GOVERNMENT OF THE DISTRICT OF COLUMBIA
Zoning Commission

ZONING COMMISSION FOR THE DISTRICT OF COLUMBIA
ZONING COMMISSION ORDER NO. 16-18A
Z.C. Case No. 16-18A
MedStar Georgetown University Hospital
(Further Processing of the 2017-2036 Georgetown University Campus Plan
@ Square 1321, Lots 824, 825, 826, 833)
June 8, 2017

Pursuant to notice, the Zoning Commission for the District of Columbia ("Commission") held a public hearing on June 8, 2017, to consider an application by 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"), for 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").

Pursuant to 11-C DCMR § 1504 the Applicant requested special exception approval from the penthouse requirements of 11-C DCMR §§ 1500.6, 1500.9, and 1502.1. The Applicant also requested special exception approval pursuant to 11-C DCMR § 1402.1 to authorize the construction of a retaining wall to the west of the Surgical Pavilion that is higher than the allowance provided for in 11-C DCMR, Chapter 14. MGUH also requested flexibility to permit minor refinements to the design of the Surgical Pavilion to comply with any conditions of approval and comments from either the Old Georgetown Board of the Commission of Fine Arts.

The Commission considered the further processing application pursuant to Subtitles X and Z of the District of Columbia Zoning Regulations, Title 11 of the District of Columbia Municipal Regulations ("DCMR"). The public hearing was conducted in accordance with the provisions of Subtitle Z, Chapter 4 of the Zoning Regulations. For the reasons stated below, the Commission hereby **APPROVES** the Application.

FINDINGS OF FACT

Application, Parties, Agency Reports, and Hearing

1. On April 18, 2017, pursuant to 11-X DCMR § 900 and in accordance with 11-X DCMR § 101, the Applicant filed an application for special exception approval for further

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processing of the 2017 Campus Plan to permit construction of the Surgical Pavilion at MGUH. (Exhibits ["Ex."] 1-8.)

2. Pursuant to 11-C DCMR § 1504, the Applicant requested special exception approval from the penthouse setback requirements of 11-C DCMR § 1502.1: (i) for an emergency egress stairwell associated with the hospital's Federal Aviation Administration ("FAA") approved helipad that is not set back 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 set back a distance equal to its height from a building wall that borders an open court. Pursuant to 11-C DCMR § 1504, the Applicant also requested special exception relief from the requirements of 11-C DCMR § 1500.9 to have a mechanical penthouse with enclosing walls that are not a single uniform height and relief from the requirements of 11-C § 1500.6 to have more than a single penthouse enclosure. The Applicant requested special exception approval pursuant to 11-C DCMR § 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 2017 Campus Plan. The retaining wall is higher than the allowance provided for in 11-C DCMR, Chapter 14.

3. At its May 9, 2017, public meeting the Commission provisionally granted party status to the Georgetown University Student Association ("GUSA"). (Ex. 16-16A.) GUSA's party status was confirmed at the public hearing on the Application on June 8, 2017.

4. Advisory Neighborhood Commission ("ANC") 2E, the ANC within which the property is located and ANC 3D, the ANC across the street from the Property, were both automatic parties

5. The parties to the case therefore were the Applicant, ANC 2E, ANC 3D, and GUSA.

6. On May 19, 2017, the Applicant filed supplemental materials in support of the further processing application including additional architectural drawings to address comments from the Office of Planning ("OP"), supplemental and updated transportation information including a memorandum highlighting the aspects of the Comprehensive Transportation Review submitted with the 2017 Campus Plan that are specific to the Surgical Pavilion, revised conditions of approval, and the Applicant's construction management plan and construction management agreement agreed to by the Applicant and community representatives serving on the Georgetown Community Partnership ("GCP") Steering Committee. (Ex. 21-21F2.)

7. By report dated May 26, 2017, OP recommended approval of the requested special exception for further processing of the approved 2017 Campus Plan and the requested special exception relief for the proposed penthouses pursuant to Subtitle C § 1504 and the proposed retaining wall pursuant to Subtitle C § 1402. OP also recommended approval of

the Applicant's request to allow flexibility for minor refinements to the design resulting from conditions required by the Old Georgetown Board ("OGB") and Commission on Fine Arts ("CFA"). (Ex. 23.)

8. By report dated May 30, 2017, District Department of Transportation ("DDOT") stated that it had no objection to the requested special exception approval subject to the additional mitigations listed on pages 3-4 of its report including: (i) a commitment to track employee travel patterns and short-term impacts of construction to ensure that MGUH is providing sufficient Georgetown University Transportation Service ("GUTS") services, transit benefits, and bicycle and pedestrian accommodations to meet demand; (ii) a commitment to providing a GUTS stop on the north side of campus adjacent to MGUH, within one month of completion of the Surgical Pavilion; (iii) providing monthly transit subsidies of up to $80 per employee per month during construction in lieu of the $255 transit subsidy for 180 employees as proposed by the Applicant; (iv) installing a real-time transit information screen that is easily viewable from the main MGUH entrance or lobby and includes GUTS information; and (v) including bike routing and wayfinding information in the new Surgical Pavilion wayfinding plan, to be completed concurrently with the completion of the Surgical Pavilion. (Ex. 24.)

9. ANC 2E submitted a letter dated June 1, 2017, indicating that at a duly noticed public meeting on May 30, 2017, at which notice was properly given and a quorum was present, ANC 2E voted unanimously to support the Project, having no issues or concerns with the application. (Ex. 25.)

10. On June 7, 2017, the Applicant filed a consolidated set of architectural drawings. (Ex. 30-30A3.)

11. ANC 3D submitted a letter dated June 8, 2017, indicating that at a duly noticed public meeting on June 7, 2017, at which notice was properly given and a quorum was present, ANC 3D voted 6-1-0 to adopt a resolution in support the Project, having no issues or concerns. (Ex. 35.) The letter also requested leave to file the report on the date of the hearing, but the request was unnecessary. The Commission must give great weight to a written report of an affected ANC "that is received at any time prior to the date of a Commission meeting to consider final action including any continuation thereof on the application." (11-Z DCMR 406.2.)

12. After proper notice, the Commission held a public hearing on the application on June 8, 2017.

13. At the public hearing, and through the testimony of the Applicant's expert traffic witness Jami Milanovich, the Applicant agreed to: (i) track employee GUTS ridership on a quarterly basis; (ii) install a real-time transit information screen that is easily viewable

from the main MGUH entrance or lobby and includes GUTS information; and (iii) include bike routing and wayfinding information on the Surgical Pavilion wayfinding plan, to be completed concurrently with the completion of the Surgical Pavilion. In lieu of the bus turnaround proposed by DDOT, MGUH will add additional mini shuttle capacity to transport passengers from the current stop on the south side of campus to the hospital until the new permanent bus circle opens. MGUH will also provide a $255 per month subsidy, the maximum allowed pursuant to federal law, for 180 employees who currently drive to the hospital. If the desired result is not achieved, the subsidy initiative may be revised.

14. OP; DDOT; ANC 2E Chair Joe Gibbons; ANC 3D Commissioner Conrad DeWitte; Nan Bell, representing the Burleith Citizens Association; Jennifer Romm, representing the Citizens Association of Georgetown; Ron Lewis, as Co-Chair of the GCP Steering Committee; and Don Edwards, as the facilitator for GCP, all testified in support of the Application. OP indicated that the Department of Environment and Energy was also in support of the application.

15. There were no letters in opposition filed to the case record and no persons testified in opposition to the application at the public hearing. John Bray, who lives in Foxhall Village, testified as an undeclared witness regarding questions he had about the west side of the University's campus.

16. At the conclusion of the public hearing, the Commission voted to approve the application, including the flexibility to make minor refinements in the design requested by the Applicant as is more specifically described in Condition No. 1 below.

The Property

17. The property that is the subject of this application is Square 1321, Lots 824, 825, 826, and 833 (the "Property"). The Property is located in the R-3 zone and within the Georgetown Historic District on the University's campus. The main hospital building is located south of Reservoir Road and at the north end of the campus. The Surgical Pavilion will be an addition to the east side of the main hospital building.

Status of the Campus Plan

18. The Commission approved the 2010-2017 Georgetown University Campus Plan in July 2012. (*See* Z.C. Order No. 10-32 (the "2010 Campus Plan").) Pursuant to the 2010 Campus Plan, the University and community parties established the GCP 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.

19. 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 a focus on developing a 20-year successor plan to govern development of the campus.

20. The University filed its 2017 Campus Plan application on September 1, 2016, and on December 1, 2017, the Commission unanimously approved the 2017 Campus Plan. (*See* Z.C. Case No. 16-18.)

21. The Surgical Pavilion project was discussed extensively within the GCP during the master planning process and was included as a development site in the 2017 Campus Plan.

The Surgical Pavilion

22. The Applicant operates the hospital in accordance with the terms of a lease agreement with the University.

23. Consistent with the approved 2017 Campus Plan, MGUH proposes to construct a new state of the art, six-story, Surgical Pavilion building addition to the existing main hospital.

24. 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, six inches. The Surgical Pavilion is located east of the main hospital building and will be connected to the main hospital building at 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.

25. 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) central sterile processing; (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 hospital currently operates approximately 415 beds, and after completion of the Project, it will be licensed to operate approximately 538 beds.

26. The placement and orientation of the new Surgical Pavilion facilitates the conversion of the remainder of the 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.

27. The Surgical Pavilion is set back from Reservoir Road 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.

28. 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.

The Purpose and Need for Modernization

29. 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 between multiple floors 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.

30. In addition, MGUH is currently using nearly every square foot of available space within the existing hospital to provide clinical care. If the hospital were to simply modernize in its existing footprint, it would be required to permanently reduce the number of total patients it could care for because existing clinical spaces (operating rooms and emergency rooms, as well as patient rooms) need to be expanded to provide optimal care. In addition, 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, critical care and emergency services will be moved from the existing building into the Pavilion. Several clinical services as well as critical support service departments including, the kitchen, environmental services, IT, central sterile processing, hospital facilities operations, security, administrative spaces and the morgue will remain in the existing hospital facility and will support the entire hospital.

31. 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.

Further Processing: Compliance with the Requirements of 11- X DCMR § 101

32. The requested special exception approval complies with the requirements of 11-X DCMR § 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. The University began operating the hospital in 1898. Today, MGUH annually 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.

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 GCP in order to minimize impacts of the proposed Surgical Pavilion on neighboring properties outside the campus. The GCP and the Applicant have agreed upon a Construction Management Plan, a helicopter noise abatement strategy, and a Traffic Mitigation Plan to mitigate the effects of the proposed Surgical Pavilion during and after construction.

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.

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 five percent 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 20 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.

Currently, the University is allotted 4,080 parking spaces, of which 2,700 spaces are allocated for the Applicant's use. There will be no net change in the number 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 approximately 300 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 a significant number of 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.

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

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

11-X DCMR § 101.5 permits a base height of 50 feet for campus buildings, but pursuant to Subtitle D § 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 11-D DCMR § 303.2 shall also be permitted a mechanical penthouse with a maximum height of 18 feet, six inches. The maximum floor area ratio ("FAR") for all buildings on the University's campus is 1.8. (11-X DCMR §101.5.)

The proposed Surgical Pavilion will have a maximum height of 90 feet, excluding the penthouse, 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, six

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 approved in the 2017 Campus Plan and below the 1.8 FAR permitted under the Zoning Regulations.

As discussed below, the Applicant requested special exception relief from the retaining wall and penthouse requirements of the Zoning Regulations.

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 Commission unanimously approved the 2017 Campus Plan at its December 1, 2016, public hearing. As previously stated, the further processing application for the Surgical Pavilion was filed on April 18, 2017, after the approval of the 2017 Campus Plan.

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.)

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.*

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 approved 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 application was referred to OP, DDOT, and the Department of Energy and Environment ("DOEE") for review and written report. Each of OP, DDOT and DOEE reviewed and reported in writing, and/or in testimony at the hearing on June 8, 2017, that they support the Surgical Pavilion.

Special Exception Approval

33. Pursuant to 11-C DCMR § 1504, the Applicant requested special exception approval from the penthouse setback requirements of 11-C DCMR § 1502.1: (i) for an emergency egress stairwell associated with the hospital's FAA-approved helipad that is not set back 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 set back 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 11-C DCMR § 1500.9 to have a mechanical penthouse with enclosing walls that are not a single uniform height and relief from the requirements of 11-C DCMR § 1500.6 to have more than a single penthouse enclosure.

34. In this case, the Applicant will 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 set back from the south building wall. The main penthouse enclosure will have a height of 18

feet, six inches, and at the north end, a small portion of the main penthouse enclosure is not set back from the irregular open court. In addition, the Applicant proposes a second mechanical penthouse height of 14 feet, six inches 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 six feet, eight inches.

35. 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 11-C DCMR § 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." (11-C DCMR § 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." (11-C DCMR § 1504.1(f).)

36. 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.

37. FAA clearance guidelines require the helipad to be 50 feet in diameter with an associated 76-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 30 feet and 90 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 of FAA mandated flight paths.

38. The Project has received concept approval from the 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 otherwise have been used to house equipment to serve the building's hospital use.

39. 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 10 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, seven 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.

40. 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 10 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.

41. All options 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.

42. There is also no feasible 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.

43. The Applicant requests special exception relief pursuant to 11-C DCMR § 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 2017 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 which are located approximately 650 feet to the west. Furthermore, the Applicant demonstrated that there was no reasonable alternative to the construction of the retaining wall; due to the grade change, a slope would encroach upon and eliminate the existing athletic field to the south of the proposed roadway.

The Old Georgetown Act & Commission of Fine Arts

44. The Applicant met with 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 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. (Ex. 7D.)

45. Since the Applicant will present the Project to OGB and/or CFA at the design stage, the Applicant requests flexibility to permit minor refinements to the design to comply with any conditions of approval and comments from either OGB or CFA.

CONCLUSIONS OF LAW

1. The Commission may grant special exception approval to authorize the construction of a new structure devoted to a university-related use, provided the requirements of 11-X DCMR § 101 of the Zoning Regulations are met. Based upon the record before the Commission, the Commission concludes that the Applicant has met its burden of proof pursuant to 11-X DCMR § 101 of the Zoning Regulations. The Surgical Pavilion has been located and designed so that it is not likely to become objectionable because of noise, traffic, number of students, or other objectionable impacts. It will further the goals of the Campus Plan as well as the relevant goals of the Comprehensive Plan. The Commission further concludes that granting the relief will not tend to adversely affect the use of neighboring property in accordance with the Zoning Regulations and Map and is not inconsistent with policies of the District of Columbia Elements of the Comprehensive Plan.

2. The Commission concludes that the Applicant met its burden of proof for special exception approval from the penthouse setback requirements of 11-C DCMR §§ 1500.6, 1500.9, and 1502.1 since 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.

3. The Commission concludes that the Applicant met its burden of proof pursuant 11-C DCMR § 1402.1 for special exception approval of a retaining wall, since the retaining wall is in harmony with the purpose and intent of the Zoning Regulations and meets the test for special exception relief under Subtitle C § 1402.1.

4. The Commission is required under § 13(d) of the Advisory Neighborhood Commissions Act of 1975, effective March 26, 1976 (D.C. Law 1-21; D.C. Official Code § 1-309.10(d)) to give "great weight" to the issues and concerns raised in the written reports of the affected ANCs. In this instance, ANC 2E and ANC 3D expressed no issues or concern, but rather indicated their support of the application. The District of Columbia Court of Appeals has noted that the ANC Act does not require an agency "to give 'great weight' to the ANC's recommendation but requires the [the agency] to give great weight to any issues and concerns raised by the ANC in reaching its decision." (*Metropole Condo. Ass'n v. D.C. Bd. of Zoning Adjustment*, 141 A.3d 1079, 1086 (D.C. 2016).) Since neither ANC expressed any issues or concerns, there was nothing for the Commission to give great weight to.

5. In contrast, the Commission is required under § 5 of the Office of Zoning Independence Act of 1990, effective September 20, 1990 (D.C. Law 8-163; D.C. Official Code § 6-623.04 (2001)), to give great weight to OP recommendations. The Commission has carefully considered the OP's recommendation in support of the application and agrees

that approval of the Further Processing application and associated special exception approval is appropriate.

DECISION

In consideration of the Findings of Fact and Conclusions of Law contained in this Order, the Zoning Commission **ORDERS APPROVAL** of the application for special exception approval for the further processing of the 2017 Campus Plan. The Zoning Commission also **ORDERS APPROVAL** of the application for special exception approval from the penthouse requirements of 11-C DCMR §§ 1500.6, 1500.9, and 1502.1 and the retaining wall requirements of 11-C DCMR, Chapter 14. This approval is subject to the following guidelines, conditions, and standards:

1. MGUH shall construct the Surgical Pavilion in accordance with the plans titled "Consolidated Further Processing Plans", prepared by Shalom Baranes Associates dated June 7, 2017, and marked as Exhibits 30A1-30A3 of the record. Since the Applicant will present the Project to OGB and/or CFA at the design stage, the Applicant shall have flexibility to make minor refinements to the design with respect to landscape elements and exterior details, locations, and dimensions, including curtainwall mullions and spandrels, window frames, doorways, glass types, belt courses, sills, bases, cornices, railings and trim; and any other similar changes to comply with any conditions of approval and comments from either OGB or CFA.

2. MGUH shall ensure that the routine flight path for helicopters will approach and depart the Hospital's helipad linearly from and towards the Potomac River over the center of the Georgetown University Campus. Safety considerations may, on rare occasions, require pilots to alter this path due to weather or other ambient situations. The helipad will be constructed with sound-baffling material using the best available technology. Helicopter noise monitoring in the neighborhood will take place at unannounced times at least twice a year in agreed-upon locations, or more frequently if off-route or noise issues develop. This condition is based on the expectation that helicopter flights to MGUH will not exceed an average of 1.5 flights per day.

3. MGUH shall ensure that the MGUH Emergency Department facilities will provide no more than 32 universal treatment bays and one sexual assault nurse examiner ("SANE") suite. MGUH will work with the GCP in requesting DC Fire and Emergency Management Systems ("FEMS") to adopt "quiet community" protocols to reduce ambulance siren usage in the neighborhood.

4. <u>Transportation Management</u>

    a. MGUH shall implement TDM and trip reduction measures sufficient to ensure peak hour vehicle trips shall not exceed 1,245 trips during the AM peak hour and 939 trips during the PM peak hour ("Performance Target Commitment"). In addition, as an aspirational goal, MGUH will strive to achieve a peak hour trip

threshold that is below 1,153 AM peak hour trips and 870 PM peak hour trips. MGUH shall be permitted to update the TDM Plan, in consultation with the GCP and DDOT, to enhance its efficacy over the life of the 2017 Campus Plan consistent with the performance standards set forth above;

b. To assess MGUH's efforts towards achieving the Performance Target Commitment and aspirational goal described above, MGUH shall conduct an Annual Transportation Performance Monitoring Study. The Study shall include: (1) measurement of MGUH vehicle trip generation; (2) a MGUH-wide transportation survey (including determination of mode split); (3) GUTS ridership counts utilizing AVL and APC data; (4) a summary report of TDM activities and expenditures; (5) parking counts; and (6) during construction of the Surgical Pavilion, the tracking of GUTS ridership on a quarterly basis. The Annual Transportation Performance Monitoring Study shall be conducted in accordance with the methodology outlined on pages 73-79 of the CTR (Exhibit 33 of the 2017 Campus Plan Record), as modified with the five items listed on page 17 of the DDOT Report (Exhibit 43 of the 2017 Campus Plan Record). The Annual Transportation Performance Monitoring Study shall be submitted to the GCP and DDOT by December 31 of each year, during the term of the 2017 Campus Plan; and

c. If the Results of the Annual Transportation Performance Study reveal that the Performance Target Commitment outlined above is not met, MGUH will work with the GCP and DDOT to review the then-current TDM strategies and associated expenditures to develop an increasingly robust plan to augment existing and/or implement more stringent TDM strategies to enhance performance. Furthermore, MGUH shall conduct and submit a Supplemental Performance Monitoring Study by June 30 of the same academic year to track progress toward the Performance Target Commitment until such time as the Commitment is met. If the Performance Target Commitment is not met in the following fall, the additional TDM strategies and associated expenditures will become increasingly more stringent, and MGUH shall work with the GCP and DDOT to develop additional TDM strategies not currently included in the TDM Plan until such time as the Performance Target Commitment is met.

5. Electric Car Charging Stations. MGUH shall install two 240-volt electric car charging stations in the Surgical Pavilion parking garage. The car charging stations shall be installed prior to opening of the Surgical Pavilion.

6. Real Time Transit Information Screen. MGHU shall install a real-time transit information screen that is easily viewable from the main MGUH entrance or lobby and includes GUTS information, to be completed concurrently with the completion of the Surgical Pavilion.

7. Bike Routing and Wayfinding. MGUH shall provide bike routing and wayfinding information on the Surgical Pavilion wayfinding plan, to be completed concurrently with the completion of the Surgical Pavilion.

8. As part of the Project, MGUH and the University shall construct a roadway running from east to west connecting Entrance 4 to the Leavey Garage (the "New Road"). During and after construction of the Surgical Pavilion, MGUH will not utilize Entrance 4 or the New Road for any construction related traffic (including employee shuttles and trucks), commercial vehicles, or services/deliveries. During and after construction, MGUH intends to use Entrance 4 and the New Road solely for vehicular transportation (i.e., patients, visitors, and employees traveling in cars). During construction, ambulances will continue to use Entrance 2, unless the use of a different entrance or the limited use of the road is necessary due to the particular urgent needs of a patient. Any change to MGUH's use of Entrance 4 or the New Road shall be permitted only if reviewed by and concurred to by the GCP, based on a demonstration that measures will be implemented to mitigate adverse impacts (e.g. noise, light, and air quality). The limitations on the University's use of Entrance 4 are addressed in 2017 Campus Plan Condition 20(d).

9. Construction Management Plan. Construction relating to the Project shall take place according to the written Construction Management Agreement and Plan between MGUH and the community representatives of the GCP, dated May 14, 2017 and marked as Exhibits 28A1-28A2 of the record, that incorporates the construction plan outline presented to the community representatives of the GCP on September 14, 2015. The agreement provides for no idling of trucks on Reservoir Road; off-site parking to replace on-site staff and visitor parking, such as the surface parking on Lots A and B, that will be unavailable during construction; environmental, noise and vermin controls to protect the community; communication procedures and records that maximize effective communication from and to the community during construction; at the completion of construction of the Project or during construction if need be, repair and resurfacing as needed of any part of Reservoir Road damaged by construction traffic; and a similar construction management plan to be in effect for back-fill and other on-campus construction relating to MGUH.

10. As part of the Construction Management Agreement discussed in Condition 9 above, MGUH shall work with the University and the GCP to develop a plan acceptable to applicable regulatory agencies in the District of Columbia for vehicular, pedestrian, and bicycle circulation into, around the perimeter of, and within the campus during all phases of construction of the Project. The plan will be submitted to the GCP for review and comment.

11. Mini Shuttles. MGUH shall provide additional mini shuttle capacity to transport GUTS passengers from the current stop on the south side of the University's campus to the hospital until the new permanent bus turnaround south of the Lombardi Comprehensive Cancer Care Center is operational.

12. Reporting and Compliance Review. By November 30th of each year following approval of its Further Processing application for the Surgical Pavilion, MGUH shall file an annual compliance report with the GCP that addresses MGUH's compliance with the above conditions.

13. The Applicant is required to comply fully with the provisions of the Human Rights Act of 1977, D.C. Law 2-38, as amended, and this order is conditioned upon full compliance with those provisions. In accordance with the D.C. Human Rights Act of 1977, as amended, D.C. Official Code § 2-1401.01 et seq., ("Act") the District of Columbia does not discriminate on the basis of actual or perceived: race, color, religion, national origin, sex, age, marital status, personal appearance, sexual orientation, gender identify or expression, familial status, family responsibilities, matriculation, political affiliation, disability, source of income, genetic information, or place of residence or business. Sexual harassment is a form of sex discrimination that is also prohibited by the Act. In addition, harassment based on any of the above protected categories is also prohibited by the Act. Discrimination in violation of the Act will not be tolerated. Violators will be subject to disciplinary action. The failure or refusal of the Applicant to comply shall furnish grounds for the denial or, if issued, revocation of any building permits or certificates of occupancy issued pursuant to this Order.

At its public hearing on June 8, 2017, upon the motion of Vice Chairman Miller as seconded by Chairman Hood, the Zoning Commission unanimously **APPROVED** the application by a vote of **4-0-1** (Anthony J. Hood, Robert E. Miller, Peter G. May, and Michael G. Turnbull to approve; Peter Shapiro not present, not voting).

In accordance with the provisions of 11-Z DCMR § 604.9 of the Zoning Regulations, this Order July 28, 2017.

BY THE ORDER OF THE D.C. ZONING COMMISSION
A majority of the Commission members approved the issuance of this Order.

ANTHONY J. HOOD	**SARA A. BARDIN**
CHAIRMAN	**DIRECTOR**
ZONING COMMISSION	**OFFICE OF ZONING**