



## 6.01. GENERAL DESIGN GUIDELINES

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## 6.03. MEDICAL FACILITY SIGNAGE TYPOLOGIES

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- B. Secondary Identity Signage (Building Mounted)

# MEDICAL DISTRICT DEVELOPMENT CONTROLS

# 6



- 1- Wide landscape setbacks
- 2- Buildings frame entry forecourt
- 3- Building oriented for arterial visibility
- 4- Convenient & visible parking
- 5- Canopy trees shade parking fields

## A SITE PLANNING

### A.1. Building Orientation.

a. Orient the buildings for heightened visibility from Avenue L, including the main public entry.

b. Locate and mass buildings to define outdoor space; in particular, the plaza / forecourt at the main public entry.

### A.2. Parking Facilities.

a. Distribute off-street parking fields throughout the Medical District, ensuring that suitable visitor parking is readily accessible and highly visible from Avenue L, and within convenient walking distance of the main public entrance.

b. Reference the City of Lancaster Zoning Code for applicable requirements pertaining to parking lot dimensions, except that a standard parking space dimension of 8.5 feet wide by 18 feet deep shall be permitted.

c. Use compatible landscape treatment to break up the expansiveness of parking fields, and reduce parking's visual and environmental impacts. Landscape buffers and parking lot landscape guidelines are described below.

e. Provide a wide landscape buffer where off-street parking fronts on a boundary arterial, including Avenue L and 5th Street West. This buffer should have a depth of at least fifteen (15) feet, measured from the rear edge of the sidewalk.

f. Provide a wide landscape buffer where off-street parking fronts on the designated "boulevard" separating the Commercial and Medical Districts. This buffer should have a depth of at least ten (10) feet, measured from the rear edge of the sidewalk.

g. Use pole mounted light fixtures compatible with the overall site design to illuminate parking areas and access drives. Decorative fixtures should be considered near pedestrian zones. As far as feasible, lighting should be evenly distributed across a parking lot without spilling on to adjacent streets.

### A.3. Service and Loading Facilities.

a. Service and loading areas, including space for truck maneuvers shall be provided completely on the project site, and not intrude on designated interior roads.

b. Locate service, loading and storage areas so that they are not readily visible from areas with high pedestrian traffic. In general, these areas should be located away from public building entries to and not front on Avenue L.

c. Screen service, loading, and storage areas with compatible landscape and/or architectural treatment. The intrusion of service, loading and storage areas into landscape buffers and required setbacks is prohibited.

d. Screen ground level mechanical equipment from view. Cohesive architectural treatment is recommended, although dense landscape may also serve as an effective screen.

### A.4. Landscape

a. Use decoratively planted berms and/or low evergreen shrub masses (approximately 36" high) in conjunction with required buffers to screen views of automobiles or service areas from streets. A low decorative wall may also be considered in conjunction with plantings.

b. Introduce a landscaped planter area with a minimum width of six (6) feet and delineated by a six (6) inch curb at the end of parking bays. These areas should be planted with a combination of trees, shrubs, and groundcover.

c. Plant canopy trees within off-street parking lots, providing protection from the sun and wind. A minimum of one (1) tree shall be provided for every ten (10) parking spaces, distributed throughout the parking lot.

d. Provide a minimum 24" box specimen size for at least twenty-five percent (25%) of the trees located within landscape setbacks and parking lots, with the remaining trees no less than 15 gallon size. The larger size should be used at the end of parking bays and within setback areas.

e. Rely on simple, bold, and easy to maintain landscape planting schemes, typically utilizing drought tolerant species.

f. Irrigate all permanently landscaped areas with a permanent underground irrigation system, operated by an automatic controller. A drip irrigation system should be utilized in conjunction with drought tolerant plants to maximize water efficiency.



• Attractive planting defines pedestrian pathway



- Change in massing and prominent architectural feature (canopy) establish an identifiable entrance

## **B** ARCHITECTURAL DESIGN

### **B.1. Mass & Scale.**

a. Employ simple, yet varied massing that will break down the scale of the large, institutional building typology.

b. Consider special massing treatment or architectural forms at the main public entrance.

### **B.2. Roofs.**

a. Treat the building's roof line in a visually interesting manner, varying roof form and/or height in accordance with the building's massing.

b. Locate and/or screen rooftop equipment so that it is not visible from the street. Rooftop screening should be integral to the building's form (e.g., through the use of mechanical penthouse, etc.).

### **B.3. Articulation & Fenestration.**

a. Introduce facade modulation and elevation breaks on all building elevation. Blank, unadorned wall are to be avoided, especially for elevations that are readily visible from streets.

b. Establish a clear pattern of fenestration that unifies the building, including well-marked and articulated building entrances.

c. Make the main public entrance especially identifiable. Its prominence may be achieved through massing, scale, articulation, and use of materials.

**B.4. Details.**

a. Introduce architectural details and elements that provide visual relief; for example, course lines and reveals.

b. Introduce pedestrian scaled details at public entries. Canopies and overhangs are especially appropriate for their climate protection.

c. Ensure that architectural features are integral and contribute to a harmonious design. Ornamentation and features that appear tacked-on or artificially thin are discouraged.

d. Continue design elements and detailing (e.g., trim details, materials) around the entire structure, especially along elevations that are readily visible to the public.

**B.5. Materials and Colors.**

a. Use materials and colors that will enhance a building's visual quality, requiring high-quality and compatible materials on all sides of the building.

b. Discourage the use of reflective, opaque or highly-tinted glass, especially at the public entrance lobby where a high level of transparency is recommended.

c. Choose a color palette that offers visual simplicity and harmony, generally emphasizing light, neutral colors.



- Canopy and transparent glass identify the lobby, provide visual relief and welcome the visitor



- Signage coordinated with architecture



- Signage coordinated with lighting



- Architectural lighting highlights building features and complements landscape lighting

## **C** MEDICAL FACILITY SIGNAGE & LIGHTING

### C.1. Facility Signage (Building Mounted)

a. Ensure that all signage associated with the Medical District is based on a coordinated sign program.

- Signs should be complementary of one another, including all building mounted signage as well as freestanding signage associated with Medical District gateways, directionals, etc.

- Requirements for gateway signage, vehicular and pedestrian directionals, regulatory signage, etc., are described in Section 4 (Project-wide Development Controls).

b. Conceive of signs as an integral part of the building. Signage should be compatible in scale, character, materials and color with the building, emphasizing visually attractive and innovative design concepts.

c. Offer a clear, simple message that is unique to the medical facility. The use of identifiable symbols and logos is encouraged.

d. Integrate signage and lighting. Appropriate methods of sign illumination include unobtrusive and attractive external fixtures, as well as, individually illuminated letters.

e. Construct signs of durable, high quality materials. Signs should be able to withstand weathering, and paper and cloth signs are in particular are unsuitable for exterior use.

### C.2. Architectural Lighting

a. Allow for indirect architectural lighting to enhance facades and accentuate key architectural features. Architectural lighting at building entrances, and other architectural prominent features is especially encouraged.

b. Discourage illumination of an entire building or large portions of an entire building.

c. Select exterior lighting fixtures that are pedestrian scaled and compatible with the architectural design.

d. Locate and shield architectural lighting to minimize glare on adjacent properties and streets. Intense architectural lighting is generally discouraged, and interference with the safe operation of vehicles must be avoided.

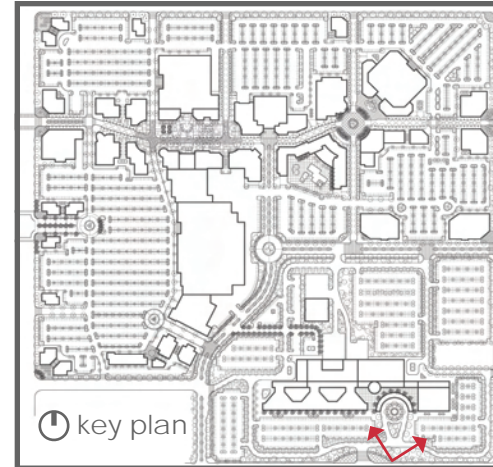
e. Complement the lighting employed for surrounding streetscapes and landscape.

## **D** EXHIBIT 48. ARCHITECTURAL DESIGN CONCEPTS

## Exhibit 48

## Elements

- ① Building Mass Defines Entry Court
- ② Simple Massing w/ Facade Modulation
- ③ Varied Roofline
- ④ Prominent Entrance w/ Canopy
- ⑤ Transparent Lobby
- ⑥ Clear Pattern of Window Openings
- ⑦ Quality Building Materials



## D. ARCHITECTURAL DESIGN CONCEPTS

**A SUMMARY & INTENT**

The Medical District will occupy approximately 44 acres at the southwest quadrant of the site. It will be developed as a multi-phase medical campus, including a 150 - 200 bed hospital, as well as administrative support facilities and medical office use. To achieve maximum visibility and provide convenient links to adjacent roads and highways, the campus and its major public entrance will be oriented to Avenue L.

**B LAND USE REGULATIONS**

B.1. Permitted Land Uses. The following uses shall be permitted within the Medical District:

- a. Hospital, including inpatient and outpatient care, emergency center, and other typically associated medical and health care services.
- b. Medical Office.
- c. Hospital / Medical Administration and Support Services.
- d. Ancillary Uses commonly associated with hospital and medical office facilities, including retail, office, and other commercial uses that provide needed services to employees, patients and visitors. These may include but are not limited to child day care, pharmacy, gift shop, restaurant (excluding alcohol sales), cafe, etc.
- e. Central Utility Plant servicing the proposed medical campus.
- f. Temporary events, including fairs, farmers markets, etc., may be conducted on the medical facility grounds.

B.2. Non-Permitted Land Uses. Any use or activity not listed above as a permitted land use shall be classified as a non-permitted land use, except that the Reviewing Agency shall have the authority to review and approve non-specified uses as similar in character to a permitted land use.

**C DEVELOPMENT STANDARDS & GUIDELINES****C.1. Maximum Building Height.**

- Six (6) stories and eighty (80) feet.
- Heights shall be measured to the top of the roof, except that additional height may be considered for rooftop mechanical equipment, provided it is screened in an architecturally compatible manner.

**C.2. Minimum Setbacks.**

- Setbacks to buildings, as well as parking and service facilities shall be provided in accordance with Exhibit 49.
- Setbacks shall be measured from the rear of the sidewalk.
- Setbacks shall receive compatible hardscape and/or landscape treatment.
- Encroachments on setbacks by architectural features that enhance the design may be considered subject to review and approval by the Director.

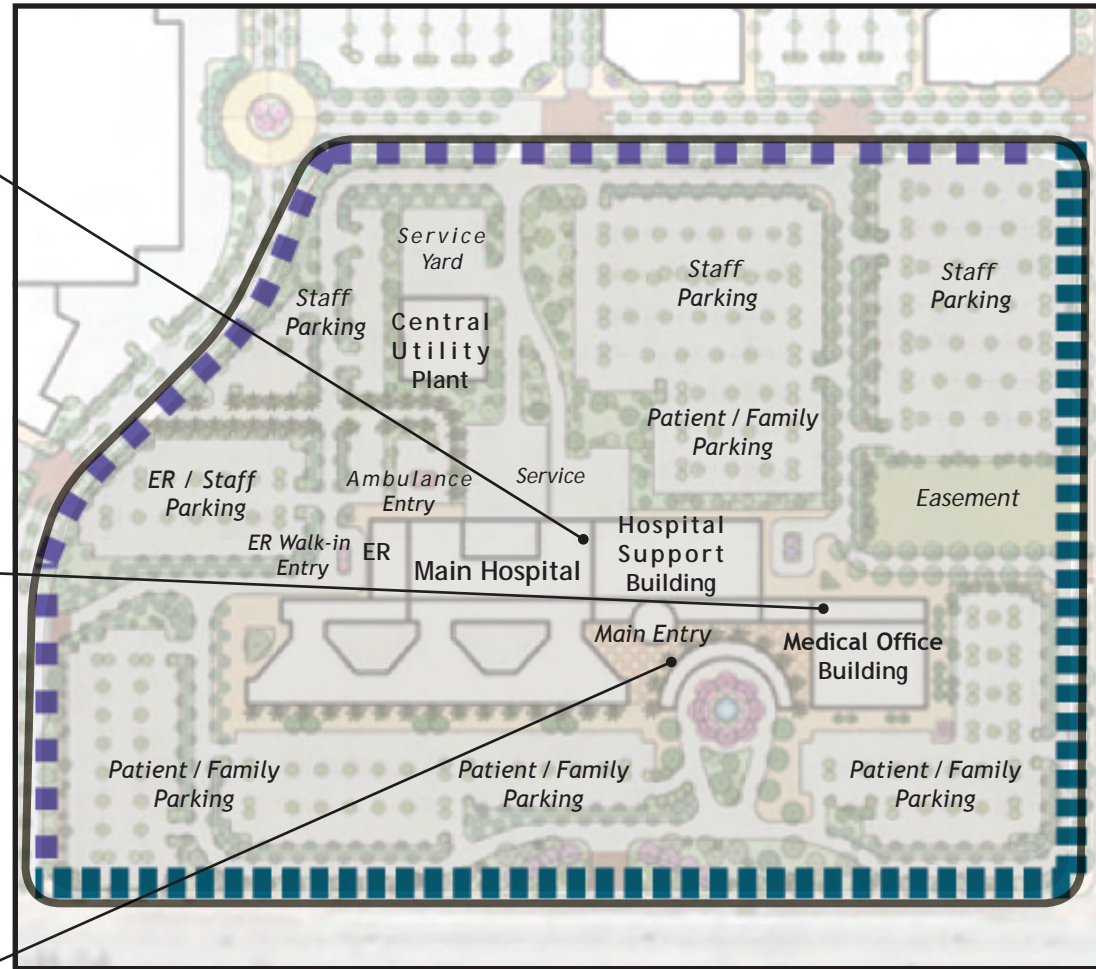
C.3. Parking Ratios. Off-street parking shall be provided at not less than the following ratios:

- 3 spaces per bed for the hospital.
- 5 spaces per 1,000 square feet of medical office facilities.
- 2 spaces per 1,000 square feet of medical administration facilities.

**D EXHIBIT 49. MEDICAL FACILITY CHARACTER STUDY**



Exhibit 49



**Recommended Setbacks**

- 25' to building, 15' to service & parking
- 25' to building, 10' to service & parking



**E. MEDICAL FACILITY CHARACTER STUDY**

## 6.03

# MEDICAL FACILITY SIGNAGE TYPOLOGIES

### A PRIMARY IDENTITY SIGNAGE (BUILDING MOUNTED)

A.1. Intent. Large scale building mounted signage will serve as a primary means of identification for the medical facility, complementing freestanding gateway signage. Typically, this signage will be directed toward the passing motorist along Avenue L, incorporating the identifiable graphic design of the medical establishment.

#### A.2. Standards.

a. The medical facility shall be limited to a single building mounted wall sign per street frontage. These signs shall serve as the primary means of identification for the medical facility and its primary services in conjunction with the gateway signage provided for in Section 4 (Project-wide Development Controls).

b. Each primary identity wall sign facing a public street (i.e., Avenue L and 5th Street West) shall not exceed one hundred (100) square feet of sign area.

c. Each primary identity wall sign facing an interior street (i.e., the “Boulevard”) shall not exceed seventy-five (75) square feet of sign area.

d. Primary identity wall sign shall not project more than one and one-half (1.5) feet from the face of the building, and shall not project above the roofline.

e. Variations to the above standards may be considered by the Reviewing Agency in conjunction with the review of an overall sign program submitted concurrent with an application for development.

#### A.3. Design Guidelines.

a. Locate and size primary identity signs to harmonize with the overall building / facility design. The graphic composition and materials should also be coordinated with the architecture, while effectively portraying the identity of the medical facility.

b. Coordinate sign placement with the arrangement of bays, windows and other architectural features.

c. Restrict primary identification signs to the medical facility name and/or a simple logo, and/or to identify integral facilities and services (e.g., emergency center, medical offices, etc.).

d. Use bold typefaces that are easy-to-read; for example letter and words should be spaced for heightened legibility. Crowding or excessive spacing of letter and words is generally discouraged, as are overly intricate type faces and symbols.



- Simple, easy-to-read identity signage with facility name and logo



- Signage scaled to fit with architecture

## **B SECONDARY IDENTITY SIGNAGE (BUILDING MOUNTED)**

**B.1. Intent.** Pedestrian areas adjacent building entrances may benefit from additional identity signage. Secondary identity signage should not only highlight entrances at eye-level, but also help locate key services or ancillary uses, and/or otherwise provide important information.

### **B.2. Standards.**

a. Permitted secondary sign types are as follows:

- small-scale wall signs identifying the medical facility and/or one of its services.
- small-scale wall signs identifying ancillary uses such as a restaurant, cafe, pharmacy, etc., provided the use maintains a direct public entrance to the exterior.
- other identity signs attached to the building and as approved by the Director that are clearly secondary in character and are compatible with the overall sign program for the District.

b. The medical facility may select the most appropriate secondary sign types, provided the total sign area for secondary signage does not exceed forty (40) square feet per building frontage facing a public street (i.e., Avenue L and 5th Street West), and thirty (30) feet per building frontage facing an interior street (i.e., the “Boulevard”).

b. A secondary identity sign shall not exceed ten (10) square feet in sign area.

e. Variations to the above standards may be considered by the Reviewing Agency in conjunction with the review of an overall sign program submitted concurrent with an application for development.

### **B.3. Design Guidelines.**

a. Locate and size secondary identity signs to complement the building architecture and to achieve effective communication.

- The overall size, materials, and graphic composition of a secondary sign should be coordinated with the building architecture.
- Small-scale wall signs should be located on flat, unadorned surfaces.

b. Coordinate sign placement with the arrangement of bays, windows and other architectural features.

c. Limit secondary identity signs to the following:

- medical facility name and/or a simple logo.
- name identification of particular facilities or services.
- ancillary use (i.e., business) name and/or a simple logo.
- other information pertinent to the operation of the facility and approved by the Director.

d. Use typefaces that are easy-to-read; for example letter and words should be spaced for heightened legibility. Crowding or excessive spacing of letter and words is generally discouraged, as are overly intricate type faces and symbols.

