



DEVELOPMENT SERVICES DEPARTMENT
ENVIRONMENTAL COORDINATOR
450 110TH Avenue NE, P.O. BOX 90012
Bellevue, WA 98009-9012

DETERMINATION OF NON-SIGNIFICANCE

PROPONENT:

Jeff Giuzio, Seneca Group

LOCATION OF PROPOSAL:

1500 116th Avenue NE, Bellevue, WA

DESCRIPTION OF PROPOSAL:

Application for a Master Development Plan and a Critical Areas Land Use Permit for Children's Hospital Phase II. The future building will add up to 140,000 square feet, three stories, and provide approximately 378 additional parking stalls. The future site design will include landscaping and wetland buffer enhancement.

FILE NUMBERS: 11-114943-LP, 11-124364-LO

The Environmental Coordinator of the City of Bellevue has determined that this proposal does not have a probable significant adverse impact upon the environment. An Environmental Impact Statement (EIS) is not required under RCW 43.21C.030(2)(C). This decision was made after the Bellevue Environmental Coordinator reviewed the completed environmental checklist and information filed with the Development Services Section. This information is available to the public on request.

- There is no comment period for this DNS
- This DNS is issued after using the optional DNS process in WAC 197-11-355. There is no further comment period on the DNS. There is a 14-day appeal period. Only persons who submitted written comments before the DNS was issued may appeal the decision. A written appeal must be filed in the City Clerk's Office by 5 p.m. on _____.
- This DNS is issued under WAC 197-11-340(2) and is subject to a 14-day comment from the date below. Comments must be submitted by 5 p.m. on _____.

This DNS may be withdrawn at any time if the proposal is modified so that it is likely to have significant adverse environmental impacts; if there is significant new information indicating, or on, a proposals probable significant adverse environmental impacts (unless a non-exempt license has been issued if the proposal is a private project); or if the DNS was procured by misrepresentation or lack of material disclosure.

Carole V. Hellebrand
Environmental Coordinator

10/20/11
Date

OTHERS TO RECEIVE THIS DOCUMENT:

State Department of Fish and Wildlife
State Department of Ecology, Shoreline Planner N.W. Region
Army Corps of Engineers
Attorney General
Muckleshoot Indian Tribe



**City of Bellevue
Development Services Department
Land Use Staff Report**

Proposal Name: Children's Hospital Phase II

Proposal Address: 1500 116th Avenue NE

Proposal Description: Application for a Master Development Plan and a Critical Areas Land Use Permit for Children's Hospital Phase II. The future building will add up to 140,000 square feet, three stories, and provide approximately 378 additional parking stalls. The future site design will include landscaping and wetland buffer enhancement.

File Number: 11-114943-LP, 11-124364-LO

Applicant: Jeff Giuzio, Seneca Group

Decisions Included: Master Development Plan & Critical Areas Land Use Permit (Process II, LUC 20.30V & 20.30P)

Planner: Mike Upston, Senior Planner

**State Environmental Policy Act
Threshold Determination:** **Determination of Non-Significance**

Carol V. Helland

Carol V. Helland, Environmental Coordinator
Development Services Department

Director's Decision: **Approval with Conditions**
Michael A. Brennan, Director
Development Services Department

By: *Carol V. Helland*

Carol V. Helland, Land Use Director
Development Services Department

Application Date:	6/6/11
Notice of Application Published:	8/4/11
Minimum Comment Period Ended:	8/18/11
Decision Publication Date:	10/20/11
Appeal Deadline:	11/3/11
Expiration of Vesting for Decision:	10/20/21

For information on how to appeal a proposal, visit Development Services at City Hall or call (425) 452-6800. Comments on State Environmental Policy Act (SEPA) Determinations can be made with or without appealing the proposal within the noted comment period for a SEPA Determination. Appeal of the Decision must be received in the City's Clerk's Office by 5 PM on the date noted for appeal of the decision.

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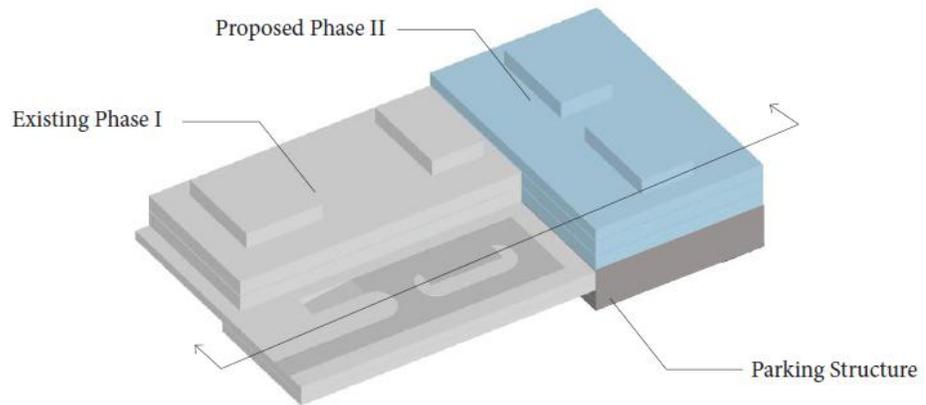
Attached: *Buffer Reduction with Enhancement Plan*, by ENVIRON, dated 4/13/11

I. Proposal & Decision Process

Children's Hospital seeks approval of a Master Development Plan (Land Use Code, LUC 20.30V) and a Critical Areas Land Use Permit (LUC 20.30P) for future Phase II development expected to occur sometime within the next 10 years. This is a Process II administrative land use decision (LUC 20.35.200) involving public notice and a SEPA determination. The land use decision is made by the Director of the Development Services Department, who's decision is based on the decision criteria set forth in the Land Use Code for each type of Process II application; in this case, the Master Development Plan and the Critical Areas Land Use Permit. Public notice of the decision is provided, along with an opportunity for administrative appeal of the decision. In addition, as required by the State Environmental Policy Act, a threshold determination is issued by the Environmental Coordinator. The threshold determination is also a Process II decision, and is being issued in conjunction with the Director's decision on the accompanying land use decision.

This is the second of two total phases anticipated on the property. As part of this application, the applicant is seeking to take advantage of the extended vesting provision in the Medical Institution District (LUC 20.30V.190). The Phase II proposal is for a three story,

140,000 square foot building expansion with a 378-stall underground parking structure. The site will include landscaping associated with the building and parking area, along with a meadow/detention pond. The building and site design for Phase II will be consistent with that



constructed under Phase I completed in 2010. A similar scale, form, and material palette will be used to provide a seamless expansion. Specific design elements and details will be proposed under a future Design Review and construction permit applications.

Phase II includes a proposed wetland buffer reduction on the east side of the property (Note: The wetland shown in this graphic is not survey accurate. Refer to the graphic provided in subsection II.B of this report for more accurate detail). The buffer is proposed to be reduced from the minimum required 60 feet to 45 feet.

This would result in elimination of nearly 2,500 square feet of buffer area, to be offset by enhancement of the remaining approximately 9,300 square foot buffer area including replacement of non-native invasive plant species with native wetland species and landscape areas outside the wetland buffer to extend the native plant palette up to and around the building. Discussion regarding functional equivalency is provided within Subsection III.B of this report.

II. Site Description, Zoning, Land Use Context and Critical Areas

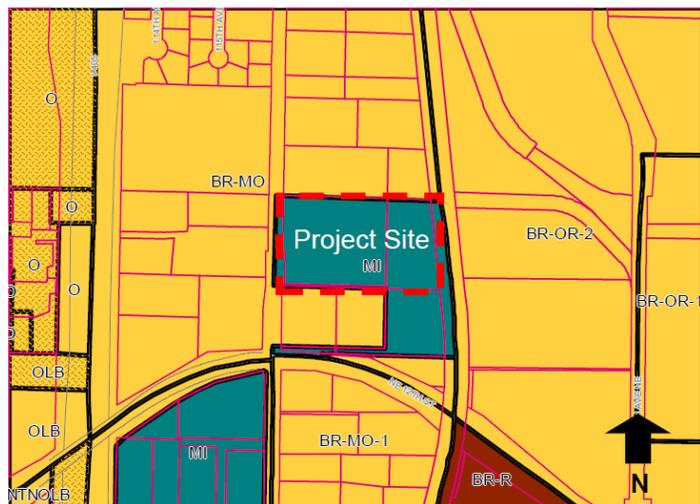
A. Site Description, Zoning & Land Use Context

The approximately five acre project site fronting on 116th Avenue NE consists of the Phase I project completed in 2010. This condition along with a schematic of Phase II is depicted in the images on the previous page. There are significant trees along the site perimeter, a Type III wetland near the eastern property line adjacent to the railroad tracks, and areas along the north and west sides of the site exceeding 40% slope. The site drops almost 50 feet from 116th Avenue NE (west) to the railroad right-of-way (east).

Land uses along 116th Avenue NE consist primarily of hospital and medical office buildings, with a commercial strip center and grocery store further south toward NE 8th Street. Medical offices and single family homes are to the north. An area southeast of this site is planned for intensification of medical oriented development. See the aerial image to the right.



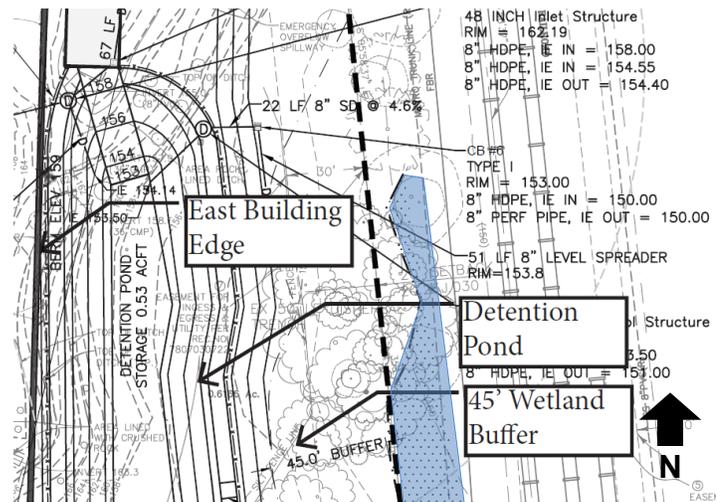
The land use designation for the site is Medical Institution - Development Area 3 (MI-DA3). This zoning district is shown in blue in the image to the right. The project site is indicated by the red dashed line. The adjacent parcels within the area shown in yellow and zoned for medical office uses primarily consist of low rise buildings (2-3 stories tall) which contain medical offices. The long range plan for this area is primarily for continued growth in hospital, medical office, and related uses as described in the MI zoning regulations.



B. Critical Areas

As introduced earlier in this report, wetland critical areas exist on this parcel. The City has permitting authority under the Critical Areas Overlay District (LUC 20.25H), which regulates critical areas within City limits.

The image at right shows the far eastern portion of the project site where a Category III wetland exists as indicated in blue. It also shows the proposed limit of the future building's east edge, along with a proposed detention pond along that side of the building. The desired building line and required detention pond necessitate a requested 45 foot wetland buffer, which is a reduction from the minimum required buffer width of 60 feet (LUC 20.25H.035.A).



III. Consistency with Land Use Code Requirements

A. General Provisions of the Land Use Code

Uses & Dimensional Requirements

Uses and dimensional requirements are regulated by Bellevue Land Use Code (LUC) sections 20.10.440 (Land Use Charts), 20.20 (General Development Requirements), 20.25H (Critical Areas Overlay District), and 20.25J (Medical Institution District). The proposal is allowed subject to Master Development Plan (LUC 20.30V) and Critical Areas Land Use Permit (LUC 20.30P) approvals, as well as approval of a Design Review (LUC 20.30F) for which specific timing of the application submittal is not known. With the exception of the wetland buffer dimension which is addressed in subsection III.B below, all other applicable dimensional requirements are intended to be met and will be addressed during review of the future Design Review application.

B. Critical Areas

The purpose of the Critical Areas Land Use Permit application is to request a wetland buffer reduction pursuant to LUC 20.25H and as described further below.

The desired building line and necessary detention pond for this project necessitate a requested 45 foot wetland buffer, which is a reduction from the minimum required buffer width of 60 feet for this Type III wetland (LUC 20.25H.035.A). As described in Section I of this report, this would result in elimination of nearly 2,500 square feet of buffer area, to be offset by enhancement of the remaining approximately 9,300 square foot buffer area.

It's worth noting here that the extended vesting allowed under the Master Development Plan decision is limited to the Land Use Code regulations (LUC 20.30V.190); the extended vesting does not include other codes, including the City's storm water regulations. Therefore, should the *National Pollution Discharge Elimination System* requirements change in a way that affects

the proposed detention pond, it's likely that the Critical Areas Land Use Decision would need to be revised prior to issuance of construction permits.

Wetland buffer enhancement is proposed to include replacement of non-native invasive plant species with native wetland species, as well as to provide landscape areas outside the wetland buffer to extend the native plant palette up to and around the building. As required by LUC 20.25H.230, a Critical Areas Report (CAR) was submitted to provide the basis for the proposed wetland buffer reduction. The CAR submitted is titled *Bellevue Children's Hospital Critical Areas Study*, prepared by ENVIRON, dated April 14, 2011. This document is hereto forward referred to as "the CAR." A copy of this report is available for review in the project file at the Records Office in City Hall. The *Buffer Reduction with Enhancement Plan* included in the CAR is also provided as an attachment to this report.

According to the CAR, the existing wetland and wetland buffer are degraded from repeated disturbance over a period of several decades dating back to before 1936, contributing to the abundance of invasive species and current structure. These disturbances have altered not only the vegetation structure, but also the hydrologic and soil structure, processes, and functions. Proposed buffer reduction with enhancements will provide equivalent or greater protection to existing degraded wetland functions and higher wetland buffer functions compared to existing conditions as shown in Figures 3 and 4 of the CAR. Further, proposed buffer reduction will not result in any adverse impacts either onsite or cumulatively to species of local importance or their habitat.

The LUC contains specific provisions pertaining to sites that contain a wetland and wetland buffer. According to LUC 20.25H.095.C.1.a.i, despite the fact that there is an existing structure, access road, and storm water management facilities on the site, it is considered an undeveloped site because the wetland and wetland buffer have not been included within a recorded Native Growth Protection Area or Native Growth Protection Easement. According to this same provision, Category III wetlands with habitat scores of less than 20 points have a standard buffer of 60 feet. In addition, an additional 15 foot structure setback is typically required from the wetland buffer per LUC 20.25H.95.D.2. However, the proposed surgical center cannot be constructed as needed and also accommodate a 60 foot wetland buffer since the proposed storm water management facility narrowly fits within a 45 foot reduced buffer.

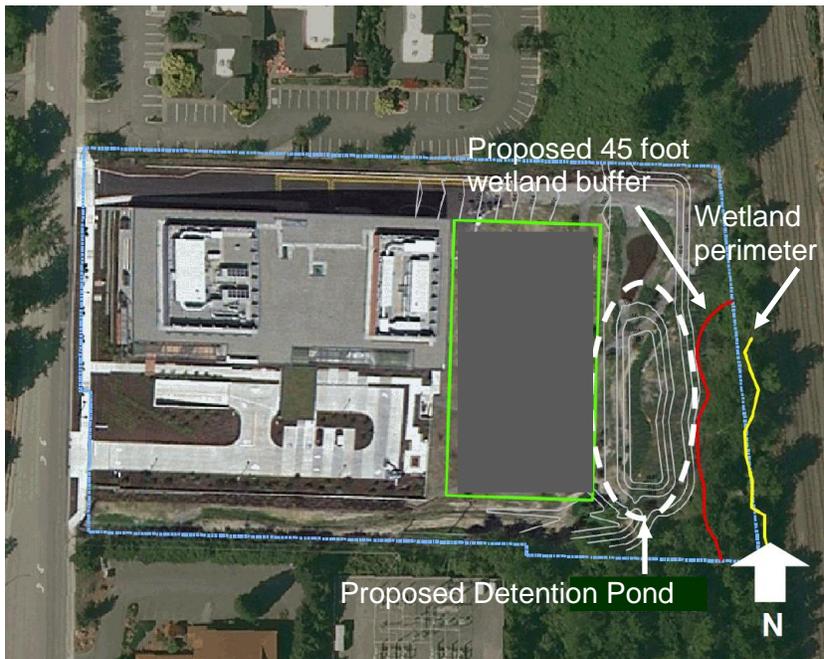
Buffers can be modified subject to the provisions of LUC 20.25H.095.C.2. Buffer reduction with enhancement is proposed as depicted on the attached *Buffer Reduction with Enhancement Plan*, by ENVIRON, dated 4/13/11. The proposed buffer reduction and enhancement is also described below along with a summary of how the proposal is consistent with the LUC, including identification of critical areas on adjacent properties (none are apparent) and an analysis of the level of protection of critical area functions and values provided by standard buffer compared to the level provided by the reduced and enhanced buffer.

As referenced in the CAR, an earlier report by The Watershed Company created for the Phase I development (see hardcopy in the City's project file, Design Review 08-129316-LD and Critical Areas Land Use Permit 08-129318-LO) documented the absence of any critical areas adjacent to this proposed development: the parcels immediately north and south were fully developed by 1998, the railroad tracks abut the site to the east, and 116th Avenue NE abuts the west side of the site. Though there is a shallow, u-shaped ditch between the tracks and delineated wetland, this does not appear to be part of a natural stream. A similar configuration has been present on the site since at least 1936 as shown by the aerial photographs in Appendix A of the CAR. The

eastern portion of the site is in a topographic saddle and the wetland in a headwater topographic position that may have historically drained to Lake Bellevue to the southeast. It appears that agriculture and other development altered drainage patterns in this vicinity well before 1936 and that photograph does not appear to show any stream or wetlands on the adjacent properties. This is supported by the conclusions of The Watershed Company's report. Site-specific drainage observations and the CAR indicate that water in the ditch abutting the railroad flows north through a series of ditches, culverts, and pipes to the West Tributary Basin of Kelsey Creek.

Proposed Buffer Reduction with Enhancement

The proposed buffer reduction with enhancement would reduce the standard buffer from 60 to 45 feet, an approximately 2,500 square foot reduction. The graphic to the right depicts the wetland perimeter in yellow and the proposed 45 foot buffer in red. This proposed reduction is necessary to accommodate the proposed building and storm water management facility. Impacts to the buffer will be minimized to the maximum extent practicable. Further, much of the existing buffer area is disturbed and has a vegetation structure that provides relatively low protection of wetland habitat, water quality protection, and hydrologic support functions.



The objectives of the buffer enhancement plan are to:

- Replace non-native and invasive species with a native-plant-dominated association within the 9,337 sq. ft. of buffer on the project site;
- Provide a more diverse and higher functioning buffer; and
- Maintain or improve existing wetland buffer protection of existing wetland functions.

Though the buffer would be reduced by 15 feet, the proposed treatment would improve protection of the existing wetland functions. Invasive grasses and shrubs would be removed and replaced by a more diverse array of native plants. Soils would be de-compacted and amended with a lift of compost as described in Figure 4 of the CAR, and a temporary irrigation system would be installed to ensure the successful establishment of a native-plant-dominated buffer.

Enhanced Buffer Functions

Removal of invasive plants and replacement with a native plant association would significantly improve the habitat structure and functions of the buffer. Denser native vegetation would

provide better protection to the wetland habitat and augment the forage and cover opportunities to wildlife that use the wetland, primarily songbirds and small mammals that are habitat generalists and adapted to high levels of human activity.

A mixture of short and tall deciduous and evergreen shrub species is proposed. These will provide greater feeding opportunities to pollinators as well as seeds for wildlife. Similarly, a mixture of native deciduous and evergreen tree species is proposed. The combination of the proposed trees and shrubs will provide a multi-tiered architecture that is now absent. Evergreen species will provide greater cover than deciduous species.

Overall, these enhancements will contribute to greater habitat function in both the buffer and wetland. Over time as trees in the wetland buffer mature, density and abundance of the shade intolerant species in the wetland (including reed canary grass and Himalayan blackberry) will be less vigorous to reestablish, thereby improving wetland vegetation structure and function. Improved vegetation structure in the buffer also will contribute to greater water quality and protection of hydrologic support functions. Similarly, the compost amendment will improve infiltration rates, pollutant filtration, retention functions, and organic matter content. So, despite being shorter, the reduced buffer will provide greater protection to existing wetland functions as well as providing a higher functioning buffer compared to the degraded existing conditions.

Mitigation

The proposed buffer enhancement is consistent with the mitigation hierarchy specified in LUC 20.25H.105.2 since replacement onsite is not possible because of site constraints associated with the proposed master plan. In addition, as noted above, the proposed buffer enhancement will not result in a loss of wetland function either onsite or cumulatively. Further, replacement of non-native, invasive plant species with plant selections from the wetland buffer palette is proposed along the north east area of the project site, effectively extending the buffer across a larger area. This is depicted on the *Preliminary Landscape Plan*, which is part of the plan set available for view in the City's project file at the Records Office in the City Hall lobby. More detail will be incorporated into the plan set as part of the future Design Review and subsequent construction plans as required by the City. In addition, a condition of approval is included in Section IX of this report requiring that a copy of the proposed Mitigation, Maintenance, and Monitoring Plan in Section 5.4 of the Critical Areas Report be provided to the City with the future Design Review application and each subsequent construction permit application. In addition, monitoring reports shall be provided to the City as described in Subsection III.B of this report.

Monitoring and Maintenance

Monitoring and maintenance will be conducted for a period of at least three years. This is consistent with the level of impacts and monitoring program requirements specified in LUC 20.25H.220.D. As indicated in Figure 4 of the CAR, a temporary irrigation system will be installed and operated for a minimum of the first two growing seasons after plant installation has been completed. Monitoring will be conducted annually by the consulting mitigation specialist or biologist in late summer or early fall for each year monitoring is conducted to document cover and survival of native and invasive plants and progress towards achieving specified goals and objectives. Annual monitoring reports will include maintenance recommendations and will be provided to Children's Hospital, the City, and the landscape contractor responsible for conducting maintenance. The first annual report will be a combined as-built and annual monitoring report. Each report will clearly document progress towards meeting specified performance goals in Table 2 of the CAR.

Performance Standards (LUC 20.25H.100.A - F)

Development on sites with a wetland or wetland critical area buffer are required to incorporate the performance standards contained in this subsection. These include standards to minimize the impact of lights, noise, and toxic runoff onto adjacent wetlands. These standards also speak to wetland buffers, allowing treated water to enter the buffer but also requiring dense vegetation to help limit pet or human use, as well as setting specific expectations regarding use of pesticides, insecticides, and fertilizers.

While this application does provide some indication of expected lighting locations and landscaping, these performance standards will be more fully addressed when the City reviews the future Design Review application.

Mitigation and Monitoring (LUC 20.25H.105)

Mitigation plans designed to mitigate impacts to wetlands and wetland critical area buffers shall meet the requirements of this section. The applicable subsections are 105.A & D, which speak to enhancement of existing wetland as mitigation for impacts. Subsections 105.B & C are not applicable since wetland replacement is not proposed:

Preference of Mitigation Actions (LUC 20.25H.105.A)

Subsection 20.25H.105.A.1 establishes a hierarchy of preferences for mitigation to a wetland. The proposed Phase II Children's Hospital project applies Option C: enhancement of significantly degraded wetlands. The proposal is to enhance the remaining wetland buffer as described in the CAR and depicted on the attached *Buffer Reduction with Enhancement Plan*.

Subsection 20.25H.105.A.2 establishes a hierarchy of preferences for mitigation of impacts to a wetland buffer. The proposed project applies Option B: on-site enhancement of the functions and values of remaining critical area buffer as described in the CAR and depicted on the attached *Buffer Reduction with Enhancement Plan*.

Wetlands Enhancement as Mitigation (LUC 20.25H.105.D)

Subsection 20.25H.105.D establishes parameters for mitigating impacts to wetland critical area functions, allowing enhancement of existing significantly degraded wetlands. This option requires submittal of a CAR meeting the requirements of LUC 20.25H.110 and 20.25H.230 that identifies how enhancement will increase the functions of the degraded wetland and how this increase will adequately mitigate for the loss of wetland area and function at the impact site. The required CAR has been provided and is available for view in the City's project file for this application. Refer to the following sub-section for specific information about how the CAR complies with these LUC sections.

Critical Areas Report (LUC 20.25H.110 & 230 - 250)

Limitation on Modification

Subsection 20.25H.110.A states that a CAR may not be used to fill a wetland critical area, except where filling is required to allow a use set forth in LUC 20.25H.055. The project does not propose filling the wetland on this property.

Additional Report Requirements

Subsection 20.25H.110.B requires that a CAR for a wetland includes a written assessment and accompanying maps of the wetlands and buffers within 300 feet of the project area, including the following information at a minimum:

- (1) A discussion of measures, including avoidance, minimization, and mitigation, proposed to preserve existing wetlands and restore any wetlands that were degraded prior to the current proposed land use activity; and
- (2) A habitat and native vegetation conservation strategy that addresses methods to protect and enhance on-site habitat and wetland functions; and
- (3) A functional evaluation for the wetland and adjacent buffer using a local or state agency staff-recognized method and including the reference of the method and all data sheets.

The CAR submitted provides the additionally required information.

Purpose, Review Process, Limitations, BAS, and Submittal Requirements

Subsections 20.25H.230 – 250 set forth the purpose of a CAR, the review process, limitations on modifications to other LUC sections, expectations for use of best available science (BAS), and submittal requirements. The CAR submitted complies with all applicable requirements.

The CAR is titled *Bellevue Children's Hospital Critical Areas Study*, prepared by ENVIRON, dated April 14, 2011. A copy of this report is available for review in the project file at the Records Office in City Hall.

C. Master Development Plan

LUC 20.30V.130 states that a phasing plan for installation of site improvements, landscaping and amenities necessary to support each phase of development must be approved as part of the Master Development Plan (MDP). However, since the intention is to build this project all at once rather than in additional phases, a phasing plan does not apply. The purpose of the MDP application is to request extended vesting to the Land Use Code; the applicant is requesting vesting for 10 years as allowed subject to approval of a MDP pursuant to LUC 20.30V.190.

IV. Public Notice and Comment

Application Date: June 6, 2011
Public Notice (500 feet): August 4, 2011
Minimum Comment Period: August 18, 2011

The Notice of Application for this project was published in the City of Bellevue weekly permit bulletin, as well as mailed to property owners within 500 feet of the project site and appropriate public agencies on August 4, 2011. Although the minimum required public comment period ended on August 18, 2011, comments were accepted up to the date of this decision. No written public comments were received prior to finalization of this staff report.

V. Summary of Technical Reviews

Technical review by the City resulted in no changes to the proposed scope of work or the mitigation plan. However, the following review and associated conditions of approval are provided.

A. Utilities

Utility review has been on a conceptual basis only and the site can be served with water, sewer and storm facilities. Water and sewer service will connect into existing onsite facilities from phase I of the project. Storm drainage facilities have been proposed meeting the codes and standards in place at the time of this application. Drainage BMPs proposed for the site include a drainage pond accommodating both phase I and II runoff and a storm filter to for water quality treatment. See Section IX of this report for the Utilities-related Condition of Approval.

B. Fire

The conceptual plans for this application generally conform to Fire Code requirements. However, there are a number of conditions that must be met prior to issuance of building permits. See Section IX of this report for the Fire-related Condition of Approval.

C. Transportation

Transportation has reviewed and recommends approval of this application. This approval does not constitute or imply approval of specific design details for any transportation-related construction. City approval of a future and separate Design Review application, with related construction permits and an updated traffic impact analysis with concurrency testing, will be required prior to construction of Phase II.

Site Access

The Children's Hospital site at 1500 116th Avenue NE is, and will continue to be, served by two driveways. Presently, the southern driveway is the primary public access for Phase I, and the northern driveway serves primarily for deliveries and staff. For Phase II, the southern driveway will continue to be primary public access to the site's front door, but more of the public will use the northern driveway to access a new garage in the Phase II building. In practice, vehicles can already enter or exit via either driveway by passing through the Phase I garage. The ability to exit via either driveway will become more important in the future if traffic queuing back from the intersection of 116th Avenue NE and NE 12th Street interferes with the southern driveway.

Street Frontage Improvements

Full street frontage improvements were constructed as part of Phase I. Phase II will require minor revisions to the northern driveway to convert what is now primarily a service and employee access into one used by a larger percentage of the public. Based on a future traffic impact analysis that will be required at the time of any future Design Review application, it may be necessary to install c-curb or other traffic control features within 116th Avenue NE in order to restrict one or more left turn movements at one or both of the site's driveways.

Transportation Management Program

In order to reduce single occupant vehicle trips and provide enhanced options to employees and infrastructure users, the City has adopted code provisions for a transportation management program (TMP). Typically, a new development outside the downtown must comply with the TMP requirements of BCC 14.60.070. However, Land Use Code (LUC) 20.25J.050 establishes an alternative TMP option for affected developments in the Medical Institution District, which includes the Children's Hospital site. During review of Phase I, an agreement was reached between the City and the applicant to use the authority of LUC 20.25J.050 to implement a TMP similar to the TMP in effect at other Children's Hospital sites. It is expected that Phase II will require continuation and possible expansion of the TMP that was implemented for Phase I. In addition, LUC 20.25J.050 requires that the Commute Trip Reduction program per BCC 14.40 applies to the Children's Hospital development.

VI. State Environmental Policy Act (SEPA)

The environmental review indicates no probability of significant adverse environmental impacts occurring as a result of this non-project action. The Environmental Checklist submitted with the application and contained in the City's project file discloses expected environmental impacts associated with the proposal. Issuance of a Determination of Non-Significance (DNS) is the appropriate threshold determination under the State Environmental Policy Act (SEPA) requirements, with incorporation by reference of the *2009-2020 Transportation Facilities Plan Final Environmental Impact Statement* (TFP EIS) updated November 2009. This document is available in the project file at the Development Services Department Records Room in City Hall. Transportation-related impacts associated with this project are consistent with the potential projected impacts analyzed in the 2009-2020 TFP EIS.

This section of the staff report is an addendum to the adopted EIS referenced above. Adverse impacts which are less than significant are usually subject to City Code or Standards which are intended to mitigate those impacts. Where such impacts and regulatory items correspond, further documentation is not necessary. For other adverse impacts which are less than significant, Bellevue City Code Section 22.02.140 provides substantive authority to mitigate impacts disclosed through the environmental review process. A discussion of the transportation impacts is noted below; these impacts will be mitigated through exercise of City Code authority.

(Note that project-specific environmental review will be completed as part of the required Design Review, which is the project-specific review step in the development review process.)

Transportation

Long-Term Impacts and Mitigation

The long-term impacts of development projected to occur in the City are typically addressed by comparing the square footage or number of dwelling units for each major development proposal to the future land use projected in the TFP EIS. The impacts of growth projected to occur within the City by 2020 are evaluated on the roadway network assuming that all the transportation improvement projects proposed in the City's current Transportation Facilities Plan are in place. The TFP EIS divides the City and surroundings into 14 Mobility Management Areas (MMAs) for analysis purposes. The proposed Children's Hospital Phase II development would construct 140,000 square feet of new medical institution land use within MMA # 12. That MMA has a

2020 total growth projection of 85,000 square feet of "Other" land uses, including medical institutions. Of that, 80,000 square feet was taken up by the recently completed Phase I of the Children's Hospital development, leaving only 5,000 square feet of unallocated medical institution land use available in MMA 12 for the Phase II proposal. However, year 2020 land use projections for MMA 12 in the TFP EIS include 3,324,252 square feet of new office space and 521,400 square feet of new retail space. The vast majority of that new office and retail space is not yet allocated to other developments. Therefore, traffic impacts of the proposed development are accommodated by assumptions of the TFP EIS for MMA 12 for the year 2020.

In addition to the growth predictions summarized above, it appears that the TFP EIS did not take into account the fact that a project to widen I-405 required the demolition of two existing office buildings in MMA 12 near Children's Hospital. These demolitions have already occurred, reducing the existing office square footage in that MMA by approximately 19,000 square feet. This increases the allowable growth by that amount before the EIS targets will be achieved. A new analysis of long-term transportation impacts will be required as part of the SEPA analysis for a new Design Review application for this site, when the developers are ready to proceed toward construction of Phase II.

Traffic impact fees are used by the City to fund street improvement projects to alleviate traffic congestion caused by the cumulative impacts of development throughout the City. Payment of the transportation impact fee, as required by BCC 22.16, contributes to the financing of transportation improvement projects in the current adopted TFP, and is considered to be adequate mitigation of long-term traffic impacts. Fee payment is required at the time of building permit issuance, based on the fee schedule in effect at that time.

Mid-Range Impacts and Mitigation

Project impacts anticipated to occur in the next six years are assessed through a concurrency analysis. The Traffic Standards Code (BCC 14.10) requires that development proposals generating 30 or more PM peak hour trips undergo a traffic impact analysis to determine if the concurrency requirements of the State Growth Management Act are maintained. A master plan by itself generates no traffic, but a master plan should not be approved if the corresponding development could not pass a concurrency test. Thus, the master plan application for Children's Hospital Phase II was subjected to a concurrency test as described below; however, no certificate of concurrency will be issued and the concurrency results are not reserved or vested. A new concurrency test will be required at the time of any future Design Review for Phase II.

The trip generation estimate for Phase II of this development was based on a combination of land use types and information unique to the typical operation of other Children's Hospital sites. This information was analyzed along with driveway counts taken at the site when Phase I was at 75% occupancy. These counts were then factored up to estimate trip generation for 100% occupancy of Phase I. The final trip generation estimate combined data from other Children's Hospital sites with the factored up counts. This method produced an estimate of 230 new PM peak hour trips for Phase II, as documented in the *Transportation Impact Study, Children's Hospital Surgery Center (Phase II)*, by The Transpo Group, February 2011. A copy of this study is available for review in the project file at the Records Office in City Hall.

The figure of 230 new trips was used to perform the concurrency test. City staff distributed and then assigned project-generated trips to the street network using the city's EMME-2 travel

forecasting model with the current Capital Investment Program network. By adding the expected project-generated trips to the traffic volumes in the model, the area average levels of service were determined. To create a baseline condition for comparison, the levels of service were also determined using traffic volumes without the project-generated trips. In this project analysis, 11 system intersections received 20 or more PM peak hour trips. Neither the maximum area-average levels of service nor the congestion allowances were exceeded as a result of traffic generated from this proposal. Therefore, the proposed development passes the concurrency test. The concurrency test results are available for review in the project file at the Records Office in City Hall.

Short-Term Operational Impacts and Mitigation

City staff and the developer's traffic consultants analyzed the short term operational impacts of this proposal in order to recommend mitigation that would be required if the development proposed in the master plan were to be constructed in the near future. These impacts included traffic operations during the PM peak period, with traffic generated by the Phase II proposal added to the existing traffic for Phase I. Issues that were analyzed included the following:

- **Safety:** Collision data at nearby intersections and on 116th Avenue NE near the site were reviewed for a 3-year period. No significant safety problems were identified that are likely to be made worse by the proposed development, provided that the development's access points and street frontage improvements are designed to city standards.
- **Level of Service at affected intersections:** 16 nearby intersections were examined regarding the development's impact on delay, volume to capacity ratio, and overall level of service compared to city standards. No problems were identified that would be made significantly worse by the Phase II proposal.
- **Traffic operations and queuing at the site's access points:** Analysis by The Transpo Group indicates that with Phase II the site's driveways would have more delay than for Phase I only, but the driveway level of service will still be acceptable, with a peak period average delay of 28 seconds exiting the south driveway. The signal at NE 12th Street will create gaps in traffic flow that will help vehicles exiting during peak periods, provided that the southbound queue on 116th Avenue NE at NE 12th Street doesn't block some movements at the driveways as described in the paragraph below. Vehicles exiting to the south or entering from the north can use an existing 2-way center turn lane on 116th Avenue NE.
- **Southbound Queues at 116th Ave / NE 12th:** In the PM peak period, southbound traffic on 116th Avenue NE waiting for the signal at NE 12th Street queues back toward the Children's Hospital site. Analysis for Phase I predicted that for southbound traffic, the 95th percentile queue would extend 255 feet north of NE 12th Street. The southbound to eastbound left turn 95th percentile queue would extend 175 feet north of NE 12th Street. In comparison, the southern driveway is approximately 300 feet north of NE 12th Street. Thus, the prediction for Phase I was that southbound traffic queues on 116th Avenue NE would not interfere with the site's driveways during typical peak periods. Since the opening of Phase I, there has not been a noticeable problem in this regard. However, for Phase II, with more traffic to and from the site and with the horizon year extended to 2015, The Transpo Group predicted that the 95th percentile southbound queues on 116th Avenue NE will extend beyond the site's southern driveway, but not past the northern driveway. Thus, when Phase II goes into operation, it might be necessary to prohibit left turns out of the southern driveway.

Much of the short-term analysis above was done by The Transpo Group, whose work is published in the *Transportation Impact Study, Children's Hospital Surgery Center (Phase II)*, February 2011. The study is included in the project file at the Records Office in City Hall.

Prior to approval of a future Design Review and construction plans for Phase II, the city will require a new traffic impact analysis, which could lead to different conclusions regarding impacts and mitigation. Actual mitigation to be required for the construction of Phase II will be determined at that time.

VII. Decision Criteria

Master Development Plan Decision Criteria (LUC 20.30V.150)

The Director may approve or approve with modifications an application for a Master Development Plan if:

1. The proposed Master Development Plan is consistent with the Comprehensive Plan.

Finding: The Medical Institution Comprehensive Plan designation and the Bel Red Subarea Plan generally support hospitals as a land use. Following is a listing of relevant Comprehensive Plan policies:

POLICY S-BR-1. Allow uses which provide goods and services for local residents and business to locate in commercial areas of the Subarea.

The facility will provide a specialized service for children's medical needs within an ambulatory health care center.

POLICY S-BR-7. Encourage a variety of economic activities by providing appropriate land use designations.

The facility is a specialized health care center for children and thus will contribute to the variety of economic activities available within the Subarea.

POLICY S-BR-42. Provide for Major 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.

Children's Hospital is a major medical institution which will help create the mix of hospital/medical uses envisioned in the Subarea Plan. Proposed development will meet the Land Use Code requirements for the MI DA3 zoning district, including a high quality of design with visual identity, a visually pleasing design and safe pedestrian environment.

POLICY ED-13. Encourage and promote employment opportunities for all residents, including youth.

The Phase II component of the project is expected to have a workforce of 80-100 additional employees, varying with time of day and schedules. The proposal encourages and promotes employment opportunities, which could include jobs for youth.

2. The Master Development Plan complies with the applicable requirements of the Bellevue City Code.

Finding: The proposal complies with all applicable requirements of the Land Use Code. Refer to Section III of this report for specific information on Land Use Code consistency.

3. The proposed Master Development Plan addresses all applicable standards, guidelines or criteria of this Code in a manner which fulfills their purpose and intent.

Finding: As discussed in subsections III.A - C of this report, the proposal complies with all applicable standards, guidelines and criteria contained in LUC 20.10.440 (Land Use Charts), 20.20 (General Development Requirements), 20.25H (Critical Areas Overlay District), 20.25J (Medical Institution District), LUC 20.30V (Master Development Plan), and 20.30P (Critical Areas Land Use Permit).

4. The Master Development Plan depicts features of, and relationships and connectivity between, required site features for the underlying Land Use District.

Finding: As described in subsection II.A of this report, the project is intended to respond to the character, appearance, quality of development and physical characteristics of the Medical Institution zone and adjacent properties. This includes providing features of, and relationships and connectivity between, required site features for the underlying MI district. More design detail will be provided as part of the Design Review, which is the next step in the development review process.

Critical Areas Report - Decision Criteria for Proposals to Reduce Regulated Critical Areas Buffer (LUC 20.25H.255.B)

The Director may approve, or approve with modifications, a proposal to reduce the regulated critical area buffer on a site where the applicant demonstrates:

1. The proposal includes plans for restoration of degraded critical area or critical area buffer functions which demonstrate a net gain in overall critical area or critical area buffer functions.

Finding: The proposed 45 foot wide wetland buffer would be a reduction from the minimum 60 foot width typically required by the Land Use Code. However, the CAR and attached *Buffer Reduction with Enhancement Plan* proposes restoration of what is currently an underperforming wetland, along with a greatly enhanced buffer planting and an extension of this planting across an area on the northeast side of the project site as depicted on the *Preliminary Landscape Plan* (available to view in the City's project file at the Records Office in the City Hall lobby). Removal of invasive plants and replacement with a native plant association will significantly improve the habitat structure and functions of the buffer. Denser native vegetation will provide better protection to the wetland habitat and augment the forage and cover opportunities to wildlife that use the wetland, primarily songbirds and small mammals that are habitat generalists and adapted to high levels of human activity. Through compliance with these performance standards and completion of the proposed mitigation activities, the project will result in a net gain in overall critical area functions.

2. The proposal includes plans for restoration of degraded critical area or critical area buffer functions which demonstrate a net gain in the most important critical area or critical area buffer functions to the ecosystem in which they exist.

Finding: The attached *Buffer Reduction with Enhancement Plan* proposes restoration of currently degraded wetland intended to result in a net gain in wetland area functions to the ecosystem in which it exists. A mixture of short and tall deciduous and evergreen shrub species

is proposed. These will provide greater feeding opportunities to pollinators as well as seeds for wildlife. Similarly, a mixture of native deciduous and evergreen tree species is proposed. The combination of the proposed trees and shrubs will provide a multi-tiered architecture that is now absent. Evergreen species will provide greater cover than deciduous species. Overall, these enhancements will contribute to greater habitat function than now exists in both the buffer and wetland. Over time as trees in the wetland buffer mature, density and abundance of the shade-intolerant species in the wetland, including reed canary grass and Himalayan blackberry, will decline thereby improving wetland vegetation structure and function.

3. The proposal includes a net gain in storm water quality function by the critical area buffer or by elements of the development proposal outside of the reduced regulated critical area buffer.

Finding: Improved vegetation structure in the buffer will contribute to greater storm water quality function. Similarly, proposed compost amendment and soil decompression will improve infiltration rates and pollutant filtration as well as retention functions. So, despite being smaller, the reduced buffer will provide greater protection to existing wetland functions as well as providing a higher functioning buffer compared to the degraded existing conditions.

4. Adequate resources to ensure completion of any required restoration, mitigation and monitoring efforts.

Finding: As described in the CAR and subsection VII.A.2 above, the applicant has proposed a mitigation plan and monitoring schedule which specifies when and how these activities will be conducted should the hospital expansion actually occur. According to the CAR, monitoring and maintenance will be conducted for a period of at least three years. This is consistent with the level of impacts and monitoring program requirements specified in LUC 20.25H.220.D. As indicated in Figure 4 of the CAR, a temporary irrigation system will be installed and operated for a minimum of the first two growing seasons after plant installation. All resources needed to follow through with the mitigation plan and monitoring will be provided by Children's Hospital.

5. The modifications and performance standards included in the proposal are not detrimental to the functions and values of critical area and critical area buffers off-site.

Finding: As introduced in Subsection III.B of this report, chapter 4 (Regulatory Constraints) of the CAR includes a discussion about the potential for indirect impacts to off-site wetlands and wetland area buffers. This discussion referenced an earlier report prepared by The Watershed Company (see hardcopy in the City's project file, Design Review 08-129316-LD and Critical Areas Land Use Permit 08-129318-LO) which documented the absence of any critical areas adjacent to this proposed development. That report included acknowledgement of the railroad tracks abutting the site to the east, noting that although there is a shallow, u-shaped ditch between the tracks and delineated wetland, this is not part of a natural stream. The report concludes that a similar configuration has been present on the site since at least 1936 as shown by the aerial photographs in Appendix A of the CAR. The report also notes that the eastern portion of the site is in a topographic saddle and the subject wetland is in a headwater topographic position that may have historically drained to Lake Bellevue to the southeast. According to the report, agriculture and other development altered drainage patterns in this vicinity well before 1936 and no stream or wetlands have been identified on the adjacent properties since then.

6. The resulting development is compatible with other uses and development in the same land use district.

Finding: The proposed project is an expansion of an existing hospital and therefore is not an alteration to existing land use patterns in the area. While the project design will be presented with more specificity at the Design Review stage of permitting, the drawings provided with this application indicate appropriate minimization and mitigation efforts such as a low building profile and lighting shields to minimize impacts to adjacent uses.

Critical Areas Land Use Permit Decision Criteria (LUC 20.30P.140)

The Director may approve or approve with modifications an application for a Critical Areas Land Use Permit if:

1. The proposal obtains all other permits required by the Land Use Code; and

Finding: In addition to the Critical Areas Land Use Permit, this decision includes a Master Development Plan and SEPA determination. Next steps prior to building construction include Design Review and construction permits.

2. The proposal utilizes to the maximum extent possible the best available construction, design and development techniques which result in the least impact on the critical area and critical area buffer; and

Finding: The project has been located and designed to avoid critical areas where feasible. However, due to the location of impacted critical areas, complete avoidance is not practicable. Therefore, as part of the impact analysis described in the CAR, the applicant has considered the potential for impacts and has incorporated the best available techniques for mitigating them. Enhancement methods to offset the requested wetland buffer reduction include the following:

- Removal of invasive plants and replacement with a native plant association which will significantly improve the habitat structure and functions of the buffer.
- Denser native vegetation will provide better protection to the wetland habitat and augment the forage and cover opportunities to wildlife that use the wetland, primarily songbirds and small mammals that are habitat generalists and adapted to high levels of human activity.
- A proposed mixture of short and tall deciduous and evergreen shrub species will provide greater feeding opportunities to pollinators as well as seeds for wildlife.
- A mixture of native deciduous and evergreen tree species is proposed. The combination of the proposed trees and shrubs will provide a multi-tiered architecture that is now absent. Evergreen species will provide greater cover than deciduous species.

As described in subsection VII.B.2 above, these enhancements will contribute to greater habitat function than now exists in both the buffer and wetland. Over time as trees in the wetland buffer mature, density and abundance of the shade intolerant species in the wetland, including reed canary grass and Himalayan blackberry, will decline thereby improving wetland vegetation structure and function.

3. The proposal incorporates the performance standards of Part 20.25H to the maximum extent applicable; and

Finding: The applicable performance standards and responses have been incorporated as described in Section III.A - C of this report.

4. The proposal will be served by adequate public facilities including street, fire protection, and utilities; and

Finding: All required public services and facilities are available to the site.

5. The proposal includes a mitigation or restoration plan consistent with the requirements of LUC Section 20.25H.210; and

Finding: All impacts to the existing wetland and its buffer will be mitigated in accordance with the applicable regulations as described in chapter 4 of the CAR and depicted on the attached *Buffer Reduction with Enhancement Plan*. The approach described in that document proposes enhancement of the existing, on-site, significantly degraded wetland as allowed per LUC 20.25H.105.A.1 (Option C in the hierarchy of preferred mitigation methods). Further, LUC 20.25H.105.A.2 establishes a hierarchy of preferences for mitigation of impacts to a wetland buffer. The proposed project applies Option B: on-site enhancement of the functions and values of remaining critical area buffer, also as described in the CAR and depicted on the attached *Buffer Reduction with Enhancement Plan*.

6. The proposal complies with other applicable requirements of this code.

Finding: As described in Sections II and, most applicably, III the project proposal been prepared in accordance with the City's applicable Land Use Code requirements.

VIII. Decision

After conducting the various administrative reviews associated with this proposal, including Land Use Code consistency, City Code and Standard compliance reviews, and SEPA review, the Director of the Development Services Department does hereby **approve with conditions** Children's Hospital Phase II.

Approval of this Master Development Plan and Critical Areas Land Use Permit does not constitute a permit for construction. Design Review approval, along with subsequent building permit, clear and grade permit, and/or utility permit is required and all plans are subject to review for compliance with applicable City of Bellevue codes and standards.

Note- Expiration of Approval: In accordance with *LUC 20.30V.190 Extended vesting period for Master Development Plans*, a modification to the vesting and expiration provisions of LUC 20.40.500 is approved, allowing for vesting of this decision for a period of up to 10 years from the date of issuance of this decision. However, as discussed in Subsections III.B & C, the extended vesting is limited to the Land Use Code regulations; the extended vesting does not include other codes, including the City's storm water regulations and requirements under the National Pollution Discharge Elimination System.

(Refer to the following page for conditions of approval.)

IX. Conditions of Approval

The following conditions are imposed under the Bellevue City Code or SEPA authority referenced:

1. MITIGATION, MAINTENANCE AND MONITORING

A copy of the proposed Mitigation, Maintenance, and Monitoring Plan provided in Section 5.4 of the Critical Areas Report shall be provided to the City with the future Design Review application and each subsequent construction permit application. In addition, monitoring reports shall be provided to the City as described in Subsection III.B of this report.

Authority: LUC 20.25H.165.A

Reviewer: Mike Upston, Land Use

2. PRELIMINARY DESIGN, UTILITY CODES AND ENGINEERING STANDARDS

Utility review has been completed on the preliminary information submitted at the time of this application. The review has no implied approvals for water, sewer and storm drainage components of the project. Final engineering approval will occur under a Utility Developer Extension Agreement permit. Submittal of the Utility extension will coincide with future clearing and grading permit review. Final civil engineering may require changes to the site layout to accommodate the utilities. Preliminary storm drainage review was completed under the codes and standards in place at the time of this application.

Authority: BCC Title 24.02, 24.04, 24.06

Reviewer: Mark Dewey, Utilities

3. PRELIMINARY FIRE REQUIREMENTS

The conceptual plans for this application generally conform to Fire Code requirements. However, Conceptual review will occur again under the future Design Review, followed by review of various construction permit applications. Conditions which will be required to be met prior to issuance of building permits will include, but are not limited to, the following:

- Extend automatic fire sprinklers into Phase 2 per IFC 903.
- Extend the fire alarm system into Phase 2 per IFC 907.
- Provide standpipes in the stairways per IFC 905.
- Provide an Emergency Responder Radio Coverage system in Phase 2 per IFC 510.
- Provide access per IFC 503.

Authority: IFC, see sections above

Reviewer: Adrian Jones, Fire