Colorado Boulevard Healthcare District (CBHD) Plan

This Plan envisions the Colorado Boulevard Healthcare District Study Area as a healthy, safe, cohesive, and inviting neighborhood with healthcare institutions, healthcare related uses, residential uses, and neighborhood-scale retail uses that provide services for the residents, healthcare employees, and visitors. Both the residents and the healthcare employees will see the juxtaposition of residential and healthcare uses in the Study Area as an advantage and reason for living and working in the neighborhood.
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FOREWORD

The Colorado Boulevard Healthcare District (CBHD) Plan provides a framework to balance the delivery of quality medical care and instruction with the character and viability of adjacent residential neighborhoods. The CBHD development guidelines provide quality urban design and site planning solutions regardless of parcel ownership or tenancy. Ongoing communication and cooperation among the members of the CBHD are key to the successful implementation of the plan and goals to sustain a vital and diverse district. The contents of this plan are the result of extensive discussion, intensive negotiation, and consensus building among the healthcare institutions, neighborhood organizations, and the City of Denver over a number of years. These efforts are gratefully acknowledged.

The CBHD Plan will be presented to the Denver Planning Board and City Council for consideration of adoption as an amendment to the Denver Comprehensive Plan. As such, the recommendations within this plan are consistent with and further the objectives of the Denver Comprehensive Plan.

The CBHD acknowledges that the Veterans Affairs Medical Center, the University of Colorado Health Sciences Center while fully participating members of the CBHD throughout this planning process, cannot as divisions of the United States government and the state of Colorado, support the passage of this plan before the City and County of Denver City Council. The recommendations of these healthcare facilities have strengthened the document.

The cornerstones of this plan are the continued communication and cooperation among the members of the CBHD. This plan is prepared with full knowledge of the CBHD Planning Committee that efforts are currently underway to relocate and/or reorganize healthcare facilities or healthcare programs as opportunities arise. The members of the CBHD are committed to this planning process because these guidelines and recommendations will lead to appropriate site planning solutions.

The plan will address site specific issues, while also maintaining a unified vision for the healthcare district. Development recommendations will respond affirmatively to the changing face of the healthcare district. This will occur through coordination of the factors which influence individual organization decisions on scale, massing, height, access, landscaping, street furniture, and streetscaping. This vision will also address adverse traffic and transportation issues.

Clearly delineated boundaries for the medical facilities will limit encroachment of non-residential uses into the adjoining stable residential areas. This plan will identify the agreed boundaries for the CBHD. It is also understood this will allow the participating healthcare institutions to acquire appropriate zoning with the support of the CBHD participating neighborhood and city agencies. It should also be understood, any healthcare expansion beyond these boundaries may
be met with neighborhood association opposition.

Note: VAMC, and UCHSC believe that they are not subject to City and County of Denver zoning. The neighborhoods and the City believe that these institutions and healthcare facilities are subject to City and County of Denver Zoning.

This plan has been prepared within the context of the impending move of the University of Colorado Health Sciences Center to the former Fitzsimmons Army Medical Base over the next few years. It is the understanding of CBHD members that a master plan process for University of Colorado properties remaining within the Colorado Boulevard Healthcare District boundaries will begin in the near future. The CBHD must participate in the discussions of the UCHSC master plan in order to continue the coordination of plan recommendation implementation actions.

The Colorado Boulevard Healthcare District, with its combination of sound residential areas and major healthcare educational campuses and facilities, provides a significant and vital component to the economy of central Denver. The healthcare campuses and facilities deliver needed health services to the neighborhood and region, and also provide employment and educational opportunities. Neighborhood residents in the area are served by commercial convenience outlets which might not locate in the vicinity except for the large employment and market base generated by the healthcare facilities. Residential areas are aided in the maintenance of existing stability through the residential occupancy of an educated and/or healthcare facility-employed population. As neighbors, the healthcare facilities and residential neighborhoods have learned to communicate with each other and to jointly address mutual concerns. At the same time that the healthcare facilities benefit the neighborhoods, there are also an increasing number of issues which affect the quality and characteristics of these neighborhoods. Increased traffic, and the juxtaposition of hospital, offices, and parking lots to residential uses, combine to create a tension in the fabric of the neighborhoods of the CBHD, which must be eased before the fabric is torn. For these reasons, a plan has been prepared - in order to explicitly define the issues, outline areas of common interest, and to create a framework upon which to build our existing communication towards resolution of these concerns.
I. INTRODUCTION

A. Organization of the Plan

The CBHD Plan is organized into six major sections.

I. The Introduction describes the purpose for the CBHD Plan, the planning process, the vision and goals for the district, and the intended use of the plan.

II. The Existing Conditions section provides an assessment of the current land uses, zoning and characteristics of the district. Emphasis is placed on the existing street system, district subareas, and background information for the application of the development guidelines.

III. The District Development Guidelines explicitly state the recommendations which will guide public, private, healthcare and non-healthcare redevelopment in the district. The CBHD guidelines promote a level of quality, character, and identity that will knit together the diverse subareas within the district. The guidelines are advisory, not mandatory. However, they will be applied, along with the other plan recommendations, as analysis tools in the review of proposed development plans.

IV./V. Sections IV. and V. identify unique opportunities and recommendations specific to Subarea I and Subarea II within the CBHD study area. These sections acknowledge varying conditions and provide the opportunity to create diverse and intriguing design solutions throughout the district. Adherence to district-wide development parameters is achieved, yet diverse needs and impacts are addressed.

VI. The Implementation Action Plan identifies tasks which must be accomplished to make this plan a reality. This section describes the relative priority of the projects, presents general time frames, and identifies the parties which must be involved in order to implement the recommendations. Identification of specific party involvement does not necessarily construe funding responsibility for those particular projects. Implementation actions are described first district-wide, then for each subarea, with specific recommendations focused on the issues unique to each sub area of the plan.

APPENDICES

The Appendices include definitions, previous studies which have been done for the area, and acknowledgment for the work done by many individuals, institutions, and organizations in bringing this plan to fruition.
B. Purpose of the Plan

The CBHD is an area in transition. Each of the five major healthcare institutions in the district - University of Colorado Health Sciences Center, University Hospital, Veterans Affairs Medical Center, Columbia-Rose Medical Center, and National Jewish Medical and Research Center, have been experiencing substantial growth and changes in their programs. These factors have mandated the expansion of the healthcare facilities and have resulted in new construction, additional traffic, and the need for more parking facilities.

The encroachment of non-residential uses into the surrounding stable residential areas has raised concern that boundaries may be necessary to secure the balance of uses within the district. The CBHD Plan has been created to provide guidance for both private and public sector programs and capital investments. Future development and renovation are integrated with an overall vision for the character and quality of design throughout the district. Development guidelines provide a framework for site specific review based on scale, massing, height, access, landscaping, street furniture and streetscaping. Particular attention is focused on the adverse environmental impacts created by traffic and related transportation issues.

Because the process for developing the CBHD Plan involved diverse input and negotiation, some of the recommendations in the plan appear to conflict with one another. When conflicts do arise among various recommendations, the final recommendation will be based upon the specifics of the issue being addressed and the overall attainment of the plan’s goals and objectives.

C. The Process & Vision

In response to the growing need for a coordinated strategy to address growth and potential conflicts among healthcare institutions, residents, and other businesses in the area, the CBHD was formed in 1991. An urban design planning process was initiated to:

1) accommodate the expansion of the healthcare institutions in a manner which enhances both the institutions and the residential uses surrounding them, and,

2) to maintain and improve the residential quality of the surrounding area.

A committee was formed to represent the different interests in the neighborhood and to oversee the planning process. The CBHD members have met on a regular basis since 1991, serving as a clearinghouse for new development proposals and/or issues presented by representatives of the neighborhood or the healthcare facilities. One item continued to command prominence in the monthly discussions - the issue of institution expansion and the subsequent impacts on adjacent residential neighborhoods. It was determined following review of an initial statement of issues to be addressed in the CBHD Plan, that traffic and transportation issues would take a principal role in the process.
To help fully understand the issues of traffic and parking, the healthcare institutions, with the review assistance of the neighborhood associations, hired consultants, who performed a traffic and parking study as background information for the district plan. Upon review of the completed study, the planning team felt that the issues were of a magnitude to continue the planning process and that the study projections could serve as background data for plan recommendations.

Eight neighborhood organizations were responsible for representing the residents and institutions in or adjacent to the CBHD: Bellevue-Hale Neighborhood Association, Capitol Hill United Neighborhoods (CHUN), Congress Park Neighbors, Cranmer Park-Hilltop Civic Association, Denver East Central Civic Association (DECCA), South City Park Neighborhood Association, and Mayfair Neighbors. These organizations focused on protecting and enhancing areas within or adjacent to the healthcare district as well as maintaining a close and harmonious relationship with the healthcare institutions.

The CBHD purposes are as follows:

- To prepare a CBHD Plan
- To facilitate implementation of the plan and to monitor changes (if needed) to plan recommendations
- To serve as a point of contact between the healthcare facilities and neighborhood associations for the dispersal of information
- To attempt to obtain a consensus position of the neighborhoods and healthcare facilities concerning issues of mutual interest.

The CBHD planning committee has, in addition to its regular meetings, held several public forums to discuss this plan. It is anticipated this process will culminate in a presentation to the Denver Planning Board with a request to accept this document as an official amendment to Denver's Comprehensive Plan. Denver City Council will conclude the process with approval of an ordinance adopting the CBHD plan as an amendment to Denver's Comprehensive Plan.

Vision for the CBHD Study Area

The vision for the CBHD Study Area is a healthy, safe, cohesive, and inviting neighborhood with healthcare institutions, healthcare related uses, residential uses, and neighborhood-scale retail uses that provide services for the residents, healthcare employees, patients and visitors. The residents, the healthcare employees and the healthcare decision-makers see the juxtaposition of residential and healthcare uses in the study area as an advantage and reason for living and working in the neighborhood.
The five major healthcare institutions within the district will function and be perceived as two campus areas integrated with common visual images and shared facilities. The residential areas of the Study Area will retain their existing character, and will be reinforced with compatible infill housing and improvements to existing housing. A diversity of housing types and costs, extensive landscaping, pedestrian linkages and upgraded retail uses will complement and reinforce the eclectic and user-friendly character of the district.

It is envisioned automobile and service vehicle access to the CBHD will be focused on Colfax Avenue, Colorado Boulevard, 8th and 9th Avenue (east of Colorado Boulevard), and Clermont Street (north of 8th Avenue). An innovative signage program directing traffic to specific healthcare institutions will be continued. Secondary access to Subarea I, via Hale Parkway is acknowledged, but use of the Parkway is not encouraged in order to maintain the Parkway capacity for neighborhood vehicular and pedestrian usage.

People will be encouraged to walk or use healthcare shuttles between points within the CBHD; between the CBHD and the residential area; between the CBHD and the nearby resources such as specialty shops and food services on Colorado Boulevard, 8th Avenue, and East Colfax Avenue; and within the residential areas themselves by providing a hierarchy of safe and inviting sidewalks.

The most intense and dense healthcare uses will be located in the center of Subarea I of the CBHD, with uses and building scales transitioning downward from the center of the CBHD in all directions.

D. Goals of the Plan

This plan provides an urban design framework and design guidelines for the redevelopment and expansion of new and replacement uses within the CBHD. It also establishes a program for not only improving the surrounding area, but also maintaining the stability of residential neighborhoods.

The Plan is designed to meet eight primary goals:

1. Encourage and accommodate the healthcare institutions within the neighborhood in order to promote job retention and creation, and to provide high quality healthcare for the region.

2. Maintain and improve the livability of the surrounding area as an urban, mixed-use neighborhood with a vital residential base and strong neighborhood-serving businesses.

3. Mitigate the off-site parking of vehicles and/or automobile traffic related to the mobility of employees, patients, and visitors in the healthcare area of the CBHD through the Colorado Boulevard Health Facilities Transportation Management Organization.
(CBHFTMO) representing the five healthcare facilities within the district and with neighborhood representation on the TMO Board. Support the TMO in its efforts to implement a cost effective transportation demand management (TDM) program including, but not limited to education and outreach strategies, carpools, integrated shuttle program, improved public transit and modified parking policies operations.

4. Improve the movement of traffic, in and out of the district, without heavy impact on adjacent residences.

5. Improve the physical appearance of the CBHD.

6. Promote a cooperative environment for the healthcare institutions, the residents, businesses, the neighborhood associations, and the City to work together to accomplish the goals of the CBHD Plan;

7. Provide a framework for integration of healthcare institutions, the City, and neighborhood development plans; and to

8. Identify the programs and processes necessary to accomplish the project goals.
II. EXISTING CONDITIONS

A. District Vicinity & Study Area Description

The Colorado Boulevard Healthcare District, with its combination of sound residential areas and major healthcare educational campuses and facilities, provides a significant and vital component to the economy of central Denver. The healthcare campuses and facilities deliver needed health services to the neighborhood and region, and also provide employment and educational opportunities. Neighborhood residents in the area are served by commercial convenience outlets which might not locate in the vicinity except for the large employment and market base generated by the healthcare facilities. Residential areas are aided in the maintenance of existing stability through the residential occupancy of an educated and/or healthcare facility-employed population. As neighbors, the healthcare facilities and residential neighborhoods have learned to communicate with each other and to jointly address mutual concerns. At the same time that the healthcare facilities benefit the neighborhoods, there are also an increasing number of issues which affect the quality and characteristics of these neighborhoods. Increased traffic, and the juxtaposition of hospital, offices and parking lots to residential uses combine to create a tension in the fabric of the neighborhoods of CBHD, which must be eased before the fabric is torn. For these reasons, a plan has been prepared - in order to explicitly define the issues, outline areas of common interest and, to create a framework upon which to direct the existing communication towards resolution of these concerns.

For purposes of this study, the Colorado Boulevard Healthcare District (CBHD) is defined as the impact area shown on exhibit ___.

The CBHD is primarily located within census tract 43.01 (subarea I), which is designated for statistical and planning purposes as the Hale neighborhood. This is a mixed-use, urban neighborhood which extends from Colorado Boulevard to Holly Street, and from East 6th Avenue Parkway on the south to East Colfax Avenue on the north. A portion of the CBHD (sub-area II) is located in the Congress Park neighborhood whose boundaries are East Colfax Avenue on the north, 6th Avenue on the south, Colorado Boulevard on the east, and York Street on the west.

The CBHD is comprised of the following (listed in alphabetical order) healthcare facilities and neighborhood associations:

- Bellevue/Hale Neighborhood Association
- Columbia-Rose Medical Center
- Cranmer Park-Hilltop Civic Association
- Mayfair Neighbors
- South City Park Neighborhood Association
- University of Colorado Health Sciences Center
- University Hospital

- Capitol Hill United Neighborhoods
- Congress Park Neighbors
- Denver East Central Civic Association
- National Jewish Medical and Research Center
- Veterans Affairs Medical Center

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Because of the transportation linkage between the CBHD and the surrounding neighborhood areas and, because of the impact of the activity within the CBHD on the surrounding residential and commercial uses, the study area also includes the influence area shown on exhibit ____. This influence area includes the following neighborhoods: Hilltop, Mayfair, Park Hill, Colfax at the Park, Congress Park, and South City Park.

**Key Issues and Opportunities**

The following issues and opportunities are to some degree common to all neighborhoods which are immediately adjacent to large healthcare facilities.

1. Hospital development tends to expand outward from an historic core to become a campus of very intense institutional uses surrounded by service and support uses, including parking. These campuses can become massive in scale, with a tendency to create "superblocks" resulting from the closure of public alleys and streets.

2. Hospital campuses which become superblocks create an organized internal, physical setting which can be designed to be visually appealing to its users through the use of landscaping and other urban design features such as uniform street furniture and lighting. Additionally, these settings aid the campuses in becoming easily identified as a whole rather than as a collection of diverse facilities.

3. Maintaining the viability of healthy residential areas immediately adjacent to healthcare facility development can, at times, be impeded by the closure of streets and alleys, as superblock development often presents its "backdoor" to the neighborhood. Hospital campuses which become superblocks, direct traffic onto the adjacent streets which are still open. The adjacent streets, however, may not be designed or built to accommodate the additional, unanticipated traffic.

4. Traffic circulation around hospitals must efficiently serve different users, each with specific needs; patients, students, employees (including both medical and support staff), service vehicles, emergency vehicles, visitors, and neighborhood traffic not related to the hospitals. Visitors and patients are usually unfamiliar with hospital traffic patterns on the first visit, but develop set patterns of access and egress. Additionally, visitors and patients are often driving under stressful situations and unfamiliarity with traffic patterns adds to the level of confusion on their first visit.

5. Autonomous hospital expansion and redevelopment tends to occur as programs evolve, patient load increases, and funding becomes available. In the absence of long-range planning and inter-hospital coordination, circulation routes also evolve autonomously.

6. The very high number of automobile trips to, from, and through the CBHD create
severe parking problems that negatively impact the institutions and the surrounding neighborhoods.

7. The demand for parking increases with the facilities’ expansion. The location of the parking facilities which will meet the demand must be easily accessible.

8. Colfax Avenue and Colorado Boulevard are major arterials which serve the district. While facilitating traffic flow, these two arterials also compound the confusion of entering and leaving the district due to the heavy non-district traffic flow. East bound 6th Avenue changes to a low volume parkway east of Colorado Boulevard, often leading to vehicular traffic using local neighborhood streets to find its way to the CBHD. Service vehicles now use residential streets and the streets that serve as boundaries between the different residential sections of the neighborhood. Individually, these vehicles generate more noise and pollution than the residential automobiles. Servicing for hospitals occur at various hours of the day.

9. There are not many shared open spaces or other facilities, although there are shared operational programs. (The Auraria Campus provides an example of separate institutions with shared facilities and shared operational programs.)

10. The intersection of 9th Avenue and Colorado Boulevard has been recognized by the general public as the primary entry into the CBHD. This has changed as each institution has changed its parking and primary building entry points. Primary access points will continue to change as needed.

B. Existing Zoning

The Study Area presents a patchwork of zoning districts, with a concentration of H-1 and H-2 zones within the Healthcare District, surrounded by R-3, R-4, B-2, and B-4 zone districts. Outside of the district, the area is surrounded by low density residential zoning, R-1 and R-2.

C. Ownership

The largest ownership assemblages belong to the healthcare institutions, with many small assemblages and individual parcels creating the ownership pattern in the rest of the Study Area.

D. The Street System

Streets are very important elements of each city’s urban design. The character of Denver has been established with a very clearly articulated grid street and block pattern, with detached sidewalks, grass, and street trees.

Denver’s street system includes every level of the urban street hierarchy, from local streets to
major arterials serving the metro area. The streets play a significant function in the CBHD since there are many different, and often conflicting groups that use the streets. These include emergency vehicles, employees, residents, visitors, and patient traffic. The heavy daily levels of background (pass-through) traffic also impacts the District. The Transportation and Parking Study, administered by the healthcare facilities at the request of the neighborhood representatives, focused on identifying and addressing these issues.

One of the major challenges for this Plan is to improve the function of the street system without sacrificing the essential role and character of the various streets and the uses adjacent to them. To accomplish this, it is important to examine both sides of each street when planning for new development or redevelopment.

The following is a general description of the existing character for some of the streets most used in the CBHD:

East Colfax Avenue: A major arterial which serves as a continuous connection from city boundaries on the east to the same on the west. Major land uses are typically retail strip developments. The primary entrance to Subarea II, the National Jewish Medical and Research Center, is located on East Colfax Avenue.

Colorado Boulevard: A major arterial bounded by a mixture of office, retail and healthcare related uses, including some vacant, deteriorating, and under-utilized properties and parcels, along with surface parking lots. Residential character from 10th to 13th Avenues with a few clinical uses. Serves as a primary access to Subarea I and II.

Hale Parkway: A collector and a City-designated parkway. One of Denver’s few diagonal streets, Hale Parkway extends from Colorado Boulevard to Grape Street. The parkway is perceived as a buffer between the healthcare uses on the south and the Bellevue-Hale residential neighborhood to the north. Serves as a primary access to Subarea I.

8th Avenue: An arterial bounded by a pedestrian-scale mixture of residential, office, and retail uses on the south and the University of Colorado Health Sciences Center on the north. Serves as a primary access to Subarea I.

9th Avenue: A local street which has served as a point of entrance, or gateway to the CBHD for both east (Dahlia) and west (Colorado Boulevard). Serves as a primary access to Subarea I.

11th Avenue: A local street. With the development of the UCHSC parking structure at 11th Avenue and Colorado Boulevard, and the proposed renovations to
University Hospital, this street is expected to serve as a point of entry for vehicular traffic. Serves as primary access for Subarea I.

Clermont Street: A local street. Between Hale Parkway and 8th Avenue, this street serves as a secondary access point for Subarea I.

Dahlia Street: A local street. No healthcare facilities are located east of this street within the district. Serves as a primary access area for Subarea I.

Jackson Street: A local street in Subarea II, this street will serve as the primary access from East Colfax Avenue for Subarea II.

Harrison Street: A local street in Subarea I, this street separates residential and healthcare related (parking) land uses.

In summary, the streets utilized by patients, personnel and service delivery to the CBHD can be classified into primary and secondary routes as follows:

Primary Routes:
- Colorado Boulevard
- 9th AVENUE (east of Colorado Boulevard)
- Colfax Avenue and Colorado Boulevard Intersection
  (Primary for National Jewish Center, secondary and/or feeder for other healthcare providers)

Secondary Routes:
- 6th Avenue eastbound to Colorado Boulevard
- 8th Avenue westbound to Colorado Boulevard
- 14th Ave. eastbound to Colorado Boulevard
- Clermont Street between 8th Avenue and Hale Parkway
- Hale Parkway between Dahlia Street and Colorado Boulevard

Feeders to secondary and primary streets:
- 11th Avenue (Dayton Street to Quebec Street)
- Quebec Street (11th Avenue to 8th Avenue)
- 13th Avenue westbound to Colorado Boulevard

Traffic Route Issues

As the character descriptions of streets in the CBHD were generated by the committee members, the next step in plan development involved resolution of the issues surrounding the following topics:
• Closure of streets and alleys

• Southbound movement on Clermont at 8th Avenue (the problem of traffic continuing south on Clermont beyond 8th Avenue)

• Heavy district-related secondary route use of Hale Parkway (maintaining the function and status as a parkway)

• Guide sign system to redirect traffic to primary access points

• Use of Hale Parkway for delivery and service vehicles to the Veterans Affairs Medical Center and to Columbia-Rose Medical Center (maintaining limited access to service areas while retaining status as a Parkway).

• Improved access from Colfax Avenue to National Jewish Center for Immunology and Respiratory Medicine.
HOSPITALS/HEALTHCARE INSTITUTIONS: SUBAREAS I and II.
E. Subarea Description and Key Issues

1. Subarea I
2. Subarea II

HOSPITALS/HEALTHCARE INSTITUTIONS: SUBAREAS I and II.

I. Subarea I is the location of most of the healthcare facilities and is zoned primarily H-1-A and R-3, with large assemblages of property owned by the University of Colorado Health Sciences Center, University Hospital, Columbia-Rose Medical Center, and Veterans Affairs Medical Center.

II. Located on the southern side of the intersection of Colfax Avenue and Colorado Boulevard, Subarea II is the site of National Jewish Medical and Research Center. The parcels are zoned H-1-A with waivers and H-2.

SUBAREA I

This subarea is the largest of the two distinct subareas of the District and is bounded by Colorado Boulevard on the west, Hale Parkway on the north, Dahlia Street on the East and 8th Avenue on the south, which forms the hard edge boundary of this subarea. Within the boundaries there are three subsections, I-A, I-B and I-C. There are two large and one small sub-sections that are outside the boundary; these are subsections I-D, I-E and I-F, all of which are described below and shown on exhibit(s) _____.

SUBAREA I SUBSECTIONS

The Colorado Boulevard Healthcare District study area has several subsections which are distinguished by a combination of land uses, zoning, ownership, and strong edges. Strong edges may be defined as those boundaries (usually streets) commonly identified by the community as the logical limits of the district. There may presently exist some non health-care use parcels located to the interior of the edge streets, as well as some health care parcels located outside of the boundaries, which may be viewed as intrusions into the surrounding neighborhoods. These subsections are:

SUBSECTION I-A

This subsection is bounded by Colorado Boulevard and Ash Street on the west, 11th Avenue and Hale Parkway on the north, Dahlia and Clermont Street on the east, and 9th and 8th Avenues on the south. The location of most of the healthcare facilities, this sub-section is zoned primarily H-1 and R-3; with large assemblages of property owned by the University of Colorado Health Sciences Center, University Hospital, Columbia-Rose Medical Center, and the Veterans Affairs Medical Center. The one exception is the property owned by The Colorado Hearing and
Speech Center at the southwest corner of Hale Parkway and Bellaire, which is zoned B-1.

SUBSECTION I-B

This subsection is bounded by Colorado Boulevard on the west, Hale Parkway on the north, Ash Street on the east and 11th Avenue on the south, and is within the hard edge boundary of Subarea I.

The University Hospital owns one small apartment property at 11th Avenue and Colorado Boulevard. The remainder of the ownership is by condominium agreement or by various owners and is all developed as mid-rise multi-unit residential. It is recommended that any future healthcare expansion in this sub-area should be contiguous to existing Healthcare properties, and be discussed with the neighbors and the Bellevue Hale Neighborhood Association.

SUBSECTION I-C

This subsection is bounded by Clermont Street on the west, 9th Avenue on the north, Dahlia Street on the east and 8th Avenue on the south and is within the hard edge boundary of Subarea I.

Columbia-Rose Medical Center owns: one property along 9th Avenue between Clermont and Cherry Streets (PUD 359); the parking lot on the northeast corner of 8th Avenue and Clermont Street (B-1) and property on the southwest corner of 9th Avenue and Dexter Street (H-2). The majority of this subarea is, however, low-rise multi unit residential land and is currently zoned R-3. The ownership is by various owners. Even though it is desirable for this subsection to remain primarily residential, it is the primary area within Subarea I for any Columbia-Rose expansion, and to a lesser extent, it may also be of interest to the Health Sciences Center or to the Veterans Affairs Medical Center. At this time, Columbia-Rose has not shown any interest in acquiring more property. It is recommended that any future health care expansion in this subsection should be contiguous to existing healthcare properties and be discussed with the Bellevue-Hale, the Cranmer Park-Hilltop, and the Mayfair neighborhood associations.

The following subsections are made up of properties that are owned by the healthcare facilities and which lie outside the hard edge boundary. Each of these subsections are encroachments into the residential neighborhood where it is located, and thus healthcare facility development has met with varying degrees of support or opposition by area residents.

SUBSECTION I-D

This subsection is bounded by Birch Street (north of 12th Avenue) and the alley between Birch and Clermont Streets (between Hale Parkway and 12th Avenue) on the west, mid-block between Birch and Clermont Streets on the north, Clermont Street on the east and Hale Parkway on the south.
The Rose Foundation owns one property containing an office building and parking lot, between Clermont Street and the alley to the east (zoned H-1-A). The University of Colorado Health Sciences Center owns the properties to the north of 12th Avenue to mid block (the North Pavilion, zoned R-5 & R-1), and a property on the northeast corner of Hale Parkway and Clermont Street (the A.F. Williams Building, zoned R-3).

Even though it is desirable by the neighborhood for this area to be single or multi-unit residential, at this time these properties are being used by Columbia-Rose and the Health Sciences Center as satellite medical facilities with the acknowledgment of the Bellevue Hale Neighborhood Association. Columbia-Rose may, in the future, purchase the office property from the Rose Foundation for continued use as medical offices.

The Health Sciences Center and the neighborhood groups have an informal agreement that the North Pavilion will retain its current R-5 zoning, and that the open space to the north of this structure will remain and be well maintained. It is also understood that the current use and facilities will not be expanded.

It is recommended that any future change in the use of these facilities should be reviewed with the neighborhood. At this time, any increased use would likely be met with strong opposition from the Bellevue Hale Neighborhood Association and the residents.

SUBSECTION I-E

This subsection is the Health Sciences Center owned property on the southeast corner of 9th Avenue and Dahlia Street. At the present time, the building is being used as a day care center and is zoned R-3. Even though it is desirable by the neighborhood for this area to be single or multi-unit residential, at this time the property being used as satellite day-care center is a use by right under current zoning. It is recommended that any future change in the use of this facility should be discussed with the Bellevue-Hale and Mayfair Neighborhood Associations. At this time, any increased use would likely be met with opposition from the Association.

SUBSECTION I-F

This subsection is west of Colorado Boulevard in the Congress Park Neighborhood and is bounded by Harrison Street on the west, E. 10th Avenue on the north, Colorado Boulevard on the east and E. 9th Avenue on the south. This block is zoned R-3 from Colorado Boulevard west to alley, and is zoned R-1 from the alley west to Harrison Street. Also included in this subsection is the property on the southwest corner of E. 10th Avenue and Harrison Street. This parcel is zoned R-1. The Health Sciences Center owns these properties and at this time, these properties are being used as satellite medical offices (in existing residential structures) and a surface parking lot facility. It is recommended that any future change in the use of these facilities should be reviewed with the Congress Park Neighborhood. At this time, any increased healthcare use would likely be met with the strongest opposition by the Congress Park
Neighborhood Association.

The Congress Park Neighborhood Plan, which was adopted by the City Council and the Mayor in October 1995 as an amendment to the Denver Comprehensive Plan, specifically objects to any hospital use or zoning in the Congress Park neighborhood for this subsection. The University of Colorado Health Sciences Center, as owner of the property, asserts that as an institution established by the Colorado constitution, the University of Colorado is not bound by the zoning requirements of local municipalities.

It is desirable for this area to be single or multi-unit residential or a use that is compatible with the neighborhood and would serve as a buffer from the impacts of Colorado Boulevard traffic impacts and the Healthcare District. It is hoped that the University of Colorado Health Sciences Center and area residents and property owners will be able to resolve this issue.

ADDITIONAL PROPERTY

The Health Sciences Center is using, but does not now own, the property known as the Kohler Building on the southeast corner of Ash Street and E. 8th Avenue. At the present time, the building is being used as the Preventative Medicine and Biometrics Research Department. Future purchase of this building by the Health Sciences Center is dependent on the environmental testing results in the area. It is desirable for this area to be single or multi-unit residential or a use that is compatible with the neighborhood or the B-1 commercially zoned adjacent parcels and serve as a buffer to Cranmer Park- Hilltop neighborhood residents from E. 8th Avenue and the Healthcare District. It is recommended that any future change in the use of these facilities should be reviewed with the Cranmer Park-Hilltop Civic Association.

ADDITIONAL AREA DESCRIPTIONS and KEY ISSUES

COLORADO BOULEVARD MIXED-USE CORRIDOR:

The uses immediately adjacent to Colorado Boulevard are a mixture of office, retail, healthcare, institutional, and multi-unit residential uses, zoned R-3, B-2, and H-1-A. This high intensity development is very shallow on the west side of Colorado Boulevard, ending at the alley, 125 feet to the west, where the zoning is R-1 and R-2 and land use shifts to primarily single detached residential units.

8TH AVENUE CORRIDOR:

Forming the southern edge of the CBHD, 8th Avenue land uses (south side) are retail, service and commercial between Colorado Boulevard and Clermont Street; zoned B-2, then R-3 multi-unit zoning and land uses from this point eastward to Dahlia. As with the west side of the Colorado Blvd. edge, the 8th Avenue higher intensity parcels have an approximate depth of 100 feet, then change to a low density residential area containing both single and multi-unit
structures.

HALE PARKWAY CORRIDOR:

Hale Parkway was officially designated by the City as a parkway in 1956. This corridor could be considered an edge but for the healthcare owned and operated facilities to the north on Birch Street. The land uses on either side of the Hale corridor illustrate the sharp contrast between the lower density single residential areas on the north and the multi-unit residential and healthcare facilities on the south side.
III. CBHD DEVELOPMENT GUIDELINES - ENTIRE DISTRICT

The CBHD development guidelines shall be used by the CBHD to review proposed development improvements and projects. The guidelines in this section focus on coordination and design cohesiveness throughout the district, without dictating design uniformity. Specific solutions will be evaluated on a case-by-case basis with regard to design ingenuity and overall compliance with the goals of the CBHD Plan. Specific subarea opportunities and recommendations are included in sections IV and V.

1. The recommended district boundaries for Subareas I and II healthcare expansion, as generally defined by existing healthcare land uses and the H-1 and H-2 zone districts are as follows: (The boundaries are shown on Exhibit _ and _.)

Subarea I Boundaries:
NORTH: Hale Parkway with the exception of the area between Birch and Clermont extending north to the mid-1200 block.
SOUTH: 8th Avenue
EAST: Dahlia Street
WEST: Colorado Boulevard

Subarea II Boundaries:
NORTH: Colfax Avenue
SOUTH: 14th Avenue, with the exception of the area between Harrison and Jackson where the boundary extends south one quarter into the 1300 block.
EAST: Albion Street
WEST: Garfield Street

2. Wherever possible, in light of the existing zoning and the existing structures, locate and design all public and private construction projects to improve the physical and functional connections between healthcare institutions and the surrounding residential neighborhoods.

Utilize quality architectural and site design standards to integrate institutional and residential uses into a single, cohesive, mixed-use neighborhood.

a. Provide central district features and amenities upon which to focus new development for all the healthcare institutions.

b. Coordinate public infrastructure and beautification projects district-wide to enhance continuity and identity.

3. Minimize traffic, noise, lighting, shadowing, and other negative impacts on residential areas within the District.

a. Define a clear transition between healthcare facilities and adjacent residential properties. Treat the edges of the district in a manner which ensures the viability
and the scale of adjacent residential properties are acknowledged and considered in CBHD construction (eg. scale in size, placement and treatment of structures and parking).

b. Encourage delivery trucks and emergency vehicles to use arterial and collector streets. Additionally, consider using physical traffic deterrents and other tools which will discourage delivery and emergency vehicles from using residential streets.

4. Encourage the design on both sides of the defined edge streets to be compatible in terms of use, intensity, and height.

5. Encourage common landscape design on both sides of the defined edge streets to help buffer the residential uses from the institutional uses.

6. Restrict the creation of parking lots and parking structures which serve the healthcare uses to areas within the boundaries of the CBHD. In collaboration with the CBHFTMO, mitigate the creation of new parking lots and structures which serve the healthcare area within the boundaries of the CBHD.

7. Encourage most healthcare related traffic to utilize Colorado Boulevard, Colfax Avenue, Hale Parkway, 11th Avenue, 9th Avenue, 8th Avenue and Clermont Street.

8. Consider the use of entry features, gateways and use signage to direct traffic into and out of the CBHD, to specific institutions, and onto certain streets, to avoid unnecessary traffic circulating through the surrounding residential neighborhoods. Consider on-site entry features at Colorado Boulevard and 9th Avenue, and Clermont Street and 9th Avenue. Place signage in locations as agreed by the CBHD sign program review process. This program might also include streetscaping and intersection improvements, such as striping, special pavement, and pedestrian signalization.

9. Encourage access to parking structures and parking lots located either on arterial streets, where permitted, or on those collector and local streets which are internal to the district. Utilize traffic redirection structures (such as turn movement diverters) to direct or slow automobile traffic and to facilitate pedestrian access.

10. Discourage traffic from crossing Hale Parkway and continuing north or crossing 8th Avenue and continuing south, into the residential neighborhoods. On the residential side of these streets, consider landscaping, residential entry monuments, and other methods to reinforce the residential character of the neighborhood.

11. Discourage healthcare traffic from circulating through and parking in residential neighborhoods. Support the CBHFTMO's transportation demand management (TDM) program. Encourage each healthcare facility to provide free preferential car pool parking.
and support transit subsidies. Initiate a residential parking program which establishes time limits for on-street parking in the neighborhood for non-residents. If the free night parking program is not successful in limiting healthcare-related parking in the residential neighborhoods, then consider expanding the scope of the residential parking program (RPP) to include a night time parking restriction. In cooperation with the CBHD and the CBHFTMO, monitor the effectiveness, management and control of the residential parking program.

12. Discourage the use of Hale Parkway as a thoroughfare. Provide streetscaping on both sides of the street to emphasize this street's residential character. Acknowledge that as a designated Parkway, City regulations on the placement of buildings, signage and points of access must be observed. Initiate the implementation of these regulations by exploring the potential for phasing out or minimizing the use of existing curb cuts and driveways and by reviewing the proposed placement of signs through the CBHD signage program for proper placement. Consider adding additional stop signs.

13. Consider improving the safety and function of the intersection at 9th Avenue and Clermont Street in order to better serve Columbia-Rose Medical Center and the Veterans Affairs Medical Center.

14. As a last resort, when considering vacating streets in order to improve the utility of individual parcels, review alternatives for encouraging the retention or enhancement of both the functional and perceived permeability of the district for automobile and pedestrian traffic.

15. Maintain, enhance and expand the housing stock in the adjacent residential neighborhoods.

16. Protect those structures which have historic character or significance.

17. As redevelopment within the district occurs along those streets which serve as district boundaries, the scale and buffering of that development should respect the character of the buildings across the street.

18. Encourage the retention and enhancement of the viable residential character of the areas within and surrounding the CBHD. To achieve this, consider using tools such as rezoning and the creation of overlay districts, which will provide design review of new development and rehabilitation projects.

19. Encourage the residents, the neighborhood associations, the businesses, the healthcare institutions; the CBHFTMO, and the City to work together to create a safe mobile, accessible, and inviting neighborhood. Use the CBHD to facilitate the coordination of these efforts.
20. Efforts should be made to involve neighborhood residents and small business owners in extending the range of the district's scheme of street treatments and landscaping into the surrounding areas of influence. This can proceed through both volunteer efforts (such as the city's park flower beds) and through specific block development programs.

21. Any new development impacting the existing traffic capacity or patterns must assess the impact and propose mitigating measures to handle the impact.

22. Public art should be used to create focal points and reinforce the pedestrian oriented character of the district.

SUBAREA I DEVELOPMENT GUIDELINES

A. Height, Bulk, and Massing

1. Protect the sunlight and privacy enjoyed by the lower-scaled properties north of both 11th Avenue and Hale Parkway from the impact of development south of these streets. Encourage the height, mass, form, length, and bulk of new development to be designed to be compatible with surroundings uses and the district's established and historic building styles. Encourage the use of the H-2 zone district bulk plane for all healthcare buildings adjacent to Hale Parkway.

2. Within the CBHD, larger buildings should be concentrated in the center of large sites gradually decreasing in mass and height towards the site boundaries.

3. Large, unarticulated facades are discouraged. Architectural details, windows and plane projections or recesses should be used to reduce the scale of large continuous facades. Typical institutional buildings, with no ground floor or pedestrian scale features, are inappropriate.

B. Building Orientation and Placement

1. Building location and orientation should:
   - facilitate convenient access for occupants and visitors,
   - create visual interest and variety
   - accentuate views and the existing topography of the site,
   - minimize shading of streets and walkways and exposure to sources of noise and lighting glare.

2. No development should place unscreened service areas, loading docks, mechanical equipment locations, or unarticulated facades (blank walls), across from surrounding
residential uses. Ground floor facades that face public streets should have at a minimum arcades, windows, entry areas and landscaping to provide visual interest and enhance campus edge activity.

3. Service, mechanical, and storage areas should be internal to the site and visually screened.

4. The front facade of buildings at the campus edge should orient towards the public right of way and main entrances should wherever possible parallel the street which provides primary access to the building.

5. Building entrances should be visible and accessible from the public right of way along the building’s front facade.

6. New emergency access routes and servicing/loading docks should be placed away from residential areas to preserve privacy, safety, and acceptable noise levels for adjacent residential neighborhoods.

C. Circulation

1. Maintain the grid pattern of the Denver street layout to promote an easily recognizable and understood circulation system in the district. Avoid the creation of large impenetrable sites with massive institutional structures and no physical connection with the surrounding neighborhood. When street closures occur in the district, provide internal pedestrian mobility and access at similar, but not necessarily exact, intervals to historic rights-of-way.

2. Maximize opportunities for shared parking and community amenities, such as outdoor benches, news kiosks, and bike racks. Design lighting, signage, surfacing materials, landscaping and drainage to encourage non-motorized circulation.

3. If a street closure occurs, the widening of adjacent streets to capture redirected traffic is strongly discouraged.

4. Discourage new curb cuts along those streets which have adjacent residential uses in order to minimize traffic volume and the number of potential conflicts with pedestrians.

5. Increase opportunities for public transit in order to improve access to commercial, public, mixed use and multi-unit residential sites.

6. On-site pedestrian and bicycle amenities should be located to maximize intermodal connections. Amenities could include: sidewalks, bicycle parking, benches and public transit stops.
7. Discourage healthcare traffic from circulating through and parking in residential neighborhoods. Support a transportation management organization (TMO) which may include, but not be limited to, carpooling information, bus services discount passes, shuttles from outlying parking areas such as Stapleton, encouraging hospitals to provide discounted carpool parking in their structures (possibly free at night), and initiating a residential parking program which establishes time limits for on-street parking in the neighborhood for non-residents. If this free night parking program is not successful in limiting hospital-related parking in the residential neighborhoods, then consider expanding the scope of the residential parking program to include a night time parking restriction. Parking control must be enforced and management improved.

D. Parking Lots and Structures

1. Encourage the use of parking structures by hospitals and others located in the CBHD to minimize the amount of land used for surface parking lots and the number of parking structures. Such efforts will minimize the tendency of healthcare visitors and staff to park in the surrounding residential neighborhoods.

2. Locate and design parking to minimize inconvenience and eliminate hazards to motorists, pedestrians, and property.

3. Minimize the impact of large, uninterrupted surface parking lots by planting trees to create a visual canopy. Appropriate landscape techniques should include planting islands and defined landscaped pedestrian walkways that break up the impact of large parking areas. Improvement and upgrading of existing surface parking lots with landscaping and lighting is strongly encouraged.

4. Decrease the impact of surface parking along public right-of-ways and sidewalks through the use of berms, hedges, shade trees or edge walls. Detached sidewalks and landscaped tree lawns are highly encouraged. The use of chain link fences as enclosures for surface parking lots is discouraged. If chain link fences are used, they should be buffered with landscaping.

5. Encourage access to parking structures and parking lots to be located either on arterial streets, where permitted, or on those collector and local streets which are internal to the district.

6. Minimize long, uninterrupted walls of parking structures. Articulate the facades with smaller scaled design materials and detailing similar to the primary buildings they serve.

7. For parking structures which are directly adjacent to high pedestrian activity streets, integrate active uses or display areas along those walls which face these streets in order to create visual interest and to heighten the role of the street in the hierarchy of district
functions. In considering alternative uses, each institution might first wish to consider those activities which currently are located within their facilities but which could benefit from a location along, a view of, and perhaps access to, a street with a high level of landscaping and pedestrian activity. Amend the zoning language for accessory uses, 59-207(3), to help achieve this recommendation.

8. Limit the construction of parking lots and structures which serve healthcare facilities to areas within the boundaries of the CBHD, unless in conjunction with the Transit Management Organization planning.

9. Periodically explore the appropriateness of the City's parking requirement for healthcare-related facilities in light of the ongoing changes in the healthcare industry.

E. Landscaping, Open Space and Pedestrian Circulation

Landscaping should be used to integrate the site and architectural features of new development, create visual continuity throughout the District, and enhance the pedestrian experience within the CBHD. The density of landscaping need not be so dense as to completely cover or mask buildings and sites, but should not be so sparse as to seem applied to building sites artificially. All plant material should be healthy and well adapted to the Denver climate zone.

1. All new construction should provide landscape improvements in setback areas that are not otherwise used for automobile parking. If the existing curb and gutter is in disrepair, a new curb and gutter should be provided.

2. Landscaping should relate to building architecture, structural elements on the site and at site perimeters provide continuity from one property to another regardless of land use.

3. The hierarchy of public streets should be conveyed through streetscape improvements that reflect the significance of each sidewalk. For the highest priority pedestrian routes, the following are recommended: a 15' wide landscaped tree-lawn, detached 8' sidewalk along both sides, handicapped access ramps, benches, and pedestrian lights. Plazas, pocket parks, playgrounds, outdoor seating areas, bus stops, and other active uses which generate pedestrian activity are encouraged along these routes.

4. Building entrances should be landscaped and located near outdoor public spaces. Where possible, landscape designs should be coordinated with the building design to strengthen the visual connection between the building and site.

5. The selection of landscape trees and groundcover should be consistent with either the CBHD plans or approved campus landscape plans. Specific campus landscape plans must be based on quality principles of landscape design and must relate to the CBHD landscape standards along campus boundaries. The intent is to create landscape
consistency without losing landscape diversity and campus distinction.

6. The provision, arrangement and maintenance of open space should be a primary consideration in formulating an overall District Plan and in evaluating development and site proposals.

7. Fragmentation of open space should be avoided; instead open space should be contiguous and concentrated in areas that can be utilized for passive and active recreation and/or for visual relief.

8. A clearly organized system of open spaces should be complemented by a pedestrian network which flows both east/west and north/south to promote pedestrian permeability throughout the district. Locate green space both inside and outside the boundaries of the District and design common green space in a manner which will provide a safe environment for patients, visitors, staff, and residents.

9. Provide clear landscaped pedestrian paths which connect the neighborhood residents, hospital visitors and staff to those parks which are located in the interior of the district, on the boundary of the district, or just outside the district boundaries.

10. New development should contribute to a network of well landscaped and well lit sidewalks that provide for safe and convenient pedestrian access to building entrances, parking areas, and to public open space.

11. Site or landscape features should be located at street corners and main entrances to create focal points which provide color and character for pedestrians and motorists.

12. Street and open space furnishings should express local context in design and materials. Products should be selected for durability and resistance to climactic elements. Furnishings should be located in pedestrian areas adjacent to sidewalks, but should not impede pedestrian movement.

13. Quality design, installation and maintenance of landscaping will be required. Each owner or tenant shall be responsible for the maintenance and repair of all site landscaping. Dead, damaged or dying plant materials shall be removed and replaced within sixty (60) days.

14. All landscaped areas should be irrigated with an underground automated system designed consistent with sound water conservation principles.

15. All plantings, particularly shrubs and groundcovers, shall be placed in groups with similar water requirements to avoid excessive irrigation.
F. Architecture

The following architectural guidelines ensure quality building design, visual cohesiveness and architectural compatibility within the CBHD. The use of thematic architectural design is encouraged to create architecturally and visually unique groups of buildings. District continuity shall be provided in terms of scale, height, bulk, proportions, detailing, use of exterior materials and general architectural style.

1. Buildings facades should be attractive and compatible with the architectural style of the District’s signature campus buildings. Historical precedents within the district should be supported and reinforced through renovations and the use of compatible contemporary design. New development should draw upon historical details and characteristics.

2. Facades should be articulated and designed at a human scale with entries, columns, bearing walls, and other features which define the structural bays and/or modules of functional space. The size, shape, and treatment of doors, windows, and other facade elements should reduce the visual impact of large, overpowering, building facades.

3. Avoid large expanses of glazing through the use of mullion patterns, entry recesses, and the use of individual windows rather than continuous undifferentiated ribbon windows or large infill panels, etc.

4. Exterior building materials should be high quality, durable, aesthetically pleasing, consistent with campus architecture, and sensitive to the character of surrounding residential neighborhoods.

G. Signage

1. Provide consistent directional and identification signage throughout the district to limit visual confusion and to promote a consistent district image. Conformance with the appropriate H-zone regulations is required.

2. Pedestrian scale or monument style signs are preferred within the CBHD. Where building signage is requested, the design and placement of signs on structures should be consistent with the CBHD facility sign guidelines, as illustrated by exhibit ______.

3. Sign materials should be durable and compatible with the overall project design through the use of common architectural features and by incorporating landscaping at the base of monument signs.

4. Signs may be indirectly illuminated, but shall not be moving, flashing, blinking or fluctuating. Ground mounted or back lit signs are preferred.
5. Appendix ___ includes an integrated and context specific sign program for the CBHD District. Conformance with the CBHD sign parameters will be evaluated during site plan review. Additionally, each healthcare institution should create its own integrated sign program. Signage which is internal to an individual hospital’s property and not visible outside of the District or public right-of-way is allowed by ordinance, 59-537(b)(1).

The Design Engineering Division of the Denver Department of Public Works should provide an acceptable design and process for placement of CBHD signage within the public right-of-way. Signs should be placed at strategic locations to direct traffic at key points onto preferred routes, away from residential areas.

H. Lighting

1. Consider a distinct lighting program for each health care campus to promote diversity and variety within the district. Lighting programs should be distinct, but complimentary working together to define a district identity. All campus lighting plans should address standards for lighting color, height and placement as well as lighting integration with streetscape, parking lots and service lighting requirements.

2. All lighting should be installed with consideration of the impact on the adjacent residential neighborhood. Subtle, warm and downcast lighting is preferred to avoid high contrast and unnecessary glare.

3. Streetscape and parking lot lighting along public rights-of-way shall be integrated with streetscape standards for the CBHD.

4. Consider pedestrian lighting for all streets in or on the periphery of existing healthcare campuses. Determine general standards for light fixtures and apply lighting in varying patterns and frequency to emphasize the street hierarchy throughout the CBHD.
V. SUBAREA II DEVELOPMENT GUIDELINES

Subarea II faces a tremendous opportunity to be enhanced as a vital mixed use neighborhood with visual and design cohesiveness. To do so, visual identity must be strengthened, historical qualities emphasized and pedestrian connections and amenities enforced. Discontinuities between National Jewish Medical and Research Center and residential neighborhoods must be replaced by permeable seams that visually integrate the district, yet accentuate the variety of uses which makes Subarea II unique. The following guidelines serve as a supplement to the CBHD guidelines, emphasizing opportunities specific to Subarea II.

A. Subarea II Context

Subarea II is located south of the intersection of Colfax Avenue and Colorado Boulevard, and includes the National Jewish Medical and Research Center, and adjacent residential neighborhoods. Future Subarea II improvements should emphasize the district’s visual presence at the intersection of Colfax and Colorado Boulevard, two major arterials with high levels of local and regional traffic. CBHD coordination with ongoing redevelopment plans for East Colfax Avenue will further strengthen the quality of this key intersection and enhance this entrance to the CBHD.

National Jewish Center is the primary non-residential use in Subarea II and has brought stability, jobs and revenue to the local neighborhood since 1899. This facility is a medical center with a strong emphasis on medical research which limits the number of daily patient trips compared with other general medical hospitals. The National Jewish Center facility is a compatible and stable economic force in the neighborhood and provides an important buffer between residential uses and the retail uses along Colfax Avenue and Colorado Boulevard.

B. Subarea II Guidelines

1. Achieve an equitable balance between the market demands of National Jewish Center (or other private development) and the physical quality and sustainability of Subarea II. Locate new development along Colfax or Colorado Blvd. to buffer heavy traffic and to minimize impacts on the adjacent residential areas.

2. Maintain the National Jewish Center site as an open campus with limited vehicular mobility, pedestrian oriented amenities, and connected areas of formal and informal open space. A traditional axial arrangement for landscape and building design should help to strengthen the unique identity of the National Jewish campus, yet support the subarea transition towards Colfax and Colorado Boulevard.

3. The edges surrounding the National Jewish Center campus shall be articulated as follows:

A more urban streetscape presence along Colfax Avenue that honors the scale and
continuity of existing retail development. Pedestrian scaled connections are highly encouraged to ensure residents and employees will have clear and safe access to retail along Colfax Avenue.

Along the southern and eastern boundaries of the campus, building design and scale shall be compatible with surrounding residential uses. Edge landscaping, paving and street edge lighting should be compatible with district-wide standards.

4. Most healthcare-related access should be directed to Colfax Avenue and Colorado Boulevard.

C. Building & Site Design

1. The building architecture located on the National Jewish Center campus captures the historical essence of the CBHD and should be maintained through renovation and the use of compatible contemporary design. Architecture that directly mimics historical buildings is discouraged. However, new development should draw upon historical details and characteristics of existing buildings such as the historic B’nai B’rith and the Nurses Dormitory.

2. National Jewish Center development should concentrate larger, taller buildings in the center or along major arterials of the campus, with height and mass gradually decreasing towards the residential edge.

3. The health center campus should be organized with more formal integrative space along the campus boundary and informal, user specific open space in the site interior. Site design within the campus shall be unique to National Jewish Center, enhancing the park-like campus quality of this enclave of buildings.

4. No development should place unscreened service areas, loading docks, mechanical equipment locations, or unarticulated facades (blank walls), across from surrounding residential uses. Ground floor facades that face public streets should have at a minimum arcades, windows, entry areas and landscaping to provide visual interest and enhance campus edge activity. Service and storage areas shall be internal to the site and visually screened.

5. Variations in roof lines should be used to reduce the scale of large buildings and to ensure compatibility with adjoining neighborhoods.

D. Circulation

National Jewish Center functions as a buffer and transition between commercial areas along Colfax Avenue and Colorado Boulevard and the Subarea II residential neighborhoods. As such,
considerable care should be taken to balance automobile circulation with pedestrian mobility.

1. Use the existing healthcare district TMO to create alternate transportation solutions which mitigate the impacts of traffic within the district.

2. Improve automobile access off of major arterials by providing strong visible clues to visitor parking and hospital entrances.

3. Clear traffic circulation is vital to both the National Jewish campus and the overall quality of adjoining neighborhoods. Any proposed changes in street circulation must consider impacts and opportunities to the National Jewish Center and the adjoining neighborhoods, and include the neighbors in the definition of an appropriate design. Changes in traffic circulation that force traffic into existing neighborhoods should be avoided.

E. Parking lots and structures

1. Minimize conflicts between pedestrians and automobiles by limiting curb cuts for parking lot access. Sidewalk, curb and landscape continuity are essential to the subarea’s pedestrian oriented character.

2. Screen all parking lots from public right-of-ways with a landscaped buffer that contains both shrubs and trees.

3. Add landscaping to large open expansive parking areas to break the large expanse of pavement, define pedestrian walkways and mitigate the visual impact. Consider maintainability and operational clarity when placing this landscape.

4. Minimize the expansive nature of parking lots with landscaped parking islands.

5. Explore landscaping concepts that integrate parking lots into the campus layout. Utilize landscaped corridors and paving to enhance the connection between parking and building entrances.

F. Landscaping, Open Space and Pedestrian Circulation

1. The National Jewish campus should include both formal and informal landscaping that frames pedestrian circulation and areas for outdoor activity.

2. Landscaping at the campus perimeter should respond to the City grid reflecting changes in land use intensity, activity and scale. Landscaping along Colfax Avenue and Colorado Boulevard should reflect the urban continuity characteristic of a major arterial, while the landscaping along Garfield and 14th should more closely support the National Jewish
Center campus as a part of a larger neighborhood.

3. Plant material and tree species shall be suited to the local climate. Diversification of tree species is suggested to create variety in scale, texture and color. In addition, plant diversification avoids the overuse of one species and may prevent exposure to disease.

4. Formal landscaping within the campus quadrangle should define pedestrian circulation and access.

5. Landscaped plazas, where appropriate, should be combined with more historic and informal tree groupings to create a variety of outdoor spaces and features.

G. Signage

1. All regulatory and directional signage in the public right-of-way shall be consistent with the City of Denver sign code and the adopted CBHD sign guidelines.

2. The existing National Jewish Center sign standards should be maintained and enhanced where necessary to coordinate sign style and location on campus. The campus sign standards shall be sensitive and compatible with the character of the District's sign program.

3. The location of all signage must be coordinated with campus lighting and landscaping.

H. Lighting

1. Quality site and security lighting will be one of the most important elements affecting the appearance and image of the National Jewish Center campus. The location and style of lighting should be consistent and compatible with the architecture and the overall campus design.

2. Site lighting shall be located to emphasize edges, entrances and site circulation. Pedestrian safety and access depend upon lighting that is appropriately scaled and located.

3. National Jewish Center lighting shall be designed to support a unique campus identity. The intent is to create a space that is uniquely defined, but is still complementary with Subarea II and the CBHD. This effect has been achieved in downtown Denver where the Sixteenth St. Mall, the Civic Center and the Lower Downtown are distinct, but the general layout and style of lighting ensure each area feels like Downtown.

4. If applicable, National Jewish Center shall incorporate Colfax Avenue lighting consistent
with the Colfax Avenue streetscaping program.

5. Lighting of large building surfaces should be avoided. Where appropriate, architectural lighting may be included in the building design to emphasize specific design features, or define a specific functional element such as building entrance, cornice, or street facade. Such lighting should not create adverse glare, or visual intrusions upon neighborhoods.
VI. IMPLEMENTATION ACTION PLAN

A. CBHD District Action Plan

Each of the implementation items reflects a recommendation from the guideline sections of this plan. While the details of the projects are for the most part still to be determined by further study and design work, this schedule is useful in terms of assigning priorities and a relative time commitment to the projects, and identifying who is responsible for implementation. Identification of specific party involvement does not necessarily construe funding responsibility for those particular projects.

The District-wide recommendations which require implementation action, in addition to development specific response, include the following:

1. Encourage the residents, the healthcare institutions, and the City to work together to create a safe and inviting neighborhood. Support a District Planning Committee and process which will facilitate the coordination of these efforts.

   RESPONSIBLE PARTY: The Colorado Boulevard Healthcare District Planning Committee will take the responsibility of establishing a development review process. The Planning Committee is composed of representatives from each of the affected neighborhood organizations and healthcare providers within the district.

   ACTION: The Planning Committee will establish goals and procedures for itself, including goals, rules for the appointment of members, the duration of membership, operating procedures, and plan implementation.

   TIME: The Planning Committee will continue on an on-going basis.

   ESTIMATED COSTS: Administrative costs are unknown at this time

2. Consider the use of entry features and signage to direct traffic into and out of the district, to specific healthcare institutions, and onto primary access streets in order to avoid traffic circulating through the surrounding residential neighborhoods.

   RESPONSIBLE PARTY: The CBHD Planning Committee, working with the Department of Public Works - Transportation and the Planning and Development Office.
ACTION: 1) Finalize the design and location of the signage and gateways. 2) Develop maintenance commitments for the signage and gateways. 3) Apply for City Capitol Improvements Planning Program (CIPP) funding.

TIME: Ongoing for signage program.

ESTIMATED COSTS: Design signage which will be less expensive than the City's current directional signage program. Entry features are estimated to cost $75,000 per intersection.

3. Provide landscaping on both sides of the defined edge streets to help buffer the residential uses from healthcare facilities.

RESPONSIBLE PARTY: The CBHD Planning Committee, working with the Planning and Development Office.

ACTION: The Committee will seek funding for completing streetscaping along the defined edge streets.

TIME: The completion of this project will follow the completion of the signage program and will be coordinated with the gateway program, with the exception that all new development projects fronting on edge streets will be asked to complete their portion of the entire project.

ESTIMATED COSTS: To be determined based on final approved designs.

4. Discourage healthcare traffic from circulating through and parking in residential neighborhoods. Support a TMO which will include encouraging the hospitals to establish employee carpools, bus pass discounts, shuttle services, free parking in structures at night and enforcement of a residential parking program which establishes time limits for on-street non-resident parking in the neighborhood. If this two-part program is not successful in limiting hospital-related parking in the residential neighborhoods, then consider expanding the scope of the residential parking program to include a night time parking restriction. The TMO will become a member of CBHD.

RESPONSIBLE PARTY: The CBHD Planning Committee, working with the CBHFTMO Executive Director and the Parking Management Office of the Department of Public Works - Transportation.

ACTION: 1) Promote and work with the TMO. 2) If necessary,
initiate and promote a night time parking restriction.

TIME: Ongoing

ESTIMATED COSTS: Unknown

B. Subarea I Action Plan

1. Encourage the retention and enhancement of the residential character of the areas surrounding the Healthcare District, including the subareas on the west side of Harrison Boulevard, between 9th and 10th Avenues; from Colorado Boulevard to Dahlia; along Hale Parkway; the R-3 zone district subareas south of 8th Avenue; between Clermont and Dahlia Streets; and between Hale Parkway and 8th Avenue east of Dahlia Street.

To achieve this, consider using tools such as rezoning and the creation of Overlay districts, which would provide design review of new development and rehabilitation projects.

RESPONSIBLE PARTY: The CBHD Planning Committee, with the assistance of the Denver Planning Office.

ACTION: 1) Lay groundwork/build support with the healthcare organizations, neighborhood organizations and their constituents; 2) Enlist assistance and support from the City.

TIME: The CBHD Planning Committee will take this as an early task. Several members of the neighborhood organizations are already participating.

2. Discourage traffic from crossing 8th Avenue and continuing south into the residential neighborhoods. Use impediments to physically narrow the pavement width, while also including landscaping, residential entry monuments, etc., to reinforce the residential character of the area.

RESPONSIBLE PARTY: The CBHD Planning Committee, with the Department of Public Works - Transportation and the Planning and Development Office.

ACTION: 1) Develop maintenance agreements. 2) Seek funding. 3) Finalize design

TIME: This project will run concurrently with #3, the landscaping
of the edge streets.

ESTIMATED COSTS: Unknown.

3. Consider improving the safety and function of the intersection at 9th Avenue and Clermont Street in order to better serve Columbia-Rose, VAMC, University Hospital and UCHSC. Review all proposals with consideration of traffic demands at other intersections along 9th, focusing on 9th/Colorado Boulevard, the current entrance to the Colorado Boulevard Healthcare District.

RESPONSIBLE PARTY: The CBHD Planning Committee, working with individual healthcare institutions and the Department of Public Works - Transportation

ACTION: 1) Monitor traffic counts at the intersections of Hale/Clermont, 9th/Clermont, and 9th/Colorado Blvd. 2) When traffic counts approach the level necessary to warrant improvements to current traffic signals, initiate discussions regarding the signals at these intersections and along Hale Parkway and 8th Avenue.

TIME: Monitoring should begin immediately.

ESTIMATED COSTS: Depends on the solution. Traffic signals cost approximately $75,000 per intersection.

C. Subarea II Action Plan

1. Encourage the retention and enhancement of the residential character of the areas surrounding the Healthcare District, including the subareas west of Garfield Street; east from Colorado Boulevard; north of Colfax Avenue; and south of 14th Avenue.

RESPONSIBLE PARTY: The CBHD Planning Committee, with the assistance of the Denver Planning Office.

ACTION: 1) Lay groundwork/build support with the healthcare organizations, neighborhood organizations and their constituents; 2) Enlist assistance and support from the City.

TIME: The CBHD Planning Committee will take this as an early task. Several members of the neighborhood organizations
are already participating.

ESTIMATED COSTS:

2. Discourage traffic from crossing Garfield Street and 14th Avenue into the residential neighborhoods by reinforcing primary access off of Colfax Avenue. Where necessary revise existing circulation patterns to more clearly define access and to improve circulation. Use impediments to physically narrow the width of edge streets which are likely to capture overflow traffic; include landscaping, residential entry monuments, etc., to reinforce the residential character of the area.

RESPONSIBLE PARTY: National Jewish Center and the CBHD Planning Committee, with the Department of Public Works - Transportation and the Planning & Development Office.

ACTION: 1) Develop maintenance agreements. 2) Seek funding. 3) Finalize design

TIME: This project will run concurrently with #6, the landscaping of the edge streets.

ESTIMATED COSTS: Unknown.

3. As redevelopment occurs, identify a strategy to soften the campus boundaries with facades and landscaping that closely relate to pedestrians and surrounding neighborhoods.

RESPONSIBLE PARTY: National Jewish Center and the CBHD Planning Committee

ACTION: 1) Review and utilize the CBHD and Subarea II guidelines early in the conceptual development stage. 2) Develop a campus master plan. 3) Encourage development projects that integrate architectural, site and landscape design.

TIME: On going

ESTIMATED COSTS: Unknown.

4. Improve campus circulation and aesthetics by consolidating hospital service, delivery and loading areas to minimize the amount of vehicular access.

RESPONSIBLE PARTY: National Jewish Center and the CBHD Planning Committee.
ACTION:
1) Integrate the design of service and similar functional requirements with the overall campus master plan. 2) Ensure each development project is coordinated with existing service and delivery opportunities.

TIME:
To be concurrent with #3.

ESTIMATED COSTS:
Unknown.

5. Periodically review existing parking needs and provisions. Identify opportunities for time sharing or lot reorganization which will improve parking capacity on campus.

RESPONSIBLE PARTY:
National Jewish Center, CBHFTMO, and the CBHD Planning Committee.

ACTION:
National Jewish Center review and assessment of parking status, particularly with new facilities or changes in existing services.

TIME:
On going

ESTIMATED COSTS:
Unknown.
VI. APPENDICES

A. General description of Zoning Districts within CBHD

B. Definitions of Denver Street Classifications

C. Transportation and Parking Study

D. Transportation Management Organization (TMO)

E. Notes on the Process for Street Vacation

(Example of typical insert)

1. If a developer wishes to vacate a public street or alley for the benefit of his development, he must make a written request to the Manager of Public Works. The vacation process will be handled by the Right-of-Way Engineer of the City Engineer's Office. The developer will also contact the City Planning Office and advise the registered neighborhood organizations in the area of his intent. The intent of this advisement is to secure a supporting consensus for the relocation project before a hearing is called for on the project. The above organizations should be notified at least 60 days before a hearing is scheduled by the City Engineer. Final approval decisions are made by City Council, should the Manager of Public Works pass forward a recommendation that an ordinance on this matter be prepared.

2. Normally the developer is responsible for the costs of utility relocation for street improvements or modifications caused by, or for the benefit of, the development project. Such responsibility applies to the relocation of traffic control devices; gas, electrical, telephone, and water facilities; etc.

3. The City makes an effort to defray some developer costs when the street improvements or modifications result in improved traffic operation on the public street.
Colorado Boulevard Healthcare District Plan Amendment (February 12, 1998)

On the advice of the Traffic Engineer, the following statements are hereby inserted in the Plan. The CBHD planning team members have been briefed on this amendment. On February 11, 1998, The CBHD gave APPROVAL for the changed language to be added to the document.

Page 21  Item 12. Replace

12. Discourage shortcutting traffic through the residential neighborhood. Modify existing accesses and median breaks along Hale Parkway to direct traffic to the desired routes. Within the neighborhoods, consider traffic management alternatives, i.e., bulb-outs, stop signs, etc., to discourage usage.

Page 34  Item 2. Addition

With the completion of the signage installation, review effectiveness to allow for supplementary entry features and signage to be located as necessary.

Page 36  Item 2. Addition

“....to physically narrow the pavement width on cross streets, while...”