

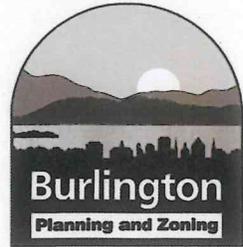
## Department of Planning and Zoning

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### MEMORANDUM

To: Development Review Board  
From: Mary O'Neil, AICP, Senior Planner  
Date: April 15, 2014  
RE: ZP 14-0807SP; 111 Colchester Avenue

*Moneil*

**Note: These are staff comments only. Decisions on projects are made by the Development Review Board, which may approve, deny, table or modify any project. THE APPLICANT OR REPRESENTATIVE MUST ATTEND THE MEETING.**

**File:** ZP 14-0807SP

**Location:** 111 Colchester Avenue

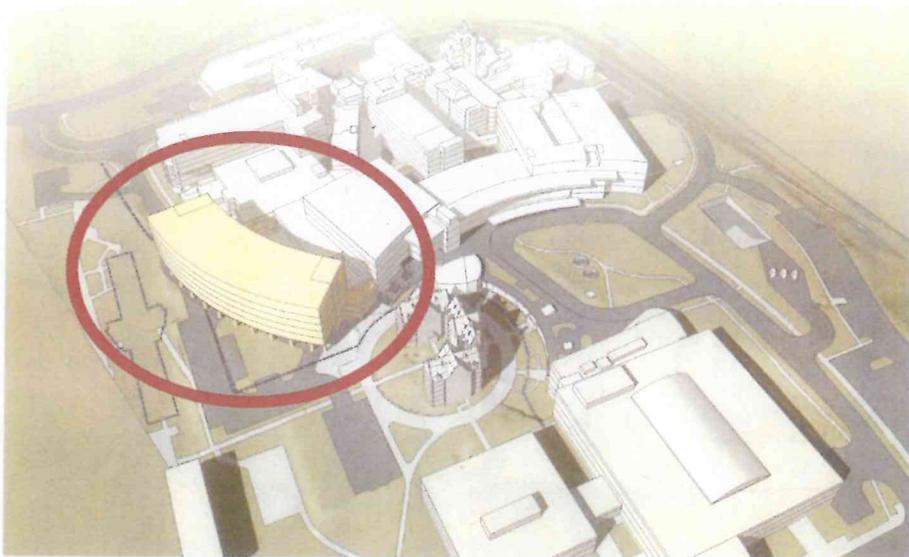
**Zone:** ICC-FAHC **Ward:** 1

**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.

The **Design Advisory Board** reviewed the application at their March 25, 2014 meeting, and provided very supportive comments for both plans.



SKETCH PLAN REVIEW  
INPATIENT BUILDING PROJECT

BUILDING MASSING STUDY

12 MARCH 2014

Fletcher Allen Health Care  
Burlington, VT

morris switzer  
ARCHITECTS

The programs and services of the City of Burlington are accessible to people with disabilities. For accessibility information call 865-7188 (for TTY users 865-7142).

**Background (since FY 2012):**

- Zoning Permit 14-0791; installation of four roof top lights on Baird section of hospital. Currently under review.
- 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 presented 2 design options for the Design Advisory Board’s consideration and discussion. Preference was leaning toward Option 2 for the west elevation and Option 1 for the south.

**Article 3: Applications and Reviews**

**Part 5, Conditional Use & Major Impact Review:**

**Sec. 3.5.6, Review Criteria**

**(a) Conditional Use Review Standards**

*1. The capacity of existing or planned community facilities;*

It is likely that the proposed development will require significant water and sewer capacity. Written confirmation of adequate availability and capacity from the Department of Public Works will be required.

*2. The character of the area affected;*

The proposed development is within the Institutional zoning district, where larger buildings are anticipated. As a hospital complex, buildings are closely knit and interrelated in a dynamic whole. Although a large component when viewed singularly, it fits easily into the multifarious campus facility dedicated to community healthcare.

*3. Traffic on roads and highways in the vicinity;*

No traffic analysis has been provided; however as the intent is specifically to reproduce beds that already existing in different buildings (and no NEW patient beds are proposed in this plan), no increase in traffic is anticipated. Existing staff, hospital logistics, linen, meals, and treatment providers will remain the same.

*4. Bylaws then in effect;*

Aside from alignment with Chapter 26, Stormwater and Erosion Prevent and Sediment Control planning, the project development will require external permitting, including CON and Act 250 approval.

*5. Utilization of renewable energy resources;*

No part of this permit would prohibit the use of wind, water, solar or geothermal energy systems. Two green roofs are proposed, as well as 2 rain gardens to assist in addressing stormwater runoff.

*6. Cumulative impacts of the proposed use;*

This is an existing healthcare facility; the development does not introduce any new patient beds or additional staffing. With confirmation of adequate water and sewer capacity (which is assumed), no further cumulative impacts are anticipated.

*7. Functional family;*

This criterion does not apply to the subject permit request.

*8. Vehicular access points;*

No change to the number of method of access. The ambulances will, however, have a distinct drop-off and parking location under the building; private vehicles will have a sheltered area to discharge passengers and then proceed to on-grade parking.

*9. Signs;*

No signs are included in this proposal. Any signage will require separate permitting.

*10. Mitigation measures;*

The proposed development is not expected to generate any undue or noxious impacts such as excessive noise, glare, or emissions.

*11. Time limits for construction;*

Once a permit application is received, the project is to be constructed within the standard 2-year time frame.

*12. Hours of operation and construction;*

As a health care facility, the building will be open and operating 24 hours per day. Construction hours are typically 7:00 am – 6:00 pm Monday-Friday; limited work may extend outside this schedule to extend to Saturday 9:00 AM – 5:00 PM only after obtaining approval from the Development Review Board.

*13. Future enlargement or alterations;*

As with anything else, any future enlargement or alteration to the development will require zoning review under the regulations in effect at that time.

*14. Performance standards;*

Performance standards relating to outdoor lighting and erosion control are addressed under Article 5 of these findings.

*15. Conditions and safeguards;*

Approval of this project will be conditioned to implement the purposes of the zoning regulations.

**(b) Major Impact Review Standards**

*1. Not result in undue water, air, or noise pollution;*

A comprehensive stormwater management plan will need to be submitted as part of the application. No significant air or noise pollution is anticipated as a result of this development.

*2. Have sufficient water available for its needs;*

The applicant will be required to submit a letter from city engineers confirming sufficient municipal water service is available to serve the development.

*3. Not unreasonably burden the city's present or future water supply or distribution system;*

See item 2 above.

*4. Not cause unreasonable soil erosion or reduction in the capacity of the land to hold water so that a dangerous or unhealthy condition may result;*

See Sec 5.5.3.

*5. Not cause unreasonable congestion or unsafe conditions on highways, streets, waterways, railways, bikeways, pedestrian pathways or other means of transportation, existing or proposed;*

No congestion or unsafe conditions are anticipated; the new Inpatient Building will use existing pathways, roads, and other means of transportation to support its use. The new development will internally ease ambulatory congestion within the health complex, as more direct routes between entry, patient rooms, service circulation and treatment areas will be shortened.

*6. Not cause an unreasonable burden on the city's ability to provide educational services;*

No burden is anticipated.

*7. Not place an unreasonable burden on the city's ability to provide municipal services;*

The proposed development will generate additional impacts on city services; however, those impacts can be accommodated. Impact fees will be paid to help offset impacts generated.

*8. Not have an undue adverse effect on rare, irreplaceable or significant natural areas, historic or archaeological sites, nor on the scenic or natural beauty of the area or any part of the city;*

The subject property contains no rare, irreplaceable, or significant natural areas. The adjacent Converse Hall is listed on the Vermont State Register of Historic Places, therefore historically

significant. Project plans have been revised to move the Inpatient Building 30' to the north to open the viewscape/terminus view of Converse Hall from the UVM campus. There will be some incursion into the traditional viewshed of historic Converse, however, which was traditionally and historically viewed from the east. It may be appropriate to entertain mitigation for the increasing encroachment toward Converse Hall, including listing Converse Hall on the National Register of Historic Places, to further protect this important resource.

There are no known archaeological resources on the property.



*9. Not have an undue adverse effect on the city's present or future growth patterns nor on the city's fiscal ability to accommodate such growth, nor on the city's investment in public services and facilities;*

The Inpatient Building would be replacement beds for a dynamic healthcare facility. Fletcher Allen HealthCare is a regional care facility, playing an important role in the city's economy and overall vitality. Its progress and response to evolving best practices in healthcare is both anticipated and welcomed. FAHC's growth is part of the city's growth and importance.

*10. Be in substantial conformance with the city's municipal development plan;*

The proposed development is compliant with the MDP in a number of ways.

- *Monitor the expansion of FAHC to ensure issues regarding traffic, historic buildings and stormwater runoff are carefully addressed. (Land Use Plan, Page I-31.)*
- *Target new and higher density development into the Downtown, Downtown Waterfront, Enterprise District, Institutional Core Campuses, and the Neighborhood Activity Centers. (Land Use Plan, Page I-2.)*
- *In order to compete in their respective missions, they (institutions) must continue to change and grow over time. (Land Use Plan, Page I-17.)*

- *In recent years, the City, the institutions and the neighborhoods have worked jointly on the creation of Institutional Core Overlay (ICO) Zones that would concentrate development within their respective core campuses. (Land Use Plan, Page I-18.*
- *The project will meet or exceed the city's current energy efficiency standards by obtaining LEED silver certification (See Energy Plan, Page VIII-1).*

The proposed development can be found to be in conformance with the City's MDP.

*11. Not have an undue adverse impact on the present or projected housing needs of the city in terms of amount, type, affordability and location;*

No impact on housing is anticipated. This is an Inpatient facility for healthcare.

*12. Not have an undue adverse impact on the present or projected park and recreation needs of the city.*

Impact fees will be paid to help offset any impacts.

#### Article 4: Maps & Districts

##### Section 4.4.4 Institutional District

See ICC-FAHC Overlay District, below.

#### Part 5: Overlay Zoning District Regulations

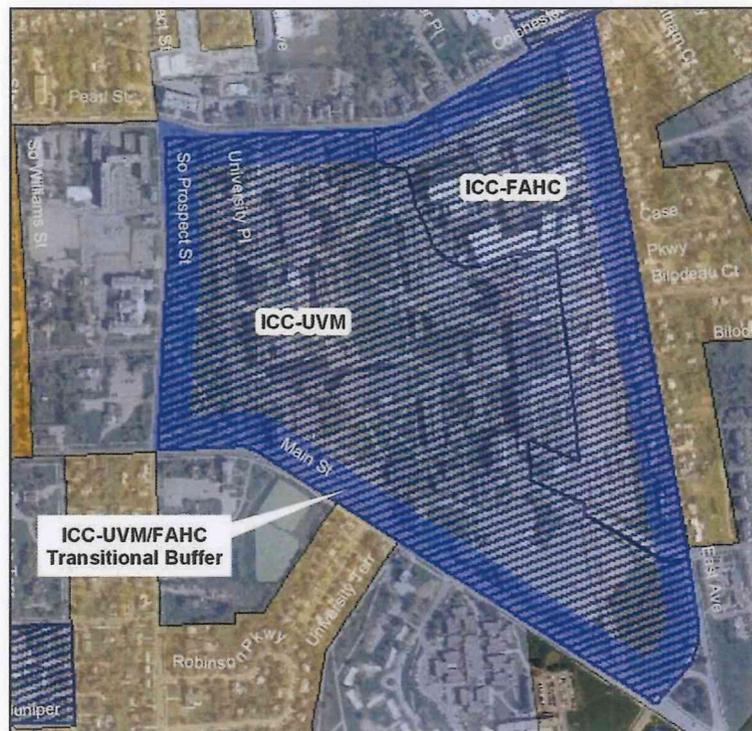
##### **Sec. 4.5.2 Institutional Core Campus Overlap District**

*(b) 1. Fletcher Allen Health Care Medical Center Campus (ICC-FAHC) allows for an increased development scale and intensity than would typically be found in the adjoining and underlying districts to support continued growth and expansion of the state's academic medical center. As a regional tertiary-level care facility, on-site parking is expected to play a larger role than otherwise would be expected for the other institutional campus overlays in order to accommodate the needs of patients and visitors. While outdoor spaces and circulation systems should be inviting and accommodating for pedestrians, the overall development of the campus would be expected to emphasize the needs of internal circulation and functions in order to meet patient care requirements.*

**(c) District Specific Regulations: Fletcher Allen Health Care Medical Center Campus (ICC-FAHC);**

##### **1. Transitional Buffer:**

- A. *The Transitional Buffer shall include all property within the area as measured from the centerlines of Colchester Avenue and East Avenue, and extending 150 feet into the ICC-FAHC District as delineated on Map 4.5.2-2 Transitional Buffer.*



Map 4.5.2-2: Transitional Buffer

The Transitional Buffer is not expected to change due to the anticipated property line adjustment. The coverage calculations within both the ICC-UVM/FAHC parcels and their relationship to the transitional buffer are likely to change, given the anticipated boundary line adjustment to accommodate the project. The applicant will be responsible for providing those calculations as part of the application. See below.

- B. *Lot coverage shall not exceed 40% for the aggregate of all land owned by an institution and located within the Transitional Buffer.*

As noted, it does not appear that the Transitional Buffer will be affected by the anticipated property line adjustment between FAHC and UVM. The coverage calculation, however, of all aggregate lands owned by each institution will change. As part of the property line adjustment, Fletcher Allen will need to calculate the coverage both within the Transitional Buffer and within the overlay district of each (ICC-UVM and ICC-FAHC) to confirm compliance with this standard.

- C. *Unless replaced on site, no housing unit in a residential structure located within the Transitional Buffer shall be demolished or converted to a nonresidential use, except for housing units which are exempt from the provisions of Article 9. The Housing Replacement standards of this ordinance shall apply to any such activity.*

No housing units are proposed demolished or converted.

## **2. Lot coverage**

*Maximum lot coverage shall be applied to the aggregate of all lots owned by a respective institution and located within the ICC-FAHC District. Lot coverage shall not exceed 60% except as provided below.*

Fletcher Allen will be required to re-calculate coverage of all aggregate land within the proposed boundaries of the ICC-FAHC District to assure compliance with this standard.

*The maximum lot coverage for the entire tract of land owned by an institution within the ICC-FAHC District may be increased by one percent for each one percent that the Transitional Buffer coverage is less than 40%, up to a maximum of 65%.*

Calculations made by the applicant will determine whether coverage percentages may increase per this standard. As submitted, it does not appear that coverage will change with the construction of the Inpatient Building; however alterations to the property lines, likely alteration of district boundaries due to the property line change, and alteration of parking/access areas will cumulatively recommend such review.

## **3. Setbacks**

*Minimum side and rear yard setbacks in the underlying zoning district shall not be applicable within the ICC-FAHC District.*

*Front setbacks shall be fifteen (15') feet measured only along any street defining the Transitional Buffer.*

Minimum side and rear yard setbacks of the underlying (Institutional) zoning district do not apply to the ICC-FAHC overlay zoning district.

The Inpatient Building project will not affect required setbacks along East Avenue or Colchester Avenue, as is it located on the interior of the site.

## **4. Surface Parking**

*No new outdoor surface parking spaces shall be permitted unless the number of the new outdoor surface parking spaces is offset by a corresponding removal of outdoor surface parking spaces existing as of January 1, 2007, and upon the approval by the DRB.*

No changes to parking are proposed, as no new patient beds are requested within the development proposal. All new beds will be replacement beds from those in other existing buildings within the campus.

If any changes to the parking count result due to the realignment of the existing parking area adjacent to the proposed Inpatient Building, the applicant shall define and identify on whose land the parking area falls – UVM or FAHC – and confirm to which institution the surface parking is dedicated.

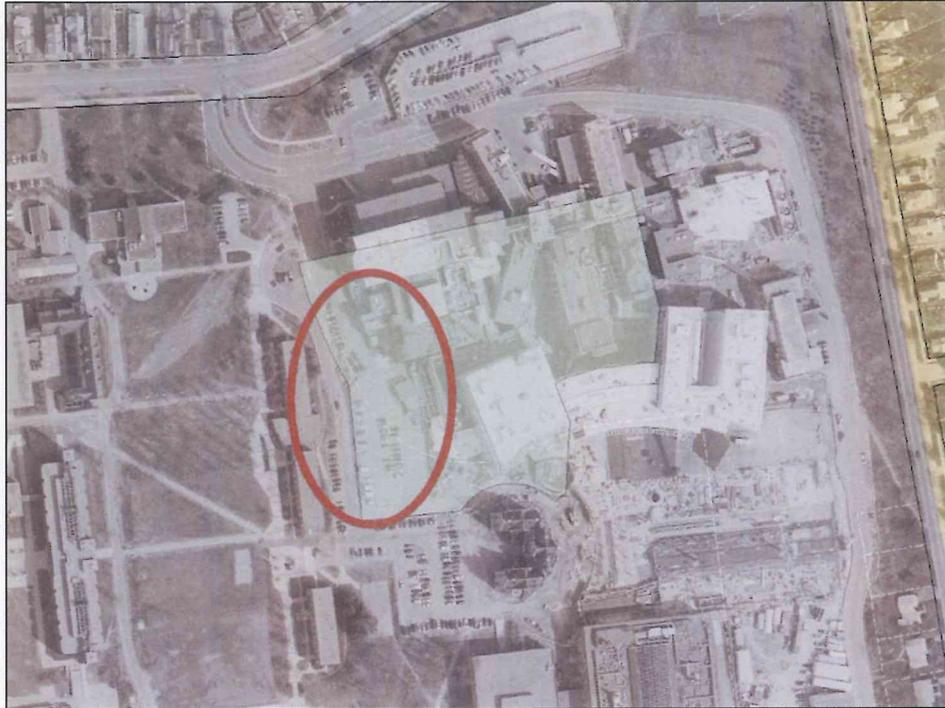
See Article 8 for more information relative to parking.

## **5. Building Height**

*No portion of any building within the ICC-FAHC Height Overlay (as delineated on Map 4.5.2-3 ICC-FAHC Height Overlay) shall exceed the elevation of a plane running parallel*

*to the earth at 540-feet above mean sea level. The provisions of Sec. 5.2.5 Building Height Limits shall not be applicable within the ICC-FAHC Height Overlay.*

The proposed boundary line change with UVM will afford the real estate to construct the project; however portions of that Inpatient Building **will extend outside the height overlay** as defined in Map 4.5.2-3 and 4.5.2-4 of the CDO. An expansion of that height overlay will be required (with an amendment of the CDO) prior to application if the height is proposed to meet the elevation as described within this standard.



Map 4.5.2-3 ICC-FAHC Height Overlay. Location of proposed development identified.

*No portion of any building outside of the ICC-FAHC Height Overlay may exceed the elevation of a plane running parallel to sea level from the highest point of the tallest structure at the highest elevation within the ICC-FAHC District as depicted as of January 1, 2009.*

See previous comments. An amendment to the CDO to expand the height overlay to reflect the anticipated boundary line adjustment with UVM will be required to pursue this project. The applicant is alerted to begin the process to amend these allowances within the Comprehensive Development Ordinance.

## 6. Density

*In the ICC-FAHC District, density restrictions set forth in Article 4, Sec. 4.4.4 shall not apply to dormitories and rooming houses as defined in Chapter 18 of the Burlington Code of Ordinances. The restrictions on the non-residential equivalent set forth in Art. 5, Sec. 5.2.7 (a) 2 shall not apply in the ICC-FAHC District.*

Table 4.4.4-1 (Dimensional Standards and Density, Institutional District) does not apply per this standard.

No changes to the intensity of use are proposed. The Inpatient Building is intended to offer replacement (single occupancy) patient beds that are currently in double room accommodations in Shepardson 3North and Shepardson 4North buildings.

**Note!** The Provisions of **Section 4.5.2 (d), ICC-UVM** will apply for the (separate) request to amend property boundaries with UVM.

## **Article 5: Citywide General Regulations**

### **Part 2: Dimensional Requirements**

#### **Sec. 5.2.3 Lot Coverage Requirements**

See Sec. 4.5.2 (c) B; above.

#### **Sec. 5.2.4 Buildable Area Calculation**

This criterion does not apply to properties in the ICC-FAHC zone.

#### **Sec. 5.2.5 Setbacks**

See Sec. 4.5.2 (c) 3, above.

#### **Sec. 5.2.6 Building Height Limits**

See Sec. 4.5.2 (c) 5, above. This does not apply in the ICC-FAHC overlay zoning district.

#### **Sec. 5.2.7 Density and Intensity of Development Calculations**

See Sec. 4.5.2 (c) 6, above.

### **Part 4: Special Use Regulations**

#### **Sec. 5.4.8 Historic Buildings and Sites**

As Converse Hall (listed on the Vermont State Register) is in close proximity to the project site, an assessment of the impacts of the development are appropriate. Fletcher Allen has engaged a preservation consultant to assist them in project plans. See Submission of Liz Pritchett within the application materials.

Given the increasing encroachment into the viewshed of Converse Hall, increasing protection for the historic residence hall is worth consideration. Already listed on the Vermont State Register of Historic Resources, it is recommended that a National Register nomination be prepared for Converse Hall to assure continued protection of the resource.

The existing structures immediately attached to the development site (ACC, McClure) are not historically sensitive.

#### **Sec. 5.4.9 Brownfield Remediation**

None identified or required.

### **Part 5: Performance Standards**

#### **Sec. 5.5.1 Nuisance Regulations**

The proposal is within expected and anticipated growth and expansion of the state's academic medical center. Nothing in the proposal appears to constitute a nuisance within this designated zoning overlay under this criterion.

#### **Sec. 5.5.2 Outdoor Lighting**

A lighting plan, with photometrics and fixture information will be required at the time of application. All lighting will be required to meet the standards of this section.

#### **Sec. 5.5.3, Stormwater and Erosion Control**

The new development will be required to demonstrate compliance with the standards of Stormwater and Erosion Control of Chapter 26 of the City Code of Ordinances: *Wastewater, Stormwater and Pollution Control*.

### **Article 6: Development Review Standards**

#### **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 acknowledges Converse Hall, 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 design 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.

See Article 8, below.

**(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 light and 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. Much of the service and infrastructure

demand will likely be accessed via existing and newly enhanced internal circulation (laundry, trash, food delivery.)

*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.)*



SKETCH PLAN REVIEW  
INPATIENT BUILDING PROJECT  
OPTION 1 - SOUTH VIEW  
12 MARCH 2014  
Fletcher Allen Health Care  
Burlington, VT  
morris switzer

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



SKETCH PLAN REVIEW  
INPATIENT BUILDING PROJECT  
OPTION 2 - SOUTH VIEW  
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Fletcher Allen Health Care  
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westerly of the glass continue the “punched” effect of the ACC and Converse.) The west elevation has become 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 openness 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 strengthen 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 Guidelines 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.

**Article 7: Signage**

Any signage will require a separate zoning permit, and be in conformance with Fletcher Allen's Master Sign Plan (ZP05-481CA; 10-0800MP (amendment)).

**Article 8: Parking**

The proposed Inpatient Building will not add additional bed capacity that would trigger an increase in on-campus parking. Existing permits limit Fletcher Allen's on-campus parking to a maximum of 2,094 parking spaces. Existing permits allow Fletcher Allen to vary the number of physical parking spaces on site at any given time based on its ongoing dynamic management of parking, which includes limiting on-campus parking permits for staff and others.

It is appropriate to acknowledge FAHC's participation in the Joint Institutional Parking Management Plan. The Joint Institutional Parking Management Plan (JIPMP) is the adopted plan that addresses parking; updated every five years and anticipated for review again this spring. Any further updates to FAHC's portion of the plan (and UVM's, if appropriate, after the boundary line adjustment) should acknowledge this development and inform how demand is met.

**Sec. 8.2.5, Bicycle Parking Requirements**

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.**

**Article 10: Subdivision**

**Sec. 10.1.5, Lot Line Adjustments**

No subdivision of land is included in this proposal. As will be required for the anticipated boundary line adjustment with UVM, a lot line adjustment plat prepared by a VT licensed land surveyor will need to be submitted for each parcel. Prior to filing the plat in the city's land records, the surveyor's seal and signature must be affixed to the mylar.

**NOTE: These are staff comments only. The Development Review Board, who may approve, table, modify, or deny projects, makes decisions.**