

**EXHIBIT A
FILE NO. 031746**

COLUMBIA ST. MARY'S HOSPITAL

**GENERAL PLAN DEVELOPMENT
PROJECT DESCRIPTION AND OWNER'S STATEMENT OF INTENT
JUNE 27, 2005 (revised July 14, 2005)**

I. COMPONENTS OF GENERAL PLAN AND SUPPORTING MATERIALS

Columbia St. Mary's (CSM) requests that the zoning be amended to a General Plan Development (GPD) in accordance with this document. CSM will be redeveloping their Lake Drive campus over the next five years. This statement, together with the accompanying plan sheets and related materials, identified below, constitutes and supports the general development plan:

Plan Sheets

Sheet Index

- GPD-0 Cover Sheet / Vicinity Map
- GPD-1 Project Team / Sheet Index
- GPD-2 ALTA/ACSM Land Title Survey – Existing
- GPD-3 Proposed Project Boundary Description
- GPD-4 Existing Facilities Site Plan
- GPD-5 Make Ready Site Plan
- GPD-6A Proposed Building and Parking Site Plan – Phase 1
- GPD-6B Proposed Building and Parking Site Plan – Future Phase
- GPD-7A Proposed Campus Perimeter Façade Standards – Phase 1
- GPD-7B Proposed Campus Perimeter Façade Standards – Future Phase

Exhibit A Statistical Sheet

Exhibit B Site Photographs

Exhibit C Traffic Analysis

II. OVERALL DEVELOPMENT CONCEPT

Introduction

Through this comprehensive GPD, Columbia St. Mary's (CSM) is proposing a major modernization/replacement of its Milwaukee-based facilities, beginning this year and extending to 2010. The central feature of this project is construction of new medical facilities to consolidate the long-standing operations of St. Mary's and Columbia Hospitals. The new replacement hospital and related buildings, to be known as Columbia St. Mary's Lake Drive Campus, will be constructed on the existing St. Mary's site, a prominent 20 acre setting overlooking Lake Michigan. This project fulfills a key component of Columbia St. Mary's overall strategic plan to provide high quality, safe, affordable health care to Milwaukee area residents now and for future generations.

Strengthened by the vision of its national and local sponsors, Ascension Health and Columbia Health System, Columbia St. Mary's has an unprecedented opportunity to design and construct an entire new hospital campus the way it should be – around the needs of the patient. The new Lake Drive Campus will demonstrate what quality and safety should mean, and will be one of the largest and most innovative hospital building projects in the country.

While the project will serve as a model for the nation, its purpose is to fulfill the legacy that began in Milwaukee in 1848 – when three Daughters of Charity arrived at the request of city officials to create Wisconsin's first private hospital, St. Mary's Hospital of Milwaukee – and in 1909, when local visionary physicians and leaders created Columbia Hospital, renowned for many medical "firsts" in Wisconsin.

Now 157 years later, Columbia St. Mary's Board and managerial leadership believe they have a responsibility to continue that legacy of service to this community. CSM currently serves over 87,000 Milwaukee residents without regard for ability to pay; employs over 5,000 people, of whom 2,100 are Milwaukee residents. The project represents a significant investment that contributes to the high quality of adjacent neighborhoods, serves as a catalyst for further economic development along the North Avenue corridor, and reflects CSM's continuing commitment to the City of Milwaukee.

Project Overview

Over the next five years, the campus will be reconstructed in such a way as to keep the existing complex and services open and available. There are two main construction components; a new Main Hospital located between Prospect and Lake Avenues and the Water Tower Medical Commons (WTMC) on the eastern edge of the site between Lake Drive and Terrace Ave. The WTMC is hoped to begin construction first, followed soon thereafter by the new Main Hospital. The 150,000 – 165,000 GSF WTMC will have a 4-6 story medical office building sitting on top of a cancer center platform. An auto court with access from Lake Drive will be provided with public entrances into a common lobby. A 650-750 car parking garage will accommodate patients and staff arriving to this building. The garage will have access points from the auto court and Lake Drive. This project is hoped to begin in November, 2005.

In order to prepare for the new Main Hospital project, the third and most significant component, a series of site preparation projects are required (refer to GPD-5). Projects such as the installation of new and/or relocated utilities, reorganization of entrance points, driveways and parking spaces and, multiple interior renovations to existing buildings to remain are needed in order to accommodate patients and services in an orderly, phased transition. The various building permits required to begin these projects have begun the process of City review and are anticipated to accelerate over the next few months. These site preparation projects will offer early project opportunities for dozens of local contractors.

Phased Implementation

The construction manager's schedule predicts that the new Main Hospital as well as the WTMC should begin construction later this year and, will altogether take approximately five years to complete. The current strategic plan predicts the initial need for approximately 900,000 GSF of new construction in the first phase. This includes 750,000-850,000 GSF for a new Main Hospital and 150,000-165,000 GSF for the WTMC. The new Main Hospital project will have five main components as follows:

1. Emergency services department with 40-50 surface parking spaces.
2. 9 story bed tower with a full complement of diagnostic and treatment services.
3. CSM Institutes, a series of 3-5 story specialty clinics, integrated into the Main Hospital.
4. Public concourse providing ease of access and centralized interior wayfinding.
5. Parking deck with 750-850 spaces.

To make room for this construction, several existing buildings will be removed. The Hill Building between Lake Drive and Terrace Ave. is currently in the deconstruction process. As the project progresses, the Seton Tower, Seton parking deck and the North Point Building will also be removed. The exact dates of removal will depend on the timing related to constructing the corresponding new medical facilities as well as the parking spaces associated with them, in order to maintain a fully-operational hospital at all times.

In order to remain flexible, and depending on future demand for healthcare services beyond the phase one project, Columbia St. Mary's will reserve sufficient real estate for future expansion (refer to GPD #6B & #7B). Future expansion zones include the northeast corner of Prospect & North Avenues, an area including the existing West Facility and land immediately to its north along Lake Drive, and a small area of infill immediately north of the proposed WTMC, sufficiently set back from Terrace Ave. These future projects anticipate that over time, the existing West Facility will eventually require replacement. These future new medical facilities will require increased parking capacity either as additions to existing and/or proposed structures, or below potential new buildings.

Water Tower Medical Commons (WTMC)

The WTMC facility will occupy the exiting Hill and North Point building footprints between Lake Drive and Terrace Avenue (refer to Sheet GPD 6A, #8). The project will contain a multi-use program that includes a one level Cancer Care Center with components of radiation therapy services and space for five levels of medical office suites above. A five story parking structure will provide a parking count range between 650 to 750 spaces (GPD 6A, #9). The project will have any or all of the following uses: Medical Office, Health Clinic, Hospital, Medical Research

Water Tower Medical Commons - Continued

Laboratory, and Parking Structure, with a gross square footage up to 165,000 square feet, and a maximum number of six (6) stories.

Vehicular access to the parking structure will only occur from Lake Drive. Lobby and elevator core design will help orient users within the building. A roof level penthouse will house mechanical, electrical and plumbing functions. Screen walls will enclose the roof top air handling units.

Project Design Components

A primary goal for the exterior design of the WTMC is to reinforce a cohesive design for the Columbia St. Mary's Lake Drive Campus. The design of the building is responsive to the design and articulation of the proposed Core Hospital and, to be compatible with and complimentary to the existing East Building located to the south and the surrounding neighborhood to the north. The fenestration will also reflect the programmatic functions that are housed within. In consultation with City staff, local business and other citizen groups, the Water Tower Medical Commons project will also provide an attractive transition to the existing neighborhood to the north and east of our site.

Massing & Form

Three distinct elements comprise the massing of the building; first a one story above-grade podium and terrace, second a five story MOB tower and penthouse and third, a five level parking structure separate from the MOB.

Podium & Cancer Center

The podium fills the south east footprint of the site. It will be approximately 25 feet in height to the east closely matching the adjacent East Building limestone base. The front entry will have a distinct entrance identified by a canopy(s) and a change in the articulation of the façade. Its' scale will provide the transition to the surrounding neighborhood to the north and provide a desired visual and physical boundary to the neighborhood. The podium element will also contain a healing garden at the lower level.

Medical Office Building Tower

The WTMC tower will be easily identifiable due to its unique geometry and identifiable roof form. The plan creates a simple rectangle floor plate that sits on top of the terraced podium which will provide an iconographic image for the project.

WTMC Parking Structure

The five level parking structure located on the north and west edge of the site will be separated from the MOB helping to reduce impact to the mass of the project, however the MOB and garage will have direct floor to floor connections through covered walkways. The setbacks are respectful of the existing context and the articulation of the garage will be designed in a manor that it will create elements of scale and detail reflective of its neighborhood and institutional context.

Articulation & Fenestration

Consistent use of materials and similar fenestration to that of the Core Hospital will reinforce a cohesive campus design. The podium will predominantly be acid washed precast to blend with the base of the East Facility. The medical office building will use a family of materials similar to the Prospect Medical Commons building including glass and metal panels on the south, east and west facades. The use of brick or limestone along east and west elevations responds to the scale and texture of the adjacent historic East Facility and community to the north and east. The brick will closely match the color of the East Facility. These materials provide a durable and easily maintained façade that will retain its presence well into the future.

Podium

The podium provides the greatest opportunity to relate the facade directly to the existing, historic, urban context. A high bay single story brick and stone façade with articulated screen wall above similar in scale and proportion to the East facility. Metal and glass canopies will identify the major building entries.

Medical Office Building Tower

The Medical Commons building will include a glazed south, east and west facade with a horizontal articulation. This is intended to reflect potential design elements of the new Main Hospital to be constructed directly to the west. The glazed façade also relates to the functions within, allowing the greatest opportunity for access to daylight and views from the patient waiting areas and doctors suites.

The north façade is articulated with a series of punched openings. These windows reflect the individual offices that occur along the north wall. The reduced area of glass is also responsive to the neighborhood providing scale and articulation the residential community to the north.

Parking Structure

The first two levels of the parking structure will reflect a continuation of the podium base. The use of precast with brick punched openings along Lake and Terrace Avenue will diminish the impact of the garage thus improving the pedestrian experience. The elevator lobby and stair towers will be fully glazed and well lit, providing excellent visibility. Ceilings of the garage will be painted white to support a maximum sense of light and openness. Detailing will be provided to minimize car and garage lighting toward Terrace Ave.

Loading and Servicing

The building will primarily be served by an existing below grade service tunnel, however small package deliveries and vans will be able to provide many of the required service functions, either at the front door, or from the parking garage access points.

New Main Hospital

The goal of the exterior design of the Core Hospital is to create a building which expresses the vision of the Hospital at several different scales. It will be an asset to the city, it will

New Main Hospital - continued

complement the neighborhood, contribute to the creation of a campus and the pedestrian activity along North Avenue (refer to Sheet GPD 6A, #6). The project will have any or all of the following uses: Medical Office, Health Clinic, Hospital, Medical Research Laboratory, and Parking Structure, with a gross square footage up to 850,000 GSF, and a maximum number of stories of nine (9).

Project Design Components

The Core Hospital will express the functions contained within it but use an architectural language of fenestration and materials that is similar to the medical commons buildings to create a cohesive campus character. The circulation at the street level of the building is located along North Avenue to orient visitors to the building and create an active façade along the street.

Massing & Form

The building is composed of several distinct elements; the institutes and bed towers will have a tall glass element along with lower masonry elements that are similar to the historic East Facility, the parking structure, and finally the glass concourse and lobby at the street level. The building will be approximately 150' tall at its highest point.

Institutes and Bed Towers

This is a 30' wide curtain wall structure that runs parallel to North Avenue and then bends toward the lake, perpendicular to Lake Drive. It is the tallest element in the composition of the building acting as both the feature element as you approach from the east and a background to the masonry Institutes.

The Institutes at the west side of the site have similar height and length to the East Building. The punched window openings in masonry also have a similar character to the East Building and the surrounding neighborhood. There are portions of the north façade with curtain wall inserted to create larger scale openings and contrast with the typical small scale punched windows.

Parking Structure

The seven level parking structure on the north edge of the site will be attached to the Core Hospital with a bridge extension of the concourse (refer to GPD 6A, #7). The stair and elevator core for the parking will mediate between the mass of the garage and the hospital. Elevator and stair towers will have distinct forms similar to that of the Core Hospital creating a consistent vocabulary across the campus.

Concourse/Lobby

The Concourse/Lobby is a double-height space that runs from the main entry, at the corner of North and Lake, to the west end of the building and then north to the parking structure. The Concourse contains the waiting areas and reception stations for the institutes above.

New Main Hospital – Continued

The enclosure will consist of clear glass to promote the transparency between the public circulation and the hospital circulation.

Articulation & Fenestration

A consistent palette of materials will be used on the new buildings for the downtown campus of Columbia Saint Mary's. The Core Hospital will be a combination of masonry elements contrasting with curtain wall consisting of metal panels and glass. The masonry will be a light color of brick, acid washed precast concrete or terra cotta. The masonry with punched window openings will relate to the surrounding community.

Institutes and Bed Towers

The majority of the curtain wall spine will enclose patient rooms with a combination of tinted glass, spandrel glass and metal panels. The materials will be either the same or complimentary to Prospect Medical Commons and Water Tower Medical Commons. The east end of the spine will enclose a solarium for the patient bed units. The solarium will be enclosed with a clear glass and will cantilever out towards the lake. The main entry to the building is located directly under the east end of the spine.

The pattern of windows reflects the room configurations of the bed floors. The large windows express the importance of connecting patients to nature in healthcare. The Institutes along North Avenue are separated with vertical atriums. The atriums bring light into the building and break the south façade into smaller scale elements, similar to the surrounding community. Pieces of the north façade will use glass and metal curtain wall to create contrast with the punched masonry facades creating variety in the project.

Parking Structure

The lower levels of the parking structure will be consistent with the masonry of the hospital. The upper levels will be cast in place concrete with metal screens to lighten its effect. Metal canopies with signage will make access to the parking areas easily identifiable. The elevator lobby and stair towers will be fully glazed and well lit, providing excellent visibility from Prospect Avenue. Ceilings of the garage will be painted white to support a maximum sense of light and openness. Cars will access the structure from either the main entry/auto court off Lake Drive or from Prospect Avenue

Loading and Servicing

The building will have a loading dock located in the lower level of the parking structure. The dock will be accessed off Prospect Avenue. The dock will include 6 truck bays and two compactor bays.

Ambulances will also use the lower level of the parking structure for loading. There will be space for 6 ambulances. The ambulances will access the space off Prospect Avenue.

New Main Hospital – Continued

Helipad

The CSM helipad temporarily relocated near the intersection of E. Water Tower Rd. and Lincoln Memorial Drive will be removed and relocated to the roof of the Main Hospital building.

Signage, Graphics and Wayfinding

Signage during Construction

Construction Barricades will be used for campus wayfinding and project information purposes throughout the construction period.

At various points during construction, protective/security barricades will be placed about the site. The estimated total length of all barricades will be approximately 3500 linear feet and will consist of a 6' high chain link fence mounted atop a 3' high concrete "Jersey Barricade", interspaced with locked service entrance gates.

Typical signage will be digitally produced vinyl banners (approximately 6'x75' in length), attached to the chain link fencing. The content will be project specific information, site wayfinding [directional, site access/parking, Emergency] as well as informative. The approximate percentage of signage coverage during construction may vary between 50-100%, as it is desired that the banners and the information therein address the changing wayfinding and informational requirements of various project phases.

Wayfinding Signage during Construction

Anticipating site usage to be 24 hours per days, 7 days per week, all required signage will need to be scaled and presented in such a manner whereby visibility is paramount. As street conditions merit, multiple (repetitive) signage elements may need to be installed to forewarn vehicular traffic of a pending entrance or Hospital service. As the overall site evolves, this information will need to interactively change. As traditional construction wayfinding signage is static and non-illuminated, we find the need to consider nighttime illumination and a design solution which is fully functional and informative throughout all phases of construction confusion and seasonal elements.

Temporary entrance monumentation and wayfinding devices will be developed during interim construction reflective of Patient access needs to alternate primary entrances and public parking for the Hospital. Emergency Room, Patient Drop-off and Parking access will be the primary driving element for all perimeter site signage.

Permanent Signage

Access to the site is from five City streets, each having a unique and special wayfinding concern. As the Milwaukee Signage Code does not specifically address requirements associated with facilities of this magnitude, it will fall upon the retained Wayfinding Signage Consultant, in consultation with City staff, to develop a wayfinding vocabulary for sign sizes, construction elements, color/typography and communication devices giving practical solutions for vehicular as well as pedestrian visitors to the site. Sign quantities are a reaction to the final content required for necessary information-giving and will be appropriately scaled to the needs

Signage – continued

of the site as well as to permit future expandability. It will be modular in construction. This will permit anticipated change, created within a “family” of organized elements, not as “stand alone” devices, but properly integrated into built environment (both architecture and landscape). As with all projects of this complexity and site conditions, vehicular street usage (buses, trucks, tall vehicles) as well as set-back visual clutter may force the consideration of overhead wayfinding devices, permitting a more effective mode to identify the primary access points around the site.

Upon final development of the architectural elements of the streetscape, the signage program will be refined and presented to the City in a special package for approval as a minor modification.

Residential Component

CSM's ongoing review of the project with its residential neighbors has resulted in a proposed plan to dispose of approximately 0.7 acres of property on the northeastern edge of the project site to extend the existing residential zone along Terrace Avenue. The intent is to create four (4) Residential lots of approximately 58' wide x 150' deep to match the existing lot sizes to the north, in accordance with RS-5 zoning standards. Three (3) of these residential lots will be sold for new home construction. The southern-most lot, however, will be retained by CSM in perpetuity and dedicated as a permanent open space buffer. This lot will be appropriately landscaped and maintained as private garden space at the conclusion of the WTMC project in accordance with III, Items F and H. These lots need to recognize the adjacency to an active medical facilities district.

Sitework

The WTMC and new Main Hospital projects will be subject to separate Detailed Plan Development submissions and will track on separate schedules. It's anticipated that the WTMC sitework will be installed in March 2007 and the new Main Hospital in March 2010. Upon completion of the projects, all of the surrounding street edges and interstitial open spaces will be appropriately landscaped in accordance with City standards and CSM's expectation to create a high quality exterior environment. As an option, several of the Core Hospital roofs may be structurally reinforced to accommodate future gardens and public spaces that would afford wonderful views. In the future, a skywalk connection across Prospect Avenue may be considered.

Open spaces (refer to GPD – 6A/B) will include facilities for pedestrian circulation, including paved paths and seating areas; landscaped and garden areas with walls and fencing; information features such as signs or kiosks; lighting, shielded so as to not cause glare on adjoining streets and residences; and decorative enhancements, such as flagpoles, artwork, or kiosks. Landscaping and screening in open spaces will be maintained so as not to create a nuisance or hazardous condition.

III. COMPLIANCE WITH STANDARDS

The proposed GPD development rezoning complies with, or varies from, the standard prescribed by Section 295-907 of the Milwaukee Code of Ordinances in the following respects:

A. Size (295-907.2.c-1-a.)

The Lake Drive campus area subject to the GPD is approximately 895,811 square feet (20.57 acres).

B. Density (295-907.3.c.)

Density for the residential zone will conform to the requirements for RS-5 zoning, as shown in Section 295-505 of the Milwaukee Code of Ordinances.

C. Space Between Structures (295-907.3.d.)

The location of structures in the GPD complies with the applicable provisions of the Wisconsin Administrative Code, ILHR Chs. 50-65.

D. Setbacks (295-907.3.e.)

Proposed standards for façade and landscaping treatments have been established for street edges within the campus. The setbacks are defined below for each façade treatment. Refer to Sheets GPD-7A and GPD-7B for the location of the treatments.

Principal Façade is defined as the public façade designed in accordance with the City of Milwaukee Urban Design Guidelines. The Principal Façade areas will be occupied by medical facilities and parking structures, with a minimum zero setback from the property line that is occupied by open space or surface parking and circulation facilities. Setback zones for proposed improvements are shown on sheets GPD-7A and GPD-7B. The Principal Façade areas will have pedestrian and vehicular entrances designed for the public, as well as for deliveries and emergency vehicles. Principal façades will be slightly different between the new Main Hospital and Water Tower Medical Commons projects. The Main Hospital principal façade will have a range of glazing, from 45% to 55%, while the WTMC will have a range of glazing from 55% to 65%. The Principal Façade will have landscaping and streetscape treatments designed to enhance the pedestrian experience.

Secondary Façade is defined as the area not generally exposed to significant public contact. Secondary Façade areas will be occupied by parking structure, utility, and materials management facilities, as well as some limited areas facing the interiors of the project site. Pedestrian and vehicular access points will not be used by the public. Building facades may be partially open, for ventilation purposes, or will have glazing. The Main Hospital secondary façade will have a range of glazing, from 20% to 30%, while the WTMC will have a range of glazing from 45% to 55%.

Compliance with Standards - Continued

Some of the WTMC will have Residential Façade Treatment, which is defined as the area directly across the street from existing residential zoned areas. Setbacks will be in accordance with residential zoning RS-5, as shown in Section 295-505 of the Milwaukee Code of Ordinances. Landscape and streetscape treatments will be used to create a residential environment. The range of glazing will be similar to the principle façade at 55%-65%.

Existing to Remain Façade will generally remain as is, notwithstanding minor cleaning and pointing, but may have landscape and streetscape improvements to improve the pedestrian experience, where appropriate.

E. Screening (295-907.3.f.)

The residential areas to the east of the campus have been considered in the design. Urban Landscape Treatment will be used as a landscape buffer along all streets. New landscaping shall conform with or exceed City of Milwaukee requirements. Screening adjacent to residential areas will be Type "H" Landscaping (residential buffers), conforming to Section 295-405.1.b-8. Screening of surface parking and circulation facilities will be Type "A" Landscaping (standard parking lot landscaping), Type "B" landscaping (standard hard urban edge landscaping), and Type "C" Landscaping (modified hard urban edge landscaping) conforming to Section 295-405.1, b-1 through -3. Facilities such as mechanical equipment or enclosures, dumpsters, and other trash collection equipment, and loading docks will be screened per Section 295.405.1.b-7, Type "G" Landscaping (object screening), wherever these facilities are visible to the public. Fencing and walls shall be in accordance with Table 295-405.1-c, Fence/Wall and Landscaping Requirements for Landscape Types.

F. Open Spaces (295-907.3.g.)

Open spaces are shown on Sheets GPD-6A and GPD-6B. Open spaces will include facilities for pedestrian circulation, including paved paths and seating areas; landscaped and garden areas with walls and fencing; information features such as signs or kiosks; lighting, shielded so as to not cause glare on adjoining streets and residences; and decorative enhancements, such as flagpoles, artwork, or kiosks. Landscaping and screening in open spaces will be maintained so as not to create a nuisance or hazardous condition.

G. Circulation Facilities (295-907.3.h.)

The general location of circulation facilities, including pedestrian and vehicle access and egress, as well as drop-off and loading facilities, are identified on Sheets GPD-6A and GPD-6B. Adequate access for pedestrian and private vehicles shall be provided. Parking and loading facilities shall be located near the uses they support and will be adequately screened.

Compliance with Standards – Continued

H. Landscaping (295-907.3.i.)

Site landscaping standards will conform to Section 295-405, Milwaukee Code of Ordinances; and will be of a quality consistent with the standards of the American Association of Nurserymen (ANSI 260.1). Surface parking and circulation facilities will be landscaped and screened in conformance with in Section 295-405-1.b, as specified in III.E above. Open spaces will include the uses and related landscape standards as specified in III.F, above. Landscaping shall meet or exceed the requirements of Section 295-405.1.c, for planting materials, residential buffers, fencing and walls, and berms. Landscape features may encroach into the public right-of-way, with City approval, in accordance with Section 295-405.1.C-8.

I. Lighting (295-907.3.j.)

New building and site lighting will conform to the Illuminating Engineering Society Standards and City of Milwaukee Ordinances. All exterior lighting shall be shielded so as not to cause glare on adjoining streets and residences.

J. Utilities (295-907.3.k.)

All new utility lines will be installed underground. New transformers and substations will be installed within buildings or otherwise screened from view.

K. Signs (295-907.3.l.)

New signs will be developed in accordance with the particular requirements of Section 295-605-5, Milwaukee Code or Ordinances, and other requirements of the City of Milwaukee Ordinances.

L. Survey (295-907)

The ALTA/ASCM Land Title Survey, Sheet GPD-2 shows topography at 1-foot intervals.

IV. MINOR MODIFICATIONS

Section 295-907.2.i. of the Milwaukee Code of Ordinances provides that minor modifications to the general and detailed plans may be allowed, provided that such minor modifications do not result in certain changes to the plan relating to its general character, or such things as land coverage of buildings and parking areas. CSM, in generating the plans for the GPD, has attempted to anticipate all factors required to complete the Project successfully, and has invested a substantial amount of time and capital in doing so. However, neither CSM nor the City of Milwaukee can predict how the plans set forth herein may unfold in their implementation. In recognition of this fact, and acknowledging the need to maintain flexibility of plans to be modified for particular circumstances, CSM will retain the right to make minor modifications to the GPD at any time. However, in no event, will

Compliance with Standards – Continued

any modifications undertaken by CSM cause any of those effects sets forth in Section 295-907.2.i-1 through 7, without submittal of a revised GPD plan.

Minor improvements of the site may be allowed without submittal and approval of a general plan if sufficient detail is shown on the approved GPD.

V. “Statistical Sheet” Information

Section 295-907.2.c-1 of the Milwaukee Code of Ordinances provides that this Owner's GPD Project Description contain a statistical sheet setting forth specific information on the project. The pertinent information required under this Section is set forth on the Statistical Sheet attached hereto as Exhibit A.

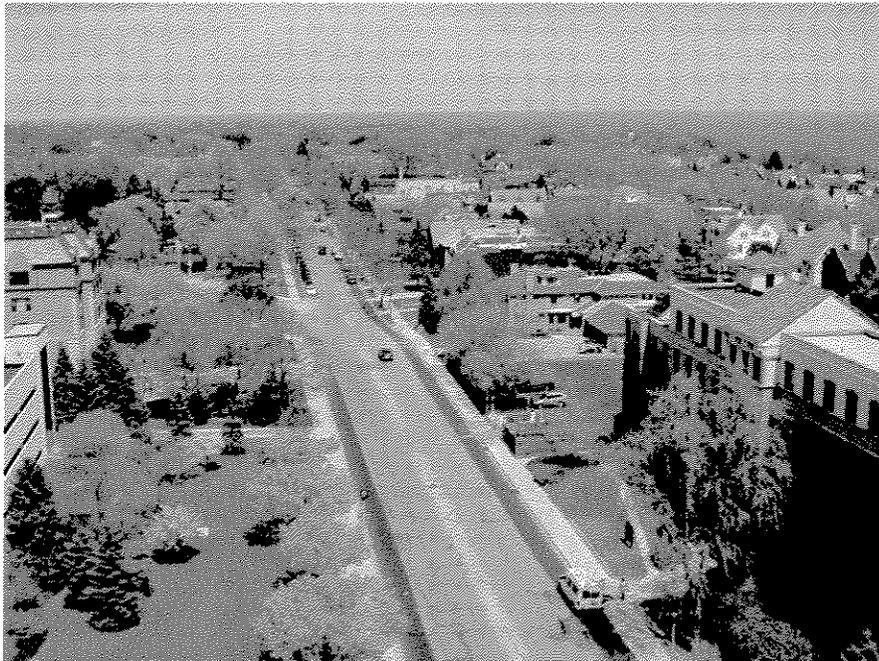
EXHIBIT A
GENERAL PLAN DEVELOPMENT STATISTICAL SHEET
COLUMBIA ST. MARY'S HOSPITAL

2.b-1-a	Gross Land Area	<u>738,342</u> sf	<u>16.95</u> ac	
2.b-1-b	Maximum Amount of Land Covered by Principal Buildings	<u>353,235</u> sf	<u>8.11</u> ac	<u>51</u> percent of total
2.b-1-c	Maximum Amount of Land Devoted to Parking, Drives and Parking Structures	<u>220,289</u> sf	<u>5.06</u> ac	<u>32</u> percent of total
2.b-1-d	Minimum Amount of Land Devoted to Landscaped Green Space	<u>115,897</u> sf	<u>2.66</u> ac	<u>17</u> percent of total
2.b-1-e	Total Area Devoted to Non-Residential Uses	<u>689,421</u> sf	<u>15.83</u> ac	<u>93</u> percent of total
2.b-1-f	Proposed Number of Buildings	<u>9</u>		
2.b-1-i	Parking Spaces Provided	<u>50</u> Surface		
		<u>2,522</u> Structural		
		<u>2,572</u> Total		
		<u>2.6</u> Number of cars per 1,000 square feet		

EXHIBIT B
SITE PHOTOGRAPHY
COLUMBIA ST. MARY'S HOSPITAL



HISTORIC EAST FACILITY



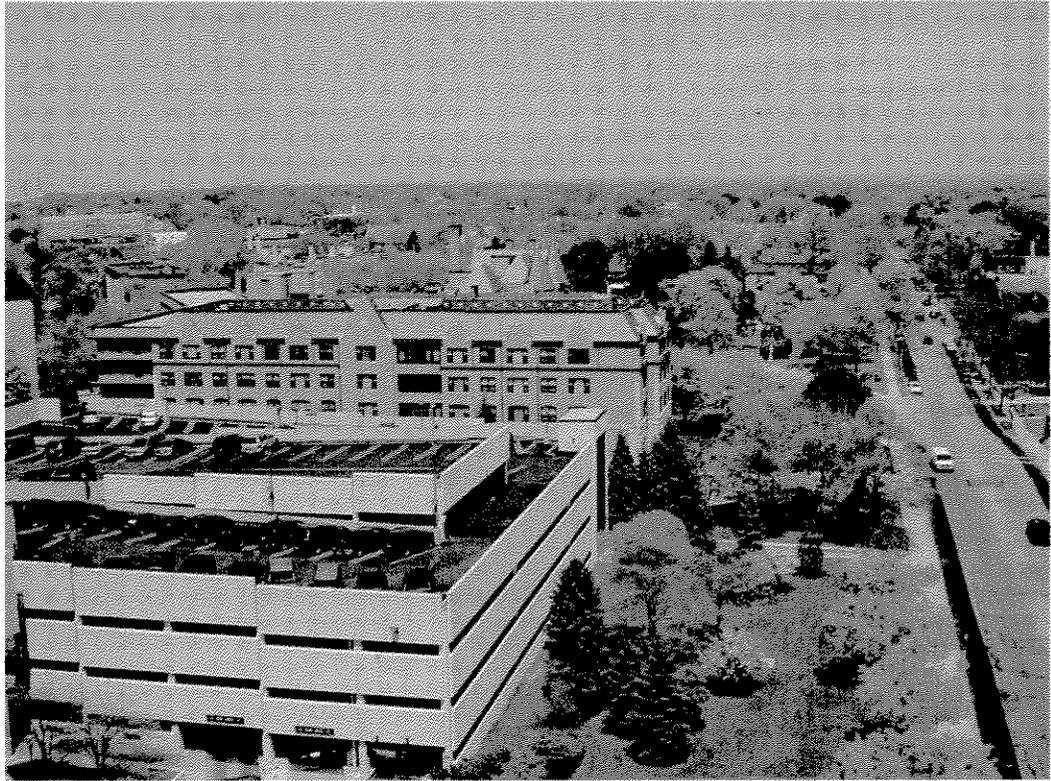
LAKE DRIVE – LOOKING NORTH



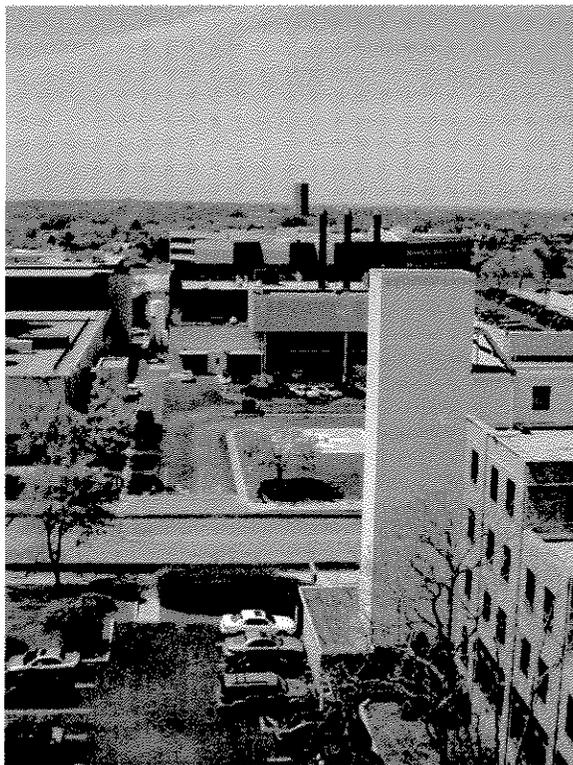
EXISTING MEDICAL FACILITIES - EAST OF LAKE DRIVE



EXISTING FACILITIES - EAST OF LAKE DRIVE



EXISTING NORTH PARKING GARAGE – WEST OF LAKE DRIVE



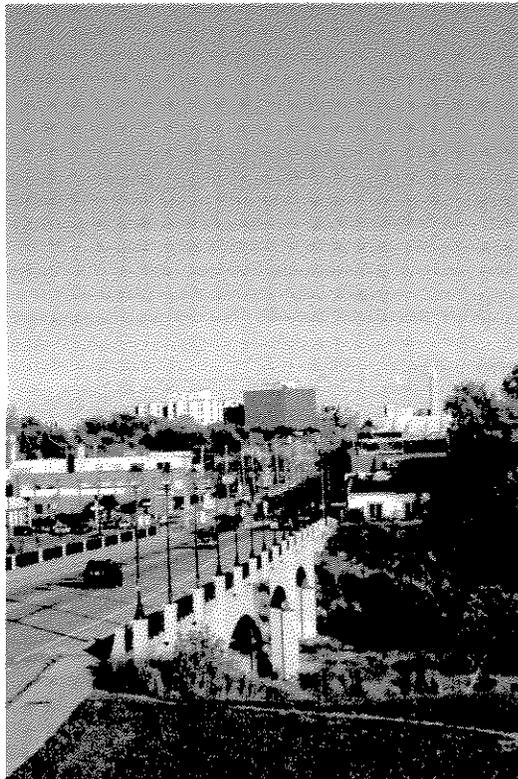
CENTRAL UTILITY PLANT



SETON TOWER AND WEST FACILITY



TWO VIEWS OF NORTH AVENUE LOOKING EAST – COMMUNITY CONTEXT





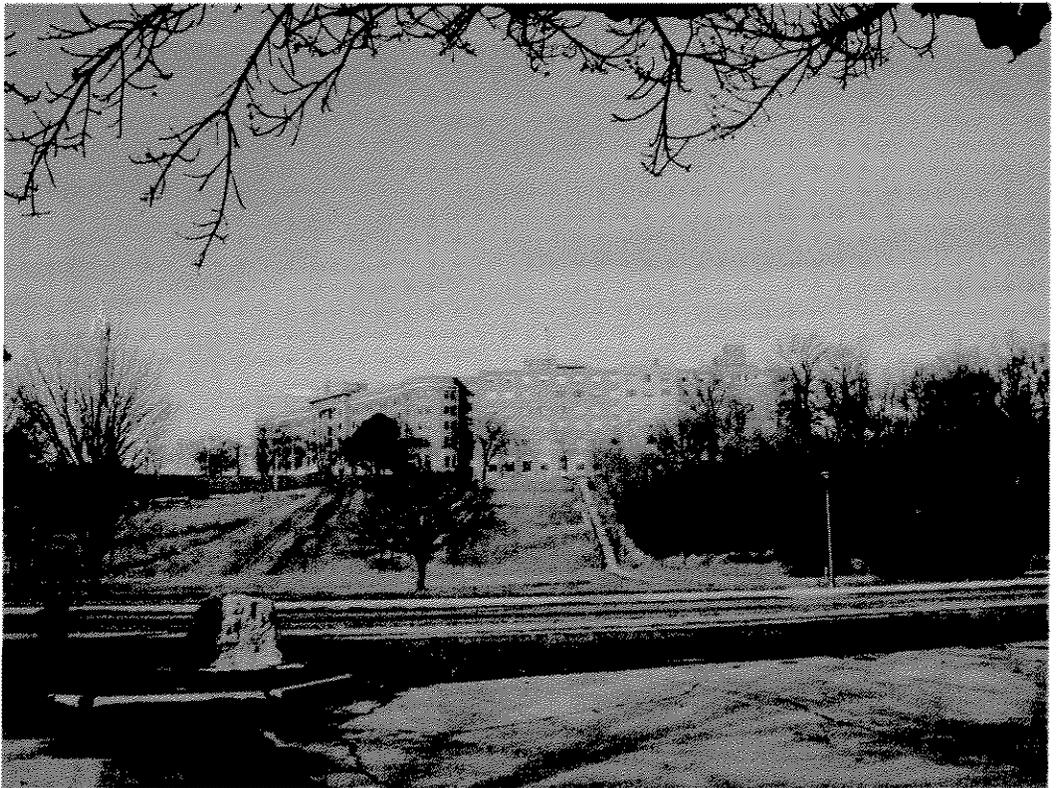
NORTH AVENUE LOOKING WEST



NORTH AVENUE LOOKING EAST



PARKING LOT AND CATHOLIC HOME DRIVE EAST OF PROSPECT



HISTORIC EAST FACILITY



PROSPECT AND NORTH AVENUES LOOKING NORTHEAST



SETON TOWER AND PARKING

EXHIBIT C
TRAFFIC STUDY
COLUMBIA ST. MARY'S HOSPITAL

Memorandum

To: Mr. Chris Smocke
Smocke and Associates

From: Gerald Salzman
Nicholas Karcz

Date: August 31, 2004

Re: Traffic Impact Analysis
Columbia/St. Mary's Hospital
Milwaukee Campus; Milwaukee, Wisconsin

DESMAN Associates has completed its traffic impact analysis for the proposed reconstruction of Columbia/St. Mary's Hospital, located in Milwaukee, Wisconsin. This memorandum describes the data collection that was used to inventory existing conditions near the site. This is followed by an analysis of existing and future conditions analysis for the transportation network adjacent to Columbia/St. Mary's Hospital.

Introduction

The Milwaukee campus of Columbia/St. Mary's Hospital is located north of downtown Milwaukee overlooking Lake Michigan. The Lake Drive campus is generally bounded by North Avenue on the South, Terrace Avenue on the east, Farwell Avenue on the west and the Catholic Home on the north. Columbia/St. Mary's plans to combine the activities at the existing Lake Drive campus, with the Columbia campus, and replace the existing buildings with new facilities. In addition to the medical component, the west building would include a grocery store and a fitness center.

Data Collection

Data collected includes roadway and traffic control information from a field reconnaissance and peak-hour traffic counts in the vicinity of Columbia/St. Mary's Hospital. During the field

reconnaissance, lane configurations, speed limits, and traffic controls were noted for the streets in the vicinity of Columbia/St. Mary's Hospital.

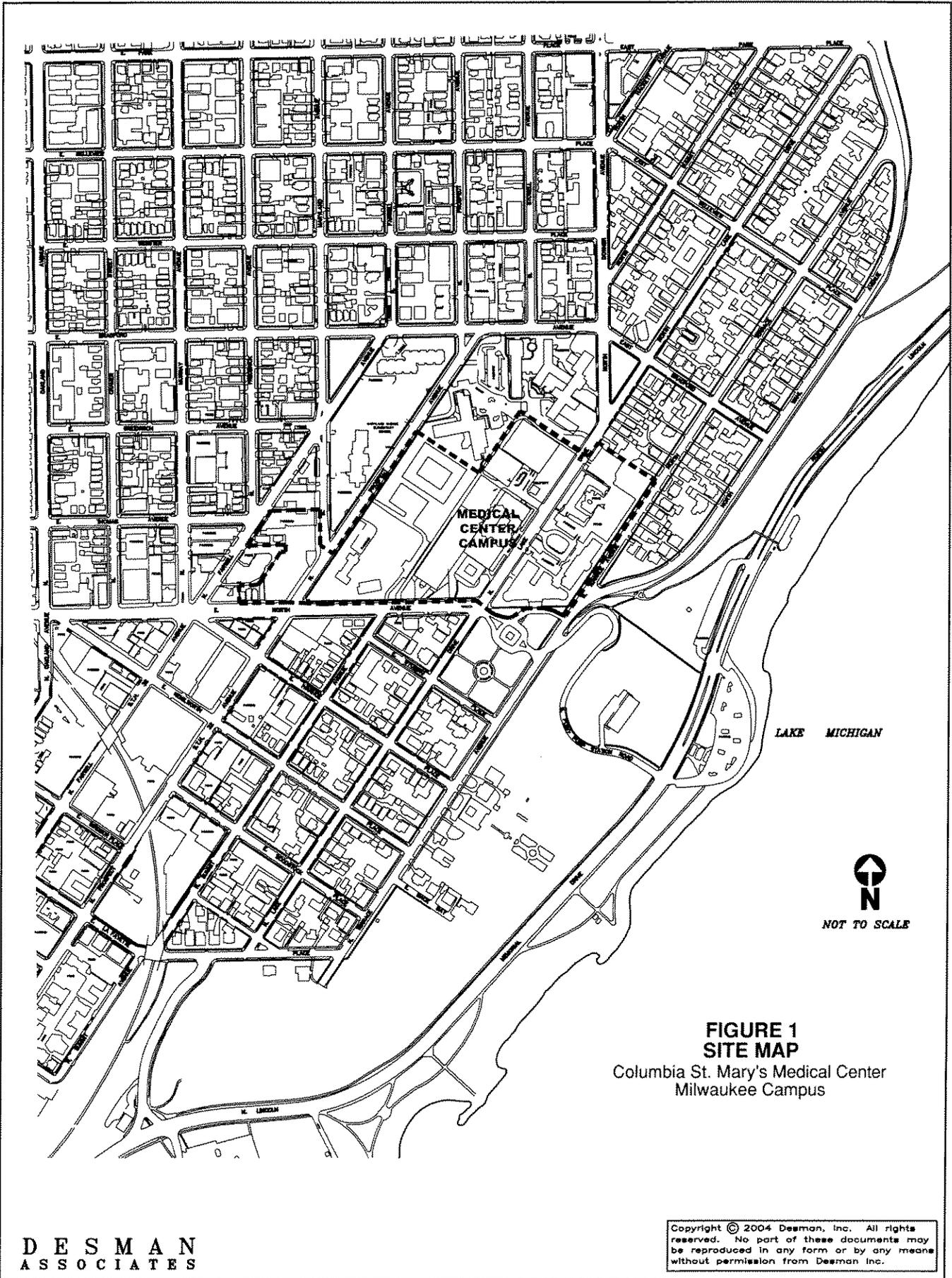
Existing Conditions

Transportation conditions in the vicinity of the site were inventoried to obtain a database for projecting future conditions. The six general components of the base conditions were considered:

- The geographical location of the site.
- The characteristics of the adjacent road system, including roadway characteristics and intersection traffic control.
- The existing traffic volumes at the site.
- The existing intersection analysis.
- The direction distribution of the traffic traveling to the site.
- The existing trip generation rates.

Site Location

Columbia/St. Mary's Hospital is located north of downtown Milwaukee overlooking Lake Michigan. The hospital is located near the intersection of East North Avenue and North Lake Avenue. The site location is shown in Figure 1.



MEDICAL CENTER CAMPUS

LAKE MICHIGAN


 NOT TO SCALE

FIGURE 1
SITE MAP
 Columbia St. Mary's Medical Center
 Milwaukee Campus

DESMAN
ASSOCIATES

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Existing Road Network

A field reconnaissance of the site and adjacent roadways was conducted to inventory existing conditions and traffic characteristics. As part of this field reconnaissance, characteristics (link characteristics, intersection geometry, and speed limits) of East North Avenue, North Lake Drive, East Bradford Avenue, North Prospect Avenue, North Farwell Avenue, North Downer Avenue, and North Maryland Avenue. The results of the field reconnaissance are presented below.

East North Avenue is a two-lane, east-west arterial (one eastbound and one westbound lane) with turning bays at major intersections. North Avenue extends west past I-43 from the lakefront. The intersections of East North Avenue with North Lake Drive, Prospect, and Farwell are signalized, and the intersection of East North Avenue with North Terrace Avenue is stop sign controlled.

North Lake Drive is a north-south arterial that extends north from McKinley Park along the lakeshore. In the vicinity of the site, it has a two-lane cross section and a signalized intersection with East North Avenue.

North Terrace Avenue is a two-lane, north-south local street in the vicinity of the site. Its intersection with East North Avenue is controlled by stop signs.

North Prospect and North Farwell Avenues (State Route 32) are a north-south pair of one-way arterials extending north from downtown. Both streets are approximately 44 feet wide, with parking permitted on both sides. The one-way pair terminates just north of the hospital at Bradford Avenue. Highway 32 extends north along Lake Drive north of the hospital.

Downer Avenue, Maryland Avenue, and Oakland Avenue are north-south major streets extending north from about North Avenue beyond the city limits. They provide access to the hospital from the near north side and suburbs.

East Bradford Avenue is an east-west local street in the vicinity of the site. It has a signalized intersection with North Downer Avenue. Its intersections with North Prospect Avenue, North Lake Avenue and North Terrace Avenue are controlled by stop signs.

Existing Traffic Volumes

The existing traffic volumes are the result of several sets of counts of various intersections within the vicinity of the site. Weekday manual peak-hour traffic counts were conducted at the following intersections near Columbia/St. Mary's Hospital:

1. East North Avenue and North Lake Drive
2. East North Avenue and North Terrace Avenue

3. East North Avenue and the Seton Tower Garage entrances
4. East North Avenue and the hospital service drive
5. North Lake Drive and the Northpoint parking lot driveway
6. North Lake Drive and the St. Mary's Hill parking lot driveways
7. North Lake Drive and the employee garage driveway
8. North Prospect Avenue and the employee lot entrance
9. North Prospect Avenue and the MCH driveway
10. East Bradford Avenue and North Lake Drive
11. East Bradford Avenue and North Downer Avenue
12. East Bradford Avenue and North Prospect Avenue
13. North Maryland Avenue and North Prospect Avenue

Intersections one through nine were conducted from 7:00 to 9:00 A.M. and 3:00 to 6:00 P.M. on Tuesday, February 4, 2003, and Wednesday, February 5, 2003. The Prospect Avenue counts were conducted on Friday, February 14, 2003, and Monday, February 17, 2003. The morning peak hour occurs from 7:15 to 8:15 A.M., and the afternoon peak hour from 4:30 to 5:30 P.M. These traffic count results, combined with the intersection geometry and traffic controls collected during the fieldwork, were the basis for the existing conditions traffic analyses at the intersections above.

Intersections ten through thirteen were added in April of 2003 and counted again in July 2004. These counts were needed to more accurately project the existing traffic volumes. These counts were conducted from 7:00 to 9:00 A.M. and 4:00 to 6:00 P.M. on Friday, April 24, 2003, and Tuesday, April 29, 2003.

In July of 2004, the intersections of East Bradford Avenue and North Downer Avenue, and East Bradford Avenue and North Lake Drive were counted. On Tuesday, July 20, 2004, the intersection of East Bradford Avenue and North Lake Drive was counted during the afternoon peak hour, between 4:30 P.M. and 5:30 P.M. On Wednesday, July 21, 2004, the intersection of East Bradford Avenue and North Downer Avenue, and East Bradford Avenue and North Lake Drive were counted in the morning between the hours of 7:15 A.M. and 8:15 A.M. Also the intersection of East Bradford Avenue and North Downer Avenue was counted in the afternoon between 4:30 P.M. and 5:30 P.M. The existing traffic volumes are summarized in Figure 2. Additional counts and traffic data were obtained from the City of Milwaukee for the intersections of East North Avenue from Prospect west to Oakland Avenue. A study of the impact of converting Farwell from one-way to two-way operation was also obtained from the City.

Background Traffic and Roadway Changes

Discussions were held with the City of Milwaukee Department of Public Works regarding growth in background traffic and the potential impacts of other developments or roadway changes. Although there are several potential development projects proposed in the area it was decided that given the developed nature of the area, there would be no significant growth in background traffic. It was also assumed that the roadway network would remain largely unchanged in the immediate vicinity of the campus. There has been discussion over the years of converting Prospect and Farwell to two-way traffic. There are also plans to introduce the Milwaukee connector transit in the area just south and west of the campus.

Intersection Analysis

Traffic capacity analyses were conducted for existing conditions using the traffic volumes shown in Figure 2. These analyses were conducted using techniques described in the 2000 edition of the *Highway Capacity Manual (HCM)*. These techniques use the traffic volumes, intersection geometry, and traffic signal timings (for signalized intersection analyses) as inputs to estimate the average delays, queue lengths, and levels of service (LOS) for movements and approaches at an intersection, and for the intersection as a whole. LOS values are based on average delay and range from LOS A through LOS F, with LOS A being the most desirable. The interpretation of each of the LOS values and the associated average delay range is shown in Table 1.

Table 1 Level of Service Criteria for Signalized Intersections		
Level of Service	Interpretation	Total Delay Per Vehicle (seconds)
A	Very short delay, with extremely favorable signal progression. Most vehicles arrive during the green phase and do not stop at all.	< 10.0
B	Good signal progression, with more vehicles stopping than for LOS A, causing higher levels of average delay	10.1 – 20.0
C	Light congestion, the number of vehicles stopping becomes significant at this level.	20.1 – 35.0
D	Congestion is more noticeable, with longer delays resulting from unfavorable signal progression and/or long signal cycle lengths or high volume to capacity (v/c) ratios.	35.1 – 55.0
E	Limit of acceptable delay. High delays result from poor signal progression and/or long cycle lengths or high v/c ratios	55.1 – 80.0
F	Unacceptable delays occur, due to traffic demand exceeding the capacity of the lane, approach, or intersection.	>80.0
Source: Highway Capacity Manual, 2000.		

Table 2 summarizes the results of the existing traffic analysis for all signalized intersections. As shown in Table 2, all of the intersections operate efficiently at LOS B or better.

Intersection	Existing Conditions			
	A.M.		PM	
	LOS	Delay	LOS	Delay
North and Farwell Ave.	B	19.6	B	18.7
North and Prospect Ave.	B	15.5	B+	13.7
North and Lake Drive	B	15.7	B	17.9
Bradford and N. Downer Ave.	B+	14.2	B	16.2

LOS=level of service; delay is measured in seconds per vehicle.

Directional Distribution

The directions of approach of employee and patient trips to the campus were determined by analyzing the patterns in the existing traffic counts and using employee and patient ZIP Code data. The ZIP Code data was sorted by approach pattern, and the number of employees or patients from each ZIP Code was tabulated. The results of that analysis are summarized in Table 3 and illustrated in Figure 3. The analysis reveals that although 45 percent of the trips approach from the north on Lake Drive or Downer, the other 55 percent is divided among the west, south, and east. This suggests that access for both employees and patients must be accommodated from many directions.

Estimated Directions of Approach	Percentage of Employee/Patient Trips
From the north on local streets	45%
From the west on North Avenue	25%
From the south on Lincoln Memorial	20%
From the south on local street	10%
Total	100%

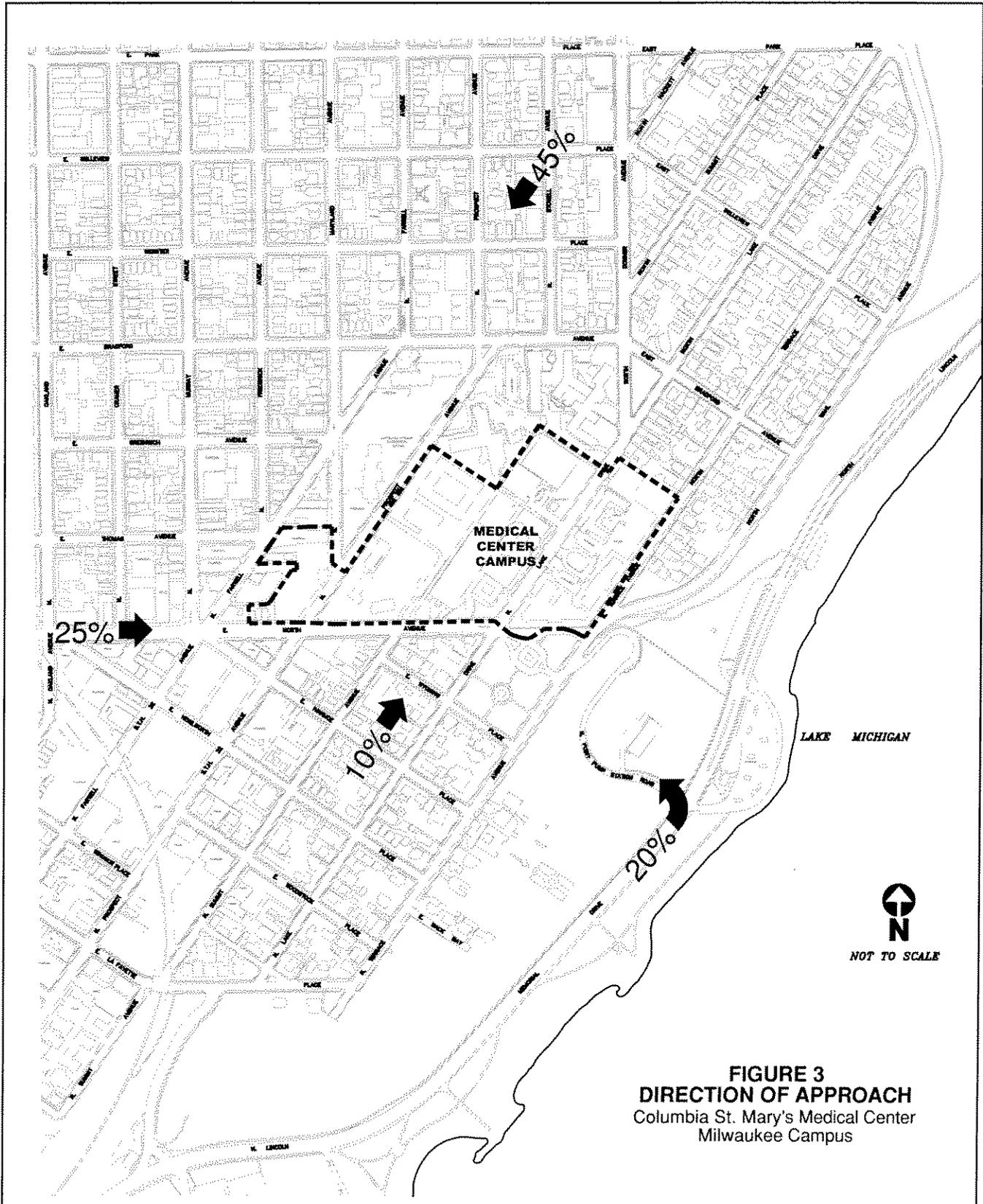


FIGURE 3
DIRECTION OF APPROACH
 Columbia St. Mary's Medical Center
 Milwaukee Campus

Trip Generation Rates

The campus traffic counts for the morning and afternoon peak hours are summarized by facility in Table 4, which indicates a total of 617 inbound trips in the morning and 730 outbound trips in the afternoon peak hours. The traffic counts were also summarized by user group (physicians, employees, visitors/outpatients, and MOB). As illustrated in Table 5, the 617 peak morning inbound trips are distributed as follows: 307 by employees; 26 by physicians, 152 by patients/visitors, and 132 for the MOB. The data is also provided for the outbound movement in the morning and the afternoon inbound and outbound movements. The existing trip generation by user group was divided by the user group population to obtain a total trip generation rate for each user group. These rates are indicated in Table 6. The trip generation rates were used to project future traffic volumes based on projected user group populations.

Table 4				
Trip Generation Summary, Columbia/St. Mary's Hospital; Milwaukee				
	Total Trips			
	A.M.		P.M.	
Facility	Inbound	Outbound	Inbound	Outbound
Employee Garage	205	55	19	195
Seton Tower Garage	225	40	80	180
NorthPoint Lot	25	5	10	60
St. Mary's Hill Lots	40	15	30	45
Service Drive/ER	75	85	80	205
Employee Lot	20	5	0	10
On Street	<u>27</u>	<u>12</u>	<u>9</u>	<u>35</u>
Total	617	217	228	730

Table 5				
Trip Generation by User Group, Columbia/St. Mary's Hospital; Milwaukee				
	Total Trips			
	A.M.		P.M.	
User Group	Inbound	Outbound	Inbound	Outbound
Employees	307	144	98	393
Physicians	26	4	2	10
Patients/Visitors	152	35	60	145
MOB	<u>132</u>	<u>33</u>	<u>67</u>	<u>182</u>
Total	617	217	228	730

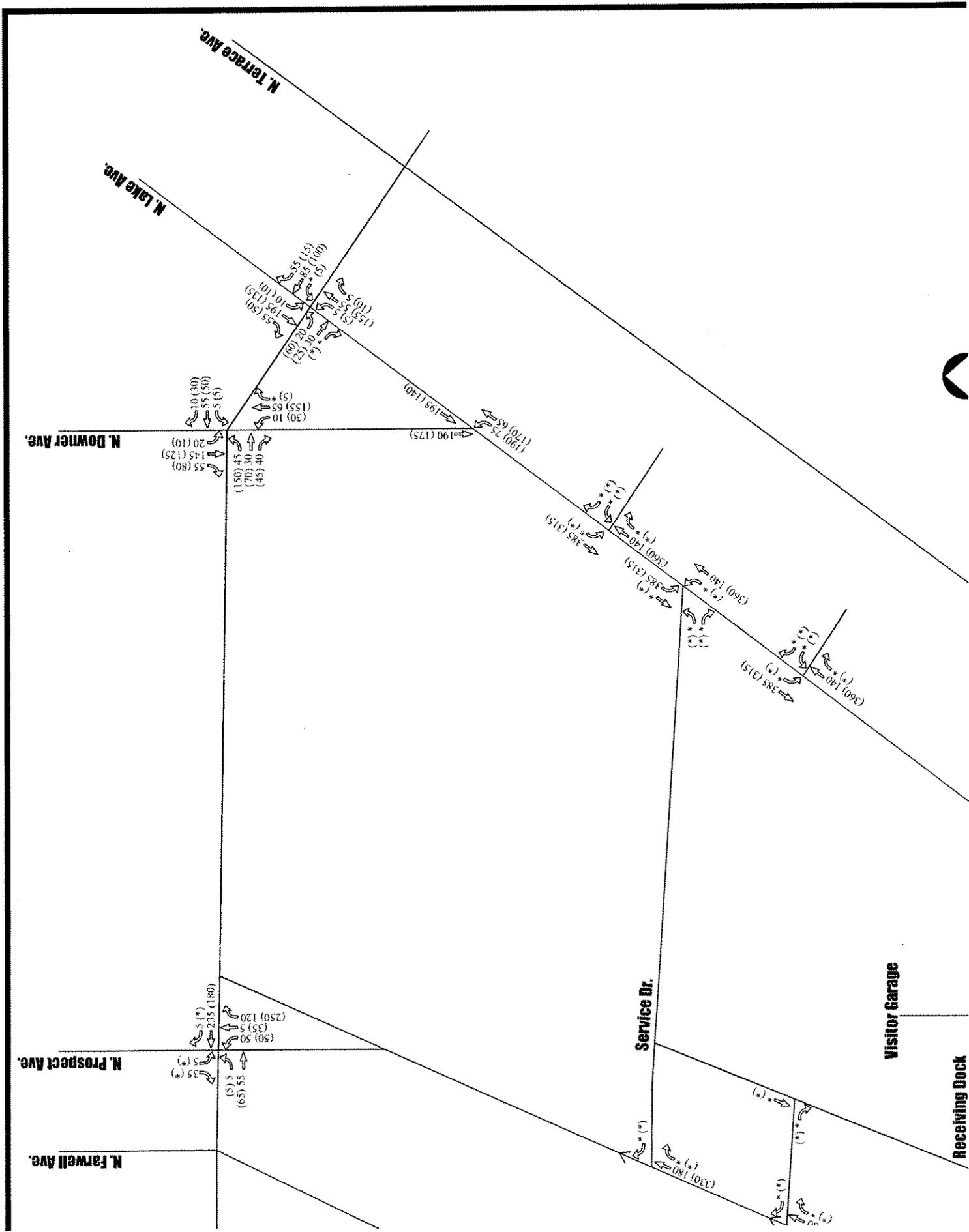
Table 6				
Trip Generation Rates by User Group Columbia/St. Mary's Hospital; Milwaukee				
	Total Trips			
	A.M.		P.M.	
User Group/Units	Inbound	Outbound	Inbound	Outbound
Employees—per FTE	0.19	0.09	0.06	0.24
Physicians—per hospital physician	0.23	0.04	0.02	0.09
Patients/visitors—100,000 annual visits	46.45	10.85	18.47	44.39
MOB—1,000 leasable square feet	1.65	0.41	0.84	2.27
Note: Based on the following populations: Employees: 1,660 FTE Physicians: 110 Patients/Visitors: 327,000 annual visits MOB: 80,000 square feet				

Base Volumes

The base traffic volume is how the traffic would flow if no hospital was located on the site of Columbia/St. Mary’s Hospital. In order to determine the base volume for this site, the current hospital traffic volume was subtracted from the existing traffic volume. This left the site with only traffic passing through. Figure 4 shows the base volumes for the Columbia/St. Mary’s Hospital site.

Future Conditions

The future traffic projections were developed by estimating the peak hour site generated traffic from the combined Columbia St. Mary’s Hospital and adding this “site” traffic to the “base” traffic volumes presented previously in Figure 5.



Future Trip Generation

The future Columbia/St. Mary's traffic counts for the morning and afternoon peak hours are summarized by facility in Table 7, which indicated a total of 1,065 inbound trips in the morning and 1,280 outbound trips in the afternoon peak hours.

Table 7 Future Trip Generation Summary, Columbia/St. Mary's Hospital; Milwaukee				
	Total Trips			
	A.M.		P.M.	
Facility	Inbound	Outbound	Inbound	Outbound
Employee Garage	210	55	25	195
Main Hospital	385	85	145	375
East Portion	165	85	90	260
West Portion	180	105	140	310
Retail	<u>125</u>	<u>130</u>	<u>160</u>	<u>140</u>
Total	1065	460	560	1280

Future Traffic

The future traffic was determined by adding the future trip generation to the base traffic volume. Once the future traffic was established, the future capacity analysis could be completed. A summary of the future peak volume can be found in Figure 6.

Future Intersection Analysis

Traffic capacity analyses were conducted for future traffic using the traffic volumes shown in Figure 6. These analyses were conducted using techniques described in the 2000 edition of the *Highway Capacity Manual (HCM)*. These techniques use the traffic volumes, intersection geometry, and traffic signal timings (for signalized intersection analyses) as inputs to estimate the average delays, queue lengths, and levels of service (LOS) for movements and approaches at an intersection, and for the intersection as a whole. LOS values are based on average delay and range from LOS A through LOS F, with LOS A being the most desirable. The interpretation of each of the LOS values and the associated average delay range is shown in Table 1.

Table 8 summarizes the results of the future traffic analysis for all signalized intersections. As shown in Table 3, the intersections of North and Lake Drive, and Bradford and North Downer Avenue operate efficiently at LOS B. The intersections of North and Farwell Avenue, and North and Prospect Avenue operate at LOS C.

Table 8				
Signalized Intersection Analysis				
Intersection	Future Conditions			
	A.M.		PM	
	LOS	Delay	LOS	Delay
North and Farwell Ave.	C+	21.1	C+	20.6
North and Prospect Ave.	C+	21.5	C	32.0
North and Lake Drive	B	15.5	B	16.1
Bradford and N. Downer Ave.	B+	14.0	B	17.2

LOS=level of service; delay is measured in seconds per vehicle.

Conclusion

Results of this analysis for the proposed Columbia/St. Mary's Hospital indicate that additional traffic volumes from the expansion are not expected to have a significant impact on the existing roadway network because the majority of the projected traffic is already on the Lake Drive campus. The proposed site plan will improve traffic flow by eliminating major driveways on North Avenue and establishing major access points away from the intersections.