

Department of Planning and Zoning

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MEMORANDUM

To: The Design Advisory Board

From: Mary O'Neil, AICP, Senior Planner

RE: ZP 14-0807SP 111 Colchester Avenue (FAHC)

Date: March 25, 2014

File: ZP 14-0807SP

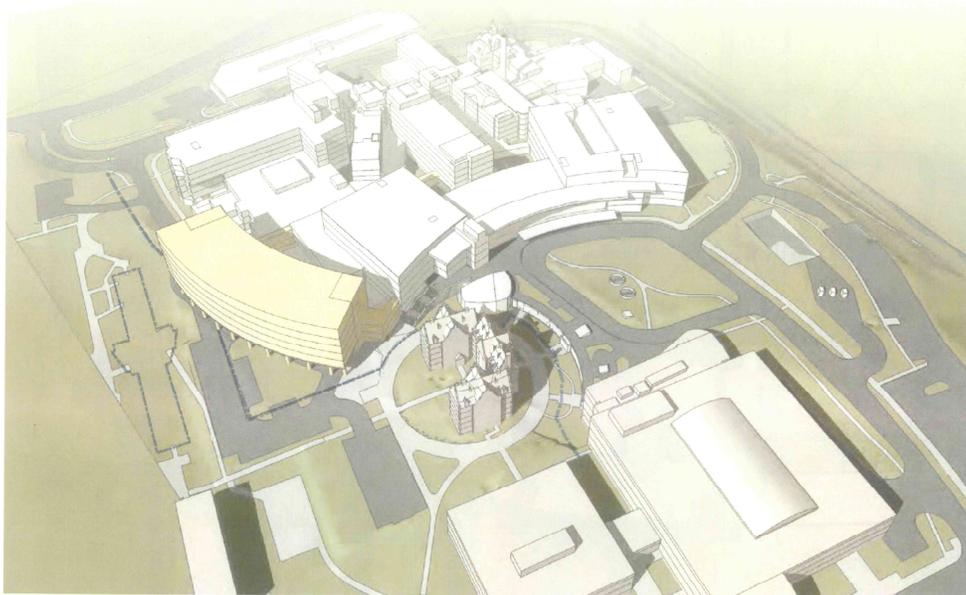
Location: 111 Colchester Avenue

Zone: ICC-FAHC **Ward:** 1

Date application accepted: March 12, 2014

Applicant/ Owner: Fletcher Allen Health Care / Dave Keelty

Request: New approximately 160,000 sq. ft. inpatient building west of the Ambulatory Care Center building at the Medical Center Campus.



SKETCH PLAN REVIEW
INPATIENT BUILDING PROJECT

BUILDING MASSING STUDY

12 MARCH 2014

Fletcher Allen Health Care
Burlington, VT

morris switzer
ARCHITECTS

Background (since FY 2012):

- Zoning Permit 14-0791; installation of four roof top lights on Baird section of hospital. Currently under review.

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- Zoning Permit 14-0687CA; Installation of safety railing on Baird Building rooftop. February 2014.
- Zoning Permit 13-0767CA; Enclose roof area at McClure building for an ICU waiting room and roof deck. March 2013.
- Zoning Permit 13-0766CA; Replace the Energy Recovery Units at the Baird Wing. March 2013.
- Zoning Permit 13-0298CA; Conversion of exterior lighting fixture sources to LED technology. September 2012.
- Zoning Permit 13-0284CA; Expansion of seventh floor, Baird Building, for maternity unit. November 2012.
- Zoning Permit 13-0283CA; Construction of walkway. September 2012.
- There are dozens of additional building and zoning permits for the Medical Center on file.

Overview: Fletcher Allen Healthcare is proposing an approximately 160,000 square foot Inpatient Building project to be located next to the Emergency Department on the west side of its campus. The proposed building will consist of approximately 128 inpatient **replacement** beds to be hosted within single rooms, connecting to the McClure Building and the West Pavilion of Ambulatory Care Center (ACC.)

After Technical Review with city staff, the design team “nudged” the proposed building away from Converse Hall to reduce any proximity conflicts with that historic structure. As a result, the application will include a small boundary line adjustment with the University of Vermont. The applicant presents 2 design options for the board’s consideration and discussion.

PART 1: LAND DIVISION DESIGN STANDARDS

Not applicable.

PART 2: SITE PLAN DESIGN STANDARDS

Sec. 6.2.2 Review Standards

(a) Protection of Important Natural Features:

This is an existing, largely paved area with no natural features.

(b) Topographical Alterations:

The site remains at grade. The proposal will retain the on-grade ambulance access and parking; development will occur above those uses. Stormwater and Erosion Prevention and Sediment Control Plans will be required, and approval of the Stormwater administrator a condition of approval. As a Major Impact project, Conservation Board will also review the application.

(c) Protection of Important Public Views:

Distant terminal views of Lake Champlain and the mountains to the east and west, and important public and cultural landmarks, framed by public rights-of-way or viewed from public spaces shall be maintained through sensitive siting and design to the extent practicable. This shall not be construed to include views from exclusively private property.

The building re-alignment was made by the design team and applicants to preserve the corridor viewscape from the UVM campus toward Converse Hall, which is listed on the Vermont State Register of Historic Resources. A perspective view has been supplied to assure continued visual access of that cultural resource.

The construction of the new Inpatient Building will provide new views toward the west and Lake Champlain for the patients at FAHC; views which are now not possible from existing patient rooms in Shepardson (where multi bed rooms will move to single patient rooms here.) This enhances an opportunity for the public to enjoy Burlington’s spectacular skyline.

The proposed new building will sit substantially back from Colchester Avenue. See perspective view of each option.

(d) Protection of Important Cultural Resources:

Burlington’s architectural and cultural heritage shall be protected through sensitive and respectful redevelopment, rehabilitation, and infill. Archeological sites likely to yield information important to the city’s or the region’s pre-history or history shall be evaluated, documented, and avoided whenever feasible. Where the proposed development involves sites listed or eligible for listing on a state or national register of historic places, the applicant shall meet the applicable development and design standards pursuant to Sec. 5.4.8(b).

The existing Ambulatory Care Center is not listed or eligible for listing on the state or National Register of Historic Places.

As noted, Converse Hall is a listed historic resource; immediately adjacent to this proposed site but on UVM’s campus. The new site plan embraces Converse Hall as a centerpiece, sensitive to its visibility from points west and aligned with the walkway network between UVM and FAHC. The proposed building continues the curved south elevation begun with the Ambulatory Care Center. Materials and treatment will reflect the existing limestone and “punched” windows of the surrounding buildings. Two variations of design have been submitted for comment; each with ample glass and stone to demonstrate a more current vocabulary with sensitivity to its neighbors.

(e) Supporting the Use of Renewable Energy Resources:

The proposed development will maximize their solar exposure by being oriented to maximize natural light and heat gain during winter months.

The Level 4 floorplate illustration shows the intent to install a tray system green roof on the roofplate between the ACC and the Inpatient Building..

(f) Brownfield Sites:

None identified.

(g) Provide for nature's events:

Two stormwater gardens are existing (one on the north side of the existing building, and the other is on the west side.) Two new stormwater gardens are proposed within this project plan (See “proposed Site plan, detail, Wagner Hodgson.) A green roof is proposed over the Emergency Response building. The stormwater gardens and green roof will collect stormwater runoff providing initial treatment before entering into the existing collection system.

The Emergency Department will continue to have a roof canopy to shield vehicular traffic from inclement weather. The new development may include a skywalk between the proposed Inpatient Building and McClure; providing a covered passageway between hospital wings. See Level 4 floorplate plan; and proposed site aerial views for context.

(h) Building Location and Orientation:

The proposed Inpatient Building will continue the south elevation “arc” established by the Ambulatory Care Center, albeit set back away from Converse Hall. The curve will bend to convex as it faces the west; maximizing the elevation exposure and providing a physical and visual continuum (with the skywalk “arm” reaching out) to the McClure Building.

There is no change proposed to the main patient entrance of FAHC. Ambulances will continue to use *this* location for the emergency department entrance. Provisions for entrance/exit of these specialized vehicles, as well as short term parking after patient transfer will be available.

(i) Vehicular Access:

The proposed site plan illustrates utilization of the existing internal road toward the Emergency Department, with alteration to the parking lot configuration and vehicular circulation.

(j) Pedestrian Access:

Patient circulation will be internal; arrival may be via the Emergency Department (lower level of this development) or via the ACC. A pedestrian/bike path is illustrated on the Wagner/Hodgson plan (Proposed site plan.)

(k) Accessibility for the Handicapped:

All development will be required to meet applicable ADA guidelines for access, parking and circulation.

(l) Parking and Circulation:

Existing permits cap the number of parking spaces for the Medical Center at 2,094 spaces. The hospital is permitted to rearrange those spaces based on its ongoing dynamic management of parking, which includes limiting on-campus parking permits for staff and participation within the Campus Area Transportation Management Association.

No new capacity is proposed within this plan. FAHC will not be increasing the number of patient beds.

The plan includes re-arrangement of the existing parking lot, in concert with a boundary line adjustment with UVM. As depicted, the new parking lot configuration includes 144 parking

spaces. This does not include the ambulance parking spaces noted in the first level under the new building.

Fire truck access and parking is included, north of the Emergency Response building. FAHC will continue to work with Burlington's Fire Department as conceptual design evolves.

The reconfigured parking area will need to provide a physical separation between moving and parked vehicles and pedestrians in a manner that minimizes conflicts and gives pedestrians a safe and unobstructed route to building entrance. Pedestrian walkways appear to existing on the proposed site plan (protected by bollards?) This shall be confirmed.

No bicycle parking is illustrated. The applicant shall define the demand, or appropriateness of including bicycle parking at this location as opposed to another on-campus. The new square footage will trigger more bicycle parking: 1/10,000 sf long term, and 1/20,000 short term bike parking. That will mean 16 new long term bike parking spaces, and 8 short term bicycle parking spaces.

(m) Landscaping and Fences:

A conceptual landscaping plan includes significant plantings both along the entrance drive, within the parking area, and at designed rain gardens. All are within the parcel itself, and not within the public right-of-way.

One area of the landscaping includes reinforcement to enable fire truck access from the Converse Hall site, at the request of the Fire Department.

No fences are proposed.

(n) Public Plazas and Open Space:

There are no designated public plazas or open space. The southwesterly rain garden area will be a visual and green amenity, but passersby will likely be in their vehicles. The greatest amenity from this development will likely be the abundant opportunity for the public to enjoy the westerly views from the new patient rooms.

(o)Outdoor Lighting:

Where exterior lighting is proposed the applicant shall meet the lighting performance standards as per Sec 5.5.2.

This will be a condition of approval. A lighting plan should include photometrics of the area, and fixture information including spec sheets, mounting height, and lumens.

(p) Integrate infrastructure into the design:

Exterior storage areas, machinery and equipment installations, service and loading areas, utility meters and structures, mailboxes, and similar accessory structures shall utilize setbacks, plantings, enclosures and other mitigation or screening methods to minimize their auditory and visual impact on the public street and neighboring properties to the extent practicable.

The Emergency Department will continue to utilize the vehicular access, which will now be active under the proposed building. This access will be recessed and as such an effective auditory and visual mitigation to any impacts current or proposed.

Utility and service enclosures and screening shall be coordinated with the design of the principal building, and should be grouped in a service court away from public view. On-site utilities shall be placed underground whenever practicable. Trash and recycling bins and dumpsters shall be located, within preferably, or behind buildings, enclosed on all four (4) sides to prevent blowing trash, and screened from public view.

The Lower Level plan illustrates a utility tunnel extension to accommodate the project.

The application will have to include meters, service enclosures, utility connections, trash and recycling areas as may be appropriate to this application.

Any development involving the installation of machinery or equipment which emits heat, vapor, fumes, vibration, or noise shall minimize, insofar as practicable, any adverse impact on neighboring properties and the environment pursuant to the requirements of Article 5, Part 4 Performance Standards.

As a medical facility, it is anticipated that a large amount of mechanical equipment will be required for building fit-up and medical equipment, venting, and support services. The plan includes an entire (top) floor dedicated to mechanicals; all designed within the building envelope.

PART 3: ARCHITECTURAL DESIGN STANDARDS

Sec. 6.3.2 Review Standards

(a) Relate development to its environment:

Proposed buildings and additions shall be appropriately scaled and proportioned for their function and with respect to their context. They shall integrate harmoniously into the topography, and to the use, scale, and architectural details of existing buildings in the vicinity.

The following shall be considered:

1. Massing, Height and Scale:

While architectural styles or materials may vary within a streetscape, proposed development shall maintain an overall scale similar to that of surrounding buildings, or provide a sensitive transition, where appropriate, to development of a dissimilar scale.

The Fletcher Allen campus has an assortment of buildings; interconnected physically and functionally, yet disparate in design, massing, and orientation. This application will seek to append a new Inpatient Building to the existing infrastructure, taking advantage of a height

overlay specific to FAHC that was approved in 2009 to specifically allow construction of a new building on the site currently depicted. (ICC-FAHC, Height Overlay District, Sec. 4.5.2 (c)(5))

Where the zoning encourages greater intensity and larger scale buildings in high density residential and non-residential zoning districts, buildings that are over 3-stories should provide a transition by employing design elements that reduce the apparent building mass from the street level. Taller buildings and elements are most appropriate where they provide a focal point of a terminal view, anchor a street corner, frame view corridors, or relate to larger scaled structures. The impacts at the street-level of increased or altered wind currents and downdrafts created by buildings over six (6) stories should be considered.

The proposed new Inpatient Building will enjoy a relationship with the existing Ambulatory Care Center, employing design elements, features, and materials that strengthen that relationship. The spatial difference between this building and existing structures (ACC, McClure) will set it apart and create a transition from one “component” to another, rather than creating discord through immediate attachment and engagement. As a complex, active site, the new building reflects the anticipated dynamic nature of evolving health care, and contributes to the forward-vision of FAHC’s mission and challenge.

Buildings should maintain consistent massing and perceived building height at the street level, regardless of the overall bulk or height of the building. Buildings should maintain a relationship to the human scale through the use of architectural elements, variations of proportions and materials, and surface articulations. Large expanses of undifferentiated building wall along the public street or sidewalk shall be avoided. The apparent mass and scale of buildings shall be broken into smaller parts by articulating separate volumes reflecting existing patterns in the streetscape, and should be proportioned to appear more vertical than horizontal in order to avoid monotonous repetition. (See also (d) Provide an active and inviting street edge below.)



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OPTION 1 - SOUTH VIEW
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Both option 1 and 2 have highly evolved facades and an articulated relationship to their function. Option 1 offers extensive glazing along the westerly façade, interspaced with skeletal columnar vertical divisions that create a rhythm and tempo for the façade. Capped by an articulated crown, the curved façade is energized and

complete. The southerly elevation repeats the limestone-type material found at ACC, with punched openings reflective of the existing ACC vocabulary and deferential to Converse Hall.

Option 2 moves the glass predominance to the south façade, creating an interesting composition where the modern full wall glazing is introduced, while providing the opportunity to observe Converse Hall by reflection. (Additional window openings westerly of the glass continue the “punched” effect of the ACC and Converse.) The west elevation has become



SKETCH PLAN REVIEW INPATIENT BUILDING PROJECT 12 MARCH 2014 Fletcher Allen Health Care Burlington, VT morris yswitzer ARCHITECTS OF BOSTON

more staid in its classical regularity, with regular vertical window ribbons interrupted by separations that read as flat columns. Creative eyebrow canopies are illustrated on the top (patient) floor. The applicant suggests that consideration is being given to extruding the window bays. The “crown” this time alludes to the classical arrangement of frieze band windows in its regularity and strength. Again, mechanicals are proposed within the top-most structural floorplate. The arrangement references tradition, yet respects its site and position among a group of differing building types.

2. Roofs and Rooflines.

A flat roof is proposed; mechanicals will be dedicated to the top (enclosed) floor. The roof type is consistent with the existing buildings at FAHC, and will likely be a consideration when measuring allowable height for this height overlay area.

3. Building Openings

As the Emergency Department, entrance is typically via ambulance or vehicular drop-off. The plan includes significant access for ambulances, including a dedicated area for ambulance parking while patient transfer occurs. As this is immediately adjacent to the parking area, pedestrian walks and crosswalks have been illustrated on the proposed site plan. (Wagner/Hodgson plan.)

(b) Protection of Important Architectural Resources:

See Section 6.2.2. (d) above.

(c) Protection of Important Public Views:

See Section 6.2.2. (c) above.

(d) Provide an active and inviting street edge:

The proposed Inpatient Building will be located a substantial distance from the public right-of-way; however it will be visible to the passer-by. See View A, Option 1, Option 2. The articulated (north) façade, as well as the proposed skywalk, have been highly articulated to provide visual interest and building dynamism that will benefit the observer as well as the functional use.

Non-residential buildings should provide visual access into the interior of building at the street level through the use of large transparent windows and/or window displays in order to create a dynamic and engaging public streetscape. The use of mirrored, frosted, or tinted glass shall not be permitted along an active pedestrian street-level façade.

Both building options include significant amounts of glass that offer both building interest and an opportunity to engage the streetscape/surrounding buildings. Given the nature of the use (hospital patient rooms), the necessity of privacy is met by elevating that use above the ground; yet providing visual open-ness to floors above. People on the outside can be visually engaged with the new structure, without effective trespass into the function inside.

Buildings in downtown districts that provide open space by way of building setbacks at the ground level shall utilize landscaping, street furniture, public art, sitting walls, fountains, etc. to maintain a sense of the existing street wall, define a sense of entry for the building and create a space that enhances the pedestrian's experience. Urban "open" space shall maximize accessibility for all individuals including the disabled, and encourage social interaction.

This is not a downtown district; yet the proposed landscaping and raingardens will provide a measure of pleasant entry to the building. As a medical center, ADA access and circulation will be incorporated as a matter of point.

(e) Quality of materials:

All development shall maximize the use of highly durable building materials that extend the life cycle of the building, and reduce maintenance, waste, and environmental impacts. Such materials are particularly important in certain highly trafficked locations such as along major streets, sidewalks, loading areas, and driveways. Efforts to incorporate the use of recycled content materials and building materials and products that are extracted and/or manufactured within the region are highly encouraged.

Typically Sketch Plan does not include a material palette. The applicants have suggested use of a limestone material (or similar) to strength the relationship between the ACC and this building, and to construct in compatible sync with Converse Hall. More definitive information is expected at the time of application.

(f) Reduce energy utilization:

New structures should incorporate the best available technologies and materials in order to maximize energy efficient design. All new construction shall meet the Guidelines for Energy Efficient Construction pursuant to the requirements of Article VI. Energy Conservation, Section 8 of the City of Burlington Code of Ordinances.

New structures should take advantage of solar access where available, and shall undertake efforts to reduce the impacts of shadows cast on adjacent buildings where practicable, in order to provide opportunities for the use of active and passive solar utilization.

Meeting the Buidelines for Energy Efficient Construction will be a condition of any permit.

The orientation and arrangement of the building will provide significant passive solar advantage.

As presented to staff, no solar panels are included within the application.

As previously noted, the plan includes rain gardens and a green roof to ameliorate stormwater impacts. All construction is anticipated to meet the highest levels of energy guidelines.

(g) Make advertising features complementary to the site:

No signage is included within this application. Any signage will require a separate permit, or review of its coordination with FAHC's approved Master Sign Plan (ZP 05-481CA.)

(h) Integrate infrastructure into the building design:

See Section 6.2.2. (p) above. To the benefit of the overall design, all mechanical equipment is included within the top floor of the proposed building and will not be visible from the street.

(i) Make spaces secure and safe:

Spaces shall be designed to facilitate building evacuation, accessibility by fire, police or other emergency personnel and equipment, and, to the extent feasible, provide for adequate and secure visibility for persons using and observing such spaces. Building entrances/entry points shall be visible and adequately lit, and intercom systems for multi-family housing should be incorporated where possible, to maximize personal safety.

The applicants have worked in concert with Burlington's Fire Marshal to assure adequate access for firetrucks and emergency vehicles. They will continue to do so as conceptual plans evolve.

Any equipment that will be building-mounted for fire service will need to be identified on elevations/site plans as appropriate.

Lighting will need to be defined (see Section 6.2.2. (o) above. Performance standards of Section 5.5.2 will need to be observed to avoid light trespass and to provide an appropriate level of lighting for security and function.