

Parks, Timothy

From: Zenchenko, Lori
Sent: Wednesday, August 20, 2014 3:16 PM
To: Parks, Timothy
Subject: Proposed UW Health building at Union Corners site.

Tim,
Per our Ordinance:
Commercial buildings shall take their address off the street from which they gain primary access and primary fire apparatus access to the property.

Based upon the location of the driveway/fire access, and main entrance into the building, we've determined that the address of the proposed UW Health building at the Union Corners site is 2402 Winnebago St.

Lori

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City of Madison, Wisconsin

REPORT OF: URBAN DESIGN COMMISSION PRESENTED: June 11, 2014

TITLE: 2401 East Washington Avenue – PD-SIP, Phase 1 of UW Clinic at Union Corners. 6th Ald. Dist. (34366) REFERRED:

REREFERRED:

REPORTED BACK:

AUTHOR: Alan J. Martin, Secretary

ADOPTED:

POF:

DATED: June 11, 2014

ID NUMBER:

Members present were: Richard Wagner, Chair; Dawn O’Kroley, Tom DeChant, Lauren Cnare, Richard Slayton and Cliff Goodhart.

SUMMARY:

At its meeting of June 11, 2014, the Urban Design Commission RECEIVED AN INFORMATIONAL PRESENTATION for a PD-SIP for Phase 1 of the UW Clinic located in Union Corners at 2401 East Washington Avenue. Appearing on behalf of the project were Gary Gorman, Joe Schwenker, and Jon Becker, representing Cranes, Inc. Michael Brush presented the plans and discussed pedestrian and vehicle circulation.

From the south and eastern directions they are aligning with the existing crosswalk and beginning their future path through the site at that point. There was a lot of concern that this is a rather tight roundabout and maybe pedestrian crossing here wasn’t appropriate, but the City wanted the crossing at this location. From the north where Milwaukee Street is there will be a path in the future to the front of the clinic. The neighbors were also concerned about bicycles; they suggested a major bicycle area where there could be a bike sharing area, a large area for bicycles under an overhang (the “transit hub”) and can circulate through the site and onto East Washington Avenue, as well as the bike parking for the clinic. Vehicular traffic can drop-off patients if need be, continue in to parking and circulate back out. Staff will have a different driveway through the northern end of the transit hub into the underground parking where 100 private stalls are designated for staff. He pointed out where deliveries would take place, where trash pick-up would occur and a generator. They wish to move a bus stop to this location and make it a part of the transit hub. Four bioswales surround the park and parking lot; the intent it to drain into these swales, and hook up to an existing storm sewer. A second storm sewer would run across the property as well. Phase 1 does not include most of the path because they are very concerned that when this building is built that this path would be damaged, so they are looking for guidance. The landscape plan shows native plants that are salt tolerant, and trees within the site and on the exterior of the site to meet City requirements. Brush then continued on with the interior clinic plans and building material samples including brick and stone. A metal composite panel is proposed for the top of the building, which picks up a bit of the stone color, along with a bronze fascia panel and corrugated metal above the slot windows. The east elevation shows a glass wall, a stone wall that encloses the elevator, and then the glass of the stairs. Going down to the north elevation you see the glass stair enclosure which comes up over the top of the patio and becomes

the wall of the physical therapy rooms. On the second floor there is metal panel with stone below. The glass will be fairly clear with a green tint. The Sixth Street entrance shows a large wall of stone, signage on the corner of Sixth Street and East Washington Avenue, and you get a sense of the large overhang that will shield the glass façade from the summer sun. This will be a LEED certified building. Some kind of paving material other than concrete is proposed to differentiate the ambulance parking area.

Comments and questions from the Commission were as follows:

- I don't like the idea of bikes going across where people are being dropped off. If you can eliminate that problem or discourage it by having a separate space that might keep this free, just so they don't have a reason to go through there.
 - I'm concerned, I'd like to see how your ambulance vehicles park there. It's a very difficult setting to have it off of this and if there's any frequency at all this could become an issue and you'll wish this were bigger. You've got greenspace here but this path could move over a bit if you need to reconfigure that. Just make sure that a year after this opens, you don't wish you did something different. That involves the frequency of ambulance deliveries. Why don't you kind of screen it from the non-ambulance stuff going on so there's a certain intensity with that, that can intimidate people just walking to the clinic.
 - We have a rule: one tree island for every 12 stalls, I don't know if that's superseded by the median. That can be widened; if you lost one stall on each bay you could widen each of these. And look at putting trees so it's not just one tree at the end of each median, but actually framing the cars.
 - This little zone here, you're going to have people walk across here. There's an opportunity for trees here and I'd like you to block the view of the dumpster as you're coming down this road, it's very visible and if you plant this out that'll start doing that. Do something that creates an entry here by screening that somewhat, even if it's subtle.
 - There's stuff happening with the architecture that can come out and relate to the plantings rather than just have a serpentine belt going around the building. When it applies that's a different story, but this is an urban setting. You don't have to get rid of it completely but to do that as a design feature, you aren't taking advantage of the architecture.
 - I think there's an opportunity to create more interaction with the pedestrians between the public sidewalk and the transit building. There needs to be more in and out, whatever you can do. Something to make me feel like this is a place to sit and take a break, or meet friends there. I'm surprised that it really blocks the view of the clinic, there's no openings. But give it some transparency in how you treat the plantings. It may be the perspective but it's part of the place-making that we always talk about, so make sure it's something special.
 - Last time I talked about looking at the serpentine pathway coming through here, and how this is really an urban setting, to make sure you don't want something more of a promenade. If you studied it, that's what the neighbors want, but do study areas of it that might be more effective, like in Central Park. Maybe this is exactly what we want because it softens everything else, but just be sure.
 - That was our understanding that the neighbors wanted that.
 - The first thing I notice is you don't have an entry off of East Washington Avenue. It's peculiar orientation. I would not anticipate that being a pedestrian entrance. Maybe it's the treatment of the extension, if it were treated differently it might help. And what if you lifted that canopy, more breathing might help convince me that's an East Washington entry. If this were an East Washington stair and you encourage that entry, you could mirror your plan. But you're closer to engaging people on East Washington Avenue.
 - We had it like that but it's surprising how important the ambulance pick-up is. We could handle the pick-up but then we ended up with service and the dumpster happening here. Mirroring the building is a major issue with some challenges that I found impossible to overcome.
- So your one and only entrance point off East Washington is that exterior court.

- Yes. The building is this long and it's right smack in the middle..
Then celebrate it, widen it.
- That also speaks to how you handle the trash. It becomes that portal right next to the trash.
- The brackets holding that roof, I can understand the East Washington side, they're all carrying that load, but the corner bracket is only one directional but the venue continue that rhythm further down and makes them feel false to me. Choose your structural orientation and express that extended load but maybe you don't need as crammed of an overhang on the other side, or somehow deal with your brackets.
 - You're suggesting that we would orient only to Sixth Street rather than East Washington? In this it looks like your corner is oriented towards East Washington, right?
 - We're saying this is a corner element that needs to treat all sides, and therefore we're trying to get the same grand statement on all sides. I resisted the idea of making this two-sided...
Because it would feel weak. I agree it would feel weak but I don't know that reintroducing the same one makes sense either. Something about that corner doesn't feel resolved to me.
- I'm trying to envision how the transit hub works as a public space. Maybe if there was a possibility for a coffee stand, not a real shop, or something like that that somehow might activate that space, because right now it seems like outdoor spaces for covering that ramp.
 - Right here were going to have 22,000 square feet of retail and we want to activate this path, so we're hoping to get a coffee shop along here and enliven that area. Rather than say everything has to happen in Phase 1, we think the life is going to happen in the rest of the phases as well.
- I like this idea of a transit hub. But do you have any ridership counts because it strikes me that you're on the wrong side of the street.
 - There is a bus stop there, we're going to make it a very nice bus stop.
 - We're envisioning that there will be a huge portion of this dedicated to bicycles.
 - We had a meeting with Madison Police and they had concerns with semi-enclosed spaces as places to lurk.
- Who does take care of this, in terms of maintenance?
 - There's the ground maintenance crew. That whole issue with the City, as far as perhaps dedicating the bus transit hub has yet to be decided.
- It was brought up last time that BRT has some very specific specifications.
- Ultimately you'll also have apartments in this development.
- The architecture of your clinic is very attractive, and this piece is blah. It doesn't look like it belongs on the same block. It's not in keeping with the beauty of the clinic, nor should it because the clinic is the piece, but standing next to the clinic it looks drab and like it wasn't built recently. But again, it's the perspective I'm looking at too. The architecture of the transit hub area doesn't mesh with the architecture of the clinic.
 - There may not be enough brick. It is a line, that façade there is in brick and that one is in brick, so I'm trying to start this base. This is the way the front entrance to the clinic is designed, the doors go through these wood-like panels and then the canopy at the front entrance is way out over the front, so these are miniature versions of the entrance canopy that everybody would experience here. You can see the wood underside, wood face and the door is on a folded panel of wood.
- So you're saying the transit hub is the same materials?
 - Right.
- It's not going to visually relate, because that's all on the interior parking lot. I'm almost wondering would brackets along the transit hub somehow relate more to the corner element.
- Or one of these stone masses that we're looking at now, if that were your dumpster enclosure piece, or somewhere along the transit hub.

- The real estate you have to the south, and how we want this to be more open, are we done studying whether or not the trash should go here because you don't have to go through the entire site to get through the trash, it's right at your entry. It'd be hard to disguise that, but to open this up I don't know where you'd put the trash.
 - You can't bring services through urgent care, so everything happens on this end.But the objective is to make this feel like a grander entry because this is going to be your view of your major entry from the major street and right now it's just a little corridor.
- If you start (ramp down to parking) your slope here, aren't you down far enough where you could slide this over above it?
 - Yes, we could. It makes for a longer access into the building.I don't know if you're at your maximum steepness here.
 - Here you can kind of see we're starting to go down, we have to go down 12-feet but it's comfortable. But right now the generator enclosure and the trash enclosure are shown here, you're going to have move them eventually over the ramp down to the lower level parking to not just making the canopy grander, actually wider.Yes.
- And we're getting real critical with details here because you've done such a good job. There aren't any big elephants here.

ACTION:

Since this was an **INFORMATIONAL PRESENTATION** no formal action was taken by the Commission.

URBAN DESIGN COMMISSION PROJECT RATING FOR: 2401 East Washington Avenue

| | Site Plan | Architecture | Landscape Plan | Site Amenities, Lighting, Etc. | Signs | Circulation (Pedestrian, Vehicular) | Urban Context | Overall Rating |
|-----------------------|-----------|--------------|----------------|--------------------------------|-------|-------------------------------------|---------------|----------------|
| Member Ratings | - | 7 | 6 | - | - | - | - | - |
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General Comments:

- Issues with transit hub, design of building really nice.

City of Madison, Wisconsin

REPORT OF: URBAN DESIGN COMMISSION

PRESENTED: August 20, 2014

TITLE: 2401 East Washington Avenue – PD-SIP,
Phase 1 of UW Clinic at Union Corners in
UDD No. 5. 6th Ald. Dist. (34366)

REFERRED:

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AUTHOR: Alan J. Martin, Secretary

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DATED: August 20, 2014

ID NUMBER:

Members present were: Richard Wagner, Chair; Richard Slayton, Dawn O’Kroley, Lauren Cnare, Cliff Goodhart, Tom DeChant and John Harrington.

SUMMARY:

At its meeting of August 20, 2014, the Urban Design Commission **REFERRED** consideration of a PD-SIP for Phase 1 of the UW Clinic at Union Corners located at 2401 East Washington Avenue. Appearing on behalf of the project were Michael Brush, representing Gorman & Company; Joe Schwenker, Kirk Keller, representing Plunkett Raysich Architects; Joe Porter, representing Ken Saiki Design; and Theresa Soik, representing the University of Wisconsin Medical Foundation.

The bike rack next to the entrance has been flipped. It was suggested that additional planting materials be used to screen the dumpster enclosure, however, they are now proposing a monument sign in that location. The path from the back of the site to East Washington Avenue is shown as being the same as the original GDP design with linear design; the more freeform component asked for by the neighbors is still being maintained. The entrance sequence has been studied very closely, and they feel from both security and wayfinding points of view, the types of patients that will come here, this easily controlled space is what UW Health is seeking. Registration will be at each clinic within the building rather than a centralized counter; the idea is to encourage patients to use the check-in kiosks. The corner brackets are used to hold up a major beam with joists between the beams. They are functional and now show what they are doing. A new grander entrance with a 30-foot opening and a sign they feel follows the spirit of the law, if not the letter in terms of an entrance on East Washington Avenue. With all of the glass and addressing the street in other ways, they feel having an actual door entrance on East Washington Avenue is not as critical. The transit hub with a new portal on East Washington Avenue continues the base material.

Schwenker then discussed the landscape plan updates via a more clear reflection of the architecture; they went from something that was naturalized and curvilinear to something more a literal reflection of the architecture, rectilinear and urban in feel. Plants were chosen based on urban tolerance and life span. They added some trees to the parking lot islands. The plants within the bioswales, the larger shrubs and trees, were selected based upon their ability to survive among a wide range of soil moisture levels. There are different types of Sumac, Red Oak as the anchors at each end, and some Betula Nigra (Duraheat River Birch).

Brush noted that in reading the staff report, it stated “revise the landscape plans to include a landscape island at least every 12 stalls.” If you read MGO 28.142 it says “or make sure that they are at least 7-feet wide.” They are 9-feet wide so it is their understanding that they do not need to place the landscape islands every 12 stalls. Brush feels they have satisfied the letter of the requirement for a pedestrian entrance on East Washington Avenue, realizing that getting from Sixth Street into the lobby is not easy but UW Health feels very strongly that that’s a hardship that would be very difficult for them to satisfy due to the type of clientele that they have, security concerns, wayfinding concerns and the neighborhood. They met with the Madison Police Department who gave them an impression of the site. One of the things the Police Department is concerned about was this opening because of prostitution, theft and assault that occurs in this area. Open space that is still screened is an unsatisfactory security concern and to create an entrance off of Sixth Street that isn’t desired by health clinic standards was adding even more concerns regarding security. In looking up and down East Washington Avenue they noted two other free-standing clinics, with Group Health turning its back completely on the street and Axis Health having the parking lot in front. Both of those facilities did that because they need the same security and wayfinding capabilities as UW Health.

Comments and questions from the Commission were as follows:

- That serpentine effect from the GDP is now gone from this plan.
- You expanded the parking into that space (green pedestrian pathway from East Washington Avenue). We said to return the greenspace to its level of prominence and serpentine pattern, deal with your landscaping more consistently with the original plan, or change the new plan to have more canopy trees, etc. Don’t see a lot of that happening.
- The GDP was approved with those conditions and we’re looking at an SIP that doesn’t have them.
 - This is our answer to the canopy trees.
- Your central spine has not changed. I don’t see the heavy canopy trees in the midriff in exchange for not having the bookend tree islands.
 - That’s something that we can accept.
- The existing two clinics on the corridor were built before there was an Urban Design District along East Washington Avenue. They were developed many, many years ago; therefore have no direct correlation to current planning, the current Zoning Code or the existing Urban Design District.
 - We discussed the function of the medical clinic, and I understand the idea of buildings that we discussed were developed before the current standards. That’s not at issue; what is at issue is what’s turning into a discussion of design form overriding function within a medical building. You have to argue between function and form and we’re trying to find the balance. The function of when you bring a family member or child, and as a medical clinic designer I know several people on this committee are also involved in medical office design, you have to take a linear process. We’re dealing in an urban environment here. In suburban environments such as the UW Clinic on Junction Road, the entire entry sequence is completely visible on the 3-story building. Before you even enter that building you know how you circulate and find your wayfinding, at a time when maybe you’re not the most comfortable. So we are proposing this approach and cite that we are in an urban environment and we have to find that balance between all those desires.
- That greenspace between this clinic parking lot and the next potential building, the GDP we approved was contingent upon that going back to the original width which was a reduction in the parking. This SIP does not have that width restored, therefore it would not be in line with the GDP that we actually approved. So this needs to be revised to be in line with that rather than as it’s now presented.
 - Our understanding was that the Committee was OK with making these 16-foot stalls in order to satisfy that issue.

I guess we wanted to see the width of that greenspace. What's the width of the greenspace now in the SIP you submitted compared to what we did not approve there?

- Our SIP is really focused on the clinic and we haven't yet designed...
- But where that walkway is going to go, and the amount of greenspace around that walkway is a part of the GDP. So if we don't want to approve an SIP that hinges on that greenspace by having parking go into that area, that's not the GDP that we approved. We approved the GDP with the contingencies and conditions we had in our motion.
 - If we shifted the pedestrian walkway further east?
- Since we don't really have the drawing for that, since it was a condition, we were trying to help you in approving the plan with a condition and so our sense was that the parking for the clinic would be slightly reduced enough to move that so the greenspace would still stay. Moving the walkway destroys the alignment that your plan now has. Maybe we should have referred the GDP rather than approving it with conditions which would have not permitted you to have this SIP now. We were trying to help you and we don't find that cooperation coming back now in what we see in the SIP.
 - I'm sorry we missed it but this is 40-foot wide.
- But that's not what we approved.
- We just discussed eliminating the parking to make it wider. Back to its original condition.
- It's part of the original approval, it's on the record. They wanted that central spine returned to its original integrity. The reason it got narrow is because you put parking in it, that's what you stated (staff).
 - These all got wider and that row got pushed over.
- We didn't approve that conceptualization. So we cannot approve an SIP that's now back that was not approved as part of the GDP.
 - If the answer is to affect a different site isn't it still a GDP issue? If we said can we keep this and change this?
- Because you don't have that on the table right now. This is on the table and it was the movement of that parking that narrowed that central spine which now you're asking to be approved. What's on the table right now is an SIP for this site with comments made regarding this site about how you moved parking to narrow that spot. You'd have to amend your GDP and show us concurrently that there's new greenspace not on this particular site. That's not before us.
 - I think UW Health would like to find a way to provide the parking they need at the sizes they need, and if that means moving the building over 2-feet...
- Then you've got to resubmit for the GDP process.
 - Oh we don't want to do that.
- I didn't think you wanted to do that. That's what I'm saying – we approved a GDP changed from your plan with specific items. We now see an SIP that ignores those changes that we did and so we either cannot approve this SIP and you have to come back with a different GDP, or you can come back with an SIP now or change it to fit with what we did approve for the GDP. Part of the problem was we were trying to approve your GDP with the drawing you gave us and we did not approve the drawing you gave us, we gave you changes in that that we would approve as conditional. This ignores those changes that we approved to get you to this process now. We could have referred that GDP until you submitted those drawings that showed that, but we were trying to be helpful and not do that so you could be here with this SIP tonight. And we feel like you just tossed whatever we did on that GDP with this SIP.
 - That wasn't our intent. I just want to try to be clear.
- The condition was “address the parking sizes on the clinic site to enhance the width of the adjacent pathway and provide for more canopy tree plantings as stated as well as more canopy trees on Winnebago Street throughout the GDP plan.” If that's being accommodated as part of an amendment to the GDP so that strip gets widened, we sort of need to be seeing that amendment. You should be

bringing it back with this so we know how that ripple affects the adjacent site. You don't have that on the table. You don't have that up there. So how can we consider it?

- But that statement is ambiguous enough that my question is if I had come back with 16-foot stalls I would have satisfied that.
- No you wouldn't because I wouldn't have approved it. If you came in with a GDP I would have looked at all the comments made relevant to redesigning, there are many of them in this report, that's just one of them. You didn't come back to me, at the same time you're showing a plan that's almost identical to what we didn't approve at the GDP.
- For this overall project that's been one of the concerns, that you show really good drawings and the neighborhood likes them, and then what comes in is something different.
 - It's difficult to determine the width as show in the SIP because the path itself is not included in the SIP.
- I understand that but part of our trying to help you, you had a GDP that as drawn we're not going to approve because we thought it varied from what everybody was comfortable with. Now we don't have a drawing of that because it hasn't been submitted post our action, so trying to talk about this in light of that is very difficult to do and either you give Al a drawing that reflects that action for the GDP and then we can measure the SIP against it, or you come back to the Commission with the drawing. He has to sign off on that GDP drawing.
- They still have the option to amend their GDP and try again?
 - Yes they can do that if they want to.
- The agreement was 2-feet.
 - No it wasn't.
 - I just read you the condition in the motion.
- It said make it wide it didn't say how wide.
 - Based on your statements that that strip got narrowed because you added parking stalls, it says return...otherwise it would be green it wouldn't be parking.
- This pushed east on East Wash not only because of parking stalls, we had to decrease the distance between the roundabout due to citizen concerns about pedestrian safety. So it was a combination of parking stalls and shifting.
 - But the comment was to return the strip to its previous prominence.
 - Right, that was the condition on the GDP. And if it wasn't acceptable you should have asked for referral at that point and if you can't meet it, then we're back to the GDP process.
- So when you say return it to its prominence, I'm just trying to figure out...
 - We had earlier drawings that you guys presented that showed a serpentine scalloped effect, I don't know what the actual width was in those drawings but there was a drawing there that showed that.
 - Initial approval is based on the previous version.
- We have a drawing, I didn't bring it tonight. But what happened in my memory we had to add 10-feet because of the width of the stalls so where this is 40-feet now it was 50-feet. If that's what you want...
 - But they also want a design that's akin to what was looked at in initial approval, and this design is not akin to that. It doesn't have the serpentine, it doesn't have the canopy trees.
- When I made the comment that if we slid this over 10-feet it wipes this out.
 - Right, but those are choices you need to make in order to address those conditions. And those choices haven't been placed on the table at all.
- (Brush) Can we talk about the other stuff?
- One thing we did really stress is we wanted canopy trees, not shorter smaller trees because we want this shaded. It would really be helpful to have this all canopy. And it wasn't just staff that wanted to break up

that parking, we actually said that too. We talked about putting in trees. But we do have that policy to break up every 12 stalls and it's not just aesthetics it's for the heat island affect.

- I do have concern about that River Birch in the parking area. There are other trees that will grow taller and tolerate that bioswale.
 - You've got some shrubs and every one is 3, 3, 3. I'd like to see a little more rhythm going.
 - The bioswale looks too engineered. Give a little bit more life to it.
 - Please use bark mulch rather than stone mulch.
 - Someone getting out of their car is going to step on that low-grow Sumac. That doesn't help the parking lot. I'd prefer to see something overhead that gives some shade. To just put shrubs in there...I'd almost get rid of that strip and put it on the end with a canopy tree.
 - You look at the level of distinction that you have in your building, and then you've got a parking lot that rivals an industrial site because there are no end pieces to it. It's obvious you're trying to get as many stalls as possible. That's the basic problem. If we have the end pieces with nice island bookends, but like John said we still do have a long enough line of cars, to break that up in the middle would help the feel of the parking lot.
 - Is there any compensation for this being in an urban setting where everyone won't be coming by car.
 - I can't tell you how many times I've had this conversation. UW Health wants 5 per 1,000, they were willing to compromise at 4.5 per 1,000. We talked about urban sites but they said "we've already given in on that." All I'm hearing is that if we keep adding islands and trees we're going to have one heck of an amendment.
 - If you can narrow those stalls, I don't know how effective that will be.
 - We have to keep in mind that the people coming here won't be as ambulatory or athletic as you or I. We could add this parking lot over here with all kinds of islands and trees. The idea behind this was to say alright, you could get the parking stalls but we have to try to keep this as small as possible. Now maybe we've made the parking lot too compact, we need to make it bigger to accommodate more green. We have 154 stalls outside and 100 down below.
 - There's a great penchant to do regularity on this, but if you took where some of these finger islands are stuck in and doubled some of them to get canopy trees, that might help with the shade. Think of unusual ways you can try to help the heat island affect, and maybe those stalls that are next to a double finger could be slightly smaller.
 - We haven't talked about the door and address issue. I don't know that the address issue is this Commission because that's a City policy on where addresses and doors go. But the entryway and the door perhaps deserves a little feedback.
 - We've talked about that on several occasions that this building does not address the public street. In lieu of that you've been trying to create this pedestrian walkway, but it sounds like you're not getting all that positive of feedback on that either.
 - When I moved into my neighborhood there was prostitution on the next street over too. Now it's no longer there, those things come and go. It's hardly a reason for design consideration.
 - The entry is widened nicely but I worry it would be too inviting for turnarounds. Maybe consider bollards for safety?
 - Could you talk a little bit about the transit hub. Have you gotten a commitment or interest from B-Cycle?
 - We've not talked to B-Cycle yet.
- So essentially a structure that is enclosing the parking entrance that is not permeable, you never enter it?
We like to think of it equally as a screen to the parking.
- Now that the transit hub is gone, and this structure does screen the parking but I wonder if it could be lowered? Especially near where you've got your portal entry, if that wall doesn't need to be that high to

screen the dumpsters and generator that would help just give that a more open feel to entering into the front door of the complex. Right now I really don't think it needs to be that high.

- We don't want to be looking at the tops of roofs or have people climb up there.
- To really enhance that opening, it would bring more light in there. Personally I could do without the whole large structure thing too, it would be just as handsome without it, but I don't have strong objections to it.
- Is the panel you're proposing here the same as what we saw on the Ideal project?

- This is a Lucabond, metal coated.

No that's a different color.

It's better than what we saw.

- What does it look like at night?
 - It's beautiful.
 - The clinic is open 8-5 Monday through Friday and urgent care is open 9-9 Monday through Friday, with weekends open 9-5. We turn our parking lot lights off after our clinics close. We were advised by Madison Police that they would like us to illuminate the pedestrian pathway from East Washington onto our sidewalk. We haven't designed the exterior lighting but we do try to reduce energy use at night, especially being respectful of the neighborhood even though this is an urban setting. I'd like to talk to the address issue; we have a number of reasons that I included in the letter, but also we have concerns with patient confidentiality. A lot of people do not want others to know their business or their medical affairs so we'd like to keep it as confidential as possible. We do feel we have a great flow on the inside of our facility.
 - I thought the parking lot discussion went in a lot of different directions.
- But the motion is recorded as what's binding, not the discussion.
 - I'm just hoping there's some clarity.
- Normally you'd have that GDP recorded long before you came with the SIP so these issues would be resolved. If I had an issue about how to qualify a condition of approval, you can bring it back to the Commission if you didn't agree with how I interpreted it. But that process didn't occur. You're doing a Planned Development and they are recommending what they feel is appropriate for this project in regards to design.
- Widen that one island by 4-feet. Then you really start to meet the ordinance. We're sensitive to parking needs but at the same time we're sensitive to pressures we get to get more and more parking. I would look towards widening that.
- (Alder Rummel) I'm not sure I heard what the address/door answer is. Could someone summarize that for me?
 - My comment is to really emphasize and enhance the East Washington entrance (portal). In my opinion I'd rather have one really nice, emphasized entrance off of East Washington than two sort of watered down ones, particularly because functionally they're not going to use the one on Sixth Street anyway. It's an exit stair. So really enhance the one off the main boulevard there.
- I don't have a problem with the one entrance they have now, it doesn't bother me that it doesn't give them an East Washington address. I think the building does address the avenue in certain ways even without an entrance.
- I think there is something still unique about medical care. When you go to the doctor, typically you're sick, you don't look good, you don't feel good, you don't want the trials and tribulations of walking down East Washington Avenue to the doctor. I think it's much more respectful of patients that we allow them some modicum of privacy. I think it's perfectly acceptable for them to use a protected entrance.
- I don't have a problem with the design. I don't buy the rationale for it at all, that everybody is going to arrive by car. People will arrive by other means of transportation.

- The way I think of this is how many linear feet one would walk by if they're not going to the clinic. If I'm on Winnebago Street and want to walk to the new development on the corner, pedestrians are going to walk by this and the transit hub that is really not a transit hub, this will not be an active façade. Eliminate the transit hub, look at the lower ramp façade to screen the parking, open up views, step down or move front of building to street. Enhance opening (pedestrian) without a large structure.

The Commission briefly discussed the signage for the project, with Brush stating there are really only two places to put the signs. Rather than showing several buildings with blank spaces between them, the "roof" over the sign is supposed to be a continuation of the building.

- Another way to look at that would be an entry to an urban park.
- And if your roof structure of your dumpster enclosure changes, and you look at your roof structure of your mechanicals where your dumpsters exit the building you start to have a dialogue of these two pieces you're walking by as you're approaching the building. You understand you're in an entry, not in a service alley.
- Think Porta Bella, that kind of feel.
- It doesn't have to be covered, it's just a sense of entrance.

ACTION:

On a motion by Cnare, seconded by DeChant, the Urban Design Commission **REFERRED** consideration of this item. The motion was passed on a vote of (6-0). The motion provided for the resolution of the GDP issues as they effect the SIP for the clinic relevant to canopy trees, tree islands/parking stall configuration and the pedestrian pathway from East Washington Avenue. The design of the entry off East Washington Avenue is acceptable with simplification to the entry structure and transit hub screening of the parking lot as noted.

After the Commission acts on an application, individual Commissioners rate the overall design on a scale of 1 to 10, including any changes required by the Commission. The ratings are for information only. They are not used to decide whether the project should be approved. The scale is 1 = complete failure; 2 = critically bad; 3 = very poor; 4 = poor; 5 = fair; 6 = good; 7 = very good; 8 = excellent; 9 = superior; and 10 = outstanding. The overall ratings for this project are 6 and 6.

URBAN DESIGN COMMISSION PROJECT RATING FOR: 2401 East Washington Avenue (UW Clinic)

| | Site Plan | Architecture | Landscape Plan | Site Amenities, Lighting, Etc. | Signs | Circulation (Pedestrian, Vehicular) | Urban Context | Overall Rating |
|-----------------------|-----------|--------------|----------------|--------------------------------|-------|-------------------------------------|---------------|----------------|
| Member Ratings | 5 | 7 | 6 | - | - | - | - | 6 |
| | - | 7 | 5 | - | - | - | 6 | - |
| | 6 | 6 | - | - | - | - | 6 | 6 |
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General Comments:

- Agree with making parking area greener, consistent with GDP. Still have trouble with transport hub design.
- More canopy (large scaled) trees.
- Please work on enhancing East Washington entry by lowering/recessing generator/dumpster enclosure. Don't need overhead structure.

August 19, 2014

Mr. Al Martin, Staff
Urban Design Commission
City of Madison
Madison Municipal Building
215 Martin Luther King Jr. Blvd.
Suite LL 100
Madison, WI 53703

Dear Mr. Martin:

This letter is in response to the Planning Division Staff Report dated August 15, 2014, concerning the SIP application for the proposed University of Wisconsin Medical Foundation (UWMF) clinic building at Union Corners. The application will be considered by the City of Madison Urban Design Commission at its August 20, 2014, meeting. We ask that you share this information with the Commission members prior to the meeting.

The Staff Report recommends approval of the SIP with 3 conditions. Condition 1 provides as follows:

1. The proposed clinic building shall have a pedestrian entrance from E. Washington Avenue or S. Sixth Street that is unlocked or operable during business hours.

UWMF understands 2 of the conditions and can accept them, but requests that condition 1 be struck from the list and that the SIP be approved subject only to conditions 2 and 3.

As you know, UWMF has been working with Gorman Company on the design of a clinic building on this site for nearly two years now. Our efforts, until recently, were focused on a clinic building located on the corner of East Washington Avenue and Milwaukee Street, which included a public entrance on East Washington Avenue. The move of the building to N. Sixth Street, which we support, necessitated changes to the design and layout of the building. The relocation and redesign were the result of extensive meetings and cooperation and input from a variety of stakeholders, such as the neighborhood association and the Madison Police Department. The guiding principal in the redesign was and is patient safety and convenience.

The clinic will operate without a centralized registration area. Each department will register their own patients. Therefore, the current layout utilizing a centralized entrance provides the greatest level of safety and convenience for patients using the clinic.

In particular:

- A centralized supervised entrance will provide better way finding for patients.
- Patients will have a more welcoming experience as they will be welcomed by a greeter.

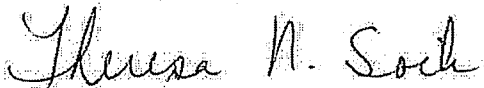
Mr. Al Martin
Page 2
August 19, 2014

- It will be more efficient as directions will be provided to patients to assist them in getting to the correct department within the building.
- Care of patients with emergent needs seeking treatment in Urgent Care can be expedited as they can be taken directly to Urgent Care.
- Staff can better assist patients needing wheelchairs and other support.
- It will allow us to provide better security for those in the building by controlling and monitoring the flow into the clinic. This is especially important on evenings and weekends when many departments/areas are closed.
- Having better control of the areas patients/visitors enter will allow us to better protect patient confidentiality.

Any redesign that would either change the orientation of the building or add a secondary entrance would diminish the positive results we have achieved in the context of the current design. Further, the cost and time involved in any redesign or addition to the building are cost prohibitive.

Thank you again for the support and cooperation the City has shown for this project.

Sincerely,



Theresa N. Soik
Director of Facilities and Materials Management

TS/lr

cc: Marsha Rummel, Alder District #6
City of Madison
1029 Spaight St # 6C
Madison, WI 53703

Mr. Gary Gorman
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