

ORDINANCE No. 114163

COUNCIL BILL No. 106955

AN ORDINANCE approving the master plan for the Group Health Cooperative Central Campus under the major institutions provisions of the Land Use Code, and rezoning the property within the boundaries of said major institution to I-MP

The City of Seattle--Legislative

REPORT OF COMMITTEE

Honorable President:

Your Committee on Land Use & Community Dev.

to which was referred the within Council Bill No. 106955 report that we have considered the same and respectfully recommend the

COMPTROLLER FILE No. _____

Introduced: SEP 26 1988	By: <u>Street</u>
Referred: SEP 26 1988	To: <u>Land Use + Community Dev.</u>
Referred:	To:
Referred: OCT 2 1988	To:
Reported: OCT 3 1988	Second Reading: OCT 3 1988
Third Reading: OCT 3 1988	Signed: OCT 3 1988
Presented to Mayor: OCT 4 1988	Approved: OCT 7 1988
Returned to City Clerk: OCT 7 1988	Published:
Vetoed by Mayor:	Veto Published:
Passed over Veto:	Veto Sustained:

1988
OCT 5 1988
OCT 5 1988

Jim Street

Committee Chair

The City of Seattle--Legislative Department

Date Reported
and Adopted

REPORT OF COMMITTEE

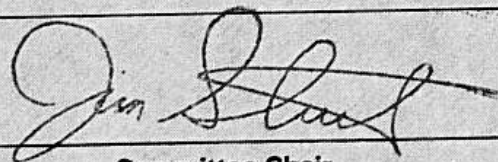
Honorable President:

Your Committee on Land Use & Community Development

to which was referred the within Council Bill No. 106955
report that we have considered the same and respectfully recommend that the same:

Pass

1988
JUN 25
10 11 AM '88



Committee Chair

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#31
C.B. 106955

ORDINANCE 114163

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2
3 AN ORDINANCE approving the master plan for the Group Health
4 Cooperative Central Campus under the major institutions
5 provisions of the Land Use Code, and rezoning the
6 property within the boundaries of said major institution
7 to I-MP.

8 WHEREAS, Group Health Cooperative Central Campus is an
9 institution within or adjacent to the boundaries of the
10 major institution designation established by Seattle
11 Municipal Code (SMC) 23.48.002, entitled "Group Health
12 Cooperative-Capitol Hill"; and

13 WHEREAS, Group Health Cooperative Central Campus initiated the
14 preparation a master plan for the area designated in
15 SMC 23.48.002 pursuant to SMC 23.80.50(A); and

16 WHEREAS, a citizens advisory committee was formed pursuant to
17 SMC 23.80.50(B) to review and comment on the proposed
18 master plan; and

19 WHEREAS, the Director of the Department of Construction and
20 Land Use issued her report on the proposed master plan as
21 required by SMC 23.80.50(E); and

22 WHEREAS, the Hearing Examiner conducted a public hearing on
23 the proposed master plan on May 16, 1988, and submitted
24 his recommendation to the City Council on June 20, 1988;
25 and

26 WHEREAS, the City Council has considered the proposed master
27 plan, the report of the Director of the Department of
28 Construction and Land Use and the Hearing Examiner's
recommendations and has entered its written findings
and conclusions on the proposed master plan; Now,
Therefore,

BE IT ORDAINED BY THE CITY OF SEATTLE AS FOLLOWS:

Section 1. That the Group Health Cooperative Central
Campus Master Plan for the area described in Exhibit A
attached hereto, dated March, 1987 and filed in C.F.
292645, is hereby approved as modified in the findings and
conclusions of the City Council, and the property located
within such area may be developed for major institutional uses
in accordance with said master plan.

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1 Section 2. That the Official Land Use Map is hereby
2 amended to rezone all of the property within the boundaries of
3 the Group Health Cooperative Central Campus major institution
4 to I-MP, as shown on Exhibit A attached hereto, and the City
5 Clerk is directed to place a copy of said Exhibit A in a
6 volume entitled "Zoning Map Amendments," all as contemplated
7 in C.F. 292645.
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(To be used for all Ordinances except Emergency.)

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Section 3.... This ordinance shall take effect and be in force thirty days from and after its passage and approval, if approved by the Mayor; otherwise it shall take effect at the time it shall become a law under the provisions of the city charter.

Passed by the City Council the 3rd day of October, 1988 and signed by me in open session in authentication of its passage this 3rd day of October, 1988
President of the City Council.

Approved by me this 7th day of October, 1988
Charles Royer Mayor.

Filed by me this 7th day of October, 1988

Attest: Norman J. Brooks
City Comptroller and City Clerk.

By Teresa Dunbar
Deputy Clerk.

(SEAL)

Published

PUBLISH DO NOT PUBLISH
CITY ATTORNEY _____



Seattle City Council
Memorandum

FK

Date: August 24, 1988
To: Land Use and Community Development Committee
From: Frank Kirk *FK*
Subject: Group Health Master Plan Issues

Introduction

The Group Health Master Plan is presented as a set of six possible futures, each having different implications for impacts and mitigation needs and each being based on different sets of assumptions about the institution's service policies and available resources. Group Health is not ready at this time to choose among these futures and may ultimately choose a development path which is a blending of the six futures. Future #2 would entail the most intense development of the Central Campus with the greatest potential for adverse environmental impacts. Therefore, the planning documents present sufficient detail about Future #2 to facilitate planning and environmental review by the City.

The master plan is recommended for approval with conditions by DCLU. The Hearing Examiner also recommends approval with some modification of the conditions proposed by DCLU. Approval as recommended by DCLU and the Hearing Examiner would give Group Health the option of developing according to any of the six futures or a combination thereof. Details of building design, landscaping and the establishment of a public walkway between 15th and 16th would be subject to review and approval by DCLU.

Few issues remain matters of contention between or among DCLU, the Hearing Examiner, Group Health, the Citizens Advisory Committee and the community organization. The decision agenda which follows addresses those issues and others raised in the Hearing Examiner's Conclusions.

1. Term of Plan

Group Health initially objected to the requirement that a set term for the plan be established, arguing that there is too much uncertainty in their situation to make a fixed term feasible. DCLU and the Hearing Examiner both take the position that the policies and code require that a term of 5-10 years for the master plan be specified. They also agreed that the term should be set at 10 years.

The Hearing Examiner disagreed with DCLU that the term should begin at the time of the approval of the plan by the City Council. He recommended instead that it begin at the time that Group Health implements Phase II of any of the proposed futures, because "It is admittedly difficult to foreshadow when health trends and needs would dictate implementation of Master Plan components." The Capitol Hill Community Council in its request for further consideration asked that Council action be the beginning date for the ten year term of the master plan, because "to allow the ten year period to run from the time the GHC begins construction creates too great a degree of uncertainty and burden for the surrounding community."

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STAFF COMMENT

The intent of the policies appears to staff to be aimed at assuring timely reconsideration by both the City and the institutions of plans which are based on projections and predictions that are at best imperfect. The final master plan submitted to the City was approved by the Group Health Board of Trustees in June of 1985. Many of the changes in circumstances which occur over time, leading to changes in plans, are external to the institutions and independent of institutions' actions. Institutional representatives have maintained consistently in the ongoing discussions about revisions to the major institutions' policies and code that market conditions and technology are changing so rapidly and unpredictably that even 5 year plans are educated guesses.

Given these assumptions it does not seem very logical to tie the beginning of the master plan term to the first action by the institution. It is probable that after 5-10 years it would be advisable to reconsider the approved plan even if no action had been taken by the institution in the meantime.

A request for extension to implement the approx development plan may be submitted to Council. Council will rule after consultation with DCLH.

DECISION OPTIONS:

1. Concur with DCLU: a ten year term to begin at the time of approval by the City Council. } 2-D 2/24/88
2. Concur with Hearing Examiner: a ten year term to begin at the time of the first implementation of Phase II.
3. A ten year term to begin at the time the plan was approved by the Group Health Board of Trustees in 1985, or approximately ten years from the date of City Council approval.

Recommendation: # 1.

1. DCLH. 1-1, JS for VG against 2/24/88
2. Heights on East Side of Campus

Group Health requested in the master plan that the campus area east of 16th Street be downzoned in height from I-3/65 to I-2/50 . I-2/50 is also proposed to be applied to the church property and the apartment building on the east side of 16th, if the request for a boundary change is approved. The reason given for the height change is that the 50 foot limit "...would be more consistent with the zoning of sites currently adjacent to the GHC properties..." The properties east of GHC, across an alley, are zoned L 3, which has a height limit of 37 feet. Actual development is a mix of single family and multi-family structures of one to four stories and small to medium bulk.

Group Health has no plans for development in that portion of the campus in the next ten years. They would like the flexibility to develop there in the next ten years without having to seek a height rezone, if the need should arise.

Neither the Advisory Committee nor the Capitol Hill Community Council objected to the I-2 designation.

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STAFF COMMENT

The intent of the policies appears to staff to be aimed at assuring timely reconsideration by both the City and the institutions of plans which are based on projections and predictions that are at best imperfect. The final master plan submitted to the City was approved by the Group Health Board of Trustees in June of 1985. Many of the changes in circumstances which occur over time, leading to changes in plans, are external to the institutions and independent of institutions' actions. Institutional representatives have maintained consistently in the ongoing discussions about revisions to the major institutions' policies and code that market conditions and technology are changing so rapidly and unpredictably that even 5 year plans are educated guesses.

Given these assumptions it does not seem very logical to tie the beginning of the master plan term to the first action by the institution. It is probable that after 5-10 years it would be advisable to reconsider the approved plan even if no action had been taken by the institution in the meantime.

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A request for extension to implement the approved development plan may be submitted to Council & Council will rule after consultation with Adv. Comm.

DECISION OPTIONS:

1. Concur with DCLU: a ten year term to begin at the time of approval by the City Council. } *2-0 8/24/88*
 2. Concur with Hearing Examiner: a ten year term to begin at the time of the first implementation of Phase II.
 3. A ten year term to begin at the time the plan was approved by the Group Health Board of Trustees in 1985, or approximately ten years from the date of City Council approval.
- Recommendation: # 1.
2. Heights on East Side of Campus

Group Health requested in the master plan that the campus area east of 16th Street be downzoned in height from I-3/65 to I-2/50 . I-2/50 is also proposed to be applied to the church property and the apartment building on the east side of 16th, if the request for a boundary change is approved. The reason given for the height change is that the 50 foot limit "...would be more consistent with the zoning of sites currently adjacent to the GHC properties..." The properties east of GHC, across an alley, are zoned L 3, which has a height limit of 37 feet. Actual development is a mix of single family and multi-family structures of one to four stories and small to medium bulk.

Group Health has no plans for development in that portion of the campus in the next ten years. They would like the flexibility to develop there in the next ten years without having to seek a height rezone, if the need should arise.

Neither the Advisory Committee nor the Capitol Hill Community Council objected to the I-2 designation.

DCLU recommended a rezone to I-1 which has a 37 foot height limit, on these grounds: (1) The rezone criteria are satisfied by both I-1 and I-2; (2) Group Health does not propose any development along the east side of 16th which would require a 50 foot height limit; and (3) I-1 would be more consistent with the scale and character of the adjacent non-institution properties.

The Hearing Examiner disagreed with DCLU and recommended I-2 zoning. He noted that although the area matches some of the criteria for I-1, as well as I-2, that it does not match the I-1 criteria for: "areas with very limited transit access"; and for situations in which " a substantial portion of the traffic generated by institutional uses would travel through single family neighborhoods." Therefore, I-2 is a better fit for the rezone criteria than I-1. (see Conclusions 16 & 17). The Hearing Examiner also pointed out that if actual development should occur using I-2 development standards, "Adverse parking and traffic impacts can be mitigated by explicit conditioning. Adverse height and bulk impacts could be mitigated by devices such as setbacks, stepped back profiles and other devices " and that, "GHC should have the option of developing its campus facilities within a pre-approved framework." (see Conclusion 19). The Hearing Examiner also cited the statement in the major institutions policies that "special structural requirements such as greater ceiling heights or additional interstitial space ...may necessitate greater height and bulk than in surrounding residential areas..." (Conclusion 13)

As part of his recommendation in favor of the 50 foot height designation, the Hearing Examiner proposed that GHC specify the worst case development scenario for the subject properties as a condition of approval of the I-2 zoning classification (Conclusion 20). GHC has indicated informally that the worst case scenario is simply the existing development, since no development in that part of the campus is planned for the ten year period of the plan.

STAFF COMMENTS:

The Hearing Examiner has the stronger argument with regard to the matchup of zoning designations with the locational criteria for rezones in the major institutions code, e.g. that I-2 is a better fit for the area in question than I-1. It is also a better fit than the current designation of I-3; one of the criteria for I-3 refers to adjacent areas having structures of "medium bulk and a variety of heights, generally between three to six stories...".

Staff believes that the absence of development plans for the area is not relevant to the zoning classification decision. The establishment of the original zoning classification (I-3/65) was not dependent on GHC's development plans. Nor do the rezone criteria mention the presence or absence of development plans. It is assumed in establishing a zoning classification, based on locational criteria, that development adjacent to residential zones will be appropriately constrained by code requirements for setbacks, landscaping, light and glare, noise levels and signage. SMC 23.48.10- 23.48.16.

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The critical questions are the matchup of the area with the locational criteria and whether the institution should be permitted 50 foot heights adjacent to a residential area which is zoned for 37 foot heights. Council intent in establishing the locational criteria for I-2 apparently was to permit 50 foot heights adjacent to areas with " structures of generally low to moderate height", where transit access is good and institution generated traffic through the residential area is limited. The adjacent area meets that description.

Options:

1. Retain present zoning classification; I-3/65. 7/2/88
 2. Concur with DCLU: reclassify to I-1/37.
 3. Concur with H. E.: reclassify to I-2/50. 1-1
- RECOMMENDATION: # 3.

3. Boundary Extension

In its master plan GHC proposed boundary extensions on the east side of 16th Avenue East to include the United Methodist Church at the southeast corner of East John Street, and the apartment building at 214 16th Ave. E. GHC also proposed to include the parking lots it owns on 16th Ave. E. north of E.Thomas St. These are identified on the maps as P-11, P-12 and P-13.

The Hearing Examiner concurred with DCLU's recommendations in favor of the boundary extensions for the church and the apartment and against the boundary extensions for the parking lots. The Advisory Committee does not oppose the recommended boundary extensions for the church and the apartment building and is opposed to the proposed boundary extension for the parking lots.

Group Health has not contested the Hearing Examiner's recommendations.

A. Apartment Building- 214 16th Ave. E.

The DCLU analysis of the inclusion of the apartment building concludes that the boundary extension meets the intent of the major institution policies in that, "The property is contiguous and was owned by GHC prior to the adoption of these policies. GHC has also demonstrated a need for these facilities." The need is to replace temporary housing of patients and their families now available on the central campus in the Cline Apartments which are to be demolished.

STAFF COMMENTS

Staff agrees that the boundary change proposed to include the property at 214 16th Ave. E. is justified in that it meets a clear institutional need and extends the boundary only to the extent required to meet that need.

Options:

1. Concur with H.E. and DCLU: approve boundary extension. 7/2/88
 2. Deny boundary extension. 2-0
- recommendation: # 1.

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B. United Method Church, S.E. corner E. John and 16th Ave. E. The church requested to be included in the boundaries to open up the possibility that GHC might choose to use some of its rooms for conference meeting space. Income from GHC rental of space in the church would help in defraying the cost of needed maintenance and repairs. The church is a designated Landmark structure.

GHC has no plans at this time to use any space in the church, but does support the boundary extension.

The Hearing Examiner concurred with DCLU'S recommendation in favor of the boundary extension to include the church. DCLU's review asserted that, "... inclusion of this property does appear consistent with the Major Institutions Policies in that joint use of the church facilities would help meet potential expansion needs of GHC and at the same time help preserve a designated historic structure. "

STAFF COMMENTS:

Staff is not persuaded that the proposal to include the church within Group Health's boundaries is consistent with major institution policies nor that it is needed to achieve the church's objectives in requesting the boundary extension. Council concluded in the Harborview Master Plan adoption decision that to justify a boundary extension it was necessary for the institution to demonstrate the need for the boundary expansion and to have definite plans for the use of the added property. GHC has neither expressed a need nor any plans for use of the church. It is also noteworthy that the Council may decide to permit use of the church by GHC, even though it is outside the boundaries, as part of the master plan approval. Since maintaining the integrity of major institution boundaries, once they were set by ordinance, was a major objective underlying the establishment of the major institution policies and code, the absence of a policy basis for the proposed boundary extension is a significant fact to be considered in the Council decision.

DECISION OPTIONS:

1. Affirm the Hearing Examiner and DCLU: approve boundary extension.
2. Deny boundary extension.
3. Deny boundary extension but permit use of church space by Group Health *for conference meeting* if ~~the Director determines~~ it is needed.

RECOMMENDATION: #3

*2-0
4/2/88*

C. Parking lots 11, 12, & 13.

These three GHC owned accessory parking lots contain a total of 132 spaces. The master plan indicates that this parking is needed for the institution and will remain throughout the ten year planning period.

DCLU'S recommendation against a boundary extension to include these properties in the campus was based primarily on the major institution policy which calls for ratifying previous agreements, if possible, and on the 1974 agreement between GHC and the Capitol Hill Community Council, which calls for phasing out the present surface parking lots outside the boundaries, particularly along 16th and 17th Aves.

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The Advisory Committee and the Capitol Hill Community Council are strongly opposed to the boundary extension for the parking lots. Group Health agrees that it is bound to honor the agreements made with both groups. Group Health's reason for requesting the boundary change was DCLU's insistence that the parking lots not be left as "non-conforming uses" outside the boundaries indefinitely. As will be noted in the subsequent section of this memo on the parking issue, DCLU's concern is that there be a commitment to and progress toward solutions to the overflow parking problem which does not require the use of these surface lots indefinitely. DCLU is also taking the position that the boundary change issue may need to be revisited after the parking garage is built in Phase II, if the overflow parking problem cannot be resolved by means other than the continued use of the surface lots outside the boundaries. Otherwise, DCLU recommends curtailing Group Health's plans for expansion of the hospital in phase III.

STAFF COMMENT:

It is difficult to argue against denial of the boundary change at this time, principally because of the policy which says that the City should "...whenever possible ..ratify existing agreements..." (Implementation Guideline 9). It is also true that the impact of measures planned to increase parking supply on campus and to reduce parking demand by a variety of incentives and disincentives in the Transportation Management Program is not yet known. Staff agrees with the DCLU position that the issue of the boundary change may need to be revisited in several years, if the overflow parking situation is not resolved without the use of these surface lots.

DECISION OPTIONS:

1. Affirm Hearing Examiner and DCLU: deny boundary change. ← 2-0 1/17/88
2. Approve boundary change as proposed in the master plan.
3. Approve part of the boundary change proposed in the master plan to include the area on the west side of 16th Street adjacent to the Progressive Care Facility (lots 11&12).

RECOMMENDATION: # 1.

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35MM

SCALE 1"=100'-00" FEET

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