)(emphasis added).

In this one response, the Hospital refers to the 2010 MIMP four different times.

So SAC members are confronted with these and other questions: What statements are made in the MIMP regarding the 75-foot buffer? Does the MIMP authorize a new road to the Ocean Garage? Was the intent of the MIMP with respect to a new two-lane road to the Ocean Garage?

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The compiled version was approved by DPD and submitted to the City Clerk. The 2010 MIMP is subject to the conditions set forth in the Council's Decision.



Was the road next to the proposed North Garage (further north on the property) intended to be a new perimeter road? Was the designation on the MIMP map a reference to fire and emergency access? Since the Hospital asserted many times that the MIMP answers these and other questions, SAC members have a legitimate basis for reviewing the MIMP and the Council's Decision. This process enables SAC members to analyze the Hospital's answers in response to the questions raised by the SAC.

The Seattle City Council has a different approach towards the 75-foot setback. In the Council's Decision, the Council explained that it intended to use buffers as a tool to mitigate the height, bulk, scale, and other negative environmental impacts of the MIMP on the neighborhood. The Council states that "The proposed upper level setbacks [75 feet on the eastern edge] are designed to mitigate the impacts of additional height bulk and scale resulting from the MIMP. These measures, along with the proposed landscaping, height restrictions and open space plan, provide adequate mitigation of height bulk and scale impacts on the surrounding properties." Council's Decision (page 23)(emphasis added).

Furthermore, "Mitigation measures are found in Children's significant commitments that include...a commitment to landscaping that enhances the campus while shielding it from neighborhood properties." Council's Decision, page 25 (emphasis added).

The construction of a new two-lane road in the setback eviscerates the use of the setback as a mitigation measure as originally intended by the City Council. The proposal does not comply with the Council's intent that the garden edge be used as a screen and as a way to protect single-family residences located next to the Hospital.

#### "B1.1.5 Garden Edge

The objective of the Garden Edge is to screen hospital structures and light that emanates from vehicles, building and site fixtures, while providing an aesthetically pleasing and diverse vegetated view scape and safe walking environment for pedestrians.

Architectural features, landscape improvements, and the transition zone between hospital buildings and the public right of way around Garden Edge shall be designed to be compatible with adjacent single-family character." (Council MIMP Conditions)

The Council's Decision includes numerous provisions regarding the importance of the Garden Edge and the buffer on the eastern edge of the Hospital's property. In the section entitled "Landscaping and Open Space," the Council's Decision states that "Children's existing campus includes extensively landscaped edges and open space. Children's proposes similar 'garden-edge' landscaping within the proposed... east setbacks." Council's Decision, page 13.

For the setback to function effectively as a screen (per the Council's intent), it needs to be heavily landscaped. The Council's Decision describes the conditions on the eastern edge as "heavily landscaped." "Setbacks are approximately... 75 feet on... a portion of the east. Many of the existing setbacks are heavily landscaped to screen the campus from the surrounding neighborhood." Council's Decision, page 4 (emphasis added). Furthermore, the Council

recognized that the 75-foot setback is an integrated part of the overall mitigation strategy for the 2010 MIMP. “The setback on the east boundaries (75 feet), together with moving the greatest mass of development to the west side of the campus and stepping it down the hillside, will provide a sufficient buffer for the single-family neighborhood to the east.” Council’s Decision, page 23 (emphasis added). “Under the proposed MIMP, setbacks... along 44th Ave Northeast... would remain at 75 feet.” Council’s Decision, page 12; see also page 4.

Because the Hospital asserted at the August 31st SAC meeting that Project Copper complies with the 2010 MIMP, SAC members should review whether the proposed road shown in Exhibit A (below) would enable the setback to mitigate the impacts of the Hospital on the surrounding neighborhood. In order for the SAC to perform your duties outlined in the Seattle Municipal Code, SAC members must be able to assess the Proposal against the Council’s Decision (such as the mitigation requirements described above).

Below please find the Landscape Buffer Section as shown at the Hospital’s August 31st SAC meeting.

## Landscape Buffer Section



### Surgery Pavilion Section - Looking North

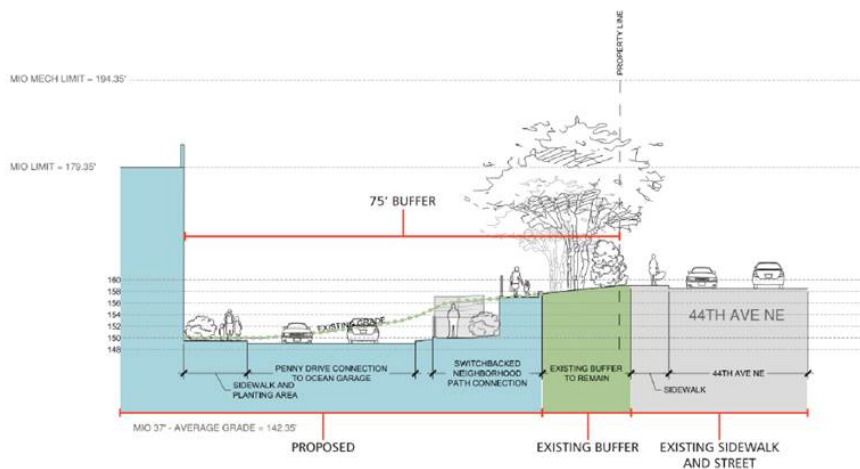


Exhibit A: Hospital’s PowerPoint slide from the August 31, 2020, SAC meeting

Note that the width of the 75-foot setback is identified by the orange line running horizontally in the middle of the diagram (from the proposed Copper Surgery Pavilion on the left in turquoise to the tree on the right side of the document).

The Proposal undercuts the ability of the 75-foot setback to effectively mitigate the impacts of the new Hospital development and to serve as a buffer for the single-family homes located on 44th Ave NE. Most of the 75-foot area will be turned into a two-lane road to the Ocean Garage, a concrete sidewalk, and a switchback handicapped ramp. The landscaped zone that will serve as a green screen is very shallow and represents less than 20 percent of the total buffer depth.

If the Proposal is implemented with no design changes, the setback area will not be “heavily landscaped” as required by the City Council. Using the Council’s own language, the proposal fails to “mitigate the impacts of additional height bulk and scale resulting from the MIMP.” Council’s Decision, page 23. The Proposal, when considered “with the proposed landscaping, height restrictions and open space plan,” do not “provide adequate mitigation of height bulk and scale impacts on the surrounding properties.” Council’s Decision, page 23.

In addition, the Proposal conflicts with other statement in the 2010 MIMP. “Garden edges would be locations where outdoor program areas and plantings would be used to screen or open views of the campus from adjacent residential uses.... Following current practice, Children’s will work collaboratively with the adjacent property owners and nearby neighbors to improve the garden edges of the campus.” 2010 MIMP, page 23 (emphasis added). “The garden edge surrounds the campus and will be designed to minimize the visual presence of the hospital... The quality of the existing landscaping screen along the south, east, and north edges of the campus will be continued.” 2010 MIMP, page 46 (emphasis added).

By the way, the 2010 MIMP does not authorize the Hospital to build a general purpose road. The map is specifically labeled “Service and Fire Access.”

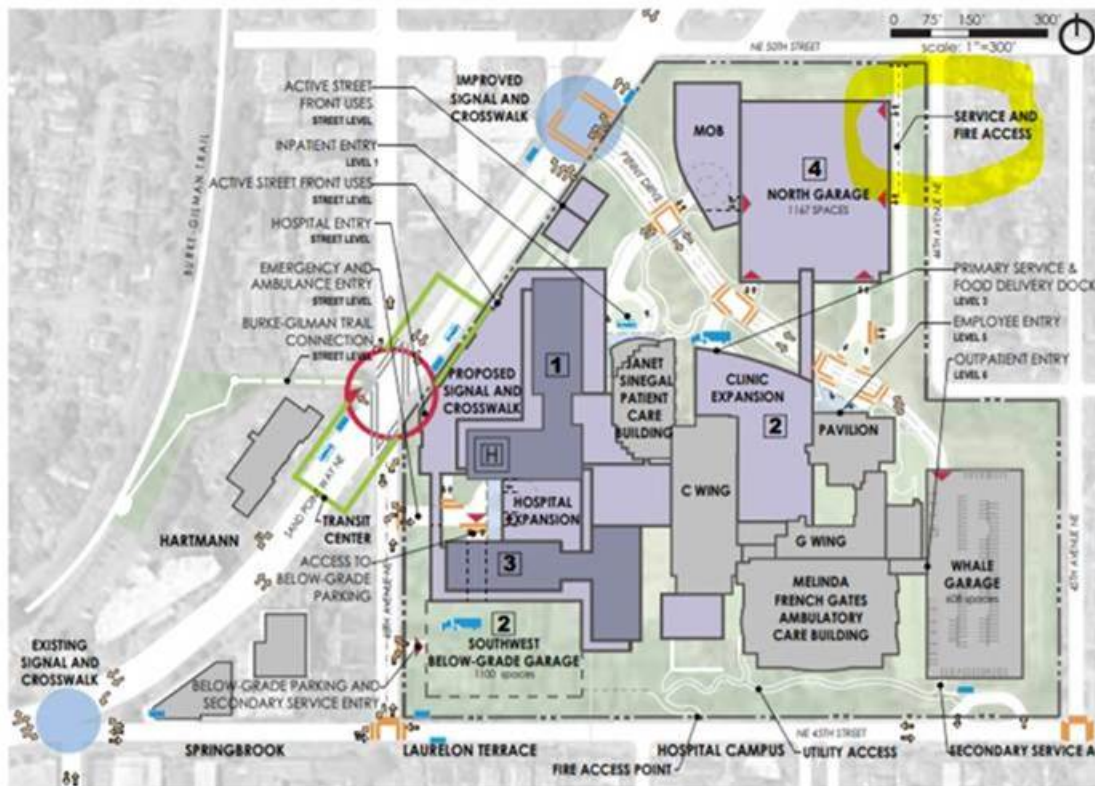


Exhibit B: Figure 4 Non –Motorized Connections; 2010 MIMP, page 83



## II. The Proposed Change to the Location of the Medical Facility:

In another exchange with a SAC member (Myriam Muller), the Hospital made several assertions to justify the location of the medical facility at the top of the hill.

On behalf of the Hospital, Tobin Thompson stated: “The question that you had... sort of about the intent of the MIMP regarding development up the hill versus down the hill. You’re right that the final approved MIMP, the idea or the intent of the MIMP was to allow higher heights and kind of the majority of the buildings to be developed at the Laurelon Terrace site down the hill and the idea again was that the taller or more massive buildings would, because they’re existing buildings on campus, because they’re so far downhill, they essentially reach the datum at the top of campus and that up at the top of the site, buildings would remain lower. The MIMP does not require that all development take place on the western side of the site but it does open up that possibility through higher MIO limits on that edge of campus and just for some context, we as part of the master plan are putting close to 1,000,000 ft.<sup>2</sup> down along the western edge of the campus. This project represents about 150,000 ft.<sup>2</sup> for the surgery pavilion up in this area under the height boundary that had been in place even prior to the execution of the latest major institutional master plan. So you’re right that the MIMP does encourage height and bulk down the hill and lower structures up the hill and that is in this case, what we are proposing. (rough transcript of the recording from the August 31st SAC meeting at minutes 1:20:14 to 1:21:50)(emphasis added).

Again, the Hospital referred to the approved MIMP and the intent of the MIMP. If SAC members are not permitted to review the MIMP and the Council’s Decision, how can the members analyze the statements made by the Hospital? The Hospital’s comments (in response to questions raised by SAC members) are intended to address the overarching question-- is Project Copper in compliance with the 2010 MIMP and the Council’s Decision? If the Hospital can justify the proposal based on the language of the 2010 MIMP and Council’s Decision, but the SAC cannot review the 2010 MIMP and the Council’s Decision, it would be a distorted, one-sided conversation.

With respect to siting a new medical facility at the top of the hill, it is important to review the maps in the 2010 MIMP. There is no medical facility at the location of the Copper Surgical Pavilion. The Council’s Decision expressly state that “The setback on the east boundaries (75 feet), together with moving the greatest mass of development to the west side of the campus and stepping it down the hillside, will provide a sufficient buffer for the single-family neighborhood to the east.” Council’s Decision, page 23 (emphasis added). This is another mitigation strategy adopted by the Council.

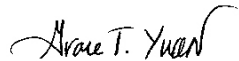
As a part of the 2010 MIMP, the Council anticipated that the medical facilities would be sited down the hill closer to Sand Point Way NE. The changes to the MIMP, including early expansion into Laurelon Terrace, “placed increased height and bulk at a lower elevation where it is removed from most single-family neighborhoods to the east and south....” Council’s Decision, page 10. The Council identified a specific problem and took steps to protect the

single-family neighborhood that are located to the east of the Hospital. The proposed Copper Surgical Pavilion specifically undercuts the Council's efforts to protect these homes.

Even the Hospital's own Environmental Impact Statement (EIS) identified the reasons why the preferred alternative (Alternative 7R) was selected. Alternative 7R is the strategy that with the least impact on the neighborhood located to the east. "Alternative 7R...would be less or not visible from locations east of the existing hospital campus." 2008 EIS, page 1-33. Certainly, the Proposal is in conflict with the language of the 2008 EIS, as well as the 2010 MIMP and the Council's Decision.

If you have any questions, please contact me at [graceyuan6@gmail.com](mailto:graceyuan6@gmail.com). Thank you.

Sincerely,

A handwritten signature in cursive script that reads "Grace T. Yuan".

Grace T. Yuan  
4714 44<sup>th</sup> Ave NE  
Seattle WA 98105

## Sheehan, Maureen

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**From:** nino yuniardi <nyuniardi@gmail.com>  
**Sent:** Friday, November 13, 2020 11:37 PM  
**To:** Sheehan, Maureen  
**Subject:** Proposed Children's Hospital Construction Project (No. 3036201-LU)

**CAUTION: External Email**

To the members of the SAC:

I am writing to express my concerns about Children's Hospital proposed construction projects. For the reasons outlined below, please designate this proposal as an amendment to the 2010 Major Institution Master Plan (MIMP). There are a number of negative impacts on the community, including but not limited to:

(1) the construction of a hospital building at the highest point on the property; (2) the construction of a new two-lane perimeter road within the buffer that leads to the Ocean Garage; (3) the impacts of a construction project that will take more than three years (projected total of 40 months) to build; (4) the impacts of congestion on [NE 45th Street](#); and (5) the impacts of cutting down all 45 exceptional trees on the northeast part of the Hospital property.

The Hospital's proposal will "result in significantly greater impacts than those contemplated in the adopted master plan" and the proposal will be "materially detrimental to the public welfare or injurious to the property or improvements in the vicinity in which the Major Institution is located;" Seattle Municipal Code 23.69.035(D)(1) & (2).

Please submit comments indicating that the proposal is a major MIMP amendment. In the alternative, please submit comments indicating that the proposal is a minor MIMP amendment, but impose conditions to limit its adverse impacts on the community.

Thank you.  
Nino Yuniardi



## Sheehan, Maureen

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**From:** nino yuniardi <nyuniardi@gmail.com>  
**Sent:** Sunday, November 15, 2020 6:16 AM  
**To:** Sheehan, Maureen  
**Subject:** Project Copper construction noise

**CAUTION: External Email**

Dear SAC Members

I am writing to express my concern regarding the construction noise that the proposed Project Copper will generate in front of my house and in our neighborhood. I live on 44<sup>th</sup>Ave NE. (See photo. My house is just on the other side of those trees to the right of the photo off a typical road in our single-family neighborhood) On Friday, October 2nd and on Monday, October 5th, the Hospital commissioned a crew to drill borings in the north parking lot of Children's Hospital across the street from my house. The sound was extremely loud, like the sound of someone drilling and breaking up concrete.

I am working at home. My oldest daughter is in high school and my youngest daughter in elementary school. They are in remote learning. We were all subjected to high levels of noise that caused headaches and severely impacted our health and well-being for those two days. I can't imagine what it will be like with the construction project for Project Copper since it will be for over three years.

I understand that the Addendum to the EIS for Project Copper is predicting that construction noise will exceed levels allowed by the Seattle Noise ordinance. This is unacceptable. The hospital must prepare a Supplemental EIS, commission a full noise impact study and install appropriate noise mitigation methods that do not negatively impact the neighbors to the east of the Hospital campus.

Sincerely,  
Nino