

**BEFORE THE DISTRICT OF COLUMBIA  
ZONING COMMISSION**

**Application of MedStar Health, Inc./MedStar Georgetown Medical Center, Inc. d/b/a  
MedStar Georgetown University Hospital  
Square 1321, Lots 824, 825, 826, 833**

**STATEMENT OF THE APPLICANT**

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**I. NATURE OF RELIEF SOUGHT**

Pursuant to Subtitle X § 900 and in accordance with Subtitle X § 101 of the Zoning Regulations, MedStar Health, Inc. (“MedStar”), through its wholly owned not-for-profit subsidiary MedStar Georgetown Medical Center, Inc. d/b/a MedStar Georgetown University Hospital (“MGUH” or the “Applicant”) on behalf of Georgetown University (the “University”), requests special exception approval for further processing of the 2017-2036 Georgetown University Campus Plan (the “2017 Campus Plan”) to permit the construction of a new medical/surgical pavilion (the “Surgical Pavilion”) at MGUH (the “Project”). The property that is the subject of this application is located in the R-3 Zone District and within the Georgetown Historic District. The main hospital building is located south of Reservoir Road and at the north end of the main university campus. The Surgical Pavilion will be an addition to east side of the main hospital building.

Pursuant to Subtitle C § 1504 the Applicant respectfully requests special exception relief from the penthouse setback requirements of Subtitle C § 1502.1: (i) for an emergency egress stairwell associated with the hospital’s Federal Aviation Administration (“FAA”) approved helipad that is not setback a distance equal to its height from the rear building wall; and (ii) to have a portion of the penthouse at the north end that is not setback a distance equal to its height from a building wall that borders an open court. Pursuant to Subtitle C § 1504 the Applicant also requests special exception relief from the requirements of Subtitle C § 1500.9 to have a mechanical penthouse with enclosing walls that are not a single uniform height and relief from the requirements of Subtitle C § 1500.6 to have more than a single penthouse enclosure.

The Applicant also requests special exception relief pursuant to Subtitle C § 1402.1 to authorize the construction of a retaining wall to the west of the proposed addition along the east-west access road shown on the proposed Campus Plan. The retaining wall is higher than the allowance provided for in Subtitle C, Chapter 14.

As demonstrated below, the Applicant fully satisfies the requirements set forth in the Zoning Regulations for the requested relief.

**II. BACKGROUND ON THE APPLICANT**

As detailed in the Certificate of Need attached hereto as Exhibit A, MedStar is a not-for-profit \$5.5 billion regional healthcare system based in Columbia, Maryland and is the largest healthcare provider in Maryland and the Washington, D.C. region. Its ten hospitals and 20 other health-related organizations are recognized regionally and nationally for excellence in medical care. MedStar’s 30,000 associates and 6,000 affiliated physicians all support its patient-first philosophy, which combines care compassion and clinical excellence with an emphasis on

customer service. MedStar has one of the largest graduate medical education programs in the country, training more than 1,000 medical residents annually, and is the medical education and clinical partner of the University. MGUH owns the hospital buildings and leases land on which the hospital sits from the University pursuant to a long-term lease.

MGUH is a duly licensed 538-bed, Joint Commission accredited, not-for-profit, acute-care teaching and research hospital located at 3800 Reservoir Road in Northwest Washington. The University sold MGUH to MedStar in 2000. Since the hospital's founding in 1898, it has been dedicated to promoting health through education, research and patient care. This mission is shaped by and reflects the University's Catholic, Jesuit identity, and is founded in the Jesuit principle of *cura personalis*—caring for the whole person.

MGUH is committed to offering a variety of innovative diagnostic and treatment options within a trusting and compassionate environment. MGUH's centers of excellence include cancer, neurosciences, gastroenterology, organ transplant, and vascular diseases. Over the past century, the hospital has grown to include a faculty physician practice, the National Cancer Institute designated Lombardi Comprehensive Cancer Center, and scores of clinical departments and divisions. Throughout its 100-year relationship with the University, the hospital has collaborated in training students from both the school of medicine and the school of nursing, as well as almost 500 residents and fellows annually through its accredited graduate medical education programs. Additionally, MGUH works closely with the University's research enterprise to help bring innovative therapies from the scientific laboratory to the patient bedside.

### **III. STATUS OF THE CAMPUS PLAN**

The Zoning Commission approved the 2010-2017 Georgetown University Campus Plan in July 2012. *See* Z.C. Order No. 10-32 ("2010 Campus Plan"). Pursuant to the 2010 Campus Plan, the University and community parties established the Georgetown Community Partnership to promote collegial, consensus-based decision making regarding areas of mutual interest and concern. MGUH participates actively in the GCP and is an ex officio member of the GCP's Steering Committee.

Since the approval of the 2010 Campus Plan, the University, MGUH, and community parties in the GCP have actively engaged in master planning discussions surrounding the future campus, with an eye toward the next campus plan submission in mid-2017. Many of these discussions centered around MGUH's medical facilities on the northern third of the campus and the positive impacts that could flow from the anticipated Surgical Pavilion project. As MGUH advanced its plans for the Project, it became clear that the anticipated timing for zoning approval for the Project would need to take place earlier than the anticipated submission of the 2017 Campus Plan. Therefore, in early 2016, the GCP Steering Committee agreed to advance the development of the University's 2017 Campus Plan, including the Surgical Pavilion, so that the proposed Surgical Pavilion would be reviewed in the context of the 20-year plan for the entire campus. The GCP Steering Committee also agreed to support the concurrent consideration of the further processing submission for the Project, so that it could proceed as rapidly as possible. The proposal to accelerate the 2017 Campus Plan and consider the further processing application for the Project concurrently was also discussed with and agreed to by the Office of Planning ("OP") and the District Department of Transportation ("DDOT").

The University filed its 2017 Campus Plan application on September 1, 2016 and on October 17, 2016 the Zoning Commission denied the Applicant's request for a waiver from

Subtitle X § 101.16 in order to consider the further processing application for the Project concurrently with the 2017 Campus Plan Application. The Zoning Commission unanimously approved the 2017 Campus Plan at its December 1, 2016, public hearing. *See* Z.C. Case No. 16-18.

#### **IV. THE PROPOSED USE**

##### **A. The Addition**

The Applicant operates the hospital in accordance with the terms of a certain leasehold agreement with the University. MGUH proposes to construct a new state of the art, six-story, Surgical Pavilion building addition to the existing main hospital, which is identified as Building # 1 on Exhibit L of the 2017 Campus Plan in accordance with the architectural plans included with this application.

The Surgical Pavilion will have a maximum height of 90 feet measured from the middle of the front of the main hospital building and will also include a mechanical penthouse that has a maximum height of 18 feet, 6 inches. The Surgical Pavilion is located east of the main hospital building and will be connected to the main hospital building in the basement, ground floor, first floor, and fourth floor. The Surgical Pavilion will be constructed on an existing surface parking lot and will contain approximately 450,000 square feet of gross floor area and approximately 644 parking spaces in a below grade parking garage. The hospital currently operates approximately 415 beds and after completion of the Project it will be licensed to operate approximately 538 beds.

The Project includes: (i) the relocation, modernization and expansion of operating rooms; (ii) relocation of ICU and medical/surgical beds; (iii) relocation and expansion of the Emergency Department; (iv) the addition of imaging equipment; (v) backfill projects before and after the Surgical Pavilion is completed; (vi) a satellite pharmacy; (vii) biomedical engineering; (viii) materials management depot; (ix) an underground loading dock that includes loading bays that can handle contaminated waste; and (x) a parking garage with approximately 644 below-grade parking spaces.

The placement and orientation of the new Surgical Pavilion facilitates the conversion of existing surface parking lots into four expansive new landscaped spaces on the University's campus. Three linked open spaces are located directly to the east of the Surgical Pavilion and create a new "front door" for the University on Reservoir Road. Each open space is paired with and serves as a forecourt for a corresponding University building to its east. The fourth open space, along Reservoir Road, will operate as a forecourt for St. Mary's Hall and give the campus a strong presence and identity along its northern boundary. The four new open spaces and the Surgical Pavilion replace existing expansive surface parking lots with vegetated landscape that is in stark contrast to the current asphalt paving.

The Surgical Pavilion is set back from Reservoir Road by approximately 175 feet from the south curb. It is aligned with the north façades of the existing hospital building to the west and St. Mary's Hall to the east. The height of the addition matches the height of the existing hospital building and the proposed massing steps down in height and is proportionate to the lower-scaled St. Mary's Hall.

The Surgical Pavilion's façade designs are influenced by, and are responsive to, the adjacent open spaces and buildings. Along the east façade two related façade types are employed. A primary façade expression is employed opposite Darnall Hall and Henle Village along the wider expanse of the north-south campus green. In this location a more regular façade treatment frames the western edge of the space. A monumentally-scaled façade serves as an appropriate backdrop to this important new campus space. Just to the north along that same façade, a related but distinct façade treatment responds to the narrowing of the green space and the lower-scaled campus buildings in close proximity. The façade that faces Reservoir Road has a vertical expression and serves as the symbolic front façade of the proposed Surgical Pavilion.

## **B. The Purposes and Need for Modernization**

The main hospital building was built in 1946 and is in need of major modernization. Much of the existing MGUH facility no longer meets space standards for current health care facility construction, and undersized patient rooms lead to suboptimal use of MGUH's licensed bed capacity. The existing floor-to-ceiling heights make it difficult to accommodate major medical equipment with state-of-the-art-technology to support the critical care services delivered in the hospital. In addition, significant space constraints within the existing hospital have precipitated the creation of operational models of care that are less than optimal and require the unnecessary transport of critical patients to multiple levels of the hospital. Also, multiple hospital departments are significantly undersized which has led to the need to accommodate patients in areas that are inefficient, lack privacy, and are undesirable from a patient care perspective. The lack of available operational beds in the hospital due to space constraints has created bottlenecks within the hospital, which significantly affects patient throughput and requires patients to be observed within the Emergency Department and multiple recovery areas for extended periods of time. These practices create extended lengths of stay and significantly affect the overall patient experience within the hospital.

In addition, MGUH is currently using nearly every square foot of available space within the existing hospital to provide clinical care. If the Applicant were to renovate within the existing footprint, it would be forced to close large sections of the hospital, thus substantially limiting the amount and types of care it could provide to the community for several years. This effort would be disruptive to patient care, time consuming, and significantly more expensive overall than the proposed plan. Under the proposed plan, the hospital can continue normal patient care operations while the new Surgical Pavilion is being built. Upon completion of the Surgical Pavilion, surgical and emergency services will be moved from the existing building into the Pavilion. Several critical support service departments including, the kitchen, environmental services, IT, bio-medical engineering, hospital facilities operations, security, administrative spaces and the morgue will remain in the existing hospital facility and will support the entire hospital.

The proposed square footage allocations for the Surgical Pavilion conform to the Facility Guidelines Institute's ("FGI") 2014 Guidelines for hospitals, establishing the most current space standards by room function. The FGI is a consensus-based organization, which publishes its recommended standards for health care facilities approximately every four years. The recommended room sizes are only a minimum based on current input from the health care industry. The Applicant will follow the recommendations outlined in the guidelines.

V. **FURTHER PROCESSING: COMPLIANCE WITH THE REQUIREMENTS OF  
SUBTITLE X § 101**

The requested special exception approval complies with Subtitle X § 101 of the Zoning Regulations. The relevant zoning requirements, and the Applicant's satisfaction of those requirements are addressed below:

- A. **Section 101.1-Education use by a college or university shall be permitted as a special exception subject to review and approval by the Zoning Commission after its determination that the use meets the applicable standards and condition of this chapter.**

Georgetown University was founded as an educational institution of higher learning in 1789 and received its federal charter in 1815. Annually, MGUH provides training to students from both the school of medicine and the school of nursing, as well as almost 500 residents and fellows through its own accredited graduate medical education programs. Additionally, MGUH works closely with the University's research enterprise to help bring innovative therapies from the scientific laboratory to the patient bedside. As stated above, the hospital has been a part of the University's operations since 1898.

- B. **Section 101.2-The uses shall be located so that they are not likely to become objectionable to neighboring property because of noise, traffic, parking, number of students, or other objectionable conditions.**

The Surgical Pavilion will be located adjacent to the existing hospital facilities, across Reservoir Road from residential properties, and west of the Cloisters townhouses. The nearest neighbors to the Surgical Pavilion are all University related uses. The Applicant has worked extensively with the Georgetown Community Partnership ("GCP") in order to minimize impacts of the proposed Surgical Pavilion on neighboring properties outside the campus. GCP and the Applicant have agreed upon the guiding principles of a Construction Management Plan, a helicopter noise abatement strategy, and a Traffic Mitigation Plan to mitigate the effects of the proposed Surgical Pavilion. The proposed conditions agreed to by MGUH and GCP outlining all of the agreed to mitigations are attached hereto as Exhibit B.

As a part of the Agreement, the Applicant has developed its own comprehensive Transportation Demand Management ("TDM") Plan separate from the University's TDM Plan. The Applicant's TDM Plan is aimed at managing traffic impacts associated with its unique population. The Transportation Demand Management Plan for the Surgical Pavilion, prepared by Wells + Associates, dated October, 2016 is attached hereto as Exhibit C.

Currently, the University is allotted 4,080 parking spaces, 1,380 of which are allocated for University uses and 2,700 of which are allocated for the Applicant's use. The Project will not affect the overall allotment of parking spaces. As part of the Project, a new below-grade parking garage is proposed with approximately 644 parking spaces. Parking in the new garage will replace 276 spaces lost from the removal of Lots A and B, which will be removed to accommodate the Surgical Pavilion. The new parking garage will also allow for the elimination of approximately 368 stacked parking spaces in Garage 1, Garage 2, and the Leavey Garage. The removal of the stacked parking will allow for a more user-friendly experience for parkers and will encourage more visitors to park on-campus as opposed to in the neighborhood. There will be no net change in the number of parking spaces.

MGUH and GCP agreed to a TDM metric of peak hour auto trip reductions and established a Baseline Peak Hour Trip Reduction Goal of 15% below what is forecasted with future growth, which is 5% below existing traffic volumes. MGUH and GCP also established an Aspirational Peak Hour Trip Reduction Goal of 22% below what is forecasted with future growth, which is 12% below existing traffic volumes. MGUH and GCP agreed to three broad categories of trip reduction strategies that allow for flexibility over the twenty years of the new Campus Plan in order to achieve the aforementioned TDM Goals. Those three categories include the following:

- Education and Outreach – This strategy includes supporting a dedicated TDM Program Manager to provide assistance and oversight of MGUH’s car/vanpooling matching and incentives, establishing and managing a centralized commuter information database, organizing and executing TDM educational events, as well as promoting and facilitating enrollment in the regional Guaranteed Ride Home Program.
- Transit Subsidy – This strategy includes subsidizing employee transit expenses as a means to offset commuting costs and encourage more employees to use public transportation instead of driving to MGUH.
- Decanting – This strategy involves relocating certain departments and staff functions to reduce the amount of people arriving at the University during peak hours.

As a result of the agreed upon mitigations in the Construction Management Plan, helicopter noise abatement strategy, and the Traffic Mitigation Plan there will be minimal noise, traffic, parking, lighting, or visual impacts on neighboring properties. The proposed Surgical Pavilion will also not increase the number of students on the University’s campus.

**C. Section 101.5-The Project Complies with the R-3 Zone development standards.**

Subtitle X § 101.5 permits a base height of 50 feet for campus buildings, but pursuant to Subtitle D § Section 303.2, the height may be increased to a maximum of 90 feet, not including the penthouse, provided that the building is set back from all lot lines at least one foot for each foot of height exceeding the 50-foot height limit. A non-residential building constructed pursuant to Subtitle D § 303.2 shall also be permitted a mechanical penthouse with a maximum height of 18 feet, 6 inches. The maximum floor area ratio (“FAR”) for all buildings on the University’s campus is 1.8. Subtitle X §101.5.

The proposed Surgical Pavilion will have a maximum height of 90 feet and will be removed from all lot lines, at a minimum, a distance of 144 feet. The mechanical penthouse will have a maximum height of 18 feet, 6 inches. The additional gross floor area for the Surgical Pavilion, together with the existing gross floor area of the campus, will result in an FAR of 1.33, which is within the 1.54 FAR proposed in the 2017 Campus Plan and below the 1.8 FAR permitted under the Zoning Regulations.

As discussed below, pursuant to Subtitle C § 1504 the Applicant respectfully requests special exception relief from the penthouse setback requirements of Subtitle C § 1502.1: (i) for an emergency egress stairwell associated with the hospital’s Federal Aviation Administration

("FAA") approved helipad that is not setback a distance equal to its height from the rear building wall and; (ii) to have a portion of the penthouse at the north end that is not setback a distance equal to its height from a building wall that borders an open court. Pursuant to the Act to Regulate the Height of Buildings (the "Height Act") the maximum permitted height for a building on the Property is 110 feet. *See* D.C. Code § 6-601.05(h). Since the Surgical Pavilion will have a height of 90 feet, relief may be granted from the setback requirements of Subtitle C § 1502. Pursuant to Subtitle C § 1504 the Applicant also requests special exception relief from the requirements of Subtitle C § 1500.9 to have a mechanical penthouse with enclosing walls that are not a single uniform height and relief from the requirements of Subtitle C § 1500.6 to have more than a single penthouse enclosure.

The Applicant also requests special exception relief pursuant to Subtitle C § 1402.1 to authorize the construction of a retaining wall to the west of the proposed addition along the east-west access road shown on the proposed Campus Plan. The retaining wall is higher than the allowance provided for in Subtitle C, Chapter 14.

- D. Section 101.8-As a prerequisite to requesting a further processing for each college or university use, the applicant shall have submitted to the Zoning Commission for its approval a plan for developing the campus as a whole, showing the location, height, and bulk, where appropriate, of all present and proposed improvements including, but not limited to, the following: (a) Buildings and parking and loading facilities; (b) Screening, signs, streets, and public utility facilities; (c) Athletic and other recreational facilities; and (d) A description of all activities conducted or to be conducted on the campus, and of the capacity of all present and proposed campus development.**

**Section 101.16 – A further processing of a campus plan building shall not be filed simultaneously with a full campus plan application.**

The University submitted its 2017 Campus Plan application on September 1, 2016 and the Zoning Commission unanimously approved the 2017 Campus Plan at its December 1, 2016, public hearing.

- E. Section 101.11-In reviewing and deciding a campus plan application or new building construction pursuant to a campus plan, the Zoning Commission shall consider, to the extent they are relevant, the policies of the District of Columbia Elements of the Comprehensive Plan.**

The proposed Surgical Pavilion is not inconsistent with the goals and policies of the District of Columbia Comprehensive Plan. As shown on the District of Columbia Comprehensive Plan Future Land Use Map, the Property is designated as an institutional use. Part of creating successful neighborhoods is recognizing that institutional uses contribute to a neighborhood's character and help make all communities more livable. *See* 10 DCMR § 218.2.

In addition, the proposed Surgical Pavilion will not adversely affect the character or quality of life in the surrounding residential area. To the contrary, the Project furthers the health of District Residents. The Comprehensive Plan recognizes the importance of hospital uses on university campuses to the economy, character, history and future of the District of Columbia. *See* 10 DCMR §§ 1214.6, 311.7. The District's healthcare institutions and hospitals located on university campuses provide services and resources to the community that could not possibly be

provided by the government alone. *See* 10 DCMR §§ 315.2-315.4. The hospital has been in this location for many decades.

- F. Section 101.12-As an integral part of the application requesting approval of new building construction pursuant to a campus plan, the college or university shall certify and document that the proposed building or amendment is within the FAR limit for the campus as a whole, based upon the computation included in the most recently approved campus plan and the FARs of any other buildings constructed or demolished since the campus plan was approved.**

As shown in the Development Program Summary, included as Exhibit K of the proposed 20-year Campus Plan, the additional gross floor area for the Surgical Pavilion, together with the existing gross floor area of the campus, will result in an FAR of 1.33, which is within the 1.54 FAR proposed under the 2017 Campus Plan and below the 1.8 FAR permitted under the Zoning Regulations.

- G. Section 101.13-Pursuant to Subtitle Z § 405.1, as soon as the application is accepted, the Office of Zoning shall refer the application to the Office of Planning, the Department of Transportation, and the Department of Energy and Environment for review and written reports.**

The Applicant has already discussed this application with the Office of Planning, the District Department of Transportation, and the Department of Energy and Environment.

- H. The Old Georgetown Act & Commission of Fine Arts**

The Applicant met with the Old Georgetown Board (“OGB”) staff on numerous occasions and presented architectural drawings for consideration to OGB on November 05, 2015, February 04, 2016, May 05, 2016, June 16, 2016, July 07, 2016 and September 01, 2016. The meetings and presentations included the proposed Surgical Pavilion and penthouse, the landscaped campus green over the below-grade parking structure, and traffic/site circulation related issues. At the meeting held on September 1, 2016, OGB granted concept approval for the design and recommended that the Project be forwarded to the Commission of Fine Arts (“CFA”). As a condition of OGB’s concept approval, OGB requested that the Applicant present the Project again at the design development stage for further review and approval prior to the issuance of construction permits by DCRA. As a result, the Applicant filed architectural plans with CFA on September 7, 2016, which plans were granted concept approval at the CFA’s September 15, 2016 public meeting. The CFA concept approval letter is attached hereto as Exhibit D. Since the Applicant will present the Project to OGB and/or CFA at the design stage, the Applicant respectfully requests flexibility to permit minor modifications to the design to comply with any conditions of approval and comments from either OGB or CFA.

## **VI. SPECIAL EXCEPTION RELIEF**

- A. Penthouse**

The Applicant seeks special exception relief from the penthouse setback requirements of Subtitle C § 1502.1: (i) for an emergency egress stairwell associated with the hospital’s Federal Aviation Administration (“FAA”) approved helipad that is not setback a distance equal to its height from the rear building wall; and (ii) to have a portion of the penthouse at the north end



that is not setback a distance equal to its height from a building wall that borders an open court. The Applicant also requests special exception relief from the requirements of Subtitle C § 1500.9 to have a mechanical penthouse with enclosing walls that are not a single uniform height and relief from the requirements of Subtitle C § 1500.6 to have more than a single penthouse enclosure.

In this case, the Applicant proposes to provide emergency egress stairwells at the north and south ends of penthouse both with a height of 11 feet. The south egress stairwell will not be setback from the south building wall. The main penthouse enclosure will have a height of 18'6", and at the north end a small portion of the main penthouse enclosure is only set back 10 feet, 6 inches from the irregular open court. In addition, the Applicant proposes a second mechanical penthouse height of 14'6" for a portion the penthouse along the east side of the building. The rooftop helipad will also be located on a separate platform that has a height of 6'8".

Pursuant to the Height Act the maximum permitted height for a building on the Property is 110 feet. *See* D.C. Code § 6-601.05(h). As stated above, the proposed Surgical Pavilion will have a maximum height of 90 feet and is not being built to the maximum height allowed by the Height Act. As a result, relief may be granted from the setback requirements of Subtitle C § 1502.

Relief granted through a special exception is presumed appropriate, reasonable and compatible with other uses in the same zoning classification, provided the specific regulatory requirements for the relief requested are met. Under Subtitle C § 1504, special exception relief may be granted from the requirements for penthouses where "[o]perating difficulties such as meeting D.C. Construction Code, Title 12 DCMR requirements for roof access and stairwell separation or elevator stack location to achieve reasonable efficiencies in lower floors; size of building lot; or other conditions relating to the building or surrounding area make full compliance unduly restrictive, prohibitively costly or unreasonable." Subtitle C § 1504.1(d). Deviations from the penthouse requirements are permissible provided "[t]he intent and purpose" of Subtitle C, Chapter 1500 "shall not be materially impaired by the structure, and the light and air of adjacent buildings shall not be affected adversely." Subtitle C § 1504.1(f).

The proposed penthouse will house mechanical equipment, and will not include any habitable space. The penthouse has been designed to enclose all of the required mechanical equipment that is necessary for the operation of the hospital. In order to expand the footprint of the penthouse to accommodate all of the required mechanical equipment and meet most of the required setbacks, a lower enclosing wall is provided on the east side of the penthouse. The penthouse has also been designed to be sympathetic with the character and materials of the new Surgical Pavilion and to reduce the apparent overall north to south length of the enclosure.

The rooftop helipad represents a key shared objective between MGUH and the surrounding community. It replaces the existing at-grade emergency helicopter landing pad currently located on the west edge of Shaw Field, which is located approximately 650 feet from the nearest MGUH building entrance and over 785 feet from the current Emergency Department, with a new rooftop landing pad that is located directly above the new Emergency Department and surgical suites. The new rooftop helipad also mitigates community impact concerns, is less disruptive to University activities, and reduces internal campus vehicular congestion, while providing state of the art medical care to patients that arrive under critical circumstances.

FAA clearance guidelines require the helipad to be fifty feet in diameter with an associated seventy-six foot clear diameter final approach and takeoff area. The National Fire Protection Association (“NFPA”) 418, Standards for Heliports, requires that the helipad be served by no fewer than two separate means of egress. NFPA 418 also requires that the means of egress serving the helipad must be remotely located and at least thirty-feet and ninety-degrees apart from each other relative to the landing zone. The first means of egress will be accessed from the enclosed mechanical penthouse north of the helipad and the second means of egress will be located on the south side of the helipad in a separate stair enclosure. Accommodating a second means of egress on the east or west sides of the helipad is not feasible given the narrow massing of the pavilion and the mandated clearance guidelines. In addition to the above stated clearances guidelines, the location is also a result FAA mandated flight paths.

The Project has received concept approval from OGB and CFA, which includes the penthouse as proposed. In addition, all of the adjacent buildings are utilized by the University and the penthouse will not impact the light or air of any adjacent buildings since there is no building directly abutting the south and east building walls. The Applicant has made every effort to comply with the setback and enclosure requirements. There is no alternative location for the required egress stairwell that would meet the setback requirements, comply with FAA clearance guidelines, and the NFPA 418, which requires two means of egress from the helipad separated by 36 feet and 90 degrees or greater in plan. Inclusion of the helipad also reduces the amount of space within the main mechanical penthouse enclosure by approximately 5,600 square feet, which could be used to house equipment to serve the building’s hospital use.

As a hospital, the building also requires more mechanical penthouse equipment space than an office building, multifamily residential building, or other commercial mixed-used building. Hospital air handling units are mandated to have (i) higher peak load air delivery (approximately 15% higher cubic feet per minute per gross square foot); (ii) filters downstream of supply fans, which add ten feet of length; (iii) full building humidification, which adds five feet of length for humidifier and downstream absorption distance); and (iv) twice the minimum outside air ventilation with preheat coils, which adds five feet of length. In addition, air handling units in a hospital operate 24 hours a day, 7 days a week, 365 days a year, which necessitates units that are 10%-15% greater in volume over a typical air handling unit in order to comply with the energy code. Air handling units in hospitals are also cross-connected for redundancy, resulting in significantly more ductwork in the penthouse.

The hospital use also includes a myriad of exhausts that are not required in office buildings, multifamily residential buildings, or other commercial mixed-use buildings. The additional exhausts include: airborne isolation, emergency department triage and decontamination, pharmacy compounding hoods, and exhausts for hazardous material storage areas, such as chemical and biological waste. These types of exhaust are required to discharge at a minimum of ten feet vertically and horizontally from accessible maintenance areas, which results in recesses in the penthouse to preclude visible portions of the exhaust systems protruding above the penthouse enclosure.

All efforts to locate mechanical equipment in other areas of the building have been explored. A two story mechanical area is planned to support the operating rooms on Levels 1 and 2 of the Surgical Pavilion and as a result no other mechanical equipment can be located in the two story mechanical area. Furthermore, below grade space has been maximized within the

limits of the University ground lease between existing building structures to accommodate utility head-end rooms and a chiller plant to supplement the chilled water provided by the University central plant to meet the low temperature operating room requirements. Reductions in the proposed mechanical penthouse area would require either relocation of: (i) the below grade drop-off and patient pickup; (ii) the below grade loading area and associated central sterile processing and materials management program spaces; or (iii) the above grade program spaces required by the Certificate of Need issued by the District of Columbia Department of Health.

There is also no alternative to providing penthouse enclosing walls of varying heights and multiple penthouse enclosures. Providing for enclosing walls of a uniform height and single penthouse enclosure would require greater setback relief on the east side of the penthouse and it would also result in the elimination of the rooftop helipad. Accordingly, the proposed penthouse is in harmony with the purpose and intent of the Zoning Regulations and meets the test for special exception relief under Subtitle C § 1504.

## **B. Retaining Wall**

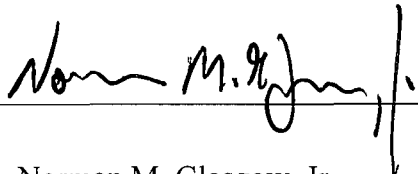
The Applicant requests special exception relief pursuant to Subtitle C § 1402.1 to authorize the construction of a retaining wall to the west of the proposed addition along the east-west access road shown on the proposed Campus Plan. The retaining wall is higher than the allowance provided for in Subtitle C, Chapter 14 and has a height ranging from approximately one foot on the western edge of the wall to a maximum height of approximately 25 feet along the eastern portion of the retaining wall as shown on the Retaining Wall Plan included in the architectural plans. The east-west connector road extends from the hospital complex to the west and then connects out to Reservoir Road to the north. There will be a retaining wall adjacent to and on the south side of this roadway. The east-west road is located on interior lots and is not adjacent to any residential properties. As a result, the regulations limiting the height of retaining walls are unduly burdensome since the retaining wall will be largely unseen from neighboring residential properties since they are located approximately 650 feet to the west.

## VII. CONCLUSION

For the reasons stated above, the Applicant submits that the Project meet the standards set forth in the Zoning Regulations. Accordingly, the Applicant respectfully requests that the Zoning Commission approve the requested relief.

Respectfully submitted:

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