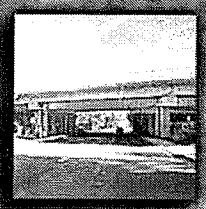
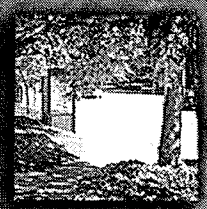
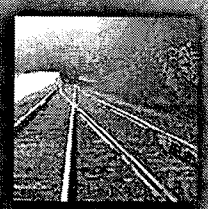
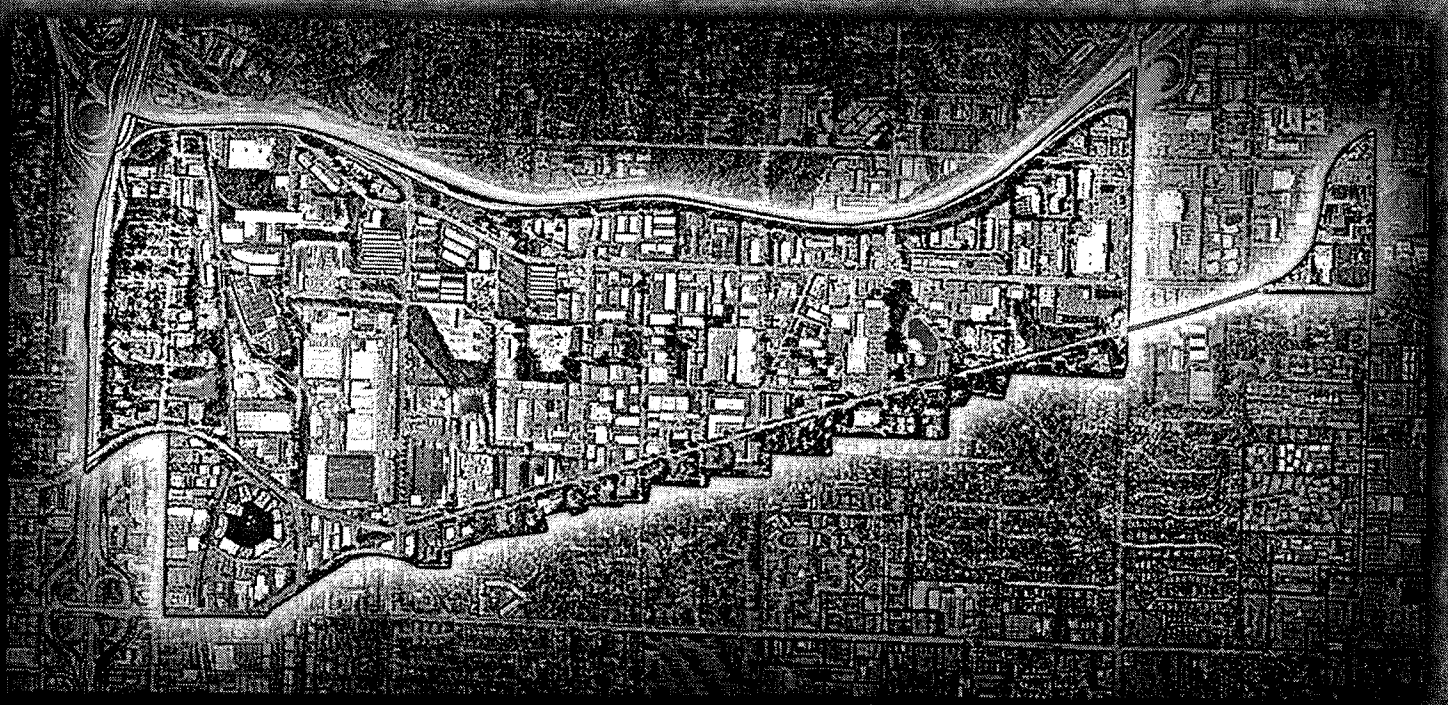




BEL-RED CORRIDOR PROJECT

FINAL ENVIRONMENTAL IMPACT STATEMENT

ADDENDUM



BEL RED
corridor project

CITY OF BELLEVUE WASHINGTON

City of Bellevue

July 17, 2008

DEPARTMENT OF PLANNING AND COMMUNITY DEVELOPMENT
ENVIRONMENTAL COORDINATOR
11511 MAIN ST., P.O. BOX 90012
BELLEVUE, WA 98009-9012

ADDENDUM

PROPONENT: City of Bellevue
NAME OF PROPOSAL: Bel-Red Corridor Project
LOCATION OF PROPOSAL: The approximate location of the Bel-Red Corridor Project study area is: west of I-405, east of 148th Avenue NE, south of SR-520 and north of Bel-Red Road, and including a small wedge of land located west of 156th Avenue NE, east of Bel-Red Road, north of NE 20th Street and south of NE 24th Street. The Medical Institution District area described in this addendum is located more specifically, between I-405 and the BNSF right of way and between NE 12th and NE 16th Streets.
FILE NUMBER: 05-127994 LE

ORIGINAL PUBLICATION DATES:
Draft EIS Available: January 25, 2007
Final EIS Available: Thursday, July 19, 2007

DESCRIPTION OF PROPOSAL AND NEW INFORMATION: The City of Bellevue issued the Draft Environmental Impact Statement (DEIS) for the Bel-Red Corridor Project on January 25, 2007. The Final Environmental Impact Statement (FEIS) for the project was issued on July 19, 2007. Subsequent to the publication of the FEIS, representatives of Children's Hospital & Regional Medical Center (Children's) requested Medical Institution District designation to be considered as a component of the Bel-Red Corridor Project Comprehensive Plan and Land Use Code amendments at the above-described location. Accordingly, the City has prepared this addendum to the FEIS. Under Washington Administrative Code (WAC) section 197-11-706, an addendum is defined as "an environmental document used to provide additional information or analysis that does not substantially change the analysis of significant impacts of alternatives in the existing environmental document." Development intensity (as measured using floor area ratio) on the MI District site would not be increased as a result of the Children's request. None of the analysis included in this addendum to evaluate the effect of floor plate and height limit increases changes the analysis or conclusions presented in the DEIS and FEIS.

The Environmental Coordinator of the City of Bellevue has determined that the new information provided adds analyses or information about the proposal that does not substantially change the analysis of significant impacts in the existing environmental document. This Addendum is issued under WAC 197-11-600 and WAC 197-11-625.

Carol V Helland
Environmental Coordinator

July 17, 2008
Date

OTHERS TO RECEIVE THIS DOCUMENT:
State Department of Fish and Wildlife
State Department of Ecology,
Army Corps of Engineers
Attorney General
Muckleshoot Indian Tribe

Final Environmental Impact Statement Addendum

for the Medical Institution District Component of the City of Bellevue Bel-Red Corridor Project

Prepared in compliance with
The State Environmental Policy Act
Chapter 43.21 of the Revised Code of Washington
SEPA Rules
Chapter 197-11 of the Washington Administrative Code
Chapter 22.02 of the Bellevue City Code

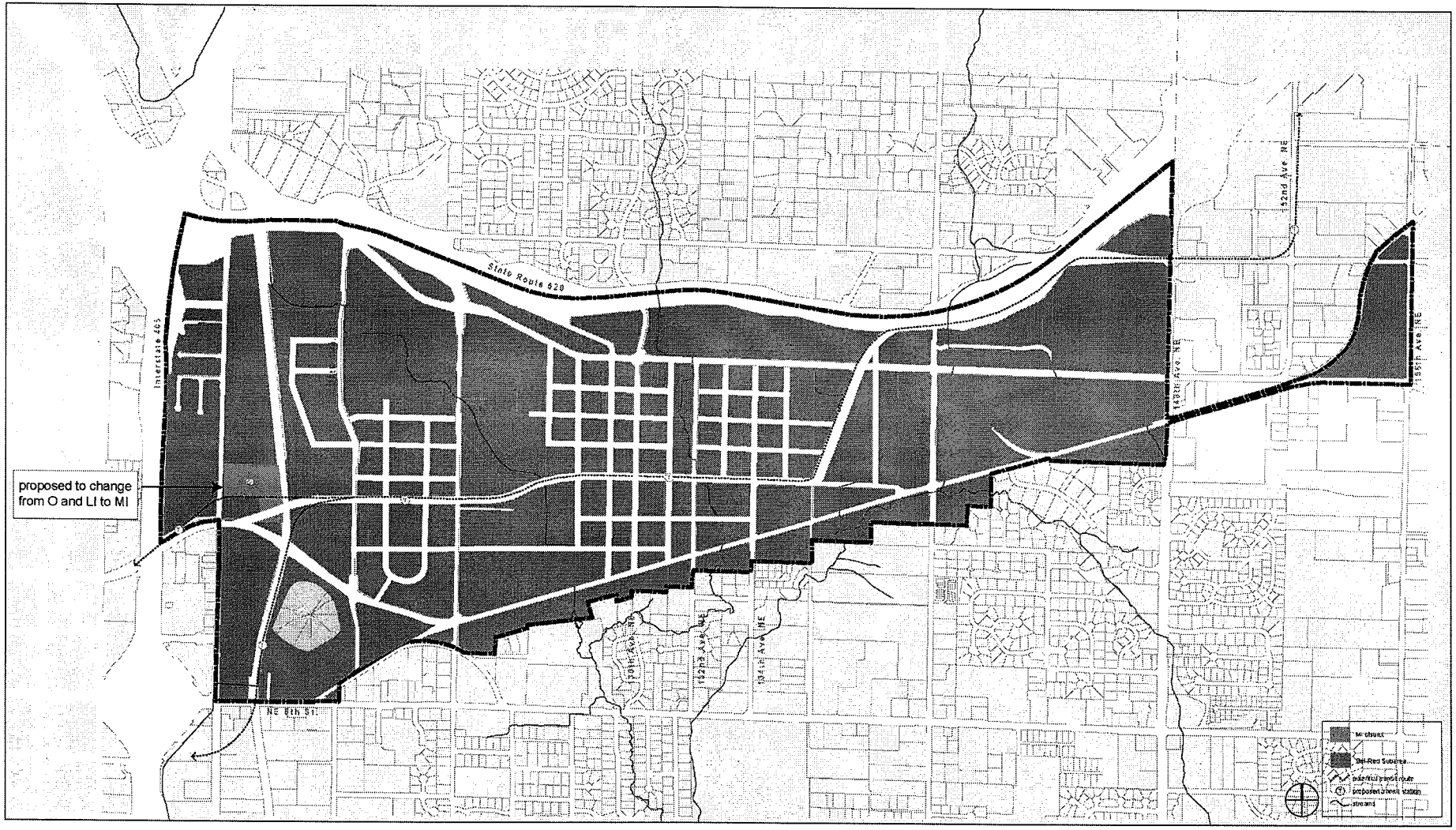
Date of Issue: July 17, 2008

Introduction

The City of Bellevue issued the Draft Environmental Impact Statement (DEIS) for the Bel-Red Corridor Project on January 25, 2007. The Final Environmental Impact Statement (FEIS) for the project was issued on July 19, 2007. Subsequent to the publication of the FEIS, representatives of Children's Hospital & Regional Medical Center (Children's) requested that a Medical Institution District designation to be considered as a component of the Bel-Red Corridor Project Comprehensive Plan and Land Use Code amendments.

The approximate location of the Bel-Red Corridor Project study area is: west of I-405, east of 148th Avenue NE, south of SR-520 and north of Bel-Red Road, and including a small wedge of land located west of 156th Avenue NE, east of Bel-Red Road, north of NE 20th Street and south of NE 24th Street. The Medical Institution District designation requested by Children's is located in the southwest corner of the Bel-Red Corridor Study Area (Draft EIS; Figure 1-1) and is located more specifically, between I-405 and the BNSF right of way and between NE 12th and NE 16th Streets. Refer to MI District FEIS Addendum; Figure E-1. As a result of its location within the Study Area, the Children's request is appropriately considered as a component of the Bel-Red Corridor Project. Accordingly, the City has prepared this addendum to the FEIS.

Under Washington Administrative Code (WAC) section 197-11-706, an addendum is defined as "an environmental document used to provide additional information or analysis that does not substantially change the analysis of significant impacts of alternatives in the existing environmental document." Development intensity (as measured using floor area ratio) on the MI District site would not be increased in response to the Children's request. As a result, none of the analysis included in this addendum to evaluate the effect of floor plate and height limit increases changes the analysis or conclusions presented in the DEIS and FEIS.


proposed to change
from O and LI to MI
State Route 520
Interstate 405
NE 8th St
152nd Ave NE
148th Ave NE
156th Ave NE
Mi district
Bel-Red Subarea
proposed transit station
streams

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2-1 Preliminary Preferred Alternative: (Nodes at OHMC vicinity and 122nd, 130th, 152nd Avenues NE)

Height and Floor-Plate Review for Medical Institution District Development Area 3 (DA3)

The Bellevue Planning Commission reviewed allowable building heights and floor-plate limitations for the Medical Institution (MI) District Development Area 3 (DA3), north of NE 12th Street and east of 116th Avenue NE on April 23, 2008.

The Commission had previously endorsed a 70-foot height limit with floor-plate limitations above 40-feet in the Medical Office zoning district that was being considered for the larger geographic area. When this specific area was proposed for inclusion in DA3 of the MI District to accommodate Children's Hospital & Regional Medical Center (Children's), allowable building heights of up to 75 feet and 100 feet and modification to the floor-plate limitations were considered by the Commission. Modifications were considered only in MI District DA3, and the larger Medical Office district and zoning being considered as part of the Bel-Red Corridor Project process was not included as part of this analysis.

As shown in Figure E1-1, the MI District DA3 site is situated between 116th Avenue NE and the Burlington Northern Santa Fe Railroad corridor. A wetland exists on the eastern portion of the property. The conceptual location of Children's development phasing plan is shown in Figure E1-1 as well. The elevation change on the site from west to east is approximately 50 feet, with the average existing elevation being at the 173-foot datum level. A potential Sound Transit light rail alignment runs along the southern portion of MI District DA3.

To assist in the analysis of height and building massing, a series of five photo simulations were done from five different public vantage points (see Figure E1-2). A digital terrain model was developed for the MI District and surrounding area. Conceptual building forms for the site were placed in the model and rendered into "existing" photos. The focus of the height analysis was on the visual impact of 75-foot and 100-foot building forms. (Building heights were measured from the average existing grade of 173 elevation.) The difference between the 75 and 100-foot building heights was not significant from any of the vantage points. In addition, the building forms in Figures E1-3 and 4 as seen from the 116th Avenue frontage are lower than the 75 or 100-foot "building height" because of the sloping nature of the site.

The massing analysis focused on any perceived difference that would be visible from the five photo locations if required floor-plate limitations were put in place. (The simulations show the building forms without massing, but indicate where massing would potentially occur.) In only one of the five simulations would a floor-plate limitation result in a perceivable difference.

Based on this analysis, the increase in height and floor plate limitations do not substantially change the analysis of significant impacts or alternatives in the existing environmental document. Based on a briefing received regarding this analysis, the Planning Commission recommended the following:

- Allow building heights up to 100 feet measured from average existing grade (this analysis shows limited impacts of 100-foot buildings as measured from elevation 173)

- No floor plate restrictions, provided that façade modulation and building stepbacks be considered during project review

The amendments to the Comprehensive Plan (included in Attachment E2 of this Addendum), include the Planning Commission recommendations to designate the Children's property as appropriate for MI District uses and dimensional flexibility. The amendments to the Land Use Code (included in Attachment E3 of this Addendum), include the Planning Commission recommendations regarding height and floor plate limitations based on the visual analysis.

Figure E1-1

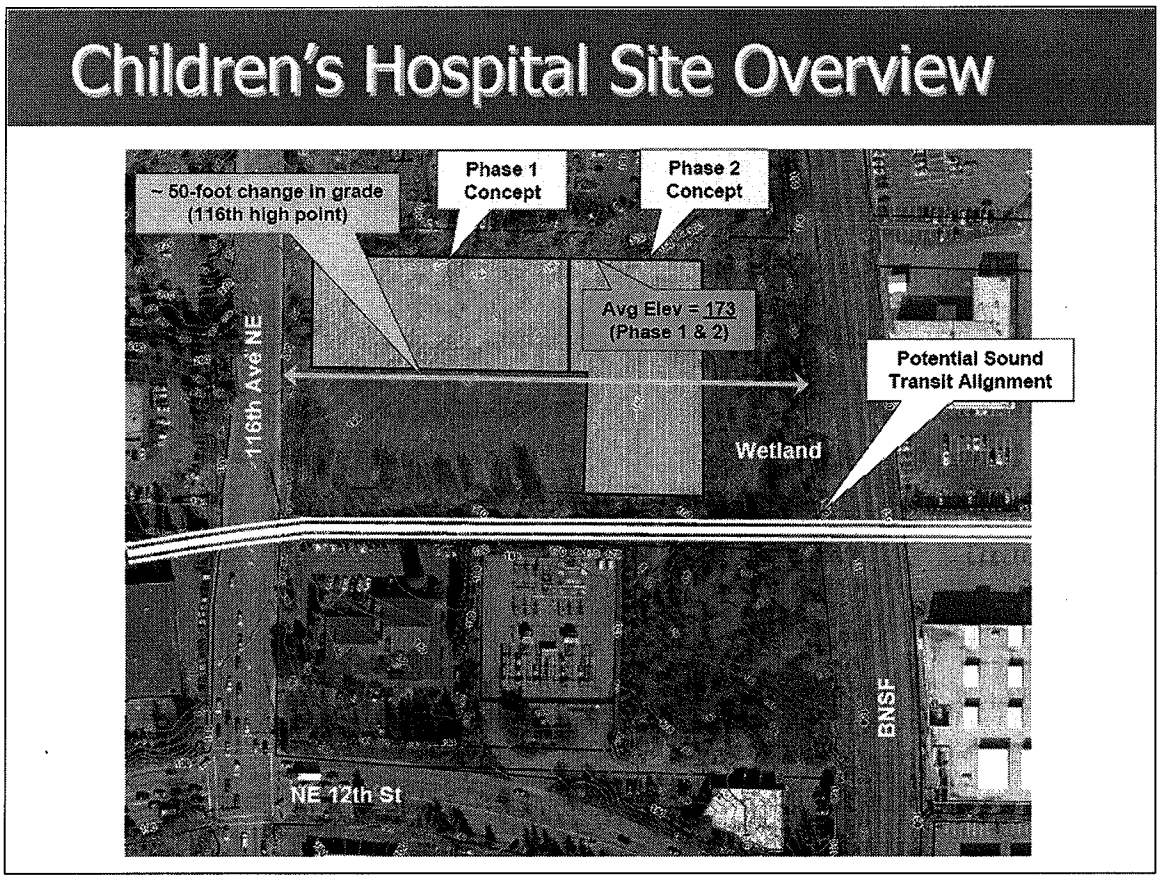


Figure E1-2

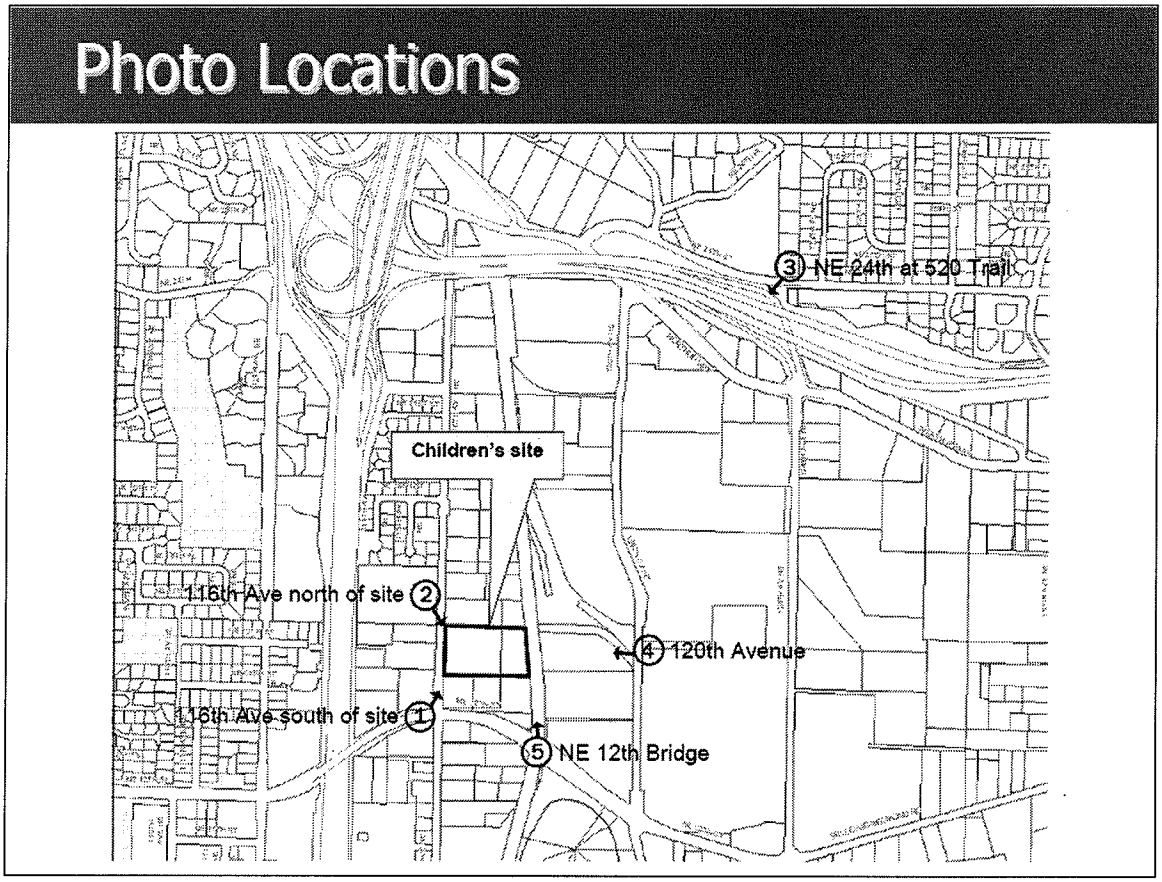


Photo Locations
3 NE 24th at 520 Trail
Children's site
116th Ave north of site 2
4 120th Avenue
116th Ave south of site 1
5 NE 12th Bridge

Figure E1-3

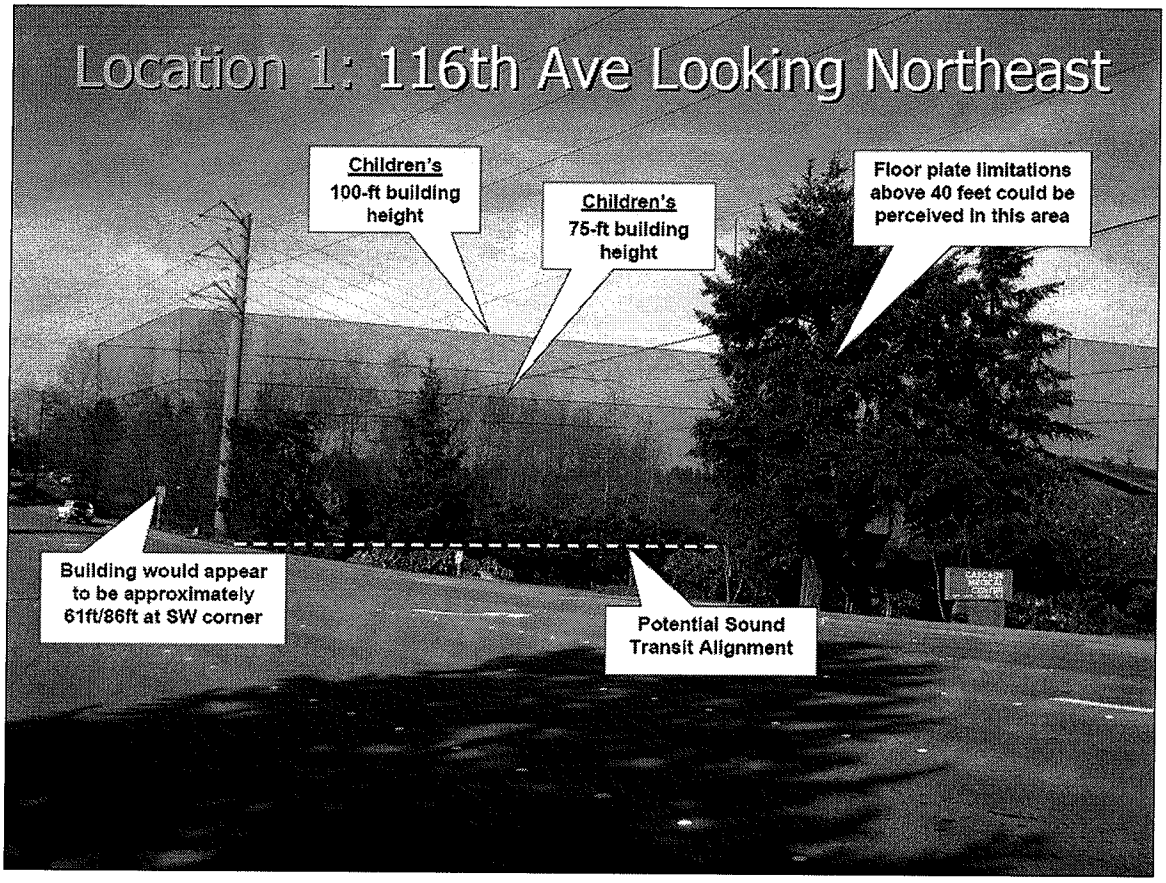

Location 1: 116th Ave Looking Northeast
Children's
100-ft building height
Children's
75-ft building height
Floor plate limitations above 40 feet could be perceived in this area
Building would appear to be approximately 61ft/86ft at SW corner
Potential Sound Transit Alignment

Figure E1-4

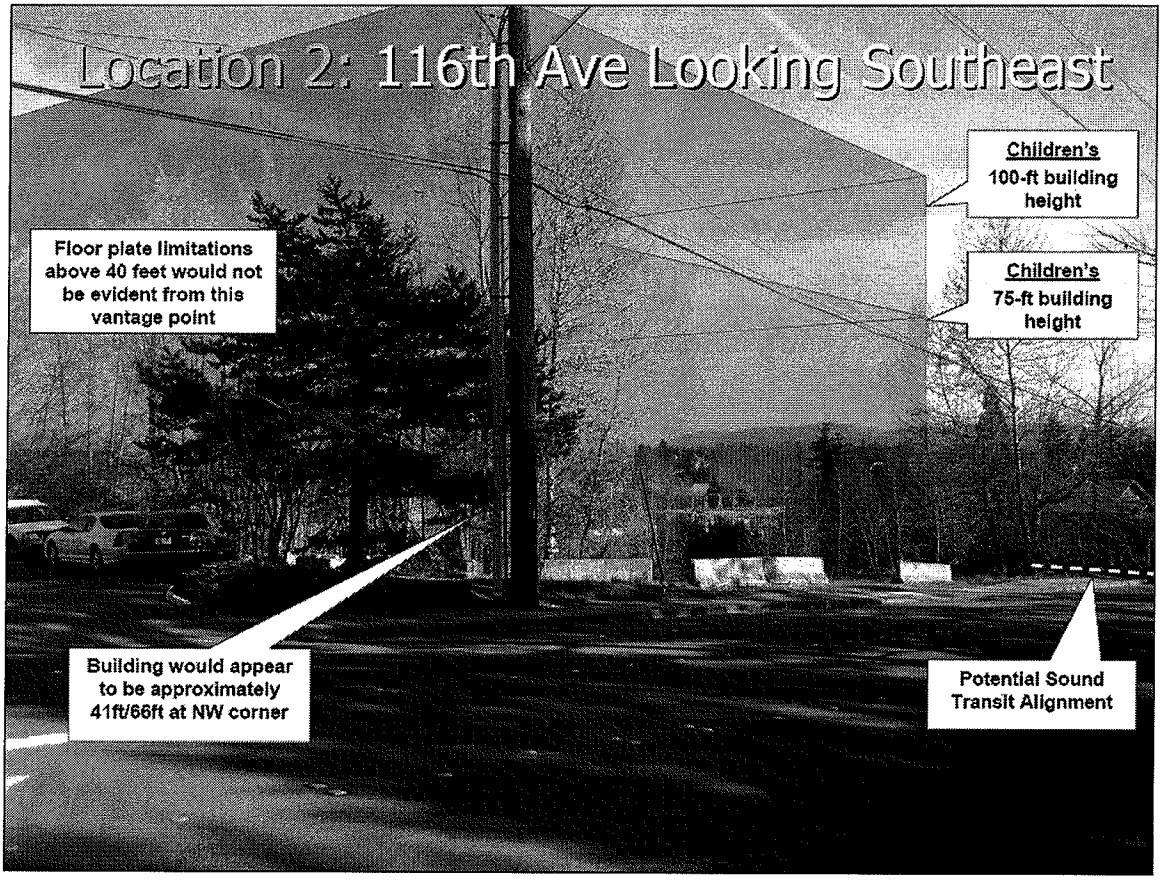

Location 2: 116th Ave Looking Southeast
Children's
100-ft building height
Children's
75-ft building height
Floor plate limitations above 40 feet would not be evident from this vantage point
Building would appear to be approximately 41ft/66ft at NW corner
Potential Sound Transit Alignment

Figure E1-5

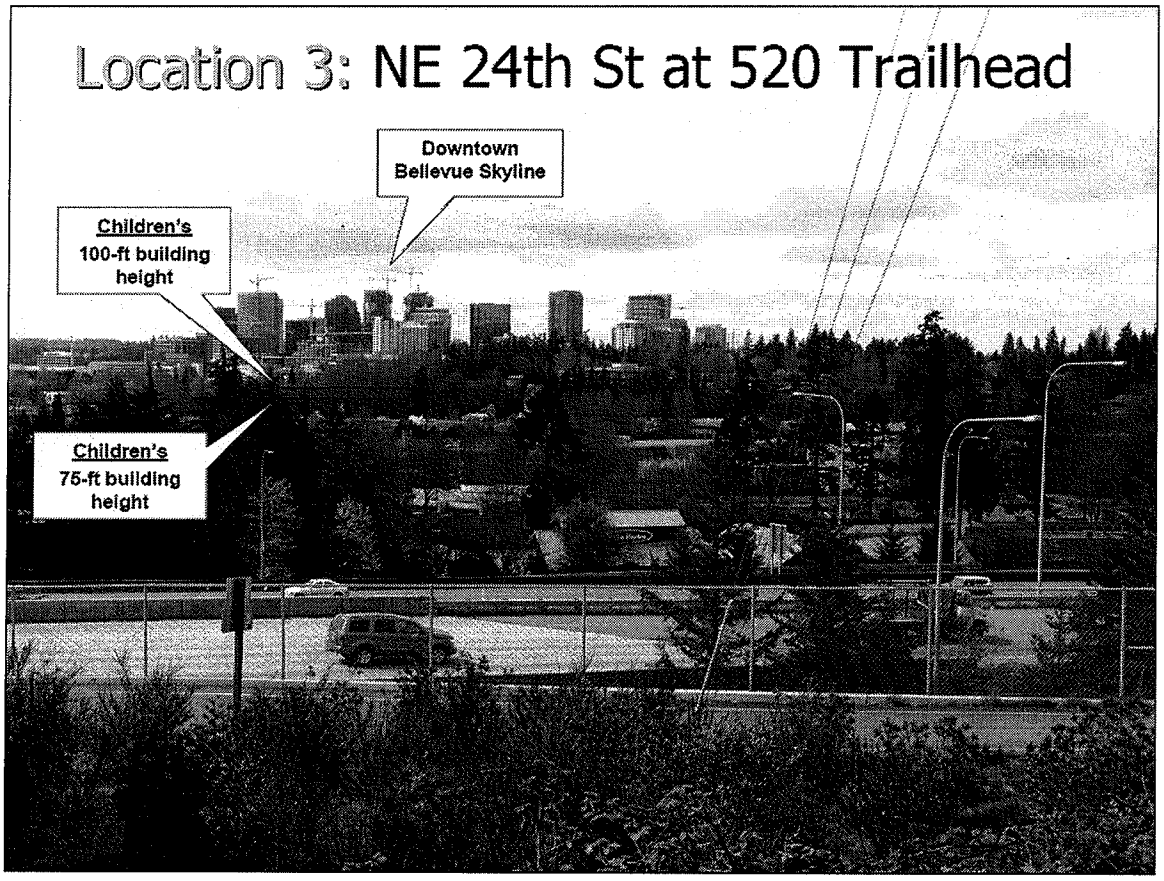

Location 3: NE 24th St at 520 Trailhead
Downtown Bellevue Skyline
Children's 100-ft building height
Children's 75-ft building height

Figure E1-6

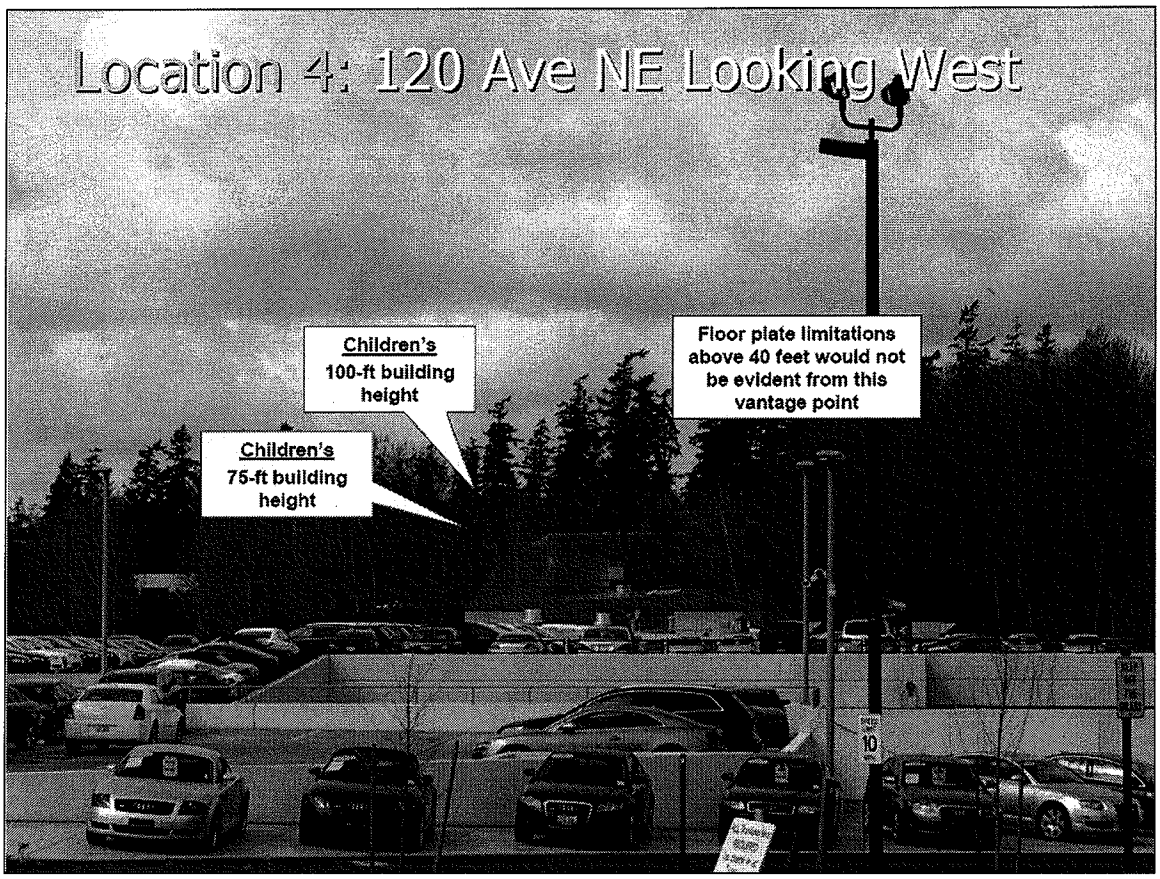
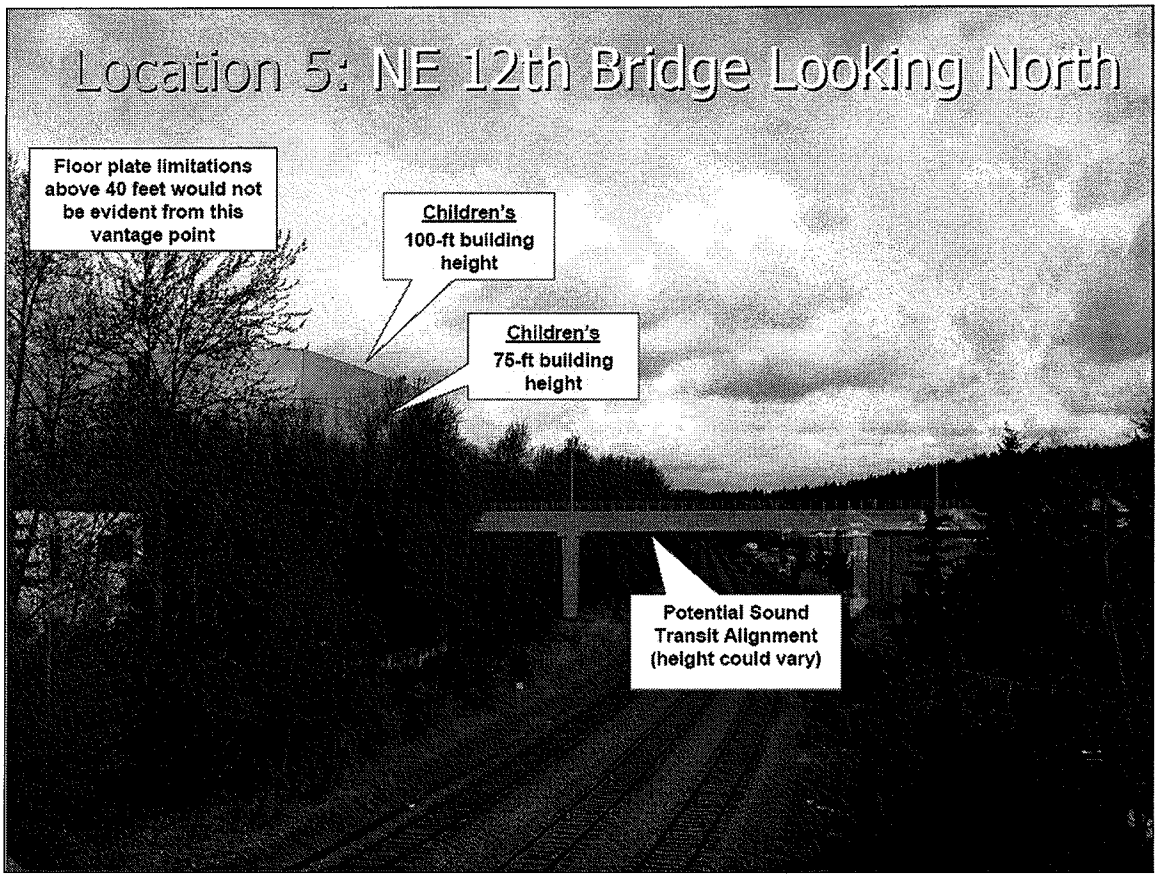

Location 4: 120 Ave NE Looking West
Children's
100-ft building height
Children's
75-ft building height
Floor plate limitations above 40 feet would not be evident from this vantage point

Figure E1-7


Location 5: NE 12th Bridge Looking North
Floor plate limitations above 40 feet would not be evident from this vantage point
Children's 100-ft building height
Children's 75-ft building height
Potential Sound Transit Alignment (height could vary)

CITY OF BELLEVUE, WASHINGTON

ORDINANCE NO. _____

AN ORDINANCE relating to the Comprehensive Plan of the City of Bellevue, as required and adopted pursuant to the Growth Management Act of 1990, as amended (Chapter 36.70A RCW); adopting Comprehensive Plan Amendments initiated in 2008 to add a new Policy S-BR-42 that defines an area in the Bel-Red/Northup Subarea where a Medical Institution (MI) District designation is appropriate, to modify the Bel-Red/Northup Subarea Plan Map to reflect boundaries of the area described in Policy S-BR-42, and to modify Project Number 1 of the Bel-Red/Overlake Transportation Facilities Plan to include location and description of road way improvements necessary to support development in the expanded MI District.

WHEREAS, the City Council adopted the Comprehensive Plan of the City of Bellevue on December 6, 1993 as required by the Growth Management Act of 1990, as amended; and

WHEREAS, the Growth Management Act requires jurisdictions to act no more than once per year to amend their Comprehensive Plans, except in the event of emergency; and

WHEREAS, the Wilburton Subarea Plan Policy S-WI-2 designates an area where a MI District designation is appropriate to accommodate hospital and ambulatory health care center uses in that Subarea; and

WHEREAS, it is desirable to expand the MI District designation to the Bel-Red/Northup Subarea to allow expansion of the district across subarea boundaries to accommodate development of an ambulatory health care center for Children's Hospital & Regional Medical Care Center (Children's); and

WHEREAS, the MI District designation has not previously been defined in the Bel-Red/Northup Subarea Plan; and

WHEREAS, given its changing needs, Children's wishes to locate on property that they have under contract that is located in the southwest corner of the Bel-Red/Northup Subarea to better serve the youth population in Bellevue and the broader eastside community; and

WHEREAS, the community would be well served by the proximate location of medical institution uses in along the 116th Ave NE corridor because citizens will benefit from a wider range of health care choices and a significant economic development opportunity that will result in new jobs, induced development surrounding the campus and sales tax revenue; and

WHEREAS, the expansion of the MI District designation is consistent with the recommendation of the Bel-Red Steering Committee that is currently being considered by the Planning Commission and the City Council in support of Bel-Red Corridor Project amendments to the Comprehensive Plan and the Land Use Code; and

WHEREAS, the MI District Comprehensive Plan amendments are consistent with and would otherwise be included in the broader Bel-Red Corridor amendments, but are needed on a more aggressive timeline to ensure Children's Bellevue facility opening in 2010 to provide expanded service to the youth population on the eastside; and

WHEREAS, the Planning Commission held a public hearing on May 28th, 2008 with regard to the requested amendments; and

WHEREAS, the Planning Commission recommends that the City Council approve such requested amendments; and

WHEREAS, the City Council concurs in the analysis contained in the Planning Commission Transmittal dated July 10, 2008 and adopts it herein by reference; and

WHEREAS, the City of Bellevue has complied with the requirements of the State Environmental Policy Act and the Bellevue Environmental Procedures Code; and

WHEREAS, the City Council desires to amend the Comprehensive Plan and enable site specific rezoning consistent with the foregoing; now, therefore,

THE CITY COUNCIL OF THE CITY OF BELLEVUE, WASHINGTON, DOES ORDAIN AS FOLLOWS:

Section 1. A new Policy S-BR-42 is hereby adopted as follows:

S-BR-42 Provide for medical institution development within the area bounded by NE 8th and NE 16th Streets, and I-405 and the Burlington Northern Railroad right of way.

Discussion: Sites in this area that are proposed to include medical institution uses are appropriate to be rezoned Medical Institution. Special dimensional standards are appropriate to accommodate the needs of major medical institutions and related uses, provided those facilities provide a high quality of

design that recognizes this area as a prominent community landmark. Building and site design should create a visual identity for those facilities that contribute to the streetscape, are compatible with adjacent and nearby neighborhoods, and are sensitive to views from the freeway and views of the skyline. Design should also create a visually pleasing and safe environment for the public, incorporating features such as public spaces, gateways, streetscape improvements, and safe pedestrian linkages.

Section 2. The Bel-Red/Northup Subarea Plan Map of the Comprehensive Plan is amended as set forth in attached Figure S-BR.1.

Section 3. The Project Location and Description of Project Number 1 identified in the Bel-Red/Overlake Transportation Facilities Plan (Figure 1) is hereby amended as follows:

1 At 116th Avenue NE/NE 12th Street: add a northbound right turn lane; and on 116th Ave NE provide 5-lanes between NE 12th Street and approximately NE 16th Street – across the frontage of the Children's Hospital & Regional Medical Center site.

Section 4. The City Council finds that these amendments to the Comprehensive Plan have met the Comprehensive Plan Amendment Decision Criteria contained in LUC 20.30I.150; that the amendments are consistent with the Comprehensive Plan and other goals and policies of the City; that the amendments address circumstances that have changed since the last time the relevant map or text was considered; that the amendments address the interests and changed needs of the entire City as identified in its long-range planning and policy documents; that under the amendments, the subject property is suitable for development in general conformance with a adjacent land use and with zoning standards under the potential zoning classification for the MI District and for financial strategies anticipated for application to the broader Bel-Red Corridor; and that the proposed amendments demonstrate a public benefit and enhance the public health, safety and welfare of the City.

Section 5. This ordinance shall take effect and be in force five days after its passage and legal publication. This ordinance and the Comprehensive Plan shall be available for public inspection in the office of the City Clerk.

Passed by the City Council this _____ day of _____, 2008, and signed in authentication of its passage this _____ day of _____, 2008.

(SEAL)

_____

Grant S. Degginger, Mayor

Approved as to form:

Lori M. Riordan, City Attorney

_____
Mary Kate Berens, Deputy City Attorney

Attest:

_____
Myrna L. Basich, City Clerk

Published _____

Proposed to change from O & LI to MI

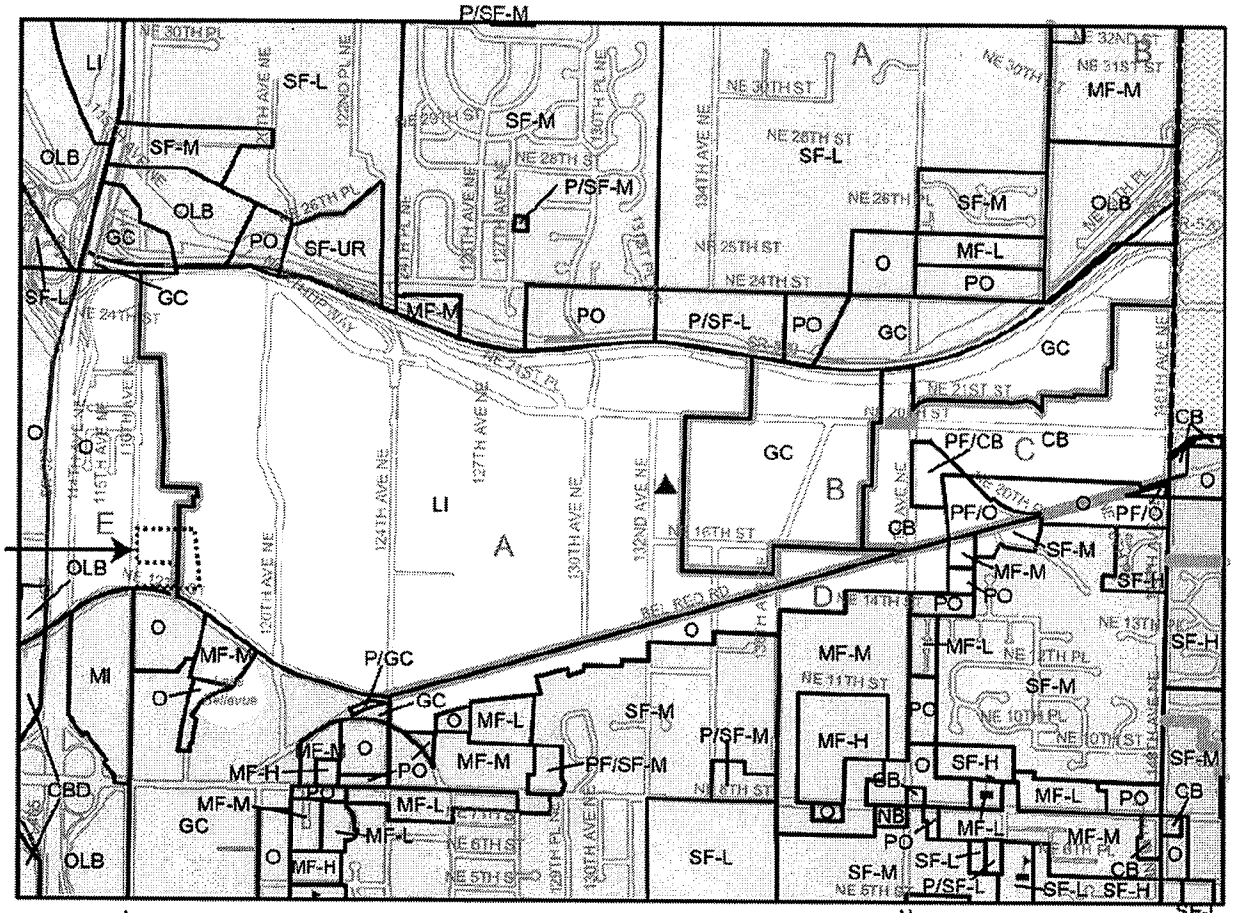


FIGURE S-BR.1
Bel-Red/Northup Land Use Plan

SF	Single Family	PO	Professional Office	GC	General Commercial		Fire Stations
MF	Multi Family	O	Office	LI	Light Industrial		Public Schools
-L	Low Density	OLB	Office, Limited Business	PF	Public Facility		Planning Districts
-M	Medium Density	OLB-OS	Office, Open Space	P	Park		Bellevue City Limits (6/2004)
-H	High Density	NB	Neighborhood Business				Lakes
-UR	Urban Residential	CB	Community Business				Proposed to change from O & LI to MI

Bel-Red/Northup Subarea Plan

CITY OF BELLEVUE, WASHINGTON

ORDINANCE NO. _____

AN ORDINANCE amending the Bellevue Land Use Code to expand the Medical Institution District designation into the Bel-Red Northup Subarea consistent with the language of Comprehensive Plan Policy S-BR-42 and adopting appropriate amendments to the MI District overlay regulations for a newly created MI District Development Area (DA3); amending Sections 20.10.390 and 20.50.034 (M Definitions), and Part 20.25J of the Bellevue Land Use Code.

WHEREAS, City of Bellevue Comprehensive Plan contains Policy S-BR-42 which provides that medical institution district development is appropriate in the southwest corner of the Bel-Red/Northup Subarea; and

WHEREAS, the Land Use Code must be consistent with the policies contained in the Comprehensive Plan; and,

WHEREAS, the Planning Commission held a public hearing on May 28, 2008 with regard to such proposed Comprehensive Plan and Land Use Code amendments; and

WHEREAS, the City of Bellevue has complied with the requirements of the State Environmental Policy Act and the Bellevue Environmental Procedures Code; and

WHEREAS, the City Council desires to amend the Land Use Code to be consistent with the Comprehensive Plan consistent with the foregoing; now, therefore,

THE CITY COUNCIL OF THE CITY OF BELLEVUE, WASHINGTON, DOES ORDAIN AS FOLLOWS:

Section 1. Section 20.10.390 of the Bellevue Land Use Code is hereby amended as follows:

20.10.390 Medical Institution District (MI)

The Medical Institution (MI) District provides for the location of hospital uses and ancillary uses to the primary hospital use located on the same site or on sites in close proximity. The purpose of the district is to encourage comprehensive long-term master development planning for the ~~site~~ properties designated MI and to

allow flexible dimensional standards to facilitate development of major medical institutions and provision of the vital public services offered by these institutions. Specific development areas have been established in order to implement the objectives of the Medical Institution District.

A. Hospital Center Development Area (DA1). The purpose of the Hospital Center Development Area is to provide an area for the primary hospital and the most intensive ambulatory health care center uses to be located within close proximity. The tallest heights and largest floor plates in the MI district are appropriate in this area. The Hospital Center Development Area is located on the topographically lowest portion of the district adjacent to the freeway where pedestrian orientation is low and heights of the tallest campus structures and largest floor plates are most appropriate. The tallest heights are necessary for the primary hospital towers to accommodate patient bed demand in the region within floor plates that are sized appropriately for patient care delivery. Large floor plates are necessary for hospital diagnostic and treatment uses and ambulatory health care center uses to accommodate adjacencies of multiple operating rooms, interventional radiology rooms and urgent care. The Hospital Center Development Area provides the dimensional flexibility necessary to allow the primary hospital and ambulatory health care center uses to be located in close proximity and benefit from the co-location of complementary uses. Medical office uses may also be appropriate for this area, but do not have the same proximity needs as the ambulatory health care center uses. Gateways on 116th Avenue NE at NE 8th Street and NE 10th Street idenfity the entry into the district and provide wayfinding cues for identification of individual institutions located within the district.

B. Medical Office ~~Perimeter~~ Development Area (DA2). The purpose of the Medical Office ~~Perimeter~~ Development Area is to provide an area for medical office and hospital-related uses that are less dependent on immediate access to the primary hospital emergency rooms and patient beds. Taller buildings are appropriate in this area. Building mass variations (i.e., stepbacks, floor plate limitations) create transitions to less intense land use districts. Appropriate sidewalk widths, pedestrian-sensitive design and amenities and gateways ensure pedestrian orientation to perimeter sidewalks located on 116th Avenue NE and NE 12th Street. A gateway on 116th Avenue NE at NE 12th Street identifies the entry into the district.

C. Hospital Perimeter Development Area (DA3). The purpose of the Hospital Perimeter Development Area (DA3) is to provide an area for less intense hospital and ambulatory health care center uses to be located within close proximity to the primary hospital located in the Hospital Center Development Area (DA1). The Hospital Perimeter Development Area is located on a topographically sloping portion of the district adjacent to the Burlington Northern Railroad right of way where parking can be accommodated under the building and is appropriately separated from pedestrian ways. More modest heights are contemplated for the less intense hospital uses in the Hospital

Perimeter Development Area, but floor plates remain sized appropriately for patient care delivery. Large floor plates are necessary for hospital diagnostic and treatment uses and ambulatory health care uses to accommodate adjacencies of multiple operating rooms, interventional radiology rooms and urgent care. The Hospital Perimeter Development Area provides the dimensional flexibility necessary to allow the less intense hospital uses and ambulatory health care center uses to be located in close proximity and benefit from the collocation of complementary uses. Medical office uses may also be appropriate for this area, but do not have the same proximity needs as the ambulatory health care center uses.

Section 2. Part 20.25J of the Bellevue Land Use Code is hereby amended as follows:

Part 20.25J Medical Institution District

20.25J.010 General.

A. Applicability.

This Part 20.25J, Medical Institution (MI) District, contains standards and guidelines that apply to development and activity within the Medical Institution District.

B. Description of Development Areas.

The district is divided into ~~two~~ three Development Areas that have been established in order to implement the objectives of the Medical Institution District as follows:

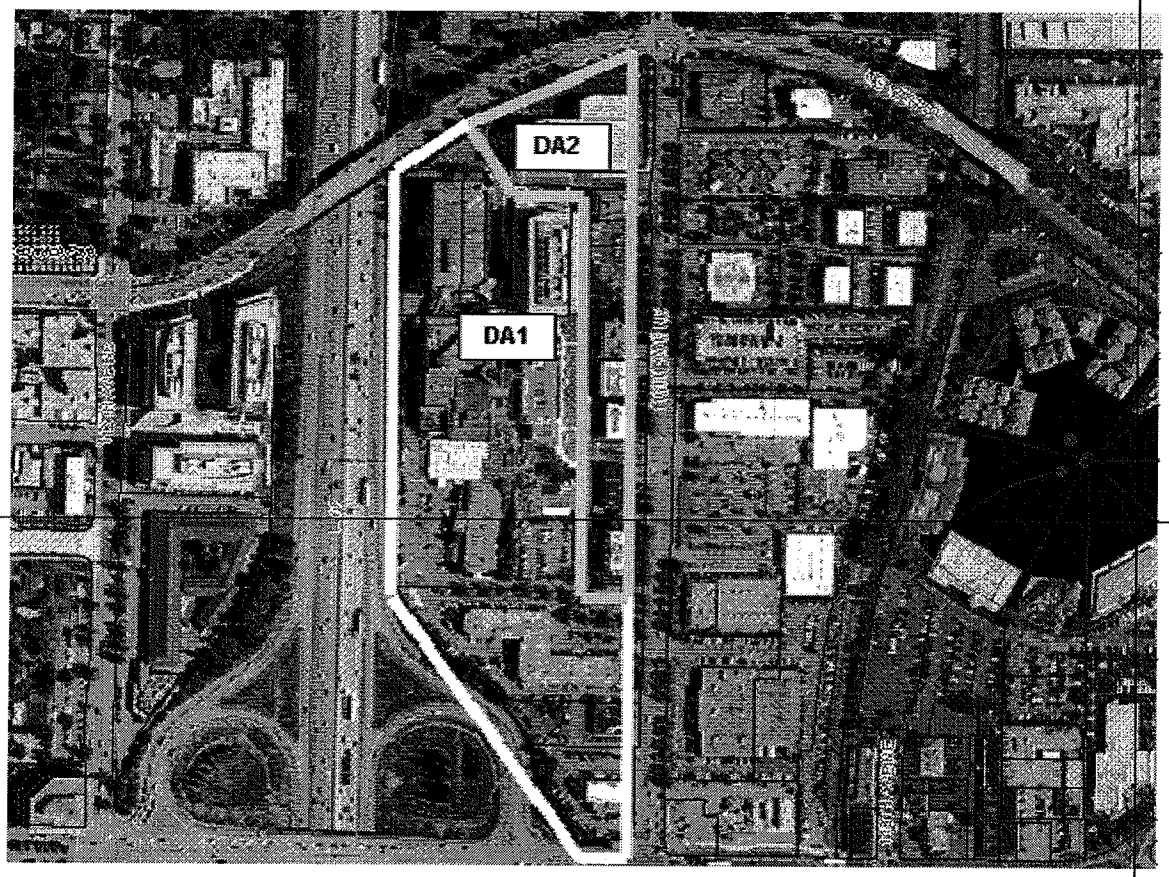
1. Hospital Center Development Area (DA1);

2. Medical Office ~~Perimeter~~ Development Area (DA2).

3. Hospital Perimeter Development Area (DA3)

The purpose and intent of the Development Areas is described in LUC 20.10.390. The location of the Development Areas is depicted on the map entitled "Medical Institution District Development Areas" following this section.

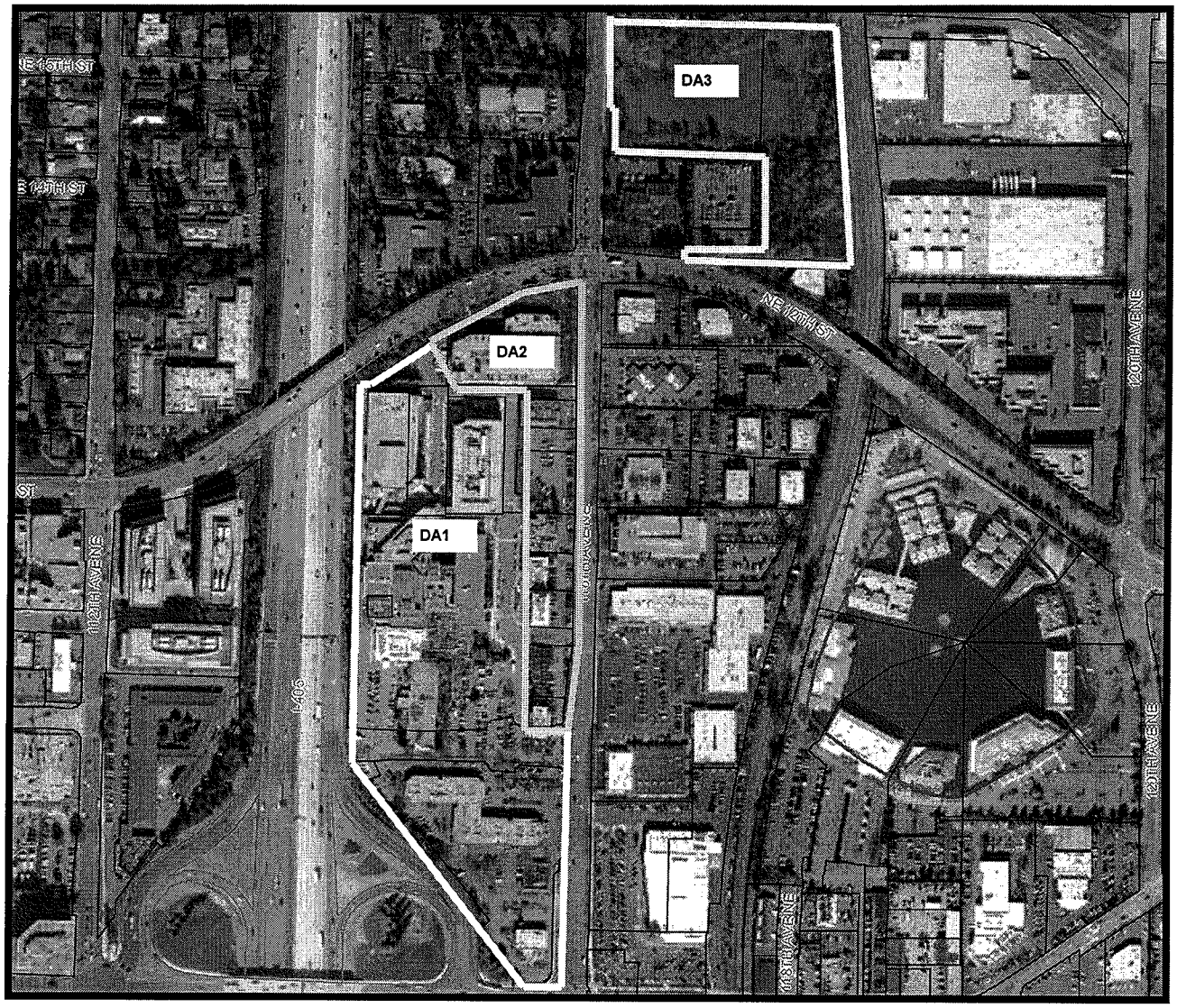
Medical Institution District Development Areas



Legend

DA1 = Development Area 1, Hospital Center Development Area

DA2 = Development Area 2, Medical Office Perimeter Development Area



Legend

DA1 = Development Area 1, Hospital Center Development Area

DA2 = Development Area 2, Medical Office Development Area

DA3 = Development Area 3, Hospital Perimeter Development Area

20.25J.015 Review required.

A. Master Development Plan.

All multiple building development within ~~the~~ a single Medical Institution District Development Area (DA1, DA2 or DA3) shall be governed by ~~a~~ Master Development Plans reviewed by the Director ~~of the Department of Planning and Community Development~~ pursuant to 20.30V LUC. Where single building development is proposed within a Development Area, standards required to be met at the Master Development Plan stage pursuant to this Part 20.25J shall be fulfilled as a component of the Design Review approval. The design guidelines contained in this Part 20.25J LUC apply in addition to the decision criteria of LUC 20.30V.150.

B. Design Review.

Each structure located within the Medical Institution District, whether or not ~~and~~ approved as part of a Master Development Plan, must be reviewed by the Director ~~of the Department of Planning and Community Development~~ through Design Review, Part 20.30F LUC. The design guidelines contained in this Part 20.25J LUC apply in addition to the decision criteria of LUC 20.30F.145.

20.25J.020 Permitted uses.

The following chart indicates the permitted land uses within the MI Land Use District and the required review process for each use within each Development Area.

Medical District Land Use Chart

Land Use	**Hospital Center and Hospital Perimeter Development Areas (DA1 and DA3)** (1)(9)	**Medical Office ~~Perimeter~~ Development Area (DA2)** (2)
Services		
Hospital	P	--
Ambulatory health care center (3)	P	--
Professional services: medical clinics and other health care-related services	P	P
Medical-related administrative offices	P	P
Research, development and testing services	S	S

Other administrative offices (non-medically related)	S	S
Childcare and adultcare services	P	P
Social service providers (for profit and nonprofit), including Medic 1 services and other emergency services	P	P
Medical helicopter landing pad (4)	P	P
Personal services: laundry, dry cleaning, barber and beauty shops, shoe repair, massage therapy/health spa (non-medically related) and other services ancillary to a hospital	S	P
Finance and insurance institutions	--	S
Business services, duplicating and blueprinting	--	S
Religious activities	S	S
Transportation and Utilities		
Accessory parking (5)	P	P
Commercial parking	P	P
Wireless facilities (6)	A/P	A/P
Utility facility	A	C
Local utility system	P	P
Regional utility system	A	C
Essential public facilities (7)	A	A
Transit facilities (8)	P	P
Highway and street right-of-way	P	P
Retail		
Eating and drinking establishments ~~(9)~~	P	P
Health care-related retail (i.e., pharmacy, crutches, etc.)	P	P
Miscellaneous retail trade: drug stores, gift stores, bookstores, news stands, florist, jewelry, clothing, photo supplies, video sales/rental and other retail ancillary to a hospital	S	P
Electrical Utility Facility	A/C 10	A/C 10

P = Permitted
A = Administrative Conditional Use
S = Subordinate Use

-- = Not Permitted

Footnotes:

(1) See LUC 20.10.390 and 20.50.034 for definition of Medical Institution District Hospital Center Development Area (DA1).

(2) See LUC 20.10.390 and 20.50.034 for definition of Medical Institution District Medical Office ~~Perimeter~~ Development Area (DA2).

(3) See LUC 20.50.010 for definition of ambulatory health care center.

(4) Medical helicopter landing pad: must be located within 200 feet of the right-of-way of I-405. Permitted only for emergency patient-related helicopter landings. Only one helicopter landing pad is permitted within the Medical Institution District. There may not be refueling tanks, refueling services, storage of helicopters, or any other storage-related activities. The helicopter landing pad must meet Federal Aviation Administration (FAA) requirements and applicable licenses. The helicopter landing pad must also meet City of Bellevue Fire Code requirements and any other applicable City codes and standards. LUC 20.20.450 does not apply within the Medical Institution District.

(5) Accessory parking is permitted to serve only the uses located within the Medical Institution District pursuant to an approved Master Development Permit and requires approval through the review process required for the primary land use which it serves.

(6) Wireless facilities must meet the requirements of LUC 20.20.195. Prior Administrative Conditional Use approval is required for freestanding monopole facilities and wireless facilities integrated on existing parking lot light poles and/or adjacent street poles (within the right-of-way) to the campus. Building-mounted wireless facilities are permitted outright. Any ground-mounted equipment must be adequately screened per LUC 20.20.195.

(7) Refer to LUC 20.20.350 for general requirements applicable to essential public facilities.

(8) Transit facilities includes transit stops and high-capacity transit stops.

(9) ~~Eating and drinking establishments are not permitted to include liquor sales within the Medical Institution District.~~See LUC 20.10.390 and 20.50.034 for definition of Medical Institution District Hospital Perimeter Development Area (DA3).

(10) For the definition of Electrical Utility Facility, see LUC 20.50.018 and for reference to applicable development regulations relating to Electrical Utility Facilities see LUC 20.20.255. For new or expanding Electrical Utility Facilities proposed on sensitive sites as described by Figure UT.5a of the Utilities Element

of the Comprehensive Plan, the applicant shall obtain conditional use permit approval under Part 20.30B LUC, complete an alternative siting analysis as described in LUC 20.20.255.D, and comply with decision criteria and design standards set forth in LUC 20.20.255. For expansions of Electrical Utility Facilities not proposed on sensitive sites as described by Figure UT.5a, the applicant shall obtain administrative conditional use permit approval under Part 20.30E LUC and comply with decision criteria and design standards set forth in LUC 20.20.255.

20.25J.030 Dimensional requirements.

Dimensional Requirements in Medical Institution District

Medical Institution (MI) District Development Area	Minimum Setback (1)(2)					Max Bldg. Floor Area per Floor Above 40' Stepback	Max Lot Coverage District-Wide (5)	Building Height (8)	Separation Between Towers Above 40' Stepback	Floor Area Ratio (FAR)
	I-405 Access Ramps/ NE 8th Street	NE 10th Street	116th Ave NE/ NE 12th Street	I-405	Side/ Rear					
Hospital Center (DA1)	30'	0' (3)	0'	50' (7)	N/A	N/A	75%	75' 100' (9) 200' (10)	N/A	~~N/A~~ (12)
Medical Office ~~Perimeter~~ (DA2)	N/A	30'	0' (4)(6) (8)	N/A	N/A	24,000	75%	60' 140' (11)	40' (11)	~~N/A~~ (12)
Hospital Perimeter (DA3)	N/A	N/A	0' (4)(6) (8)	N/A	20' (13) (14)	N/A	75%	100' (15)	N/A	1.0

Footnotes:

(1) Minimum setbacks are subject to required landscape development. Refer to LUC 20.25J.060.

(2) Measured from the property line where the Medical Institution District abuts I-405 or the access ramps to I-405. Measured from inside edge of the required sidewalks on 116th Avenue~~.~~ NE, NE 8th Street and NE 12th Street. If existing utilities that cannot be reasonably relocated require the planting of street trees on the property side of the sidewalk as provided for in LUC 20.25J.070A.2.b, four feet is added to the required setback.

(3) Reciprocal maintenance agreements will be required between the City and the property owner of any structure abutting NE 10th Street.

(4) No parking or vehicle access lane is permitted between the required sidewalks on 116th Avenue~~.~~ NE and NE 12th Street and pedestrian entrances and building frontages located in the Medical Office ~~Perimeter~~ Development Area and the Hospital Perimeter Development Area.

(5) Exceptions to Lot Coverage.

a. Underground buildings as defined in LUC 20.50.050 are not structures for the purpose of calculating lot coverage.

b. Buildings constructed partially below grade and not higher than 30 inches above average finished grade are not structures for the purpose of calculating lot coverage; provided, that the rooftop of the building shall be landscaped consistent with the planting requirements for the specific use that is proposed for the building roof area and for the Medical Institution District, or shall be development with pedestrian improvements, such as plazas and walkways, as approved by the Director through the Design Review process, Part 20.30F LUC.

(6) Buildings or portions of buildings that provide a setback of less than 20 feet are required to meet the streetscape design requirements and Urban Frontage Design Guidelines of this Part 20.25J LUC. A minimum setback of 20 feet with required landscape development may be approved by the Director in lieu of required streetscape design and urban frontage.

(7) If the Medical Institution District property line is modified as a result of expansion associated with widening of I-405 and/or associated access ramps, the setback from I-405 and I-405 access ramps will continue to be measured from the property line established as of the effective date of the Master Development Plan that predated the freeway widening. Development complying with this footnote is conforming as to the I-405 setback and is not subject to the nonconforming provisions of LUC 20.20.560.

(8) Stepback. A building facade facing 116th Ave~~.~~nue NE or NE 12th Street must incorporate a 10-foot-deep stepback in all floors located 40 feet above 116th Avenue~~.~~ NE or NE 12th Street as measured from the average finished grade of the regulated facade. The Director ~~of the Department of Planning and Community Development~~ may allow modifications to the stepback required above 40 feet if the applicant can demonstrate that the resulting design will be more consistent with the design review guidelines of LUC 20.25J.080.

(9) The maximum building height of an ambulatory health care center is 100 feet.

(10) The maximum building height of a hospital is 200 feet.

(11) The maximum building height of a medical office building is 140 feet. A single building is considered a medical office building if more than 75 percent of the gross

floor area is devoted to medical clinics and medical-related administrative offices (refer to LUC 20.25J.020).

(12) Development intensity in the Hospital Center and Medical Office–Development Areas is controlled pursuant to 20.25J.040 and FAR limitations do not apply.

(13) Where the MI District Boundary abuts property outside the MI District other than right-of-way, the minimum setback from the MI District Boundary shall be landscaped pursuant to the following criteria:

(a) The entire setback (20 feet) shall be planted. No portion may be paved except for vehicular entrance drives;

(b) The setback must incorporate a berm having a minimum height of three and one-half feet;

(c) The setback shall be planted as follows:

(i) Evergreen and deciduous trees, with no more than 30 percent deciduous, a minimum of 10 feet in height, at intervals no greater than 20 feet on center;

(ii) Evergreen shrubs, a minimum of two-gallon in size, at a spacing of three feet on center; and

(iii) Living ground cover so that the entire remaining area will be covered in three years.

(14) Intrusions into required setback. A rockery or retaining wall may intrude into the required setback subject to the following conditions:

(a) The finished height of the rockery or retaining wall (excluding required railings) shall not exceed 30 inches in height as measured from existing or finished grade, whichever is lower, located at the MI District Boundary;

(b) The 30 inch height limit must be met at all points along the length of the rockery or retaining wall; and

(c) This Note cannot be used to develop a rockery or retaining wall which intrudes into critical areas, critical area buffers, or critical area structure setbacks unless permitted pursuant to Part 20.25H LUC.

(15) The maximum building height of a hospital or ambulatory health care center is 100 feet as measured from average existing grade.

20.25J.040 Development intensity.

A. Hospital Center and Medical Office Development Areas (DA1 and DA2)

1. Hospital Beds and Maximum Square Footage. The total number of hospital beds permitted in the Medical Institution District is limited to 400. These beds and ancillary uses that support the 400 beds must be accommodated within hospital structure(s) that do not exceed 1,000,000 gross square feet. Modification to this provision can only be processed through an amendment to the Land Use Code.

~~B.~~ 2. Non-Hospital Medical Institution District Square Footage. The total gross square feet associated with non-hospital Medical Institution District uses may

not exceed 1,000,000 gross square feet. Refer to the permitted uses chart in LUC 20.25J.020.

~~C.~~ 3. The limitation on development intensity may be exceeded on a temporary basis to accommodate development phasing and tenant relocation identified in a Phasing Plan approved through the Master Development Plan.

B. Hospital Perimeter Development Area (DA3). Development intensity in the Hospital Perimeter Development Area is governed by FAR limitations in LUC 20.25J.030.

20.25J.050 Parking, transportation management and commute trip reduction requirements.

A. Parking.

1. The provisions of LUC 20.20.590, except as they conflict with this section, apply to development in the Medical Institution District.

2. Performance Standards for Parking Structures. The Director ~~of Planning and Community Development~~ may approve a proposal for a parking structure through the Design Review process of LUC 20.25J.015.B. The Director ~~of Planning and Community Development~~ may approve the parking structure only if:

   a. Driveway openings from public rights-of-way are limited and the number of access lanes in each opening are minimized.

   b. The structure exhibits a horizontal, rather than sloping, building line, as viewed from 116th Ave. NE and NE 12th Street.

   c. The dimension of the parking structure abutting pedestrian areas is minimized. If parking structure abutting pedestrian areas is necessary for functional reasons, mitigation shall be provided through the addition of planting, modulation, materials variation, artwork or other features that would cover at least 50 percent of the parking structure facade area unless a smaller coverage area is approved through a Master Development Plan ~~approval~~or Design Review where Master Development Plan approval is not required.

   d. The parking structure complies with the requirements of the Design Review Guidelines of LUC 20.25J.080.

   e. A wall or other screening of sufficient height to screen parked vehicles from views from adjoining rights-of-way and which exhibits a visually pleasing character is provided at all above-ground levels of the structure.

f. Safe pedestrian connection between the parking structure and the principal use exists.

g. Loading areas are provided for vanpools/carpools.

h. Vehicle height clearances for structured parking must be at least seven and one-half feet for the entry level to accommodate vanpool parking.

i. For all uses, no more than 25 percent of the required parking spaces may be designed and constructed in accordance with the dimensions for compact stalls provided in LUC 20.20.590.K.12.

B. Transportation Management Program.

The requirements of BCC 14.60.070 (Transportation Management Program) must be met as part of the Master Development Plan or Design Review where Master Development Plan approval is not required. An alternative TMP may be required by the City and/or proposed by the applicant, whereby a performance standard is designated and program features to attain this performance standard are established. Such program features may include special site design features, annual promotion events, contracted parking enforcement, shuttle services, financial incentives to employees, and a guaranteed ride home program.

C. Commute Trip Reduction.

The requirements of Chapter 14.40 BCC must be met as part of ~~the~~ a required Master Development Plan or Design Review where Master Development Plan approval is not required.

20.25J.060 Landscape requirements.

A. The provisions of LUC 20.20.520, except as they conflict with this section, apply to development within the Medical Institution Land Use District. The following landscaping provisions are required:

Street Frontage	Landscaping Requirement (1)
I-405 Access Ramps (2)	Vertical landscape features, terraced planters or a combination of these features must be proposed and approved through the Design Review process to mitigate the mass of building wall adjacent to the access ramps.
I-405 Right-of-Way (2)	20' wide Type II, using minimum 3" caliper deciduous and minimum 10' high coniferous.
NE 8th Street	Gateway location and conceptual design approval required through the Master Development Plan review process. Gateway design detail approval required through the Design

	Review process.
NE 10th Street east of East Campus Drive	Gateway location and conceptual design approval required through the Master Development Plan review process. Gateway design detail approval required through the Design Review process.
NE 10th Street west of East Campus Drive	Corridor design approval through Transportation Department Corridor Design Planning Study.
NE 12th Street	20' wide Type II, using minimum 3" caliper deciduous and minimum 10' high coniferous. (3)(4)
116th Avenue~~.~~ NE	20' wide Type II, using minimum 3" caliper deciduous and minimum 10' high coniferous. (3)(4)

Footnotes:

(1) The tree retention provisions of LUC 20.20.900~~520.E~~ do not apply in the ~~Medical Institution District~~Hospital Center or Medical Office Development Areas (DA1 and DA2).

(2) Required landscaping displaced as a result of expansion associated with widening of I-405 and/or associated access ramps is not subject to the nonconforming provisions of LUC 20.20.560.

(3) Street frontage landscaping will be reviewed through the Design Review process described in 20.25J.015.B and is required only if a minimum 20-foot setback is provided in lieu of streetscape design requirements (LUC 20.25J.070) and Street Frontage Design Guidelines (LUC 20.25J.080.D).

(4) Street frontage landscaping in vicinity of required gateways will be reviewed through the Design Review process described in LUC 20.25J.015.B and must comply with the streetscape design requirements (LUC 20.25J.070) and Street Frontage Design Guidelines (LUC 20.25J.080.D).

B. The Director ~~of the Department of Planning and Community Development~~ may approve alternative landscaping requirements in accordance with the criteria in LUC 20.20.520.J.

20.25J.070 Streetscape design requirements.

A. Sidewalks.

1. Minimum Width. The minimum width of sidewalks located on NE 8th Street, NE 12th Street, 116th Avenue NE and NE 10th Street east of East Campus Drive is eight feet plus four feet in which street plantings are to be installed plus six inches of curb along any street.

2. Street Trees and Plantings.

   a. The property owner shall install street trees and plantings, in addition to any landscaping required by LUC 20.25J.060. Appropriate tree species will be determined through the Master Development Plan or Design Review where Master Development Plan approval is not required~~process~~.

   b. The area in which street plantings are installed must be located between the street and the sidewalk unless precluded by existing utilities which cannot reasonably be relocated. Required street trees together with shrubbery, groundcover and other approved plantings must be placed in a planter strip along the length of the frontage. The planter strip must be at least four feet wide unless a smaller strip is approved by the Director. Vegetation included in the planter strip shall be urban in character, shall be compatible with other plantings within the property and along the same street, and shall reflect the character of the area in which they are planted.

   c. Street trees, at least three inches in caliper or as approved by the Director, must be planted at least three feet from the street curb, and a maximum of 25 feet on center, unless upon request of the applicant minor modification of this requirement is approved by the Director, and conforms to the sight distance requirements of BCC 14.60.240. A street tree planting area may also include decorative paving and other plant materials except turf.

   d. Street trees and plantings shall be irrigated.

3. Corridor Design Planning Study. Sidewalk width and street planting requirements for the segment of NE 10th Street located west of East Campus Drive will be determined through a Corridor Planning Study prepared by the Bellevue Transportation Department.

B. Gateways.

1. Number and Location. Three gateways are required for the Medical Institution District: on 116th Avenue NE at NE 8th Street, NE 10th Street and NE 12th Street. The gateways must be visually and physically accessible from the abutting sidewalk and located at or near grade.

2. Purpose. The gateways on 116th Avenue NE and NE 8th Street and NE 12th Street identify the entry into the district. The gateway on 116th Avenue NE at NE 10th Street identifies the entrance to hospital and ambulatory health care uses that have a presence in the Medical Institution District. All gateways should serve as a focal point and visual landmark.

3. Gateway location, conceptual design and installation phasing will be approved through the Master Development Plan or Design Review where Master Development Plan approval is not required~~process~~. Gateway design details will be approved through the Design Review process (refer to LUC 20.25J.080.B for applicable Design Guidelines).

C. Pedestrian Bridges.

1. Where Permitted. Pedestrian bridges over the public right-of-way may be allowed at the following locations:

   a. One on 116th Avenue NE between NE 10th Street and 12th Street;

   b. One on 116th Avenue NE between NE 8th Street and 10th Street;

   c. One on NE 10th Street between 116th Avenue NE and I-405.

2. Location and Design Plan. The City Council shall review any Medical Institution District Pedestrian Bridge Location and Design Plan, and may amend any approved Medical Institution District Pedestrian Bridge Location and Design Plan, using the City Council Design Review process, LUC 20.30F.116.

   a. Prior to issuance of any permits for a proposed Medical Institution District pedestrian bridge, a Medical Institution District Pedestrian Bridge Location and Design Plan must be submitted to and approved by the City Council.

   b. A Medical Institution District Pedestrian Bridge Location and Design Plan shall identify the location of the Medical Institution District pedestrian bridge, include a finding by the Council that the proposal satisfies the public benefit test set forth in paragraph C.3 of this section, be consistent with the development standards of paragraphs C.4 and C.5 of this section, and be consistent with the Comprehensive Plan.

   c. The Director shall ensure that the approved Medical Institution District pedestrian bridge is constructed consistent with the Design Plan. Modification to the location of the Medical Institution District pedestrian bridge or to the articulated public benefits requires approval by the City Council pursuant to this section. Modifications to the design of the crossing that do not modify the location or public benefits and that are consistent with the intent of the Design Plan may be approved by the Director through the process set forth in Part 20.30F LUC.

   d. The property owners shall record the approved Design Plan with the King County Division of Records and Elections and the Bellevue City Clerk.

3. Public Benefit Process and Criteria. The Council may approve or approve with modifications a proposed Medical Institution District pedestrian bridge if it finds that the bridge provides a public benefit. For the purposes of this section, a Medical Institution District pedestrian bridge shall be determined to provide a public benefit when it meets all of the following criteria:

   a. The bridge improves pedestrian mobility;

   b. The bridge provides a safe crossing alternative to the at-grade street crosswalks;

   c. The bridge will increase the number of people able to cross from one side of the street to another at any one time;

   d. The bridge improves circulation for employees and/or users of the hospital campus; and

   e. The bridge functions as part of the public street system, except, if the bridge is used for the transport of patients between hospital buildings or between a hospital building and an ambulatory health care center, the bridge is not required to function as part of the public street system.

4. Development Standards for All Pedestrian Bridges (Including Those Utilized for the Transport of Patients). Each proposed pedestrian bridge must be developed in compliance with the following standards:

   a. The bridge provides a graceful connection between buildings on each side of the street. The bridge may be unenclosed; however, if the bridge is fully enclosed or partially enclosed, the applicant shall demonstrate that it is necessary for weather protection and that 80 percent of the linear feet of the bridge has windows for visual access for bridge users to the streetscape below;

   b. The bridge may not diverge from a perpendicular angle to the right-of-way by more than 30 degrees;

   c. The interior width of the bridge, measured from inside face to inside face, shall be no less than 10 feet and no more than 14 feet unless functional need is demonstrated, other applicable decision criteria are met and departure from the width standard is approved through the Master Development Plan review process;

   d. The bridge shall be located at an upper building level, with a minimum clearance of 16 feet above the grade of the public right-of-way and a maximum clearance of 30 feet from the sidewalk grade unless functional need is demonstrated, other applicable decision criteria are met and departure from the clearance standard is approved through the Master Development Plan review process; and

e. Impacts on the function of City infrastructure, including but not limited to utilities, lighting, traffic signals, etc., shall be avoided or mitigated. Lighting shall be consistent with public safety standards.

5. Development standards for pedestrian bridges that are not utilized for the transport of patients between hospital buildings or between a hospital and an ambulatory health care center must be developed in compliance with the following standards in addition to the standards in subsection C.4 of this section:

a. The bridge must be open during hours when the adjoining buildings are open to the public. Signs shall be posted in clear view stating the hours that the pedestrian bridge is open to the public.

b. Vertical circulation elements must be designed to indicate the bridge is a clear path for crossing the public right-of-way.

c. Directional signage shall identify circulation routes for all users. Signage on the exterior of the bridge, or on the interior of the bridge that is visible from a public sidewalk or street, is not permitted.

d. Public Access – Legal Agreement.

i. Owners of property that is used for pedestrian bridge circulation and access between the bridge and public sidewalk shall execute a legal agreement providing that such property is subject to a nonexclusive right of pedestrian use and access by the public during hours of bridge operation.
ii. The agreement shall provide that the public right for pedestrian use shall be enforceable by the City of Bellevue, and the City shall have full rights of access for the pedestrian bridge and associated circulation routes for purposes of enforcing the rights of the public under this agreement.
iii. Owners of property subject to this legal agreement will maintain the pedestrian access route and may adopt reasonable rules and regulations for the use of this space; provided, that the rules and regulations are not in conflict with the right of pedestrian use and access and consistent with this section.
iv. The agreement shall be recorded with the King County Division of Records and Elections and the Bellevue City Clerk.

20.25J.080 Design review guidelines.

In addition to the decision criteria in LUC 20.30F.145, the following criteria apply:

A. General Guidelines.

Each structure and all proposed site development must comply with the approved Master Development Plan, where required. If the application for Design Review contains elements inconsistent with the approved Master Development Plan, the Director may not approve the Design Review until any required ~~the~~ Master Development Plan is amended to include those elements.

B. Site Design Guidelines.

1. Develop site improvements and amenities consistent with the phasing approved in ~~the~~ a Master Development Plan;

2. Provide visual and functional connections between uses within the District by incorporating areas of vegetation, outdoor spaces and pedestrian connections;

3. Provide outdoor spaces to promote visually pleasing, safe and healing/calming environments for workers, patients and visitors. Solar access to and from the open space areas should be considered and maximized to the extent feasible;

4. Enhance the buildings and site with landscaping which includes living plant material as well as special pavements, trellises, screen wall planters, water, rock features and site furniture;

5. Convey an image of public use and identify each major medical institution within the Medical Institution District as a prominent landmark in the community through the location and configuration of major structures, gateways and landscaping;

6. Functionally relate the structures and site layout, including landscaping, gateways, internal circulation patterns, pedestrian connections, plazas and seating areas and provide physical connections to adjacent site development;

7. Locate vehicle entry points in safe, obvious and convenient locations to promote simple way-finding for new visitors;

8. Provide obvious and inviting pedestrian routes. Design connections to form logical routes from origins to destinations. Use trees and landscaping to provide definition and enclosure for pedestrian connections;

9. Coordinate vehicular and pedestrian access which minimizes interaction and avoids creation of unsafe crossings. Maximize the separation of vehicular traffic from pedestrian areas by means of level changes, space and distance or landscaping;

10. Locate vehicle drop-off areas in close proximity to building entries;

11. Gateways and Outdoor Spaces Interior to the Site.

    a. Design and locate outdoor spaces and gateways as part of a comprehensive system of spaces in the Medical Institution District;

    b. Design outdoor spaces to be handicapped accessible;

    c. Design outdoor spaces and gateways to include landscape features, seasonal color planting areas, sculptures and/or water features;

    d. In designing outdoor spaces and gateways, consider the following:

        i. Orientation. Orient to sunlight to the maximum extent feasible and provide good physical and visual access to the sidewalk or walkway, so that the space is perceived as an extension of the sidewalk.
        ii. Dimensions. Size is adequate for seating, planting, etc., but not so large as to appear barren and uninviting.
        iii. Seating. Provide seating at comfortable height and depth, and appropriate arrangement appropriate for both single and group users.
        iv. Pavement. Use nonglare, nonslip, and safe surface materials.
        v. Trees and Planting. Consider provision for shade and sun. Use to create space and define human scale. Provide protection from wind.
        vi. Amenities. Use pedestrian-scaled lighting, fountains or other water features, litter receptacles and sheltered waiting areas.
        vii. Physical Access. Ensure ready physical as well as visual access with special attention to elevational difference.
        viii. Enclosure. Use landscaping or structure to provide a sense of enclosure, while ensuring visual access for safety.

12. Recognize the transportation and recreation uses under consideration for the Burlington Northern Railroad right of way and provide pedestrian and bicycle connections from private development adjacent to the corridor, when appropriate, to preserve the opportunity for future multi-modal transportation access.

C. Building Design Guidelines.

1. Each structure must promote quality design and enhance the coordination of development within the Master Development Plan for multiple building developments. Materials, finishes, and details should be superior in quality;

2. Design roof forms and building massing that create a visual identity for the institution through interesting and unique shapes. In the Medical Office ~~Perimeter~~ Development Area, buildings above 75 feet should provide a distinctive identity and sculptural effect on the campus skyline by shaping

the upper floors through stepbacks and by utilizing distinctive and integrated rooftop appurtenances;

3. Ensure that vegetation, unique architectural forms and materials are the predominant image from the freeway by giving special attention to the structures facing freeway corridors;

4. Avoid blank facades on buildings facing I-405 and associated access ramps. Generally, a blank facade would consist of predominantly windowless areas. If such facades are necessary for functional reasons, they should be mitigated by the addition of planting, modulation, materials variation, artwork or other features;

5. Minimize the visual impacts of parking by integrating parking facilities into the site and with surrounding development;

6. Locate service areas for trash dumpsters, loading docks and mechanical equipment away from public rights-of-way where possible. Screen views of those elements if they cannot be located away from public frontages; and

7. Incorporate weather protection and pedestrian amenities for transit facilities.

D. Street Frontage Design Guidelines Applicable to Medical Office ~~Perimeter Development Area~~ and Hospital Perimeter Development Areas (DA2 and DA3) Sidewalks.

1. Avoid blank facades on buildings located on the perimeter of the Medical Institution District or on buildings that are highly visible from public rights-of-way. Generally, a blank facade would consist of a windowless area that is larger than 1,000 square feet. If such facades are necessary for functional reasons, mitigation shall be provided through addition of planting, modulation, materials variation, artwork or other features that would cover at least 50 percent of the blank facade area unless a smaller coverage area is permitted through a Master Development Plan ~~approval~~ or Design Review where Master Development Plan approval is not required;

2. Provide ground floor building elements that are accessible and comfortable to pedestrians through use of human-scale design elements, such as recessed entries, entrance canopies, planters, benches, variations in paving materials and lighting features;

3. Provide weather protection through use of sheltered walkways or sidewalks, canopies, multiple building entrances, lobbies and entries of sufficient size and accessibility; and

4. Design entries to be clearly identifiable from the public rights-of-way adjacent to the Medical Institution District.

Section 3. Section 20.50.034 of the Bellevue Land Use Code is hereby amended as follows:

20.50.034 M Definitions

Medical Institution District. The area of the City located generally from I-405 on the west to 116th Avenue NE on the east and from NE 12th Street on the north to NE 8th Street on the south, specifically:

That portion of the East half of the Southeast quarter of Section 29, Township 25 North, Range 5 East, W.M., in King County, Washington, described as follows: Beginning at the Southeast corner of said subdivision; thence Westerly along the South line thereof 156.65 feet; thence Northerly at right angles to the South line of said subdivision a distance of 75.00 feet to an angle point on the Easterly margin of Interstate 405, as shown on Primary State Highway No. 1 (SR 405) Mid Lakes to Kirkland, Right-of-Way Plans, sheets 3 and 15 of 27, dated July 1, 1952; thence Northwesterly and Northerly along said Easterly margin to the centerline of N.E. 12th Street, as shown on N.E. 12th Street Right-of-Way Plans, filed at the City of Bellevue Transportation Department, sheet 3 of 5, dated August 1968; thence Northeasterly along said centerline to the East line of the Southeast quarter of said Section 29; thence Southerly along said East line to the Point of Beginning.

Hospital Center Development Area (DA1): That portion of the East half of the Southeast quarter of Section 29, Township 25 North, Range 5 East, W.M., in King County, Washington, described as follows: Beginning at the Southeast corner of said subdivision; thence North 00°54'18" East along the East line thereof 699.78 feet; thence North 88°04'23" West 190.69 feet; thence North 00°54'18" East 977.28 feet to the South line of Tract G, Overlake Hospital Medical Center Binding Site Plan, as filed under Recording No. 9904011437; thence North 89°05'42" West along said South line to the Southwest corner of said Tract G; thence continuing North 89°05'42" West along the Westerly extension of said South line 16.60 feet; thence North 27°50'09" West to the centerline of N.E. 12th Street, as shown on N.E. 12th Street Right-of-Way Plans, filed at the City of Bellevue Transportation Department, sheet 3 of 5, dated August 1968; thence Southwesterly along said centerline to the Easterly margin of Interstate 405, as shown on Primary State Highway No. 1 (SR 405) Mid Lakes to Kirkland, Right-of-Way Plans, sheets 3 and 15 of 27, dated July 1, 1952; thence Southerly and Southeasterly along said Easterly margin to the intersection of the North margin of N.E. 8th Street; thence Southerly at right angles to the South line of the Southeast quarter of said Section 29 a distance of 75.00 feet to the South line of said Southeast quarter; thence Easterly along said South line 156.65 feet to the Point of Beginning.

Medical Office ~~Perimeter~~ Development Area (DA2): That portion of the East half of the Southeast quarter of Section 29, Township 25 North, Range 5 East, W.M., in King County, Washington, described as follows: Commencing at the Southeast corner of said subdivision; thence North 00°54'18" East along the East line thereof 699.78 feet to the True Point of Beginning; thence North 88°04'23" West 190.69 feet; thence North 00°54'18" East 977.28 feet to the South line of Tract G, Overlake Hospital Medical Center Binding Site Plan, as filed under Recording No. 9904011437; thence North 89°05'42"

West along said South line to the Southwest corner of said Tract G; thence continuing North 89°05'42" West along the Westerly extension of said South line 16.60 feet; thence North 27°50'09" West to the centerline of N.E. 12th Street, as shown on N.E. 12th Street Right-of-Way Plans, filed at the City of Bellevue Transportation Department, sheet 3 of 5, dated August 1968; thence Northeasterly along said centerline to the East line of the Southeast quarter of said Section 29; thence Southerly along said East line to the True Point of Beginning.

Hospital Perimeter Development Area (DA3):

[To be provided prior to transmittal of the code amendment to the City Council]

Section 4. This ordinance shall take effect and be in force five days after its passage and legal publication. This ordinance shall be available for public inspection in the office of the City Clerk.

Passed by the City Council this _____ day of _____, 2008, and signed in authentication of its passage this _____ day of _____ _____, 2008.

(SEAL)

_____
Grant S. Degginger, Mayor

Approved as to form:

Lori M. Riordan, City Attorney

_____
Mary Kate Berens, Deputy City Attorney

Attest:

_____
Myrna L. Basich, City Clerk

Published _____