City of Bellevue

MEMORANDUM

DATE: March 26, 2008

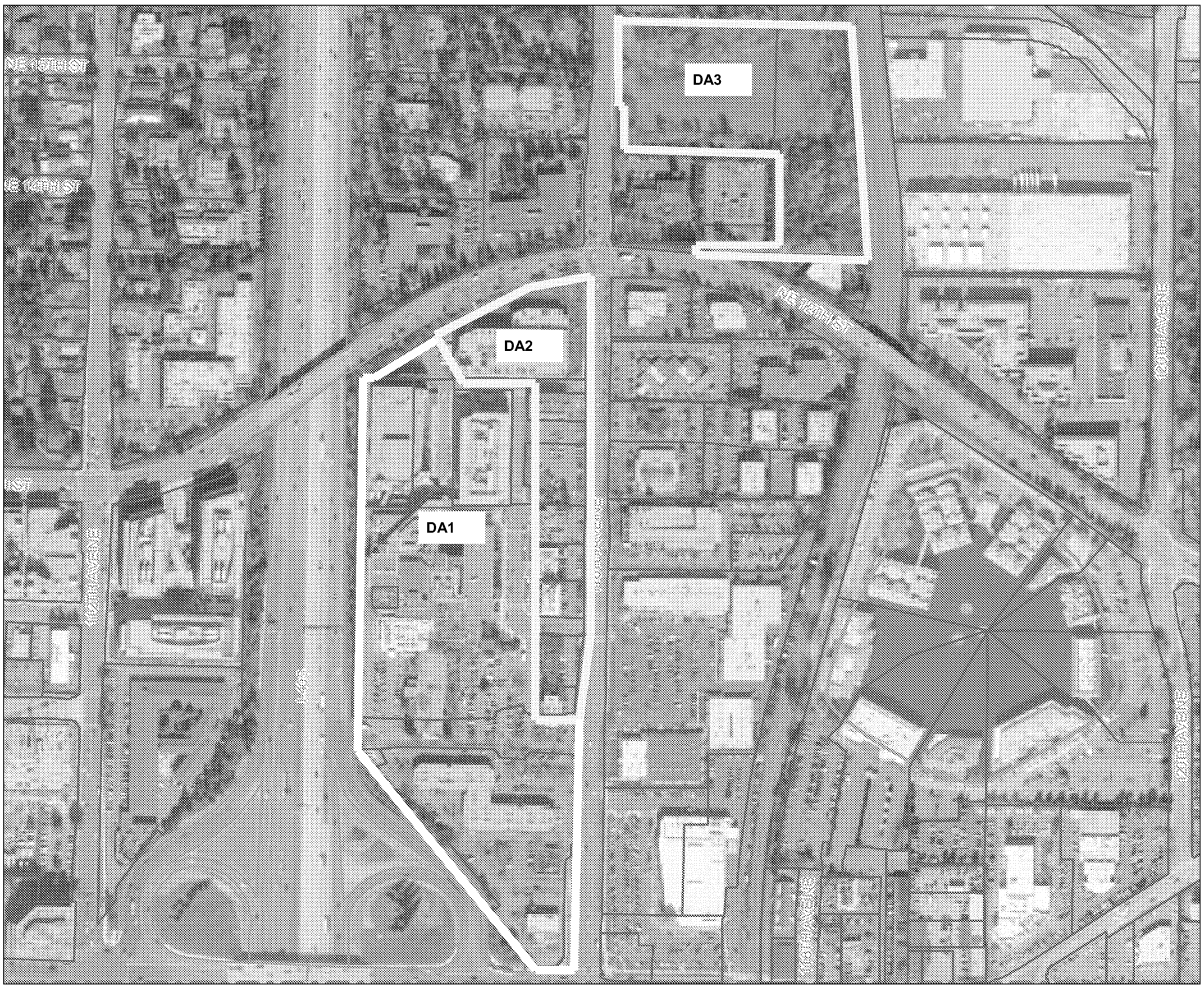
TO: Chair Robertson and Members of the Planning Commission

FROM: Carol V. Helland, Land Use Director 452-2724
Planning and Community Development

SUBJECT: Bel-Red Comprehensive Plan and Land Use Code Amendments Necessary to Create a New Medical Institution District

On January 26th, Children's Hospital representatives attended the Planning Commission meeting and requested that the Medical Institution (MI) District be expanded to include property that they are purchasing north of NE 12th Street on the east side of 116th Ave NE. Refer to the map below that shows the existing limits of the Medical Institution District (identified as DA1 and DA 2) and the proposed expansion to include the Children's site (identified as DA3).

Medical Institution Districts



The request was to apply the MI zoning designation to the Children's Site and to provide dimensional and use flexibility that is necessary for Children's to accommodate an ambulatory health care center (AHCC) on their property. In this regard, the request is similar in nature to the flexibility requested by Group Health Cooperative when they decided to collocate their AHCC on the Overlake Campus. Much of the work done by the Planning Commission in 2005 in response to the Group Health request is still relevant and will be used to guide consideration of this current request by Children's.

In order to accommodate their ambitious schedule for location, design and construction, Children's has requested that any necessary Comprehensive Plan and Land Use Code Amendments be processed together with the policies and codes that are being developed for the Bel-Red Corridor. The rationale for this request is supportable for the following reasons. First, the site is located within the study area for the Bel-Red Corridor. As such, development assumptions made in the Bel-Red Corridor Project EIS can be used to disclose environmental impacts anticipated to result from the necessary non-project actions that would include Comprehensive Plan, Land Use Code and zoning changes. Second, consolidation with the Bel-Red Corridor Project amendments is likely the best approach to ensure that the Children's Hospital timeline objectives can be met.

During the March 26 Study Session, staff will answer Planning Commission questions regarding initial adoption of the MI District regulations. Staff will introduce the Planning Commission to early concept designs for the project proposed by Children's Hospital. In addition, staff will walk the Planning Commission through the preliminary draft LUCA that could be used to apply the MI district zoning to the Children's property.

Background of MI District

In March of 2005, the City Council adopted the Planning Commission recommendation regarding creation of a Medical Institution District that helped direct medical institution growth to a defined area, imposed design guidelines to enhance pedestrian comfort and transit compatibility, and created processes that would facilitate institution planning and development predictability. The principles adopted by the Planning Commission in 2005 to guide staff development of Comprehensive Plan and Land Use Code amendments are included with this memorandum as Attachment A. The principles that led to the MI code amendment recommended by the Planning Commission are still relevant today.

Ultimately, the vision for the District was described as an area that provides for the location of hospital uses and ancillary uses to the primary hospital use. The purpose of the district was to encourage comprehensive long-term master development planning, and to allow flexible dimensional standards to facilitate development of major medical institutions and provision of the vital public service offered by these institutions. LUC 20.10.390.

Early Concept Ideas for Children's AHCC

Like the Group Health component of the Overlake Hospital Medical Center Master Development Plan, Children's proposes to locate an AHCC in the vicinity of Overlake Hospital. One of the major objectives of the district regulations were to accommodate these use adjacencies within a single building and to facilitate collocation of complementary uses within a defined area. In the Group Health example, desire to accommodate a range of uses (including operating rooms, diagnostic and treatment uses, radiology, urgent and specialty care) drove the need to allow taller heights and larger floor plates than were typically found outside the Downtown. Application of the MI district regulations to the Children's site would facilitate location of the proposed AHCC in close proximity to Overlake Hospital and its available patient beds. In addition, expansion of the dimensional flexibility to the Children's site would address the same need advanced by the Group Health to accommodate complementary uses within a single AHCC building.

Preliminary Draft LUCA for Planning Commission Consideration

Staff has prepared a preliminary draft LUCA for Planning Commission consideration that is intended to accomplish the following objectives.

1. Expand the MI district to include the Children's site
2. Develop land use regulations that are:
    - Consistent with the principles adopted by the Planning Commission for accommodation of institutional uses on and around the Overlake Hospital Medical Center campus
    - Responsive to the unique site characteristics of the Children's property
    - Aligned with the assumptions contained in the Bel-Red EIS

The preliminary draft LUCA for Planning Commission consideration is included in Attachment B to this memorandum. You will see from the preliminary draft that staff left open the question regarding final maximum height limit pending results of additional visual analysis for the Children's site. As a starting point, staff also included a maximum floor plate size of 24,000 sf. This is consistent with the maximum floor plate size analyzed in the EIS; however, we believe that Children's representatives plan to submit information supporting larger floor plate sizes as necessary to accommodate their desired AHCC program.

Planning Commission Requested Action

The Planning Commission will be asked to consider the preliminary draft LUCA language and provide feedback to staff with the goal of finalizing code drafting direction on the Medical Institution District component of the Bel-Red Corridor Project.

I look forward to seeing you all in March to discuss this component of the broader Bel-Red Corridor code amendment package.

ATTACHMENT A

Principles Adopted by Planning Commission to Guide Drafting of the Medical Institution District CPA and LUCA

A. Guiding Principles

1. Permit appropriate medical institution growth within defined boundaries while minimizing adverse affects associated with urban scale development.

2. Recognize the public purpose and unique character of medical institution uses.

3. Allow for the collocation of a mix of uses and structure types that are necessary to support a primary hospital use. Such uses may include medical institution use with large floor plate needs, specialty care uses, other medical related functions and above and below ground pedestrian and patient connections.

4. Present an appropriate public "face" to the larger community that complements the community's vision. For example, the medical institution should appear open and accessible versus cold and institutional.

5. Accommodate the changing needs of major medical institutions, provide flexibility for development and encourage high quality site and structure design.

B. Design Principles

1. Achieve high quality design that is pedestrian and transit friendly and compatible with the surrounding community through tailored street frontage and dimensional standards.

2. Encourage pedestrian connectivity that is obvious and inviting throughout the Medical Institution District and with the surrounding neighborhood to encourage transit, carpooling and walking options.

3. Require pedestrian sensitive design and amenities on streets that provide access to the new Medical Institution District and landscaping on non-pedestrian oriented frontages.

4. Incorporate pedestrian sensitive designs and circulation techniques that are compatible with and respond to the functional characteristics of the medical institution uses.

5. Create transitions to adjacent less intense land use districts through variations in the massing of buildings. Standards to achieve this objective include, but are not limited to, building setbacks, building stepbacks, height limits, floorplate limitations, landscaping and enhanced sidewalk widths.

6. Include significant public outdoor open spaces to denote the entrance to the Medical Institution District and to each major medical institution located within the district.

C. Process Principles

Allow development through adoption of a Campus Development Plan. This development plan and process will:

1. Give clear guidelines and development standards on which the medical institution can rely for long-term planning and development.

2. Provide adjacent property owners and citizens notice of the development plans of the medical institution.

3. Provide both a long-term plan and a phasing plan.

4. Allow the city to anticipate and plan for public capital and programmatic actions that will be needed to accommodate development.

5. Provide the basis for determining appropriate mitigation to avoid or reduce adverse impacts from medical institution growth.

6. Provide for efficient and timely processing of the initial plan and subsequent amendments.

ATTACHMENT B

Medical Institution District Expansion North of NE 12th Street

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 BN Rail 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.

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:

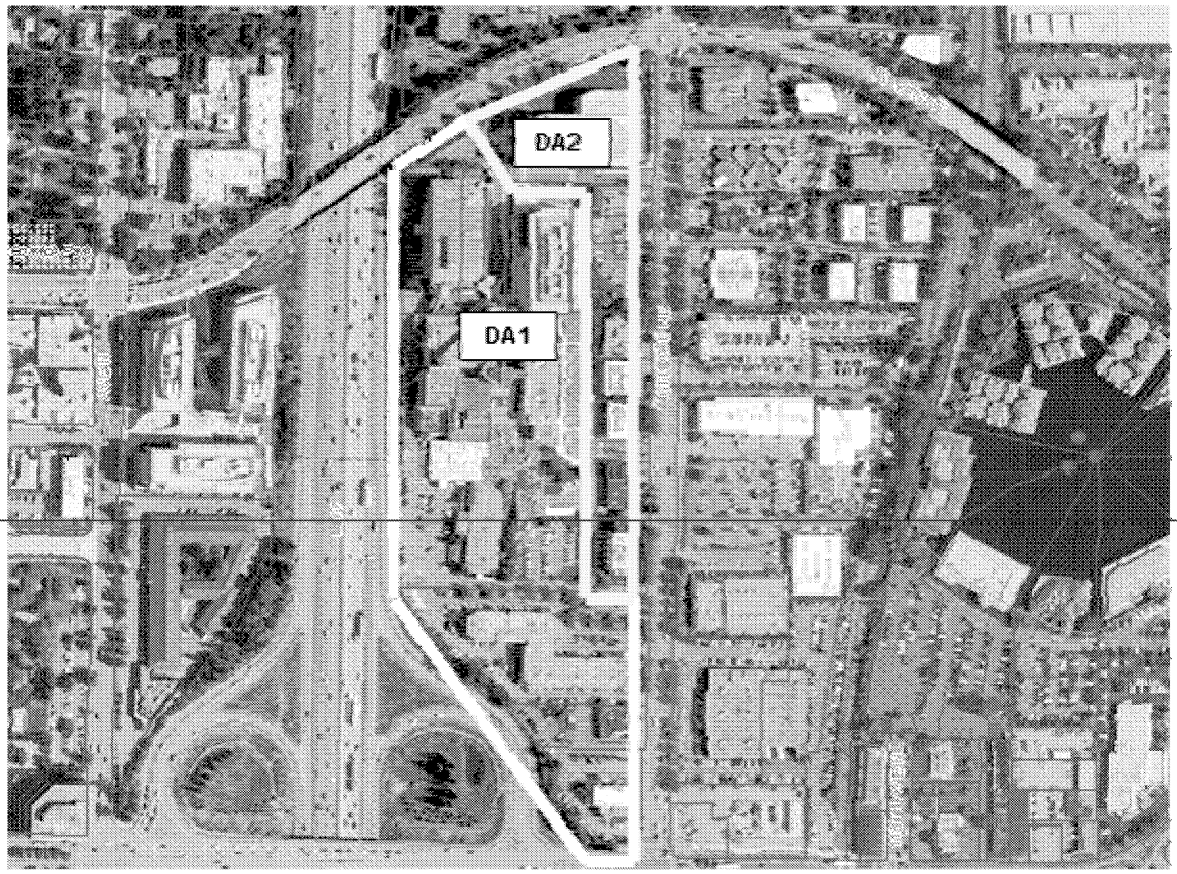
1. Hospital Center Development Area (DA1);

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.

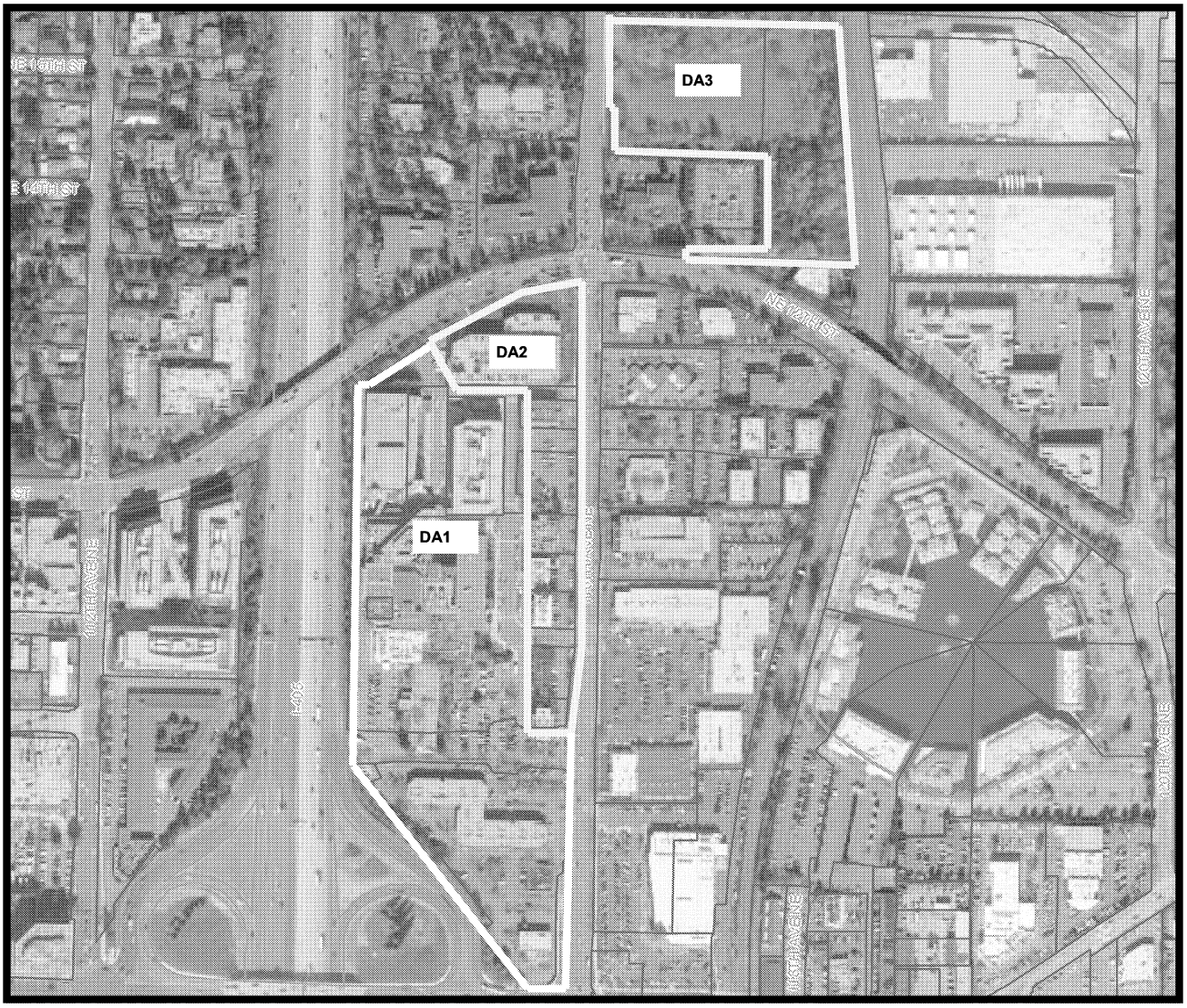
Medical Institution District Development Areas



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 development within the Medical Institution District 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. 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 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					
Hospital Center (DA1)	30'	0' (3)	0'	50' (7)	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	24,000	75%	60' 140' (11)	40' (11)	~~N/A~~ (12)
Hospital Perimeter (DA3)	N/A	N/A	0' (4)(6)(8)	N/A	24,000 [To be informed by visual analysis]	75%	75' or 100' (13) [To be informed by visual analysis]	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) The maximum building height of a hospital or ambulatory health care center is 100 feet.

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.

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. 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.

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 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 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. If the application for Design Review contains elements inconsistent with the approved Master Development Plan, the Director may not approve the Design Review until 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 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.

C. Building Design Guidelines.

1. Each structure must promote quality design and enhance the coordination of development within the Master Development Plan. 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;

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.

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 final adoption of the code amendment]