

## **MEMORANDUM**

**TO:** Planning Commission Members  
**FROM:** Nancy Iacomini and Jim Lantelme, VHC SPRC Co-Chairmen  
**DATE:** September 3, 2018  
**SUBJECT:** SPRC Report for Virginia Hospital Expansion (VHC), Amendment to SP #177

### **SITE**

Virginia Hospital Center (VHC) has requested to incorporate the Edison Site into their existing, adjacent campus for a total site area of 21.6 acres.

The Edison Site is currently owned by the County, but a MOU exists to “swap” the site for VHC’s Carlin Springs site and some cash equivalent to make up the difference in valuations for the respective sites. Edison is currently zoned S-3A but is proposed to be rezoned to S-D, which is the same zoning as the rest of the hospital site.

The Edison Site is bordered on three sides by single-family homes (the fourth side abuts the current hospital campus.) The neighborhood is in the “Low Residential” General Land Use Plan (GLUP) category. The current hospital site as well as the Edison site has a GLUP designation of “Government and Community Facilities.”

The streets on the east (North Edison Street) and north (19<sup>th</sup> Street North) are both low-density neighborhood streets. North George Mason Drive, a four-lane arterial street that is Type E – primarily single-family residential neighborhood, borders the west side of the site.

VHC is currently proposing a 7-story (95 feet) medical office building and a 6-story parking garage for the Edison Site. The site plan amendment also requests the conversion of 120,000 square feet of medical office on the current VHC campus to hospital use. VHC has been authorized by the Commonwealth to add 44 new beds. VHC expects to add 57 more beds in the future when next eligible for such an addition.

### **PROCESS**

#### **Meetings**

1 Walking tour (February 10, 2108)  
1 Kick off community meeting (November 16, 2017)  
6 SPRC meetings (December 18, 2017, February 5, March 8, March 22, April 19, and May 14, 2018)  
2 Community Open Houses (June 11 and 12, 2018)  
TOTAL before formal PC/Board Hearings = 10

Previous Meetings by VHC-formed neighborhood “task force” facilitated by Perkins+Will. Members included a representative each from John M. Langston Civic Association, Tara-Leeway Heights, and Waycroft Woodlawn.

## **PLANNING GUIDANCE**

Unlike other large sites for which there will be multiple buildings over time, there was no coordinated master planning or a Phased Development Site Plan (PDSP) for neither the Edison Site nor the larger contiguous VHC site. The PDSP and/or coordinated master planning establishes a shared vision for the entire site and guides building use and massing, pedestrian and vehicular access and open space on the site over time.

The applicant has subsequently provided their 20-year development projection for the entire campus. It is good that the applicant has provided this. It would serve well as a basis for a PDSP that is a collaborative effort among applicant, staff, citizen commissions and neighbors. At this time neither the SPRC nor the community in general have had the opportunity to comment on the submitted applicant vision nor analyzed how it would ultimately work with the current site plan submission.

As noted, the GLUP (General Land Use Plan) for the site is currently “Government and Community Facilities” and the zoning S-3A that comported with the County’s use of the Edison Street Site. A rezoning to S-D is in line with the proposed expansion of the hospital. Thus both the GLUP and Zoning Code can give broad guidance to the site but not give the more fine-grained look that we see in the usual areas where site plans occur. These other development areas have Sector Plans and/or PDSPs for better guidance.

## **OVERALL**

**The greatest consensus is that SPRC had great unease with the entire project as presented.**

There are large overall policy and design issues that remain with the proposal that raise questions as to whether the proposal overall is truly consistent with Arlington’s Comprehensive Plan. The particular areas of continued debate concerning the Edison Site are: massing and placement of new structures; how any new structures on the Edison Site will relate to current and new structures on the rest of the VHC campus; vehicular access points and garage access points; pedestrian connectivity across and through the site including “permeability” from the northeast; and both short- and long-term open space.

It was agreed SPRC members had expected the hospital would expand into the Edison Site and that expansion and modernization of the existing campus is welcome. VHC is a very important part of the Arlington community. However, the expansion needs to be a good neighbor and be compatible with the surrounding residential neighborhood as well as the rest of the hospital campus. The north end of the entire campus needs to be as sensitive to the community as the south had been in the massing and placement of buildings. (The new, main hospital building at the corner of North Edison and 16<sup>th</sup> Street North was approved by site plan in 2000 after much community discussion. At that time the bulk of the building was pushed further back on the site away from the surrounding single-family houses. The southern end of the larger hospital site is higher in elevation than the surrounding neighborhood. The northern end – the Edison Site – sits at or below grade with the neighborhood.)

There was consensus that the current access points/policies should remain, i.e. no truck access from North Edison, employee-only access on Edison.

There was general consensus that the materials being proposed in the architecture were of a high quality. However, the design of the buildings, particularly the garage, was seen as not being responsive to the residential character surrounding the site.

There was general consensus that the hospital should present a longer range (20 year) plan for the entire VHC site – with the understanding it is not “set in stone” but is their best assumptions at this time. Such a plan would help in evaluating the current proposal and also a PDSP for the site.

Following is an elaboration of the points listed above. It is our opinion that these issues are large enough that they need further discussion and cannot necessarily be resolved from the dais.

## **SITE ORGANIZATION/MASSING**

As noted, the SPRC consensus is that the proposal does not comport with the requirements laid out in S-D zoning language. This basic issue has made it difficult to discuss details such as setbacks/stepbacks and landscape buffers.

The current proposal still retains greatest heights at the edges of the Edison Site, rather than more toward the interior. This is true for both the outpatient pavilion as well as the parking garage. However, over the course of the SPRC process and afterwards the applicant did continue to work to reduce some bulk of the garage and provide more setback.

The County has a policy of discouraging the construction of new, above grade garages. However, both staff and the SPRC were willing to review an above grade garage on this site. (It should be noted that the addition to the VHC campus in 2000 had underground parking only.) The initially proposed height of the garage (90 feet) was problematic for the SPRC. The applicant has been responsive and lowered the proposed height of the garage: It has gone from 8 levels (90 feet) to 6 levels (67 feet) over the course of SPRC. The applicant has provided stepbacks toward the residential streets and has also increased the setbacks for the garage. However, it is still not as deep of a setback as the current siting of the Green garage which is at a comfortable distance. Also, the new stepbacks have not been discussed with the public. The garage also does not extend under the entire Edison Site. SPRC noted that doing so might mean a further reduction in height if not in spaces.

The outpatient pavilion, however, remains at its originally proposed height of 95 feet that equates to roughly 8 residential stories. It does have a 2 story base along 19<sup>th</sup> Street North that steps up to the full 95 feet. While the setback is helpful, the full height was felt not to be

compatible so close to single-family homes. Its placement along George Mason is also less of a setback than present on the rest of the VHC site along George Mason. SPRC felt the massing would be more appropriate if moved more to the center of the Edison site.

Also, given that in our planning policies sites are to taper downwards towards residential uses, the currently proposed massing would indicate much greater heights than expected would be possible on the remainder of the site. The determination now of the heights at the edges of the Edison site would preclude a comprehensive discussion concerning future changes to the entire VHC site.

The current arrangement of garage and outpatient pavilion has the garage entrance reading as the “front door” of the west frontage as it is the only element with an opening that faces North George Mason Drive.

The contiguous massing of the garage and outpatient pavilion closes off the northeast portion of what was an open campus from the neighborhood. SPRC members and the community continued to ask the site be “permeable” to pedestrian traffic from this direction.

SPRC had recommended exploring some architectural solutions to make the corner more open that included perhaps a glass atrium/tower at the corner that is well lighted and has doors through it at the ground level.

## **TRANSPORTATION/ACCESS**

### **Parking**

Much SPRC discussion was devoted not only to the size of the garage but also to the number of parking spaces requested. More spaces portend more traffic to the site. It is difficult to know from our Zoning requirements (that haven’t been updated in years for hospitals since we had so few), if the number in the ordinance is still valid for today’s Arlington. As noted above, the applicant has reduced the size of the garage and has also significantly reduced the overall number of parking spaces requested from 2,087 spaces initially to the current number of 1,740 spaces – a reduction of approximately 17%. (The above –grade spaces have gone from 1,573 to 1,011 – a reduction of 36%.)

SPRC also discussed that the provision of great amounts of parking is antithetical to the County’s adopted policies discouraging the use of cars and encouraging transit. It is true, however, this is not as transit-rich a site as ones in our Metro corridors. SPRC urged the applicant to work on a robust TDM for employees.

**Access on North George Mason Drive.** The applicant had initially proposed two new entrances to their site off of George Mason Drive. The SPRC asked the two new entrances be consolidated to one and the applicant has done this. However, the proposed signalization for their single entry is across from a single family home and not 17<sup>th</sup> Street North. For the final SPRC, DES staff had prepared an exhibit that shows two entrances with a signal at 17<sup>th</sup> Street

North, which is in keeping with County policy. The other entrance is where VHC has proposed their single entrance. Staff has shown this as a right-in and right-out only.

SPRC also discussed the possibility of VHC managing more of its patient, employee and delivery traffic onsite – possibly through improvements to the current site including a continuation of the existing internal “ring” road.

Staff indicated they believe the applicant’s proposal could work as well as staff’s proposal although it is not preferred. Whether there are one or two entrances signalization is still a challenge given that there is already a signalized entrance for the hospital from George Mason. The timing of signals here will be important.

**There has also been discussion about adding a sidewalk to the east side of N. Edison Street.**

The space for this new sidewalk would come from moving the street right of way further into the applicant’s site and not from homeowners’ land. It is unclear if there is neighborhood support for this sidewalk given that a few on-street parking spaces on the west side adjacent to the hospital would be lost. VHC would pay for the sidewalk.

Neighborhood members of SPRC consistently asked that a traffic signal be placed at the corner of George Mason Drive and 19<sup>th</sup> Street North, regardless of the outcome of the discussion concerning access from George Mason.

While not discussed specifically at SPRC, there has been some question about traffic on 19<sup>th</sup> Street North and about the placement of a garage entrance (employee only) on this residential street.

**ARCHITECTURE**

It has been difficult to ascertain the SPRC’s reaction to this issue in light of the disquiet with the proposed massing of the garage and outpatient pavilion. SPRC did feel generally that the quality of materials was good.

Comments were made about the façade of the outpatient pavilion along 19<sup>th</sup> Street North and the need to make it more inviting and compatible with the single-family homes across the street. Similar comments were made about the parking garage looking like a garage and wanting to explore ways to make it more respectful to and acknowledge better the surrounding single-family homes. SPRC members did agree that stepbacks on the garage were a help to achieve this as well as deeper, landscaped setbacks.

It was noted that in its present configuration, the outpatient pavilion does not have a front door on the George Mason frontage. The front of the building faces into the site and away from the public.

## **LANDSCAPING/OPEN SPACE**

The applicant has presented an interesting design for the sunken garden that faces George Mason. However, this is a temporary space as it is what they have called the “empty chair” for the next phase of building. Given that this green space is temporary, it means there is little permanent open space on the addition to the campus itself. We note that there would be a paved driveway across the entire site from George Mason to reach the garage.

SPRC members had mixed reactions to perimeter landscaping. All members felt lush plantings were very important but did not have a consensus if it should be primarily tall trees, or a mix of tree heights, etc. It was also unclear if berms would be good or not. If looked at as completely mitigating the massing proposed for the garage and outpatient building, they were thought to be unsuccessful on their own.

There has been a suggestion to “green” the roof of the garage instead of using it for vehicles.

## **OTHER**

Neighborhood representatives discussed the state of the current loading dock several times and requested that it be improved – particularly in how dumpsters with medical waste are screened and secured.

## **SUGGESTED DISCUSSION TOPICS**

These topics are offered as ways to understand the site better and to discuss some issues left from SPRC. I do not offer them as ways to have us craft some kind of alternative site plan at the dais.

I would hope whatever motions we make would be with an eye to providing the County Board with recommendations to staff and the applicant on how to proceed to come to a consensus with commissions and neighbors.

## **Long Range Planning**

Discuss usefulness (or not) of having a long-range plan and/or PDSP for the entire VHC site both in relation to present application and future changes for the site. The applicant’s recently offered 20-year master plan has not been before the SPRC or the community for review and comment.

What do we expect planning-wise from a public facility, albeit privately owned, in a residential area?

## **Massing of Structures**

Discuss changes in garage: new stepbacks, setbacks, etc.

Do these mitigate the massing?

Do they comport with addressing the residential character of the hospital’s context?

Should the garage be lower?

Could the garage be lowered by digging out all or more of the entire site for underground parking?

Discuss the massing placement of the outpatient pavilion.

Is having effectively 7 stories at very front of the site appropriate?

Should the massing be moved?

Given that VHC will want use of the entire Edison Site, what massing would be appropriate at the George Mason/ 19<sup>th</sup> Street North corner?

### **Architecture of Proposed Structures**

Does the character (design) of the garage reflect to the greatest degree possible the residential context of the site?

If not, how could the garage better address the neighborhood? More setbacks? Materials? Fenestration? Etc.

Does the character (design) of the outpatient pavilion reflect its context? If its massing is move more to the center of the site, its context would change from being immediately adjacent to single family and be adjacent to other VHC buildings. Would this affect the design?

If the massing is not moved, what design steps could be taken to make the outpatient pavilion more compatible with its residential neighbors? Materials? Fenestration?

### **Vehicular Access Points/Garage Entrances**

Should the site have one or two entrances at George Mason? If two, how would they function and where would they be?

If only one, where and would it be signalized?

Could more of the traffic be managed on the VHC site and not George Mason?

### **Parking**

How many spaces are truly needed on the site?

Could parking be put under the entire Edison Site?

Do there need to be separate ramps and entrances to separate employee parkers from patient parkers? Could this be accomplished in another way?

### **TDM/Public Transportation**

What does a robust TDM for this site look like?

Is it only for employees or for patients as well?

Are there any possible improvements in public transit for the site?

Could VHC partner in any transit improvements?

### **Pedestrian Access/Campus Layout**

How can the Edison Site be made to function as a campus as it does now?

How can we achieve good, visual pedestrian access from the northeast (neighborhood) through the site?

Can pedestrian access be organized better in general on the site for all users?

**Open Space**

Where are there opportunities for permanent public open spaces on the campus?

How should the setbacks be treated? Large trees? Berms?

**Other**

Improvements to current loading dock.

How will designs approved now impact ongoing operations on the site?