

## CAC Comment Letter of July 25, 2008 and Children's Response

CAC Letter	Children's Response	FMP Page Reference
<p>Dear Ms. Sugimura and Dr. Hansen,</p> <p>In accordance with SMC 23.69.032.D(11), the Children's Hospital and Regional Medical Center Citizen's Advisory Committee (CAC) submits the following comments on the Draft Major Institutions Master Plan (DMIMP) and the Draft Environmental Impact Statement (DEIS).</p> <p>The CAC directed its efforts to what the proposed expansion would look like and how it would impact the surrounding neighborhoods. CAC is concerned about the scale and position of the buildings; the setbacks and open space; parking; and impacts such as traffic. While the CAC understands that any viable proposal must meet CHRMC's needs, the CAC understands that it is the primary role of the CAC to balance the growth of the institution with long term compatibility of the surrounding neighborhoods consistent with SMC 23.69.025.</p> <p>The CAC respects the continued efforts of Children's Hospital and Regional Medical Center (CHRMC) to respond to the comments submitted by the CAC, and individuals, and community organizations. The CAC is universally supportive of the mission of CHRMC but must ensure that the expanded hospital fits well and the proposed growth is compatible with the surrounding community. The CAC appreciates the new alternatives that have been developed to respond to its concerns and the expanded transportation mitigation efforts to help curb the effects of increased traffic on the neighborhoods but believes that additional modifications and mitigation measures are needed before the CAC could recommend approval of the Master Plan.</p> <p>The Committee's specific comments follow.</p>	<p>Thank you for your comments. Seattle Children's has worked hard to modify proposal to meet the issues raised by the CAC. While this is an abbreviated version of the information in the Master Plan, we hope it will be useful. Page numbers from the Final Master Plan are referenced in the far right column. Please see both the responses to your specific comments below and the more detailed information in the Final Master Plan. Occasionally, where more information is available, the Final EIS is also referenced.</p>	
<p><b>A. <u>Identify a Modified Alternative 7 as the Preferred Alternative</u></b></p> <p>The CAC supports the designation of Alternative 7 as the preferred alternative with significant modifications. Although the city code regulating Major Institutions</p>	<p>Children's has selected Alternative 7R as our proposed Final Master Plan (FMP). We believe that Alternative 7R best responds to the CAC's concerns and allows Children's to address the long-term pediatric healthcare needs, as demonstrated below.</p>	

<p>encourages concentration of development on existing campuses and discourages the expansion of boundaries, the advantages of Alternative 7 in terms of mitigation justify allowing the expansion of the MIO onto the Laurelton Terrace property. Alternative 7 shifts the impact of the expansion away from immediate adjacency with a single-family residential neighborhood, allows new entrances to be sited on a major arterial (Sand Point Way), and permits the creation of an enhanced transportation center or “hub” for the hospital complex on Sand Point Way.</p> <p>The CAC understands the development on the Laurelton Terrace property must include sufficient development potential to warrant the purchase of the property. However the present proposal outlines a development envelope that clearly impacts the surrounding area and can be improved in significant ways. The CAC strongly recommends that CHRMC modify Alternative 7 to reduce its height bulk and scale and aesthetic impacts on the neighborhood and particularly to the west towards the Ravenna Bryant Neighborhood.</p> <p>Specifically, the CAC recommends that strong consideration be given to:</p>		
<ul style="list-style-type: none"> <li>• Spreading some of the development currently placed on the Laurelton Terrace Site to the existing campus with at least some of the development moved north of Penny Drive;</li> </ul>	<p>As compared to Alternative 7, the design for Alternative 7R shifted 290,000 gross square feet (gsf) of proposed new development uphill from the Laurelton Terrace site, partially onto the existing campus, to lessen the intensity of development on both the Laurelton Terrace and Hartmann sites. Some of the new space was moved to the building proposed north of Penny Drive.</p>	<p>See Comparison excerpts pages 22-23 and page 24</p>
<ul style="list-style-type: none"> <li>• Reducing the height of the proposed three towers either by going underground or building above the proposed southeast garage;</li> </ul>	<p>Building heights were reduced from 160’ to 140’ on the Laurelton Terrace site, and reduced from 105’ to 65’ on the Hartmann site.</p>	<p>See pages 46-53</p>
<ul style="list-style-type: none"> <li>• Stair-stepping the height of the buildings down toward all of the boundaries of the campus including on the Laurelton Terrace site; and</li> </ul>	<p>The proposed buildings on the Laurelton Terrace site have been moved farther to the east, away from the western edge of the campus. The proposed building base (plinth) would be no greater than 4 stories at the edge of the setback from 40<sup>th</sup> Avenue NE and Sand Point Way NE.</p>	<p>See Comparison excerpts pages 22-23</p>
<ul style="list-style-type: none"> <li>• Identifying various design or other techniques to significantly reduce the looming nature of the</li> </ul>	<p>Buildings have been moved back from the street edge, and moved farther apart to increase the sense of open space, and reduced in width facing the street edges.</p>	<p>See pages 27-38</p>

<p>identified development for all the buildings facades that front 40<sup>th</sup> Avenue NE and NE Sand Point Way to create a more “pedestrian-friendly” entrance to the hospital.</p>	<p>Additional pedestrian oriented design and landscaping are proposed for the street edge.</p>	
<p><b>B. <u>Include an Alternative(s) for Impact Evaluation Purposes that has Less Square Feet of Total Development</u></b></p> <p>While the CAC is recommending that the greatest attention be put on modifying Alternative 7, the CAC wants to ensure that the other alternatives continue to be fully reviewed in case Alternative 7 is not implemented.</p> <p>In its comments to the Preliminary Draft Master Plan the CAC requested the development of “a new alternative that adds less than one million square feet and shows further significant height and bulk reductions below 160 ft.” in order to allow a full evaluation of he range of impacts. The CAC notes that no such alternative was evaluated in the EIS. Therefore the committee continues to recommend that an alternative that includes less than an additional 1,500,000 square feet be included in the EIS for evaluations purposes. <i><b>This may be accomplished by an evaluation of the initial impacts of any Phase one development as outlined in Section C below.</b></i> [Bold and italics added.]</p>	<p>Children’s projected need for the next 20 years is a total of 500 to 600 beds. At 4,000 gsf per bed, our maximum need is a total of 2.4 million gsf, an increase of 1.5 million gsf over what we currently have on campus, with the initial phase totaling 592,000 gsf. Pages 4-5 of this document have more detailed information regarding phasing.</p> <p>In order to make sure that our proposed development keeps in step with our needs, we have proposed four phases of development over the next 20 years, with the total development on the main campus (excluding garage space) within the first 10 years (Phase 1 and 2 being 704,070 gsf).</p> <p>For each phase that includes beds, we would need to obtain a Certificate of Need from the Department of Health and Master Use Permit approval from the City. Both approval processes would serve as a check on the need to grow balanced with the appropriate mitigation of impacts.</p>	<p>See pages 14-15</p>
<p><b>C. <u>Develop a Specific Phasing of Development be Included in the Plan and EIS for all Alternatives</u></b></p> <p>The CAC understands that the proposed plan is a long term vision to ensure the viability of CHRMC and to provide certainty for the future. However, the CAC is concerned that the proposed 1.5 million square feet may be too much to approve at this time. The CAC members continue to struggle with this issue. Some have concluded that the full 1.5 million square feet of development should be included in the plan, others do not. No consensus has been reached on this issue at this time and the CAC neither endorses nor formally opposes any specific square footage proposal. However, there continues to be concern regarding the</p>	<p>Children’s has met the specific request of the CAC regarding development within the first 10 years. See pages 4-5 of this document for more detailed information regarding phasing.</p>	<p>Phasing is described in Section III.F in the FMP, beginning on page 66</p>

<p>ability of the neighborhood to accommodate the full 1.5 million square feet of growth while maintaining its livability. CHRMC has clearly stated that it does not intend to construct more space than is needed. The CAC accepts this assurance on face value. However to preserve the option for re-evaluation of the future scale of development, the CAC recommends that a meaningful phasing plan be developed for the construction of the expansion.</p> <p>The CAC understands that unmet needs must be taken care of as soon as possible. Significant initial development will have to occur. Greater than existing height may be necessary to preserve CHRMC's long-range options. However the CAC is concerned that the initial developments do not automatically allow the institution to construct its first buildings at a 160 foot level. Instead the CAC would like to see lower initial development heights and some mechanism to review actual needs prior to exceeding some specific height. The CAC therefore recommends that the Institution, CAC and the City of Seattle staff jointly develop a phasing plan that will meet the needs of CHRMC and be sensitive to compatibility with the neighborhoods. This plan should be reviewed with the CAC during its public meetings.</p> <p>The CAC is not suggesting specific heights or square footages at this time and is relying upon CHRMC to work cooperatively to identify a plan that would work within CHRMC's evaluation of their short and long-term needs. We suggest the following as a possible initial starting point for discussions:</p>		
<p>1. That phase one development be identified as that development anticipated within the first ten years after plan adoption;</p>	<p>Within the next ten years, Children's would need an additional 264 new beds (total needed beds of 408 less existing supply of 144 single beds), new Diagnostic &amp; Therapeutic Facilities, ancillary, mechanical and physical plant, and additional office and clinic space. To meet these needs, Children's is proposing two phases of construction, with Phase 1 occurring between the 1st quarter of 2010 and the 4th quarter of 2012, and Phase 2 beginning the 4th quarter of 2013 and completing by 4th quarter 2016.</p>	<p>See Table 1. Proposed Master Plan Phasing on page 66; Figure 47 on page 67; and the text of pages 68-69.</p>

	<p><b>Phase 1 construction would include:</b></p> <p>5.5 stories of Beds at 48 beds per floor (264 beds) = 258,800 gsf  1 story for Emergency Department = 93,507 gsf  2 stories of Diagnostic &amp; Therapeutic = 176,303 gsf  1 story of Mechanical = 49,400 gsf  Mechanical Penthouse = <u>14,000 gsf</u>  <b>Total Phase 1 GSF for 9.5 stories</b> = <b>592,070 gsf</b></p> <p><b>Phase 2 construction would include:</b></p> <p>Hospital Campus  2 stories of Diagnostic &amp; Therapeutic = 118,000 gsf  1 story of Mechanical, Physical Plant = 59,000 gsf  Demolition of on-campus space = <u>(65,000) gsf</u>  <b>Total Phase 2 on Campus</b> = <b>112,000 gsf</b></p> <p><b>Hartmann</b>  1 story of Clinic and Medical Office (52,701 gsf/floor) = 52,701 gsf  3 stories of Clinic and Medical Office (32,433 gsf/floor) = <u>97,299 gsf</u>  <b>Total Hartmann Redevelopment</b> = <b>150,000 gsf</b></p>	
2. That phase one development include no more than 800,000 square feet of new development;	<p>Phase 1 construction would be 592,000 gsf. Phase 2 construction would be 112,000 gsf.</p> <p>The total development on campus (excluding garage space) within the first ten years (Phase 1 and 2) would be 704,000 gsf.</p> <p>An additional 150,000 gsf would be developed on the Hartmann property.</p>	See page 66
3. That phase one height be conditioned to a height lower than 160 feet on all portions of the campus	Children's has proposed limiting the height of the Phase 1 building to 140 feet exclusive of mechanical penthouse.	
4. That development above the phase one height limits be allowed only after a demonstration that additional development above that level cannot occur under the lower heights.	No development above 140 feet is proposed for the duration of the Master Plan.	
The CAC recommends that any such phasing plan be included in the legislation adopting the Plan as a Council Condition.	<p>Adequate monitoring and review checks are already in place and additional Council conditions limiting development to less than that total amount approved in the MIMP is not consistent with the legislative intent of the MIMP ordinance.</p> <p>Before additional area can be constructed, Children's must do the following:</p> <ul style="list-style-type: none"> <li>• Submit an annual status report to DPD: The institution shall provide an annual status report to the Director and the Standing Advisory Committee</li> </ul>	See page 69

	<p>which shall detail the progress the institution has made in achieving the goals and objectives of the master plan. The annual report shall contain the following information:</p> <ul style="list-style-type: none"> <li>- The status of projects which were initiated or under construction during the previous year;</li> <li>- The institution's land and structure acquisition, ownership and leasing activity outside of but within two thousand five hundred feet (2,500') of the MIO District boundary;</li> <li>- Progress made in achieving the goals and objectives contained in the transportation management program towards the reduction of single-occupant vehicle use by institution employees, staff and/or students; and</li> <li>- Progress made in meeting conditions of master plan approval</li> </ul> <ul style="list-style-type: none"> <li>• Meet the SOV goals in the TMP</li> <li>• Perform additional SEPA review if the project impacts are not already analyzed in the EIS</li> <li>• Review the proposed development with the Standing Advisory Committee</li> <li>• Obtain a Certificate of Need for new beds</li> </ul>	
<p>D. <b><u>Provide Consistent 75-foot Landscaped Buffers Along the Edges of the Campus –</u></b></p> <p>The CAC recommends that the plan be modified to include a uniform 75 foot landscaped buffer and setback along all perimeters of the campus including that area along NE 45<sup>th</sup> Street adjacent to the proposed garage where a 40-foot buffer is included. The sole exception should be the areas along 40<sup>th</sup> Avenue NE and Sand Point Way NE where CHRMC has committed to develop a plan to create a transit hub and pedestrian oriented streetscape. In these areas a combination of possible lesser set-backs including plazas and other features should be explored.</p>	<p>On the east, Children's proposes a setback of 75 feet for the entire property line.</p> <p>On the south, Children's proposes maintaining the existing 75-foot setback that exists for the campus, and establishing a 40-foot setback for the new expansion area on the Laurelon Terrace site. To the north of the 40-foot setback, Children's has proposed an Major Institution Overlay (MIO) 37' to provide a transition in heights similar to what currently exists today with the Laurelon Terrace condominiums.</p> <p>Along the northern boundary, Children's proposes to increase its existing 20-foot setback to 75 feet for the eastern two-thirds of the boundary. On the western third, we have proposed to increase the existing 20-foot setback to 40 feet to allow adequate space for development north of Penny Drive to the west of the garage.</p> <p>On the western side of the expanded campus along 40th Avenue NE, Children's proposes a 20-foot setback. For the western boundary along Sand Point Way NE from 40th Avenue NE to Penny Drive, Children's proposes a setback of 10 feet. Next to the setbacks, we have proposed a building base of no greater than 4 stories in height. All are intended to provide street level interest to pedestrians and transit users, and to create a transit hub along the street edge that will serve as a "front door" to the hospital for pedestrians and bicyclists.</p>	<p>See page 82 and Figure 51 "Proposed Landscaping" on page 83.</p>
<p>E. <b><u>Exclude the Hartman Building from the MIO Boundary</u></b></p>	<p>In order for the CAC and the City to be able to view the difference in design and impacts, we have provided the City with Alternative 8 for analysis in the Final EIS.</p>	<p>See page 23 for Alternative 8 overview</p>

<p>A majority of CAC believes that with the exception of the possible incorporation of the Laurelton Terrace site into the MIO, CHRMC should not expand its boundaries. While the CAC fully appreciates the move of CHRMC to lower the height of the Hartmann building, the CAC concluded that it would not serve the neighborhoods broader interest. The Major Institutions Code discourages the expansion of the MIO boundaries but allows boundary expansion during the development of a MIMP subject to specific criteria outlined in SMC 23.34.124B.</p> <p>The criteria established in SMC 23.34.124B state in part that the preferred locations for boundaries shall be streets, alleys or other public rights-of-way and should emphasize physical such as arterials. Based in part upon these criteria, the CAC notes that the logical western most boundary of the CHRMC Campus would appear to be Sand Point Way N.E. To leapfrog Sand Point way at this time sets an undesirable precedent and might signal eventual further expansion in that area. The CAC concluded that the development of that site should be governed by underlying zoning.</p>	<p>This alternative shows the additional space located over the garage on the southwest portion of the Laurelton Terrace site. Children's currently owns and uses the Hartmann property for medical office and clinic use. The projected need is approximately 150,000 gsf over the next 20 years, and the preference is to locate this space on the Hartmann property instead of creating this additional space on the main campus.</p> <p>The underlying zoning of the Hartmann site is Lowrise-3, a multi-family designation, even though the property has been in continuous use for medical offices and clinics since 1953. The property immediately to the south is zoned Neighborhood Commercial (NC), a zone which allows medical office and clinic use. The property facing the site across Sand Point Way NE, where Wells Fargo Bank and Springbrook Office Buildings are located, is also zoned NC. With the L-3 zoning, Children's can continue its current use in the existing building, but cannot redevelop the property for anything other than multi-family use. Children's evaluated the option of requesting a rezone of the property to NC to allow redevelopment for medical offices and clinics outside of the MIO (see Alternative 6), but believes that by including the site within the MIO, there is greater control and certainty over future design and development for both Children's, homeowners residing at Laurelhurst Condos and LaurelCrest Condos, and the surrounding neighborhoods of Laurelhurst and Ravenna/Bryant.</p>	
<p>F. <b><u>Increase the Amount of Open Space Identified in the Plan and EIS</u></b></p> <p>There are several references in the Draft Master Plan to "the opportunity to provide public open space on campus" and a plan to "connect neighborhood green spaces to and through the hospital campus." However, neither an increase in public open space nor public access to this space from neighborhood green spaces is apparent in the alternatives presented, particularly in Alternative 7. The figures cited in the Master Plan for the identification of the open spaces are not specific enough to define the size and location of the open spaces.</p> <p>In addition, a table that appeared in the preliminary draft EIS (Table 3.7-1) showing lot coverage</p>	<p>See responses below to each comment on pages 7 and 8 of this document.</p>	

<p>percentage for each alternative was removed from the draft EIS, making it difficult to compare the revised alternatives with regards to open space. However, in Alternative 7, it appears that essentially all of the Laurelon Terrace property will be covered in buildings and that an existing playground with surrounding gardens close to NE 45th St would also be eliminated in this alternative, leading to the conclusion that the lot coverage percentage is much higher than the existing campus.</p> <p><u>Recommendations:</u></p>		
<p>1. Include a table in the EIS showing percentage of the total site area that will be open space (in measured area) or lot coverage percentage for each alternative, including the existing campus/"no build" alternative (Alternative 1).</p>	<p>Table 3.7-1 has been included in the Final EIS showing the percentage of lot coverage and open space for each of the alternatives evaluated in the Final EIS, including Children's selected Alternative 7R.</p>	<p>See Table 3 on pages 88-89</p>
<p>2. Revise all alternatives to retain the lot coverage percentage (% open space) on the existing campus. For Alternative 7, consider displacing some of the density shown on the Laurelon Terrace property to the existing campus in order to create more open space on the lower portion of campus.</p>	<p>The existing lot coverage is approximately 7.26 acres (35%) and the existing open space is approximately 9.7 acres (45%). For Alternative 7R the proposed lot coverage is approximately 15.47 acres (51%) and the proposed open space is approximately 12.27 acres (41%)."</p>	<p>See Table 3: "Open Space 3,4,5" on page 89</p>
<p>3. The open space on campus should emphasize, in addition to the heavily planted buffers, landscaped pathways that connect neighborhood green spaces to and through the campus (as described generally in the Master Plan) and pocket gardens accessible from the surrounding neighborhoods rather than paved plazas and roof gardens.</p>	<p>Streetscape and pedestrian amenity improvements would be provided around and across the campus. Improvements within the public right-of-way would conform to pedestrian and bike goals for residential areas around the garden edges of the campus. Across the campus, pedestrian pathways would be a minimum of 4' wide and coordinate with the open spaces for the campus, with needed lighting and plantings, and conform to SMC 23.53.006, Pedestrian Access and Circulation.</p>	<p>See page 85</p>
<p>4. The planned open space should be specifically identified as to size, location, and type (on grade, above grade, etc.) for each alternative.</p>	<p>Open space includes vertical planting, roof gardens, eco-roof opportunities, sculpture gardens, pocket gardens, plat areas, plazas, courtyards and garden nurseries. Additional design work would be required in order to provide details on exact dimensions. This work would be done as part of the first MUP application, and would be one element included in the annual report to DPD and would be reviewed by the Standing Advisory Committee.</p>	<p>Figure 42 on page 57 provides information on the location and type of proposed open space, landscaping and screening.</p>
<p>5. A plan should be presented for how the large trees on the current Laurelon Terrace property</p>	<p>Large, mature trees would be retained where possible or studied for possible relocation.</p>	<p>See page 82</p>



	will be retained and moved to other areas of campus.		
6.	Any plan to develop Hartmann, whether as part of the MIO or through a rezone, should include a plan to save the grove of redwood trees in the northwest corner of the property.	A setback area of approximately 60 feet by 80 feet is proposed for the northwest corner of the Hartmann site to preserve the redwood trees, as requested specifically by Ravenna/Bryant neighbors and the CAC.	See page 56 and Figure 42 on page 57
7.	As described on p. 3.3-3 in the draft EIS, all proposed alternatives (other than Alternative 1, No Build) significantly increase the percentage of impervious surface on the campus. For example, the Master Plan/EIS needs to include a more detailed description of how the storm water drainage issues will be mitigated.	See Section 3.3 of the Final EIS. Alternative 7R would have an estimated impervious surface area of approximately 66 percent. On-site drainage systems would be designed and sized to convey at least the required 25-year storm per City of Seattle requirements. Part of the proposed design would include moving approximately six acres of stormwater flows from the Central basin to the Northwest basin, which has adequate capacity. These storm flows ultimately combine in the same pipe system at the intersection of NE 45 <sup>th</sup> Street and 40 <sup>th</sup> Avenue NE.	See page 76
G.	<p><b><u>Maintain a Strong Commitment to Environmental Stewardship</u></b></p> <p>The Draft Master Plan discusses in general ways how CHRMC has demonstrated a commitment to environmental stewardship and how the new Master Plan will continue those goals. What is lacking is specificity of these goals, and there are a number of tools which can be used to set targets for these general goals of environmental stewardship that should be applicable to all build alternatives.</p> <p>As an organization devoted to the health and well being of children, CHRMC should take a leadership role in the environmental stewardship in the development and operation of future facilities.</p> <p><u>Recommendations:</u></p>	See responses below to each comment on page 9 of this document.	See page 75
1.	The Master Plan should identify measurable targets for demonstration of Environmental Stewardship. All alternatives should set LEED Gold as a minimum target. For Alternative 7, LEED ND should also be considered. For all alternatives, meeting the 2030 Challenge should also be identified in the Plan as a target.	<p>Children's is committed to following the principles and strategies in the Green Guide for Health Care™. At present there is no U.S. Green Building Council LEED Certification for Health Care, as it is currently under development.</p> <p>Children's will adopt the 2030 Challenge reduction in Green House Gas Emissions for new construction.</p>	<p>Under Development Standards, Section IV. see B Sustainability and Environmental Stewardship in the FMP, beginning on page 75.</p> <p>See page 77</p>
2.	The Plan should consider aggressive	Children's has listed a number of methods designed to reduce energy usage, and	See Sustainability Goals

	approaches to energy by looking at on-site generation of energy through PV's, geothermal, etc.	to supply our energy needs by purchasing off-site renewable green power sources.	listed on page 77
	3. In addition to the above Recommendation 7 (under Section E), specific targets for minimizing storm water runoff should be set that go above and beyond the City of Seattle requirements.		
H.	<p><b><u>Further Increase Commitments to Reduce Traffic and Transportation Impacts</u></b></p> <p>After careful review, it is the conclusion of the CAC that the proposed enhanced traffic management plan outlined in the EIS would fall short of the traffic mitigation necessary to insure the livability and viability of the surrounding neighborhoods. Projected increases in traffic on Sand Point Way N.E., N. E. 45<sup>th</sup>, 40<sup>th</sup> Ave. N. E. and Montlake will significantly reduce the ability of the community to thrive in that environment.</p> <p>The CAC acknowledges the wisdom of the three strategies offered by the Hospital to reduce traffic in the area:</p>	Children's proposed Transportation Management Plan (TMP) and Comprehensive Transportation Plan (CTP) are more aggressive than any other employer using the Sand Point Way NE, NE 45 <sup>th</sup> and Montlake corridors. See responses on pages 10-17 of this document.	See CTP section beginning on page 93
	<ul style="list-style-type: none"> <li>Enhancing the transit shuttles operated by the Hospital to carry employees to off site parking areas and connecting employees to major transit hubs.</li> </ul>	Children's proposed expanded shuttle system is designed to increase the number of employees who use transit by providing frequent and convenient service between Children's and regional transit hubs.	See page 93, Table 4 on page 96, and Appendix J "Recommended Comprehensive Transportation Plan" pages 2 and 5.
	<ul style="list-style-type: none"> <li>Transportation demand management programs which give commuter bonus cash awards to employees who do not drive alone to campus.</li> </ul>	Our transportation plan proposes increased financial rewards for employees who commute without driving alone.	See page 94, Table 5 on page 96, and Appendix J page 7
	<ul style="list-style-type: none"> <li>Parking management policies which charge employees a fee for SOV parking.</li> </ul>	Children's proposes to raise on-campus SOV parking to \$65 per month, with ongoing review of charges to set parking fees that encourage the use of Non-SOV modes of transportation.	See page 94, Table 6 on page 97, and page 7 of Appendix J.
	The CAC believes these strategies must be maximized to have any chance of mitigating the impact of the growth in number of patients and employees offered by any of the CHRMC proposed alternatives.	Children's agrees.	
	1. Further reduce the number of vehicle trips to	See responses below to each comment.	

<p>and from CHRMC generated by the Draft Master Plan.</p> <p>To accomplish this the CAC strongly recommends that:</p>		
<ul style="list-style-type: none"> <li>All employees must be subject parking management policies, with the only exception being those called in on an emergency basis. That includes doctors, medical staff, students, medical residents, fellows and CHRMC employees.</li> </ul>	<p>Children's proposed parking management policies apply to all employee groups as well as non-employees.</p>	
<ul style="list-style-type: none"> <li>CHRMC Employee parking lots should be regulated by gates and accessed only by key cards.</li> </ul>	<p>Children's will continue to regulate its on-site parking via key card access and will regulate off-site parking by other means.</p>	
<ul style="list-style-type: none"> <li>More off site parking must be found to diminish the need for individual trips to and from campus.</li> </ul>	<p>Children's is pursuing opportunities for off-site parking and has secured a letter of intent with Sound Transit to identify long-term partnerships.</p>	<p>See page 95, Appendix H, and Appendix J pages 18-19</p>
<ul style="list-style-type: none"> <li>CHRMC initiate geographic based parking assignments for employees with shuttle service from those lots. This method assigns employees to off site parking lots based on their home addresses.</li> </ul>	<p>Geographic assignment of employee parking will be an element of the Comprehensive Transportation Plan (CTP) being developed and refined by Children's.</p>	<p>Please see Appendix J page 18 and also Attachment T-9 of Appendix D in the Final EIS.</p>
<ul style="list-style-type: none"> <li>CHRMC develop more aggressive fees for employee parking in all sites, with the highest fees for on site parking. The proposed fee of \$ 65 per month does not seem to be an adequate deterrent. Parking fees should generally be market based.</li> </ul>	<p>Parking fees would be adjusted to what is appropriate for the market and would consider University of Washington parking fees. The current proposal of \$65 per month likely exceeds the market for any nearby business or facility and reflects Children's intent to minimize transportation impacts. Children's will review the parking rates annually to set a fee that encourages non-SOV commute modes.</p>	<p>See page 97 Table 6 and Attachment T-9 of Appendix D in the Final EIS.</p>
<ul style="list-style-type: none"> <li>CHRMC should greatly expand its efforts to work with Metro, Community Transit, Sound Transit and WSDOT to link its shuttle service to the major transit hubs.</li> </ul>	<p>As part of the CTP offered as mitigation for the development, Children's plans a system of shuttle routes that would connect to the region's transit hubs in an effort to increase the numbers of employees and others that ride transit to Children's. The first of these lines was launched in June 2008 and offers transfers to Metro and Sound Transit, as well as Community Transit service in downtown Seattle.</p> <p>Children's currently partners with King County Metro to fund 64 additional trips on Routes 25 and 75. In addition, Children's has secured a letter of intent with Sound Transit to identify long-term partnerships designed to encourage alternative transportation uses. These partnerships may include:</p> <ol style="list-style-type: none"> <li>Identifying future service enhancements, such as Sound Transit buses and facilities, that link to Children's expanded shuttle services</li> </ol>	<p>See page 96, Table 4, and Appendix J page 5.</p> <p>For further information please review Attachment T-9 of Appendix D in the Final EIS.</p> <p>See Appendix H.</p>

	<ul style="list-style-type: none"> <li>b) Identifying potential private-public partnerships that will allow Children's to access current or future park-and-ride lots owned and operated by Sound Transit</li> <li>c) Participating in regional forums or workshops where Children's would help to advance regional transportation alternatives</li> </ul> <p>Children's has also secured a letter of intent from Community Transit which states that they will work together to:</p> <ul style="list-style-type: none"> <li>a) Where possible, coordinate connections between Children's shuttle service and Community Transit's bus service</li> <li>b) Explore potential private-public partnerships</li> <li>c) Research transit efficient locations for future Children's facilities within Snohomish County</li> <li>d) Explore targeted TDM programs to help employees access Community Transit services without driving</li> </ul>	See Appendix I
<ul style="list-style-type: none"> <li>• Create a plan for non emergency patient transportation. This should include fees for patient parking. Opportunities exist for patients to be assigned to an outlying parking lot and the related shuttle when they make an appointment for a planned hospital visit. The plan could include valet parking at the Emergency Room.</li> </ul>	Children's meets mode split goals by focusing primarily on employee groups, which make up about 65 percent of the total Children's population. The patient/visitor population makes up approximately 17 percent of the total Children's population. Children's would inform patients of parking options, including off-site parking for families that find it feasible.	
<ul style="list-style-type: none"> <li>• The City perform overall monitoring, reporting and review to ensure that the goal of the reduction of vehicle trips each month is being accomplished.</li> </ul>	The TMP will be monitored according to the procedures contained in DPD Director Rule 9-99, which applies to major institutions. In accordance with the rule, Children's is required to submit an annual report that includes an update on Children's mode splits. King County also monitors Children's compliance with the CTR bi-annually by administering the State's CTR survey.	
<ul style="list-style-type: none"> <li>• DPD should identify specific actions to be taken and conditions to be imposed on future development in the event that CHRMC fails to meet its trip reduction targets.</li> </ul>	DPD is required to review a Major Institution's progress in achieving its TIMP goal, and to determine whether revisions are necessary to correct deficiencies in the TMP.	
<ul style="list-style-type: none"> <li>• CHRMC seek to collaborate with local partners, e.g. UW and U Village on sub-area solutions.</li> </ul>	Children's is currently partnering with the University of Washington on two transportation projects: <ol style="list-style-type: none"> <li>1. Flexbike</li> <li>2. Use of E1 lot and geographic assignment to reduce congestion at the 5-corners intersection</li> </ol>	See page 94 and Appendix J page 6
<ul style="list-style-type: none"> <li>• CHRMC explore relocating 225 parking spaces currently planned for Hartmann to an off-site parking lot.</li> </ul>	Alternative 7R includes the redevelopment of the Hartmann property for 150,000 gsf of medical office and clinic space. Children's is proposing to provide only the minimum number of on-site parking spaces required by the Land Use Code.	See page 104
2. <b>Reduce Parking impacts on neighborhood</b>	See responses below to each comment.	

<p>associated with added development at CHRMC</p> <p>To accomplish this, the CAC strongly recommends that:</p>		
<ul style="list-style-type: none"> <li>• CHRMC expand the number of parking enforcement personnel. They will need to enforce the parking rules on campus, at off site lots and within surrounding neighborhoods.</li> </ul>	<p>Children’s monitors speed limits, directs traffic, and enforces parking policies through a parking officer and security staff. Parking on neighborhood streets is forbidden, as enforced by regular patrols who check license plates and issue warnings and tickets. Children’s takes disciplinary actions for any employee found parking in the neighborhood. Parking enforcement personnel will be added as needed.</p>	<p>See page 95 and Element VIII Out-of-area parking on page 18 of Appendix J</p>
<ul style="list-style-type: none"> <li>• Neighborhoods should be protected from the added pressure to seek “other” parking options that would be caused by aggressive fees charged for parking for employees and visitors.</li> </ul>	<p>See response above. Children’s will expand the neighborhood area patrolled to ensure that the Bryant neighborhood is also routinely patrolled and that Children’s parking policies are enforced.</p>	
<ul style="list-style-type: none"> <li>• CHRMC conduct community outreach to help neighborhoods understand the steps necessary to apply for Residential Parking Zones (RPZ) and the possible benefits.</li> </ul>	<p>Children’s agrees to fund the formation of a RPZ should the neighborhood(s) determine that one is necessary. Children’s believes that it has been successful in effectively limiting the impact of employee parking through employee parking policies and follow-up enforcement, but would help facilitate meetings with the City’s SDOT to discuss the RPZ process, and the benefits and disadvantages.</p>	<p>See page 31 of Appendix J</p>
<ul style="list-style-type: none"> <li>• CHRMC be required to pay for implementation of RPZ, as well as for the annual permits and enforcement.</li> </ul>	<p>Children’s would agree to fund the formation of an RPZ should the neighborhoods determine that one is necessary. However, Children’s has been successful in effectively limiting the impact of employee parking through its employee parking policies and follow-up enforcement. This represents over two-thirds of the peak parking demand associated with the facility. The RPZ would perhaps be an effective means of assuring that parking by patients/visitors is controlled through on-site management measures during periods of peak demand. These measures have included valet parking, and such measures would continue. Children’s has continued to place a high priority on providing a high-quality experience for its patients and their families and visitors. Given that, Children’s would expect on-site parking to be managed to assure that patients and visitors always have a space to park upon arrival.</p>	<p>See page 31 of Appendix J</p>
<p>3. <b>Significantly expanded marketing programs be undertaken to enhance the desirability of pedestrian and bike access to work.</b></p> <p>To accomplish this, the CAC strongly recommends that:</p>	<p>See responses below to each comment.</p>	
<ul style="list-style-type: none"> <li>• CHRMC use relevant marketing tools to present to employees the positive effects of exercise (walking and biking). It is understood that over</li> </ul>	<p>Children’s is piloting a social marketing program in partnership with King County Metro in fall 2008. This program, called “In-Motion,” reaches out to 4,000 hospital staff and 8,000 households in Northeast Seattle, encouraging participants to drive</p>	

<p>40% of CHRMC employees live within five miles of the Hospital.</p>	<p>less and use alternative modes of transportation.</p>	
<ul style="list-style-type: none"> <li>CHRMC should also use every marketing tool available to educate employees on the positive contribution each person could make to the environment by walking or biking to work.</li> </ul>	<p>Children's plans to aggressively market alternative commuting modes to employees. Our existing program includes a package of financial incentives, pathway and facility improvements, and new programs, all designed to encourage employees to walk or bicycle to work. See description of the bicycle program in the response below.</p> <p>Children's funds a full-time staff person in Commuter Services to support our TMP and advise employees how to use alternative transportation.</p>	<p>See Appendix J page 25</p>
<ul style="list-style-type: none"> <li>Bike parking should be increased to accommodate 600 cyclists around campus.</li> </ul>	<p>Children's goal is to get 10% of employees to cycle to work by 2028, and to provide showers, lockers and bike parking to accommodate 600 cyclists by 2028, with additional facilities added with each of the four phases of campus development.</p> <p>The first phase includes the following incentives for bicyclists:</p> <ul style="list-style-type: none"> <li>Approximately 120 total covered and secured bicycle spaces, to be located in each parking garage and at employee entrances;</li> <li>Showers and lockers free of charge;</li> <li>And subsidized annual on-site bicycle tune-up</li> </ul> <p>In addition, Children's is piloting two innovative bicycle programs to increase the number and proportion of employees who commute by bicycle:</p> <ul style="list-style-type: none"> <li>On July 17, 2008, the Company Bikes program was launched. Employees who commit to biking to work 2 days a week are provided bikes and safety classes free of charge. 100 bicycles were assigned by the end of September 2008. There is currently a wait list and Children's anticipates having more company bikes by Spring 2009 to fulfill this demand.</li> <li>In the first quarter of 2009, Children's will launch a Flexbike bike-sharing program that will house 20 bikes on the hospital campus for employees to rent during the day, with the first half hour free. The bicycles will have an electric-assist motor that can be turned on to help climb hills. The goal is to help employees who may not be ready or able to commute by bicycle to try using a bicycle for errands and meetings, reducing motorized vehicle trips during the day. The program will link with a system of 40 Flexbikes housed on the UW campus.</li> <li>To date, Children's is in the forefront of Seattle employers who promote this form of transportation.</li> </ul>	<p>See Appendix J page 30</p> <p>See Appendix J page 28</p> <p>See page 94</p>
<ul style="list-style-type: none"> <li>Shuttles be equipped to carry bikes.</li> </ul>	<p>Children's will continue to equip its shuttles to carry bicycles, so that employees have more options for traveling, including combining bicycling with shuttles to complete trips.</p>	<p>See Appendix J page 30</p>

<ul style="list-style-type: none"> <li>An improved bike path be added to connect CHRMC to the Burke Gillman Trail that is consistent with the existing trail greenway. This path should provide a seamless connection to CHRMC.</li> </ul>	<p>There are planned improvements to connect the hospital campus to the Burke-Gilman Trail through three locations: a new trail connection on the Hartmann property; 40<sup>th</sup> Avenue NE; and NE 50<sup>th</sup> Street. The plan for Hartmann calls for a connection from the Burke-Gilman Trail through the site. This access would lead cyclists to the Sand Point Way NE/40<sup>th</sup> Avenue NE intersection, where they would be able to safely cross Sand Point Way NE to Children's via the City's proposed traffic signal.</p>	<p>See Figure 56 on page 107</p>
<ul style="list-style-type: none"> <li>Comprehensive review of pedestrian circulation on campus and access paths to and from campus.</li> </ul>	<p>Children's architects, Zimmer Gunsul Frasca (ZGF), have made a comprehensive review of the pedestrian circulation on campus, the pedestrian and bicycle connections at the edges of campus, and areas where improved connections are called for, such as improved connections between the campus and the Burke-Gilman Trail.</p>	<p>See pages 106 – 108 of the FMP and Figure 56 <i>Proposed Motorized Connections</i>, located on page 107</p>
<ul style="list-style-type: none"> <li>Excellent pedestrian connections to and from public transit stops near campus and provision for better shuttle loading and layover facilities at outlying transit hubs.</li> </ul>	<p>The Final Master Plan would allow for the development of a high-quality transit center on both sides of Sand Point Way NE at 40<sup>th</sup> Avenue NE, in front of the hospital and the Hartmann property. Currently there are no shelters at the transit stops in this location and the crossing is extremely dangerous, forcing some transit riders to dart across four lanes of traffic to reach their destinations. The transit center would bring benefit to the surrounding community as well as provide easy access for commuters and visitors to the hospital's new "front door" on 40<sup>th</sup> Avenue NE and Sand Point Way NE. The transit center would be served by a safe and attractive covered waiting area for both public transit and hospital shuttles. Four to six bays, two to three on each side of Sand Point Way NE, would create a welcoming and dry location for neighborhood commuters and Children's staff to catch transit and shuttles. The City-installed traffic signal at 40<sup>th</sup> Avenue NE would provide a safe, signalized crossing for pedestrians.</p>	<p>See page 106</p>
<ul style="list-style-type: none"> <li>Suggestion # 3 from page 2 of the Heffron report be taken very seriously. It states, "The Final EIS should provide details about how the CHRMC \$2 million contribution for local bicycle and pedestrian programs will be managed and allocated." It further recommends that a fund be established through the Seattle DOT or its designee. That fund would allow the City to match grants for local sidewalk and bicycle enhancements with the highest priority to be the improvements that would serve the area surrounding CHRMC.</li> </ul>	<p>Element VII describes the proposed investments in a walkable and bikeable northeast Seattle. Children's has proposed to pay \$2 million for bicycle and pedestrian projects over the timeframe of the Master Plan, and has agreed that the money will be deposited with SDOT for management. Children's will work with SDOT to establish a project review and approval process, which should include community input.</p>	<p>See page 95 and Element VII of Appendix J pages 15-17, which are also included in Appendix D of the Final EIS</p>
<ul style="list-style-type: none"> <li>In the event that the Hartmann property is developed within the MIO, CHRMC develop specific plans for minimizing the visual impacts</li> </ul>	<p>Children's has proposed a landscaped buffer between our new development and the Burke-Gilman Trail. Children's plans include the preservation of the redwood trees. The Master Plan contains landscaping standards. The final landscape</p>	<p>See page 78</p>

<p>of the development on Burke-Gilman trail-users across all seasons (e.g. terracing on the trail side, increasing the setback from the greenway)</p>	<p>design will be reviewed and approved during the review of the Master Use Permit for building construction and by the Standing Advisory Committee if Hartman is included within the MIO as proposed by Alternative 7R.</p>	
<p>4. <b>Impact of traffic impacts on 40<sup>th</sup> Ave. N.E. in relation to the entrance and exit of the proposed southwest corner parking garage should be reviewed further.</b></p> <p>To accomplish this, the CAC <b>strongly recommends</b> that (as the Heffron Report states on page 2 #4, #5, and #6) :</p>	<p>See responses below to each comment.</p>	
<ul style="list-style-type: none"> <li>If Alternative 7 is selected as the preferred alternative, lane channelization changes may be needed at the intersection of NE 45<sup>th</sup> Street/40<sup>th</sup> Ave. N.E. the analysis should evaluate whether a left turn pocket on eastbound NE 45<sup>th</sup> Street should be provided.</li> </ul>	<p>Transpo, the DPD Traffic Consultant, analyzed the need for an eastbound left-turn lane on NE 45th Street at its intersection with 40th Avenue NE. As discussed in the Draft EIS, the NE 45th Street/40th Avenue NE intersection would operate acceptably without the left-turn lane. Queuing analysis, based on SimTraffic simulation software, shows the queue length for the combined eastbound through/left-turn lane would be a maximum of approximately 100 feet. This queue would not impact adjacent driveways or intersections on NE 45th Street. Given the level of concern within the community, an analysis was undertaken to determine what it would take to accommodate the eastbound left-turn lane. The modifications to NE 45th Street would depend on the lane widths; but, as a worst case, would potentially include removal of parking and portions of landscaping from 295 feet west of 40th Avenue NE to 120 feet to the east (for a total of 450 feet).</p>	<p>Please see the Final EIS Transportation Section</p>
<ul style="list-style-type: none"> <li>If Alternative 7 is selected as the preferred alternative, improvements may be needed at the NE 45<sup>th</sup> Street/Sand Point Way N. E. intersection. Comments taken at the May 6<sup>th</sup> Transportation Workshop suggest that long westbound queues now exist on NE 45<sup>th</sup> Street approaching the intersection with Sand Point Way. For Alternative 7, additional traffic that exits the site to 40<sup>th</sup> Avenue N.E. may add to the volume and queues on this approach. The analysis should consider reconfiguring the lanes and parking on NE 45<sup>th</sup> Street to provide a second westbound lane during the peak hours. This might be possible by moving the parking to the north side of the street, and restricting that parking during the peak hours.</li> </ul>	<p>Through additional analysis, Transpo determined the need for an additional westbound lane to accommodate queues on the NE 45th Street approach of its intersection with Sand Point Way NE. Along westbound NE 45th Street, the distance between Sand Point Way NE and the next curb cut or street (i.e., 40th Avenue NE) is approximately 500 feet. Field observations conducted by Transpo in May 2008 indicate that the average queue length of westbound vehicles is approximately 150 feet during both the AM and PM peak hours. In addition, the maximum queue length observed over three days was approximately 375 feet. Based on this information, it appears that during the peak periods the queue would fall short of the 40th Avenue NE intersection.</p> <p>The field observations were compared to the existing Synchro traffic operations analysis presented in the Draft EIS. This comparison shows that the Synchro analysis is conservative, in that existing queues are calculated to be over 100 feet longer than field observations (i.e., approximately 250 feet). The future traffic operations analysis shows that the 95th percentile queue, which is the maximum queue, would be approximately 375 feet or less during the peak hours. This</p>	<p>Please see the Final EIS Transportation Section</p>



	<p>queue falls short of the 40th Avenue NE intersection, which suggests the queues would not impact operations at this location during most periods.</p> <p>Given the level of concern within the community, DPD's consultant analyzed what would be required to accommodate the additional westbound lane. The following modifications would be required on NE 45th Street in order to provide sufficient width to accommodate a second through lane on the westbound approach of the Sand Point Way NE/NE 45th Street intersection:</p> <ul style="list-style-type: none"> <li>• Parking along the south side of NE 45th Street would be removed. The parking removal includes the area from Sand Point Way NE to 120 feet east of the NE 40th Avenue intersection.</li> <li>• Five feet of the seven-foot landscape strip would be removed along the north side of NE 45th Street. This removal area includes Sand Point Way NE to 120 feet east of the 40th Avenue NE intersection.</li> <li>• Both of the existing pork chop islands would need to be partially or fully reconstructed.</li> </ul> <p>In addition, with the existing offset alignment of the receiving lanes on Sand Point Way NE serving the westbound approach, westbound vehicles from NE 45th Street follow an S-curve path when traveling through the Sand Point Way NE/NE 45th Street intersection. In order for the additional two lanes of traffic to safely maneuver, the following modifications would be recommended on the Sand Point Way NE northbound approach at NE 45th Street:</p> <ul style="list-style-type: none"> <li>• The stop bars on Sand Point Way NE would be moved back 63 feet. This would involve some signal modification to reposition the heads for the two Sand Point Way NE lanes.</li> <li>• About 65 feet of parallel parking would need to be removed on the southern side of Sand Point Way NE, east of the new stop bar.</li> </ul> <p>The addition of a second through lane would impact intersection delays and 95th percentile queue lengths. With the additional lanes, the signal timing would be modified to allow a longer all-red interval for east/west vehicles to clear the intersection once the stop bar on the eastbound approach has been moved back. The analysis shows that the overall intersection LOS would remain LOS B both with and without the two westbound lanes. However, the 95th percentile queue would be reduced to approximately 200 feet during the peak hour.</p>	
<ul style="list-style-type: none"> <li>• Mitigation is suggested to retime several traffic signals, including the intersection at N.E. 45<sup>th</sup> Street/Montlake Boulevard as well as the signals on Sand Point Way near the site. However, SDOT typically will not retime single intersections, and would prefer to optimize an</li> </ul>	<p>The ITS improvements identified by the City include signal timing, traffic cameras, VMS, etc. along the Montlake Boulevard and NE 45th Street corridors.</p>	<p>See Element V. Intelligent Transportation Systems (ITS) for Sand Point Way NE and Montlake Boulevard, included beginning on page 11 of</p>

<p>entire corridor. It is recommended that the mitigation be changed to “optimize traffic signals along the Sand Point Way/NE 45<sup>th</sup> Street Montlake Boulevard corridor, between NE 50<sup>th</sup> Street (if signalized) and 25<sup>th</sup> Avenue N.E.” In addition, signal controller upgrades may be needed at some of these intersections to allow the signals to be interconnected. CHRMC should contribute to upgrading the signal controllers.</p>		Appendix J
<p>5. <b>Work with Metro to Allow nearby residents have access to the shuttles (on a space available basis) to access local transit hubs. It would also be necessary for the Hospital to widely publish the shuttle schedules and routes.</b></p>	<p>Children’s will continue working with King County Metro to pursue the opportunity to offer neighborhood residents free access to use the Children’s shuttle system. Bringing passenger onto the shuttles who are not affiliated with Children’s will require detailed analyses and approval from Metro to extend the shuttle service to the general public. Children’s sent a letter to Metro asking for their approval. If Children’s receives Metro’s approval, it will publish the shuttle schedules and routes and both distribute them to the neighborhood residents and post them on its web site.</p>	See Appendix J page 31
<p>6. <b>Install a traffic light at 50<sup>th</sup> Street and Sand Point Way and coordinate its timing with the light at Penny Drive.</b></p>	<p>In the Draft EIS, Transpo evaluated a traffic signal at the Sand Point Way NE/NE 50th Street intersection associated with each alternative; however this signal was proposed for Alternatives 3 and 6 only. This intent of the signal would be to facilitate a potential NE 50th Street access to and from the campus. With Alternative 7R, we are no longer proposing access to the campus via NE 50th Street, and the signal would not be needed for Children’s traffic. The neighboring communities could request that SDOT consider installation of a signal at NE 50<sup>th</sup> Street to facilitate neighborhood access to and across Sand Point Way NE for vehicles and pedestrians.</p>	
<p>7. <b>CHRMC study the possible traffic safety issues related to helicopter landings so near to Sand Point Way. The CAC suspects that with high visibility from the street, accidents could happen while drivers are distracted.</b></p>	<p>The helicopters would generally follow the same landing and takeoff patterns that they currently use. With Alternatives 7R or 8, the helipad location would be on top of a new building on the Laurelon Terrace site, approximately 150 feet or more above the level of Sand Point Way NE. Landing frequencies are anticipated to remain approximately the same, increasing from the existing average of 60 per year (5 per month) to 62 per year in 2010. There is no evidence that suggests that accidents on either Interstate 5 or on surface streets are caused by driver distraction from the helicopter landings and takeoffs at Harborview Hospital, nor would they be expected at Children’s.</p>	See Flight Track figures included in Section 3.5 in the Final EIS
<p>I. <u>Develop a Housing Replacement Plan Prior to the Demolition of Units at the Laurelon Terrace Site</u>  SMC 23.34.124 B 7 states that new or expanded</p>	<p>Children’s has informed the City’s Office of Housing that it will meet, and to the extent feasible and cost-effective, exceed housing replacement responsibilities for the demolition of Laurelon Terrace. Children’s will work with non-profit housing organizations, the City’s Office of Housing, and DPD to establish a binding</p>	See page 40

<p>boundaries shall not be permitted where they would result in the demolition of structures with residential uses or change of use of those structures to non-residential major institution uses <u>unless comparable replacement is proposed to maintain the housing stock of the city.</u> In the event that the Laurelon Terrace Site is acquired, and the MIO boundary thus expanded, the CAC recommends that the final Plan MIMP should include a specific complete plan for the addition of comparable replacement housing in the general vicinity of that housing being lost. Replacement housing should be in addition to any housing currently in the planning phases.</p>	<p>agreement for a specific package of replacement housing. The housing replacement package is intended to address the City's policy and program goals for comparable affordable housing and contribute to the replacement of at least 136 housing units in northeast Seattle. Children's has also said that participation in the development of affordable housing at Sand Point Magnuson will be a component of the agreement.</p>	
<p>J. <b><u>Further Minimize Construction Impacts</u></b></p> <p>CHRMC should commit to having construction and construction-related activities, such as deliveries, arrivals and departures of trucks, people and equipment occur only during the hours and on the days promised. Additionally, CHRMC should use every reasonable means available to minimize the noise, vibration, dust, dirt, etc. from construction. Construction will occur over an extended period of time. There will be significant impacts and cumulative impacts on neighbors</p>	<p>Children's will have a construction mitigation plan, which will include the CAC's requests, and anticipates that these measures will become conditions on our approval from the City. The City requires that permit conditions be posted prominently on construction sites, with information as to who to call if someone sees what they believe to be a violation.</p>	<p>See page 39</p>