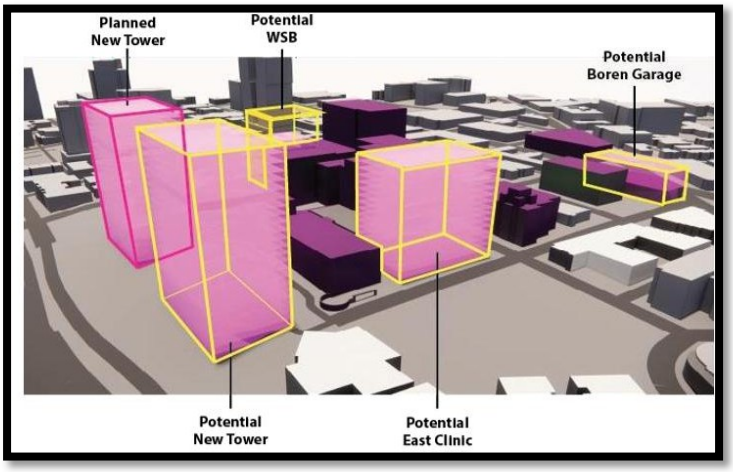
HARBORVIEW MEDICAL CENTER

2024 MIMP MAJOR AMENDMENT REPORT



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HARBORVIEW MEDICAL CENTER

2024 MAJOR AMENDMENT TO COMPILED MAJOR INSTITUTION MASTER PLAN

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Introduction

PREFACE

Harborview Medical Center, owned by King County and operated by the University of Washington, is the Master Plan proponent.

King County and Harborview propose a Major Amendment to the 1999 MIMP ("Major Amendment") consistent with the City of Seattle's Land Use Code criteria (SMC Chapter 23.69). King County Facilities Management Division (FMD) is the Lead Agency for the State Environmental Policy Act (SEPA) review. FMD will work in cooperation with the City of Seattle Department of Construction and Inspections (SDCI) for review and administration of the Major Amendment to the Harborview Major Institutional Master Plan (MIMP) process and the Environmental Impact Statement ("EIS"). MIMP approval will be the ultimate responsibility of the Seattle City Council, based on recommendations from the Implementation Advisory Committee (IAC), the SDCI Director (through the assigned City Planner), and the City of Seattle Hearing Examiner. Approval of the Major Amendment to the MIMP will establish the zoning and development standards and regulatory framework to enable continued Harborview Medical Center (hereafter referred to as HMC) changes and developments for the foreseeable future.

BACKGROUND

HMC is a hospital with a license for 540 beds, owned by King County and operated by University of Washington Medicine. Harborview is one of the nation's leading academic medical centers and is the only Level 1 trauma center serving a four-state region (Alaska, Idaho, Montana, and Washington). Harborview provides premier medical education facilities for trauma and related disciplines. The facilities must be seismically stable, usable, and accessible after a significant event. HMC is the state's largest hospital provider of charity care. This Major Amendment to the MIMP focuses on future improvements to meet the growing service demands for the years 2023 to 2030. Projects described as "Planned Projects" are near term (2025-2027) and are more defined, while projects described as "Potential Projects" are longer term (2027- 2035) or beyond and are less defined.

- HMC is a comprehensive regional health care facility providing specialized care for a broad spectrum of patients. Harborview Medical Center serves all patients regardless of their ability to pay.
- HMC is a state-licensed hospital owned by King County and operated by the University of Washington under a management agreement. It is governed by a 13-member appointed Board of Trustees.
- HMC is one of the nation's leading academic medical centers and the only level 1 trauma center for adults and children in Washington. It serves a four-state region that includes Alaska, Idaho, Montana, and Washington.
- The medical center is the regional emergency management command center during a natural disaster or major crisis event.

- Clinical need: since 2000, when voters last agreed to support major facility renovations at HMC, King County's population has grown 28%. The current facilities and infrastructure are aging and outdated in terms of modern medical best practices. Facility configuration and capacity constraints significantly impact hospital operations; HMC consistently averages between 10 to 25% over its bed capacity.
- HMC's behavioral health services are in high demand, which results in the need for additional space for existing services, as well as more space for new and innovative approaches to address the growing behavioral health needs of our communities.

REGULATORY HISTORY

In 1999, a new MIMP and EIS were approved by Seattle City Council. The 1999 MIMP identified development standards, a development program, and City Council conditions that applied to then-Planned and Potential Projects. The 1999 MIMP and EIS no longer support the community needs.

As required by City of Seattle Land Use Code ("SMC") § 23.69.035, King County and Harborview propose this Major Amendment to the 1999 MIMP ("Major Amendment") consistent with SMC Chapter 23.69 criteria. King County, as SEPA Lead Agency, will prepare an Environmental Impact Statement (EIS). The amended MIMP and EIS will reshape the Planned and Potential Projects through established development standards and programs and will set up a transportation management program to mitigate traffic impacts.

As this document describes the proposed amendments to MIMP development standards, development program, and transportation management plan (TMP), the narrative may from time to time refer to the 1999 MIMP and EIS imposed conditions, and address whether those conditions have been met, remain viable, or should be rescinded. When this occurs in the text, the referenced condition is identified by the number given in 1999.

PURPOSE

In November 2020, 77.5% of King County voters passed a historic $1.74 billion bond measure to facilitate building the next generation of healthcare facilities on the King County owned HMC campus. After an extensive planning process convened by King County in partnership with University of Washington Medicine, Harborview Medical Center, and labor partners, the Harborview Bond Capital Program (Bond Program) outlined the following goals:

- Construct a new medical tower on the campus that will provide additional single-bed capacity.
- Increase the capacity of Emergency Department services.
- Upgrade and modernize existing patient rooms to meet modern infection control and privacy best practices standards.

- Co-locate outpatient behavioral health services and increase capacity for clinical behavioral health programs.
- Increase respite bed capacity at Harborview Hall (behavioral health and medical).
- Create enhanced space for Involuntary Treatment Act ("ITA") Court and expand Public Health – Seattle and King County (Public Health) spaces at Harborview to meet growing community needs.
- Seismically upgrade Center Tower.
- Seismically upgrade Harborview Hall.
- Demolish East Clinic.
- Remodel Pioneer Square Clinic.

This Bond Program furthers the commitment of King County, HMC and the University of Washington to provide safe and sufficient facilities for the highest quality of healthcare, teaching, research, and community services.

This proposed Major Amendment is submitted in accordance with SMC 23.69.035 and includes the following changes to the 1999 MIMP:

- Expand the MIO District boundary.
- Expand the current FAR from 3.6 to 6.5.
- Increase maximum building height west of the private roadway known as 8th Avenue from 240 feet to 320 feet.
- Revise open space percentage goals.
- Identify additional potential projects beyond those identified in the 1999 MIMP.

This Major Amendment includes the SMC's three required components:

- Development Standards.
- Development Program.
- Transportation Management Program.

Applicable sections of SMC, Title 23 – Land Use and Zoning are cited for convenience. All conditional changes and other changes resulting from the 1999 MIMP City Council approval process are included.

During the Major Amendment's preparation, King County and the Harborview Bond Team, with the help of SDCI Department of Neighborhoods (SDON), established an Implementation Advisory Committee (IAC). From September 2022 to June 2023, the Harborview Bond Team met with the IAC to present, review, and solicit input on issues related to proposed amendments to MIO boundary expansion, FAR, building height, open space percentage, parking and traffic circulation, as well as planned and potential projects, and anticipated schedule of development. The result of these meetings was a unanimous vote of the IAC, followed by a letter of support for the Major Amendment.

II. Development Standards 23.69.030.C

Code	Major Institution Overlay District	Major Amendment Disposition
23.69.030	Contents of Master Plan	
23.69.030.A	Three components of Major Institution Master Plan	Development Standards, Development Program, TMP
23.69.030.B	Development Standards as applicable regulations for development	Development Standards to be modified in this 2024 MIMP amendment
23.69.030.C	Development Standards	
23.69.030.C.1	Existing underlying zone HR (M) and MR (M) within MIO boundary	Addressed
23.69.030.C.2	Modifications to underlying zones	No changes to underlying zone HR (M) or MR (M) proposed
23.69.030.C.3.a	Structure setbacks on public right of way	Modified by 1999 MIMP
23.69.030.C.3.b	Height limits	Amended in this major amendment
23.69.030.C.3.c	Lot coverage	Standards adhere to underlying zone
23.69.030.C.3.d	Landscaping	Standards adhere to underlying zone
23.69.030.C.3.e	Percentage of open space in MIO	Amended in this major amendment
23.69.030.C.4.a	Transitions in height and scale between MIO development and surrounding development	Standards adhere to underlying zone
23.69.030.C.4.b	Width and depth limits	Modified by 1999 MIMP
23.69.030.C.4.c	Setbacks between structures not on public right of way	Modified by 1999 MIMP
23.69.030.C.4.d	Preservation of historic structures	No changes since 1999 MIMP
23.69.030.C.4.e	View corridors and other impact mitigations	No changes since 1999 MIMP
23.69.030.C.4.f	Pedestrian circulation	Amended in this major amendment
23.69.030.D	Development Program	Amended in this major amendment
23.69.030.E.1	Description of alternate proposals for physical development if no EIS is prepared	Will be addressed in amended EIS
23.69.030.E.2	Density by gross floor area and overall Floor Area Ratio (FAR)	Amended in this major amendment
23.69.030.E.3	Maximum number of parking spaces	Amended in this major amendment
23.69.030.E.4.a	Height, description, gross floor area of existing and planned physical development	Amended in this major amendment
23.69.030.E.4.b	Open space	Amended in this major amendment
23.69.030.E.4.c	Existing public and private street layout	No changes since 1999 MIMP
23.69.030.E.4.d	Existing and planned parking areas and structures	Amended in this major amendment

23.69.030.E.5	Site plan with property lines and ownership of properties in the MIO district	Amended in this major amendment
23.69.030.E.6	3D drawings illustrating height, bulk, and scale of existing and planned and potential developments	Amended in this major amendment
23.69.030.E.7	Site plan with planned infrastructure improvements and timing of those improvements	Amended in this major amendment
23.69.030.E.8	Description of planned development phases and plans	Amended in this major amendment
23.69.030.E.9	Description of planned street and alley vacations	No changes since 1999 MIMP
23.69.030.E.10	Optional description of potential uses, development, parking, etc.	Amended in this major amendment
23.69.030.E.11	Analysis of proposed Master Plan's consistency with Chapter 23.69	Amended in this major amendment
23.69.030.E.12	Discussion of decentralization plans	Amended in this major amendment
23.69.030.E.13.a	Description of how the institution will address goals and applicable policies under Healthy Growth, Aging, and Lifestyle and Lifelong Learning headings in the Comprehensive Plan	Amended in this major amendment
23.69.030.E.13.b	Statement of purpose and public benefit resulting from proposed new development and how it serves the public purpose mission of the Major Institution	Amended in this major amendment
23.69.030.F	Transportation Management Plan	
23.69.030.F.1	Description of existing and planned parking, loading and service facilities, and bicycle and pedestrian traffic and its impacts	Amended in this major amendment
23.69.030.F.2	Institutional programs that reduce traffic impact and encourage use of alternatives to single-occupant vehicles	Amended in this major amendment
23.69.030.G	Integration of Environmental and Master Plans	Amended in this major amendment
23.69.030.H	Where 2 or more institutions are close by, Director may require combined land use, traffic, and parking impacts	NA
23.69.035	Changes to Master Plan	Amended in this major amendment
23.69.035.E.1	Major Amendment to a Master Plan	Amended in this major amendment

TABLE 01 – CONTENT OF MASTER PLAN

23.69.030.C.1 Existing underlying zoning

The existing underlying zone is HR (M) Highrise multifamily with an MHA suffix and MR (M) Midrise multifamily with an MHA suffix. The underlying development standards for those zones are outlined in the following TABLE 02 along with identification of how this Major Amendment for the MIO varies from that underlying zone.

Code	Section Title	MIMP major amendment Disposition
23.45.514	Structure height	Standards superseded by Major Amendment Dev. Standards
23.54.016.B	Parking quantity required	Standards superseded by Major Amendment Dev. Standards
23.45.518	Setbacks and separations	Standards superseded by Major Amendment Dev. Standards
23.45.520	HR zone upper-level development standards	Standards superseded by Major Amendment Dev. Standards
23.45.520.A	Definition of Tower	Consistent definition
23.45.520.B.1	Structures over 45' may have one or more towers	Consistent definition
23.45.520.B.2	Maximum width of towers is 130'	Standards superseded by Major Amendment Dev. Standards
23.45.520.B.3	Average gross floor area per story shall not exceed 10,000' and no individual story's floor area may exceed 10,500'	Standards superseded by Major Amendment Dev. Standards
23.45.520.B.4	Average gross floor area per story of all towers on the lot shall not exceed 60% of the lot area	Standards superseded by Major Amendment Dev. Standards
23.45.520.B.5	If 2 or more towers are located on a lot, the minimum horizontal separation between the towers must be 40'	Standards superseded by Major Amendment Dev. Standards
23.45.524	Multifamily landscaping standards	Standards superseded by Major Amendment Dev. Standards
23.45.600	Major Phased Developments in Midrise zones	No phased development proposed development
23.45.570.4	Institutions – provisions of this chapter apply to major institution uses in 23.69 MIO district. Provisions are limited to LR zone	Standards superseded by Major Amendment Dev. Standards

TABLE 02 – SMC UNDERLYING LAND USE ZONE

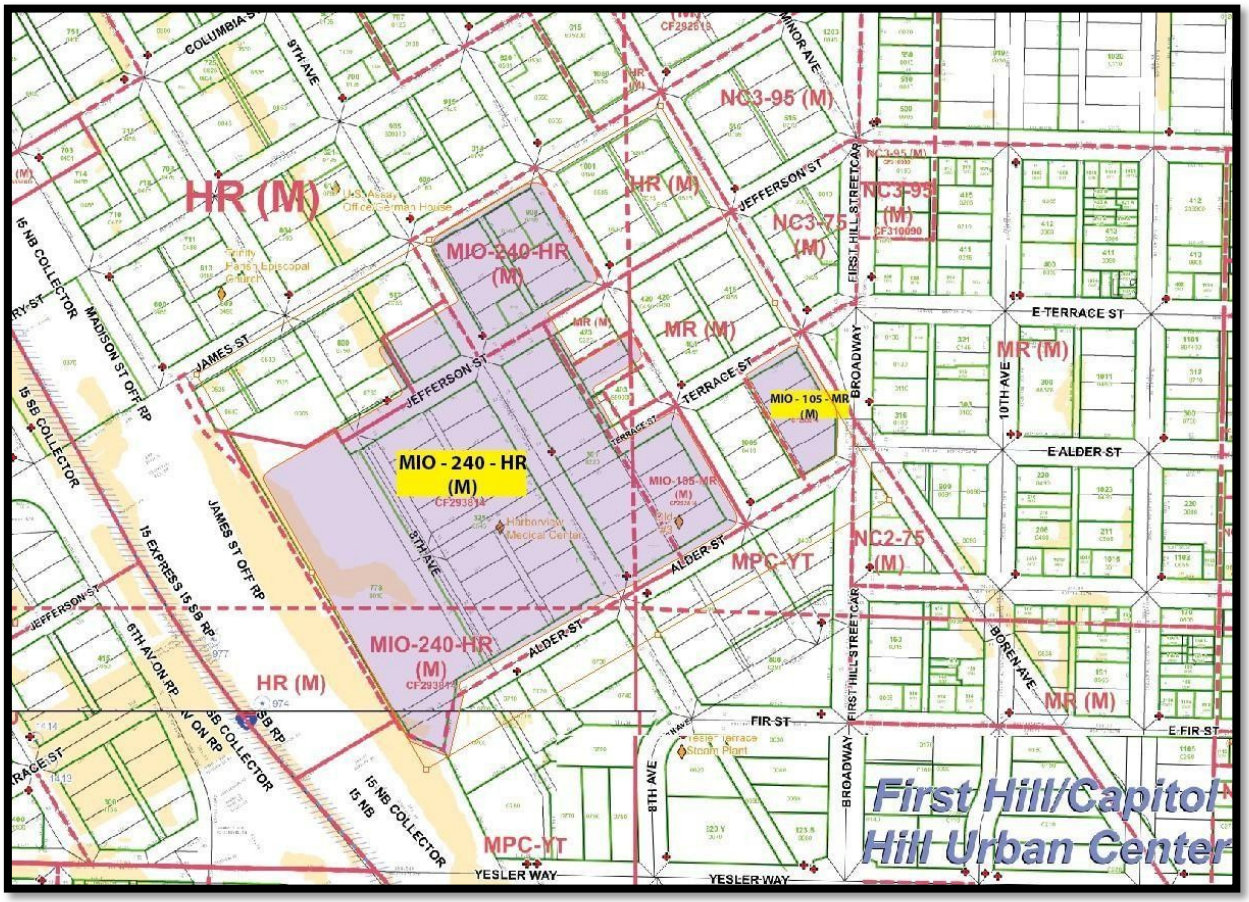


FIGURE 01 – UNDERLYING LAND USE ZONE MAP

The existing campus is fully developed with structures that were present prior to submittal of the 1999 MIMP or which were constructed under the 1999 MIMP.

The latter includes seismic upgrades of East Hospital, construction of the Norm Maleng Building patient tower and construction of a medical office building on the full block of 9th Avenue and Jefferson Street. 9th Avenue remains open to vehicles and public transportation after an aerial vacation.

23.69.030.C.2 Modifications to underlying zone

This Major Amendment proposes no changes to the underlying zones HR (M) and MR (M).

23.69.030.C.3

23.69.030.C.3.a Structure setbacks along public way

The underlying Highrise Residential (HR) and Midrise Residential (MR) zoning development standards were replaced in the 1999 MIMP by the following development standards, which this Major Amendment supersedes as described below:

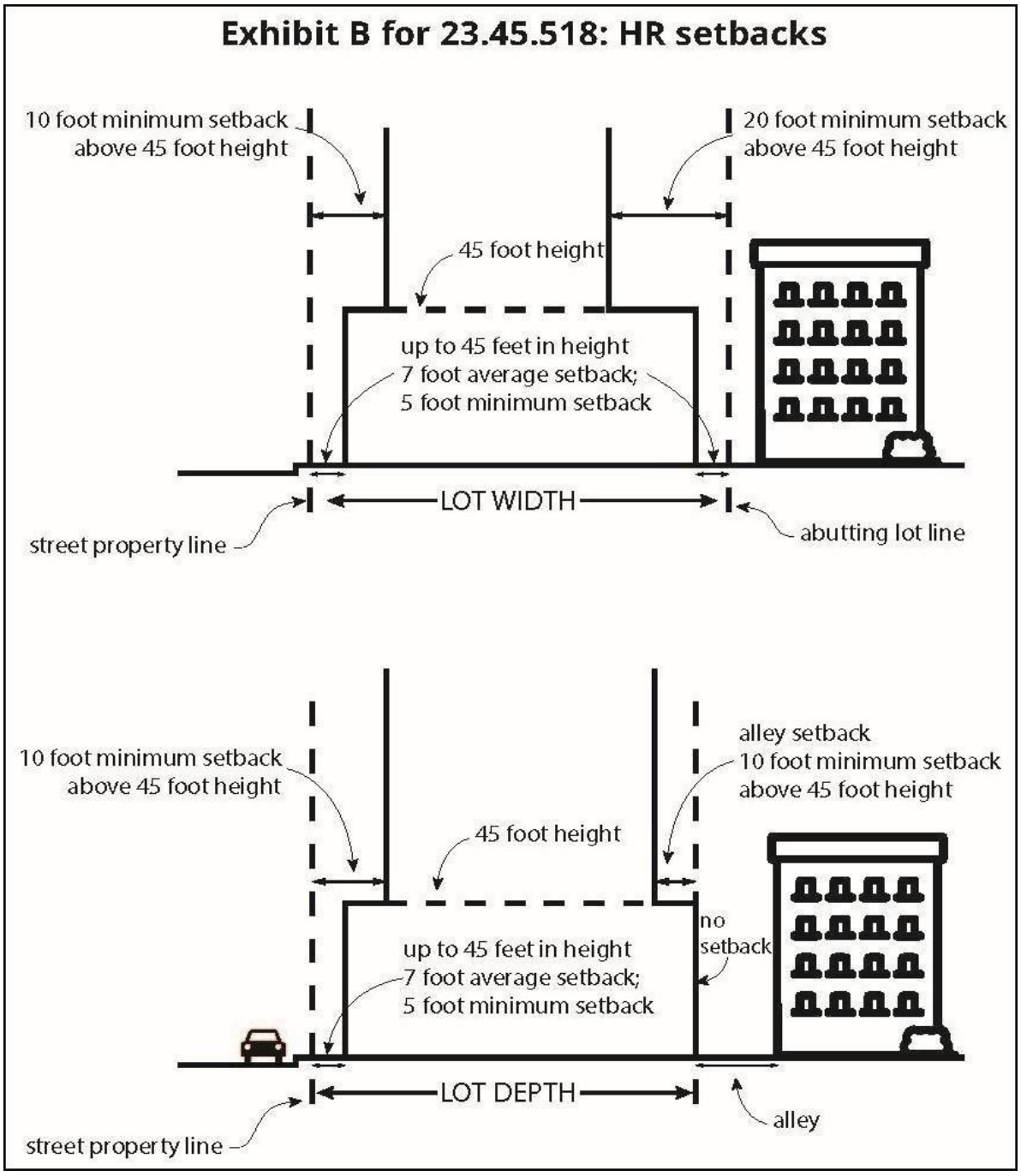


FIGURE 02 – UNDERLYING HR (M) SETBACKS (SMC 23.45.518 MULTIFAMILY SETBACKS AND SEPARATIONS)

The transition between the major institutional use and the adjacent uses is a primary consideration in the definition of setbacks. The combination of setbacks with other proposed requirements, including pedestrian oriented activities, streetscape amenity improvements and landscape/street trees are intended to achieve compatibility. The residential setbacks were replaced in the 1999 MIMP by new institutional setbacks. This Major Amendment supersedes the setbacks established in the 1999 MIMP and abandons the “wedding cake” approach, as described below.

The proposed setbacks for the HMC campus established in this Major Amendment to the MIMP are shown in FIGURE 02 and locations shown in FIGURE 03. These setbacks are no less than those of the underlying zone of abutting lots or directly across a street or alley from campus.

The institutional setback standard for the HMC campus is a fixed dimension, the same at the base and at greater tower heights.

Building envelope façade modulation is not conducive for functional spaces with medical institutional use. In a hospital program, the exterior façade and window placement should take full advantage of access to natural light for patients, families and staff who spend extended long hours/days in the acute setting as established by the Facilities Guidelines for design and construction of healthcare facilities and implemented by the Department of Health.

Locations with no minimum setback are either internal to the HMC campus or reflect existing conditions where existing development would not be changed by this Major Amendment. The largest setbacks are located at the HMC campus edges to improve the separation and transition to adjacent multi-family developments. If HMC should acquire the Terry/Terrace Apartments, minimum five-foot setbacks would be maintained for any adjacent above-grade development.

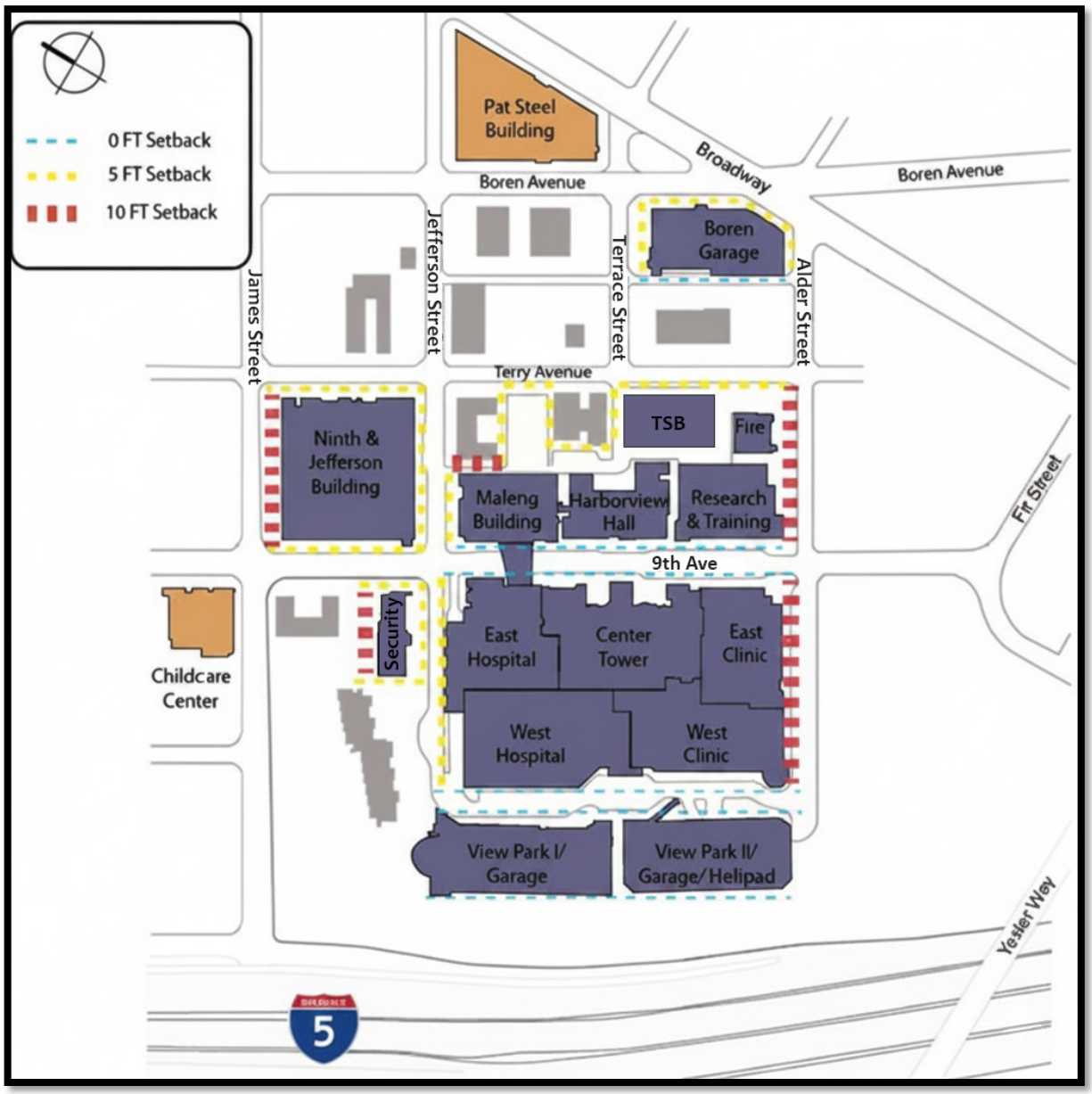


FIGURE 03 – INSTITUTIONAL SETBACK STANDARDS

23.69.030.C.3.b Height limits

The existing HMC campus MIO district has two approved zoning heights within the MIO boundary:

- MIO 105: East of mid-block between 9th and Terry Avenue, along Terry Avenue frontage and the parking garage block defined by Boren Avenue between Terrace and Alder Streets.
- MIO 240: The balance of campus is MIO 240 along 9th Avenue, between Jefferson and Alder Streets, and including the site at the northwest corner of the intersection of 9th Avenue and Jefferson Street, site of the existing Walter Scott Brown campus Security building. The existing View Park I (VPI) and View Park II (VPII) parking garages are in the MIO 240 zone.

The underlying zoning has two designations: Highrise Multi-Family Residential (HR) in the western portion, and Midrise Multi-Family Residential (MR) in the eastern portion, currently with a Multifamily Housing Affordability (M) suffix.

When the 1999 MIMP was adopted, the underlying zoning maximum heights were 160 feet in the HR zone, with 240 feet possible as a director's special exception, and 60 feet in the MR zone.

Also, at that time, the surrounding zoning included Highrise Residential (HR) along James Street and to the north, Neighborhood Commercial (NC 3 85) to the east of Boren and Broadway, and Low-rise Multi-Family (L 3) to the south of Alder Street with 30 feet maximum height. Seattle downtown zones west of Interstate 5, including Downtown Office Commercial, then had heights of 450 and 240 feet (DOC 1 450 and DOC 2 240). The International District residential zone (IDR 150 feet height) was south of Yesler Way. (MIMP 23.45, 23.46 and 23.49).

In the years since the 1999 MIMP was adopted, City Council has significantly upzoned both the underlying zoning as well as the zoning in the area surrounding the MIO. The height limit for HR(M) is now 440', and MR(M) is now 80'. Jefferson Terrace residential tower, just to the north of the MIO District has a 440' height limit. The DOC 1 zone no longer has a height limit (functionally limited by FAA regulations relating to helicopter flight path to Harborview), while DOC 2 is limited to 550' (650' in certain circumstances). Yesler Terrace, across Alder Street from Harborview, underwent a master planning effort and is now zoned Master Planned Community-Yesler Terrace (MPC-YT). Height limits and allowable uses in the MPC-YT NW Sector Block 7 and 8 have the tallest allowable heights (300') adjacent to the HMC MIO District.

The majority of the MIO District adheres to the height designation limits reflected in the Official Land Use Map included in the City of Seattle Land Use Code (i.e., MIO-105 and MIO-240).

FIGURE 04. However, in the MIO-240 zone west of the private roadway known as 8th Avenue, building height is limited to 320 feet to accommodate the needed floor area of both the Planned Project patient tower and the Potential Project patient tower.

FIGURE 05. Council approves such exceedance of the MIO-240 height for these public projects that do not meet development standards under the authority granted by SMC 23.76.058.D *In accordance with SMC 23.76.058.D Rules for specific Council Land use decisions, the City Council may waive or modify applicable development standards, accessory use requirements, special use requirements and conditional uses criteria for public projects not meeting Development standards.*



FIGURE 04 – MIO HEIGHT DESIGNATION WITHIN EXISTING MIO DISTRICT BOUNDARY

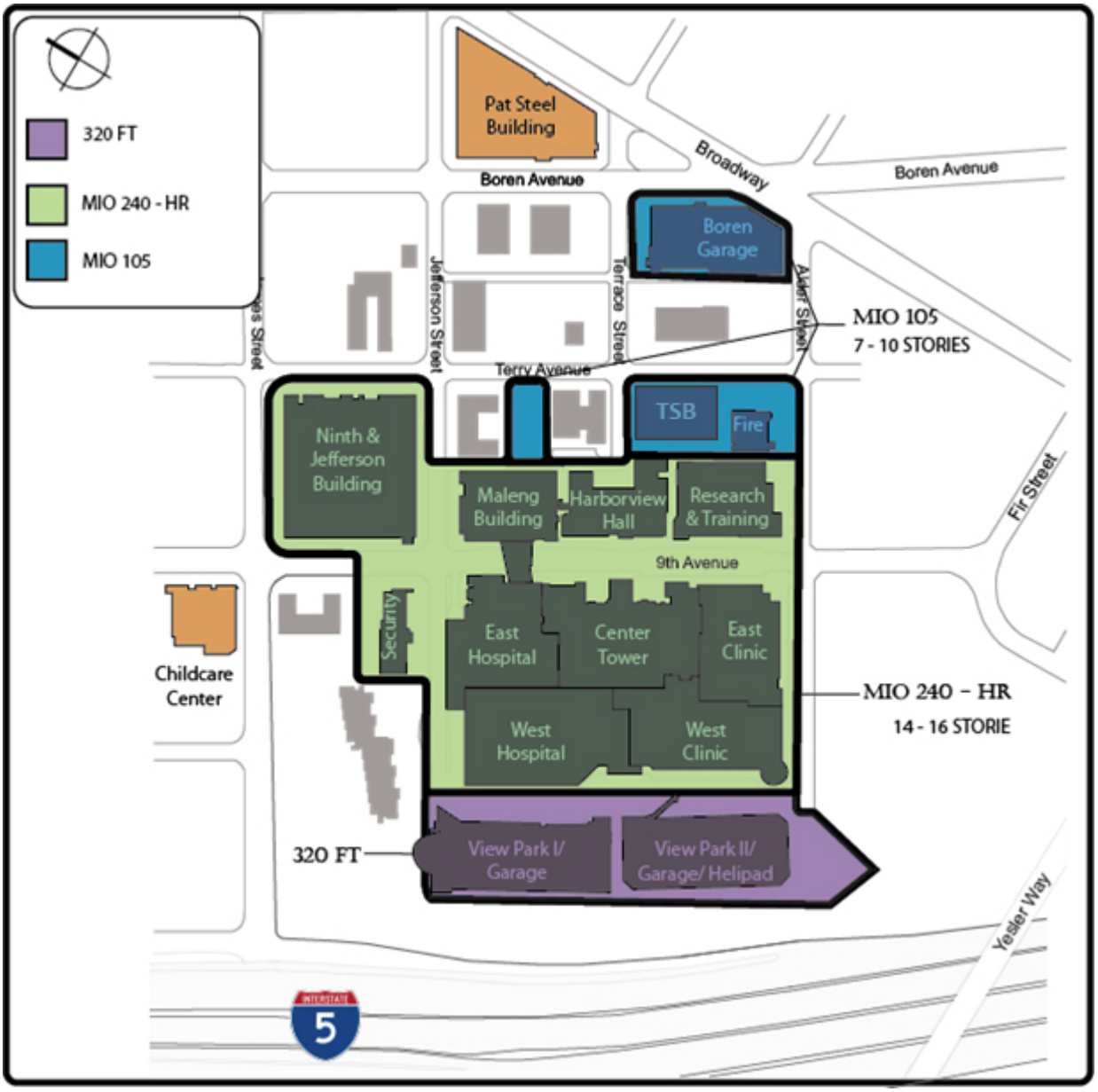


FIGURE 05– MIO DISTRICT HEIGHT *FUTURE* INCREASE IN ZONE WEST OF THE PRIVATE ROADWAY KNOWN AS 8TH AVENUE & INCLUSIVE OF MIO EXPANSION

Approximate heights for both Planned and Potential Projects are analyzed in the EIS. An increased height alternative is also analyzed. Actual project structure heights may vary from approximation but shall not exceed 320’ maximum height established in this Major Amendment to the MIMP.

23.69.030.C.3.c Lot coverage for MIO

The underlying HR and MR residential zones of the MIO do not have any lot coverage standard. The City does not require lot coverage limits because the building envelope is controlled by setbacks and width and depth limits. The adjacent Neighborhood Commercial zone to the northeast also specifies no lot coverage standard. The adjacent low-rise multifamily residential zone to the south has a maximum lot coverage standard of 45% and 50% for townhouses.

No maximum lot coverage applies. Rather, the density standard (FAR), the landscaped open space standard, and the setback standard control campus building placement, massing, and density of development. The existing HMC lot coverage varies by building site. There is no lot coverage standard for HMC.

23.69.030.C.3.d Landscaping

The intent of landscaping is to create a campus environment that provides a healing environment for patients, functions as a safe and attractive place for all, and is compatible with the neighborhood. Landscape requirements of the underlying zoning related to landscape will be amended with those contained in this Major Amendment.

Landscaping will be developed as part of individual Planned and Potential Projects and will contribute to the broader integration of the campus. In the 2014 MIMP Minor Addendum “2014 Addendum”, a significant and specific concentration of landscaped open space was proposed east of Harborview Hall on the parcel bordered by Terry Avenue and Terrace Street. Campus edges and internal streets are also landscaped.

The landscape standards established herein replace the landscape standards of the underlying Highrise and Midrise zoning. (SMC 23.45.524)

23.60.030.C.3.e Percentage of MIO District to remain open space

1999 City Council Condition #16

The minimum percentage of the MIO District to remain in open space is 20%. (This calculation is based on the amount of open space provided by; 1) the "Westside" landscaped open space on top of the existing west garage with both landscape and hardscape and a viewpoint; and 2) the required setback areas, which will be landscaped or hardscaped and pedestrian amenities.)

This Major Amendment lowers this threshold and establishes the required open space for the Harborview campus at 12%, which meets or exceeds open space at similar healthcare institutions in the First Hill neighborhood. The proposed open space is comprised of:

- The 2014 Addendum proposed Open Space located east of Harborview Hall bordered by Terry and Terrace Avenues.
- Terrace Avenue right-of-way is proposed as an Urban Curbless Street defined by Streets Illustrated. Other rights-of-way are not included in the open space total.
- Existing and proposed plazas, landscape setbacks, and pedestrian walkways.

Open space and landscaping will be developed as part of individual planned and potential projects and will contribute to the broader integration of the campus into the adjacent neighborhoods. Landscape requirements of the underlying zoning and permit requirements for setbacks, frontage and right-of-way improvements will be maintained. This may include offsite improvements to meet the open space and landscape goals noted above.

Open space on the HMC campus will no longer include the west side landscaped open space on the top of the existing garage that consisted of both landscape and hardscape. This open space is replaced by the 2014 Addendum open space in the form of a community plaza located east of Harborview Hall bordered by Terry Avenue and Terrace Street.

Open space on the HMC campus is in the form of plazas, landscaped areas, pedestrian walkways and building setbacks. These areas may be modified over time to better serve and complement campus buildings. Street trees within the public right-of-way along Harborview project frontages will be provided as a part of future Planned and Potential projects. Generally, rights-of-way are not included in the open space total with the exception of Terrace Avenue, which is proposed as an Urban Curbless Street.

The landscape open space percentage for the HMC campus is consistent with the percentage of other medical Major Institutions in the First Hill neighborhood.

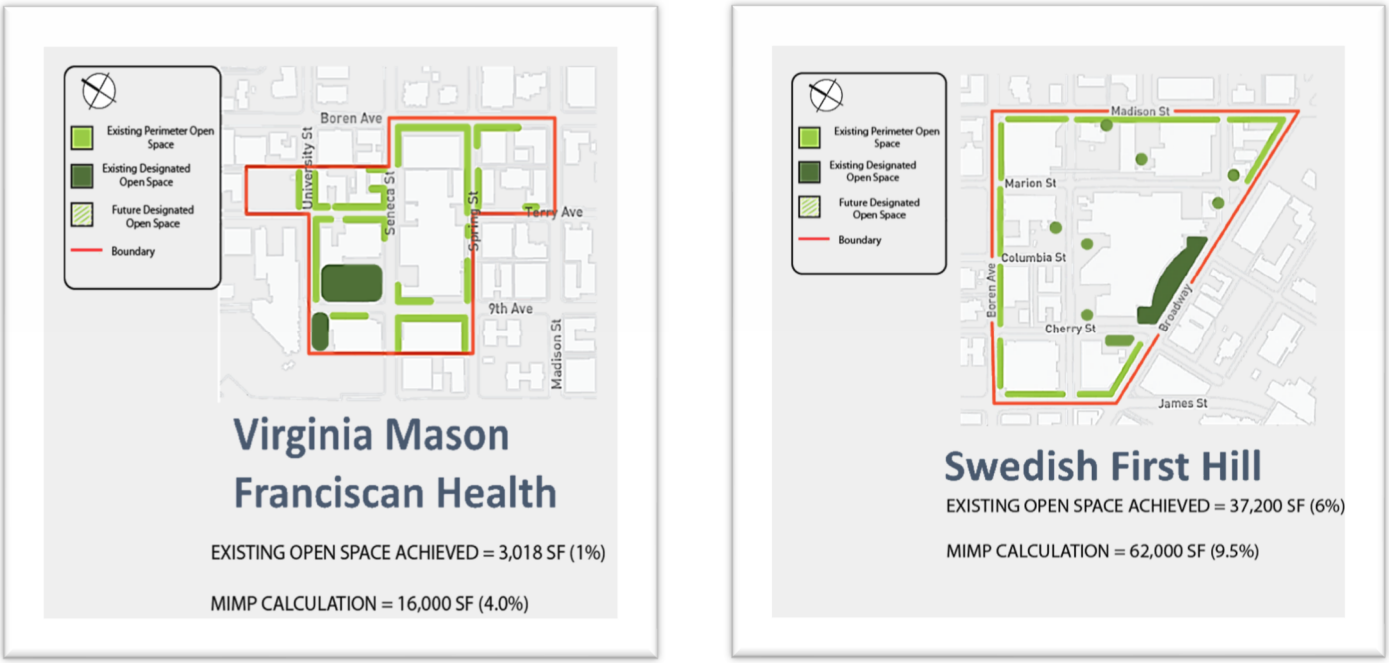


FIGURE 06 – OTHER FIRST HILL HEALTHCARE INSTITUTIONAL MIO OPEN SPACE

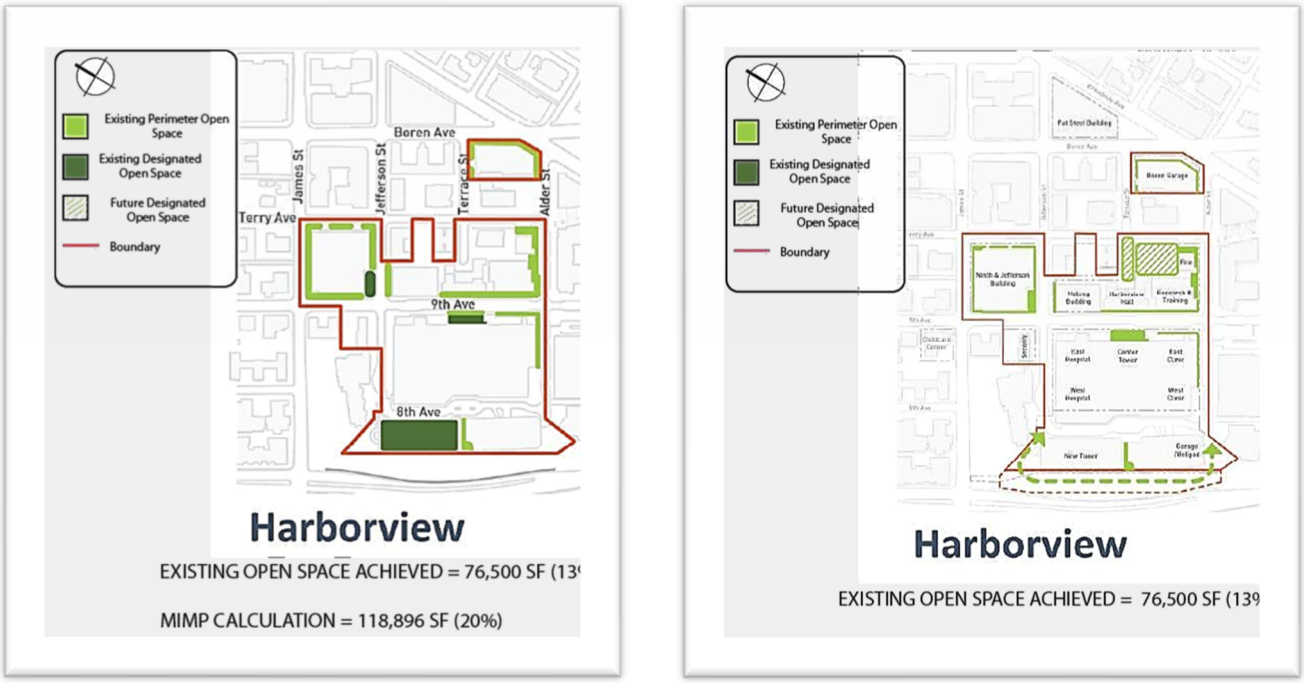


FIGURE 07 – HARBORVIEW CAMPUS OPEN SPACE – EXISTING AND PROPOSED

23.69.030.C.4 Additional standards
Historic Preservation:

Two buildings on the HMC campus, the "Old Firehouse No. 3" (301 Terry Avenue) and East Hospital Center Wing Tower (Ninth Avenue), are designated City of Seattle Landmarks.

Seismic mitigation is proposed and required for both Harborview Hall and East Hospital Center Wing Tower. Buttress expansion structures may be designed to have similar vertical emphasis and cladding, as a measure to seismically upgrade either building and to retain the exterior appearances *(Per 1999 SEPA Condition #33, quoted below.)*

East Hospital Mitigation

1999 SEPA 33. If this building is retained, the buttress expansion structure shall be designed to have similar vertical emphasis and cladding, as the existing building and efforts shall be made to retain the exterior appearance (including the entry and ornament).

RESOLVED: East Hospital / Center Wing was nominated and designated as a City landmark in 2011 (Ord. 123557). At the September 16, 2009, meeting of the City's Landmarks Preservation Board, the Board voted to deny the landmark designation of Harborview Hall. On March 19, 2012, the Washington Trust for Historical Preservation submitted a plea to King County Council to encourage the support and rehabilitation of Harborview Hall for on-going medical-related uses.

In 2014, the City of Seattle approved an addendum to the 1999 MIMP, that defined an expansion and rehabilitation of Harborview Hall and addition of a community plaza. The potential buttress expansion to East Hospital / Center Wing identified in the 1999 MIMP is

not included in the current proposed projects.

The SEPA mitigation remains applicable to the Potential Project if and when the East Hospital buttress expansion structure is constructed. The condition does not seem to be resolved.

The East Clinic and Walter Scott Brown building (Security building) are identified for demolition as Potential Projects. The determination of whether either meets the criteria of SMC 25.12.350 for designation as a historic landmark will be evaluated at the time of project permitting.

View Corridors:

The City of Seattle's SEPA policies *(SEPA Policy 25.05.675 attachment 1)* identify the intersection of Jefferson and the private roadway known as 8th Avenue as a public viewpoint.

Construction of the Planned Project patient tower west of the private roadway known as 8th Avenue and the Planned skybridge connecting back to the west hospital may obscure partial view of the western façade of the East Hospital Center Wing Tower, a designated City of Seattle Landmark, from points west. In addition, the Planned Project may partially obscure views to the west from 8th and Jefferson.

Pedestrian Circulation:

Improvement of the pedestrian environment within the Harborview MIO District is intended as a part of this Major Amendment. The following performance standards apply to guide both Planned and Potential projects:

- Clarify wayfinding throughout the Harborview campus
- Integrate outside and inside pedestrian routes
- Provide a coordinated system of streetscape amenities integrated with existing and new landscape areas
- Assure safety and security by maintaining high visibility, adequate lighting and activities that contribute to enlivened areas within the campus

Specific improvements along street frontage, building setbacks and rights-of-way will be included in the design development of each individual planned and potential project and reflected in documents at time of permit submittals. Examples of types of street frontage improvements, building setbacks and right-of-way improvements are reflected in Figure 36 showing Terry Avenue Street frontage improvements.

Exceptions and/or variations from other local regulatory standards that are inconsistent with the development program set forth in this Major Amendment, or that contradict the hospital's operational needs as approved by the Bond, are superseded. For example, the municipal sign code in SMC 23.55 will work in conjunction with the MIO District sign code in SMC 23.69.021. Landscaping, rooftop features, etc. may be required to implement the Master Plan. Such exceptions and/or variations shall be considered as part of the administrative review and approval process of specific projects and evaluated against the master plan objectives.

III. Development Program 23.69.030.E

23.69.030.E.1 Alternative Proposals

An Environmental Impact Statement has been prepared to analyze the potential impacts associated with development contained within this Major Amendment. Two Action Alternatives, as well as the No Action Alternative have been analyzed as part of the EIS.

23.69.030.E.2 Density defined by gross floor area

The current HMC MIO boundary includes 575,119 square feet (SF) as defined by the parcel title reports and True North 2023 survey confirmation. This total differs by (-18,961 SF) from the 1999 MIMP of 594,080 SF. The current MIO is bound by James Street to the north, Broadway Avenue to the east, Alder Street to the south, and WSDOT owned property to the west.

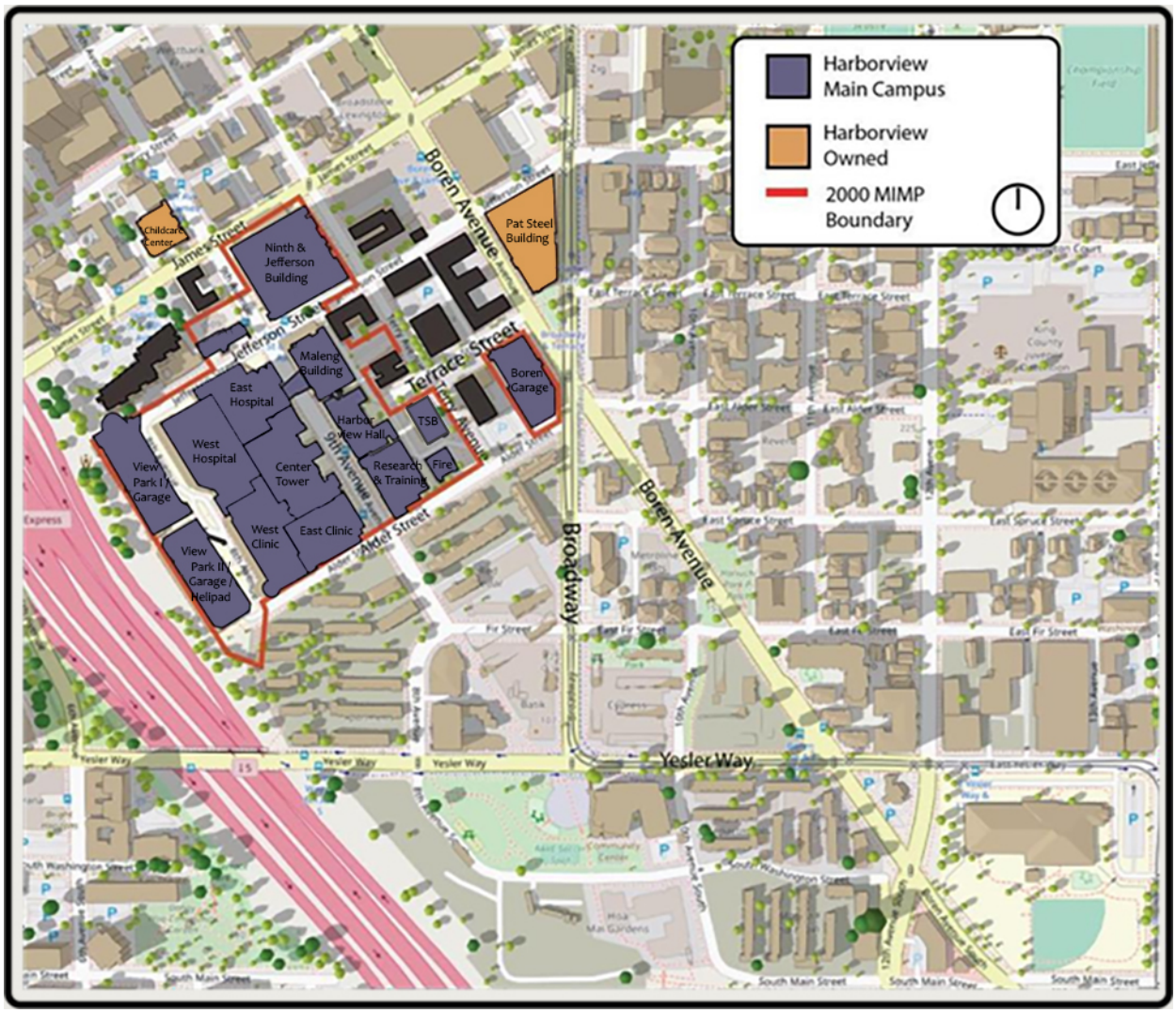


FIGURE 08 – EXISTING MIO DISTRICT WITHIN CITY NEIGHBORHOOD FABRIC

City Council Condition # 13

Development shall be limited to the MIO zoning, height, setbacks and other development standards established in the Master Plan.

Harborview will comply with development standards established in this 2024 major amendment.



FIGURE 09 – EXISTING MIO DISTRICT BOUNDARY

This Major Amendment increases the MIO boundary to include the property lying between the west edge of the current MIO District boundary and I-5 that is owned by WSDOT. WSDOT and King County are currently in talks regarding conveyance of rights to use WSDOT property. The affected property includes up to an additional 108,535 SF. The acquisition will increase the land area within the MIO district boundary to a gross 683,654 SF.



FIGURE 10 – MIO DISTRICT BOUNDARY WITH ADJOINING WSDOT ADDITION



FIGURE 11 – 2024 MIO DISTRICT BOUNDARY INCLUDING WSDOT ADDITION

2024 MIO *MIMP Amendment* with FAR 6.5 with WSDOT acquisition to expand MIO District Boundary	**4,443,751**	**683,654 SF expanded MIO District**
Remaining to build w/WSDOT & increased FAR to 6.5	**2,362.843**	
Planned New tower assumes 240' max height (15 stories)	671,220	WITHIN EXPANDED MIO & FAR of 6.5 @ assumes 32,000 SF per floor
Planned Skybridge connecting new tower with West Hospital	845	
Potential projects identified in 1999/2000 MIMP	-44,447	Project SF carried forward from 2000 MIMP (Includes demo)
Expanded buildout of Walter Scott Brown (WSB) to 10 stories	40,000	Additional SF over WSB of 62,000 indicated in 1999/2000 MIMP
Potential New outpatient facility in footprint of East clinic (14 stories)	280,000	Based upon 20,000 GSF footprint & 14 stories (below 240' height)
Potential Skybridges	10,400	
Potential VP II Second New Tower	671,220	Match VP I tower footprint
Total Planned & Potential 2024 MIMP Developments	**1,706,172**	**WITHIN EXPANDED MIO & FAR of 6.5: All Planned & Potential projects**

TABLE 03 – HARBORVIEW FAR CALCULATION – EXISTING MIO SF PLUS ACQUIRED WSDOT SF, SPENT FAR & REMAINING FAR TO USE

Density Defined by Overall Floor Area Ratio (FAR)

The existing allowable FAR established in the 1999 MIMP is 3.6. Using the existing campus MIO boundary of 575,119 SF the maximum allowable development was 2,070,428 SF of which 1,840,591 SF is built.

		Campus SF confirmed by TrueNorth Survey 4/12/2023
Existing 1999 ALLOWABLE FAR max at 3.6	**2,070,428**	**575,119 SF existing MIO District**
CAMPUS TOTALS	**SF**	**COMMENTS**
Center Tower	255,442	
East Hospital	197,525	
East Clinic	119,718	
West Hospital	306,794	
West Clinic	184,191	
Boren Parking Garage	133,683	
Facilities/Terrace Street Building (TSB)	5,616	
Firehouse	8,542	
Harborview Hall	90,799	
Maleng	262,139	
Security Building	8,093	
Ninth & Jefferson Building (NJB)	764,347	
Research & Training	181,930	
View Park I (VP I)	106,890	
View Park II (VP II)	147,078	
Total SF in MIO	**2,772,787**	
Deduct for proposed demo	240,317	VP I, East Clinic, Security Building, and TSB
Revised SF in existing MIO	2,532,470	
	693,601	deduct for parking exclusion
Adjusted SF in existing MIO	**1,838,869**	Less proposed demo & parking

TABLE 04 – HMC CAMPUS EXISTING ALLOWABLE FAR

City Council Condition #1

The maximum campus development density standard for the Harborview MIO should be increased from the FAR 3.4 proposed by Harborview, to 3.6 in order to allow greater flexibility for future in-fill development and greater utilization of the allowable height in the MIO. The total campus site area is 594,480 sq. ft., so the FAR of 3.6 would result in a total building area of 2,140,128 sq. ft.

See Section III Development Standards, 23.69.030.C.3 for MIO boundary expansion.

With the current MIO lot area of 683,654 SF and FAR of 6.5, the proposed maximum development will be 4,443,751 SF.

The Master Plans for neighboring medical major institutions on First Hill provide for FAR much greater than 3.6. This Major Amendment proposes to increase the FAR from 3.6 to 6.5.

FLOOR AREA RATIO COMPARISON		
Major Healthcare Institution	**Existing FAR**	**Proposed FAR**
Harborview Medical Center	3.5	6.5
Virginia Mason Medical Center	8.1	
Swedish First Hill	5.5	
Swedish Cherry Hill * *This institutional campus sits in a residential neighborhood NR(3)	4.7	

TABLE 05 – OTHER FIRST HILL HEALTHCARE MIO FAR

This MIMP Major Amendment increases the maximum FAR to 6.5, for a total chargeable floor area in the MIO of 4,443,751 square feet, as set forth in Table 04 above.

23.69.030.E.3 Maximum number parking spaces allowed for MIO District

Parking requirements for major institutions are defined in SMC 23.54.016.B.2. The SMC assigns short-term and long-term vehicle parking requirements based on the number of doctors, other employees, outpatients, and hospital beds. As part of the UWMC system, doctors have privileges at multiple locations and while “assigned” to HMC may not be on site every day. As such an estimate of the number of doctors and staff cannot be accurately assessed given the categories defined in the SMC. As a result, the parking requirements for the campus are identified based on a hybrid approach that considers extensive data collected in the HMC parking garages for doctors and staff as well as SMC requirements for short-term parking based on outpatient visits and hospital beds. This approach provides a more realistic assessment of the current demands/needs, better informing the future needs of the campus. The following outlines the methodology and requirements for the short and long-term requirements as utilized for this Major Amendment.

<u>SMC Methodology Requirement:</u>

- Minimum/Maximum Parking Stall Requirement (SMC 23.54.016.A.2): *For a Major Institution use in an urban center or the Station Area Overlay District, the maximum limit shall not exceed 135 percent of the minimum parking requirements calculated pursuant to subsection 23.54.016.B.2.*
- Long-Term Parking (SMC 23.54.016.B.2.a1): *A number of spaces equal to 80 percent of hospital-based doctors; plus 25 percent of staff doctors; plus 30 percent of all other employees present at peak hour*
- Short-Term Parking (SMC 23.54.016.B.2.b1): *A number of spaces equal to one space per six beds; plus one space per five average daily outpatients*

MIMP Methodology:

Minimum/Maximum Parking Stall Requirement for the short-term parking requirements are calculated consistent with the SMC Methodology. Minimum long-term parking stall requirements are modified as follows:

- The minimum requirements of long-term parking, which is associated with staffing, are based on a review of existing staff peak parking demands. Based on the observed existing peak staff parking demands, a parking rate is established by dividing the peak demand by the existing square footage. The parking rate is 0.55 vehicles per 1,000 gross square feet of development. This is applied to the future development.

The resulting range (minimum to maximum) of parking stalls for the planned and potential development are as follows:

- With Planned Development: 1,960 – 2,646 stalls
- With Potential Development: 2,719 – 3,671 stalls

The current parking supply for the HMC campus is 1,846 stalls with the MIO. The additional code required parking will be constructed in phases as development occurs. In some cases to improve cost or efficiency of the construction, some parking may precede development. The detailed parking requirements are shown in the table below.

Condition	Size			Parking Requirements (Stalls)				
	Gross Square Feet (gsf)	Beds	Estimated Outpatients	Long Term Parking	Short Term Parking		Minimum Total	Maximum Total
				Staff	*Number of Beds*	*Outpatients*		
Existing	2,003,944	540	1,117	1,132	90	223	**1,445**	**1,951**
Source/ Method				*Staff vehicles present at peak which was used to establish a parking rate per the existing gsf.* ***0.55 veh/1,000 sf.***	*SMC 23.54.016.B.2: 1 space per 6 beds*	*SMC 23.54.016.B.2: 1 space per 5 daily outpatients*	*Sum of long term and short-term parking*	*SMC 23.54.016.A.2: 135% of minimum.*
Planned	672,065	360	375	380	60	75	515	695
						Cumulative *(Planned + Existing)*	**1,960**	**2,646**
Potential	1,034,107	360	576	584	60	115	759	1,025
						Cumulative *(Planned + Potential + Existing)*	**2,719**	**3,671**

TABLE 06 - HMC PARKING REQUIREMENTS

23.69.030.E.4 Existing MIO Campus

23.69.030.E.4.a Existing and planned developments

Existing parcels are zero lot line developments, with right-of way (ROW) improvements addressed in the development of Ninth and Jefferson project and Maleng projects.

The immediate Planned Project is a patient tower up to 320' to be located in the footprint of existing View Park I. It will include one landing area that accommodates two or three helicopters. The existing helistop atop View Garage II rooftop will be reserved for military transport helicopters unless and until the parcel is demolished for future Potential project.

The total footprint of the Planned tower will range between 36,000 and 50,000 square feet. Patient floors will set back from the podium levels above the Emergency Department level, allowing existing West Hospital patient rooms access to natural light. Each floor of the Planned tower will range between 32,000 and 36,000 square feet. In total the Planned tower will be approximately 671,220 square feet, not including the sub-grade parking levels.

The proposed height of the Planned tower will be a maximum of 320’. This height is lower than the 440’ height limit of the underlying HR zone limits, but taller than adjacent MIO-240’ limit. The final height will be determined by the floor-to-floor height determined during the design process. The rooftop of the Planned tower will include a landing platform, safety enclosure, and lighting for helistop to accommodate two commercial transport helicopters. The rooftop will also have an elevator stop for transporting patients and staff back to the Emergency Department.

The Planned tower will consist of at least two podium floor plates over sub-grade structured parking levels and will rise 7-8 tower floors to house acute patient private rooms. Because modern hospital bed towers require floor to floor heights of 15’ to 18’ the overall height of the Planned Project tower will exceed 240’ feet and requires a development envelope of 320’ as depicted in FIGURE 14, as discussed above in the Development Standards section 23.69.030.C.3c.

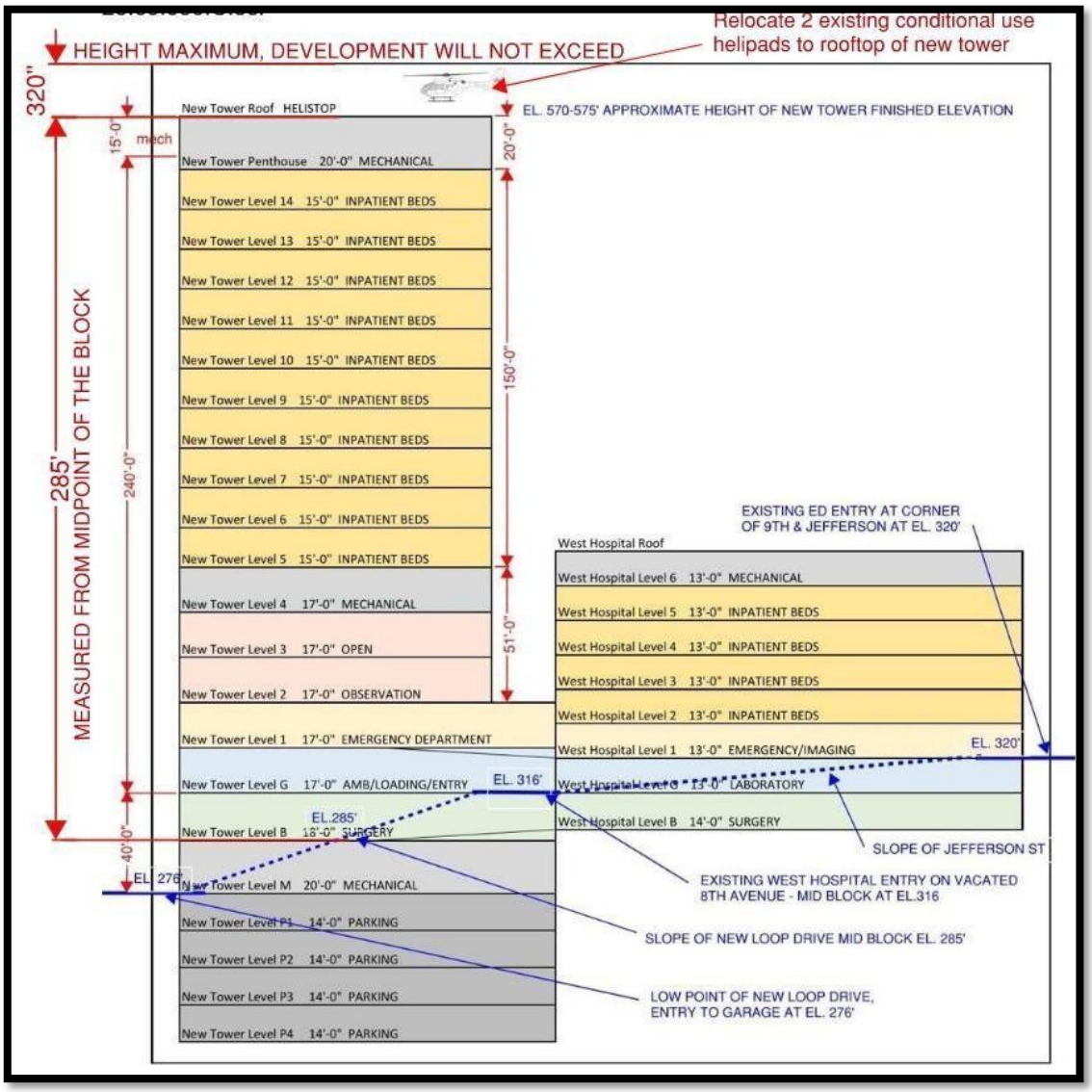


FIGURE 14 – CROSS SECTION OF HEIGHT MEASUREMENT FOR PLANNED NEW TOWER

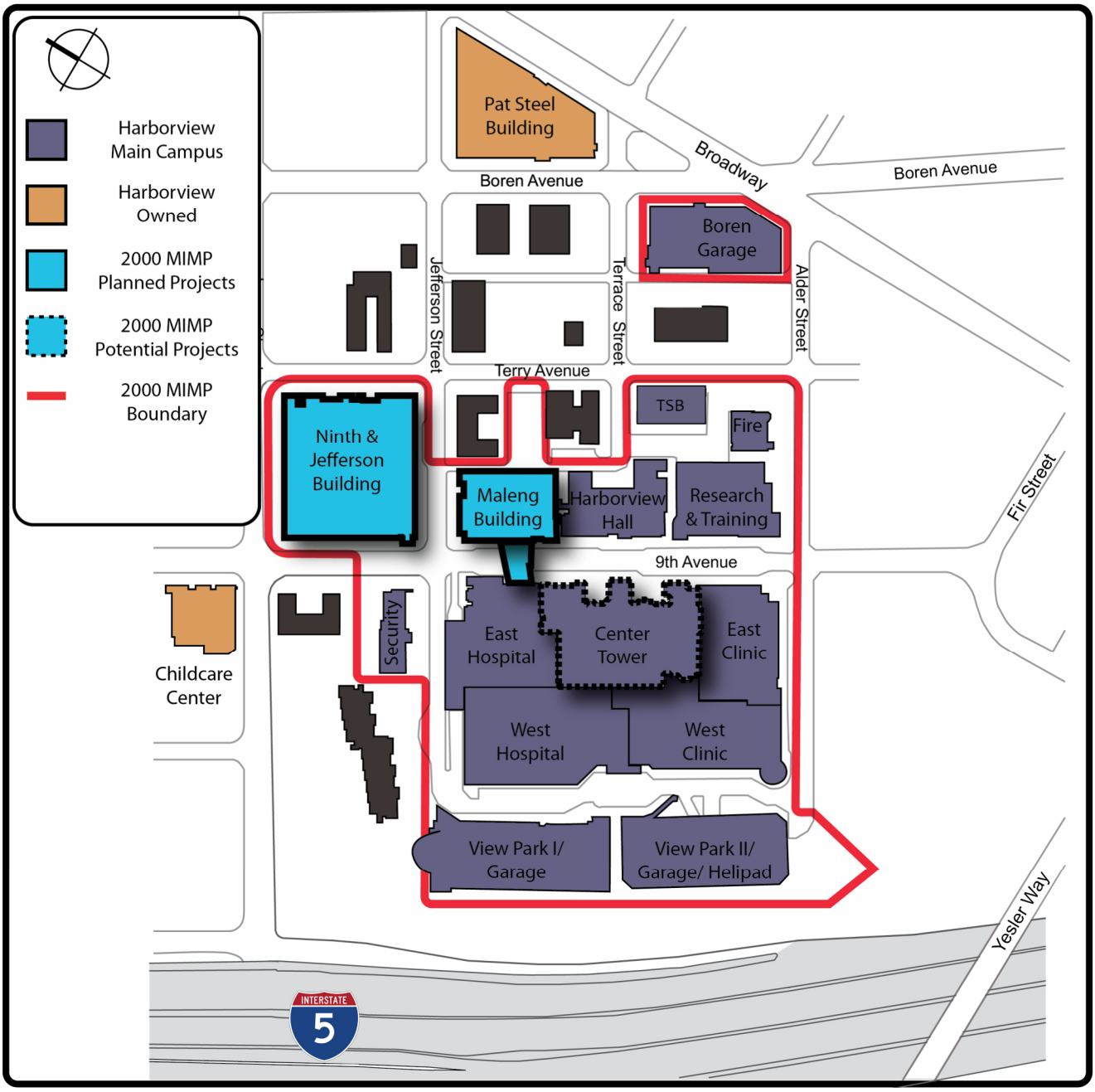


FIGURE 15 – EXISTING DEVELOPMENT COMPLETED SINCE 1999 MIMP APPROVAL

City Council Condition #7

Construction of the Inpatient Expansion Building (Structure "F" in Figure 8, page 29, MIMP, Exhibit 3A) (page 30 in this document), buttressing East Hospital and bridging over 9th Avenue, if approved through the Landmarks and street vacation processes, shall be subject to the conditions required through those processes.

RESOLVED: Construction of the Maleng Tower and skybridge over 9th Avenue (Structure "F" in Figure 8, page 29 of the 1999/2000 compiled Master Plan, Exhibit 3A) was approved by Landmarks Preservation Board, Council and SDCI (former DCLU). The Maleng Inpatient expansion building and skybridge over 9th Avenue of 285,216 sq ft was completed in 2012.

City Council Condition #8

The Clinical Services Building (Structure "A1" in Figure 8, page 30, compiled Master Plan) shall be subject to the following conditions regarding the street profile along that portion of James Street: that the width of the existing travel lanes on James Street be maintained between any tree pits and utility poles which might still exist, and the building facades for the sidewalk developments; and that the area from the curb be designed to accommodate tree-pits and utility poles.

RESOLVED: The Clinical Service Building (Structure "A1" in Figure 8, page 30, 1999 / 2000 compiled Master Plan) was constructed in 2008. The structure occupies the full block between James and Jefferson Streets and 9th and Terry Avenues. The building is 764,347 sq ft, of which 453,259 sq ft is occupied, and 311,088 sq ft is mechanical and below grade parking garage.

23.69.030.E.4.b Existing open space landscaping and future designated open space

The intent of landscaping and open space is to unify and create a campus environment that provides a healing environment for patients and staff, that is a safe and attractive place for all, and that is compatible with the neighborhood. Landscape and open space shall be developed as a part of each individual building project and contribute to the broader relationship with the campus. Underlying zoning standards for screening of parking and street trees will be maintained.

The approved 1999 MIMP identified the landscape open space standards for Harborview Campus to include three elements:

- Westend landscape open space
- Eastside Campus Heart
- Campus edges and internal streets

The approved 1999 MIMP includes council condition #16 which calls for a target of 20% open space on campus to be comprised of the noted landscape open space standards. The approved 2014 Addendum did away with the Eastside Campus Heart by preserving Harborview Hall (the site of the proposed Eastside Campus Heart) and introduced an active open space plaza, provided a buffer to campus density, and proposed campus edge improvements and green street opportunities along Terry Avenue and Terrace Street.

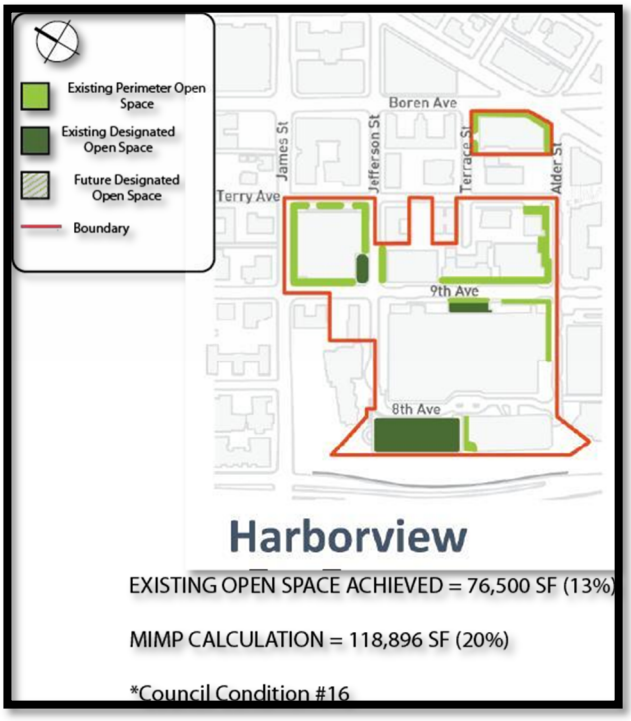


FIGURE 16 – EXISTING OPEN SPACE WITHIN THE MIO DISTRICT



FIGURE 17 – PROPOSED OPEN SPACE WITHIN THE EXPANDED HMC MIO DISTRICT

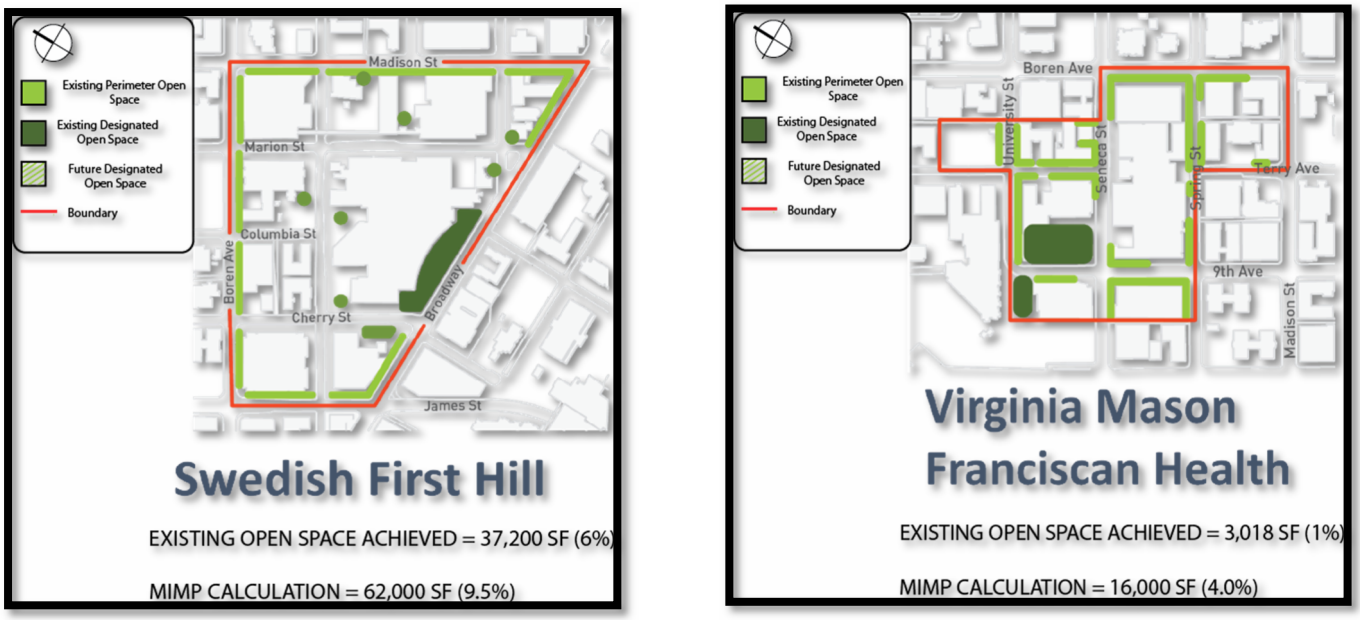


FIGURE 18 – COMPARISON TO OTHER HEALTHCARE MIO DISTRICTS ON FIRST HILL

Harborview is a densely developed major institution within a heavily urbanized context. The open space on the Harborview campus is appropriate for its context and takes the form of plazas, landscaped areas, pedestrian walkways and building setbacks. These areas may be modified over time to complement campus buildings and better serve the public, Harborview patients, visitors, and staff. Street trees within the public right-of-way along Harborview project frontages will be provided as a part of future potential projects.

City Council Condition #16

The minimum percentage of the MIO District to remain in open space is 20%. (This calculation is based on the amount of open space provided by; 1) the "Westside" landscaped open space on top of the existing west garage with both landscape and hardscape and a viewpoint; and 2) the required setback areas, which will be landscaped or hardscaped and pedestrian amenities.)

The revised open space percentage included in this Major Amendment to the 1999 MIMP for the Harborview campus is 12%. This percentage is a reduction of 8% from 20% imposed by the 1999 Council Condition. The 12% meets or exceeds open space at similar healthcare institutions in the First Hill neighborhood. The proposed open space is comprised of:

- The 2014 MIMP Addendum Open Space is located east of Harborview Hall bordered by Terry and Terrace Avenues.
- Plazas, landscape setbacks, pedestrian walkways, and landscape street rights-of-way.
- Open space and landscaping will be developed as part of individual planned and potential projects and will contribute to the broader integration of the campus into

the adjacent neighborhoods. Landscape requirements of the underlying zoning and permit requirements for setbacks, frontage and right-of-way improvements will be maintained. This may include offsite improvements to meet the open space and landscape goals noted above.

The 1999 Council condition # 16 is inconsistent with the current understanding of the importance of dense development in urban environments. The 20% open space goal is not achievable given ownership constraints, and it far exceeds the goals of other institutions, Virginia Mason Medical Center and Swedish First Hill Medical Center, in the First Hill neighborhood. Other Major Institution goals range from 4% to 12.75%. The Existing landscape open space on the Harborview Medical Center campus within the MIO District is approximately 13%, comprised of the standards noted.

With the addition of the WSDOT parcel, the demolition of View Park I garage to make way for a new loop road, site improvements, and a planned new acute care patient tower, the existing landscape open space on campus will be reduced to approximately 40,500 square feet (6%). The implementation of the campus landscape open space plans identified in the 2014 Addendum, along with campus edge improvements and green street opportunities along Terry Avenue and Terrace Street, totaling 33,000 square feet, will return the total landscape open space on campus to 73,500 square feet (or 12% of the total campus lot area).

When the new loop drive lane and site improvements are implemented as part of the Planned Project, a pedestrian connection along that loop drive lane will connect the south side of campus to James Street.

When the existing East Clinic is demolished, the site may be available as temporary interim landscape open space until the Potential Project is implemented.

The EIS discloses that construction of the Planned Tower would limit westerly views from the SEPA-protected viewpoint at Jefferson and vacated 8th. Harborview plans to build a new viewpoint, accessible to the public, at the southwestern corner of the Planned Tower. Details about how pedestrians would access the new viewpoint will be established at the project permitting phase when the Planned Tower is designed.

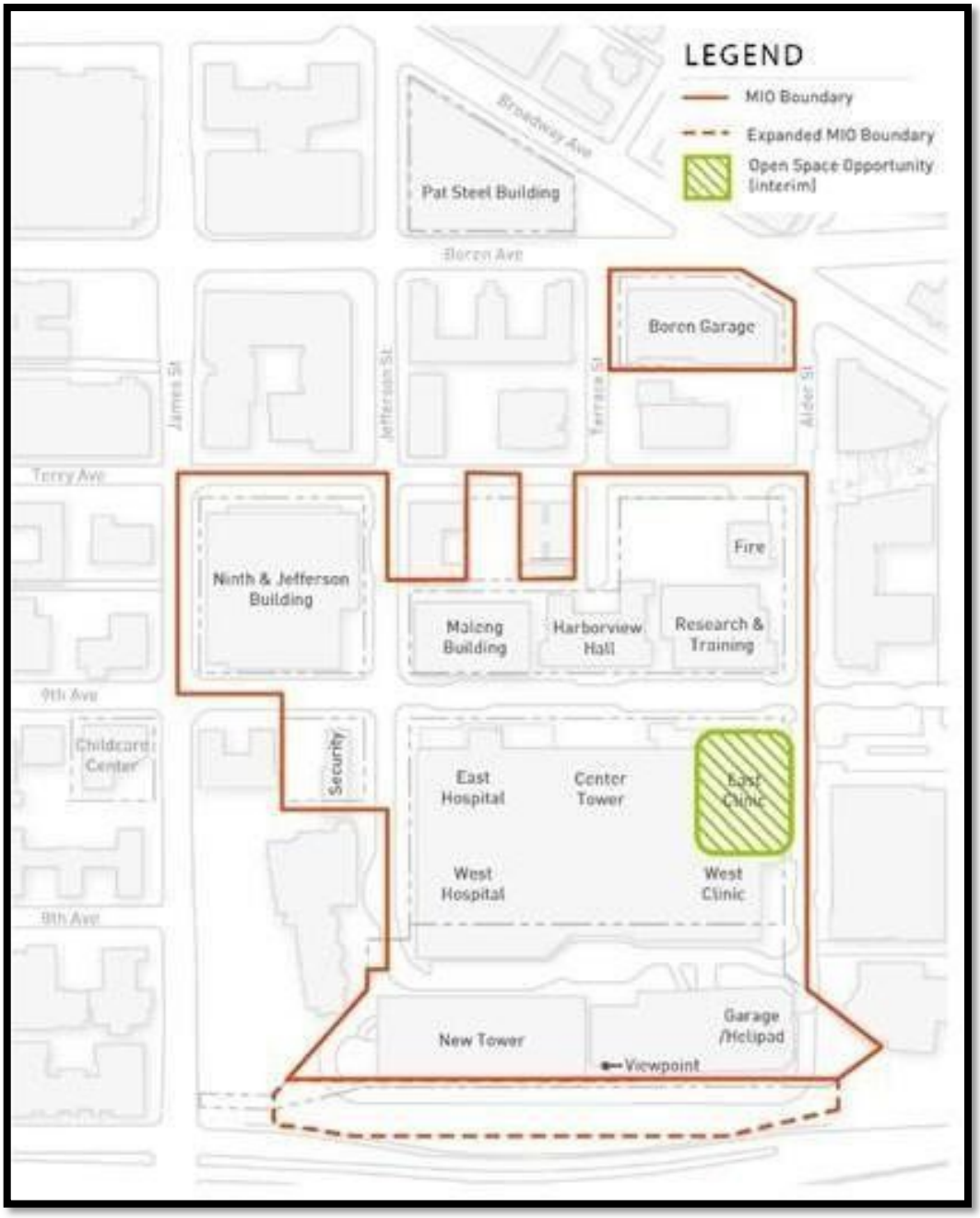


FIGURE 19 – TEMPORARY INTERIM OPEN SPACE



FIGURE 20 – POTENTIAL INTERIM OPEN SPACE (FOLLOWING DEMOLITION OF EAST CLINIC)

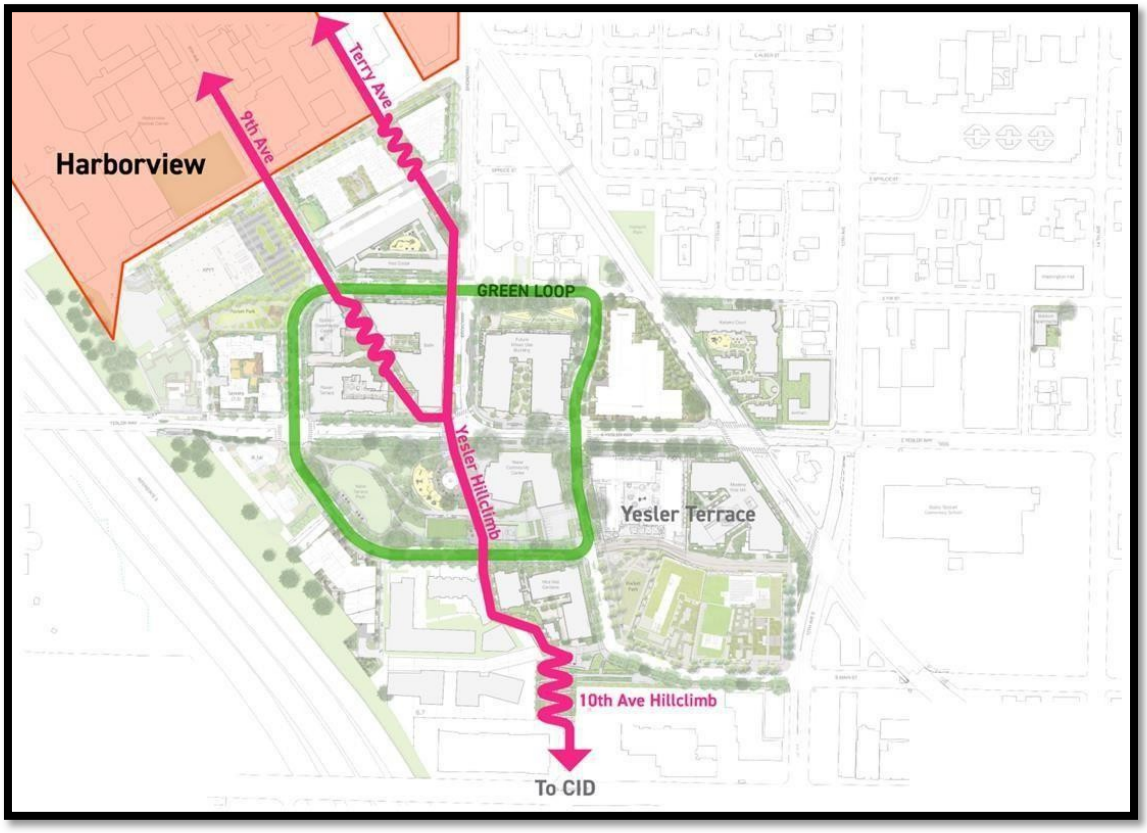


FIGURE 21 – PEDESTRIAN CONNECTIONS TO ADJACENT NEIGHBORHOODS

23.69.030.E.4.c Existing public and private street layout

Harborview is in the First Hill/Capitol Hill Urban Center. The campus is generally bound by James Street, Terry Avenue, Alder Street, and I-5, while the Boren Garage northwest of the Boren Avenue/Broadway Avenue intersection is separated from the rest of campus by a half- block outside of the MIO. These streets are public rights-of-way with roadway classifications ranging from urban village neighborhood access, which are smaller non-arterial streets usually located within neighborhoods, up to more major principal arterials, which are typically located in more high-density Downtown urban environments.

Although parking is provided in limited concentrated locations on and around the campus, the campus is well connected with sidewalks provided along both sides of the roadways within the campus boundaries and surrounding the campus. Also, the intersections within campus boundaries are stop controlled and include crosswalks at midblock, and skybridge pedestrian crossings are provided across 9th Avenue between Jefferson Street and Alder Street.

Signalized intersections with pedestrian crossings are provided at the intersections bordering the campus along both Boren Avenue and James Street. Bicycle facilities in the vicinity include painted bike lanes or sharrows provided along 9th Avenue within the campus boundaries as well as protected bicycle lanes, outside the MIO District boundary, along Broadway Avenue and Yesler Way east and south of the campus, respectively.



FIGURE 22 – PRIMARY STREETS SURROUNDING THE HARBORVIEW MIO DISTRICT

The campus is well connected with sidewalks provided along both sides of the roadways within the campus boundaries and surrounding the campus. Also, the intersections within campus boundaries are stop controlled and include crosswalks at midblock. Skybridge pedestrian crossings are provided across 9th Avenue between Jefferson Street and Alder Street.

Signalized intersections with pedestrian crossings are provided at the intersections bordering the campus along both Boren Avenue and James Street. Bicycle facilities in the vicinity include painted bike lanes or sharrows provided along 9th Avenue within the campus boundaries as well as protected bicycle lanes along Broadway Avenue and Yesler Way east and south of the campus, respectively.

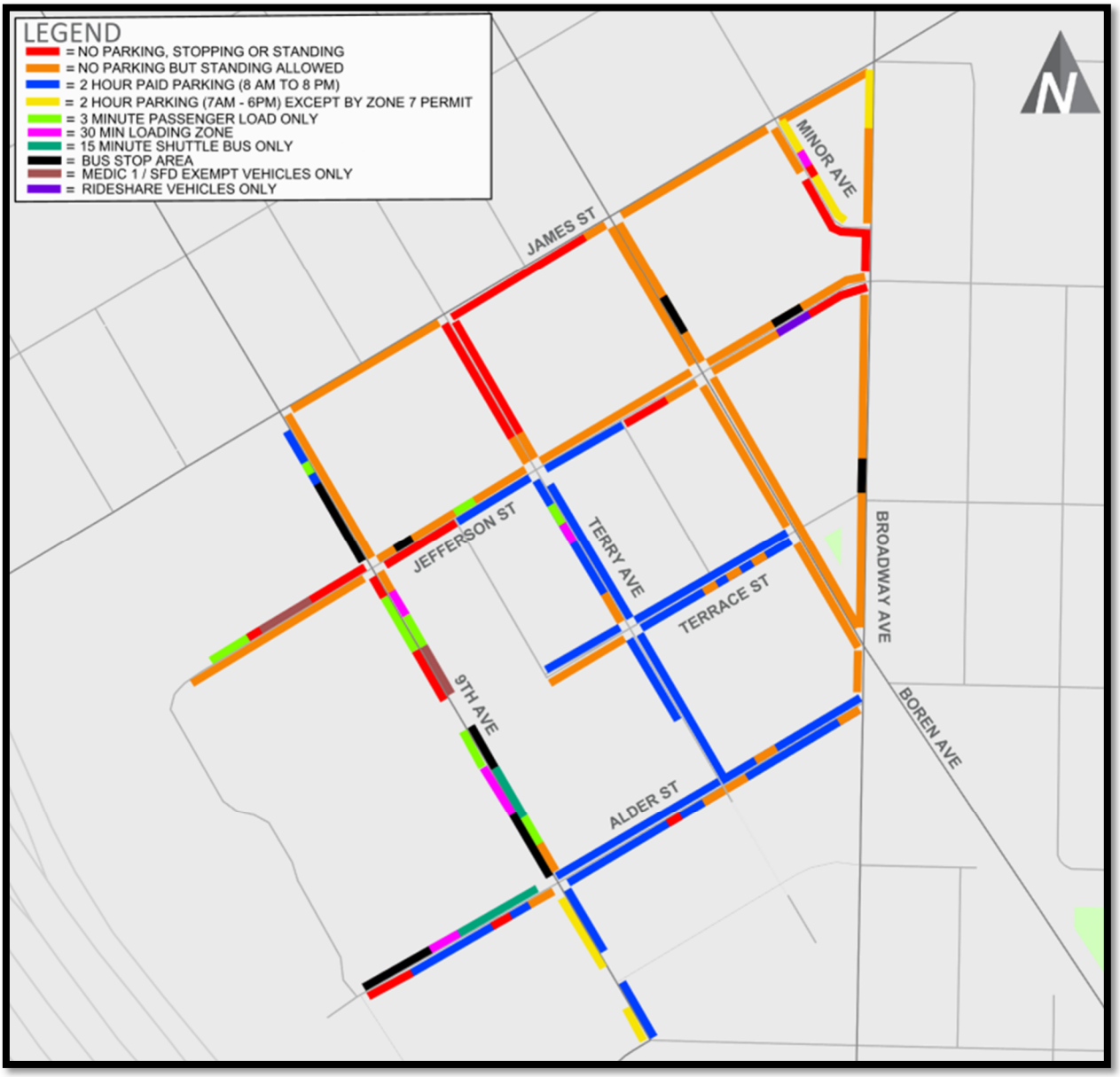


FIGURE 23 – EXISTING CURB DESIGNATION

Additionally, the campus is served by transit with stops within and adjacent to the campus boundaries along James Street, Jefferson Street, Boren Avenue, and Broadway Avenue.

Service at these stops is provided by numerous King County Metro bus routes and SDOT's First Hill Streetcar. Also, Sound Transit's Link Light Rail Pioneer Square Station, about a half mile west of campus, provides regional access which is also accessible via a connection with SDOT's Streetcar.

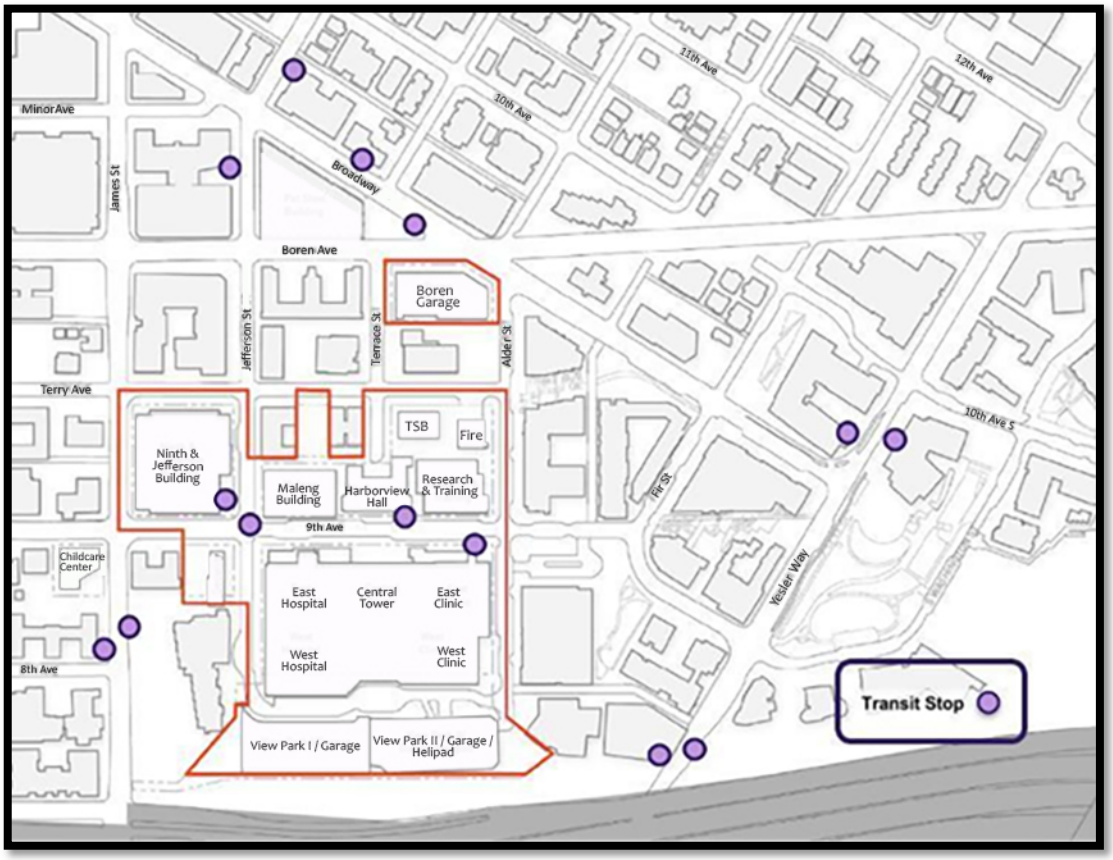


FIGURE 24 – AREA TRANSIT STOPS

23.69.030.E.4.d Existing and planned parking areas and structures

Parking for the main campus is provided primarily via three existing parking garages accessed via Terrace Street, Terry Avenue, the private roadway known as 8th Avenue, and Alder Street as well as some smaller surface parking lots, totaling 1,846 stalls. The Patricia Steel Building east of the main campus accessed via Broadway Avenue provides an additional parking supply of 291 stalls, for a total parking supply of 2,137 stalls. Note that the curb use designations along the roadways within the boundaries and surrounding the campus include some time limited on-street paid parking but also includes a significant amount of curb space designated loading, transit, and no parking.

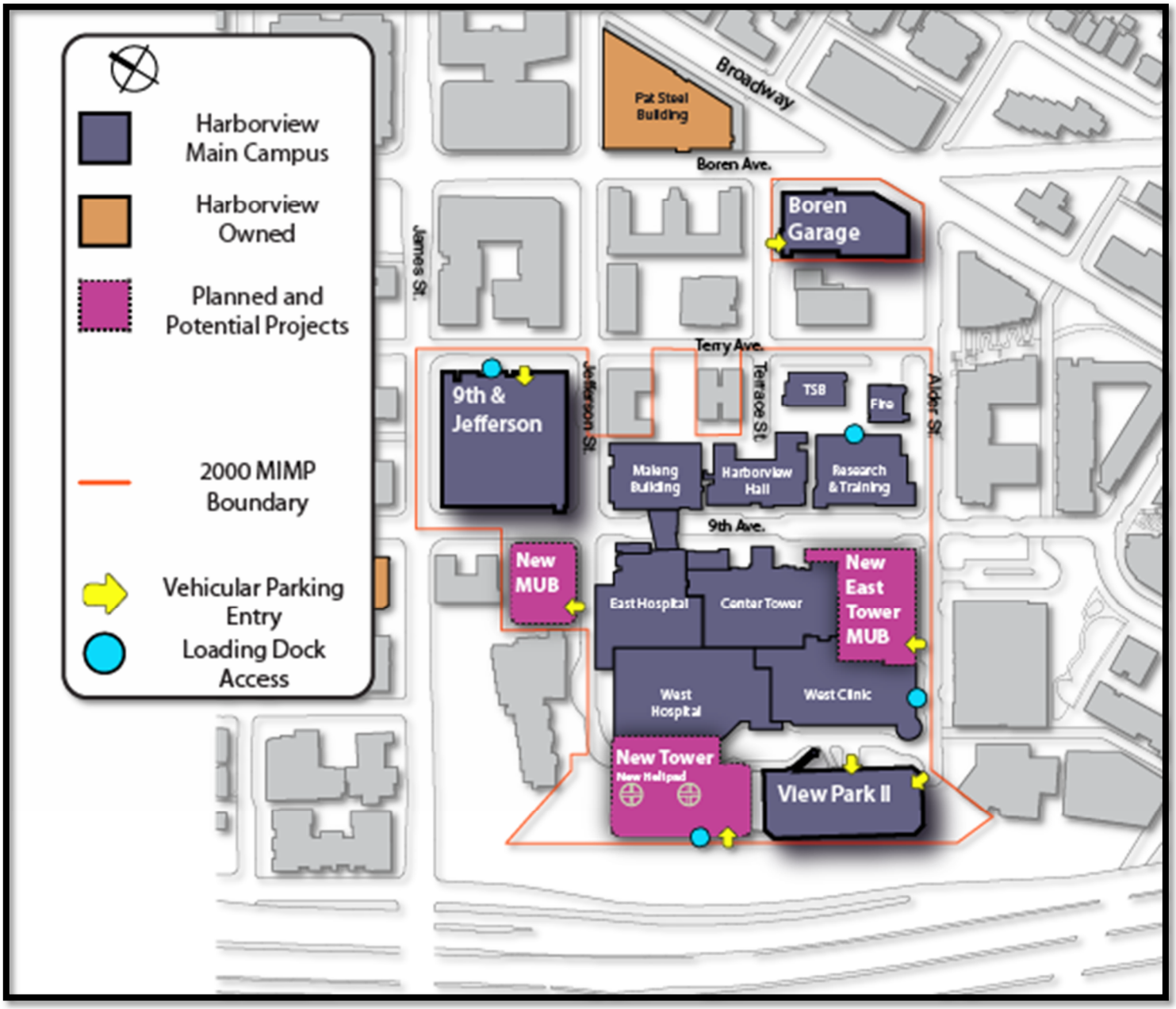


FIGURE 25 – EXISTING PARKING & LOADING DOCK FACILITY ENTRANCES WITHIN THE MIO DISTRICT

City Council Condition #11

The garage entry scheme included in the final Harborview Master Plan shall be approved subject to the following conditions: 1) that any access to the garage system from Terrace Avenue shall be limited to permit holder entry only and intended exclusively for staff parking, and 2) that traffic calming features be installed on both Terry Avenue and Terrace Street including curb- bulb extensions at the intersection of Terry Avenue and Terrace Street and possible speed bumps on Terrace Street. Consideration should be given to prohibiting or limiting a garage entrance on James Street to be consistent with the street's classification as a principal arterial. Consideration should also be given to providing only limited garage access on Terry Avenue south of Jefferson Street due to Terry Avenue's narrow travel lanes and its designation as a Key Pedestrian Street.

RESOLVED: Through the design and construction of The Clinical Services Building (Structure "A1" in Figure 8, page 30, compiled Master Plan) commonly referred to as Ninth and Jefferson Building (hereinafter "Ninth and Jefferson Building"). The primary garage entry to this building is off Terry Avenue.

23.69.030.E.5 Property ownership site plan

The existing property of HMC campus, owned by King County, is detailed in TABLE 03 and depicted in FIGURE 14 based on the King Couty Assessor's records and True North surveys conducted in 2023. King County owns 13.2 acres (575,119 sf) of land and has first right of refusal purchase on one parcel (0.16 acres; 7,200 SF) at the corner of Terry Avenue and James Street. Public rights of way that may be proposed to be vacated include the alley of Block 81. An aerial vacation over 9th Avenue is complete. King County reserves the right to petition for future vacation of 9th Avenue and a segment of Terrace Street, west of Terry Avenue.



FIGURE 26 – ASSESSOR'S MAP PROPERTIES OWNED BY KING COUNTY/HARBORVIEW MEDICAL CENTER

23.69.030.E.6 Three-dimensional drawing of height, bulk and form

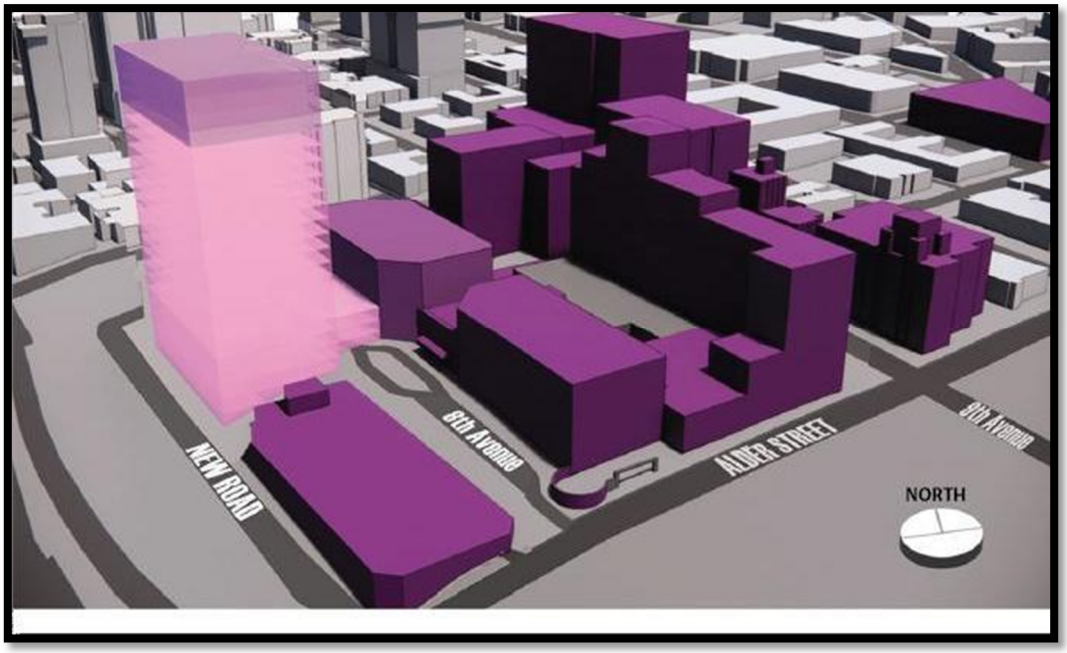


FIGURE 27 – 3D IMAGE OF EXISTING AND PLANNED NEW PATIENT TOWER

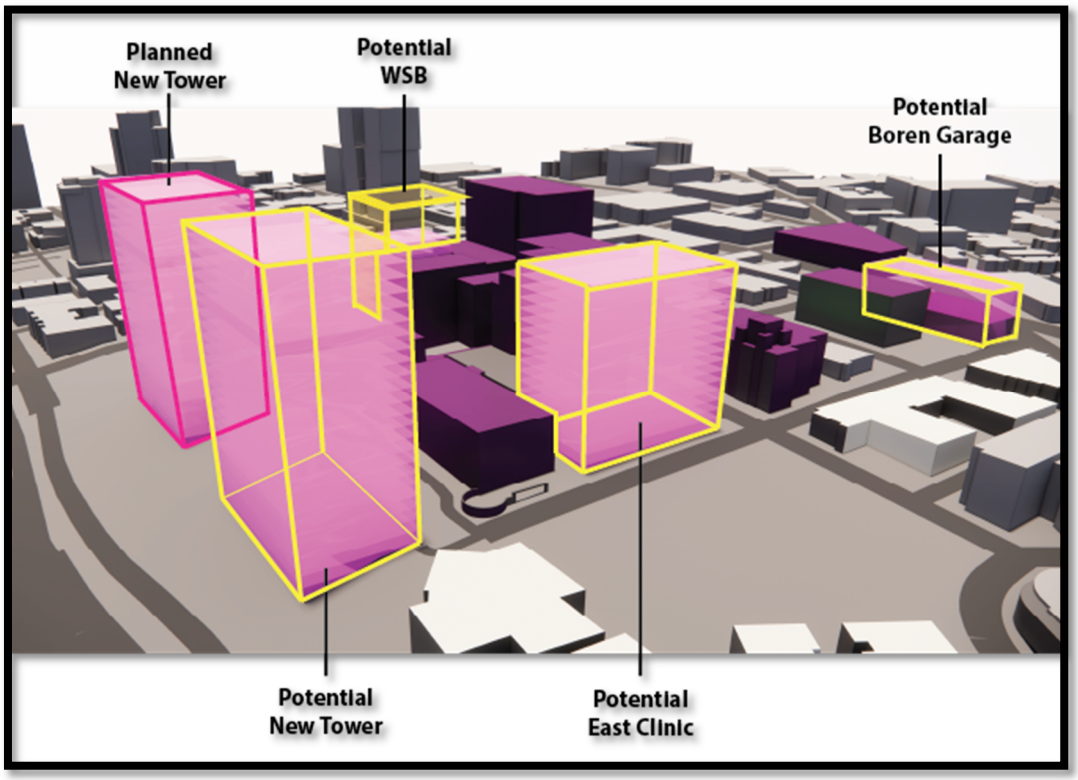


FIGURE 28 – 3D BIRD'S EYE IMAGE OF POTENTIAL PROJECTS

23.69.030.E.7 Planned infrastructure improvements

As a part of the Planned Project patient tower, loop drive lane, and site improvements, an expansion of and relocation of systems and utilities to support the Planned Projects will be completed.

Impacted services and utilities include but may not be limited to storm drainage, sewer, Seattle City Light (SCL)/Power, Public Utility District (PUD) Gas, Steam, Oxygen, and Domestic Water.

The scope of work to support the Planned Project patient tower will include expansion for a new SCL transformer vault and relocation of the Oxygen Farm storage tank from behind the Research and Training Building to the western edge of campus.



FIGURE 29 – AERIAL VIEW FOR LOCATION OF NEW LOOP DRIVE

The Planned Project loop drive lane with landscape planting strip, sidewalk, curb & gutter will be constructed on the WSDOT property at the western edge of the expanded MIO district boundary. The loop drive lane will connect to both Jefferson and Alder Streets rights-of-way.

The Planned Project loop drive lane will serve several purposes. It will enable the relocation of storm and sewer utility lines. It will enable other utility services to access the Planned Project tower. It will provide access to the Planned new patient tower garage, access to lower levels of View Park II garage, access to the relocated oxygen tank yard and serve as a fire lane around the new patient tower and existing View Park II garage for emergency vehicles.

The Planned Project loop drive lane will be a private roadway.

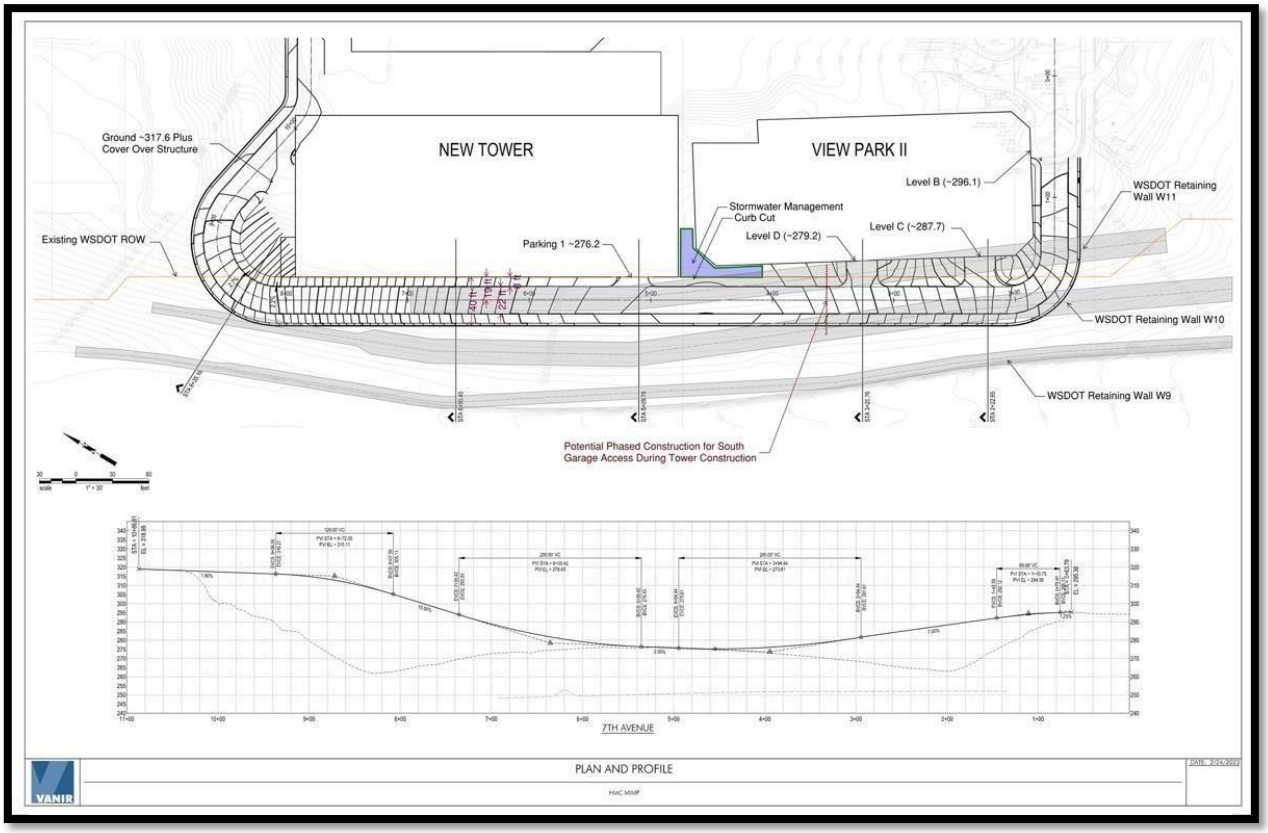


FIGURE 30 – NEW LOOP DRIVE LANE ELEVATION SECTION

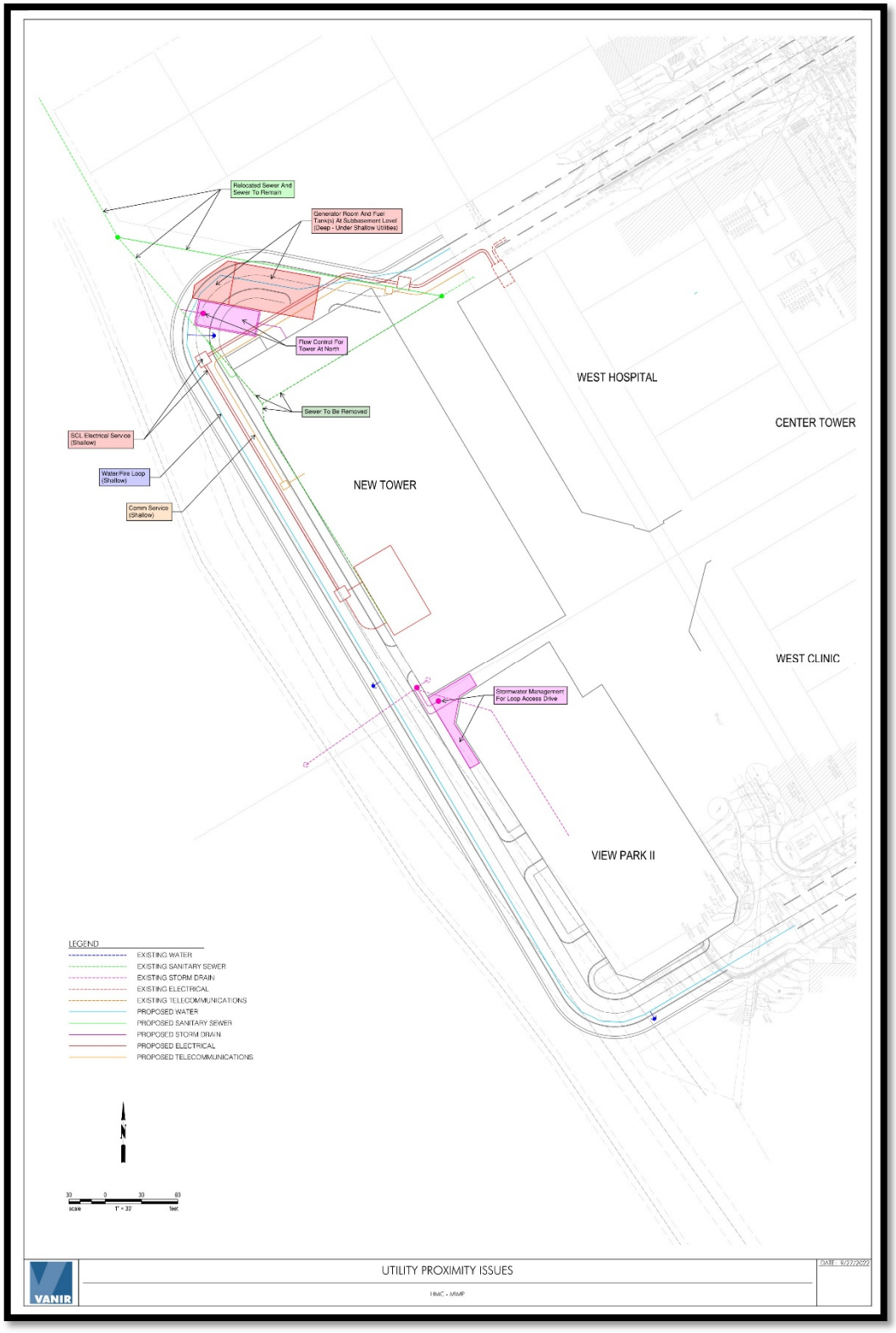


FIGURE 31 – KPFF DIAGRAM OF UTILITY RELOCATION

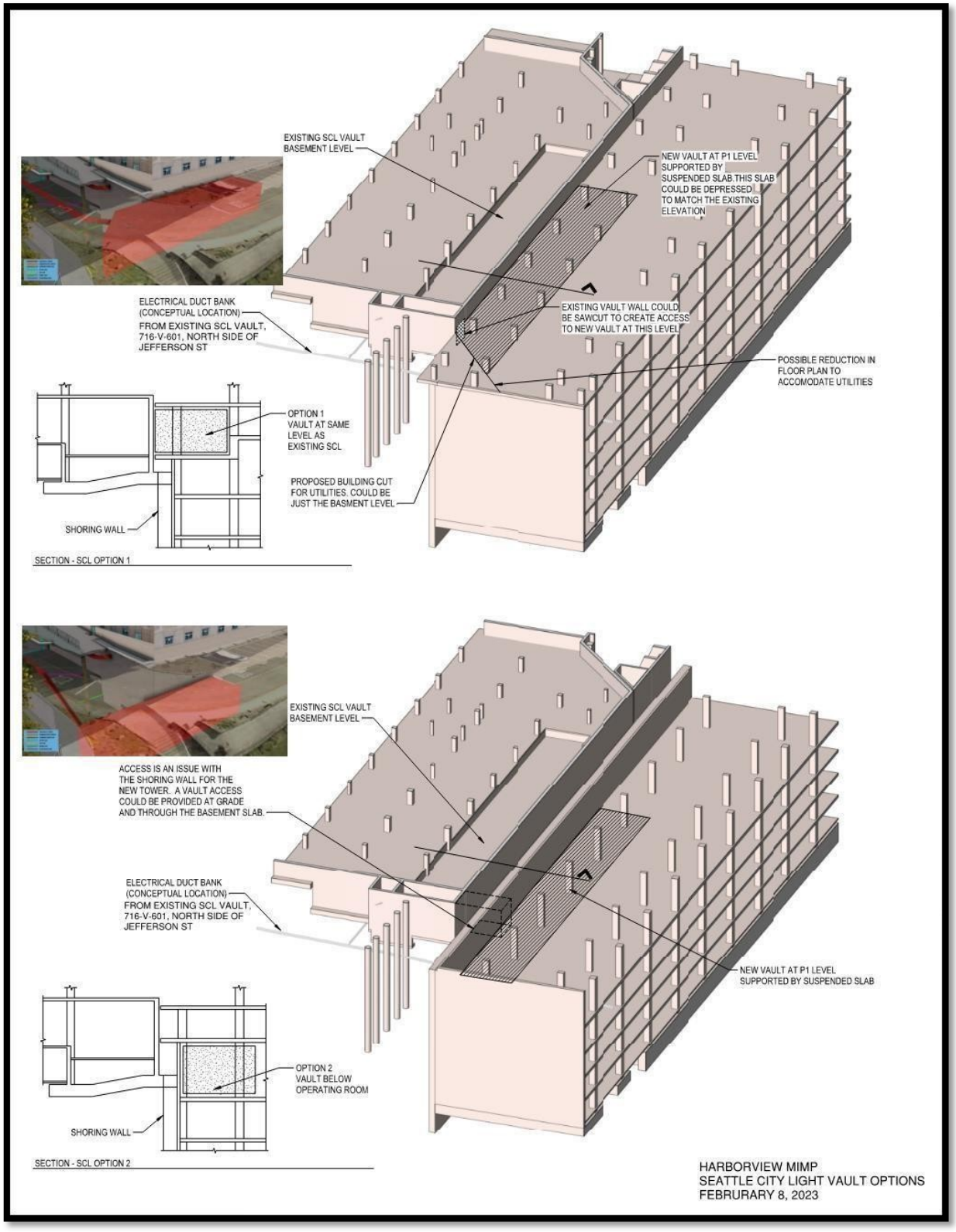


FIGURE 32 – KPFF CONCEPTUAL SCL UTILITY VAULT EXPANSION

As the campus develops, prioritizing hospital connectivity while increasing parking is needed to support that growth. The private roadway known as 8th Avenue will be partially closed to vehicles to allow for an at-grade and below-grade building connection between the new tower and the current Emergency Department. The closure of the private roadway known as 8th Avenue provides for significant improvement in hospital internal connectivity which helps improve patient outcomes. The campus will continue to have redundant vehicular connectivity to the east and Planned Project loop road that would provide similar north- south connectivity along the campus' western side. The Planned Project loop road will be west of the Planned Project tower and existing View Park II garage between Jefferson Street and Alder Street.

Additional parking stalls will be necessary as the campus is further developed with a maximum parking supply of *2,646* stalls (an increase in up to *800* stalls with the Planned projects). Parking will continue to be concentrated in structured parking and is anticipated to be located within the Planned project tower to accommodate the future demand. Additional parking will be constructed in phases as development occurs. In some cases, to improve cost or efficiency of the construction, some parking may precede development.

23.69.030.E.8 Planned development phases

The priority for the Planned project includes a new patient tower that will provide 360 new state-of-the-art private acute care beds offering privacy of care and greater infection control. The Planned tower will provide an expanded Emergency Department and expanded surgical services, along with sub-grade parking, delivery bays and patient care support services. The Planned tower will connect to the existing Emergency Department and to the lower levels of the existing West Hospital enabling expansion of the Seattle City light service vault and surgical services.

The Planned tower will be in the footprint of the existing View Park I garage, west of the roadway. The tower connection to the existing West Hospital will be built in vacated roadway with a southern limit that will preserve a round-about drop-off at the existing Main Hospital west entry. The Planned tower will be bound to the north by Jefferson Street right of way, and to the west by the edge of the existing View Park I garage footing. The existing View Park I garage will be demolished to make way for the Planned tower.

The Planned project will also include relocation of infrastructure systems and loop drive lane and below grade parking and dock access.

After the completion and occupancy of the Planned tower, vacant spaces within the existing West Hospital and Center tower will be renovated for adaptive reuse in patient care and health support services.

The Planned project will commence design in Q4 of 2025 with construction to commence immediately after issuance of permits. Potential projects have no established priority phasing.

No phasing or sequencing has yet been defined for Potential Projects beyond the planning of implementation within the next 20 years.

City Council Condition #3

The proposed development shall be phased as identified in the proposed Master Plan.

However, the possible implementation of the Master Plan alternatives considered in the EIS may require further analysis and will not be processed as exempt changes to the Master Plan. All changes to the Master Plan are subject to the requirements of SMC23.69.035.

The issue addressed by this Condition has to some degree been superseded by the construction of structures anticipated in the 1999 MIMP. The environmental review of this Major Amendment will continue to comply with this Condition. There is one Planned Project accompanied with infrastructure systems and loop drive to support it within this Major Amendment, and its environmental impacts will be fully analyzed in the EIS. The environmental impacts of the Potential Projects identified in *this 2024 MIMP Major Amendment are also addressed in the 2025 EIS.*

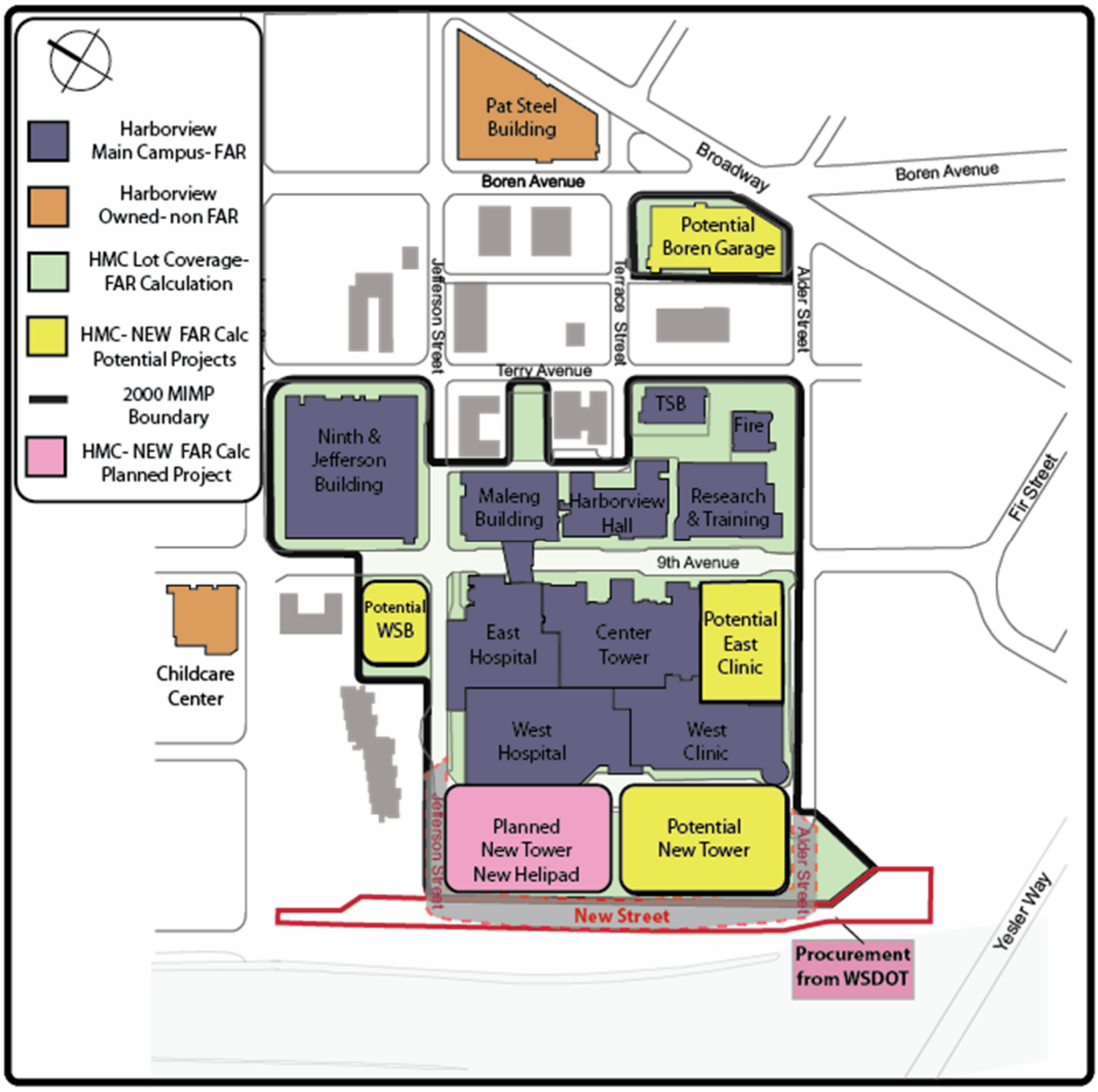


FIGURE 33 – PLANNED NEW TOWER PROJECT

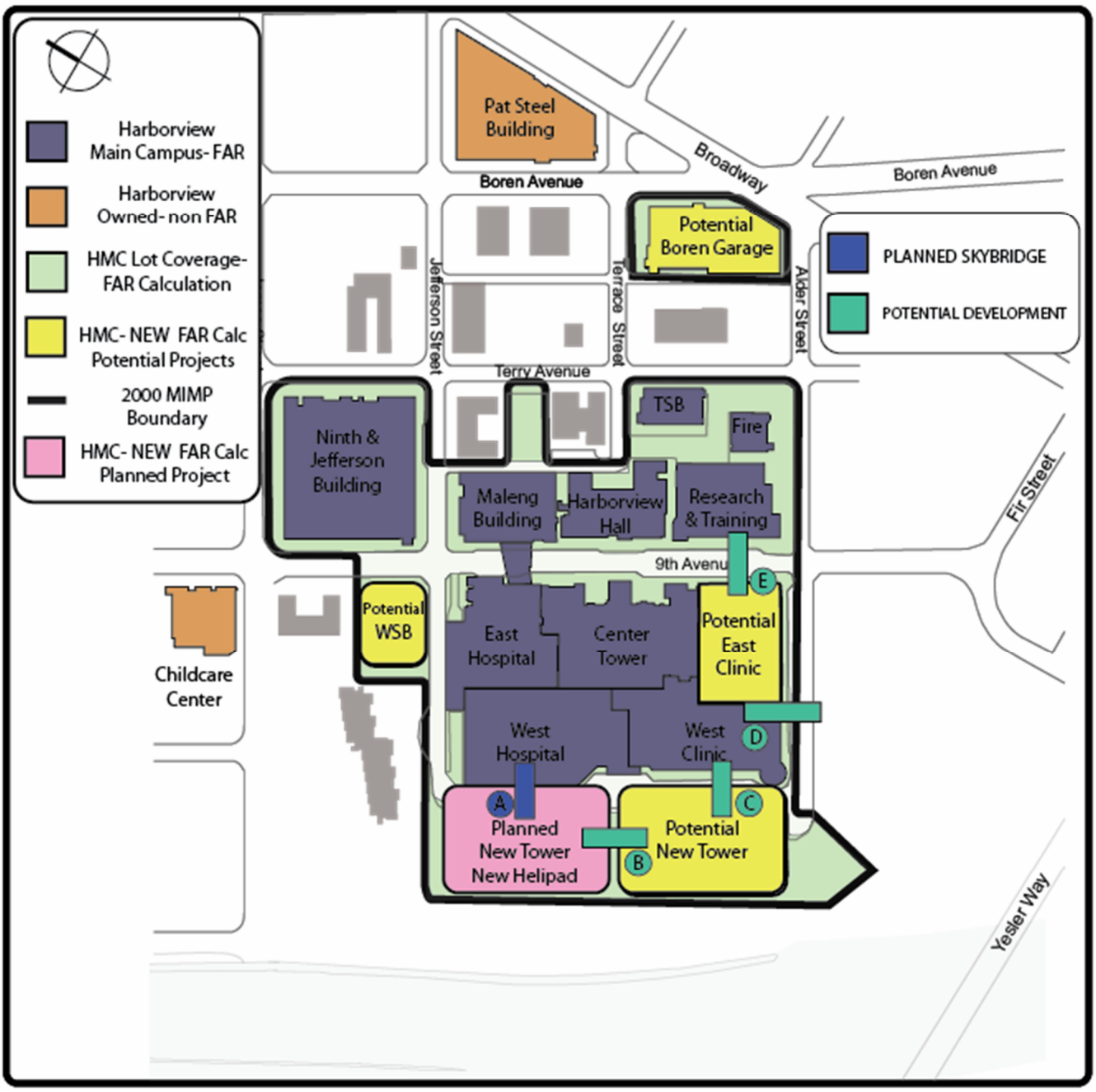


FIGURE 34 - PLANNED AND POTENTIAL SKYBRIDGES

City Council Condition #2

Harborview is encouraged to explore possible structural methods and funding options for increasing the load bearing capacity of underground garage structures to accommodate the possible future development above the garage structures, recognizing that there are significant uncertainties in predicting future Harborview development and City code requirements.

This Major Amendment identifies View Park I Garage as a demolition and future development site for the Planned Project, a new acute inpatient hospital that will include structural parking. The existing View Park II garage will be added as a Potential Project for development with this Major Amendment. Planned skybridge (A) between the new Planned tower and the existing West Hospital. Potential skybridges (B,C,D & E) located as indicated crossing 8th, Alder, 9th and Jefferson.

23.69.030.E.9 Planned street or alley vacations

There are no planned street or alley vacations with the planned project.



FIGURE 35 – PRIMARY STREETS SURROUNDING THE HARBORVIEW MIO DISTRICT

City Council Condition #9

The Seattle Design Commission shall be given a full opportunity to review and make recommendations on any proposed street vacations associated with Master Plan projects as part of the street vacation process. Nothing in Master Plan approval shall be construed as prejudging or superseding the street vacation process or diminishing the Commission's role in that process.

RESOLVED: No additional street vacations are proposed as part of this Major Amendment to the 1999 MIMP. However, should Harborview petition for vacation of one of the rights-of-way identified in the Major Amendment as potential vacations, the Seattle Design Commission will exercise its usual role in accordance with City policy.

23.69.030.E10 Potential project developments, parking

Several projects identified in the 1999 MIMP and 2014 Addendum as "Potential Projects" are yet to be completed and will be carried over into this MIMP Major Amendment. These projects will remain potential projects and addressed further in section 23.69.030.E.10 of this MIMP Major Amendment.

The existing condition of the HMC Campus includes planned and potential projects approved under the 1999 MIMP and the 2014 Addendum, as well as those facilities existing prior to the adoption of the 1999 MIMP and those constructed after 1999. All projects identified as potential projects in the 1999 MIMP will remain as Potential Projects in this Major Amendment. Those projects include:

- Seismic upgrade of Center Tower.
- Demolition of East Clinic.
- Construction of multi-use building on the Walter Scott Brown site.
- Seismic upgrade and expansion of Harborview Hall.
- A patient transport system to accommodate vehicles large enough to hold two gurneys and four staff for transporting from View Garage II to Emergency department.
- Construction of Community Plaza east of Harborview Hall bound by Terry Avenue and Terrace Street.

In addition to potential projects carried over from the 1999 MIMP and 2014 Addendum, HMC has identified three additional Potential Projects:

- Construction of a multi-use outpatient facility in the location of the demolished East Clinic. The purpose of this project will support patient care services.
- Construction of a second patient tower up to 320' to be located in the footprint of existing View Garage II.
- Expansion of the existing Boren parking garage building would be demolished and reconstructed per the height limit of 105 feet, to approximately 14-stories high. This redevelopment would effectively double existing parking stalls from 358 up to 832.
- Potential skybridges (FIGURE 34) located as indicated crossing 8th, 9th and Alder.

The Potential Projects represent full development of available parcels within the HMC MIO district boundary. Over the next 20 years, it is anticipated that due to population growth, demographic changes and aging population, additional patient beds, hospital services, clinical services, and healthcare support spaces will be required on campus to serve the community and region.

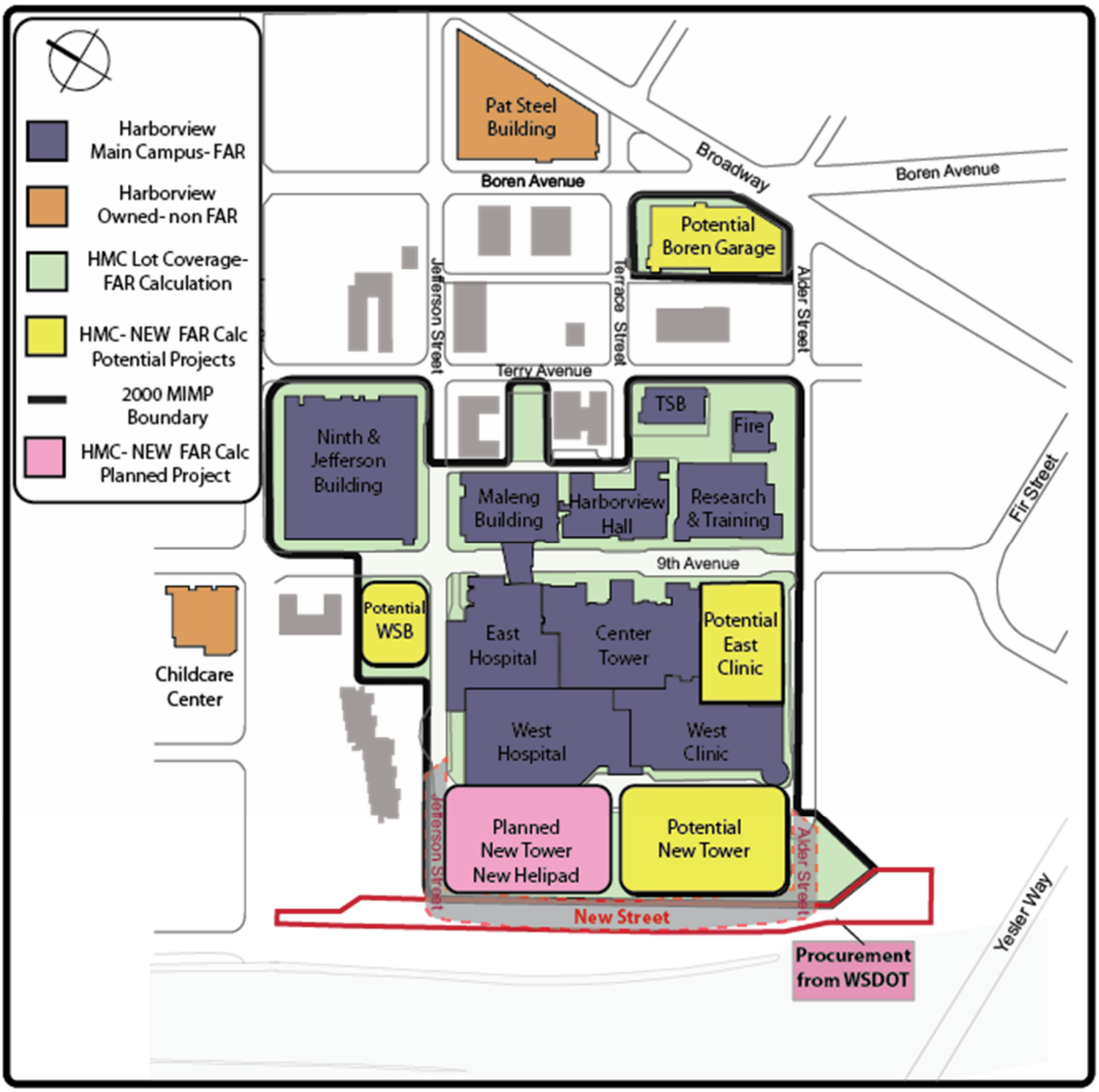


FIGURE 36 – FUTURE POTENTIAL PROJECTS

Potential second patient tower at View Park II:

The existing View Park II garage and helipad would be demolished, and the potential second acute patient tower would be in the footprint of the garage west of the private roadway known as 8th Avenue. The Potential second patient tower would connect to the Planned Project tower and be of similar height. The Potential second patient tower would have sub-grade parking with access from the Planned loop road. The potential second patient tower would be bound to the south by an extension of Alder Street right of way, and to the west by the Planned new loop drive.

The potential second patient tower may consist of at least two podium floor plates over sub-grade structured parking levels and would rise 7-8 tower floors, similar in height to the Planned tower. The potential second patient tower would be developed in compliance with the development standards set forth in this Major Amendment and SMC 23.69.030.C.3b.

The expansion of the existing Boren parking garage building would result in the existing garage being demolished and reconstructed per the height limit of 105 feet, to approximately 14-stories high. This redevelopment would effectively double existing parking stalls from 358 up to 832.

Potential Center Tower seismic upgrade:

At the time of the 1999 MIMP process and approval, Center Tower received landmark designation for the frontage and lobby. The 1999 MIMP noted that the Center Tower requires seismic upgrades. Current uses include healthcare services that may be relocated to other campus areas. Future use of the Center Tower would be for non-patient care services in support of Harborview Medical Center and may include offices, multi-purpose, or storage.

With its landmark designation, no change in size, scale, or FAR is planned for Center Tower. Future seismic upgrades may impact and reduce existing usable floor area.

City Council Condition #6

Construction of the Buttress Building for the East Hospital/Center Wing upgrade (structure "G" in Figure 12 page 45, Compiled Master Plan), if approved through the Landmarks and street vacation process, shall be subject to the conditions required through those processes.

RESOLVED: This proposal was denied by the Landmarks Preservation Board and Council in lieu of designating East Hospital/Center Wing as a Landmark structure.

City Council Condition #10

The Landmarks Preservation Board shall review and decide on any application (a) for landmarks nominations and designations for potential landmarks and subsequent Certificates (s) of Approval on any Master Plan project affecting a nominated or designated landmark. Nothing in this Master Plan approval shall be construed as prejudging or superseding the Landmarks Preservation Ordinance processes or diminishing the Board's role in those processes.

RESOLVED: East Hospital / Center Wing was nominated and designated for the Landmarks Preservation Board Landmark Certification in the 1999 MIMP process. The nomination of Harborview Hall to the Landmark Preservation Board was denied in 2014 in lieu of an Addendum (Minor Amendment) to preserve, renovate and modify with expansion of a buttress the Harborview Hall. No additional nominations are considered as part of this Major Amendment to the 1999 MIMP.

Potential Harborview Hall seismic upgrade and expansion:

The Potential Harborview Hall seismic upgrade and buttress expansion to the East of existing building was approved in the 2014 Addendum. The potential use of the building after seismic upgrades may be for any major institution use, including administrative office, multi-purpose, or storage. As part of this potential development, a community plaza and Terrace Street

improvements would be included to enhance the eastern edge of the MIO District.

The height, bulk and density of the Harborview Hall seismic upgrade and buttress expansion described in the 2014 Minor Amendment Addendum may involve construction impacts that require street use permits, but long-term would not alter street use or traffic flows. No street vacation or ROW imposition is anticipated with the development of this project.

City Council Condition #5

Approval of the Master Plan is not approval of the proposed demolition or any alteration to Harborview Hall or East Hospital (Center Wing). If either of those buildings is nominated and designated as landmarks by the Landmarks Preservation Board ("Board"), the decision to alter or demolish the features and/or characteristics proposed for the nomination and/or designation will be made by the Board based on the Landmarks Preservation Ordinance, SMC 25.12.670.835. The Board shall notify the City Council of any decisions regarding the nomination, designation and/or action on Certificate (s) of Approval for either building. If the Board does not approve the nomination or designation of either building, the Council shall file a copy of Board's decision (s) in Clerk File 303574 and shall pass an ordinance amending the Master Plan to reflect the Boards's decision (s). If the Board nominates and designates either building and subsequently approves the alternation or demolition of either building as proposed in the proposed Master Plan, the Council shall file a copy of the Board's decision (s) in Clerk Fle 303574, and shall pass an ordinance amending the Master Plan to reflect the Board's decision (s) and subject to any conditions imposed by the Board after the completion of the appeals process as described in SMC 25.12.740.835. An amendment to the Master Plan that meets the conditions described in this section will be deemed to have met the requirements of SMC 23.69.035 and will not require further review and analysis. If the Board's decision (s) are not consistent with the proposed Master Plan and would require major changes to the Master Plan, such changes may be subject to further review and analysis subject to SMC 23.69.035.

RESOLVED: East Hospital / Center Wing was nominated and designated as a City landmark in 2011 (Ord. 123557). Later, in the 2014 Addendum process, a Minor Amendment to the Master Plan was approved by Council and Landmarks Preservation Board. The 2014 Addendum, Minor Amendment reversed the proposed demolition of Harborview Hall including instead a buttress building alteration to the East side of Harborview Hall, a seismic upgrade, and restoration of existing Harborview Hall along with demolition of Facility Building located along Terrace Street and the installation of a community plaza in its place.

Potential Multi-Use Building:

The demolition of the two-story Walter Scott Brown / Security building and development of a multi-purpose building was approved in the 1999 MIMP. The development site is located at the northwest corner of the intersection of 9th Avenue and Jefferson Street. The existing parcel is narrow and has viable vehicle access only from Jefferson Street. The size of the parcel is not conducive to sub-grade parking but may be combined with other acquired adjacent parcels in the future, should the opportunity to acquire them present itself.

Harborview anticipates a potential project at this site would be developed as a ten-story 120'-0" tall building. This height is within the existing maximum height limit of 240 feet of the existing MIO district. The actual height and development capacity would be determined at the time of design and permitting, and a building larger than currently anticipated at the site would not require a MIMP amendment provided it complies with MIMP development standards.

Potential East Clinic replacement multi-use outpatient building:

Demolition of the East Clinic was approved in the 1999 MIMP. The potential East Clinic replacement building will be for outpatient services. The potential development project will be located in the footprint of the existing East Clinic and would be bound by Center Tower to the north, 9th Avenue to the east, and Alder Street to the south. It may have sub-grade parking.

The replacement East Clinic building would have a maximum height of 240 feet, consistent with the current MIO district maximum height.

The potential site will be prepped for use as temporary interim open space until such time that an outpatient multi-purpose building may be constructed in its footprint

Following the completion of the planned new acute patient tower, and with the intention of maintaining 12% landscape open space, the open space community plaza bound by Terry Avenue and Terrace Street and street improvements along Terry Avenue remain a potential development project.

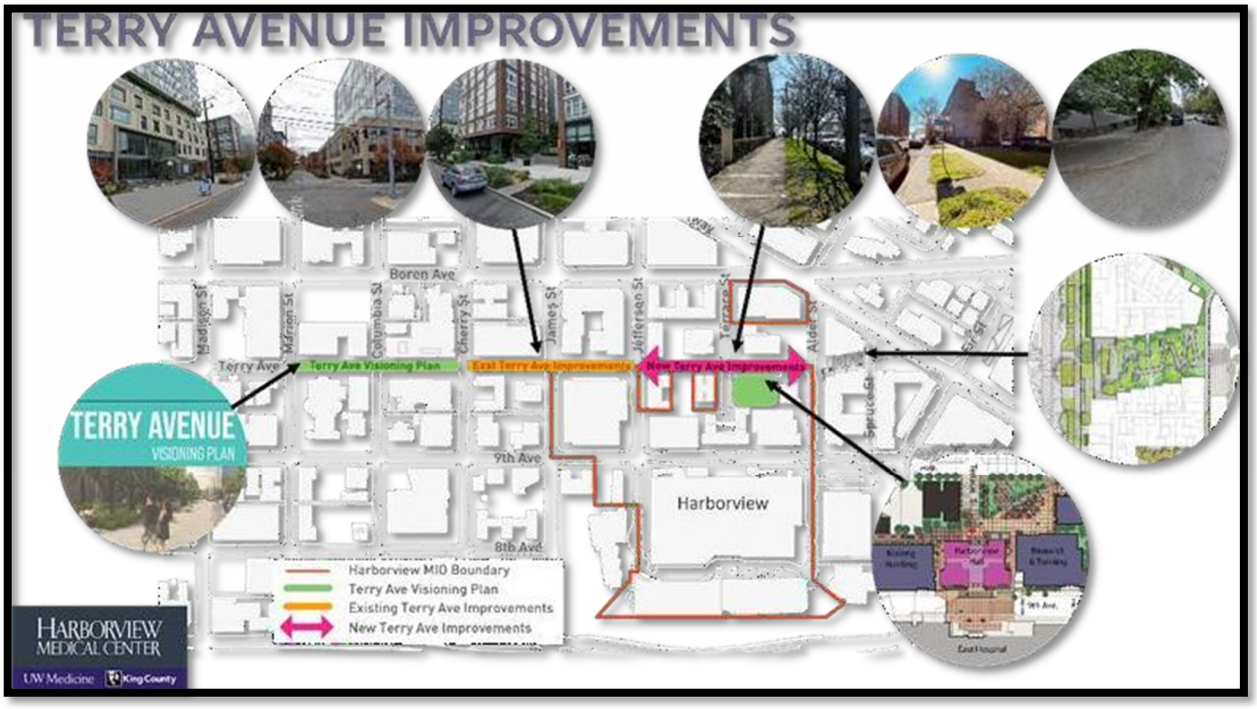


FIGURE 37 – SITE PLAN OF TERRY / TERRACE COMMUNITY PLAZA AND STREET IMPROVEMENTS (FROM TERRY AVENUE VISION PLAN)

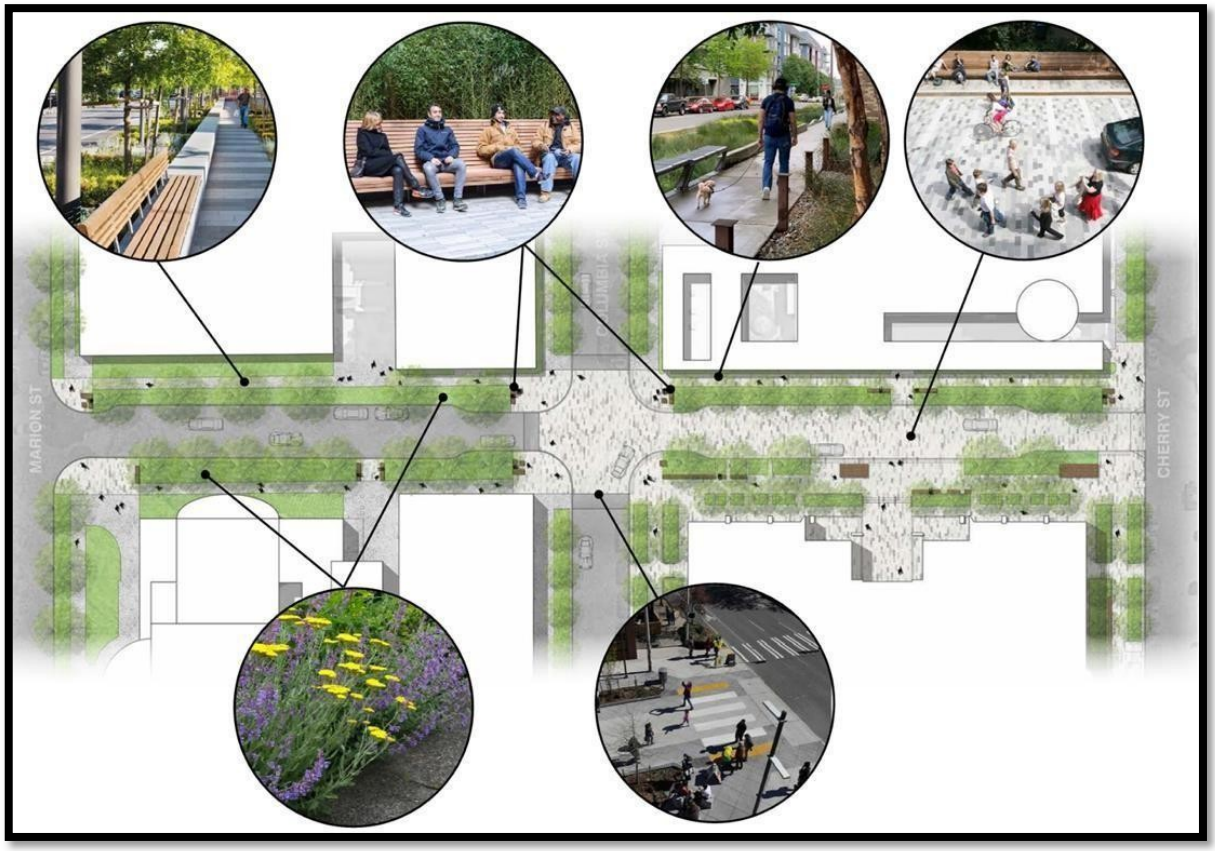


FIGURE 38 – TERRY AVENUE STREET CONCEPT (FROM TERRY AVENUE VISION PLAN)

Parking areas and structures:

As the campus develops, prioritizing hospital connectivity while increasing parking is needed to support that growth. No change in circulation is anticipated as part of the Potential Projects relative to the Planned Projects condition.

Additional parking stalls will be necessary as the campus is further developed with a maximum parking supply of *3,301* stalls (an increase in up to *1,455* stalls with the Planned and Potential Projects). Parking will continue to be concentrated in structured parking and is anticipated to be located within the proposed Tower to accommodate the future demand. Additional parking will be constructed in phases as development occurs. In some cases, to improve cost or efficiency of the construction, some parking may precede development.

Infrastructure:

Potential infrastructure is currently undefined. Systems to support each individual Potential Project will be planned, designed and constructed as part of each project.

Street or alley vacation:

Potential vacation of 9th Avenue, between Alder Street and Jefferson Street was included in the 1999 MIMP. Potential vacation of Terrace Street east of Harborview Hall to Terry Avenue was included in the 1999 MIMP. Both are retained in this Major Amendment as potential projects.

City Council Condition #4

Approval of the Master Plan does not constitute approval of any proposed street vacation(s), including subterranean or aerial vacation for 9th Avenue or of the location of the proposed building across 9th Avenue. The City's decision on the vacation(s) and building location will be made in the context of a street vacation petition(s) to be initiated by Harborview. If the Council approves the vacation(s) and building location as proposed in the Master Plan through the street vacation process, such approval will constitute Council approval of an amendment to the Master Plan. The Council shall file a copy of any street vacation decisions in Clerk File 303574 and shall pass an ordinance amending the Master Plan to reflect the street vacation decision and subject to any conditions imposed through the street vacation process. An amendment to the Master Plan that meets the conditions described in this section will be deemed to have met the requirements of SMC 23.69.035 and will not require further review and analysis. If the street vacation decisions are not consistent with the proposed Master Plan and would require major changes to the Master Plan, such changes may be subject to further review and analysis subject to SMC 23.69.035.

RESOLVED in part: The private roadway known as 8th Avenue was vacated prior to 1999 MIMP. Subterranean or aerial vacation of 9th Avenue may be considered in the future. Identification of potential vacation in this Major Amendment does not constitute approval of any vacations; Council retains discretion to approve or deny any vacation the County may seek in the future. An amendment to the Master Plan that meets the conditions described in this section will be deemed to have met the requirements of SMC 23.69.035 and will not require further review and analysis. If the street vacation decisions are not consistent with the proposed Master Plan and would require major changes to the Master Plan, such changes may be subject to further review and analysis subject to SMC 23.69.035.

23.69.030.E.11 Consistency with intent of major institution master plan

A. Appropriate institutional growth within boundaries while minimizing adverse impacts
   a. To meet the 2020 Bond objectives, this Major Amendment maximizes flexibility and growth opportunities for the institution without adverse impacts to surrounding neighborhood.

B. Ability to change for public benefit while protecting livability and vitality of neighborhood
   a. The 2020 Bond Initiative identified program needs to benefit the community served by Harborview Medical Center. The proposed actions of this Major Amendment were presented and reviewed and supported by representatives of the neighborhood in the IAC (Implementation Action Committee), Yesler Terrace community, Jefferson Terrace community and First Hill Improvement District members.

C. Concentrate development on existing campus
   a. Consistent with 1999 Council conditions #2, the proposed action of this Major Amendment seeks to redevelop existing garage parcels located west of the private roadway known as 8th Avenue, redevelop site of existing East Clinic, proposes development of the Walter Scott Brown site at corner of 9th and Jefferson, and rehabilitate existing buildings through seismic upgrades.

D. Coordinated growth plan consistent with a MIO district
   a. The proposed growth plan is consistent with the criteria of the Harborview Medical Center MIO district and parallels similar development standards and plans for other healthcare institutions in the First Hill neighborhood.

E. Discourage expansion beyond boundaries
   a. All proposed developments are within the adjusted MIO district boundary. The boundary adjustment proposed in this Major Amendment is less than 10% adjustment. The boundary adjustment proposed in this Major Amendment is to create a site improvement buffer for circulation and utilities to support the new planned and potential projects.

F. Encourage community involvement in development, monitoring, implementing and amending
   a. The proposed actions of this major amendment were presented and reviewed and supported by representatives of the neighborhood in the IAC, Yester Terrace community, Jefferson Terrace community and First Hill Improvement District members.
   b. Over the course of coming years, as individual projects are developed, the IAC and surrounding neighborhood will be involved in review and commentary of such developments.

G. Locate new institutions with compatible activities and surrounding land use
   a. Harborview Medical Center is not a new MIMP or MIO District.

H. Accommodate changing needs of the institution with flexibility related to use and parking of underlying zone
   a. The current Transportation Management Plan (TMP) will be modified to reflect the major amendment planned and potential projects. An annual update and report of the TMP will be prepared and shared with the IAC & neighborhood

I. Implement appropriate transitions through setbacks, modulation and view corridors
    a. Transitions, setbacks, modulation and view corridors will be consistent with the established development standards for this MIO district.

J. Increase permit parking to reduce on street demand and minimize traffic congestion
    a. The current Transportation Management Plan (TMP) will be modified to reflect the Major Amendment planned and potential projects. Measures to mitigate traffic impacts such as congestion will be identified in the TMP.

K. Use TMP to reduce vehicle trips, minimize adverse impacts, reduce SOVs at peak time
    a. The current Transportation Management Plan (TMP) will be modified to reflect the Major Amendment planned and potential projects. Measures to mitigate traffic impacts such as congestion will be identified in the TMP.

L. Give clear guidelines and development standards for long-term planning, provide neighborhood advance notice of developments, allow city and public capital and program actions
    a. Development Standards are clearly identified for the Harborview Medical Center MIO District. Over the course of coming years, as individual projects are developed, the IAC and surrounding neighborhood will be involved in review and commentary of such developments.

M. Encourage preservation, restoration and reuse of historic buildings
    a. Fire House #3 was designated as a landmark site.
    b. East Hospital/Center Tower wing was designated as a landmark site.
    c. Harborview Hall is designated for seismic upgrade and rehabilitation.
    d. No other existing developments or sites are identified as candidates for preservation, restoration or reuse based upon historical value.

23.69.030.E.12 Decentralization plans and/or options

The Institution operates four (4) facilities outside of the MIO District boundary.

- Childcare Center
- Pat Steele Office Building
- Pioneer Square Clinic
- Hobson Clinic

Harborview has recently acquired a site at Ninth & Alder and plans to construct a medical office building in the near future. This project is not identified as a planned or potential project in this MIMP Major Amendment. This project does not require MIO expansion and will comply with all requirements of SMC 23.69.022, including meeting all applicable zoning development standards of the Yesler Terrace Master Planned Community. Hospital physicians and some staff may circulate between University of Washington Medical Center and Northwest Hospital. Since 2020, some administrative and non-patient care support staff have migrated to remote working environments. Given the nature of emergency services and acute patient care, direct access by medical staff and patient care support staff to the main campus hospital and clinics is essential.

23.69.030.E.13 Informational purposes

23.69.030.E.13.a Achieving goals of Community Well-Being Element of Comprehensive Plan

- Healthy Growth: The 2020 Bond initiative and associated planned and potential developments included in this major amendment seek to improve access and quality of healthcare for all individuals. By providing additional acute patient beds and clinical spaces, Harborview Medical Center will be able to serve a greater population through improving privacy, enhancing infection control measures, and providing greater opportunities to address cultural and religious diversity in the community.
- Aging: The addition of acute and clinical space will enable Harborview Medical Center to serve a broader demographic and provide a continuum of care throughout all stages of life by maximizing preventative care, behavioral health and long-term care coordination as well as trauma and episodic care.
- Lifestyles: The institution encourages healthy lifestyle through individual health coaching related to chronic and infectious diseases, mental and behavioral health, active lifestyle choices for staff and patients, including continuity and connections to walking paths on campus and connecting neighborhoods.
- Lifelong Learning: As an academic teaching institution, and in association with the University of Washington Medical Center and School of Medicine, the institution inherently serves to provide opportunities and careers in healthcare, public health, and healthcare administration. The institution provides healthcare and outreach to the underserved and provides numerous opportunities for volunteerism and community involvement.

23.69.030.E.13.b Public benefit and mission to address community needs

HMC is home to a wide range of critical medical and behavioral health services, including state-of-the-art emergency medical services (EMS), general medicine and specialty clinics, and centers of excellence in burn, neurosciences, ophthalmology, infectious disease, and rehabilitation services. HMC'S mission ensures that the following patients and programs are given priority care:

- Persons who are non-English speaking, poor, and experience poverty
- Persons who are uninsured or underinsured
- Persons who experience domestic violence
- Persons who experience sexual assault
- Persons incarcerated in King County jails
- Persons with mental illness, particularly those treated involuntarily
- Persons with substance abuse
- Persons with sexually transmitted diseases (STDs)
- Persons who require specialized emergency care
- Persons who require trauma care
- Persons who require burn care

The HMC will continue to provide healthcare for the community and serve as a regional Level 1 Trauma center for the four western states it serves. It is to the public's benefit and best interest that HMC continue to identify and deliver the highest State-of-the-art healthcare and Trauma care. As the regional population grows and ages, HMC must continue to expand its capacity to serve with the finest facilities and to offer care with dignity and equity.

HMC also delivers public benefits separate from the performance of its core function. For example, it has and will continue to have functioning open space available for public use. It directly employs thousands of people and indirectly supports many businesses in the area.

HMC is working to create the best feasible spaces that provide the most flexibility and latitude for current and future operations and services at the medical center. This Major Amendment to the 1999 Harborview MIMP allows for expansion and renovation of HMC to meet the expanding number and growing needs of patients. The goal of the project is development of a safe, modernized facility that enables HMC to meet current and future needs.

The following facility and community needs were assessed:

- Clinical Facility Needs – existing facilities are aging and no longer meet modern medical best-practice standards for infection control and privacy. Current rooms do not meet best practice in standards of care, and existing building infrastructure and floor size4 prohibits renovation to meet best-practice standards. Facility configuration and capacity constraints significantly impact hospital operations. HMC operates near or exceeds 100% capacity daily, with at least 50 beds located in double occupancy settings, further complicating room assignment for isolation, acuity, and gender issues. Patient isolation precautions further impact utilization of beds in the Emergency Department (ED), Intensive Care Units (ICUS) and surgical recovery rooms (PACU) further impacting the entire facility's operational capacity and staff efficiency.

HMC with the assistance and support of SDON, have brought these issues to the community by way of introduction and engaging the IAC. A series of engagement and presentation meetings occurred between September of 2022 and June of 2023 to garner support for the proposed action described in this Major Amendment.

This Major Amendment to the existing 1999 MIMP will address community needs. The development standards, program, planned and potential projects were presented to the community through a series of meetings with the Implementation Advisory Council (IAC) organized and staffed by SDCI Department of Neighborhoods. Presentations of the same were made to Yesler Terrace community, First Hill Improvement District community, and Jefferson Terrace residents.

IV. Transportation Management Plan (TMP)

This chapter identifies the key elements of the Transportation Management Plan (TMP) as defined in SMC 23.69.030 F and outlined in the 2021 TMP Director's Rule. The minimum requirements of the TMP as defined in this SMC section include:

- A description of existing and planned parking, loading and service facilities, and bicycle, pedestrian and traffic circulation systems within the institutional boundaries and the relationship of these facilities and systems to the external street system. This shall include a description of the Major Institution's impact on traffic and parking in the surrounding area; and
- Specific institutional programs to reduce traffic impacts and to encourage the use of public transit, carpools and other alternatives to single-occupant vehicles. Any specific agreements with the City for the provision of alternative modes of transportation shall also be included.

This document also identifies TMP strategies that Harborview Medical Center is committing to along with a list of potential measures that could be implemented if the single occupancy vehicle (SOV) targets are not met.

Campus access/Circulation:

The Harborview Medical Center campus is located within the First Hill/Capitol Hill Urban Center. The campus is generally bounded by James Street, Terry Avenue, Alder Street, and I-5 with the exception of the Boren Garage which is located northwest of the Boren Avenue/Broadway Avenue intersection. These roadways are generally public roadways with classifications ranging from urban village neighborhood access roadways to principal arterials with the exception of the private roadway known as 8th Avenue between Jefferson Street and Alder Street within the campus boundaries which is a previously vacated street. These roadways have sidewalks along both sides of the roadway providing for pedestrian connectivity within and surrounding the campus. Bicycle facilities in the vicinity include painted bike lanes or sharrows provided along 9th Avenue within the campus boundaries as well as protected bicycle lanes along Broadway Avenue and Yesler Way east and south of the campus, respectively.

The campus is served by transit with stops within and adjacent to the campus boundaries along James Street, Jefferson Street, Boren Avenue, and Broadway Avenue. Service at these stops is provided by numerous King County Metro bus routes and SDOT's First Hill Streetcar. Additionally, Sound Transit's Link Light Rail Pioneer Square Station located approximately a half mile west of the campus, provides regional access which is also accessible via a connection with SDOT's Streetcar. Sound Transit's Sounder connections are also accessible at King Street Station with SDOT's Streetcar.

Local transit connections provide regional transit access to communities north, south, and east of the campus served King County Metro, Community Transit, and Sound Transit.

Bike circulation in the vicinity of the campus and surrounding areas is provided via protected bike lanes, painted bike lanes, and sharrows. Adjacent to the site facilities primarily include sharrows. Protected facilities are provided east of the campus along Broadway.

City Council Condition #12

Subject to the availability of sufficient funding and no significant interference with underground utilities, Harborview shall explore the possibility of underground connections between the three proposed underground garages on the northeast, northwest, and southeast corners of 9th Avenue and Jefferson Street in order to facilitate underground vehicle circulation and maximum parking efficiency. Harborview shall develop and implement a parking management plan to the satisfaction of DCLU for the design and operation of the garages in a manner that minimizes traffic impacts on local streets.

RESOLVED: Harborview has established a Transportation & Parking Management Plan which is updated annually.

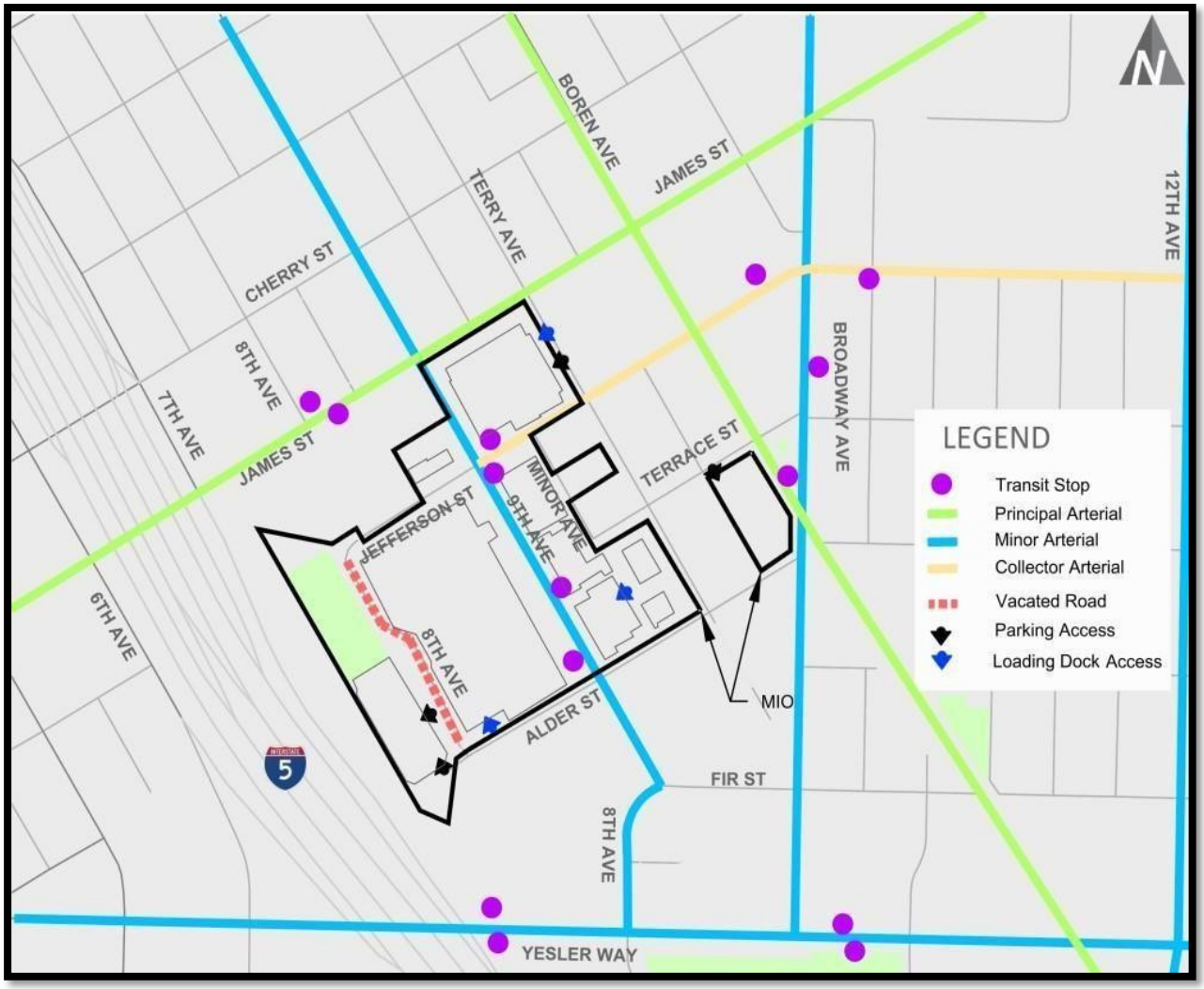


FIGURE 39 – VEHICLE/NON-MOTORIZED CIRCULATION AND ACCESSIBILITY

A review of local and regional capital improvement programs and long-range transportation plans was conducted to identify planned funded and unfunded transportation projects that would impact the off-site study area within the study period. The *City of Seattle 2024 – 2029 Adopted Capital Improvement Program (CIP), 2025 – 2030 Proposed Capital Improvement Program (CIP), 2035 Seattle Comprehensive Plan, One Seattle Plan (2025),* and the *2024 Transportation Levy* were reviewed, and the following projects were identified:

- James Street Maintenance and Modernization Project between 3rd Avenue and Broadway – Generally, Transportation Levy street maintenance and modernization projects repave high volume arterial streets and improve infrastructure for non-motorized users. The James Street Corridor project is included as a corridor that will be evaluated for specific paving extents through a design process.

- Terry Avenue Green Street – A green street is planned along Terry Avenue; however, the details of any changes associated with the project along the roadways and at the intersections surrounding Harborview Medical Center are not known.

In addition, to the above planned improvement projects identified, additional improvements are anticipated to be constructed as part of continued development within the adjacent Yesler Terrace located south of Alder Street.

Campus Parking

Parking for the main campus is provided primarily via 3 existing parking garages which are accessed via Terrace Street, Terry Avenue, the private roadway known as 8th Avenue, and Alder Street (see Figure 25) as well as a limited amount of surface parking lots resulting in a parking . of 1,846 stalls. Note that the curb use designations along the roadways within the boundaries and surrounding the campus include some short-term on-street paid parking but also includes a significant amount of loading, transit, and no parking designated curb use.

Parking requirements for major institutions are defined in SMC 23.54.016.B.2. The SMC assigns short-term and long-term vehicle parking requirements based on the number of doctors, other employees, outpatients, and hospital beds. As part of the UWMC system, doctors have privileges at multiple locations and while “assigned” to HMC may not be on site every day. As such an estimate of the number of doctors and staff cannot be accurately assessed given the categories defined in the SMC. As a result, the parking requirements for the campus are identified based on a hybrid approach that considers extensive data collected in the HMC parking garages for doctors and staff as well as SMC requirements for short-term parking based on outpatient visits and hospital beds. This approach provides a more realistic assessment of the current demands/needs, better informing the future needs of the campus. The following outlines the methodology and requirements for the short and long-term requirements as utilized for this Major Amendment.

<u>SMC Methodology Requirement:</u>

- Minimum/Maximum Parking Stall Requirement (SMC 23.54.016.A.2): *For a Major Institution use in an urban center or the Station Area Overlay District, the maximum limit shall not exceed 135 percent of the minimum parking requirements calculated pursuant to subsection 23.54.016.B.2.*

- Long-Term Parking (SMC 23.54.016.B.2.a1): *A number of spaces equal to 80 percent of*

hospital-based doctors; plus 25 percent of staff doctors; plus 30 percent of all other employees present at peak hour

- Short-Term Parking (SMC 23.54.016.B.2.b1): *A number of spaces equal to one space per six beds; plus one space per five average daily outpatients*

MIMP Methodology:

Minimum/Maximum Parking Stall Requirement for the short-term parking requirements are calculated consistent with the SMC Methodology. Minimum long-term parking stall requirements are modified as follows:

- The minimum requirements of long-term parking, which is associated with staffing, are based on a review of existing staff peak parking demands. Based on the observed existing peak staff parking demands, a parking rate is established by dividing the peak demand by the existing square footage. The parking rate is 0.55 vehicles per 1,000 gross square feet of development. This is applied to the future development.

The resulting range (minimum to maximum) of parking stalls for the planned and potential development are as follows:

- With Planned Development: 1,960 – 2,646 stalls
- With Potential Development: 2,719 – 3,671 stalls

The current parking supply for the HMC campus is 1,846 stalls with the MIO. The additional code required parking will be constructed in phases as development occurs. In some cases to improve cost or efficiency of the construction, some parking may precede development. The detailed parking requirements are shown in the table below.

Condition	Size			Parking Requirements (Stalls)				
	Gross Square Feet (gsf)	Beds	Estimated Outpatients	Long Term Parking	Short Term Parking		Minimum Total	Maximum Total
				Staff	*Number of Beds*	*Outpatients*		
Existing	2,003,944	540	1,117	1,132	90	223	**1,445**	**1,951**
Source/ Method				*Staff vehicles present at peak which was used to establish a parking rate per the existing gsf.* ***0.55 veh/1,000 sf.***	*SMC 23.54.016.B.2: 1 space per 6 beds*	*SMC 23.54.016.B.2: 1 space per 5 daily outpatients*	*Sum of long term and short-term parking*	*SMC 23.54.016.A.2: 135% of minimum.*
Planned	672,065	360	375	380	60	75	515	695
						Cumulative *(Planned + Existing)*	**1,960**	**2,646**
Potential	1,034,107	360	576	584	60	115	759	1,025
						Cumulative *(Planned + Potential + Existing)*	**2,719**	**3,671**

TABLE 06 - HMC PARKING REQUIREMENTS

Loading and Service Facilities

There are three access points for the existing loading and service docks on campus. Each dock accommodates tractor/trailer trucks up to 40 ft that provide materials receiving and waste management removal. The docks typically operate on weekdays between 7 am and 3 pm, having both scheduled and unscheduled arrivals.

- The dock serving the main hospital super block is located at Alder Street, just east of the private roadway known as 8th Avenue,
- The dock serving 9th and Jefferson Multi-purpose building in located on Terry Avenue.
- The dock serving the Research and Training building is located in the alleyway east of the building off Terrace Avenue.

Future inclusion of loading and service dock facilities will be provided per the requirements established in SMC 23.54.035.A. Loading and service facilities will be designed to reduce any loading from adjacent public right-of-way and continued to be designed for the overall campus. These facilities will continue to be designed to accommodate larger on-site tractor trailers. A loading and services facility dock will be located off of the loop drive as a part of the Planned new patient tower.

Transportation Management Plan Program Goal

The institution has been actively administering its TMP program. The 2022 and 2024 CTR surveys showed a SOV rate of approximately 30 percent and 38 percent, respectively. A 25 percent SOV goal has been identified for the campus under this updated TMP. The SOV goal applies to Harborview Medical Center full-time employees that begin work at the major employer worksite between 6:00 and 9:00 a.m. (inclusive) on two or more weekdays for at least twelve continuous months, who is not an independent contractor, who is scheduled to be employed on a continuous basis for fifty-two weeks for an average of at least thirty-five hours per week and do not need a personal vehicle to complete their work. Regardless of the CTR definition, the strategies and benefits outlined in this plan are available to all employees.

As of September 1, 2024, the total number of full-time employees (FTE of 0.875 or higher, per WSDOT definition of full time) regardless of Shift is **4,781.** The CTR Affected (FTE of 0.875 or higher, per WSDOT definition of full time) AND First Shift = **3,381**

The following components contribute toward the success of the overall TMP program.

1. Transit
2. Shared-Use Transportation
3. Parking Management
4. Bicycle
5. Pedestrian
6. Marketing and Education
7. Institutional Policies[1]
8. Monitoring and Evaluating

[1] Telecommuting has been captured as a strategy within the institutional policies component to streamline the TMP.

Updates to the strategies identified within this TMP will be made as needed to achieve the TMP goal. Updates are made based on the monitoring and reporting requirements outlined in the SMC and meet the minimum requirements per the Transportation Management Programs (TMP) Director's Rule – 2021 Update. Under each of the eight TMP components is a list of committed and potential strategies. Committed strategies include those strategies that Harborview Medical Center already does or will be doing with the approval of the MIMP Major Amendment. Potential strategies are identified that could be implemented in the future should additional strategies be needed to meet the SOV goal. These strategies may be implemented independently or in combination with other strategies. Harborview Medical Center may choose among these strategies or others that may be discovered during the life of the TMP, if such measures appear likely to better further the objectives of limiting vehicle trips and encouraging the use of alternative modes. Note that these strategy lists do not reflect any prioritization. Prioritization will be determined on a year-to-year assessment of the CTR survey results.

TMP Program Element	Objective	HMC Committed Strategies	Potential Strategies
Transit	The transit element of the TMP identifies strategies to increase utilization of transit by Harborview employees. An integrated transit network allows users the flexibility to travel in a variety of modes and provides choices to reduce SOV trips.	1) Provide a 100% subsidy for ORCA transit passes through the UW U-Pass program. This subsidy is provided to all employees regardless of full-time or part-time status. Contract employees have access to a separate program. 2) Guaranteed Ride Home (GRH) is offered to all U-Pass holders. 3) Maintain clear routes between buildings and transit stops immediately adjacent to the campus. 4) Participate in the UW Health sciences express as available. 5) Promotions discussed below in the Marketing and Education TMP element.	1) Partner with local agencies to improve transit facilities/stops. 2) Partner with local agencies to identify opportunities to improve speed and reliability of transit routes serving the campus.

TMP Program Element	Objective	HMC Committed Strategies	Potential Strategies
Shared-Use Transportation	Shared-use transportation includes a range of methods for providing flexible travel options through the sharing of transportation resources, including cars and bikes.	1) Subsidize vanpool costs at 100% for eligible employees and provide free parking. 2) Utilize existing programs to assist in forming carpools and vanpools. Continue to track emerging technologies and programs to improve ease of matching riders. 3) Guaranteed Ride Home (GRH) is offered to all U-Pass Holders. 4) Free/subsidized on-campus parking to all registered carpools with 2 or more people. 5) Partner with transit agencies to focus increased carpool/vanpool efforts on users and geographic areas currently not well served by transit. 6) Integrate scooter share/bike share facilities on-campus as part of new developments where feasible. 7) Promotions discussed below in the Marketing and Education TMP element.	1) Promote the use of mobility options such as car-share, bike- share, taxis, and other shared-use service providers. 2) Evaluate the expansion of the U-car motor pool to accommodate u-car vehicles on the HMC campus. 3) Collaborate with the City of Seattle on the implementation of shared micromobility stations throughout the campus.

TMP Program Element	Objective	HMC Committed Strategies	Potential Strategies
Parking Management	Parking Management strategies are an important element to meet the TMP goals.	Parking management strategies will be implemented, consistent with the Director's Rule which emphasizes the following: • Charge market rate or above for all parking in the building • Set parking fees to encourage short-term parking and space turnover rather than long-term (e.g. all-day) parking • Prohibit price reductions for all-day parking • Create "flex-use" parking passes Specific strategies include the following: 1) Manage pricing to meet infrastructure availability and patient needs for parking availability. 2) Implement daily parking rate structures and phase out monthly parking passes. 3) Continue to look at opportunities for program adjustments to reduce parking reliance. Monitor parking demand and review parking supply as part of the incremental development that would occur under this Master Plan. 4) Provide preferred parking for registered vanpool/carpool users.	

TMP Program Element	Objective	HMC Committed Strategies	Potential Strategies
Bicycle		1) Short-term and long-term bicycle parking is provided throughout the site. Parking for implementing projects will conform with SDCI Director's Rule 6- 2020 / SDOT Director's Rule 1-2020 on Bicycle Parking Guidelines and Application of Bicycle Parking Development Standards and any Successor Rule. Additional bicycle room amenities such as electric bike charging will be defined at a project level. The project will consider larger form bicycle technology 2) Implement additional covered secured bike storage at strategic locations as part of future development projects. 3) Provide on-site shower and locker facilities. 4) Support the organization of on-campus bike groups and other outreach activities. 5) Monitor the existing bike demand and parking supply throughout the campus and supplement the supply or locations as needed to encourage bicycle use.	1) Programs including driver awareness training, bicyclist safety training, and bicycle maintenance education will be offered throughout the year in various media formats. 2) Partner with City to identify opportunities to address barriers to accessing the campus via bike. 3) Collaborate with the City in implementing improvements along roadways within the campus area to align with the designations identified in the approved 2024 Seattle Transportation Plan.

TMP Program Element	Objective	HMC Committed Strategies	Potential Strategies
Pedestrian		1) Maintain easy-to- understand ADA accessible routes throughout the site and during any on-site construction periods. 2) Provide for safe pedestrian environments by giving attention to lighting, visibility/safety along walkways, etc. 3) Maintain the on-campus private pedestrian network, including addressing ADA accessibility. 4) Provide on-site shower and locker facilities.	1) Work with transit agencies and the City of Seattle to maintain/improve on-campus pathways, transit stops, and pedestrian amenities for transit services. 2) Partner with City to identify opportunities to address barriers to accessing the campus via walking. 4) Programs including driver awareness training and pedestrian safety training will be offered throughout the year in various media formats.

TMP Program Element	Objective	HMC Committed Strategies	Potential Strategies
Marketing & Education	Marketing and education is essential to build understanding and support of the TMP's goals and objectives.	1) Include transportation component for new employees education and people whose transportation options have changed. 2) Provide information to staff regarding biking, walking, carpooling, and telecommuting options including benefits outlined in this TMP. Information will be communicated via printed signage, emails, intranet, or social media depending on the nature of the communication. 3) Communicate campus transportation alternatives to SOV travel to patients/visitors. This is currently done through pre-appointment reminders. Additional measures will be considered as available. 4) The transportation coordinator (TC) role will be filled to ensure that all aspects of the TMP are promoted and implemented. The TC will ensure that commuter information resources are provided consistently to employees and consistently market to and educate site employees on alternatives to driving alone.	1) Promote national modal days (e.g., Bike to Work Day, Take Transit to Work Day, etc.)

TMP Program Element	Objective	HMC Committed Strategies	Potential Strategies
Institutional Policies	While the other TMP elements provide transportation choices, institutional policies are aimed at reducing the SOV rates and controlling forecasted growth of SOV vehicle trips.	1) Allow individual departments to develop, administer, and promote hybrid work policies as operationally feasible. 2) HMC will continue to support the implementation of Residential Parking Zones surrounding the campus as desired by the City and the local community. This will exclude any subsidies provided by the institution consistent with the 2024 Seattle Transportation Plan. 3) Establish department specific policies and promote telecommuting, hybrid, flex-time, compressed workweeks, and other techniques that reduce peak period travel where the job responsibilities allow.	1) Develop and reinforce policies that restrict employee parking in the adjacent neighborhoods.
Monitoring & Evaluating	Harborview Medical Center has an extensive program of monitoring, evaluating, and reporting transportation conditions.	1) Using the tools and policies listed above, Harborview Medical Center will continue to monitor and report on its progress toward meeting the revised TMP goal of limiting SOV travel during the AM peak period in compliance with CTR and MIMP Annual Report requirements.	

TABLE 07 – TMP ELEMENTS AND STRATEGIES

V. 23.76.058.D Rules for specific Council land use decision

The City Council may waive or modify applicable development standards, accessory use requirements, special use requirements and conditional uses criteria for public projects not meeting Development standards.

This 2024 MIMP major amendment includes modifications to development standards related to:

- *Expanding MIO Boundary*
- *Increasing maximum building height to 320' west of the private roadway known as 8th Avenue*
- *Relocation of two helipads permitted as conditional use from View Park II to rooftop of planned new patient tower*
- *Increasing FAR from 3.6 to 6.5*
- *Reducing open space goal from 20% to 12%*

APPENDIX

VI. 1999 / 2000 MIMP Council Conditions

City Council Condition #1

The maximum campus development density standard for the Harborview MIO should be increased from the FAR 3.4 proposed by Harborview, to 3.6 in order to allow greater flexibility for future in-fill development and greater utilization of the allowable height in the MIO. The total campus site area is 594,480 sq. ft., so the FAR of 3.6 would result in a total building area of 2,140,128 sq. ft.

See section II Development Standards, sub-section a. Zoning for MIO boundary increase and sub-section b.1 for Basic Standards FAR increase. The new campus MIO is 613,759 sq ft. The new FAR increase from 3.6 to 6.5 results in a total building area of 3,682,554 sq ft.

City Council Condition #2

Harborview is encouraged to explore possible structural methods and funding options for increasing the load bearing capacity of underground garage structures to accommodate the possible future development above the garage structures, recognizing that there are significant uncertainties in predicting future Harborview development and City code requirements.

This Major Amendment identifies View Park I Garage as a demolition and future development site for "Planned" new acute inpatient hospital, which will include structural parking. The existing View Park II garage will be reserved for future "Potential" development with the Major Amendment. Potential dates and phasing of future "Potential" projects is yet undefined.

City Council Condition #3

The proposed development shall be phased as identified in the proposed Master Plan. However, the possible implementation of the Master Plan alternatives considered in the EIS may require further analysis and will not be processed as exempt changes to the Master Plan. All changes to the Master Plan are subject to the requirements of SMC23.69.035.

The issue addressed by this Condition has been superseded by the construction of structures anticipated in the 1999 MIMP and the completion of environmental review of this Major Amendment. There is only one Planned Project within the Major Amendment, and its environmental impacts have been fully analyzed in the EIS. The environmental impacts of the Potential Projects identified in the MIMP have also been studied both in the 1999 FEIS and the current EIS. They will be subjected to project–level review when the County applies for permits.

City Council Condition #4

Approval of the Master Plan does not constitute approval of any proposed street vacation(s), including subterranean or aerial vacation for 9th Avenue or of the location of the proposed building across 9th Avenue. The City's. decision on the vacation(s) and building location will be made in the context of a street vacation petition(s) to be initiated by Harborview. If the Council approves the vacation(s) and building location as proposed in the Master Plan through the street vacation process, such approval will constitute Council approval of an amendment to the Master Plan. The Council shall file a copy of any street vacation decisions in Clerk File 303574 and shall pass an ordinance amending the Master Plan to reflect the street vacation decision and subject to any conditions imposed through the street vacation process. An amendment to the Master Plan that meets the conditions described in this section will be deemed to have met the requirements of SMC 23.69.035 and will not require further review and analysis. If the street vacation decisions are not consistent with the proposed Master Plan and would require major changes to the Master Plan, such changes may be subject to further review and analysis subject to SMC 23.69.035.

RESOLVED: Vacation of 8th Avenue was approved as part of the original Master Plan. Subterranean or aerial vacation of 9th Avenue may be considered in the future. It remains the case that identification of potential vacations in this Major Amendment does not constitute approval of any vacations; Council retains discretion to approve or deny any vacation the County may seek in the future. An amendment to the Master Plan that meets the conditions described in this section will be deemed to have met the requirements of SMC 23.69.035 and will not require further review and analysis. If the street vacation decisions are not consistent with the proposed Master Plan and would require major changes to the Master Plan, such changes may be subject to further review and analysis subject to SMC 23.76.058..

City Council Condition #5

Approval of the Master Plan is not approval of the proposed demolition or any alteration to Harborview Hall or East Hospital (Center Wing). If either of those buildings is nominated and designated as landmarks by the Landmarks Preservation Board ("Board"), the decision to alter or demolish the features and/or characteristics proposed for the nomination and/or designation will be made by the Board based on the Landmarks Preservation Ordinance, SMC 25.12.670.835. The Board shall notify the City Council of any decisions regarding the nomination, designation and/or action on Certificate (s) of Approval for either building. If the Board does not approve the nomination or designation of either building, the Council shall file a copy of Board's decision (s) in Clerk File 303574 and shall pass an ordinance amending the Master Plan to reflect the Boards's decision (s). If the Board nominates and designates either building and subsequently approves the alternation or demolition of either building as proposed in the proposed Master Plan, the Council shall file a copy of the Board's decision (s) in Clerk Fle 303574, and shall pass an ordinance amending the Master Plan to reflect the Board's decision (s) and subject to any conditions imposed by the Board after the completion of the appeals process as described in SMC 25.12.740.835. An amendment to the Master Plan that meets the conditions described in this section will be deemed to have met the requirements of

SMC 23.69.035 and will not require further review and analysis. If the Board's decision (s) are not consistent with the proposed Master Plan and would require major changes to the Master Plan, such changes may be subject to further review and analysis subject to SMC 23.69.035.

RESOLVED: In 2014 Addendum, a Minor Amendment to the Master Plan was approved by Council and Landmarks Preservation Board. The Minor Amendment confirmed and designated the East Hospital/Center Wing as landmarked. The 2014 Addendum, Minor Amendment introduced the rehabilitation of Harborview Hall. The proposed action of the 2014 Addendum, Minor Amendment included a buttress building alteration to the East side of Harborview Hall, seismic upgrade and restoration of existing Harborview Hall along with demolition of Facility Building located along Terrace Street and the installation of a community plaza in its place.

City Council Condition #6

Construction of the Buttress Building for the East Hospital/Center Wing upgrade (structure "G" in Figure 12 page 45, Compiled Master Plan), if approved through the Landmarks and street vacation process, shall be subject to the conditions required through those processes.

RESOLVED: This proposal was denied by the Landmarks Preservation Board and Council in lieu of designating East Hospital/Center Wing as a Landmark structure.

City Council Condition #7

Construction of the Inpatient Expansion Building (Structure "F" in Figure 8, page 29, MIMP, Exhibit 3A) (page 30 in this document), buttressing East Hospital and bridging over 9th Avenue, if approved through the Landmarks and street vacation processes, shall be subject to the conditions required through those processes.

RESOLVED: Construction of the Maleng Tower and skybridge over 9th Avenue (Structure "F" in Figure 8, page 29 of the 1999/2000 compiled Master Plan, Exhibit 3A) was approved by Landmarks Preservation Board, Council and SDCI (former DCLU). The Maleng Inpatient expansion building and skybridge over 9th Avenue of 285,216 sq ft was completed in 2012.

City Council Condition #8

The Clinical Services Building (Structure "A1" in Figure 8, page 30, compiled Master Plan) shall be subject to the following conditions regarding the street profile along that portion of James Street: that the width of the existing travel lanes on James Street be maintained between any tree pits and utility poles which might still exist, and the building facades for the sidewalk developments; and that the area from the curb be designed to accommodate tree-pits and utility poles.

RESOLVED: The Clinical Service Building (Structure "A1" in Figure 8, page 30, 1999 / 2000 compiled Master Plan) was constructed in 2008. The structure ultimately occupies the full block between James and Jefferson Streets and 9th and Terry

Avenues. The building is 764,347 sq ft, of which 453,259 sq ft is occupied, and 311,088 sq ft is below grade parking garage.

City Council Condition #9

The Seattle Design Commission shall be given a full opportunity to review and make recommendations on any proposed street vacations associated with Master Plan projects as part of the street vacation process. Nothing in Master Plan approval shall be construed as prejudging or superseding the street vacation process or diminishing the Commission's role in that process.

RESOLVED: No additional street vacations are proposed as part of this Major Amendment to the 1999 MIMP. However, should Harborview petition for vacation of one of the rights-of-way identified in the MIMP Major Amendment as potential vacations, the Seattle Design Commission will exercise its usual role in accordance with City policy.

City Council Condition #10

The Landmarks Preservation Board shall review and decide on any application (a) for landmarks nominations and designations for potential landmarks and subsequent Certificates (s) of Approval on any Master Plan project affecting a nominated or designated landmark. Nothing in this Master Plan approval shall be construed as prejudging or superseding the Landmarks Preservation Ordinance processes or diminishing the Board's role in those processes

RESOLVED: East Hospital / Center Wing was nominated and designated for the Landmarks Preservation Board Landmark Certification in the 1999 MIMP process. The nomination of Harborview Hall to the Landmark Preservation Board was denied in 2009. In 2014, an Addendum (Minor Amendment) was introduced and approved to preserve and rehabilitate with expansion of a buttress the Harborview Hall. No additional nominations are considered at this time.

City Council Condition #11

The garage entry scheme included in the final Harborview Master Plan shall be approved subject to the following conditions: 1) that any access to the garage system from Terrace Avenue shall be limited to permit holder entry only and intended exclusively for staff parking, and 2) that traffic calming features be installed on both Terry Avenue and Terrace Street including curb-bulb extensions at the intersection of Terry Avenue and Terrace Street and possible speed bumps on Terrace Street. Consideration should be given to prohibiting or limiting a garage entrance on James Street in order to be consistent with the street's classification as a principal arterial. Consideration should also be given to providing only limited garage access on Terry Avenue south of Jefferson Street due to Terry Avenue's narrow travel lanes and its designation as a Key Pedestrian Street.

RESOLVED: Through the design and construction of The Clinical Services Building (Structure "A1" in Figure 8, page 30, compiled Master Plan) commonly referred to as Ninth and Jefferson Building. The primary garage entry to this

building is off Terry Avenue.

City Council Condition #12

Subject to the availability of sufficient funding and no significant interference with underground utilities, Harborview shall explore the possibility of underground connections between the three proposed underground garages on the northeast, northwest, and southeast corners of 9th Avenue and Jefferson Street in order to facilitate underground vehicle circulation and maximum parking efficiency. Harborview shall develop and implement a parking management plan (to the satisfaction of SDCI "formerly DCLU" at time of writing) for the design and operation of the garages in a manner that minimizes traffic impacts on local streets.

RESOLVED: Harborview has established a Transportation & Parking Management Plan which is updated annually.

City Council Condition # 13

Development shall be limited to the MIO zoning, height, setbacks and other development standards established in the Master Plan.

This condition continues to apply and Harborview will comply.

City Council Condition # 14

Demolition of the 64 housing units for the Planned Projects is subject to the following conditions. Harborview shall:

- *Provide one-for-one replacement housing of all units prior to demolition of the existing units; Provide the replacement housing units within the First Hill/Capitol Hill Urban Center boundary, with a preference for locations within the First Hill Urban Center Village boundary;*
- *Replace the units with substantially the same sizes of units and affordability levels, as measured at the time of MIMP approval;* D *Ensure that the replacement units are available for a period of ten years;*
- *Develop the replacement housing units without City funds, except for possible short-term City financing which must be reimbursed by Harborview/King County;*
- *Provide the replacement units through rehabilitation of a vacant building, construction of a new building, or preservation of existing federally-assisted units that are losing federal funding, but not through any other means of displacement of existing housing units; and*
- *Provide relocation assistance as required by City regulations, but if tenant relocation costs exceed the amount provided under the City's Tenant Relocation Assistance Ordinance, Harborview will provide relocation assistance of up to 50% above the private contribution required by the City through the Tenant Relocation Assistance Ordinance.*

RESOLVED: Addressed during mitigation of the 1999 MIMP. No further action is required.

City Council Condition #15

In its examination of potential sites for replacement housing, Harborview shall investigate and evaluate the potential to locate some of this housing on the site of the surface parking lot between Terry Terrace and the Broadmore Apartments. The maximum number of units allowed by zoning should be calculated and economic feasibility considered.

RESOLVED: Addressed during mitigation of the 1999 MIMP. No further action is required. Broadmore Apartments are now referred to as 423 Terry Avenue.

City Council Condition #16

The minimum percentage of the MIO District to remain in open space is 20%. (This calculation is based on the amount of open space provided by; 1) the "Westside" landscaped open space on top of the existing west garage with both landscape and hardscape and a viewpoint; and 2) the required setback areas, which will be landscaped or hardscaped and pedestrian amenities.)

Addressed in this Major Amendment: The revised open space percentage included in this Major Amendment is 12%. The proposed open space is comprised of:

- **The 2014 MIMP Addendum Open Space is located east of Harborview Hall bordered by Terry and Terrace Avenues.**
- **Plazas, landscape setbacks, pedestrian walkways, and landscape street rights-of-way.**
- **Open space and landscaping will be developed as part of individual planned and potential projects and will contribute to the broader integration of the campus into the adjacent neighborhoods. Landscape requirements of the underlying zoning and permit requirements for setbacks, frontage and right-of-way improvements will be maintained. This may include offsite improvements to meet the open space and landscape goals noted above.**

VII. 1999 / 2000 SEPA CONDITIONS

The DCLU Director recommended an extensive list of conditions to mitigate environmental impacts identified with the proposed Master Plan. The list of 63 conditions that follows is adopted from the Director's recommendations with a few alterations by the Hearing Examiner and finally by the City Council.

Energy:

SEPA 1. The planned and Potential Projects shall be designed to incorporate requirements of the Seattle Energy Code.

Condition continues to apply after Major Amendment

SEPA 2. In new construction, mechanical systems shall be braced to comply with standards for critical facilities in active seismic zones. The existing mechanical systems should also be braced throughout the facilities as part of proposed renovations.

Condition continues to apply after Major Amendment

Environmental Health:

SEPA 3. Harborview shall continue to implement, monitor and update the Harborview Hazardous Materials and Waste Management Plan and specific programs to minimize hazard risks and comply with all applicable laws, regulations, standards and policies related to hazardous materials. Harborview shall maintain an environmentally responsible waste management stream that protects the public interest in the collection, transportation, processing and disposal of hazardous/medical wastes. Harborview shall continue annual effectiveness evaluations and modify the waste management plan as appropriate.

Condition continues to apply after Major Amendment

SEPA 4. Harborview shall comply with the requirements of the Seattle Noise Ordinance (SMC 25.08).

Condition continues to apply after Major Amendment

SEPA 5. Harborview shall ensure that building-related noise sources such as heating, ventilating and air conditioning equipment and emergency generators are designed and operated within the noise levels permitted by the Seattle Noise Ordinance.

Condition continues to apply after Major Amendment

SEPA 6. Harborview shall orient parking facilities, loading areas, material transfer and waste facilities away from noise sensitive residential uses where feasible, and provide adequate acoustical buffers to reduce noise exposure, where feasible.

Condition continues to apply after Major Amendment

SEPA 7. Harborview shall install acoustic baffles for sound control on HVAC equipment and fans.

Condition continues to apply after Major Amendment

SEPA 8. Harborview shall continue to implement policy of "shutting-down" emergency vehicle sirens within two blocks of the hospital (for both arriving and departing emergency vehicles), except when prevented by safety/traffic conditions.

Condition continues to apply after Major Amendment

Land Use:

SEPA 9. Harborview shall locate the most intensive and people generating functions away from residential buildings.

Condition continues to apply after Major Amendment

SEPA 10. Harborview shall improve the quality of landscaped open space in the proposed open spaces.

Condition continues to apply after Major Amendment

SEPA 11. Harborview shall buffer and screen potentially objectionable views of support and service uses by landscaping, walls, and fences.

Condition continues to apply after Major Amendment

SEPA 12. Harborview shall provide opportunity for street-level retail space in the Clinical Care Services Building along James Street between 9th Avenue and Terry Avenue.

RESOLVED: Through the design and construction of The Clinical Services Building (Structure "A1" in Figure 8, page 30, compiled Master Plan) commonly referred to as Ninth and Jefferson Building.

SEPA 13. Harborview shall increase street level setbacks to widen sidewalks that encourage pedestrian activity/uses along James Street.

RESOLVED: Through the design and construction of The Clinical Services Building (Structure "A1" in Figure 8, page 30, compiled Master Plan) commonly referred to as Ninth and Jefferson Building.

Housing:

SEPA 14. Harborview shall replace all 64 affordable housing units lost under the Proposed Action.

RESOLVED: Harborview replaced all 64 affordable housing units to the satisfaction of City Staff. No further action is required. No additional housing units will be lost with Major Amendment.

SEPA 15. Harborview shall provide tenant relocation assistance to eligible tenants per applicable local requirements.

RESOLVED: Harborview provided all required tenant relocation assistance. No further action is required. No additional housing units will be lost with Major Amendment.

SEPA 16. Harborview shall allow access by neighborhood residents to the open space plaza.

- **The 2014 MIMP Addendum Open Space is located east of Harborview Hall bordered by Terry and Terrace Avenues.**
- **Plazas, landscape setbacks, pedestrian walkways, and landscape street rights-of-way.**
- **Open space and landscaping will be developed as part of Planned and Potential Projects and will contribute to the broader integration of the campus into the adjacent neighborhoods. The new open space will be open to the public.**

SEPA 17. Harborview shall continue to work with First Hill institutions, churches, social service providers and governmental agencies in the development of additional housing opportunities.

Condition continues to apply after Major Amendment

Light, Glare and Shadows:

SEPA 18. Exterior lighting fixtures shall be shielded or directed away from adjacent residential uses.

Condition continues to apply after Major Amendment

SEPA 19. Lighting poles shall be located away from and/or at heights compatible with residential development, to the extent feasible.

Condition continues to apply after Major Amendment

SEPA 20. Screening and shading devices shall be installed to reduce or-eliminate spillover lighting, particularly across from sensitive residential receivers, to the extent feasible.

Condition continues to apply after Major Amendment

SEPA 21. Glass and building materials shall be used that are not highly reflective to avoid creating glare.

Condition continues to apply after Major Amendment

SEPA 22. Building facades shall be designed with wall and glazing articulation and recesses to avoid large expanses of uniform surfaces. Spandrels, mullions and architectural detailing could lessen the effect of reflective glare from both artificial and natural light.

Condition continues to apply after Major Amendment

SEPA 23. Landscaping shall be included to diffuse and obscure light and glare impacts.

Condition continues to apply after Major Amendment

SEPA 24. To avoid having buildings shade landscaped open spaces, solar exposure and potential adjacent building sun blockage shall be considered in the design of all the proposed campus open spaces.

Condition continues to apply after Major Amendment

Aesthetics:

SEPA 25. *Techniques to reduce the apparent scale of new buildings (e.g., architectural detailing, modulation, step-backs, materials, etc.) shall be incorporated into building designs. Building design shall seek to soften the appearance of structures. Pedestrian scaled improvements shall be included at street level.*

Condition continues to apply after Major Amendment

SEPA 26. Retail and pedestrian oriented functions shall be included on James Street pedestrian corridors and blank facades/massive structures in the neighborhood context shall be avoided.

Continue to address: The design and construction of The Clinical Services Building (Structure "A1" in Figure 8, page 30, compiled Master Plan) commonly referred to as Ninth and Jefferson Building is completed and comply with this condition. Major Amendment includes no further planned or potential on James Street pedestrian corridors.

SEPA 27. *Lighting and graphics that reduces the appearance of building bulk and scale shall be incorporated into new structures.*

Condition continues to apply after Major Amendment

SEPA 28. To break-up building groupings and collective massing, pedestrian connections shall be maintained through the campus and with the neighborhood (such as at the "campus heart").

Condition continues to apply after Major Amendment

SEPA 29. Landscaping shall be included to soften building scale and to create amenities.

Condition continues to apply after Major Amendment

SEPA 30. The design of each building approved under this Master Plan shall be stylistically consistent with the design of the existing structures on the Harborview

Condition continues to apply after Major Amendment

Historic/Cultural:

Harborview Hall Demolition Mitigation

SEPA 31. Compliance with the Landmarks Preservation Ordinance (SMC 25.12) will constitute compliance with the SEPA Landmarks Policy. Nothing in this Master Plan approval shall be construed as prejudging or superseding the landmark review process as specified in the landmarks preservation Ordinance or diminishing the Landmarks Board's role in that process.

RESOLVED: East Hospital / Center Wing was nominated and designated for the Landmarks Preservation Board Landmark Certification in the 1999 MIMP process. The designation of Harborview Hall as a Landmark in 2014 was not approved. The 2014 Addendum to preserve, renovate and modify with expansion of a buttress the Harborview Hall was incorporated into the MIMP.

SEPA 32. If, following the procedures of the Landmarks Preservation ordinance, Harborview proceeds with demolition of Harborview Hall and/or the East Hospital Center Wing, Harborview shall abide by all conditions or requirements imposed by that decision.

RESOLVED: East Hospital / Center Wing was designated a City Landmark in 2011 (Ord. 123557). The nomination of Harborview Hall to the Landmark Preservation Board was denied in 2014 in lieu of an Addendum to preserve, renovate and modify with expansion of a buttress the Harborview Hall. No additional nominations are considered as part of this Major Amendment.

East Hospital Mitigation

SEPA 33. If this building is retained, the buttress expansion structure shall be designed to have similar vertical emphasis and cladding, as the existing building and efforts shall be made to retain the exterior appearance (including the entry and ornament).

RESOLVED: East Hospital / Center Wing was designated a City Landmark in 2011 (Ord. 123557). Seismic stabilization for Center Wing remains a potential project in this major amendment. The nomination of Harborview Hall to the Landmark Preservation Board was denied in 2014 in lieu of an Addendum to preserve, renovate and modify with expansion of a buttress the Harborview Hall. No alternative other than buttress to seismically stabilize Harborview Hall have been considered. Seismic stabilization of Harborview Hall remains a potential project in this Major Amendment.

Transportation and Parking:

SEPA 34. Harborview shall comply with terms of the TMP to reduce the number of Harborview commuter trips in employee single occupancy vehicles to forty-five percent (45%) of the total number of weekday, day shift commuter trips. Enhancements shall be proposed to Harborview's TMP that would likely result in additional reductions in the employees' use of single-occupant vehicles for commuting. The TMP identifies strategies and actions that are intended to reduce parking and traffic demands associated with projected growth at the Harborview campus. The proposed TMP is described in the Major Institution Master Plan document with the following elements: a building transportation coordinator, periodic promotional events, commuter information centers, ride-matching service coordination, parking fees, carpool/vanpool subsidy, carpool/vanpool preferential parking, transit pass subsidy, University of Washington Health Sciences Shuttle Services, First Hill Express, bicycle racks and lockers, motorcycle parking spaces, residential parking zones, guaranteed ride home, telecommuting, pedestrian access, evaluation criteria, and annual reporting.

SEPA 35. Harborview shall submit the required annual TMP reports to SeaTran by March 1st every year.

SEPA 36. Additional analysis of access and traffic operations at the garage entrances shall be conducted as the specific designs for the garage elements of the Planned Projects are refined and finalized.

The TDR and EIS evaluate multiple access configurations. The building entry points will be evaluated as the design progresses.

SEPA 37. The garages shall be managed to minimize the need for movement between the garages.

No change in response.

SEPA 38. The signal-timing pattern shall be reviewed as warranted for the James Street corridor as traffic from the hospital and other sites are added to the street system intersecting James Street.

The EIS evaluated the James Street Corridor. The detailed analysis worksheets are included in the TDR.

SEPA 39. A project-level environmental review of transportation, if not already contained in the FEIS, shall be conducted for the Potential Projects elements and phases as the design and schedule for each are finalized. Impacts to be addressed should include those resulting from increased traffic, parking generation and access to/from garages that would be generated by the proposed new facilities.

Planned and Potential level projects are evaluated as part of the EIS.

SEPA 40. To the extent feasible, traffic shall be diverted from Terry Avenue to other arterial streets including Boren Avenue. Measures to accomplish this diversion could include: curb bulbs and chokers; traffic circles; maintain on-street parking (to reduce effective street width); speed bumps; "Do not enter – Local access only" signs; and restrictive speed zones.

No additional measures have been identified.

Public Services and Utilities:

SEPA 41. The Seattle Police Department's Crime Prevention Through Environmental Design (CPTED) techniques shall be employed when projects are designed, to the extent it is feasible.

CPTED is still operative. https://www.seattle.gov/police/crime-prevention/cpted. The website states the Crime Prevention Coordinator for the area can provide a free security assessment, upon request. Harborview will consult with SPD, reviewing design plans to determine consistency with CPTED.

SEPA 42. Adequate lighting shall be provided and clear sight lines to reduce hiding places for criminal activity.

Harborview will comply with the applicable lighting requirements. Consistency with the lighting plan and determination of clear sight lines occurs during site plan review.

SEPA 43. Pedestrian scaled street illumination shall be provided so that sidewalks are well lit, particularly where vegetation/mature street trees block street light pole lighting.

Harborview will comply with the applicable lighting requirements. Consistency with the lighting plan and determination of clear sight lines occurs during site plan review.

SEPA 44. Street trees shall be pruned and vegetation cleared to improve visibility of pedestrian walkways and spaces.

Landscape plan review and condition of approval. Site plan and operations issues.

SEPA 45. Extended hour activities at street level shall be increased and visual access shall be designed from buildings to exterior locations.

Activities are an operational matter. Architect needs to address visual access from buildings to exterior.

SEPA 46. Facilities and outdoor spaces shall be designed to allow natural surveillance, controlled access, and defensible space.

Condition continues to apply after Major Amendment

SEPA 47. Harborview security services shall be continued, including employee escorting.

Condition continues to apply after Major Amendment

SEPA 48. All new construction shall comply with applicable Seattle Fire Code and Uniform Building Code requirements.

Major Amendment will continue to comply with current technical codes

SEPA 49. The Seattle Fire Department shall be notified of any extended street and/or alley closures or blockage during construction of Master Plan projects.

Condition continues to apply after Major Amendment

SEPA 50. Construction material storage and waste materials/debris shall not be accumulated for long periods of time to avoid possible fire hazards.

Condition continues to apply after Major Amendment

SEPA 51. Harborview shall coordinate mitigation of utility impacts with the responsible agencies.

Condition continues to apply after Major Amendment

Short Term Construction Conditions:

Prior to Commencement of any Demolition or Construction

SEPA 52. The excavation contractor shall provide a truck management plan to the SeaTran Permit office for approval and identify demolition and excavation disposal sites.

Condition continues to apply after Major Amendment

SEPA 53. In order to ensure that construction workers do not park on the street and do not usurp existing off-street parking on parking lots within Harborview's primary impact area, Harborview shall prepare and distribute to all construction workers a flyer that includes: a map of the available parking lots, rates; the restrictions for lots located outside the primary impact area identified in the Draft Environmental Impact Statement for Harborview's Major Institution Master Plan; and explanation that construction workers must park outside the primary impact area, that no on-street parking by construction workers is allowed. Harborview shall require contractors to secure parking for their construction workers outside the primary impact area.

Condition continues to apply after Major Amendment

During Construction

The following condition(s), to be enforced during construction, shall be posted at the site in a location visible and accessible to the public and to· construction personnel from the street right-of-way. If more than one street abuts the site, conditions shall be posted at each street. The conditions shall be printed legibly on placards available from DCLU, shall be laminated with clear plastic or other weatherproofing material, and shall remain in place for the duration of the construction.

SEPA 54. The flyer described in condition number #63 shall be distributed to all current construction workers and any future workers hired.

Condition continues to apply after Major Amendment

SEPA 55. The following low noise impact work will be permitted on Saturdays from 9:00 am to 5:00 pm. Requests to do work described below in the weekday evenings (6:00 pm to 8:00 pm) will be reviewed on a case-by-case basis. DCLU approval is required prior to any such occurrence.

Condition continues to apply after Major Amendment

All work on-site shall be fully supervised by Harborview or King County on-site construction personnel who will ensure that Saturday construction is of a non-noisy nature and report back to the Land Use Planner with written confirmation of agreement to the construction hours by the subcontractors. DCLU Construction Inspections will conduct periodic monitoring of work activity and noise levels.

Surveying and layout - This requires no noise generating equipment and requires two or three people walking around the project.

Stocking with crane - The crane is electric and requires four people to work with the crane

Other ancillary tasks - This includes: site security; surveillance; and monitoring and maintenance of weather protection, water dams, and heating equipment.

Concrete work - This includes finishing and setting.

SEPA 56. Critical quiet construction activities, which are of an emergency nature that are related to issues of safety, or which could substantially shorten the total construction time frame if done after the regular construction crew has left, will be allowed. In order to accommodate the needs of the Hospital and ensure that the construction activities will not have adverse impacts on the nearby residential uses, requests to extend the hours of construction on weekdays from 6:00 pm to 8:00 pm shall be reviewed on a case-by-case basis and approved by DCLU prior to each occurrence. DCLU Construction Inspections will conduct periodic monitoring of work activity and noise levels.

Condition continues to apply after Major Amendment

SEPA 57. Quiet non-construction activities that can be done at any time such as, but not limited to, site security, surveillance, monitoring for weather protection, checking tarps, surveying, and walking on and around the site and structure will not be limited by the conditions imposed above or below.

Condition continues to apply after Major Amendment

SEPA 58. In addition to the Noise Ordinance requirements to reduce the noise impact of construction on nearby properties, all demolition, grading, and construction activities shall be limited to non-holiday weekdays between 7:30 am and 6:00 pm. After each floor of the building is enclosed with exterior walls and windows, interior construction on individual enclosed floors can be done at other times with the written approval of the Land Use Planner and the Director of Construction Inspections of DCLU.

Condition continues to apply after Major Amendment

SEPA 59. Equipment shall be employed on-site that is as quiet as feasible for the work to be performed.

Condition continues to apply after Major Amendment

SEPA 60. Nearby residents shall be advised of the construction schedule, the construction process, and Harborview must provide a contact person to address construction-related

problems, such as noise impacts.

Condition continues to apply after Major Amendment

SEPA 61. Construction schedules shall be coordinated with nearby on-campus research activities, allowing the opportunity to reschedule research or construction activities if conflicts arise.

Condition continues to apply after Major Amendment

SEPA 62. Whenever practical, rubber-tire equipment shall be used instead of equipment with metal tracks. Mufflers shall be provided and maintained for stationary engines. Construction personnel shall limit the extent of unnecessary equipment idling. Air compressors shall be utilized with silencing packages. Preference shall be given to electrically driven and hydraulically driven equipment in place of diesel or pneumatic equipment.

Condition continues to apply after Major Amendment

For the life of the Project:

SEPA 63. Harborview shall consider the input of the standing committee on future projects once those projects are detailed.

Condition continues to apply after Major Amendment

Additional SEPA review, whether through addenda, checklists, or supplemental EIS's may be required for individual projects as determined appropriate by the DCLU Director, depending on whether the scope of anticipated environmental impacts exceeds those described in the FEIS, and whether adopted mitigation is deemed adequate. Proposed developments not reviewed at the project level in the FEIS shall require additional environmental review at the time of application for Master Use and/or building permits. Additional environmental review may also be required for those proposed developments, which were reviewed at the project level in the FEIS if there are changes to the preferred or alternative building sites, programs or designs, which in- the judgment of the Director of DCLU would result in substantially different environmental impacts than are described in the FEIS. This information may be provided as addendum(s) to the FEIS, unless the DCLU Director determines that supplemental EIS(s) are necessary.

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