

APPENDIX A

NOTICE OF PREPARATION AND SCOPING COMMENTS

APPENDIX A1: Notice of Preparation

APPENDIX A2: Scoping Comment Letters

***APPENDIX A3: Landmarks Preservation Advisory Board,
August 12, 2013 Meeting Minutes***

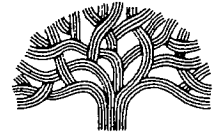
***APPENDIX A4: Oakland Bicycle and Pedestrian Advisory
Committee, August 15, 2013 Meeting Minutes***

***APPENDIX A5: Oakland City Planning Commission,
August 28, 2013 Meeting Minutes***

APPENDIX A1

Notice of Preparation

CITY OF OAKLAND



250 FRANK H. OGAWA PLAZA, SUITE 3315 • OAKLAND, CALIFORNIA 94612-2032

Department of Planning and Building
Planning & Zoning Division

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NOTICE OF PREPARATION (NOP) OF A DRAFT ENVIRONMENTAL IMPACT REPORT (EIR) CHILDREN'S HOSPITAL AND RESEARCH CENTER OAKLAND MASTER PLAN PROJECT

The Department of Planning and Building, Planning and Zoning Division, is preparing a Draft Environmental Impact Report (EIR) for the Children's Hospital and Research Center Oakland (CHRCO) Master Plan Project (project) as described below, and is requesting comments on the scope and content of the EIR. The Draft EIR will address the potential environmental effects for each of the environmental topics outlined in the California Environmental Quality Act (CEQA). The City has **not** prepared an Initial Study.

The City of Oakland is the Lead Agency for the project and is the public agency with the greatest responsibility for considering approval of the project and/or carrying it out. This notice is being sent to Responsible Agencies and other interested parties. Responsible Agencies are those public agencies, besides the City of Oakland, that also have a role in considering approval and/or carrying out the project. When the Draft EIR is published, it will be sent to all Responsible Agencies and to others who respond to this NOP or who otherwise indicate that they would like to receive a copy.

Responses to this NOP and any questions or comments should be directed in writing to: Heather Klein, Planner III, City of Oakland Department of Planning and Building, 250 Frank H. Ogawa Plaza, Suite 3315, Oakland, CA 94612; 510-238-3659 (phone); (510) 238-6538 (fax); or e-mail hklein@oaklandnet.com. Comments on the NOP must be received at the above mailing or e-mail address **by 5:00 p.m. on August 28, 2013**. Please reference **Case File Number ER12-0013** in all correspondence. In addition, comments may be provided at the EIR Scoping Meetings to be held before the City Landmarks Preservation Advisory Board, the Bicycle and Pedestrian Advisory Committee and City Planning Commission. Comments should focus on potential impacts on the physical environment, ways in which potential adverse effects might be minimized, and alternatives to the project in light of the EIR's purpose to provide useful and accurate information about such factors.

EIR SCOPING MEETINGS:

At 4:00 p.m. on August 12th, 2013, members of the **City of Oakland Landmarks Preservation Advisory Board (LPAB)** and the public are invited on a special tour of the exterior of the CHRCO A/B and B/C Wings. **The tour will meet at the main hospital entrance at 747 52nd Street.** The LPAB will also conduct a public scoping meeting focusing on the Cultural Resource aspects of the Draft EIR for the project on **August 12, 2013 at 6:00 p.m. in Sgnt. Mark Dunakin Hearing Room 1, City Hall, 1 Frank H. Ogawa Plaza.**

The **City of Oakland Bicycle and Pedestrian Advisory Committee** will conduct a public scoping meeting focusing on bicycle and pedestrian aspects of the Draft EIR for the project on **August 15, 2013 at 5:30 p.m. in Hearing Room 4, City Hall, 1 Frank H. Ogawa Plaza.**

The **City of Oakland Planning Commission** will conduct a public scoping meeting on the Draft EIR for the project on **August 28, 2013 at 6:00 p.m. in Sgnt. Mark Dunakin Hearing Room 1, City Hall, 1 Frank H. Ogawa Plaza.**

PROJECT TITLE: Children's Hospital and Research Center Oakland Master Plan Project

PROJECT LOCATION: The project site includes two locations. The CHRCO main campus is located at 747 52nd Street and is generally bounded by 53rd Street to the north, State Route 24 (SR-24) to the east, and Martin Luther King Jr. Way and the elevated BART tracks to the south and west. The CHRCO campus consists of the following parcels, by Assessor's Parcel Numbers (APNs): 14-1205-19-1, 14-1204-14-5, 14-1206-26-1, 14-1206-14-2, 14-1206-27, 14-1206-28, 14-1206-3, 14-1215-25, 14-1215-26, 14-1215-27-2, 14-1215-21-2, 14-1215-20, 14-1215-19, 14-1215-23-1, 14-1215-28-3, 14-1214-020-00, 14-1207-036, 14-1206-4, 14-1215-24. The CHRCO Annex Parking Lot APN is 013-1163-005-4. The Children's Hospital Oakland Research Institute (CHORI) campus is located at 5700 Martin Luther King Jr. Way and is generally bounded by 58th Street to the north, Dover Street Park to the east, Aileen Street to the south, and Martin Luther King Jr. Way and the elevated BART tracks to the west (see attached Figure 1). The CHORI campus consists of APN 15-1281-02-8.

PROJECT SPONSOR: Children's Hospital and Research Center Oakland

EXISTING CONDITIONS: The approximately 11-acre CHRCO campus is located at 747 52nd Street in the northern portion of Oakland. The campus is an existing, approximately 699,846 square-foot medical campus with 190 beds, 170 of which are located at the main campus and 20 of which are located off-site at Alta Bates Summit Medical Center. Buildings and structures located in the northern area (north of 52nd Street) of the CHRCO campus include the Outpatient Center, parking garage structure, 14 CHRCO-owned properties (11 of which are residential buildings) and 2 private residences. Buildings and structures located in the southern area (south of 52nd Street) include the main hospital facilities, comprised of the 1982 Patient Tower (1982 Tower), Ford Diagnostic and Treatment Center (D&T Building), Cardiac Catheterization Lab (Cath Lab), B/C Wing, A/B Wing (Baby Hospital), Cafeteria, the Western Addition, and the Central Utility Plant. Other buildings and structures in the southern area include the helistop structure, Bruce Lyon Memorial Research Center, Hematology Oncology (HemOnc) Administrative Building, and five temporary trailers that house office and administrative uses. The majority of the existing CHRCO campus is designated Institutional per the City's Land Use and Transportation Element of the City's General Plan; the northeastern corner of the CHRCO campus is designated Mixed Housing Type Residential. The majority of the campus is zoned Medical Center (S-1) per the City's zoning map; the northeastern corner of the CHRCO campus is zoned Mixed Housing Type Residential (RM-2). The CHRCO campus does not include any Cortese list sites; however, the CHRCO annex employee parking lot west of Martin Luther King Jr. Way is on the Cortese list.

The approximately 6.5-acre CHORI campus is located at 5700 Martin Luther King Jr. Way, 0.4 mile north of the CHRCO campus. The CHORI campus includes three buildings which total approximately 126,015 square feet: the former University High School main building; the former University High gymnasium; and the Hedco Building, north of and adjacent to the other two buildings. The CHORI campus currently functions as a medical research facility and contains laboratory facilities and associated equipment, as well as surface parking lots. The gymnasium is currently vacant. The property that includes the CHORI building is designated Neighborhood Center Mixed Use per the City's Land Use and Transportation Element of the City's General Plan and is zoned Neighborhood Commercial (CN-3). The property that includes the CHORI gymnasium is designated Mixed Housing Type Residential in the City's General Plan and is zoned Mixed Housing Type Residential (RM-2).

PROJECT PURPOSE: The main purpose of the proposed project is to create new seismically compliant acute care facilities that meet the seismic safety requirements of SB 1953. Other project goals include renovating existing structures, constructing new and replacement hospital facilities and associated infrastructure, and redesigning the campus' access points and internal street layout to improve site access, intermodal circulation, and pedestrian safety within the CHRCO campus and adjacent City streets.

PROJECT DESCRIPTION: The proposed project would be constructed in two phases; the sequencing for Phase 1 is provided in Figure 2 and the sequencing for Phase 2 is provided in Figure 3, attached. Table 1 provides a summary of the existing building area, hospital beds, parking spaces and employees as well as changes that would result from implementation of Phase 1 and Phase 2.

Phase 1 would include the demolition of four residential buildings (currently owned by the hospital) south of 53rd Street to accommodate the construction of the six-story Outpatient Center Building 2 (OPC2) with a helistop on the roof, and a new entrance to the existing parking garage from Dover Street (see Figure 2). Phase 1 would also include construction of internal hospital renovations in the 1982 Tower, the D&T Building, and the Cath Lab building, as well as construction of a central utility plant near the southwest boundary of the campus to serve utilities to the renovated areas. Phase 1 would include the loss of thirty on-site hospital beds (as a result of interior renovations). The net loss in parking spaces during Phase 1 is 137; 23 new spaces would be constructed at the new Emergency Parking area on the ground floor of the new OPC2 and 160 spaces would be lost when CHRCO's lease expires on a lot at 51st Street and Clarke Street. As part of Phase 1, approximately 8,602 square feet of use would be demolished, 97,150 square feet would be constructed, and 86,403 square feet would be renovated. Total Phase 1 project construction is anticipated to take 42 months.

Phase 2 would include the demolition of the following structures: six residential buildings south of 53rd Street (currently owned by the hospital), the B/C Wing, Bruce Lyon Memorial Research Center, HemOnc Administrative Building, helistop structure and trailers. Phase 2 would include construction of an Administrative Building, Family Residence Building (containing 12-16 units), Link Building Acute Care Patient Pavilion with an additional helistop on the roof, expansion to the Central Utility Plant, and a 334-stall parking structure (see Figure 3). New buildings would be two- to five- stories. Phase 2 would also include interior renovations to the 1982 Tower. In addition, site and circulation improvements would be constructed. Dover Street between 52nd and 53rd Streets would be realigned and either remain a through-street or be changed to a cul-de-sac. The intersection of Dover Street and 52nd Street would be realigned to create a 4-legged intersection. The PG&E duct bank that extends east-west across the campus would be rerouted around the southern tip of the campus. Phase 2 includes the acquisition and improvement of a portion of the SR-24 right-of-way currently owned by the California Department of Transportation (Caltrans). Phase 2 would include an increase of 40 main campus hospital beds (for a total of 210 beds from an existing baseline of 170 main campus beds) and an increase of 295 parking spaces on the CHRCO campus.

Phase 2 also includes the renovation of the 24,150 square-foot gymnasium (currently vacant) on the CHORI campus to accommodate research and development, office and storage uses. The gymnasium is on the National Register of Historic Places as a contributor to the CHORI (University High School) campus which was listed in 1992. Renovations to the gymnasium would be undertaken in conformance with the *Secretary of the Interior's Standards for Rehabilitation*. As part of Phase 2, approximately 70,435 square feet of use would be demolished, approximately 308,904 square feet would be constructed, and approximately 42,342 square feet would be renovated. Phase 2 project construction is expected to take approximately 36 months.

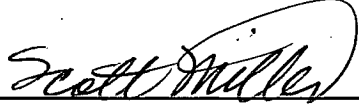
The project sponsor is proposing to request a General Plan Amendment for the northeastern corner of the CHRCO site and the CHORI site to redesignate those areas to Institutional, and a rezoning of the CHRCO site and the CHORI site to S-1. A Planned Unit Development (PUD) permit would also be requested, in addition to other land use entitlements. Instead of rezoning to S-1 and applying for a PUD permit and these other entitlements, the project sponsor may request creation of a special zoning district for the project.

PROBABLE ENVIRONMENTAL EFFECTS: It is anticipated that the proposed project may have environmental impacts on land use and planning; aesthetics and shadow; cultural and historical resources; transportation and circulation; air quality; greenhouse gas emissions; noise; geology, seismicity and soils; hydrology and water quality; hazards and hazardous materials; and utilities. It is anticipated that the project would have no impact or less-than-significant environmental impacts on agricultural and forestry resources;

biological resources; mineral resources; population and housing; public services; and recreation. Nevertheless, these environmental factors will be analyzed in the Draft EIR.

The Draft EIR will also examine a reasonable range of alternatives to the project, including the CEQA-mandated No Project Alternative and other potential alternatives that may be capable of reducing or avoiding potential environmental effects.

July 26, 2013
Case File Number 12-0013



Scott Miller
Zoning Manager and Environmental Review Officer

Attachments: Table 1: Proposed Development By Phase and Total Buildout
 Figure 1: Project Location Map
 Figure 2: Phase 1 Proposed Site Plan
 Figure 3: Phase 2 Proposed Site Plan

Table 1: Proposed Development by Phase and Total Buildout

	CHRCO Campus	CHORI Campus	Total	Change ^a
Existing				
Site Acres	11	6.5	17.5	
Building Area (sq. ft.)	699,846	126,015	825,861	
Parking Spaces	1,246	183	1,429	
On-Site Hospital Beds (#)	170	0	170	
Off-Site Hospital Beds (#)	20	0	20	
Patients ^b (daily)	852	0	852	
Visitors (daily)	604	0	604	
Total Employees (FTE ^c) (daily)	2,086	246	2,332	
Phase 1- Completed in 42months				
Site Acres	11	6.5	17.5	0
Demolished Building Area	(8,602)	0		(8,602)
New Building Area	97,150	0		97,150
Net Building Area	788,394	126,015	914,409	88,548
Removed Parking Spaces	(160)	0		(160)
New Parking Spaces	23	0		23
Net Parking Spaces	1,109	183	1,292	(137)
On-Site Hospital Beds (#)	140	0		(30)
Off-Site Hospital Beds (#)	40	0		20
Patients ^b (daily)	853	0		1
Visitors (daily)	604	0		0
Total Employees (FTE ^c) (daily)	2,111	246		25
Phase 2-Anticipated to begin in 2020; completed in 36 months				
Site Acres	14.4	6.5	20.9	2.4
Demolished Building Area	(70,435)	0		(70,435)
New Building Area	308,904	0 ^d		308,904
Net Building Area	1,026,863	126,015	1,152,878	238,469
Removed Parking Spaces	(48)	0		(48)
New Parking Spaces	343	0		343
Net Parking Spaces	1,404	183	1,587	295
On-Site Hospital Beds (#)	210	0		70
Off-site Hospital Beds (#)	0			(40)
Patients ^b (daily)	923	0		70
Visitors (daily)	761	0		157
Total Employees (FTE ^c) (daily)	2,291	271		205
Total Buildout				
Site Acres	14.4	6.5	20.9	2.4
Total Building Area	1,026,863	126,015	1,152,878	327,017
Parking Spaces	1,404	183	1,587	158
On-Site Hospital Beds (#)	210	0	210	40
Off-Site Hospital Beds (#)	0	0	0	(20)
Patients ^b (daily)	923	0	923	71
Visitors (daily)	761	0	761	157
Total Employees (FTE ^b)	2,291	271	2,562	205

^a The change column under Phase 1 represents change from existing conditions to implementation of Phase 1. The change column under Phase 2 represents change from Phase 1 to implementation of Phase 2. The change column under Total Buildout represents change from existing conditions to Total Buildout. The EIR will analyze the change associated with Phase 1 and the change at total buildout.

^b Patients include census, emergency department and outpatients

^c FTE = full time equivalents

^d While not the construction of new square footage, Phase 2 will include the redevelopment and activation of the 24,150 square-foot CHORI Gymnasium.

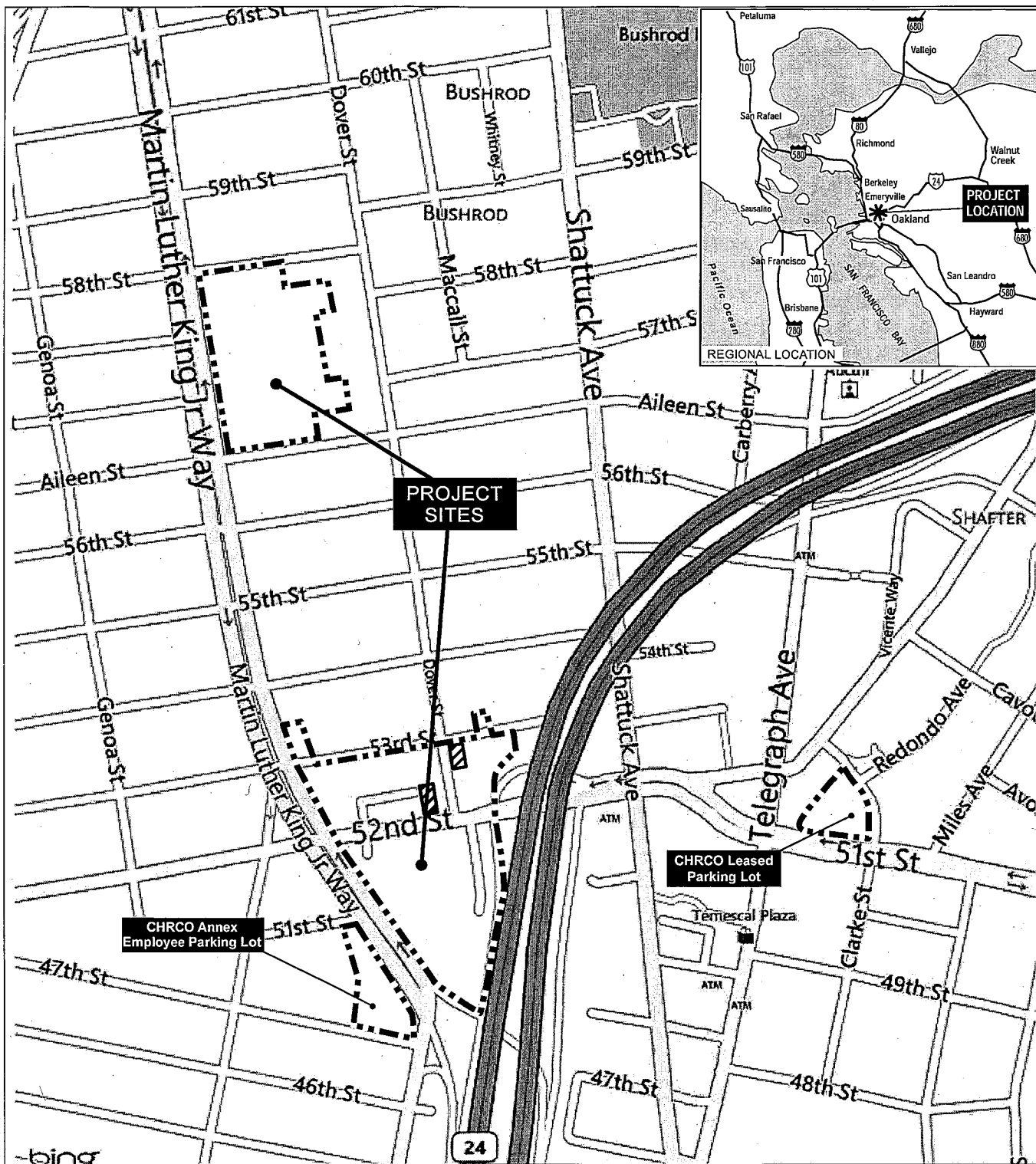
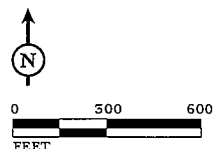




FIGURE 1

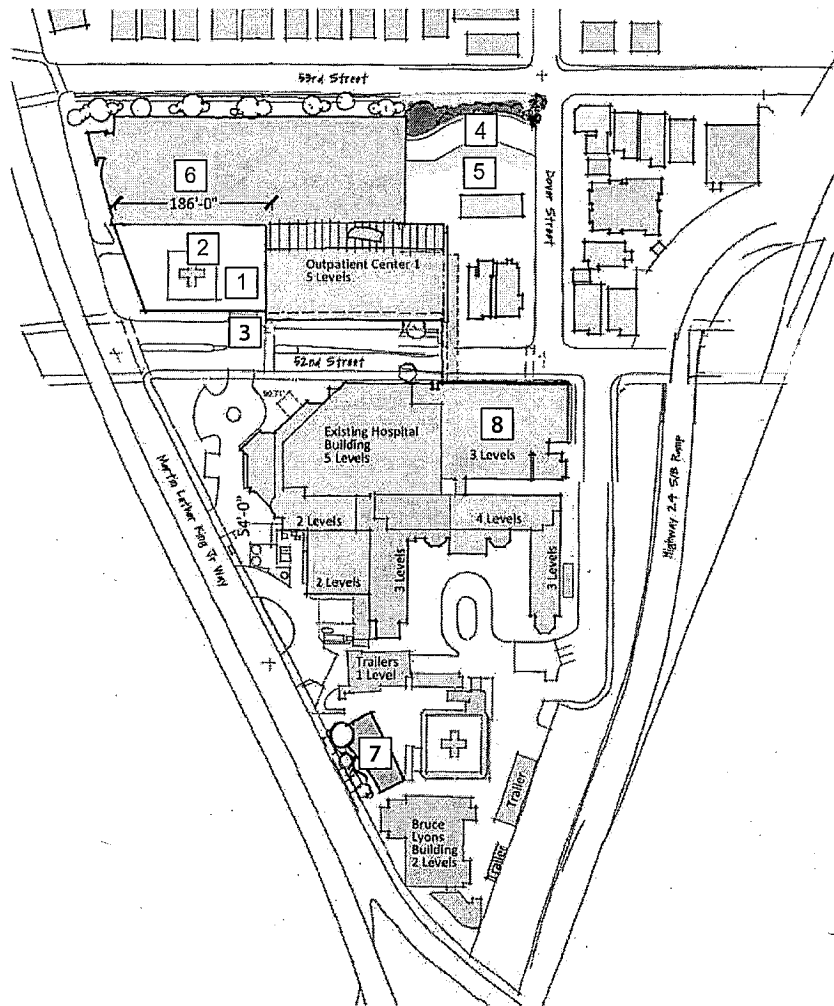
LSA



-  Project Sites
-  Private Residence, Parcel Not Owned by CHRCO

SOURCES: BING MAPS; LSA ASSOCIATES, INC., 2013.

CHRCO Master Plan NOP
Project Vicinity and Regional Location



MASTER PLAN PHASE 1 SEQUENCING

SEQUENCE 1A:

Bulk Oxygen Tank Replacement - completed under HAZUS Project.

Engage in the EIR process and initiate dialogue with the community and neighbors.

Remodel the Second Floor MPOE.

SEQUENCE 1B:

Remove 4 hospital-owned structures between 52nd and 53rd Streets to prepare site for construction.

Build a 6-story; 92,700 square foot Outpatient Building 2 (OPC2) with a helistop on the roof. Emergency Room parking at grade on Level 1. Many non-acute care services will be relocated from the hospital to this building.

Provide new entrance driveway to the existing Parking Garage from Dover Street.

SEQUENCE 1C:

Remove temporary trailer.

Build a 4,450 sf Central Utility Plant to support Inpatient Remodels and capable of future expansion in a later phase.

SB 90/Interior Hospital Renovations: The space vacated by non-acute care services from the existing Hospital to the new OPC2 will allow for interior renovations of the inpatient floors of the existing hospital. The Morgue, CSPD, Pharmacy, EVS, PBX, Main Entry, PICU, NICU, Surgery/PACU, Inpatient Rehab, Admit Holding, Medical Surgical Overflow, and Child Life department will be renovated and will undergo technological upgrades.

LSA

NOT TO SCALE



PHASE 1 SCOPE OF WORK

- 1 NEW 6 STORY OUTPATIENT CENTER (OPC2)
- 2 NEW HELISTOP AT ROOF LEVEL OF OPC2
- 3 EMERGENCY DEPARTMENT PARKING ENTRANCE & EXIT

- 4 NEW PERMANENT ENTRANCE/EXIT DRIVE TO EXISTING PARKING GARAGE
- 5 NEW SERVICE YARD & DELIVERY PARKING
- 6 BICYCLE PARKING LOCATION
- 7 NEW "MINI" CENTRAL PLANT
- 8 INPATIENT HOSPITAL INTERIOR RENOVATIONS

FIGURE 2

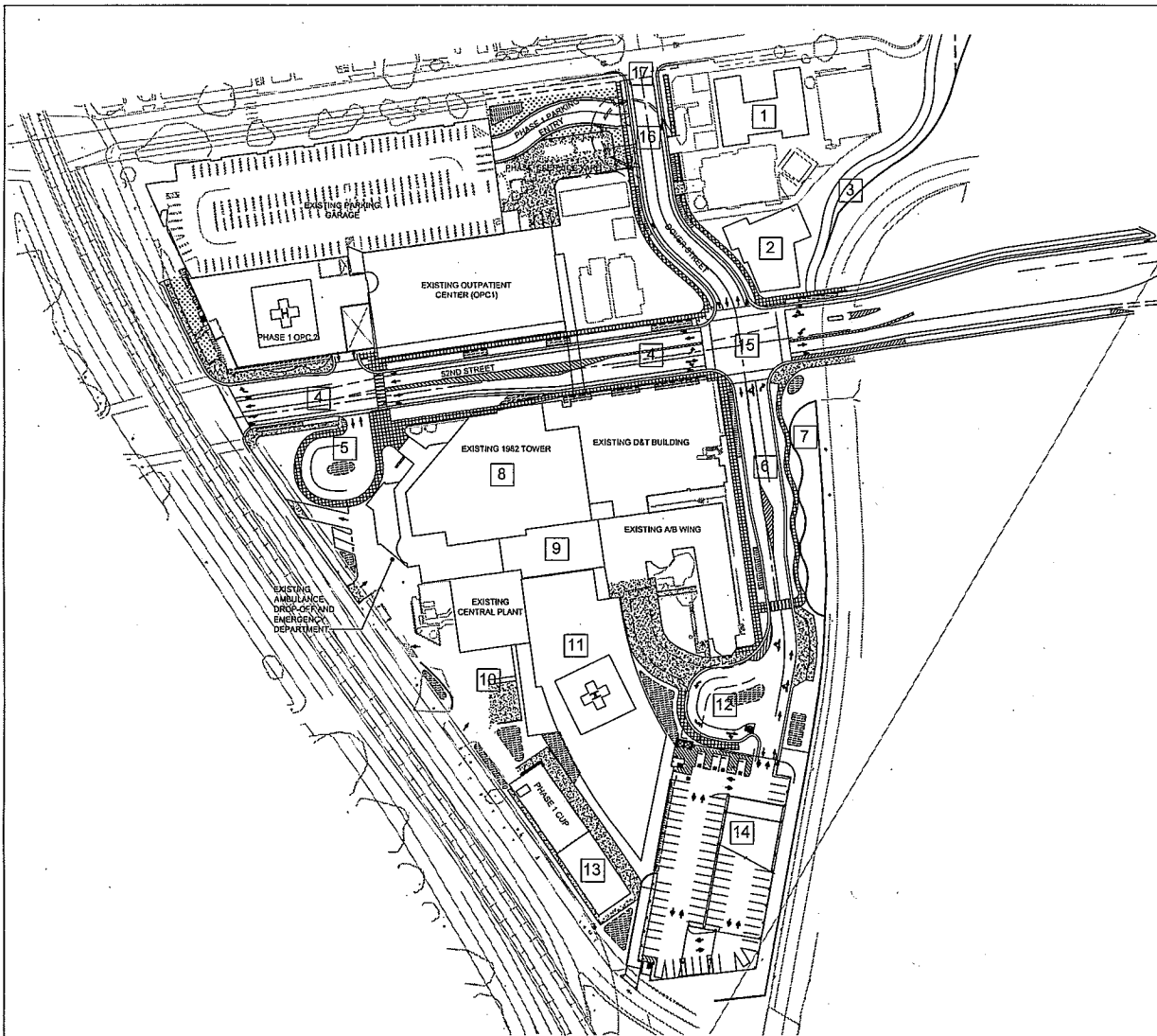
CHRCO Master Plan NOP

Phase 1

Proposed Site Plan

SOURCE: HDR/TAYLOR, 2013. [G0.02]

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MASTER PLAN PHASE 2 SEQUENCING

SEQUENCE 2A:

SB90/Interior Hospital Renovations will continue in Phase 2 to include the Emergency Department, Radiology/Imaging, and the new IMRI.

SEQUENCE 2B:

Acquire CalTrans Right of Way land adjacent to the western edge of SR 24. Land is for incorporation of future campus building elements.

Remove 6 hospital-owned structures between 52nd and 53rd Streets, 3 east of Dover Street to prepare site for construction.

Build a two-story 14,500 sf Family Residence Building over parking on the south side of 53rd Street, east of Dover.

Build a five-story, 31,300 sf Administration Building at the Northeast corner of Dover and 52nd Street. An optional cul-de-sac at Dover and 53rd discourages hospital parking in the neighborhood to the north.

Reconfigure Dover Street between 52nd Street and 53rd Streets to align with Dover's southern terminus. Dover becomes the primary entry to the South Campus, and helps to organize the campus into distinct Outpatient and Inpatient zones (south and north of 52nd Street).

SEQUENCE 2C:

The existing BC Wing will be demolished. All departments housed within this building will be relocated to the existing hospital, OPC2, or other hospital owned properties renovated in Phase 1.

Build a three-story, 19,020 sf Link Building, connecting the services of the existing hospital's east and west areas.

SEQUENCE 2D:

The existing Trailers, Bruce Lyon Memorial Research Center, HemOnc Administration Building, and Heli Stop structure are demolished.

SEQUENCE 2E:

Re-route PG&E Utility Easement which currently runs east-west across southern portion of campus to around the southern tip of hospital property.

Build a 4-level, 114,901 sf, 334-stall parking structure. This structure will provide parking to support the inpatient population of the campus.

Build a 3,870 sf Central Utility Plant expansion to the Phase 1 Central Utility Plant. This expansion will provide service to the new Patient Pavilion.

Site improvements south of 52nd Street along with the existing drop-off area.

Convert existing semi-private patient rooms on the fifth floor to single-bed patient rooms.

LSA



NOT TO SCALE

PHASE 2 SCOPE OF WORK

1 NEW FAMILY RESIDENCE BLDG.
2 STORIES

2 NEW ADMINISTRATION BUILDING
5 STORIES

3 NEW PEDESTRIAN GREEN BELT
TO 53RD STREET

4 SITE IMPROVEMENTS TO 52ND STREET
STREET WIDENED
IMPROVED TRAFFIC FLOW

5 SITE IMPROVEMENTS TO EXISTING HOSPITAL
DROP OFF
SHUTTLE PARKING
AMBULANCE DROP-OFF

6 SITE IMPROVEMENTS TO DOVER STREET
SOUTH OF 52ND STREET

7 NEW LANDSCAPING AND RETAINING
WALLS AT CALTRANS IF ROW ACQUIRED

8 INPATIENT RENOVATIONS:
LEVEL 1 - EMERGENCY DEPARTMENT
LEVEL 2 - RADIOLOGY DEPARTMENT
LEVEL 3 - IMRI

9 NEW "LINK" BUILDING
3 STORIES

10 NEW LOADING DOCK

11 NEW PATIENT PAVILION
5 STORIES
HELISTOP ON ROOF

12 NEW MAIN HOSPITAL ENTRANCE DRIVE
& DROP-OFF

13 NEW EXPANDED CENTRAL UTILITY PLANT

14 NEW PARKING GARAGE
4 STORIES
334 PARKING STALLS

15 NEW REALIGNED DOVER STREET

16 NEW DOVER STREET OPTIONAL CUL-DE-SAC

17 NEW DOVER STREET OPTIONAL THROUGH-STREET

FIGURE 3

CHRCO Master Plan EIR

Phase 2

Proposed Site Plan

SOURCE: HDR/TAYLOR, 2013B1.10

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APPENDIX A2

Scoping Comment Letters



EDMUND G. BROWN JR.
GOVERNOR

STATE OF CALIFORNIA
GOVERNOR'S OFFICE *of* PLANNING AND RESEARCH
STATE CLEARINGHOUSE AND PLANNING UNIT



KEN ALEX
DIRECTOR

Notice of Preparation

July 26, 2013

To: Reviewing Agencies

Re: Children's Hospital and Research Center Oakland Master Plan Project
SCH# 2013072058

Attached for your review and comment is the Notice of Preparation (NOP) for the Children's Hospital and Research Center Oakland Master Plan Project draft Environmental Impact Report (EIR).

Responsible agencies must transmit their comments on the scope and content of the NOP, focusing on specific information related to their own statutory responsibility, within 30 days of receipt of the NOP from the Lead Agency. This is a courtesy notice provided by the State Clearinghouse with a reminder for you to comment in a timely manner. We encourage other agencies to also respond to this notice and express their concerns early in the environmental review process.

Please direct your comments to:

Heather Klein
City of Oakland, Comm. & Economic Dev. Agency
250 Frank H. Ogawa Plaza, Suite 3315
Oakland, CA 94612

with a copy to the State Clearinghouse in the Office of Planning and Research. Please refer to the SCH number noted above in all correspondence concerning this project.

If you have any questions about the environmental document review process, please call the State Clearinghouse at (916) 445-0613.

Sincerely,

Scott Morgan
Director, State Clearinghouse

Attachments
cc: Lead Agency

**Document Details Report
State Clearinghouse Data Base**

SCH# 2013072058
Project Title Children's Hospital and Research Center Oakland Master Plan Project
Lead Agency Oakland, City of

Type NOP Notice of Preparation
Description The main purpose of the proposed project is to create new seismically compliant acute care facilities that meet the seismic safety requirements of SB 1953. The project would be constructed in two phases, and a completion would add ~327,017 sf of use, 40 hospital beds, 158 parking spaces, and a helistop. As a result, there would be an increase of ~71 patients, 157 visitor and 205 employees each day.

Lead Agency Contact

Name Heather Klein
Agency City of Oakland, Comm. & Economic Dev. Agency
Phone (510) 238-3659 **Fax**
email
Address 250 Frank H. Ogawa Plaza, Suite 3315
City Oakland **State** CA **Zip** 94612

Project Location

County Alameda
City Oakland
Region
Cross Streets 52nd Street and Martin Luther King Jr. Way
Lat / Long 37° 50' 11.98" N / 122° 16' 1.09" W
Parcel No. 14-1206-26-1, 14-1206-26-1, 14-1205-19-1, 14-1205-19-1, 14-1205-19-1, 14-1205-19-1, 015-1281-02-
Township **Range** **Section** **Base**

Proximity to:

Highways SR 24, I-980, I-580, I-80
Airports No
Railways Union Pacific
Waterways San Francisco Bay
Schools Multiple
Land Use PLU: Medical Campus/Z: Medical Center (S-1) and Mixed Housing Type Residential (RM-2)/GPD: Institutional and Mixed Housing Type Residential Children's Hospital Oakland Research Institute site: PLU: Medical Research Facility/ZD: Neighborhood Commercial (CN-3) and Mixed Housing Type Residential (RM-2)/GPD: Neighborhood Center Mixed Use and Mixed Housing Type Residential

Project Issues Aesthetic/Visual; Air Quality; Archaeologic-Historic; Geologic/Seismic; Noise; Sewer Capacity; Soil Erosion/Compaction/Grading; Solid Waste; Toxic/Hazardous; Traffic/Circulation; Water Quality; Water Supply; Landuse; Cumulative Effects

Reviewing Agencies Resources Agency; Department of Conservation; Office of Historic Preservation; Department of Parks and Recreation; Resources, Recycling and Recovery; Department of Fish and Wildlife, Region 3; Department of General Services; Office of Emergency Management Agency, California; Native American Heritage Commission; Public Utilities Commission; Caltrans, District 4; Department of Toxic Substances Control; Regional Water Quality Control Board, Region 2

Date Received 07/26/2013 **Start of Review** 07/26/2013 **End of Review** 08/26/2013

NOP Distribution List

Resources Agency

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 - ☐ Dept. of Boating & Waterways
Nicole Wong
 - ☐ California Coastal Commission
Elizabeth A. Fuchs
 - ☐ Colorado River Board
Gerald R. Zimmerman
 - ☒ Dept. of Conservation
Elizabeth Carpenter
 - ☐ California Energy Commission
Eric Knight
 - ☐ Cal Fire
Dan Foster
 - ☐ Central Valley Flood Protection Board
James Herola
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Ron Parsons
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Environmental Stewardship Section
 - ☒ California Department of Resources, Recycling & Recovery
Sue O'Leary
 - ☐ S.F. Bay Conservation & Dev't. Comm.
Steve McAdam
 - ☐ Dept. of Water Resources Resources Agency
Nadell Gayou

Fish and Game

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Scott Flint
Environmental Services Division
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Donald Koch

- ☐ Fish & Wildlife Region 1E
Laurie Harnsberger
- ☐ Fish & Wildlife Region 2
Jeff Drongesen
- ☒ Fish & Wildlife Region 3
Charles Armor
- ☐ Fish & Wildlife Region 4
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- ☐ Fish & Wildlife Region 5
Leslie Newton-Reed
Habitat Conservation Program
- ☐ Fish & Wildlife Region 6
Gabrina Gatchel
Habitat Conservation Program
- ☐ Fish & Wildlife Region 6 I/M
Heldi Sickler
Inyo/Mono, Habitat Conservation Program
- ☐ Dept. of Fish & Wildlife Marine Region

Other Departments

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Sandra Schubert
Dept. of Food and Agriculture
- ☐ Depart. of General Services
Public School Construction
- ☒ Dept. of General Services
Anna Garbeff
Environmental Services Section
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Jeffery Worth
Dept. of Health/Drinking Water
- ☐ Delta Stewardship Council
Kevan Samsam

Independent Commissions, Boards

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County: ALameda

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Leo Wong
- ☐ Santa Monica Bay Restoration
Guangyu Wang
- ☐ State Lands Commission
Jennifer Deleong
- ☐ Tahoe Regional Planning Agency (TRPA)
Cherry Jacques

Business, Trans & Housing

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Phillip Crimmins
- ☐ Caltrans - Planning
Terri Pencovic
- ☒ California Highway Patrol
Suzann Ikeuchi
Office of Special Projects
- ☐ Housing & Community Development
CEQA Coordinator
Housing Policy Division

Dept. of Transportation

- ☐ Caltrans, District 1
Rex Jackman
- ☐ Caltrans, District 2
Marcelino Gonzalez
- ☐ Caltrans, District 3
Gary Arnold
- ☒ Caltrans, District 4
Erik Alm
- ☐ Caltrans, District 5
David Murray
- ☐ Caltrans, District 6
Michael Navarro
- ☐ Caltrans, District 7
Djanna Watson

- ☐ Caltrans, District 8
Dan Kopulsky
- ☐ Caltrans, District 9
Gayle Rosander
- ☐ Caltrans, District 10
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Student Intern, 401 Water Quality Certification Unit
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Phil Crader
Division of Water Rights
- ☒ Dept. of Toxic Substances Control
CEQA Tracking Center
- ☐ Department of Pesticide Regulation
CEQA Coordinator

SCH# 2013072058

Regional Water Quality Control Board (RWQCB)

- ☐ RWQCB 1
Cathleen Hudson
North Coast Region (1)
- ☒ RWQCB 2
Environmental Document Coordinator
San Francisco Bay Region (2)
- ☐ RWQCB 3
Central Coast Region (3)
- ☐ RWQCB 4
Teresa Rodgers
Los Angeles Region (4)
- ☐ RWQCB 5S
Central Valley Region (5)
- ☐ RWQCB 5F
Central Valley Region (5)
Fresno Branch Office
- ☐ RWQCB 5R
Central Valley Region (5)
Redding Branch Office
- ☐ RWQCB 6
Lahontan Region (6)
- ☐ RWQCB 6V
Lahontan Region (6)
Victorville Branch Office
- ☐ RWQCB 7
Colorado River Basin Region (7)
- ☐ RWQCB 8
Santa Ana Region (8)
- ☐ RWQCB 9
San Diego Region (9)

☒ Other office of Statewide Health Planning and Development

☐ Conservancy

DEPARTMENT OF TRANSPORTATION

111 GRAND AVENUE
P. O. BOX 23680
OAKLAND, CA 94623-0680
PHONE (510) 286-6053
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August 21, 2013

ALA024036
ALA-24-R2.764
SCH#2013072058

Ms. Heather Klein
City of Oakland
Community and Economic Development Agency
250 Frank H. Ogawa Plaza, Suite 3315
Oakland, CA 94612

Dear Ms. Klein:

Children's Hospital and Research Center Oakland Master Plan Project – Notice of Preparation

Thank you for including the California Department of Transportation (Caltrans) in the environmental review process for the Children's Hospital and Research Center Oakland Master Plan Project. The following comments are based on the Notice of Preparation. As lead agency, the City of Oakland is responsible for all project mitigation, including any needed improvements to State highways. The project's fair share contribution, financing, scheduling, and implementation responsibilities as well as lead agency monitoring should be fully discussed for all proposed mitigation measures and the project's traffic mitigation fees should be specifically identified in the environmental document. Any required roadway improvements should be completed prior to issuance of project occupancy permits. An encroachment permit is required when the project involves work in the State's right of way (ROW). Caltrans will not issue an encroachment permit until our concerns are adequately addressed. Therefore, we strongly recommend that the lead agency ensure resolution of Caltrans' CEQA concerns prior to submittal of the encroachment permit application; see the end of this letter for more information regarding the encroachment permit process.

Traffic Impact Study

The environmental document should include an analysis of the impacts of the proposed project on State highway facilities in the vicinity of the project site. Please ensure that a Traffic Impact Study (TIS) is prepared providing the information detailed below:

1. Information on the plan's traffic impacts in terms of trip generation, distribution, and assignment. The assumptions and methodologies used in compiling this information should be addressed. The study should clearly show the percentage of project trips assigned to State facilities. Specifically, please analyze impacts to, on and off-ramps, and mainline on State Route 24, State Route 123, and Interstate 580.
2. Current Average Daily Traffic (ADT) and AM and PM peak hour volumes on all significantly affected streets, highway segments and intersections.

"Caltrans improves mobility across California"

ATTACHMENT D

Ms. Heather Klein/City of Oakland
August 21, 2013
Page 2

3. Schematic illustration and level of service (LOS) analysis for the following scenarios: 1) existing, 2) existing plus project, 3) cumulative and 4) cumulative plus project for the roadways and intersections in the project area.
4. Calculation of cumulative traffic volumes should consider all traffic-generating developments, both existing and future, that would affect the State highway facilities being evaluated.
5. The procedures contained in the 2010 update of the Highway Capacity Manual should be used as a guide for the analysis. We also recommend using Caltrans' *Guide for the Preparation of Traffic Impact Studies*; it is available on the following web site:
http://www.dot.ca.gov/hq/tpp/offices/ocp/igr_cega_files/tisguide.pdf
6. Mitigation measures should be identified where plan implementation is expected to have a significant impact. Mitigation measures proposed should be fully discussed, including financing, scheduling, implementation responsibilities, and lead agency monitoring.

We encourage the City of Oakland to coordinate preparation of the study with our office, and we would appreciate the opportunity to review the scope of work.

We look forward to reviewing the TIS, including Technical Appendices, and environmental document for this project. Please send two copies to the address at the top of this letterhead, marked ATTN: Yatman Kwan, AICP, Mail Stop #10D.

Encroachment Permit

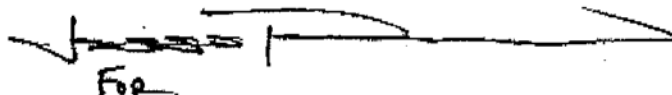
Any work or traffic control within the State ROW requires an encroachment permit that is issued by Caltrans. Traffic-related mitigation measures will be incorporated into the construction plans during the encroachment permit process. See the following website link for more information:

<http://www.dot.ca.gov/hq/traffops/developserv/permits/>

To apply for an encroachment permit, submit a completed encroachment permit application, environmental documentation, and five (5) sets of plans which clearly indicate State ROW to the address at the top of this letterhead, marked ATTN: David Salladay, Mail Stop #5E.

Should you have any questions regarding this letter, please call Yatman Kwan, AICP of my staff at (510) 622-1670.

Sincerely,



ERIK ALM, AICP
District Branch Chief
Local Development - Intergovernmental Review

c: State Clearinghouse

**OFFICE OF HISTORIC PRESERVATION
DEPARTMENT OF PARKS AND RECREATION**

1725 23rd Street, Suite 100
SACRAMENTO, CA 95816-7100
(916) 445-7000 Fax: (916) 445-7053
calshpo@parks.ca.gov
www.ohp.parks.ca.gov



August 28, 2013

Sent via email

Heather Klein
Planner III
City of Oakland
Department of Planning and Building
250 Frank H. Ogawa Plaza, Suite 3315
Oakland, CA 94612
hklein@oaklandnet.com

Dear Ms. Klein:

**RE: NOTICE OF PREPARATION, CHILDREN'S HOSPITAL AND RESEARCH
CENTER OAKLAND MASTER PLAN PROJECT, CASE FILE NUMBER ER12-0013**

Thank you for including the California Office of Historic Preservation (OHP) in the environmental review process for Children's Hospital and Research Center Oakland Master Plan Project. The following comments are based on the Notice of Preparation. In addition we have reviewed *Oakland Children's Hospital and Research Center, Historic Resource Evaluation, Part I* (Page and Turnbull, August 5, 2013), and the Staff Report presented to the Landmarks Preservation Advisory Board August 12, 2013. The OHP has broad responsibility for the implementation of federal and state historic preservation programs in California. We have a long history with the City of Oakland through the Certified Local Government Program. Our comments are offered with the intent of preserving historical resources while allowing Children's Hospital to meet its program needs.

Identification of Historical Resources

As the lead agency the City of Oakland is responsible for identifying historical resources and assessing impacts on those resources. The California Environmental Quality Act (CEQA) provides a very broad definition of a historical resource. The law casts a broad net and is intended to be inclusive rather than exclusive. Historical resources include those that are mandatory, those that are presumptive and those that are discretionary. Please ensure that the Draft Environmental Impact Report (DEIR) includes an analysis of the impacts of the proposed project on all historical resources at the project site and in the vicinity of the project site. That analysis should include the following.

1. The area identified as the 55th and Dover Residential District was evaluated by the city in 1996, and should be reevaluated using the definition of a historical resource found in CEQA, as a historical district and not as a number of individual

properties. Part of the district is within the project footprint, and part is outside that boundary. Identification efforts and analysis of impacts should include the entire 55th and Dover Residential District. The claim that the properties located in the district are "Potentially Designated Historic Properties" but not historical resources for purposes of CEQA simply does not make sense.

2. Since the Children's Hospital and Research Center Oakland (CHRCO) is a campus of functionally related buildings, it should be approached holistically rather than a series of unrelated individual buildings. Neither the California Register of Historical Resources nor the other definitions of a historical resource found in CEQA, reference any age limitations. Additions to older buildings and buildings of the more recent past should not automatically be determined not to be historical resources because of age. Landscape design and landscape features should also be included in the identification and evaluation efforts at the campus.
3. We recommend that the City follow the *Secretary of the Interior's Standards and Guidelines for Archeology and Historic Preservation*, particularly those standards for Preservation Planning, Identification and Evaluation. Standard I for Preservation Planning states: "Decisions about the identification, evaluation, registration and treatment of historic properties are most reliably made when the relationship of individual properties to other similar properties is understood.... The historic context organizes information based on a cultural theme and its geographical and chronological limits. Contexts describe the significant broad patterns of development in an area that may be represented by historic properties." A context-based identification and evaluation effort more adequately captures the significance of properties than does a quantitative approach.
4. The CHRCO campus is in close proximity to Temescal Creek. Environmental settings that include waterways or former waterways are generally considered to be sensitive regarding the potential for prehistoric archeological properties. A research design and study, which may include some testing, should be prepared as part of the DEIR so that if potential sites are identified they can be addressed before construction occurs. Simply stating, as a mitigation measure, that the project will be monitored during construction is not adequate because the option to avoid impacts is not likely at that time.

Impacts to Historical Resources

1. The DEIR should consider the impacts to the entire 55th and Dover Residential District, not just to those properties that are within the project footprint. The City should develop meaningful project alternatives that would avoid demolition of the residences facing 53rd Street and lessen impacts, such as traffic, noise, and visual, on the balance of the district. For example, the city should consider relocating the permanent entrance/exit drive to the existing parking structure, away from the intersection of 55th Street and Dover, to avoid traffic impacts to the

Heather Klein
August 28, 2013
Page 3 of 3

55th and Dover Historic District. The city should also consider fewer, but taller buildings, to minimize the spread of the campus into residential areas.

2. We recommend that the City investigate creative and meaningful mitigation measures that go beyond the usual HABS documentation of buildings. For example, establishment of a mitigation fund to support the city's historic properties survey program would be useful to the community.
3. The University High School, now the Children's Hospital Oakland Research Institute (CHORI), was listed in the National Register of Historic Places in 1992 and is a mandatory historical resource. The gymnasium is included as part of the listed property. Plans and designs for reuse of the gymnasium need to be sufficiently developed to determine whether they conform to the Secretary of the Interior's Standards for Rehabilitation.

Thank you for considering our comments. If you have questions please feel free to contact me at (916) 445-7028 or at Lucinda.Woodward@parks.ca.gov.

Sincerely,



Lucinda Woodward
State Historian III
Supervisor of the Local Government Unit

COLORADO RIVER BOARD OF CALIFORNIA

770 FAIRMONT AVENUE, SUITE 100
GLENDALE, CA 91203-1068
(818) 500-1625
(818) 543-4685 FAX



August 12, 2013

Mr. Scott Morgan
Director
State Clearinghouse
P.O. Box 3044
Sacramento, CA 95812-3044

Regarding: SCH# 2013 072 058 - Notice of Preparation of a Draft Environmental Impact Report for the Children's Hospital and Research Center, Oakland Master Plan Project, City of Oakland, California

Dear Mr. Morgan:

The Colorado River Board of California (CRB) has received and reviewed a copy of the Notice of Preparation of a Draft Environmental Impact Report for the Children's Hospital and Research Center, Oakland Master Plan Project, City of Oakland, California. At this juncture, the CRB has determined that it has no comments regarding the Notice. If you have any questions, please feel free to contact Dr. Jay Chen at (818) 500-1625.

Sincerely,

A handwritten signature in black ink, appearing to read "Tanya Trujillo".

Tanya M. Trujillo
Executive Director

cc: Mr. Heather Klein, Community & Economic Development Agency, City of Oakland

NOP Distribution List

Resources Agency

- ☒ Resources Agency
Nadell Gayou
- ☐ Dept. of Boating & Waterways
Nicole Wong
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Environmental Services Division
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- ☐ Fish & Wildlife Region 1E
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Leslie Newton-Reed
Habitat Conservation Program
- ☐ Fish & Wildlife Region 6
Gabrina Gatchel
Habitat Conservation Program
- ☐ Fish & Wildlife Region 6 I/M
Heidi Sickler
Inyo/Mono, Habitat Conservation Program
- ☐ Dept. of Fish & Wildlife Marine Region
George Isaac

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- ☐ Food & Agriculture
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Dept. of Food and Agriculture
- ☐ Depart. of General Services
Public School Construction
- ☒ Dept. of General Services
Anna Garbeff
Environmental Services Section
- ☐ Dept. of Public Health
Jeffery Worth
Dept. of Health/Drinking Water
- ☐ Delta Stewardship Council
Kevan Samsam

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Dennis Castrillo

County: ALAMEDA

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Debbie Treadway
- ☒ Public Utilities Commission
Leo Wong
- ☐ Santa Monica Bay Restoration
Guangyu Wang
- ☐ State Lands Commission
Jennifer Deleong
- ☐ Tahoe Regional Planning Agency (TRPA)
Cherry Jacques

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- ☐ Caltrans - Division of Aeronautics
Philip Crimmins
- ☐ Caltrans - Planning
Terri Pencovic
- ☒ California Highway Patrol
Suzann Ikeuchi
Office of Special Projects
- ☐ Housing & Community Development
CEQA Coordinator
Housing Policy Division

Dept. of Transportation

- ☐ Caltrans, District 1
Rex Jackman
- ☐ Caltrans, District 2
Marcelino Gonzalez
- ☐ Caltrans, District 3
Gary Arnold
- ☒ Caltrans, District 4
Erik Alm
- ☐ Caltrans, District 5
David Murray
- ☐ Caltrans, District 6
Michael Navarro
- ☐ Caltrans, District 7
Diana Watson

- ☐ Caltrans, District 8
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- ☐ Caltrans, District 11
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- ☐ State Water Resources Control Board
Phil Crader
Division of Water Rights
- ☒ Dept. of Toxic Substances Control
CEQA Tracking Center
- ☐ Department of Pesticide Regulation
CEQA Coordinator

SCH# 2013072050

Regional Water Quality Control Board (RWQCB)

- ☐ RWQCB 1
Cathleen Hudson
North Coast Region (1)
- ☒ RWQCB 2
Environmental Document Coordinator
San Francisco Bay Region (2)
- ☐ RWQCB 3
Central Coast Region (3)
- ☐ RWQCB 4
Teresa Rodgers
Los Angeles Region (4)
- ☐ RWQCB 5S
Central Valley Region (5)
- ☐ RWQCB 5F
Central Valley Region (5)
Fresno Branch Office
- ☐ RWQCB 5R
Central Valley Region (5)
Redding Branch Office
- ☐ RWQCB 6
Lahontan Region (6)
- ☐ RWQCB 6V
Lahontan Region (6)
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Colorado River Basin Region (7)
- ☐ RWQCB 8
Santa Ana Region (8)
- ☐ RWQCB 9
San Diego Region (9)

☒ Other office of Statewide Health Planning and Development

☐ Conservancy

→ No Comments!

August 26, 2013

Heather Klein, Planner III
City of Oakland
Department of Planning and Building
250 Frank H. Ogawa Plaza, Suite 3315
Oakland, CA 94612

Re: Notice of Preparation - Draft Environmental Impact Report – Children's Hospital and Research Center Oakland Master Plan Project, Oakland (Case File Number ER12-0013)

Dear Ms. Klein:

East Bay Municipal Utility District (EBMUD) appreciates the opportunity to comment on the Notice of Preparation of a Draft Environmental Impact Report (EIR) for the Children's Hospital and Research Center Oakland Master Plan Project (Project) located in the City of Oakland (City). EBMUD has the following comments.

GENERAL

On page 2 of the Notice of Preparation, under Project Purpose, it indicates that the main purpose of the Project is to create new seismically compliant acute care facilities that meet the seismic safety requirements of California Senate Bill 1953. EBMUD understands the regulations developed by the Office of Statewide Health Planning and Development as mandated by California Senate Bill 1953 also include requirements for non-structural performance (Category 5), which specifically states every hospital by 2030 must have integrated into its plumbing system, an on-site water supply, sufficient for 72 hours of emergency operations based on 50 gallons per day per bed; these requirements can also be found in the California Building Code. The Draft EIR for the Project should identify how this requirement will be addressed as part of the overall project development.

WATER SERVICE

The proposed Project meets the threshold of a Water Supply Assessment (WSA) pursuant to Section 15155 of the California Environmental Quality Act Guidelines and Section 10910-10915 of the California Water Code. EBMUD received the City's written request to prepare a WSA for the Project on August 1, 2013; the WSA is scheduled for EBMUD Board of Directors approval on October 8, 2013.

EBMUD's Claremont Pressure Zone, with a service elevation between 100 and 200 feet, serves the existing parcels of the project site. If additional water service is needed, the project sponsor should contact EBMUD's New Business Office and request a water service estimate to

determine costs and conditions for providing additional water service to the existing parcels. Engineering and installation of water services requires substantial lead-time, which should be provided for in the project sponsor's development schedule.

The project sponsor should be aware that EBMUD will not inspect, install or maintain pipeline in contaminated soil or groundwater (if groundwater is present at any time during the year at the depth piping is to be installed) that must be handled as a hazardous waste or that may pose a health and safety risk to construction or maintenance personnel wearing Level D personal protective equipment. Nor will EBMUD install piping in areas where groundwater contaminant concentrations exceed specified limits for discharge to sanitary sewer systems or sewage treatment plants. Applicants for EBMUD services requiring excavation in contaminated areas must submit copies of existing information regarding soil and groundwater quality within or adjacent to the project boundary. In addition, the applicant must provide a legally sufficient, complete and specific written remedial plan establishing the methodology, planning and design of all necessary systems for the removal, treatment, and disposal of all identified contaminated soil and/or groundwater.

EBMUD will not design the installation of pipelines until such time as soil and groundwater quality data and remediation plans are received and reviewed and will not install pipelines until remediation has been carried out and documentation of the effectiveness of the remediation has been received and reviewed. If no soil or groundwater quality data exists or the information supplied by the applicant is insufficient the EBMUD may require the applicant to perform sampling and analysis to characterize the soil being excavated and groundwater that may be encountered during excavation or perform such sampling and analysis itself at the applicant's expense.

WASTEWATER SERVICE

EBMUD's Main Wastewater Treatment Plant (MWWTP) and interceptor system are anticipated to have adequate dry weather capacity to treat wastewater flows from the proposed Project, provided that the Project and the wastewater generated by the Project meet the requirements of the current EBMUD Wastewater Control Ordinance. However, wet weather flows are a concern. EBMUD has historically operated three Wet Weather Facilities to provide treatment for high wet weather flows that exceed the treatment capacity of the MWWTP. On January 14, 2009, due to Environmental Protection Agency's (EPA) and the State Water Resources Control Board's (SWRCB) re-interpretation of applicable law, the Regional Water Quality Control Board (RWQCB) issued an order prohibiting further discharges from EBMUD's Wet Weather Facilities. In addition, on July 22, 2009 a Stipulated Order for Preliminary Relief issued by EPA, the SWRCB, and RWQCB became effective. This order requires EBMUD to perform work that will identify problem infiltration/inflow areas, begin to reduce infiltration/inflow through private sewer lateral improvements, and lay the groundwork for future efforts to eliminate discharges from the Wet Weather Facilities.

Currently, there is insufficient information to forecast how these changes will impact allowable wet weather flows in the individual collection system subbasins contributing to the EBMUD wastewater system, including the subbasin in which the proposed Project is located. It is reasonable to assume that a new regional wet weather flow allocation process may occur in the East Bay, but the schedule for implementation such program has not yet been determined. In the meantime, it would be prudent for the City to require project applicant to incorporate the following measures into any proposed Project: 1) replace or rehabilitate any existing sanitary sewer collection systems, including sewer lateral lines, to reduce infiltration/inflow and 2) ensure any new wastewater collection systems, including sewer lateral lines, for the project are constructed to prevent infiltration/inflow to the maximum extent feasible. Please include such provisions in the environmental documentation and other appropriate approvals for the Project.

WATER RECYCLING

EBMUD's Policy 9.05 requires that customers use non-potable water, including recycled water, for non-domestic purposes when it is of adequate quality and quantity, available at reasonable cost, not detrimental to public health and not injurious to plant, fish and wildlife to offset demand on EBMUD's limited potable water supply. Appropriate recycled water uses could include landscape irrigation, commercial and industrial process uses, toilet and urinal flushing in non-residential buildings and other applications.

The project site is located more than a mile away from any existing or planned recycled water supply facilities and infrastructure within the East Bayshore Recycled Water Project. Although the proposed Project is not a likely candidate for recycled water, EBMUD still requests that the project applicant maintain continued coordination and consultation with EBMUD during the project development and implementation to confirm the feasibility of providing recycled water service to the project site for appropriate non-potable uses.

WATER CONSERVATION

The proposed Project presents an opportunity to incorporate water conservation measures. EBMUD would request that the City include in its conditions of approval a requirement that the project sponsor comply with the California Model Water Efficient Landscape Ordinance (Division 2, Title 23, California Code of Regulations, Chapter 2.7, Sections 490 through 495). The project sponsor should be aware that Section 31 of EBMUD's Water Service Regulations requires that water service shall not be furnished for new or expanded service unless all the applicable water-efficiency measures described in the regulation are installed at the project sponsor's expense. EBMUD staff would appreciate the opportunity to meet with the project sponsor to discuss water conservation programs and best management practices applicable to the integrated projects. A key objective of this discussion will be to explore timely opportunities to expand water conservation via early consideration of EBMUD's conservation programs and best management practices applicable to the Project.

Heather Klein, Planner III
August 26, 2013
Page 4

If you have any questions concerning this response, please contact David J. Rehnstrom, Senior Civil Engineer, Water Service Planning at (510) 287-1365.

Sincerely,

A handwritten signature in black ink, appearing to read "W.R. Kirkpatrick", with a large, stylized loop at the end.

William R. Kirkpatrick
Manager of Water Distribution Planning

WRK:AMW:sb
sb13_179.doc



August 27, 2013

Heather Klein
Planner III
City of Oakland
Department of Planning and Building
250 Frank H. Ogawa Plaza, Suite 3315
Oakland, CA 94612

SUBJECT: Comments on the Notice of Preparation (NOP) of a Draft Program Environmental Impact Report (DEIR) for the Children's Hospital and Research Center Oakland Master Plan Project

Dear Ms. Klein,

Thank you for the opportunity to comment on the Notice of Preparation (NOP) of a Draft Program Environmental Impact Report (DEIR) for the Children's Hospital and Research Center Oakland Master Plan Project.

The project site includes two locations. The Children's Hospital Research Center Oakland main campus is located at 747 52nd Street and is generally bounded by 53rd Street to the north, State Route 24 (SR-24) to the east, and Martin Luther King Jr. Way and the elevated BART tracks to the south and west. The Children's Hospital Oakland Research Institute campus is located at 5700 Martin Luther King Jr. Way and is generally bounded by 58th Street to the north, Dover Street Park to the east, Aileen Street to the south, and Martin Luther King Jr. Way and the elevated BART tracks to the west.

The main purpose of the proposed project is to create new seismically compliant acute care facilities that meet the seismic safety requirements of SF 1953. Other project goals include renovating existing structures, constructing new and replacement hospital facilities and associated infrastructure, and redesigning the campus' access points and internal street layout to improve site access, intermodal circulation, and pedestrian safety within the CHRCO campus and adjacent City streets.

The proposed project would be constructed in two phases. The total buildout for both campuses and both phases will result in a net increase of 327,017 square feet, 40 on-site hospital beds, 71 daily patients, 157 daily visitors, and 205 FTE employees.

The Alameda County Transportation Commission (Alameda CTC) respectfully submits the following comments:

- The City of Oakland adopted Resolution No. 69475 on November 19, 1992 establishing guidelines for reviewing the impacts of local land use decisions consistent with the Alameda

County Congestion Management Program (CMP). It appears that the proposed project will generate at least 100 p.m. peak hour trips over existing conditions, and therefore the CMP Land Use Analysis Program requires the City to conduct a traffic analysis of the project using the Countywide Transportation Demand Model. The analysis should study conditions in years 2020 and 2035. Please note the following paragraph as it discusses the responsibility for modeling.

- The CMP was amended on March 26th, 1998 so that local jurisdictions are responsible for conducting travel model runs themselves or through a consultant. The Alameda CTC has a Countywide Travel Demand model that is available for this purpose. The City of Oakland and the Alameda CTC signed a Countywide Model Agreement on May 28, 2008. Before the model can be used for this project, a letter must be submitted to the Alameda CTC requesting use of the model and describing the project. A copy of a sample letter agreement is available upon request.

The most current version of the Alameda CTC Countywide Travel Demand Model is the August 2011 update, which incorporates the Association of Bay Area Government's Projections 2009 land use assumptions.

- The DEIR should address all potential impacts of the project on the Metropolitan Transportation System (MTS) roadway and transit systems. MTS roadway facilities in the project area include State Route 24 (SR-24), Martin Luther King Jr. Way, Shattuck Avenue, Telegraph Avenue, Stanford Avenue, Adeline Street, Claremont Avenue, and 51st Street. MTS transit operators include BART and AC Transit.
 - Potential impacts of the project must be addressed for 2020 and 2035 conditions.
 - Please note that the Alameda CTC has *not* adopted any policy for determining a threshold of significance for Level of Service for the Land Use Analysis Program of the CMP. Professional judgment should be applied to determine the significance of project impacts (Please see chapter 6 of 2011 CMP for more information).
 - For the purposes of CMP Land Use Analysis, 2000 Highway Capacity Manual is used to study impacts on roadway segments.
- The adequacy of any project mitigation measures should be discussed. On February 25, 1993, the Alameda County Congestion Management Agency (predecessor to the Alameda CTC) Board adopted three criteria for evaluating the adequacy of DEIR project mitigation measures:
 - Project mitigation measures must be adequate to sustain CMP service standards for roadways and transit;
 - Project mitigation measures must be fully funded to be considered adequate;
 - Project mitigation measures that rely on state or federal funds directed by or influenced by the CMA must be consistent with the project funding priorities established in the Capital Improvement Program (CIP) section of the CMP or the Regional Transportation Plan (RTP).

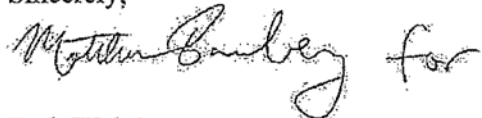
The DEIR should include a discussion of the adequacy of proposed mitigation measure criteria discussed above. In particular, the DEIR should detail when proposed roadway or transit route improvements are expected to be completed, how they will be funded, and the

effect on LOS if only the funded portions of these projects were assumed to be built prior to project completion.

- Potential impacts of the project on CMP transit levels of service must be analyzed. (See 2011 CMP, Chapter 4). Transit service standards are 15-30 minute headways for bus service and 3.75-15 minute headways for BART during peak hours. The DEIR should address the issue of transit funding as a mitigation measure in the context of the Alameda CTC mitigation measure criteria discussed above.
- The DEIR should also consider Travel Demand Management (TDM) related strategies that are designed to reduce the need for new roadway facilities over the long term and to make the most efficient use of existing facilities (see 2011 CMP, Chapter 5). The DEIR should consider the use of TDM measures, in conjunction with roadway and transit improvements, as a means of attaining acceptable levels of service. Whenever possible, mechanisms that encourage ridesharing, flextime, transit, bicycling, telecommuting and other means of reducing peak hour traffic trips should be considered. The Site Design Guidelines Checklist may be useful during the review of the development proposal. A copy of the checklist is enclosed.
- The DEIR should consider opportunities to promote countywide bicycle and pedestrian routes and areas identified in the Alameda Countywide Bicycle and Pedestrian Plans, which were approved in October 2012. The approved Countywide Bike Plan and Pedestrian Plan are available at http://www.alamedactc.org/app_pages/view/5275. The Project Area is near proposed segments of the Countywide Bicycle Network on Telegraph Avenue, King Street, and Adeline Street. The DEIR should explore whether there are synergies between implementation of these segments and other infrastructure improvements needed to support the CHRCO. Implementation of these segments could also help to mitigate Project vehicle traffic.
- For projects adjacent to state roadway facilities, the analysis should address noise impacts of the project. If the analysis finds an impact, then mitigation measures (i.e., soundwalls) should be incorporated as part of the conditions of approval of the proposed project. It should not be assumed that federal or state funding is available.

Thank you for the opportunity to comment on this Notice of Preparation. Please do not hesitate to contact me at (510) 208-7405 or Matthew Bomberg of my staff at (510) 208-7444 if you require additional information.

Sincerely,



Beth Walukas
Deputy Director of Planning

Cc: Matthew Bomberg, Assistant Transportation Planner
File: CMP – Environmental Review Opinions – Responses – 2013



August 26, 2013
City of Oakland Planning Commission
Heather Klein, Planner
City of Oakland Planning Department

Dear Chairperson Pattillo, Planning Commission Members, and Staff,

Thank you for the opportunity to respond to the scoping notice for Children's Hospital.

We appreciated the chance to tour the site with staff from Children's Hospital, city staff, and Landmarks Preservation Advisory Board members. We are grateful for everyone's taking the time to walk to the gymnasium site. We were pleased to hear that the gym might be restored and re-used. We hope that the adjoining open space can become a real park as part of this project.

Our initial response, overall, is that the scoping process may be flawed, and wrongly limited. The hospital proponents at the Landmarks Board were viewing the project in two conflicting ways: They objected to considering, protecting or otherwise acknowledging the recognized historic resource which is the B-rated AB building wing and said they may want to demolish it at some point in the future. At the same time they are requesting an EIR on only the present phase of improvements. This is not really allowed, it seems to us, under CEQA review.

The scoping document might usefully be withdrawn or its comment deadline extended, and be restructured to allow for a clear statement and subsequent study of project phasing, master planning, potential future impacts, and a clear process for community involvement along the way.

We would like to stipulate unequivocal support for the hospital's mission and its important service to Oakland children and to those of the whole east bay. However, our own Oakland Heritage Alliance mission requires us to address the preservation of cultural and natural resources of the City of Oakland. The historic importance of the hospital and its mission underline the importance of its physical presence, cultural and historic resources. Any balancing of considerations will be up to the policymakers, but must be based on full information.

There are mechanisms to address this structural difficulty with the EIR scope:

MULTIPLE AND PHASED PROJECTS

Where individual projects are, or a phased project is, to be undertaken and where the total undertaking comprises a project with significant environmental effect, the lead agency shall prepare a single program EIR for the ultimate project as described in Title 14 CCR, Section 15168. Where an individual project is a necessary precedent for action on a larger project, or commits the lead agency to a larger project, with significant environmental effect, an EIR must address itself to the scope of the larger project. Where one project is one of several similar projects of a public agency, but is not deemed a part of a larger undertaking or a larger project, the agency may prepare one EIR for all projects, or one for each project, but shall in either case comment upon the cumulative effect.

STAGED EIR

Where a large capital project will require a number of discretionary approvals from government agencies and one of the approvals will occur more than two years before construction will begin, a staged EIR may be prepared covering the entire project in a general form. The staged EIR shall evaluate the proposal in light of current and contemplated plans and produce an informed estimate of the environmental consequences of the entire project. The aspect of the project before the public agency for approval shall be discussed with a greater degree of specificity.

When a staged EIR has been prepared, a supplement to the EIR shall be prepared when a later approval is required for the project, and the information available at the time of the later approval would permit consideration of additional environmental impacts, mitigation measures, or reasonable alternatives to the project.

resource (AB building) and likely removal of a landscape resource (magnolia tree), while protecting surface parking lots, the least environmentally-sound land use imaginable. On one hand the configuration preserves prime real estate for very inefficient automobile use, while on the other hand it reduces the stock of usable housing and destroys a significant chunk of an Area of Secondary Importance. This is not an acceptable trade-off.

-Alternatives might include redesigning for one or more taller new buildings, to avoid the broad footprint necessitating demolition of historic resources and spreading into the neighborhood. Please study such alternatives.

-Meaningful mitigations for damage to or demolition or removal of the C-rated houses, which are historic resources in fact, whether recognized under CEQA or not. These might include locating and providing a move-on site for relocated houses, in the immediate vicinity, and providing moving funds to facilitate such relocation.

-A landscape study under HALS standards, with specific attention to the magnolia tree, with alternatives for preserving it by reconfiguring the adjoining planned building. Failing its preservation, study whether it is feasible to use scion stock to replant one or more trees as its successor on the hospital grounds, with care and appropriate siting, such that in the next century it/they will achieve comparable size. Document the existing tree and seriously consider preserving it. It's a profound symbol of Children's longtime commitment; it is a fine specimen; and it helps remind us that trees supply our oxygen. An institution so invested in respiratory issues will understand that it should mitigate its own effects on air quality. All that new concrete will contribute to global warming.

-How will the hospital's planting plan help to mitigate its position so near the freeway? What is the resource for people who need some green space to look at and be in during times of difficulty?

-Could mitigations include creating a permanently dedicated and maintained park at the Dover Street CHORI site?

-Study a partial-preservation alternative for restoring, incorporating or reusing parts of the AB building should further construction be planned.

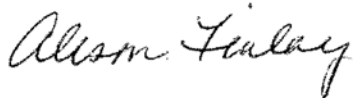
-Come up with a plan for reusing, restoring, and incorporating terra-cotta elements from the AB building, should demolition ever be undertaken.

-There may be structures on the site that during a several-decade-long build-out, could reach the 50-year threshold for consideration of historic resources. This factor should be included in addressing a master plan or phased project.

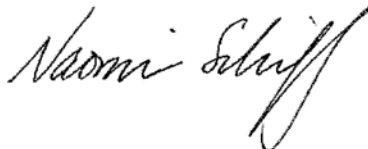
Lastly, we think that an immediate plan should be created for much more substantive interaction with the community. The process is better served and will go faster and more cheaply with a collaborative, problem-solving spirit, and we would be happy to participate.

Thank you for considering our comments.

Sincerely,



Alison Finlay, President



Naomi Schiff Boardmember, Preservation Committee



August 28, 2013

BY E-MAIL

Oakland City Planning Commission
250 Frank H. Ogawa Plaza
Oakland, CA 94612

Re: Children's Hospital & Research Center Oakland's Proposed Master Plan Project

Dear Oakland City Planning Commission:

We understand that the Planning Commission has received requests from the public to extend the comment period on the Notice of Preparation of an Environmental Impact Report ("EIR") for Children's Hospital & Research Center Oakland's proposed Master Plan Project. Some of these requests suggest that an extension is warranted because of the mistaken assumption that features of the Master Plan are "missing." We write to clarify that the project as proposed by the Hospital is in fact the Master Plan Project described in the Notice of Preparation and its attachments.

We wish to respond to two issues in particular. First, the Hospital's objection to the A/B Wing's recent revised rating to B3 by the Oakland Cultural Heritage Survey was motivated by a disagreement concerning the merits of the designation and a concern that this change in rating could affect theoretical future development beyond the Master Plan planning period of 20 years, on an already-constrained site, not any development that is actually, currently contemplated by the Hospital. (The Master Plan proposes to retain the A/B Wing.) Secondly, the Hospital's potential affiliation with UCSF has been considered during development of the Master Plan Project, and is already reflected in the Project's design.

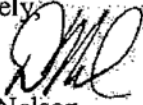
We also wish to clarify that, contrary to claims that insufficient notice has been provided to the public, the Hospital has done extensive outreach over the past 18 months, including 13 meetings held in the morning, evening and on the weekend. In addition, a full day visioning session was held on a Saturday and included community members as well as city officials including the Mayor. Our meeting notification mailing list includes 10,000 households in the neighborhood who received mailed invitations, and hundreds of community members via e-mail listservers. Furthermore, we have mailed two newsletters with updates and also provided information on our project web site www.chonext100.org. The website includes a page for input and comments, and

postings of the presentations made at the community meetings. We've attached a screenshot of the website cover page, a copy of a newsletter, and a copy of a Neighborhood Meeting mailer. We made the pledge to be transparent and inclusive in our planning process, and have consistently delivered on this commitment.

We also note that there is no need to extend the comment period on the Notice of Preparation because the public will have many other opportunities to provide comments on the Project. The Hospital has scheduled another community meeting on September 5, 2013, and expects to schedule an additional one in October 2013, to meet with the neighborhood and other members of the public to discuss the Project. The public will also have an opportunity to provide comments on the Project at the Design Review meeting before the Landmarks Preservation Advisory Board, and the Design Review meeting before the Design Review Subcommittee of the Planning Commission, both of which are tentatively scheduled in November 2013. Comments raised by the public during these design review meetings will further inform the EIR analysis. Of course, the public will also have the opportunity to comment on the Draft EIR when it is released for public review next year.

Thank you for your attention to this matter. If you have questions, please do not hesitate to call me at (510) 428-3066.

Sincerely,



Doug Nelson
Director of Development & Construction
Children's Hospital & Research Center Oakland

cc: Rachel Flynn, Director of Planning & Building, City of Oakland
Heather Klein, Planner, City of Oakland
Scott Miller, Zoning Manager, City of Oakland
Mark Wald, Deputy City Attorney, City of Oakland
Celena Chen, Deputy City Attorney, City of Oakland



KAISER PERMANENTE®

Kaiser Foundation Hospitals
Kaiser Foundation Health Plan, Inc.
Northern California Region

August 28, 2013

Dear City of Oakland Planning Commissioners:

On behalf of Children's Hospital & Research Center Oakland, I am pleased to submit this letter of support in their efforts to upgrade their facilities.

Children's Oakland and Kaiser Permanente share a long history and strong commitment to serving northern California communities. Since its inception in 1912, Children's Oakland has maintained its commitment to deliver specialized healthcare to all children in the region and beyond, regardless of a family's ability to pay.

Children's Oakland has served as the sole safety net pediatric hospital for both Alameda and Contra Costa counties, in addition to serving privately insured patients.

No single organization can meet all the growing needs in our communities, so it is important that business, government, non-profits and individuals work together to most effectively meet the challenges ahead. An essential component of addressing those needs includes modernizing and rebuilding existing hospital facilities to ensure seismic compliance, accommodate the new standard of single patient rooms and incorporate advances in modern medicine.

As a strong demonstration of our support, Kaiser Permanente granted \$5 million to benefit the modernization efforts of Children's Oakland, which will make a profound impact in the community and the quality of care that all children and families deserve.

We are committed to ensuring that our community's children continue to receive the very best health care. I urge you to support Children's Oakland in their effort to rebuild their facilities to meet the demands of future generations of children.

Sincerely,

Gregory A. Adams
Group President, Regional President Northern California
Kaiser Foundation H/HP, Inc.



1411 East 31st Street
Oakland, CA 94602

August 26, 2013

Dear City of Oakland Planning Commissioners,

I am pleased to submit this letter of support for Children's Hospital & Research Center Oakland's redevelopment plans.

As CEO of Alameda Health System, I know how much the community relies on Children's Oakland to serve as the primary pediatric referral center in the region. Children's Oakland houses the most pediatric patient beds in Alameda County and delivers life-saving and specialized pediatric treatment, as it is the only Level 1 pediatric trauma center in the Bay area. Children's Oakland is an essential resource in the community for children and adolescents. They share our mission of caring, healing, teaching and serving all patients who come through the doors, regardless of their ability to pay.

For over 100 years, Children's Oakland has been providing specialized pediatric care to treat complicated illnesses and health problems of young patients. They have pediatric emergency specialists available 24/7 who provide the highest quality of care. Local children and families deserve the benefits of modernized facilities that are seismically compliant, accommodate the latest technological advances in modern medicine, and meet the new standard of single patient rooms. Their Master Plan incorporates these features and now it is time for the community to help Children's Oakland realize the vision.

In May 2013 Alameda Health System opened its doors to the Highland Care Pavilion – the first phase of a three-phase outpatient and specialty care center that is a state-of-the-art facility that supports the use of modern equipment and specialty care in our new same day clinic. We already are seeing the benefits of this addition through our increased ability to provide patients access to healthcare and laboratory services and financial/insurance counseling. It has significantly improved our patients' experience.



1411 East 31st Street
Oakland, CA 94602

Having recently experienced the completion of the first phase of this critical construction project and now witnessing its positive impacts, I am honored to offer my support for the Children's Oakland project.

Thank you in advance for your demonstrated support of Children's Oakland's redevelopment plans. Your support will enable them to update their facilities and to continue providing the vital healthcare services for young patients now and to ensure their ability to meet the pediatric demands of future generations of children and families across the region.

Sincerely,

Wright L. Lassiter, III
Chief Executive Officer
Alameda Health System

From: Klein, Heather <HKlein@oaklandnet.com>
Sent: Thursday, September 05, 2013 11:05 AM
To: Shannon Allen; Theresa Wallace
Subject: FW: Children's Hospital Expansion City of Oakland Notice of Preparation of an Environmental Impact Report

Follow Up Flag: Follow up
Flag Status: Flagged

Heather Klein, CGBP, LEED AP
Planner III
City of Oakland

250 Frank H Ogawa Plaza, Suite 3315
Oakland, CA 94612
ph: (510)238-3659
fax: (510)238-6538
email: hklein@oaklandnet.com

☒ Please consider the environment before printing this email

-----Original Message-----

From: Brian Copenhagen [<mailto:brian@soundfacility.com>]
Sent: Friday, August 30, 2013 1:55 PM
To: Klein, Heather
Subject: Re: Children's Hospital Expansion City of Oakland Notice of Preparation of an Environmental Impact Report

Hello Heather-

I am writing to you on behalf of families and other users of Dover Park behind the CHORI facility. I am concerned that the plans for new construction on the CHORI campus could have a direct effect on the amount of sunlight reaching Dover Park. If new construction takes place that increases the height of structures west of Dover Park, the park will suffer from diminished daylight at the end of the day. Currently, the park has enough sunlight in the early evening that families can take advantage of the public space after work hours. Dover Park is a very important gathering point for residents and families on both sides of Martin Luther King Jr Way. Additionally, the community garden in Dover Park relies on ample sunlight throughout the day. I strongly urge that any effects of diminished natural light for Dover Park be considered in the planning stages of the proposed Children's Hospital project.

Please feel free to contact me by email regarding this issue.

Thank you,
Brian Copenhagen, Homeowner
848 Arlington Ave
Oakland, CA. 94608

Klein, Heather

From: Susan Parker <sparker.sparker.sparker@gmail.com>
Sent: Thursday, August 29, 2013 1:35 PM
To: Klein, Heather
Subject: Fwd: cho expansion

Heather, Below is the email I sent you on Monday morning, well before the cut-off time on Wednesday. Please make sure it is included in the Public Comments publication, case file #ER12-0013. Thank you!

----- Forwarded message -----

From: Susan Parker <sparker.sparker.sparker@gmail.com>
Date: Mon, Aug 26, 2013 at 11:55 AM
Subject: cho expansion
To: hklein@oaklandnet.com

Ms. Klein,

I live at 5323 Dover Street, five houses from 53rd street and many of the proposed CHO expansion projects.

I want you to know that I am against EVERYTHING that CHO is proposing on the 53rd street border of their property. I am against bulldozing the houses that they have bought and BARELY maintained for years and years, including the one where a murder was committed several months ago, in part, because they were / are incredibly lousy slumlords who turned a blind eye to tenants who endangered the rest of our community.

I am against the proposed parking lot entrance on 53rd and Dover because they have not in any way convinced me that they will be able to control traffic and parking in a reasonable fashion. They don't do it now, so there is no evidence that they will do it later. I want to be able to WALK in my neighborhood to the Temescal shopping district and I do not see how I will be able to do this if they put a parking lot entrance, construction site, and eventually huge buildings in my path.

CHO has never been sympathetic to the needs of the neighboring community and that is why, in part, we have crime and dirt and debris everywhere. It is why we have dirty diapers in our gutters, cigarette butts in our driveways, fast food trash on our sidewalks.

I am doing my best, on an extremely limited budget, to keep my property and one hundred-plus year old home looking attractive and in sync with the neighborhood. I want CHO to do the same with their properties. With the cash infusion they are getting from UCSF it would seem that they can well afford to make their properties blend with the neighborhood. I want the houses they own fixed up so that they enhance the surrounding community, not make it uglier. I want the entrance to the existing parking structure to be on MLK and not at 53rd and Dover. (There are rumors that CHO intends to build on top of this proposed parking entrance at 53rd and Dover, and if so, that is another reason why I don't want it at the end of my block.) I want CHO to make a buffer of green space around their existing buildings. I want them to clean up the trash their clients leave on our sidewalks. I want them to be good neighbors, just like the neighbors I now have.

I will be at the Planning Commission meeting on Wednesday. I hope to meet you in person at that time.

Sincerely,

Klein, Heather

From: Cindy David <cindydavid@sagekraft.com>
Sent: Wednesday, August 21, 2013 7:19 AM
To: Klein, Heather
Subject: Re: Children's Hospital Expansion City of Oakland Notice of Preparation of an Environmental Impact Report- Landmarks Preservation Advisory Board

Thank you for the quick response Heather.

What's the best way to submit a request to extend the scoping period? A lot of my neighbors are concerned about impacts from implementing the presented plan, but do not understand how the public scoping process works and need more time to have the process and the details of the project explained.

We are trying to put an alternative together for the 52-53rd and Dover area that both children's hospital and the neighborhood can support. Can we have another two weeks to help refine the proposed alternative with Dover area neighbors?

Thank you again for the help.

Cindy

Sent from my iPhone

On Aug 20, 2013, at 15:31, "Klein, Heather" <HKlein@oaklandnet.com> wrote:

Cindy,
The link to the HRE is in the e-mail below.

Heather Klein, CGBP, LEED AP
Planner III
City of Oakland

250 Frank H Ogawa Plaza, Suite 3315
Oakland, CA 94612
ph: (510)238-3659
fax: (510)238-6538
email: hklein@oaklandnet.com

 Please consider the environment before printing this email

From: Klein, Heather
Sent: Thursday, August 08, 2013 3:32 PM
Subject: Children's Hospital Expansion City of Oakland Notice of Preparation of an Environmental Impact Report- Landmarks Preservation Advisory Board

Dear Interested Parties,

Per my 7/26 e-mail, Children's Hospital has submitted a Request for Environmental Review and a Zoning Pre-Application to expand their existing medical services. The city has determined that an Environmental

Klein, Heather

From: Robert Brokl <broklcrofts@earthlink.net>
Sent: Tuesday, August 20, 2013 1:26 PM
To: Chris Patillo; Whales, Jonelyn; Jahaziel Bonilla; Coleman, Michael; Moore, Jim; Emily Weinstein; Flynn, Rachel; Merkamp, Robert; Miller, Scott; Klein, Heather; Pavlinec, Joann; Kalb, Dan
Subject: Please Extend the Comment Period for CHRCO/CHORI Past the Aug. 28, 2013 Deadline Until Merged UCSF/CHRCO Master and Expansion Plans Are Revealed

Dear Commissioners, Planning Staff, and Councilperson Kalb:

We are writing to ask that the public comment period for the scoping phase of the EIR for the proposed Children's Hospital Oakland (CHRCO) and Children's Hospital Research Institute (CHORI) be extended. There are several reasons for asking that, in the interest of fairness, transparency, public participation, better use of staff resources, and better planning, you extend the deadline.

1. The most obvious reason is the unfolding nature of the "formal relationship" or merger between CHRCO and the UCSF Benioff Children's Hospital, just announced in a joint Aug. 8, 2013 press release concerning the "affiliation agreement." According to the announcement, the top four executives of CHRCO, including Bertram Lubin, President and CEO, are now UCSF employees. We understand details of the merger yet unannounced include plans for a governing board equally divided between UCSF and CHRCO members.

From the 8/8/13 joint UCSF/CHO press release:

"...This agreement is a significant step to achieving the following goals:

***integrating research activities to improve and make better use of available research funding.**

*** improving the combined financial operating performance of both Children's Oakland and the UCSF Benioff Children's Hospital to support state-of-the-art equipment purchases, facility expansion and upgrades, and seismic compliance..."**

The Aug. 12 planning staff report and accompanying Page & Turnbull analysis do not include any information regarding this merger and its implications for the CHRCO expansion. It is to be assumed the two parties are themselves evaluating plans and alternatives to deal with the expansion and seismic upgrade issues that CHRCO wants addressed, **but the public should not be put into a guessing game about what they might propose in the meantime.** Mergers generally result in consolidation, whole departments may move.

The obvious problem for a complete and thorough environmental review for any expansion is that a "reduced harm" or "no harm" alternative would likely include consideration of the UCSF Benioff Children's Hospital site. With this alternative, conceivably the existing housing slated for demolition could be spared, the new parking and building entrance on residential Doyer St. would be avoided, along with the seven years of construction in the residential neighborhood. Wings of the hospital needing seismic upgrades for wards could be converted into offices, and new state-of-the-art wards with single-occupancy rooms built at UCSF.

2. The roll-out of the CHRCO Oakland expansion plan occurred at the Aug. 12, 2013 Landmarks Preservation Advisory Board meeting, but the applicant apparently misunderstood the purpose and nature of a scoping session for environmental review.

Nearly all of the ten speakers from CHRCO made the single point that assigning the "A/B wing" aka the Original Baby Hospital a "B3" rating, rather than an earlier and cursory rating of "Cb+3", was unacceptable. But the A/B wing is not part of either phase 1 or phase 2, is not being evaluated under the scope of the EIR, and CHRCO indicated they wouldn't need to even consider its removal for perhaps "30 years."

The letter to the City making the same argument, signed by Doug Nelson, Director of Development & Construction for CHRCO, contained the implied threat that a "rating of B3 would (then) make such expansion more difficult and could result in the Hospital expanding in a manner that is inconsistent with the residents' preferences (to contain CHO's incursion into the existing residential neighborhood)." (We have added the clause in parenthesis.)

The implicit suggestion that CHRCO might have to expand beyond the south side of 53rd St. (they already have acquired at least one residence on the north side of 53rd as well as their medical building on 53rd and MLK Jr. Way) runs counter to the verbal commitment of previous administrations, beginning with CEO Tony Paap, not to expand beyond 53rd St. Neighbors at the Landmarks meeting complained about the efforts the projects as proposed would have on the neighborhood, with the new building and parking garage entrance on 53rd and Dover St., and no attention to buffering or traffic calming to protect the neighbors who remain in their houses. Staff noted that the 10 houses slated for demolition constitute about 10% of the approximately 100+ residences in the Dover/55th St. "Area of Secondary Importance" historic district.

So far, the environmental analysis is flawed and inadequate in terms of evaluating the district that would be affected by the expansion and resulting traffic, etc. From the staff report:

"Page & Turnbull was not asked to complete a residential district evaluation for either the state or local register as part of the scope of work for this project. However, such an evaluation is necessary to fully understand the existing conditions, historic context, and integrity of the district..." (pg.110, Page & Turnbull) The boundaries need to be expanded for further Page & Turnbull analysis. Staff's opinion that the "55th and Dover Historic District ASI...does not appear to be a CEQA historic resource" requires more research.

The current scope of the environmental analysis and CHRCO's submitted plans do not, but should, consider their numerous satellite operations, including their office building at 4705 Shattuck, buildings at 5220 and 5275 Claremont, the employee surface parking lot on MLK Jr. Way from 51st to 47th St. across from the main campus, etc.

3. Missing Master Plan. CHRCO's confusion about downgrading the rating for the A/B wing for potential expansion "in 30 years,"--plans not addressed in the application, the lack of any clarification of what the merger and consolidation between UCSF and CHRCO would mean for their proposed expansion in Oakland, and their lack of inclusion of other plans and parcels they own, all indicate the need for a master plan update, shared with the public and city planning staff and elected officials.

4. We asked Richard DeCarlo, CHRCO Chief Operating Officer and now a UCSF employee, why we were learning for the first time at this meeting that the empty gymnasium at the CHORI campus was being included in the expansion plans, but that the details were so sketchy, and he replied that they themselves didn't know what they were doing there yet. But, he said, "Come to our Sept. 5 community meeting to learn more."

That meeting is AFTER the comment period closes, before details of the merger and their revised expansion plans are revealed. At that point, the EIR process can resume.

We, therefore, ask that the comment period be extended.

Sincerely,

Robert Brokl Alfred Crofts

Klein, Heather

From: Cindy David <cindydavid@sagekraft.com>
Sent: Monday, August 19, 2013 3:03 PM
To: Klein, Heather
Subject: Re: Children's Hospital Expansion City of Oakland Notice of Preparation of an Environmental Impact Report- Bike and Pedestrian Advisory Board

Hi Heather,

I attended the two recent scoping meetings for the CHO expansion. Can you tell me where I can find electronic versions of the reports that were presented to the city landmarks preservation advisory board? I'm guessing there must be a web page for this project where the public can review these documents? I would have had comments for the LPAB meeting if I had access to the Paige and Turnbull report before the meeting. It seems odd to me that the houses planned for removal and adjacent properties have not been formally evaluated, especially given the cumulative effect on the area based on number of houses involved, the age of those houses and the neighborhood and the adverse level of impact based on the planned expansion.

Also where can I find the documents that are being reviewed for the 3rd scoping meeting with the city planning commission on the 28th? And who do you expect to participate in the meeting in terms of their roles?

It is difficult to provide public comments at these scoping meetings without the same access to information that is presented to the city decision makers.

Thank you,

Cindy

Sent from my iPhone

On Aug 12, 2013, at 15:28, "Klein, Heather" <HKlein@oaklandnet.com> wrote:

Dear Interested Parties,

Per my 7/26 e-mail, Children's Hospital has submitted a Request for Environmental Review and a Zoning Pre-Application to expand their existing medical services. The city has determined that an Environmental Impact Report is required for this project and a Notice of Preparation (NOP) was published on July 26th. The purpose of the NOP is to solicit participation in determining the scope of the EIR.

A public scoping session will be held before the Bike and Pedestrian Advisory Committee on August 15th at 5:30 PM. I've attached the link to the agenda and staff report for your review.

<http://www2.oaklandnet.com/oakca1/groups/pwa/documents/agenda/oak039263.pdf>

Please contact me if you have any questions. Also, please note that comments on the EIR should be provided to me no later than 5:00 on August 28, 2013.

Best,

Heather Klein, CGBP, LEED AP
Planner III
City of Oakland

Klein, Heather

From: dave.campbell62@gmail.com on behalf of Dave Campbell <dave@ebbc.org>
Sent: Monday, August 19, 2013 9:01 AM
To: Karen Hester
Cc: Klein, Heather; Robert Prinz; Patton, Jason; Stanley, Jennifer; Chris Hwang
Subject: Re: Children's Hospital EIR/removing car parking spaces on 52nd St

Nice to meet you Heather and sorry I missed the BPAC meeting, but have been following the Children's Hospital expansion for many years now and hope that it will include great neighborhood improvements for better and safer bicycle circulation-it is in the most bike-popular part of Oakland.

And I agree with Karen's thoughts here about removing the on-street car parking spaces, as a neighborhood mitigation for the construction of a parking garage, allowing for the striping of bike lanes to connect Shattuck with the West St/Genoa bikeway.

I too am happy to meet on site to discuss. Looking forward to it.

Dave Campbell
Advocacy Director
East Bay Bicycle Coalition
(c) 510.701.9571

On Mon, Aug 19, 2013 at 8:47 AM, Karen Hester <karen@hesternet.net> wrote:
Hi Heather,

It was good to meet you at the BPAC meeting last week. As I mentioned, I think the bike flow and safety from Dover to Shattuck could be greatly enhanced by removing all the parking spaces for cars along the street. I ride this route almost everyday and the folks who park there are going to the hospital. As they are proposing a new 334 parking garage, I think a sensible mitigation would be removal of the 10-15 spaces there with a bike lane (possibly painted green--just tried those out yesterday along the Embarcadero in SF.) There are no meters so no revenue loss for the City. Looks like there used to be meters there though.

I am happy to meet you onsite to take a look if desired. Let me know if this gets included in EIR scoping and **what date does this go to Planning Commission? (I think you mentioned Aug date)**

Best Regards,

Karen Hester
karen@hesternet.net
510-654-6346
www.hesternet.net

Klein, Heather

From: Karen Hester <karen@hesternet.net>
Sent: Monday, August 19, 2013 8:48 AM
To: Klein, Heather
Cc: Dave Campbell; Robert Prinz; Patton, Jason; Stanley, Jennifer; Chris Hwang
Subject: Children's Hospital EIR/removing car parking spaces on 52nd St

Hi Heather,

It was good to meet you at the BPAC meeting last week. As I mentioned, I think the bike flow and safety from Dover to Shattuck could be greatly enhanced by removing all the parking spaces for cars along the street. I ride this route almost everyday and the folks who park there are going to the hospital. As they are proposing a new 334 parking garage, I think a sensible mitigation would be removal of the 10-15 spaces there with a bike lane (possibly painted green--just tried those out yesterday along the Embarcadero in SF.) There are no meters so no revenue loss for the City. Looks like there used to be meters there though.

I am happy to meet you onsite to take a look if desired. Let me know if this gets included in EIR scoping and **what date does this go to Planning Commission? (I think you mentioned Aug date)**

Best Regards,

Karen Hester
karen@hesternet.net
510-654-6346
www.hesternet.net

Klein, Heather

From: Robert Brokl <broklcrofts@earthlink.net>
Sent: Thursday, August 15, 2013 10:58 AM
To: Kalb, Dan
Cc: Flynn, Rachel; Pavlinec, Joann; Klein, Heather; Bolotina, Olga
Subject: CHO Expansion: Concerns/suggestions

Dear Councilperson Kalb,

As 40 year residents of the neighborhood around CHO, and among the founders of NOVA in the early '90s which was formed to change the course of the development of the Old Merritt College site, now CHORI and the North Oakland Senior Center, we have experienced first hand two previous CHO expansions at their main campus, and now three, on our way to four perhaps, CHO administrations. This is their most recent attempt, and from the experience this week at the Landmarks Advisory Board, their efforts are off to a rocky start indeed.

As evidence, CHO administrators delivered the letter you have been forwarded, and nearly all of their 10 speakers reiterated and highlighted this single point, that assigning the "A/B wing" aka the Original Baby Hospital a "B" rating, rather than an earlier and cursory rating of "Cb+3", was unacceptable. Their single-minded focus was bizarre, considering this was part of the scoping process, at the very onset of the environmental review process, and there are many other issues must be addressed, not just from a legal perspective. Even more oddly, the A/B wing is not part of either phase 1 or phase 2, is not being evaluated under the scope of the EIR, and they indicated they wouldn't need to even consider its removal for perhaps "30 years." Their letter did contain, however, the implied threat that a "rating of B3 would (then) make such expansion more difficult and could result in the Hospital expanding in a manner that is inconsistent with the residents' preferences (to contain CHO's incursion into the existing residential neighborhood)." (My wording inside parenthesis.)

The implicit suggestion that CHO might have to expand beyond the south side of 53rd St. (they already have acquired at least one residence on the north side of 53rd as well as their medical building on 53rd and MLK Jr. Way) runs counter to the verbal commitment of previous administrations, beginning with CEO Tony Paap, not to expand beyond 53rd St. As a matter of fact, Doug Nelson, CHO Director of Development & Construction, refused to answer definitively when asked on the tour if CHO would refuse an offer to sell the hospital a residence north of 53rd. (It should also be noted the current scope of the environmental analysis and CHO's submitted plans do not, but should, consider their numerous satellite operations, including their office building on Shattuck next to the Omni, buildings on Claremont close to Frog Park, and others.)

We are heartened that your background, as we recall, includes involvement with the Union of Concerned Scientists, and assume this means you will support "reality-based" decision making. In the case of the A/B wing, CHO not only contradicted the recommendation of city staff, were outvoted by every member of the cautious and diplomatic Landmarks Board, but their own consultants, Page & Turnbull.

This is an underwhelming and fraught beginning for a complicated, controversial project.

Previous CHO expansions have involved CHO demolishing homes surrounding the hospital that they have purchased and then landbanked. The Page & Turnbull report notes that such neighborhood degradation affects not only the neighborhood, but the rating, character, status, and viability of the hospital itself. Again, this is science: an important institution such as CHO needs to exist in a healthy, strong, safe community and environment.

We and other neighbors at the Landmarks meeting complained about the efforts the projects as proposed would have on the neighborhood, with the new building and parking garage entrance on 53rd and Dover St., and no attention to buffering or traffic calming to protect the neighbors who remain in their houses. Staff noted that the 10 houses slated for demolition constitute about 10% of the approximately 100+ residences in the Dover/55th St. "Area of Secondary Importance" historic district.

Again, it was no accident that, so far, the environmental analysis is flawed and inadequate in terms of evaluating the district that would be affected by the expansion and resulting traffic, etc., not to mention seven years (!), over two phases, of demolition and construction:

"Page & Turnbull was not asked to complete a residential district evaluation for either the state or local register as part of the scope of work for this project. However, such an evaluation is necessary to fully understand the existing conditions, historic context, and integrity of the district..." (emphasis added) pg.110, Page & Turnbull

Whatever the ultimate decisions regarding the final iterations of the expansion (and we would suggest this is a very fluid time for CHO and their processes with the top layers of administration now being UC employees), a careful, thoughtful, and thorough analysis and evaluation of the hospital plans and the surrounding neighborhood is essential. The additional issues we raised in the letter we also sent your office regarding the zoning upgrade for Dover St. Park and unaddressed parking issues at the CHORI site also need to be addressed.

We hope you will intervene soon to ensure a more collaborative and thorough process.

Sincerely,

Robert Brokl Alfred Crofts

cc: Olga Bolotina

Klein, Heather

From: Robert Brokl <broklcrofts@earthlink.net>
Sent: Monday, August 12, 2013 1:24 PM
To: Pavlinec, Joann; Klein, Heather
Cc: Flynn, Rachel
Subject: CHO Expansion/Tour

To Planning Staff/Planning and Landmark Commissioners,

We are very concerned about the CHO plans for a major expansion at their main campus, and the renovation of the gymnasium at the CHORI site.

CHO Hospital expansion:

Major impacts to the surrounding neighborhood include the demolition of 10 houses on 52nd, 53rd, and Dover Streets that CHO currently owns, and rerouting traffic from 52nd St. to their new building and existing parking garage from an entrance on 53rd and Dover St. This new entrance would service the entire campus, where gridlock already occurs at peak times. (We await the traffic studies for the expansion.) This increased traffic on residential streets and institutional encroachment would have a major impact upon those neighbors who remain in what is considered an Area of Secondary Importance (ASI) historic district, under the City's guidelines. CHO has historically expanded from their main campus by buying houses they neglect and ultimately demolish.

We note the morbid irony of the Page and Turnbull historical analysis report prepared for this proposed expansion. The report downgrades the historic hospital structures that remain (i.e., the Original Baby Hospital) since they are surrounded by non-historic later hospital construction, and faults the ASI residential neighborhood for being adversely impacted by previous hospital expansion that removed contributing residences. The proposed expansion continues this environmental degradation, including the iconic house at 52nd and MLK Jr. Way whose late owner refused to sell for the last expansion.

A better example of a flourishing neighborhood next to a large hospital is Alta Bates in Berkeley, where the surrounding residential area is buffered by street closures, parks, and restricted parking, and blocked from Alta Bates expansion.

Obvious improvements to the proposed expansion include rerouting the automobile entrance to MLK Jr. Way to avoid gridlock on narrow Dover and 53rd Streets, not to mention further diminishment of the quality of life of remaining nearby residents. Also, reducing the size of the expansion to spare more houses. Houses that cannot be returned to private use should be relocated, a task subsidized by CHO. Permit parking, also subsidized by CHO, should be introduced in the area. Buffers such as street closures, traffic calming measures, vest pocket parks and other measures should be required of CHO.

Additionally, we note the lack of inclusion of the surface parking lot at across the street at MLK (next to the National Register-eligible former Consolidated Car Barn at 47th and MLK) for analysis for future expansion. Nor the mention or discussion of other satellite facilities.

CHORI campus:

The gymnasium building renovation will complete (for now?) the build-out of the former Old Merritt College/University High School campus. But the gymnasium renovation, which includes a cooling tower and transformer, does not call for more parking to be provided. We cannot easily comprehend the gymnasium renovation from the drawings provided by the staff report, and we note with dismay that CHO did not even mention their plans for the gymnasium renovation during their numerous community meetings, even as we pressed them to disclose any such intentions, after their costly (and belated) gymnasium roof repair.

The gymnasium is located across a fence from Dover St. Park, which has yet to be zoned as park/open space, so remains an "unofficial" park zoned for residential use. The rezoning of the park is nearly 20 years overdue (and should have happened at the time of the citywide rezoning process under former Planning Director Eric Angstadt). The perimeter fence at the edge of the CHORI site on Dover, Aileen, and 58th is at or near the end of its useful life and should be replaced.

CHORI's expanded use without providing for more parking also includes rezoning of the entire complex. What are the implications for this change?

The Monday, Aug. 12, 2013 tour with Landmarks Board members is open to the public, but so far includes only the main campus. We ask the tour extend to the affected areas of Dover St., 52nd, and 53rd Streets and the gymnasium at CHORI.

This letter is intended to be included in the scoping review, but we may submit additional comments prior to the Aug. 28 deadline.

Robert Brokl Alfred Crofts

Klein, Heather

From: Yasmin Anwar <yanwar24@gmail.com>
Sent: Thursday, August 08, 2013 4:52 PM
To: Klein, Heather
Subject: Re: Children's Hospital Expansion City of Oakland Notice of Preparation of an Environmental Impact Report- Landmarks Preservation Advisory Board

Dear Heather,

Thank you for keeping us informed about the EIR process related to Children's Hospital's proposed expansion. I live at 5319 Dover Street. My husband bought the house in 1989. We are a very close-knit neighborhood and have watched Children's Hospital buy up properties to expand northwards over the past two decades. We are concerned about the impact of this expansion on traffic, noise, light and other factors that affect our quality of life.

In the past year, we have attended three community meetings held by Children's Hospital about their proposed expansion, and gave input in order to keep a buffer zone between the hospital and our single-family homes. It is unclear from the visuals in the attached documents if the plans they showed us are the same as the ones they are presenting to the City of Oakland. What would be the best way for us to compare? At the community meetings, they showed us slides of where the proposed buildings would be (52nd and Martin Luther King would be the new administration building closest to us), but it seems they have plans for more buildings on Dover between 52nd and 53rd streets. We need to confirm this. We are also concerned about how traffic will be rerouted. We intend to attend public hearings, but we need a better grasp of their most up-to-date plans. Please advise on where we should start if we are to be kept informed.

Respectfully,
Yasmin Anwar
(510) 759-7649

On Thu, Aug 8, 2013 at 3:32 PM, Klein, Heather <HKlein@oaklandnet.com> wrote:

Dear Interested Parties,

Per my 7/26 e-mail, Children's Hospital has submitted a Request for Environmental Review and a Zoning Pre-Application to expand their existing medical services. The city has determined that an Environmental Impact Report is required for this project and a Notice of Preparation (NOP) was published on July 26th. The purpose of the NOP is to solicit participation in determining the scope of the EIR.

A public scoping session will be held before the Landmarks Preservation Advisory Board on August 12th at 6:00PM. However, before the meeting, a special tour of the exterior of A/B and B/C Wing will be held at 4:00 PM. I've attached the agenda and the staff report which contains Attachments A, B, D and E. Attachment C can be downloaded via the following link.

<http://www2.oaklandnet.com/oakca1/groups/ceda/documents/report/oak042321.pdf>

Klein, Heather

From: Norton, Mary
Sent: Tuesday, August 06, 2013 9:30 AM
To: Klein, Heather
Subject: FW: Case # ER12-0013

Importance: High

Hi, Heather,

Please keep me noticed re. the CHO building plans as relates to the interests of this City of Oakland senior center. We understand that plans for the Old Gymnasium at CHORI may be included in the masterplan. Our concern is that CHORI has already maxed out on the parking in both lots including the one shared with the senior center. Often overflow-onto the side streets makes it difficult for seniors to find a place a parking place on the street.

I'm sure that neighbors share this concern and if CHORI builds out the Gym creating the need for more parking and then if residential parking was put in,

we'd be totally up a creek There is a perception that there is more parking than there actually is here due to the large lot. However, only 35 of these spaces are reserved for the senior center. We also have at NOSC the BACS adult day program as a "program within a program" which puts a serious stress on the "come and go" parking needs of the Center.

Thanks, Mary

P.S. The official notice sign which was near our monument sign at the corner of MLK/58th is gone and I don't see any notices on other street poles.

Mary Norton, Director
North Oakland Senior Center
5714 Martin Luther King, Jr. Way
PHONE 510-597-5085
FAX 510-597-5082

Save-the-date! September 25
Celebrating 15 years of Active Seniors since 1998

Klein, Heather

From: barbara ciu <thecius@yahoo.com>
Sent: Wednesday, July 31, 2013 12:41 PM
To: Klein, Heather
Subject: Children's Hospital Proposal

To whom it may concern, City Of Oakland,

My husband and I own 719 54th Street, a multiple rental unit, and are strongly in favor of the proposed development by Children's Hospital.

We feel that it will be good for the City and the community surrounding the facilities. Children's Hospital fills a need no other facility can provide. We should all be grateful that they are here and taking care of children who need the special that care. The improvements they propose will be a huge improvement for them and benefit the community and patients.

No matter what the proposed change may be, especially in Oakland, there will always be those who are against it. As property owners in the neighborhood, we hope that all the proposed plans are approved. As taxpayers on three properties in Oakland, we are in favor of it.

Sincerely,
Barbara and Sezar Ciu

Klein, Heather

From: Lauri TWITCHELL <twitchel@berkeley.edu>
Sent: Sunday, July 28, 2013 10:25 AM
To: Klein, Heather
Subject: Childrens Hosp. Garden

Hi Heather,

I have been a volunteer for the Children's Hospital for several years helping with the little pollinator garden out back(the old entrance area). I am an Oakland neighbor and also a manager of Blake Garden, part of U.C. Berkeley's Landscape Architecture and Environmental Planning Dept. Often I come with students and volunteers from the garden to prune, mulch, fix irrigation etc. in the little garden and supply materials, mulch, pots, plants from Blake Garden. Long term patients use the garden for nature and art experiences. Visitors and staff use the area as well. Are there any plans to keep and even expand the garden?

Kind regards,

Lauri Twitchell

Lauri Twitchell, Blake Garden Manager
Department of Landscape Architecture and Environmental Planning
U.C. Berkeley
70 Rincon Road
Kensington, CA 94707
510-524-2449
twitchel@berkeley.edu

Klein, Heather

From: Molly Goulet Bolt <mollybdenum@gmail.com>
Sent: Friday, July 26, 2013 8:55 PM
To: Klein, Heather
Subject: Re: Children's Hospital Expansion City of Oakland Notice of Preparation of an Environmental Impact Report.

Dear Heather,

Thank you so much for distributing this information. We will attend several of the meetings. There are two main concerns about the plans that we have about the impact on the neighbors. First, the location of the helipad above 52nd St is likely to increase the noise from air traffic that already negatively impacts the neighbors. We have tried several times over the years to address the issue with the hospital, but it continues, so moving it closer is definitely a nuisance issue. Second, the placement of the parking entrance will likely create an even heavier burden on the local parking infrastructure. We would love to see Dover St at 53rd cordoned so that no northbound traffic can cross 53rd, while allowing southbound access. We are also in favor of permit parking below 55th St, paid by CHO, during construction and as long as their parking remains inadequate for staff and patients.

best,
Molly Bolt
670 54th St, Oakland

On Fri, Jul 26, 2013 at 4:24 PM, Klein, Heather <HKlein@oaklandnet.com> wrote:

Dear Interested Parties,

Children's Hospital has submitted a Request for Environmental Review and a Zoning Pre-Application to expand their existing medical services. The city has determined that an Environmental Impact Report is required for this project and attached is the Notice of Preparation (NOP) for your review.

The purpose of the NOP is to solicit participation in determining the scope of the EIR. Staff has scheduled several public scoping sessions on the EIR which are detailed in the attached Notice.

The goal of this Notice and e-mail is to provide the public with information and based on conversations with the hospital you are considered interested parties in this matter. However, please let me know if you would like to be removed from future City mailings regarding this project.

You can also contact me if you have any questions about the project or the EIR process. If you would like to provide comments on the EIR, please provide them to me no later than 5:00 on August 28, 2013

Best,

Klein, Heather

From: bb <bethbaugh2000@yahoo.com>
Sent: Wednesday, August 28, 2013 4:34 PM
To: Klein, Heather
Subject: Re: Concerns about CHO's proposed expansion

Dear Ms. Klein,
My son and I live at 664 54th Street. Our house was built in 1906. During the ten years I have lived in this neighborhood, I have formed strong bonds within this tight-knit community of young families, students, and long-time residents. I am deeply concerned about the probable effects the proposed expansion would have on our immediate neighborhood.

I have lived here since CHO started buying up homes in preparation for a northward expansion. In 2007, CHO announced plans for a 12-story inpatient building with a helipad at 53rd and Dover streets. Homeowners inside the footprint were threatened with eminent domain. The neighborhood (and taxpayers who were asked to foot part of the bill) fought back and won. Suffice to say, we have come away battle-scarred. So far, we have tolerated the noise, lights, trash, traffic, parking problems and other nuisances largely because Children's has kept its most disruptive facilities (including the helipad) south of 52nd street and closer to the freeway. But the threat of busy, noisy round-the-clock facilities closer in to our single-family home neighborhood is deeply disturbing.

We need to see that the proposed new "Outpatient Center Building" planned for Martin Luther King Jr. and 52nd streets is put in writing. The residents of the neighborhood have put up with parking, noise and traffic issues as it is, and we cannot live in the shadow of a tall building with helipad, "temporary" or not.

Neighbors are also concerned about the proposed parking entrance at 53rd and Dover, and the consequent increase in traffic and pollution along narrow Dover Street. The parking entrance should be placed away from the residential area, even if it means rerouting traffic and road closures.

We have long asked for a green buffer zone along Dover between 52nd and 53rd streets with architecture in scale with the neighborhood, landscaping and traffic calming. No commercial zoning on this block. Commercial zoning is absolutely beyond the scope of both phases 1 and 2 as outlined at CHO's community meetings and in the EIR.

Many of us in the neighborhood have kids, and we value the existence of CHO and its services close by. We ask that you truly take into account your neighbors' concerns and remember that this is, first and foremost, a residential neighborhood. Let's work together to make a plan we all can support.

Respectfully,
Beth Baugh

Klein, Heather

From: Carol Snell <csnell23@icloud.com>
Sent: Wednesday, August 28, 2013 2:44 PM
To: Klein, Heather
Cc: Bertram H Lubin, MD; jeanquan4@gmail.com; dist5@acgov.org; Kalb, Dan; patillo@pgadesign.com; Whales, Jonelyn; jahazielbonillaoaklandpc@gmail.com; Coleman, Michael; Moore, Jim; EW.Oakland@gmail.com
Subject: Public Comments re: Children's Hospital Proposed Expansion

August 28, 2013
Heather Klein
City of Oakland Planning Commission
250 Frank H. Ogawa Plaza, Suite 3315
Oakland, CA 94612
Re: Case File Number ER12-0013
Public Comments on CHO Proposed Expansion
Dear Ms. Klein,

I live at 5311 Dover Street, extremely close to the proposed expansion of Children's Hospital. I know that you have already received multiple letters from many of my neighbors regarding the CHO's proposed plans, and I believe their thoughtful comments and observations are right on target, so I will keep my comments brief.

This is a neighborhood filled with unique 100-year-old houses – the primary reason we purchased a home here. CHO's proposal to demolish a significant number of these houses is very upsetting. In addition, the possibility of a parking entrance at 53rd Street and Dover Streets is stupefying to me. That would place a parking entrance (a very busy parking entrance judging by the current traffic on 52nd Street) in the middle of a residential neighborhood. The traffic congestion, back-up, pollution, and noise would be very disruptive, and frankly potentially dangerous. That intersection (as well as the both streets that would lead to it) cannot handle that level of traffic. Martin Luther King, Jr. Way is a logical place to have any parking entrance. It's a main artery capable of handling the traffic, and would be a much easier location for CHO's clients to access.

The relocation of their helicopter pad almost across the street from our home would have a tremendously negative impact on our quality of life. Currently we can hear the helicopters quite loudly even though the helipad is more than a block away. I can't imagine the noise of having the helicopters land and take off so close to our home.

I'm also amazed that no environmental impact review is planned to take into account the impact of CHO's plans on the area north of 53rd Street. This is unacceptable – if CHO wants the neighborhood to support their plans (and I do support their mission and want to be a good neighbor to them), they need to be open and comprehensive in their approach. To ignore the impact they will have on an entire neighborhood and so many families is unacceptable.

I believe that CHO can develop a plan that benefits our neighborhood by adding green space, using existing structures and appropriately sizing new structures, and maintaining the high traffic areas of their facility away from 53rd Street.

I don't believe CHO should be able to destroy what we as a neighborhood have in order to get what they want. Thank you very much for taking the time to consider my comments.

Sincerely,
Carol Snell
5311 Dover Street

Klein, Heather

From: sharon spain <spain.sharon@gmail.com>
Sent: Wednesday, August 28, 2013 1:52 PM
To: Klein, Heather
Subject: Children's Hospital expansion meeting

Dear Ms. Klein,

I live at 712 54th Street (one house west from Dover Street) and due to the Bay Bridge closure I am unable to attend tonight's meeting as I work in San Francisco and will be staying with a friend in the city. Thank you for the opportunity to submit this letter.

I have lived in the neighborhood for eight years and witnessed the first Children's Hospital expansion plan that took no input from the community into consideration and proposed a 12 story building at Dover and 53rd Streets. (At the meeting unveiling the new building plan map to the community a neighbor's house was missing, blotted out by the footprint of the new structure. The stunned neighbor had to point this out to Children's Hospital staff during the meeting.) We came together as a community to fight that initial plan and successfully defeated the ballot initiative that proposed county funding for a significant portion of the expansion costs. At the time it seemed as if Children's Hospital had a very clear agenda and made assumptions about the neighborhood's inability to organize a response. I love my neighbors and my community and am truly proud of our successful efforts in the matter.

So, it is a new day and Children's Hospital has new leadership and a new plan for expansion. In general, I think those in charge now do recognize the many mis-steps of their predecessors and have made an effort to engage the community. The proposal of the new outpatient structure at Martin Luther King Blvd and 52nd street (instead of at Dover and 53rd streets), I think, does reflect an awareness of the community's concerns.

That said, there are still many issues that still have not been fully thought out. The threat of a busy, noisy round-the-clock facilities closer in to our single-family home neighborhood is deeply disturbing. Of major concern is the proposed parking entrance at 53rd and Dover, which will vastly increase traffic on Dover Street, a narrow road that cannot bear the burden of more cars, trucks and exhaust fumes. Adjacent to this entrance is a proposed service yard and delivery parking. What is currently proposed for this area is some of the least desirable, most utilitarian of functions. Deliveries, (and I'm assuming removal of goods and materials as well), service vehicle parking/maintenance, and a steady stream of cars in and out of the parking lot...what amounts to the back-end (or in slightly more crude terms, the "butt") of the hospital operations.

Rerouting of visitor, delivery, and service vehicles is imperative to our little Dover Street. What we desperately need instead in this location is a true green buffer zone with architecture in scale with the neighborhood, attractive landscaping, and traffic calming. (Something akin to what Alta Bates did after the city of Berkeley got involved).

I hope these concerns are weighed very heavily as hospital development plans and the EIR process continues. This is a wonderful neighborhood full of great people willing to collaborate with the hospital to make this expansion work for everyone involved. If things are rushed and not well thought out, we will be the ones who will have to live with the repercussions.

Sincerely,

Sharon Spain

Klein, Heather

From: James Wu <jamestwu@gmail.com>
Sent: Wednesday, August 28, 2013 12:16 PM
To: blubin@mail.cho.org; jeanquan4@gmail.com; dist5@acgov.org; Kalb, Dan; patillo@pgadesign.com; Whales, Jonelyn; jahazielbonillaoaklandpc@gmail.com; Coleman, Michael; Moore, Jim; EW.Oakland@gmail.com
Subject: Comments on CHO request for environmental review and zoning re-application
Attachments: CHO_Ltr_to_Planning_Commission_Aug_2013_-_James_Wu.docx

Please find attached my comments relating to CHO's expansion plans (Case File Number ER12-0013). I strongly support CHO's mission and I hope that CHO will work with the neighborhood to use this opportunity to create a win-win situation that benefits everyone impacted - CHO, its patients, their families, its employees, and the neighborhood with which CHO is intertwined.

Best,
James Wu

Planning Commission

City of Oakland

250 Frank H. Ogawa Plaza, Suite 3315

Oakland, CA 94612

RE: Case File Number ER12-0013

Comments on Children's Hospital Request for Environmental Review and Zoning Re-application

As soon as my wife and I purchased and moved into our 100+ year old Victorian duplex on the corner of 53rd and Dover, we started spending time and money improving the exterior of the house, which was once drab and surrounded by weeds. Now everyone knows it as the "purple house" and enjoys the gardens as they walk or drive past, including patients and staff who regularly park in our neighborhood to avoid the fees associated with parking in your garage.

At first we welcomed the prospect of renovations and improvements to Children's Hospital – We understand that it is an important part of the neighborhood and we support its mission. We appreciated the efforts to communicate with residents through the coffee talk series and attended a lot of the meetings. We were hopeful that creative architecture would beautify what is now a hodgepodge of buildings and add green areas while smartly filling in available space rather than sprawling outward – creating a safe and calming space for patients and their families.

Sadly, the first thing we heard was that CHO was going to demolish the houses across 53rd street from ours in order to put a parking deck entrance there.

Inappropriate Relocation of Parking Deck Entrance

Traffic speeding down Dover Street (with drivers often paying more attention to looking for parking than to what's in front of them) already endangers the many children who live there, and residents routinely have to breathe the fumes from idling cars and clean up trash littered along sidewalks and in gardens – again from passengers in cars that park in our neighborhood to avoid your garage parking fee. Now CHO wants to make a change that would *require* hospital visitors to add to the congestion on a narrow street in a residential neighborhood, and they had the nerve to claim that this was okay with everyone!

Rather than destroying existing parts of the residential section of a historical neighborhood, CHO should work around the existing entrance or change the entrance parking deck to the already primarily commercial Martin Luther King, Jr. Way. This would put it closer to the new outpatient building on the corner of MLK and 52nd Street, which we support in its currently planned location. It will also keep traffic from patient drop-offs close to the rest of the hospital's central activities and a little further away from the residential neighborhood.

No Commercial Buildings North of 53rd Street

Actions speak louder than words, and CHO has undermined what precious little trust it had started to build with neighborhood residents. We had heard CHO promise many times over the last 3 years that no development would occur north of 53rd Street. And now we see that two properties north of 53rd have been included in the Phase I and II plans with a corresponding attempt to rezone them commercial. Unsurprisingly, we feel lied to, and we're not in the mood to believe the hospital when its management says, "Trust us, it will be fine."

Rather than what have turned out to be empty promises, we need to see a binding legal commitment from CHO on this point that would protect us from future attempts in this direction.

General Aesthetics

It should be clear from the outset of this letter that aesthetic issues are an important part of the neighborhood for us. Walking between the well-kept block of Dover north of 53rd to Telegraph Avenue provides ample opportunity to observe how CHO has treated its development and maintenance in the past: A few bright spots mixed with a lot of mediocrity and neglect.

The neighborhood surrounding Children's Hospital is vibrant, diverse and inviting, with many beautiful homes. Many of them, like ours, are over 100 years old. This neighborhood is just part of an extensive network of similar neighborhoods which together make a city greater than the sum of its parts. It is important to note that it isn't the result of a standout example of architecture on one block or another. Rather it is the sum of all the homes, both grand and humble, and the overall environment.

Neighborhoods are arguably the prime asset to both the city and the hospital, and the CHO needs to respect its surrounding community and continue to be part of it. We have heard multiple acquaintances anecdotally note that they far prefer the experience of going to other area Children's Hospitals because they feel safer, the surrounding environment is nicer, and they have better access food and shopping while they wait.

Advocates for the hospital are understandably focused entirely on getting the facilities they need to accomplish their mission. However, the setting and relationship between the hospital and its surrounding community are far more important than may be obvious and should not be ignored for expediency. The interface between the two can do far more to enhance visual and emotional impact of the hospital than the architecture itself and should be given at least as much consideration as the buildings themselves. In the past this has been largely overlooked resulting in an uneven, scattered, confusing and imposing mélange.

There has also been a tendency on the part of architects to design buildings whose outward appearance is intended to be comforting to children and their families. Often this has resulted in rather dull, unimaginative architecture decorated with perky colors and accessories that tends to age poorly. At this point, CHO suffers from a hodgepodge of styles in a range of conditions, the whole of which is not

inspiring to be around. Hopefully the Planning Commission can encourage some hard thinking on this issue before plans are finalized.

Most local residents feel that the transition from hospital facilities to residential needs special attention to avoid a situation where industrial façades face their homes and streets. Hospital buildings that front the neighborhood need to present some sort of graceful transition. Suggestions include incorporating existing residential façades into the faces of new buildings where houses are to be replaced by a hospital building, or by establishing a green transition zone, or both. New buildings could be stepped so they are one story and increase in height away from the street. Designs could be devised to fool the eye into seeing less of a massive presence.

Examples of successful implementation of these measure often cited by local residents include the Alta Bates campus on Ashby Avenue near Telegraph and the treatment of existing homes adjacent to the Market Hall parking lot on Shafter and Forest.

Successful integration with this special neighborhood and the hospital will serve both in the long term.

We Need Help from the City of Oakland

In short, our neighborhood wants CHO to behave like a good neighbor – not only in name but in actual deeds. It is entirely possible for CHO to meet its own needs while also respecting and honoring its neighbors. A plan that includes attractive historic character in the design of any new buildings, beautiful accessible landscape, and encourages pedestrian and bicycle use all the way down Dover street would benefit CHO, its employees, the patients and their families, and of course, CHO's neighbors.

Unfortunately, without pressure from the City, CHO is unlikely to implement – or even consider – any of the “neighborly” options. As representatives of all citizens of Oakland your task is to honor the covenant the city made with property owners who have purchased and revitalized homes in the 55th/Dover Street District. I hope you will hold CHO to its obligation to be a good neighbor by encouraging the beauty, calm, and bike/pedestrian-friendly environment that will ensure that our neighborhood and Oakland a unique and beautiful city.

Sincerely,

James Wu

jamestwu@gmail.com

650-430-0499

Cc:

Members of Oakland Planning Commission

Jean Quan, Mayor, City of Oakland

Dan Kalb, Oakland City Councilmember, District 1

Keith Carson, Alameda County Supervisor, District 5

Bertram Lubin, Chief Executive Officer, Children's Hospital-Oakland

Klein, Heather

From: Joanna Wu <jjordanwu@gmail.com>
Sent: Wednesday, August 28, 2013 11:26 AM
To: Klein, Heather
Subject: Comments on Children's Hospital Request for Environmental Review and Zoning Re-application
Attachments: CHO Ltr to Planning Commission Aug 2013 - Joanna Wu.docx

Dear Ms. Klein,

Please find attached my comments on Case File Number ER12-0013.

Best regards,

Joanna

Planning Commission

City of Oakland
250 Frank H. Ogawa Plaza, Suite 3315
Oakland, CA 94612

RE: Case File Number ER12-0013

Comments on Children's Hospital Request for Environmental Review and Zoning Re-application

As soon as my husband and I purchased and moved into our 100+ year old Victorian duplex on the corner of 53rd and Dover, we started spending time and money improving the exterior of the house, which was once drab and surrounded by weeds. Now everyone knows it as the "purple house" and enjoys the gardens as they walk or drive past.

At first we welcomed the prospect of renovations and improvements to Children's Hospital – We understand that it is an important part of the neighborhood and we support its mission. We appreciated the efforts to communicate with residents through the coffee talk series and attended a lot of the meetings. We were hopeful that creative architecture would beautify what is now a hodgepodge of buildings and add green areas while smartly filling in available space rather than sprawling outward.

Sadly, the first thing we heard was that CHO was going to demolish the houses across 53rd street from ours in order to put a parking deck entrance there.

Inappropriate Relocation of Parking Deck Entrance

Traffic speeding down Dover Street (with drivers often paying more attention to looking for parking than to what's in front of them) already endangers the many children who live there, and residents routinely have to breathe the fumes from idling cars and clean up trash littered along sidewalks and in gardens. Now CHO wants to make a change that would *require* hospital visitors to add to the congestion on a narrow street in a residential neighborhood, and they had the nerve to claim that this was okay with everyone!

Rather than destroying existing parts of the residential section of a historical neighborhood, CHO should work around the existing entrance or change the entrance parking deck to the already primarily commercial Martin Luther King, Jr. Way. This would put it closer to the new outpatient building on the corner of MLK and 52nd Street, which we support in its currently planned location. It will also keep traffic from patient drop-offs close to the rest of the hospital's central activities and a little further away from the residential neighborhood.

No Commercial Buildings North of 53rd Street

Actions speak louder than words, and CHO has undermined what precious little trust it had started to build with neighborhood residents. We had heard CHO promise many times over the last 3 years that no development would occur north of 53rd Street. And now we see that two properties north of 53rd have been included in the Phase I and II plans with a corresponding attempt to rezone them commercial. Unsurprisingly, we feel lied to, and we're not in the mood to believe the hospital when its management says, "Trust us, it will be fine."

Rather than what have turned out to be empty promises, we need to see a binding legal commitment from CHO on this point that would protect us from future attempts in this direction.

General Aesthetics

It should be clear from the outset of this letter that aesthetic issues are an important part of the neighborhood for us. Walking between the well-kept block of Dover north of 53rd to Telegraph Avenue provides ample opportunity to observe how CHO has treated its development and maintenance in the past: A few bright spots mixed with a lot of mediocrity and neglect.

The neighborhood surrounding Children's Hospital is vibrant, diverse and inviting, with many beautiful homes. Many of them, like ours, are over 100 years old. This neighborhood is just part of an extensive network of similar neighborhoods which together make a city greater than the sum of its parts. It is important to note that it isn't the result of a standout example of architecture on one block or another. Rather it is the sum of all the homes, both grand and humble, and the overall environment.

Neighborhoods are arguably the prime asset to both the city and the hospital, and the CHO needs to respect its surrounding community and continue to be part of it.

Advocates for the hospital are understandably focused entirely on getting the facilities they need to accomplish their mission. However, the setting and relationship between the hospital and its surrounding community are far more important than may be obvious and should not be ignored for expediency. The interface between the two can do far more to enhance visual and emotional impact of the hospital than the architecture itself and should be given at least as much consideration as the buildings themselves. In the past this has been largely overlooked resulting in an uneven, scattered, confusing and imposing mélange.

There has also been a tendency on the part of architects to design buildings whose outward appearance is intended to be comforting to children and their families. Often this has resulted in rather dull, unimaginative architecture decorated with perky colors and accessories that tends to age poorly. At this point, CHO suffers from a hodgepodge of styles in a range of conditions, the whole of which is not inspiring to be around. Hopefully the Planning Commission can encourage some hard thinking on this issue before plans are finalized.

Most local residents feel that the transition from hospital facilities to residential needs special attention to avoid a situation where industrial façades face their homes and streets. Hospital buildings that front the neighborhood need to present some sort of graceful transition. Suggestions include incorporating

existing residential façades into the faces of new buildings where houses are to be replaced by a hospital building, or by establishing a green transition zone, or both. New buildings could be stepped so they are one story and increase in height away from the street. Designs could be devised to fool the eye into seeing less of a massive presence.

Examples of successful implementation of these measure often cited by local residents include the Alta Bates campus on Ashby Avenue near Telegraph and the treatment of existing homes adjacent to the Market Hall parking lot on Shafter and Forest.

Successful integration with this special neighborhood and the hospital will serve both in the long term.

We Need Help from the City of Oakland

In short, our neighborhood wants CHO to behave like a good neighbor – not only in name but in actual deeds. It is entirely possible for CHO to meet its own needs while also respecting and honoring its neighbors. A plan that includes attractive historic character in the design of any new buildings, beautiful accessible landscape, and encourages pedestrian and bicycle use all the way down Dover street would benefit CHO, its employees, the patients and their families, and of course, CHO's neighbors.

Unfortunately, without pressure from the City, CHO is unlikely to implement – or even consider – any of the “neighborly” options. As representatives of all citizens of Oakland your task is to honor the covenant the city made with property owners who have purchased and revitalized homes in the 55th/Dover Street District. I hope you will hold CHO to its obligation to be a good neighbor by encouraging the beauty, calm, and bike/pedestrian-friendly environment that will ensure that our neighborhood and Oakland a unique and beautiful city.

Sincerely,

Joanna Wu
jjordanwu@gmail.com
650-430-0483

Cc:

Members of Oakland Planning Commission

Jean Quan, Mayor, City of Oakland

Dan Kalb, Oakland City Councilmember, District 1

Keith Carson, Alameda County Supervisor, District 5

Bertram Lubin, Chief Executive Officer, Children's Hospital-Oakland

Klein, Heather

From: Jake Decker <jake.decker@gmail.com>
Sent: Wednesday, August 28, 2013 11:06 AM
To: Klein, Heather
Subject: Children's Hospital plans.

Hi Heather,

I live over on 52nd & Genoa, just bought our house a little over a year ago and really love the neighborhood. I know there are some expansion plans for Children's Hospital and I just wanted to let you know some of my concerns and hear your thoughts.

1. Is it true there is consideration going into moving the Helicopter pad? Why and Where?
2. It sounds like there is going to be some construction, which is exciting, but how does that plan to affect parking? Will employees be parking on side streets in the neighborhood?
3. How does the potential merger with the other Hospital (somewhere in San Francisco) play into all of this?
4. How do I go about commenting on this publicly?

Thanks and I eagerly await your response.

August 28, 2013
Heather Klein, Planner III
City of Oakland Planning Commission
Department of Planning and Building
City of Oakland
250 Frank H. Ogawa Plaza, Suite 3315
Oakland, CA 94612

Re: Case File Number ER12-0013

**Comments on Notice of Preparation (NOP) of a Draft Environmental Impact Report (EIR)
and Zoning Re-Application by Children's Hospital and Research Center-Oakland Master
Plan Project**

I'm writing you to express deep concerns about some of the proposed changes to the Children's Hospital footprint that are being presented as part of their seismic retrofitting and Outpatient Services expansion:

In addition to the demolishing of historic homes to build large scale commercial buildings, and placing the helicopter landing pad closer to existing, occupied homes, I am very concerned about the redirecting of traffic for the parking garage to the corner of 53rd and Dover. As the father of two small children, with a house on the west side of the 5300 block of Dover street, the proposed entrance to the parking lot would add a lot of traffic to our street.

I cannot express how frustrating parking and the intrusion of inconsiderate patrons already is. From not having a parking space when returning home (a lesser inconvenience) to having patrons of the hospital repeatedly dump the trash from their cars on our streets and lawns to the much more disconcerting prospect of those who come in from outside the neighborhood ignoring posted speed limits and, generally, having disregard for our neighborhood's residential status, the "environmental" impact of this project absolutely needs to be more considerate of the impact on the residents.

There are numerous other issues involved with this expansion. But the biggest is the claim from doctors and nurses, PAID EMPLOYEES of the hospital, that neighbors are "on board" with these changes. That's absurd. My letter is mostly to let whomever is concerned know that this is FAR from the case. I would continue to enumerate the issues I, personally, have with this project, but my neighbors – specifically Katina Ancar – speak very well for me.

Sincerely,

John C. Forder
5327 Dover Street
Oakland, CA 94609

Klein, Heather

From: Laura Allen <lauraallenstafford@gmail.com>
Sent: Wednesday, August 28, 2013 8:31 AM
To: Klein, Heather
Cc: Kalb, Dan; Laura Allen
Subject: Children's Hospital: ER12-0013: public comment

Dear Ms. Klein-

Regarding the proposed expansion of Children's Hospital, please consider the following points in developing the scope of the EIR for this potential project:

- Long-term impact of relocating the heli-stop immediately adjacent to a surrounding residential neighborhood
- Short-term (during 8-10 year construction period) and long-term impact on existing traffic flows E/W on 52nd/51st street. Please note that 51st/52nd is a heavily traveled route. As a resident of 47th Street (one block south of 52nd), I am personally concerned about increased traffic on residential streets during the proposed project's construction period. What is Children's Hospital's plan to ensure the residential neighborhoods surrounding the project to the North, West and South will not be negatively impacted by increased traffic?
- Short and long-term impacts the proposed project will have on parking at Children's Hospital. What is Children's Hospital's plan to ensure the residential neighborhoods will not be negatively impacted by employees or visitors parking in the surrounding neighborhood?
- Does the proposed project allocate funds towards improving public space in the neighborhood? The park opposite Children's Hospital (bound by MLK, West and 52nd) is in need of revitalization. Does the proposed plan have any funds allocated towards improving the environment for the residential neighborhood immediately adjacent?

Sincerely,

Laura Allen, AIA, LEED AP
47th Street Resident

Klein, Heather

From: Ryan Christopher Ward <ryancward@gmail.com>
Sent: Wednesday, August 28, 2013 6:17 AM
To: Klein, Heather
Subject: Children's hospital expansion

Heather,

I live at 837 52nd street right near children's hospital. I am writing this email to let you know that I am against the children's hospital expansion into residential north oakland. I am against the loss of parking, i am against increased office space in a residential neighborhood. i am especially against any proposed movement of the helipad into a quiet residential neighborhood.

Please protect the North Oakland residents.

Ryan Ward

Klein, Heather

From: Rafael Ebron <rebron@gmail.com>
Sent: Wednesday, August 28, 2013 10:51 AM
To: Klein, Heather
Cc: Kalb, Dan; patillo@pgadesign.com; Whales, Jonelyn;
jahazielbonillaoaklandpc@gmail.com; Coleman, Michael; Moore, Jim;
EW.Oakland@gmail.com; Campbell-Washington, Anne; blubin@mail.cho.org
Subject: Case File Number ER12-0013 - Official Comments
Attachments: FINAL Rebron EIR Comments.pdf

Ms Klein,

Please find attached my Comments on Notice of Preparation (NOP) of a Draft Environmental Impact Report (EIR) and Zoning Re-Application by Children's Hospital and Research Center-Oakland Master Plan Project

Best regards,

Rafael Ebron

August 27, 2013

Heather Klein, Planner III
City of Oakland Planning Commission
Department of Planning and Building
City of Oakland
250 Frank H. Ogawa Plaza, Suite 3315
Oakland, CA 94612

Re: Case File Number ER12-0013

Comments on Notice of Preparation (NOP) of a Draft Environmental Impact Report (EIR) and Zoning Re-Application by Children's Hospital and Research Center-Oakland Master Plan Project

I live and own a home at 681-55th Street near the corner of Dover Street. I have lived in North Oakland for over 14 years, returning to the Bay Area directly after college and saving to purchase my home in 2002. As a resident of the so-called "55th/Dover Residential District," the expansion project proposed by Children's Hospital-Oakland (CHO or the Hospital) will affect my community directly.

My comments focus on two categories affecting the surrounding community:

- Due to the numerous and significant environmental impacts on the area and a current lack of adequate analysis of these issues, the proposed Master Plan requires a full Environmental Impact Review that addresses the impact on the *entire* neighborhood North of CHO, rather than solely those homes that CHO is seeking to demolish.
- Necessary alternatives that do not degrade the residential character; historic context; integrity of setting and association; and visual cohesiveness of this over 100-year old neighborhood, an Area of Secondary Importance.

I. A Full Environmental Impact Review Addressing the Impact on the *Entire* Neighborhood is Necessary.

Permitting the Hospital to implement any of the following will permanently alter the character of our neighborhood and negatively affect our quality of life:

- A. Replacing nearly of historic, residential homes with large-scale buildings and parking entrances rezoned for commercial use.
- B. Adding a parking garage entrance at the corner of 53rd and Dover Streets, increasing traffic and degrading air quality on neighborhood streets.
- C. Installing a helicopter landing pad close to occupied homes.
- D. A decade of construction will increase noise, dust, and exhaust fumes threatening residents' health and well-being.

Although now set off somewhat geographically by the elevated State Route 24 freeway, the “55th/Dover District” remains part of what is historically the Temescal neighborhood (J. Norman, TEMESCAL LEGACIES: NARRATIVE OF CHANGE FROM A NORTH OAKLAND NEIGHBORHOOD (Shared Ground 2006)). Unfortunately, the Hospital has demonstrated substantially more interest in associating and cultivating a relationship with the portion of the neighborhood *east* of State Route 24 than the area *north* of its facilities.

The Hospital has been involved with community projects directed at the eastern portion of the neighborhood, such as providing support for a mural at the 52nd Street overpass. However, for over ten years, residents *north* of the Hospital have lobbied to install a pedestrian crosswalk at 55th and Dover Streets, noting that both local residents and Hospital visitors and employees face challenges in negotiating traffic at the intersection. Pedestrians and bicycles exit buses at the intersection, walk to the neighborhood-created Dover Street Park, and travel to/from events at the North Oakland Senior Center. Neighbors specifically requested assistance from the Hospital in this endeavor. Only this month (August 2013) did the neighborhood succeed in having the crosswalk installed – notably without Hospital assistance.

In the last decades, when not being ignored, residents has watched successive CHO administrations buy up and demolish neighborhood residences. The Hospital’s most egregious efforts occurred in 2007 when CHO (under the false pretext of seismic retrofitting) announced plans to build a 12-story inpatient facility with a helipad at the intersection of 53rd and Dover Streets. Presenting the plans as a *fait accompli*, the Hospital threatened with eminent domain those residents with homes located inside the footprint of the enormous building. Worse, the neighborhood and Alameda County taxpayers were asked to foot the bill for the unnecessary expansion. Without the support of City or County officials; our neighborhood defeated this shocking plan.

We now need the City of Oakland’s assistance to ensure that CHO’s newest proposal is appropriate to the residential character; historic context; integrity of setting and association; and visual cohesiveness; and long-term vitality of the neighborhood. Residents are able to coexist with the Hospital largely because CHO has kept its most disruptive facilities (such as the helipad) *south of 52nd Street* and closer to the freeway on/off-ramps. The threat of large commercial facilities closer to our homes, more than a decade of construction, a “temporary” helipad, along with the increased traffic and parking challenges, noise, pollution, trash, dust, decreased pedestrian and bicycle-friendliness, and other disruptions are disturbances which could damage our vibrant neighborhood irreparably.

Neighborhood Vibrancy, Cohesiveness, and Viability Must Be Protected.

The neighborhood surrounding Children’s Hospital is vibrant, diverse and inviting, with numerous beautiful homes, many of which served as a refuge for survivors of the 1906 Earthquake and some incorporating bricks from San Francisco buildings destroyed by the quake. The “55th/Dover District” is one of an extensive network of similar neighborhoods that together make North Oakland, and the City of Oakland, greater than the sum of its parts. The neighborhood’s character and desirability result not from a single standout example of one or another home’s architecture. Rather, it is the sum of all the residences – both grand and humble – that creates the neighborhood’s long-standing allure.

In the last decades, we have watched as successive CHO administrations bought and bulldozed residences in the area. In order to ensure that the Hospital is not permitted to decimate the residential character; historic context; integrity of setting and association; visual cohesiveness; diversity; and ultimate viability of this over long-standing neighborhood further study of the impacts of CHO's project on this Area of Secondary Importance is vital. As the Page & Turnbull Report states, "[We were] not asked to complete a residential district evaluation for either the state or local register as part of the scope of work for this project. However, *such an evaluation is necessary to fully understand the existing conditions, historic context, and integrity of the district...*" (Page & Turnbull Report at 110) (emphasis added).

Proper Traffic Mitigation and Control Techniques Are Necessary and Should Be Reviewed.

A major concern for the neighborhood is CHO's plan to relocate the entrance to the main parking garage from 52nd Street to the corner of Dover and 53rd Streets. A new entrance in this location is bound to cause considerable traffic increase. All streets (including Dover, 53rd, and 54th) are extremely narrow allowing just enough room for one car to pass between vehicles parked at the curb. These residential routes are already heavily-traveled by CHO employees, patients, and visitors who (rather than parking in the current garages and lots) circle the area looking for street parking; hospital delivery trucks; and ambulances – not to mention local residents walking, biking, and driving to reach our homes and those of our neighbors. Traffic and congestion will increase beyond reasonable levels even on wider 55th Street – a fact that was emphasized in the City's 1989 EIR for the Hospital's then-proposed parking garage and ambulatory care center between 52nd and 53rd Streets. (*Draft: Children's Hospital Medical Center Environment Impact Report* (Case File Number: ER-87-75) (October 12, 1989)).

Local residents will suffer the negative effects of increases in traffic and congestion. Fifty-Third Street cannot handle additional traffic flow, as drivers cruise up the street from Martin Luther King Way (MLK) or down Dover Street from 52nd searching for the parking garage entrance. Closing Dover Street will block access to the residential garage of the owners at 685 53rd Street, an unacceptable result. Increased traffic could also create additional danger to vehicles, pedestrians, and cyclists as drivers lose concentration or become agitated.

The Hospital has done nothing to alleviate traffic concerns in the area to date; there is no reason to assume that the Hospital will resolve the exponential increases in these same problems in the future *without review and specific mandates from the Commission*. Any changes in traffic flow need to be carefully scrutinized to assess their effects on all streets and intersections in the 55th/Dover District.

Noise Associated with the "Temporary" Helipad on 52nd Street.

Currently, one of the most disruptive aspects of CHO's facility – the helipad – is located near the freeway off-ramp, close to 50th/51st Streets and MLK. Helicopters arrive and depart unpredictably, occurring at all times of the day and deep into the night. The Hospital now plans to place a "temporary" helipad atop its expanded outpatient center on 52nd Street. However, residents within the neighborhood already suffer from the noise generated from the helipad *even as currently located*. Pilots often stray from the preferred flight path, flying low and directly over

residences. Complaints are useless; CHO insists that, because the pilots are independent contractors, the hospital is unable to control them and can only "ask" that they comply.

A helipad located even closer to residences will undoubtedly necessitate flying, landing, and taking off directly over homes producing a considerable increase in noise. Pilots straying from this new flight plan will cause even greater (and likely intolerable noise) in the neighborhood – again at all times of the day and night.

Although the Hospital initially stated that the new helipad would be temporary (i.e., only during the construction of the expanded acute care facility), CHO has also maintained that it will *not* remove the temporary helipad after Phase I construction, thus leaving the Hospital with *two operable helipads*. The maintenance and use of two helipads simultaneously would be unacceptable, converting the area from a residential neighborhood into an airport.

Escalation in Noise and Pollution

Our neighborhood streets are already heavily taxed, creating both safety and air quality concerns. A decade of proposed construction will bring greater pollution, dust, and noise to the area. Due to varying wind patterns and noise that rebounds from CHO's current building facades, these construction byproducts will be a challenge for residents from 52nd northward, many of whom are raising young children or are retired (and thus spend more time in their homes). Especially should Phase I in fact include the installation of a heliport at 52nd Street, noise will be a greater consideration at hours all throughout the day. In addition, the heavy truck traffic with the attendant increase in noise, dust, and diesel exhaust fumes must be severely mitigated during this proposed decade-long large-scale construction project.

Parking Assessment and Mitigation

All streets in the area (including Dover, 53rd, and 54th) are extremely narrow allowing just enough room for one car to pass between vehicles parked at the curb. The project proposal notes without explanation that 160 parking spaces will be eliminated during Phase I construction. In this 100-year old neighborhood, most homes were constructed without garages and some without driveways. As the Hospital has expanded, decreased parking availability and blocked driveways have escalated in significance for some residents. Hospital visitors and patients park vehicles as far north as 57th Street and walk to the Hospital rather than utilizing CHO-provided spaces. To date, the Hospital has not addressed parking to many residents' satisfaction. Past and recent experience does not demonstrate that CHO can do so with the loss of an additional 160 parking spaces.

The Impact of Building Shadows and Diminished Sunlight

The buildings proposed for Phase II construction between 52nd and 53rd Streets appear to be large, tall, boxy, and generally out of character with the residential nature of the neighborhood. Such buildings will impede light and air flow for the remaining homeowners on the south and north sides of 53rd Street and on Dover Street. The EIR must review and analyze options for mitigating these effects, including altering the design CHO structures, including decreasing building height, stepping down the side of those buildings closest to other residences, or otherwise making those properties blend with the neighborhood.

II. Proposed Alternatives That Will Not Degrade the Neighborhood's Residential and Historical Character.

Construction Project Scope and Alternatives to Rezoning

As an initial matter, there is strenuous opposition to the inclusion within Phase I and Phase II of CHO's proposed Master Plan (and any commercial rezoning) of the properties at 795 53rd Street (at the corner of MLK) and 672 53rd Street. These properties are wholly beyond the scope of the construction project as repeatedly detailed by CHO, both at neighborhood meetings and as described in the NOP of a Draft EIR. Consequently, they should not be subject to blanket, unnecessary demolition or commercial rezoning.

In fact, the Commission should analyze and pursue alternatives to wholesale commercial rezoning for all existing residences owned by CHO. Many of these homes may be eligible (or during Phase I or II of construction may become eligible) for historic protection. Options such as maintaining residential zoning (with conditional use permissions), allowing mixed use, and ensuring that those those properties blend with the neighborhood (i.e., renovating/building structures with residential facades that mimic and fit in with the residential scale, despite their interior uses) *must* be closely reviewed. Such steps will significantly *enhance* the surrounding community – rather than degrading its character and progressively diminishing neighborhood cohesiveness.

The Hospital should coexist with neighboring residents rather than seek to annex the area block-by-block, demolish century-old homes, and build out-of-scale facilities. Only carefully considered zoning measures will protect the surrounding residential area from CHO's encroachment and degradation. In fact, over the long term, a binding agreement or other mechanism to solidify the boundaries of the Hospital site – while providing certainty for CHO as it moves forward with building plans – is essential. Based on the Hospital's repeated, continuing, and recent violations of oral agreements with the neighboring residents, verbal promises have proved insufficient defenses for our neighborhood.

Health and Safety Considerations of Deterioration in Air Quality

To preclude the serious health and safety risks of passenger and construction traffic with the attendant noise, dust, and exhaust fumes that could result from a parking lot entrance on Dover Street, the entrée to the existing parking structure should be moved to MLK, which is better able to bear this traffic. This option would provide direct access to the garage *without* either sending hospital visitors down narrow residential streets or re-routing or neighborhood streets solely for CHO's benefit.

Green Space Buffers and Landscaping Options

The Hospital's current "landscaping" and green space consists mainly of bare dirt and concrete, making its buildings neighborhood eyesores. In early meetings, residents suggested a greenbelt or other green space to shield and cushion the neighborhood from any new, larger buildings. Residents raised the need for a green space "cushion" especially with regard to the residence at 685 53rd Street. While initially noted by the Hospital, any such proposals have fallen by the wayside. At a more recent community meeting, CHO raised the green space issue, but instead proposed placing a greenbelt/fitness path between any new CHO building and State Route 24 –

essentially buffering only CHO's own buildings from the freeway. Terminating at the end of 53rd Street, the fitness path would not even connect with the greater neighborhood.

Any greenbelt must both buffer the existing residential home at 685 53rd Street *and* offer an opportunity for neighbors to the North to use the greenbelt/fitness path as a connecting thoroughfare to the eastern portion of Temescal. The ability to walk and bike through the neighborhood to the newly-rejuvenated Temescal shopping district is of great importance. Such access will become more difficult if a construction site, parking garage entrance, and ultimately large buildings block the southern edge of Dover, further isolating the neighborhood from the Temescal district.

Alternatives to the "Temporary" Helipad on 52nd Street

The Hospital and the Commission must consider and pursue options other than placing the temporary helipad on 52nd Street. The Hospital may assert that neighbors preferred the 52nd Street site to other proposed helipad locations. The proposed alternative site however was a classic "non-starter." The Hospital's proposed option of placing the temporary helipad at the corner of 53rd and Dover, directly across the street from numerous occupied residences, was a straw-man proposition that no residential community would seriously consider.

Neighborhood residents proposed temporary recourse to a previously-utilized option: landing emergency helicopters in neighboring Emeryville or West Oakland and shuttling patients by ambulance. Hospital representatives rejected this proposal out-of-hand without further discussion. Such disregard of the community's needs is not acceptable. All alternative options must be placed on the table and seriously considered to mitigate the significant impact of additional air traffic.

Neighborhood residents deeply respects and strongly supports the Hospital and its honorable mission. Many residents are CHO employees; others bring their own children there for treatment. However, the Hospital has routinely failed to act to address the needs of the neighborhood or to deal openly and fairly with our residents. Hospital visitors leave dirty diapers in our gutters, cigarette butts in our driveways, fast food trash on our sidewalks. Poor lighting around the residences purchased by CHO – but which the Hospital fails to police or maintain properly – invite trash and crime. These day-to-day issues and their negative impacts on the neighborhood must be addressed and mitigated. Because the Hospital has taken few steps to address these daily concerns, residents cannot blindly trust that the latest proposed expansion will proceed differently.

Moreover, the Hospital continues to flout more significant commitments that have been made to the surrounding community. In short, our neighborhood wants CHO to behave like a good neighbor – not only in name but also in deed. It is entirely possible for CHO to fulfill its mission while also respecting and honoring its neighbors. A plan that includes buildings with attractive historic character, green space cushion and landscaping, and pedestrian and bicycle access all the way down Dover Street would benefit the Hospital, its employees, the patients and their families, and of course, our neighborhood.

Without formal directives from the Commission and the City, however, the Hospital is unlikely to implement more neighborly options. As representatives of all citizens of Oakland your task is to honor the covenant that Oakland made with property owners who have purchased and revitalized homes in the 55th/Dover District. I hope you will hold CHO to its obligation to be a good neighbor by nurturing the historic, residential, bike-pedestrian-friendly factors that will ensure that our neighborhood and Oakland remain unique.

Sincerely,

Rafael C. Ebron

Cc:

Members of Oakland Planning Commission

Jean Quan, Mayor, City of Oakland (via Chief of Staff, Anne Campbell Washington)

Dan Kalb, Oakland City Councilmember, District 1

Keith Carson, Alameda County Supervisor, District 5

Bertram Lubin, Chief Executive Officer, Children's Hospital & Research Center-Oakland

Klein, Heather

From: Jenna <jennaforde@gmail.com>
Sent: Wednesday, August 28, 2013 10:48 AM
To: Klein, Heather
Subject: CHO plans effecting Neighborhood

Case File Number ER12-0013

August 27, 2013

Heather Klein, Planner III
City of Oakland Planning Commission
Department of Planning and Building
City of Oakland
250 Frank H. Ogawa Plaza, Suite 3315
Oakland, CA 94612

Re: Case File Number ER12-0013

Comments on Notice of Preparation (NOP) of a Draft Environmental Impact Report (EIR) and Zoning Re-Application by Children's Hospital and Research Center-Oakland Master Plan Project

I live at 5327 Dover St on the corner of 54th with my husband and two young children, 5 1/2 and 20 mo, who were born at this home. I have lived here for 16 years this week. I love my neighborhood. My children have friends here, we have friends here as well as folks we consider chosen family. My home was built in 1908, this neighborhood has been here a long time. As a resident of the so-called "55th/Dover Residential District," the expansion project proposed by Children's Hospital-Oakland (CHO or the Hospital) will affect my community directly.

We deal with the impact of the hospital everyday- noise, traffic, parking blocking our driveway, trash!, and helicopters at any hour. While we are grateful for all the work Children's Hospital does, that does not mean that we accept any more disruption to our neighborhood, to our quality of life, to let the hospital expand into where we live. There are alternatives and we expect them to be used. We are voters and tax payers. Above all we are humans demanding our Neighborhood is respected and improved upon, not slowly or not so slowly pushed out. We live here. These are our homes. We matter and our quality of life matters.

Attached is a letter from a more eloquent neighbor, Katina. I agree with what she is stating and appreciate you reading it twice. Thank you.

My comments focus on two categories affecting the surrounding community:

Due to the numerous and significant environmental impacts on the area and a current lack of adequate analysis of these issues, the proposed Master Plan requires a full Environmental Impact Review that addresses the impact on the *entire* neighborhood North of CHO, rather than solely those homes that CHO is seeking to demolish.

Necessary alternatives that do not degrade the residential character; historic context; integrity of setting and association; and visual cohesiveness of this over 100-year old neighborhood, an Area of Secondary Importance.

I. A Full Environmental Impact Review Addressing the Impact on the *Entire* Neighborhood is Necessary.

Permitting the Hospital to implement any of the following will permanently alter the character of our neighborhood and negatively affect our quality of life:

Replacing nearly of historic, residential homes with large-scale buildings and parking entrances rezoned for commercial use.

Adding a parking garage entrance at the corner of 53rd and Dover Streets, increasing traffic and degrading air quality on neighborhood streets.

Installing a helicopter landing pad close to occupied homes.

A decade of construction will increase noise, dust, and exhaust fumes threatening residents' health and well-being.

Although now set off somewhat geographically by the elevated State Route 24 freeway, the "55th/Dover District" remains part of what is historically the Temescal neighborhood (J. Norman, TEMESCAL LEGACIES: NARRATIVE OF CHANGE FROM A NORTH OAKLAND NEIGHBORHOOD (Shared Ground 2006)). Unfortunately, the Hospital has demonstrated substantially more interest in associating and cultivating a relationship with the portion of the neighborhood *east* of State Route 24 than the area *north* of its facilities.

The Hospital has been involved with community projects directed at the eastern portion of the neighborhood, such as providing support for a mural at the 52nd Street overpass. However, for over ten years, residents *north* of the Hospital have lobbied to install a pedestrian crosswalk at 55th and Dover Streets, noting that both local residents and Hospital visitors and employees face challenges in negotiating traffic at the intersection. Pedestrians and bicycles exit buses at the intersection, walk to the neighborhood-created Dover Street Park, and travel to/from events at the North Oakland Senior Center. Neighbors specifically requested assistance from the Hospital in this endeavor. Only this month (August 2013) did the neighborhood succeed in having the crosswalk installed – notably without Hospital assistance.

In the last decades, when not being ignored, residents has watched successive CHO administrations buy up and demolish neighborhood residences. The Hospital's most egregious efforts occurred in 2007 when CHO (under the false pretext of seismic retrofitting) announced plans to build a 12-story inpatient facility with a helipad at the intersection of 53rd and Dover Streets. Presenting the plans as a *fait accompli*, the Hospital threatened with eminent domain those residents with homes located inside the footprint of the enormous building. Worse, the neighborhood and Alameda County taxpayers were asked to foot the bill for the unnecessary expansion. Without the support of City or County officials, our neighborhood defeated this shocking plan.

We now need the City of Oakland's assistance to ensure that CHO's newest proposal is appropriate to the residential character; historic context; integrity of setting and association; and visual cohesiveness; and long-term vitality of the neighborhood. Residents are able to coexist with the Hospital largely because CHO has kept

its most disruptive facilities (such as the helipad) south of 52nd Street and closer to the freeway on/off-ramps. The threat of large commercial facilities closer to our homes, more than a decade of construction, a "temporary" helipad, along with the increased traffic and parking challenges, noise, pollution, trash, dust, decreased pedestrian and bicycle-friendliness, and other disruptions are disturbances which could damage our vibrant neighborhood irreparably.

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The neighborhood surrounding Children's Hospital is vibrant, diverse and inviting, with numerous beautiful homes, many of which served as a refuge for survivors of the 1906 Earthquake and some incorporating bricks from San Francisco buildings destroyed by the quake. The "55th/Dover District" is one of an extensive network of similar neighborhoods that together make North Oakland, and the City of Oakland, greater than the sum of its parts. The neighborhood's character and desirability result not from a single standout example of one or another home's architecture. Rather, it is the sum of all the residences – both grand and humble – that creates the neighborhood's long-standing allure.

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A major concern for the neighborhood is CHO's plan to relocate the entrance to the main parking garage from 52nd Street to the corner of Dover and 53rd Streets. A new entrance in this location is bound to cause considerable traffic increase. All streets (including Dover, 53rd, and 54th) are extremely narrow allowing just enough room for one car to pass between vehicles parked at the curb. These residential routes are already heavily-traveled by CHO employees, patients, and visitors who (rather than parking in the current garages and lots) circle the area looking for street parking; hospital delivery trucks; and ambulances – not to mention local residents walking, biking, and driving to reach our homes and those of our neighbors. Traffic and congestion will increase beyond reasonable levels even on wider 55th Street – a fact that was emphasized in the City's 1989 EIR for the Hospital's then-proposed parking garage and ambulatory care center between 52nd and 53rd Streets. (Draft: Children's Hospital Medical Center Environment Impact Report (Case File Number: ER-87-75) (October 12, 1989)).

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The Hospital has done nothing to alleviate traffic concerns in the area to date; there is no reason to assume that the Hospital will resolve the exponential increases in these same problems in the future *without review and specific mandates from the Commission*. Any changes in traffic flow need to be carefully scrutinized to assess their effects on all streets and intersections in the 55th/Dover District.

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Currently, one of the most disruptive aspects of CHO's facility – the helipad – is located near the freeway off-ramp, close to 50th/51st Streets and MLK. Helicopters arrive and depart unpredictably, occurring at all times of

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repeatedly detailed by CHO, both at neighborhood meetings and as described in the NOP of a Draft EIR. Consequently, they should not be subject to blanket, unnecessary demolition or commercial rezoning.

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The Hospital should coexist with neighboring residents rather than seek to annex the area block-by-block, demolish century-old homes, and build out-of-scale facilities. Only carefully considered zoning measures will protect the surrounding residential area from CHO's encroachment and degradation. In fact, over the long term, a binding agreement or other mechanism to solidify the boundaries of the Hospital site – while providing certainty for CHO as it moves forward with building plans – is essential. Based on the Hospital's repeated, continuing, and recent violations of oral agreements with the neighboring residents, verbal promises have proved insufficient defenses for our neighborhood.

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To preclude the serious health and safety risks of passenger and construction traffic with the attendant noise, dust, and exhaust fumes that could result from a parking lot entrance on Dover Street, the entrance to the existing parking structure should be moved to MLK, which is better able to bear this traffic. This option would provide direct access to the garage *without* either sending hospital visitors down narrow residential streets or re-routing or neighborhood streets solely for CHO's benefit.

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Any greenbelt must both buffer the existing residential home at 685 53rd Street *and* offer an opportunity for neighbors to the North to use the greenbelt/fitness path as a connecting thoroughfare to the eastern portion of Temescal. The ability to walk and bike through the neighborhood to the newly-rejuvenated Temescal shopping district is of great importance. Such access will become more difficult if a construction site, parking garage entrance, and ultimately large buildings block the southern edge of Dover, further isolating the neighborhood from the Temescal district.

Alternatives to the "Temporary" Helipad on 52nd Street

The Hospital and the Commission must consider and pursue options other than placing the temporary helipad on 52nd Street. The Hospital may assert that neighbors preferred the 52nd Street site to other proposed helipad locations. The proposed alternative site however was a classic "non-starter." The Hospital's proposed option of placing the temporary helipad at the corner of 53rd and Dover, directly across the street from numerous occupied residences, was a straw-man proposition that no residential community would seriously consider.

Neighborhood residents proposed temporary recourse to a previously-utilized option: landing emergency helicopters in neighboring Emeryville or West Oakland and shuttling patients by ambulance. Hospital representatives rejected this proposal out-of-hand without further discussion. Such disregard of the community's needs is not acceptable. All alternative options must be placed on the table and seriously considered to mitigate the significant impact of additional air traffic.

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Moreover, the Hospital continues to flout more significant commitments that have been made to the surrounding community. In short, our neighborhood wants CHO to behave like a good neighbor – not only in name but also in deed. It is entirely possible for CHO to fulfill its mission while also respecting and honoring its neighbors. A plan that includes buildings with attractive historic character, green space cushion and landscaping, and pedestrian and bicycle access all the way down Dover Street would benefit the Hospital, its employees, the patients and their families, and of course, our neighborhood.

Without formal directives from the Commission and the City, however, the Hospital is unlikely to implement more neighborly options. As representatives of all citizens of Oakland your task is to honor the covenant that Oakland made with property owners who have purchased and revitalized homes in the 55th/Dover District. I hope you will hold CHO to its obligation to be a good neighbor by nurturing the historic, residential, bike-pedestrian-friendly factors that will ensure that our neighborhood and Oakland remain unique.

Best regards,
Katina Anwar
Jenna Forder

Cc:
Members of Oakland Planning Commission
Jean Quan, Mayor, City of Oakland (via Chief of Staff, Anne Campbell Washington)
Dan Kalb, Oakland City Councilmember, District 1
Keith Carson, Alameda County Supervisor, District 5
Bertram Lubin, Chief Executive Officer, Children's Hospital & Research Center-Oakland

Klein, Heather

From: Katina Ancar <kancar@yahoo.com>
Sent: Wednesday, August 28, 2013 1:30 AM
To: Klein, Heather
Cc: Kalb, Dan; patillo@pgadesign.com; Whales, Jonelyn;
jahazielbonillaoaklandpc@gmail.com; Coleman, Michael; Moore, Jim;
EW.Oakland@gmail.com; Campbell-Washington, Anne; blubin@mail.cho.org
Subject: Case File Number ER12-0013 - Official Comments
Attachments: KAncar Comments .pdf

Ms. Klein,

Please find attached my Comments on Notice of Preparation (NOP) of a Draft Environmental Impact Report (EIR) and Zoning Re-Application by Children's Hospital and Research Center-Oakland Master Plan Project

Best regards,

Katina Ancar

August 27, 2013

Heather Klein, Planner III
City of Oakland Planning Commission
Department of Planning and Building
City of Oakland
250 Frank H. Ogawa Plaza, Suite 3315
Oakland, CA 94612

Re: Case File Number ER12-0013

Comments on Notice of Preparation (NOP) of a Draft Environmental Impact Report (EIR) and Zoning Re-Application by Children's Hospital and Research Center-Oakland Master Plan Project

I live and own a home at 681-55th Street near the corner of Dover Street. I have lived in North Oakland for over 14 years. I returned to the Bay Area directly after graduate school in 1999 and saved to purchase my home while working at an Oakland nonprofit in 2002. As a resident of the so-called "55th/Dover Residential District," the expansion project proposed by Children's Hospital-Oakland (CHO or the Hospital) will affect my community directly.

My comments focus on two categories affecting the surrounding community:

- Due to the numerous and significant environmental impacts on the area and a current lack of adequate analysis of these issues, the proposed Master Plan requires a full Environmental Impact Review that addresses the impact on the *entire* neighborhood North of CHO, rather than solely those homes that CHO is seeking to demolish.
- Necessary alternatives that do not degrade the residential character; historic context; integrity of setting and association; and visual cohesiveness of this over 100-year old neighborhood, an Area of Secondary Importance.

I. A Full Environmental Impact Review Addressing the Impact on the *Entire* Neighborhood is Necessary.

Permitting the Hospital to implement any of the following will permanently alter the character of our neighborhood and negatively affect our quality of life:

- A. Replacing nearly of historic, residential homes with large-scale buildings and parking entrances rezoned for commercial use.
- B. Adding a parking garage entrance at the corner of 53rd and Dover Streets, increasing traffic and degrading air quality on neighborhood streets.
- C. Installing a helicopter landing pad close to occupied homes.
- D. A decade of construction will increase noise, dust, and exhaust fumes threatening residents' health and well-being.

Although now set off somewhat geographically by the elevated State Route 24 freeway, the “55th/Dover District” remains part of what is historically the Temescal neighborhood (J. Norman, TEMESCAL LEGACIES: NARRATIVE OF CHANGE FROM A NORTH OAKLAND NEIGHBORHOOD (Shared Ground 2006)). Unfortunately, the Hospital has demonstrated substantially more interest in associating and cultivating a relationship with the portion of the neighborhood *east* of State Route 24 than the area *north* of its facilities.

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We now need the City of Oakland’s assistance to ensure that CHO’s newest proposal is appropriate to the residential character; historic context; integrity of setting and association; and visual cohesiveness; and long-term vitality of the neighborhood. Residents are able to coexist with the Hospital largely because CHO has kept its most disruptive facilities (such as the helipad) *south of 52nd Street* and closer to the freeway on/off-ramps. The threat of large commercial facilities closer to our homes, more than a decade of construction, a “temporary” helipad, along with the increased traffic and parking challenges, noise, pollution, trash, dust, decreased pedestrian and bicycle-friendliness, and other disruptions are disturbances which could damage our vibrant neighborhood irreparably.

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Best regards,

Katina Ancar

Cc:

Members of Oakland Planning Commission

Jean Quan, Mayor, City of Oakland (via Chief of Staff, Anne Campbell Washington)

Dan Kalb, Oakland City Councilmember, District 1

Keith Carson, Alameda County Supervisor, District 5

Bertram Lubin, Chief Executive Officer, Children's Hospital & Research Center-Oakland

Klein, Heather

From: Laurel Barber <jnanamayi@yahoo.com>
Sent: Wednesday, August 28, 2013 12:34 PM
To: Klein, Heather; patillo@PGAdesign.com; Whales, Jonelyn; Coleman, Michael; Moore, Jim; EW.Oakland@gmail.com; jahazielbonillaoaklandpc@gmail.com
Cc: Kalb, Dan; marvin sanders
Subject: CHIRC expansion and community impact

Aug. 27, 2013

To Planning Staff/Planning Commissioners:

We are very concerned about the CHRCO plans for a major expansion at their main campus, and the renovation of the gymnasium at the CHORI site.

1. CHRCO Hospital expansion:

Major impacts to the surrounding neighborhood include the demolition of 10 houses on 52nd, 53rd, and Dover Streets that CHRCO currently owns, and rerouting traffic from 52nd St. to their new building and existing parking garage/out-patient medical building from an entrance on 53rd and Dover St.

City staff at the Landmarks Advisory Board meeting Aug. 12 stated that these 10 houses, all "contributing" to the historic neighborhood, constitute approximately 10% of the entire inventory of buildings in this area that the City has designated as an Area of Secondary Importance (ASI).

The new entrance on Dover would service the entire campus, where gridlock already occurs at peak times. This increased traffic on residential streets and institutional encroachment would have a major impact upon those neighbors who remain in the ASI historic district. CHO has historically expanded from their main campus by buying houses they neglect and ultimately demolish.

We note the morbid irony of the Page & Turnbull historical analysis report prepared for this proposed expansion. The report downgrades the historic hospital structures that remain (i.e., the Original Baby Hospital aka A/B Wing) since they are surrounded by non-historic later hospital construction, and faults the ASI residential neighborhood for being adversely impacted by previous hospital expansion that removed contributing residences. The proposed expansion continues this environmental degradation, including the iconic house at 52nd and MLK Jr. Way whose late owner refused to sell for the last expansion.

A better example of a flourishing neighborhood next to a large hospital is Alta Bates in Berkeley, where the surrounding residential area is buffered by street closures, parks, and restricted parking. Since the neighborhood is permanently blocked from Alta Bates expansion, the present and future residents have no expectation or worry they or their neighbors' homes will be engulfed by the hospital. This model should be closely studied in the EIR alternatives process for ways to minimize the damage from CHRCO expansion, and buffer the impacts the community experiences from the existing institutional intrusion.

Obvious improvements to the proposed expansion include rerouting the automobile entrance to MLK Jr. Way to avoid gridlock on narrow Dover and 53rd Streets. Also, reducing the size of the expansion to spare more houses, and redirecting the expansion to the nearby parking lot or off-site at other UCSF locations. Houses that cannot be returned to private use should be relocated, a task subsidized by CHRCO. Permit parking, also subsidized by CHRCO, should be introduced in the area. Buffers such as street closures, traffic calming measures, vest pocket parks and other measures should be required of CHRCO.

The surface parking lot at across the street on MLK between 47th and 52nd St (next to the National Register-eligible former Consolidated Car Barn at 47th and MLK) should be considered for analysis for future expansion. The current scope of the environmental analysis and CHRCO's submitted plans do not, but should, consider their numerous satellite operations, including their office building at 4705 Shattuck, their clinic fronting MLK at 53rd, their buildings at 5220 and 5275 Claremont, and a clinic and several other buildings in Contra Costa County.

A. Dept. of Transportation wrinkle:

CHRCO's Phase 2 project requires an encroachment of Cal Trans right-of-way property along Highway 24. There apparently is no "Plan B," if this permission is not granted. According to the Aug. 21, 2013 letter from the State of California Dept. of Transportation, signed by Erik Alm:

"As lead agency, the City of Oakland is responsible for all project mitigations, included all needed improvements to State Highways. The project's fair share contribution, financing....should be fully discussed for all proposed mitigation measures and the projects's traffic mitigation fees should be specifically identified in the environmental document. Any required roadway improvements should be completed prior to issuance of project occupancy permits...**Caltrans will not issue an encroachment permit until our concerns are adequately addressed.**"

Therefore, we need information about funding for the improvements, after completion of the Traffic Impact Study, and information about what will be the City's financial liability and commitment.

2. CHORI campus:

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The gymnasium is located across a fence from Dover St. Park, which has yet to be zoned as park/open space, so remains an "unofficial" park zoned for residential use (RM2). The rezoning of the park is nearly 20 years overdue (and should have happened at the time of the citywide rezoning process under former Planning Director Eric Angstadt). A rezoning of the open space as protected park land will reduce the possibility of a sell-off of the parcel as surplus property in the future, with negative impacts upon the gymnasium such as short distance away. Note: the land being used as an unofficial park is part of the designated National Register property.

The perimeter fence at the edge of the CHORI site on Dover, Aileen, and 58th is at or near the end of its useful life and should be replaced.

CHORI's expanded use without providing for more parking (as angrily commented upon in the letter from the Senior Center Director) also includes rezoning of the entire complex. What are the implications for this change?

The Importance of Landmarks and the Dickey connection:

As Jane Jacobs writes in **The Death and Life of Great American Cities**, "Landmarks, as their name says, are prime orientation clues. But good landmarks in cities also perform two other services in clarifying the order of cities. First, they emphasize (and also dignify) the diversity of cities; they do this by calling attention to the fact they are different from their neighbors, and important because they are different. Second, ...landmarks can make important to our eyes city areas that are important in functional fact but need to have that fact visually acknowledged and dignified." p. 384."

C.W. Dickey was the renowned architect of several North Oakland/Temescal landmarks, most notably the Claremont Hotel, University High School of which the gymnasium is part, and the Temescal (Alden) Carnegie Branch Library. The designer of the Baby Hospital A/B wing from 1926 was Edward W. Cannon, a principal in the C.W. Dickey firm before Dickey relocated his practice to Hawaii.

While the Baby Hospital is obscured behind newer, less interesting construction, the exterior is still beautifully intact, and the courtyard setting with the venerable magnolia tree is splendid and could be character-defining for any renovation of the hospital. Finding architectural solutions to opening this vista to the public should be considered. It **could** be a "branding" landmark for CHRCO as much as the CHORI campus is already, as well as the "eye-stopper" Temescal Library—all these significant buildings constituting a veritable Dickey theme park/heritage tourism destination.

3. Timing/Inadequate planning:

The CHRCO application comes at an inauspicious time both for the hospital and health care industry. After CHRCO's vaunted 100 years of local, independent, private operation, a merger (they euphemistically describe as an "affiliation") is underway with UCSF, just announced in a joint Aug. 8, 2013 press release. UCSF is operator of a hospital serving children at their Parnassus Heights location and is nearing completion of a \$1.5 billion Mission Bay campus, including the Benioff Children's Hospital. The top 4 executives of CHRCO are now UC (public) employees, but still maintain their jobs at CHRCO. A 100 page agreement between the parties has been signed. We assume various legal departments will be studying all the implications of the CHRCO/UCSF merger, but, we as a community, lacking those resources, are a great disadvantage. We should not be in the position of having to second-guess their business plans.

But conflict-of-interest issues are an obvious problem. Should the CEO/President Bertram Lubin, now a UC employee, have access to privileged CHRCO financial information?

From the 8/8/13 joint UCSF/CHO press release:

"...This agreement is a significant step to achieving the following goals:

***integrating research activities to improve and make better use of available research funding.**

*** improving the combined financial operating performance of both Children's Oakland and the UCSF Benioff Children's Hospital to support state-of-the-art equipment purchases, facility expansion and upgrades, and seismic compliance..."**

The Aug. 12 planning staff report and accompanying Page & Turnbull analysis do not include any information regarding this merger and its implications for the CHRCO expansion. It is to be assumed the two parties are themselves evaluating plans and alternatives to deal with the expansion and seismic upgrade issues that CHRCO wants addressed, **but the public should not be put into a guessing game about what they might propose in the meantime.** Mergers generally result in consolidation, whole departments may move.

The obvious problem for a complete and thorough environmental review for any expansion is that a "reduced harm" or "no harm" alternative would likely include consideration of the UCSF Benioff Children's Hospital site. With this alternative, conceivably the existing housing slated for demolition could be spared and revert to private ownership as happened with Kaiser deaccessioning some homes/parcels they acquired for their expansion and then didn't need, the new parking and building entrance on residential Dover St. would be avoided, along with the seven years of construction in the residential neighborhood. Wings of the hospital needing seismic upgrades for wards could be converted into offices, and new state-of-the-art wards with single-occupancy rooms built at UCSF.

Inauspicious Beginning:

The roll-out of the CHRCO Oakland expansion plan occurred at the Aug. 12, 2013 Landmarks Preservation Advisory Board meeting, but the applicant apparently misunderstood the purpose and nature of a scoping session for environmental review.

Nearly all of the ten speakers from CHRCO made the single point that assigning the "A/B wing" aka the Original Baby Hospital a "B3" rating, rather than an earlier and cursory rating of "Cb+3", was unacceptable. But the A/B wing is not part of either phase 1 or phase 2, is not being evaluated under the scope of the EIR, and CHRCO indicated they wouldn't need to even consider its removal for perhaps "30 years."

The August 12th letter to the City making the same argument, signed by Doug Nelson, Director of Development & Construction for CHRCO, contained the implied threat that a "rating of B3 would (then) make such expansion more difficult and could result in the Hospital expanding in a manner that is inconsistent with the residents' preferences (to contain CHO's incursion into the existing residential neighborhood)." (We have added the clause in parenthesis.)

4. 55th/Dover St. Historic District (ASI):

The implicit suggestion that CHRCO might have to expand beyond the south side of 53rd St. (they already have acquired at least one residence on the north side of 53rd as well as their medical building on 53rd and MLK Jr. Way) runs counter to the verbal commitment of previous administrations, beginning with CEO Tony Paap, not to expand beyond 53rd St. Although the previous administration, under CEO/President Frank Tiedemann, proposed a 180' tower that would have taken out public housing on the north side of 53rd St. He brandished the explicit threat to use eminent domain to acquire properties in the footprint they didn't own.

Neighbors at the Landmarks meeting complained about the efforts the projects as proposed would have on the neighborhood, with the new building and parking garage entrance on 53rd and Dover St., and no attention to buffering or traffic calming to protect the neighbors who remain in their houses. As noted elsewhere, the 10 houses slated for demolition constitute about 10% of the approximately 100+ residences in the ASI historic district.

So far, the environmental analysis is flawed and inadequate in terms of evaluating the district that would be affected by the expansion and resulting traffic, etc. From the consultants report:

"Page & Turnbull was not asked to complete a residential district evaluation for either the state or local register as part of the scope of work for this project. However, such an evaluation is necessary to fully understand the existing conditions, historic context, and integrity of the district..." (pg.110, Page & Turnbull)

The boundaries need to be expanded for further Page & Turnbull analysis. Staff's opinion that the "55th and Dover Historic District ASI...does not appear to be a CEQA historic resource" requires more research. Their hypothesis is contradicted by the evidence of at least 2 "Bs" on the next block of 54th St., at 657 54th and 713 54th. Their "B" rating even under the City's criteria raises them to CEQA historic resource standing and negative impacts to their context and surroundings must be evaluated.

As noted by Page & Turnbull, these ratings are now nearly 20 years old, from the City's "windshield survey" aka "Preliminary Property List." An on-the-ground inspection of the neighborhood reveals many other outstanding properties in equally good condition, so one may conclude other "B"s or "A"s may also exist. Unfortunately, the cursory treatment accorded the neighborhood at the recent Landmarks Board tour reflects an implicit attitude in the constricted description of the ASI--some of the Board members and members of the public and preservationists proceeded on the walk through the neighborhood to the gym, but the focus of the "tour" was the CHRCO campus itself and the project planner departed for City Hall at the end of that part of the tour.

Please do not truncate the discussion. The purpose of scoping, for a thorough review of a project and its impacts, is apparently not understood by the City of Oakland, as evidenced by the following statement by Planner Heather Klein responding to our request for a broader examination of the ASI-area:

"As noted in my LPAB staff report, City staff requested the Page and Turnbull HRE for several reasons: 1) to clarify the historic ratings (CEQA status) of buildings on the campus and **those proposed for demolition...**"

5. Missing Master Plan. CHRCO's confusion about downgrading the rating for the A/B wing for potential expansion "in 30 years,"-- plans not addressed in the application, the lack of any clarification of what the merger and consolidation between UCSF and CHRCO would mean for their proposed expansion in Oakland, and their lack of inclusion of other plans and parcels they own, all indicate the need for a master plan update, shared with the public and city planning staff and elected officials.

Another way to proceed could involve the "program EIR" suggested by Oakland Heritage Alliance. Cumulative impacts need to be studied, and scenarios examined in which the project is interrupted after Phase 1.

6. Archeology. More analysis of the likely presence of ancestral Indian artifacts. An Ohlone village, possibly in existence for centuries, is known to have been located in the vicinity of 51st and Telegraph and temescals (sweat lodges) were likely along the creek running under the proposed project. Other than the Italianate Alden house and the McElrath mansion, there have been few structures built since the Ohlone period. From P & T: "By 1873, the population of the village of Temescal numbered 1,000 and the village featured stores, restaurants, dairies, and banks." The layering of history and human traces and artifacts make this area an especially promising one for the possibility of archeological discoveries.

A trained archeologist should be employed by CHRCO during any construction/demolition/excavation, and a plan of action approved by SHPO prior to any activity commencing.

I would like to particularly emphasize the threat of the new parking garage at 53rd and Dover St. with the entrance on Dover Street. This will increase the traffic congestion on Dover St. and will be highly disruptive to the community.

The noise, traffic, pollution and littering by the CHO community is already disruptive enough and I strongly oppose this plan. I hope that making Dover Street into a cul-de-sac is being considered as this would at least decrease some of the vehicular traffic.

Thank you for your consideration.

Sincerely,

Laurel Barber
Resident, 54th & Dover St



CHILDREN'S HOSPITAL
& RESEARCH CENTER OAKLAND

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Latest News

Children's Hospital Oakland plans ahead

By Blanca Torres- San Francisco Business Times, August 23, 2013 Children's Hospital and Research Center in Oakland started plans for a \$500 million revamp of its campus at 747 52nd St. and research institute at 5700 Martin Luther King Jr Way. The hospital submitted a notice to prepare an environmental impact report and will go [...]

Children's Hospital's \$450 million plan for rebuild begins EIR process

By Chris Rauber- San Francisco Business Times, July 26, 2013 And so it starts, not with a bang but with paperwork. The City of Oakland is beginning the process of preparing a draft environmental impact report for Children's Hospital and Research Center Oakland's estimated \$450 million master plan project, which initially includes building a six-story [...]

Stay Informed

Join our mailing list to learn about upcoming neighborhood meetings and workshops

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Last Name *

Email Address *

Zip Code *



Children's Hospital & Research Center Oakland
2475 Shattuck St., Oakland, CA 94609
916-434-2000

EVENTS AT CHILDREN'S

COFFEE TALK WITH CHILDREN'S HOSPITAL

Date: June 6, 2013

Time: 8:30 to 9:30 a.m.

Location: CHORI Library, 8700 MLK Jr Way (Enter through the North Oakland Sanitary Center parking lot on 95th St.)



NEIGHBORHOOD CENTENNIAL CELEBRATION

Date: Sept. 28, 2013

Time: 1 to 4 p.m.

Location: Dover St. Park



PHAT BEETS FARMERS MARKET AT CHILDREN'S HOSPITAL

Date: Every Tuesday

Time: 2 to 7 p.m.

Location: 244 53rd St., Outpatient building pillars (located on 53rd St. between MLK Way and Dover)

CHILDREN'S HOSPITAL & RESEARCH CENTER OAKLAND
2475 SHATTUCK ST.
OAKLAND, CA 94609

916-434-2000
www.chonest100.org

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APRIL 2013

COMMUNITY NEWSLETTER



Dear Neighbors,

Three years ago, I was honored to become the first pediatrician to ever serve as President and CEO of Children's Hospital & Research Center Oakland. Since then, one of my primary goals has been to improve our community relations both with neighbors, as well as with the broader Oakland community.

In 2011, Children's Hospital & Research Center Oakland began preparing plans to modernize our facilities. Our goal is to present a rational and reasonable plan that maximizes the utility of our existing facilities and only adds what is needed. As we embark on this journey, we have made a commitment to provide an open line of communication between the hospital and the neighborhood and listen to your feedback.

You may have heard about our potential affiliation with UCSF. While we are still negotiating the terms of a potential partnership, I assure you that any action we take would always be in the best interest of the children and ensure the effectiveness of the care we deliver to our community.

This newsletter is part of our effort to involve the community in our plans. Please keep your eyes out for the new quarterly newsletter to find out more about what is happening at the hospital.

Best wishes,

Bertam Lubin

Bertam Lubin, MD
President and Chief Executive Officer

CHILDREN'S HOSPITAL OAKLAND: HONORING THE PAST, LOOKING TO THE FUTURE



1974

2011

Over the past 100 years, the neighborhood around Children's Oakland has dramatically changed. The hospital has grown over time to accommodate technological advances and patient needs. The current vision for the modernized Children's Oakland is the result of safety improvements required by the state and the desire for our buildings to reflect the quality of our care, improve the patient and family experience, and provide our neighborhood with an architecturally beautiful structure they can be proud of.

On the pages inside, you can see the current vision for the hospital along with more information about the project.

Want to see Children's Oakland through the years?
Visit www.100amazingyears.org

Questions?

Email community@chonest100.org or call 510-592-3421. You can also join our mailing list and sign up for updates on our website at www.chonest100.org. Please feel free to send us any questions you may have throughout this planning and development process.

To view this newsletter in Spanish, please visit www.chonest100.org

ABOUT THE CHILDREN'S OAKLAND MODERNIZATION PROJECT

Rebuilding and modernizing our medical facilities will preserve our community's pediatric healthcare services.

Children's Hospital & Research Center Oakland is Northern California's only independent not-for-profit regional medical center for children. We are the only designated Level I pediatric trauma center with the largest pediatric intensive care unit in Northern California. Children's Oakland has 100 licensed beds, 701 hospital-based physicians in 30 specialties, more than 2,700 employees, and an annual operating budget of more than \$350 million.

For us to continue to serve our region's current and future health care needs, Children's Oakland must rebuild and modernize facilities to meet new seismic safety standards. The Children's Hospital & Research Center Oakland Modernization Project will address capacity shortages and advances in modern medicine. Upgraded facilities will accommodate new medical technologies and the new hospital standard of single-patient rooms to ensure patient and family privacy, patient safety and comfort.

We want to minimize disruption to our neighbors during the process, which means relocating the use of our existing land and buildings. We aim to keep the height of any new buildings consistent with the height of our existing facilities. A major emphasis will also be to relocate and modernize existing spaces and buildings to minimize the need for new construction.

OUR PROCESS

Engaging our community in the planning process is one of our Master Plans guiding principles. By involving a full spectrum of the hospital's extended circle—including neighbors, families, patients, physicians, staff, donors and local community leaders—in our planning process, a collaborative blend of voices emerges to ensure our future hospital meets the community's collective vision.

Children's Oakland held a series of neighborhood meetings in March and April 2012 to reintroduce the concept of our Master Plan to interested community members. Then in July 2012, the hospital and design team created a infostore event, known as "100 Voices: Creating a Vision," to capture ideas for the future of Children's Oakland and put them into a synthesis of concepts that will be shared throughout the design of the new hospital campus.

Based on the feedback we received at our community meetings, Children's Oakland has continued to update neighbors by hosting a series of Coffee Talk meetings. Over the past year we heard concerns about the following issues:

- Parking and Security
- Electric and Emergency Vehicle Access
- Master Plan Updates
- Neighborhood Continual Celebration
- Disaster Preparedness

In response to the concerns we heard at these meetings, we took steps to make the neighborhood a better place to live and work by:

- Adding timed lights to vacant routes and improving landscaping
- Creating a single point of contact: community phone number for parking and security concerns
- Sending a letter to hospital employees asking them to be spontaneous and mindful of their surroundings when in the neighborhood, mainly waiting where they park and putting trash in the appropriate receptacle
- Calling the City of Oakland to replace worn parking signs
- Speaking to police officers and asking them to be more visible in the neighborhood
- Urging the City of Oakland to provide public garbage receptacles in the neighborhood

In the months ahead, Children's Oakland will continue to seek community input as it develops the best long-term design and build strategically safe, modern facilities, while addressing the community's needs and mitigating potential impacts.

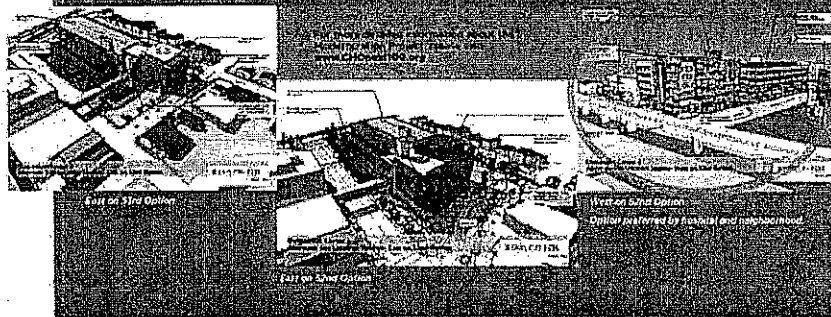
For more information about the project or to sign up for updates, please visit us at www.CHOnet100.org.

MARCH 14 NEIGHBORHOOD MEETING SUMMARY

At our most recent community meeting, Children's Oakland shared ideas and alternatives and received input from the community. The Center that is planned to be built along State Street is the Hospital's new main building. Neighbors expressed concern about the building's height and its impact on the neighborhood. The building is not likely to be built along State Street from the intersection of State Street and Grand Avenue to the intersection of State Street and Grand Avenue. The building is not likely to be built along State Street from the intersection of State Street and Grand Avenue to the intersection of State Street and Grand Avenue.

Parking inside the Hospital is a concern. We are planning to build parking spaces for patients, visitors and employees to take public transportation and will continue to make public transportation a priority. We will also provide the community with a map of the parking spaces and we have been able to secure a secured area of the parking structure that both visitors and staff can use.

The Hospital plans to file a Draft Environmental Impact Report (EIR) later this year and again proposed to the Oakland City Council. We will be meeting with the community and the City Council to discuss the EIR and the Hospital's plans throughout the process.



***** 100
TRANSPARENCY
TRANSPARENCY
TRANSPARENCY
TRANSPARENCY

Please keep me informed about the project.
I have the following comments:

Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

For more information, please visit www.CHOnet100.org

JOIN US

AS WE PLAN FOR
OUR FUTURE



CHILDREN'S HOSPITAL
& RESEARCH CENTER OAKLAND

NEIGHBORHOOD MEETINGS 2012



TUESDAY, MARCH 27
9 a.m. - 11 a.m.
Location TBD

WEDNESDAY, MARCH 28
7 p.m. - 9 p.m.
North Oakland Senior Center

SATURDAY, MARCH 31
9 a.m. - 11 a.m.
North Oakland Senior Center

We want your input & ideas to make
CHILDREN'S HOSPITAL OAKLAND
an outstanding hospital for children
in the Bay Area & beyond.

www.childrenshospitaloakland.org

FRONT OF CARD

JOIN US FOR OUR 2012 NEIGHBORHOOD MEETINGS



Public Affairs
757 52nd Street
Oakland, CA 94609-1805



As you may have heard, we are planning for our future.

Please join us to learn more about our goals and initial concepts to upgrade and modernize our facilities. As our neighbors, we want your input and ideas to make **CHILDREN'S HOSPITAL OAKLAND** an outstanding hospital for children in the Bay Area and beyond.

We look forward to your participation and input during this exciting process.

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Questions? Contact:
Bernardette Arellano
(510) 423-3208
BArellano@mail.cho.org

www.childrenshospitaloakland.org

BACK OF CARD

REVISED 03/01/12

TAYLOR

Newport Beach
San Francisco

Klein, Heather

From: marvin sanders <marvinsanders@yahoo.com>
Sent: Wednesday, August 28, 2013 4:08 PM
To: Klein, Heather; patillo@PGAdesign.com; Whales, Jonelyn; Coleman, Michael; Moore, Jim; EW.Oakland@gmail.com; jahazielbonillaoaklandpc@gmail.com; Kalb, Dan
Subject: CHRC plans for expansion

Aug. 27, 2013

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The implicit suggestion that CHRCO might have to expand beyond the south side of 53rd St. (they already have acquired at least one residence on the north side of 53rd as well as their medical building on 53rd and MLK Jr. Way) runs counter to the verbal commitment of previous administrations, beginning with CEO Tony Paap, not to expand beyond 53rd St. Although the previous administration, under CEO/President Frank Tiedemann, proposed a 180' tower that would have taken out public housing on the north side of 53rd St. He brandished the explicit threat to use eminent domain to acquire properties in the footprint they didn't own.

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The boundaries need to be expanded for further Page & Turnbull analysis. Staff's opinion that the "55th and Dover Historic District ASI...does not appear to be a CEQA historic resource" requires more research. Their hypothesis is contradicted by the evidence of at least 2 "Bs" on the next block of 54th St., at 657 54th and 713 54th. Their "B" rating even under the City's criteria raises them to CEQA historic resource standing and negative impacts to their context and surroundings must be evaluated.

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aka "Preliminary Property List." An on-the-ground inspection of the neighborhood reveals many other outstanding properties in equally good condition, so one may conclude other "B"s or "A"s may also exist. Unfortunately, the cursory treatment accorded the neighborhood at the recent Landmarks Board tour reflects an implicit attitude in the constricted description of the ASI--some of the Board members and members of the public and preservationists proceeded on the walk through the neighborhood to the gym, but the focus of the "tour" was the CHRCO campus itself and the project planner departed for City Hall at the end of that part of the tour.

Please do not truncate the discussion. The purpose of scoping, for a thorough review of a project and its impacts, is apparently not understood by the City of Oakland, as evidenced by the following statement by Planner Heather Klein responding to our request for a broader examination of the ASI area:

"As noted in my LPAB staff report, City staff requested the Page and Turnbull HRE for several reasons: 1) to clarify the historic ratings (CEQA status) of buildings on the campus and those proposed for demolition..."

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Another way to proceed could involve the "program EIR" suggested by Oakland Heritage Alliance. Cumulative impacts need to be studied, and scenarios examined in which the project is interrupted after Phase 1.

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A trained archeologist should be employed by CHRCO during any construction/demolition/excavation, and a plan of action approved by SHPO prior to any activity commencing.

We are especially concerned about the plan to build a parking garage on Dover St. and are hoping the city will consider making Dover Street into a cul-de-sac at 53rd St.

Sincerely,
Marvin L. Sanders
Dover Street resident

Kristin Kiesel, 5301 Dover St, Oakland, CA 94609, kristin.kiesel@gmail.com , 510-285-7731

Oakland, August 27th, 2013

Dear Ms. Klein,

My daughter and I live at 5301 Dover Street, a beautiful Victorian duplex build around in 1903, which we proudly have called home for more than a year. Despite recent incidents like the shooting on 53rd right in front of our kitchen window, we greatly enjoy this neighborhood and are committed and motivated to doing our part to improve our neighborhood as well as the Oakland community as a whole. Our duplex alone is home to 3 kids, me and another single mom with her son sharing the downstairs unit, and a young family with their daughter living upstairs. The family living in the house next door to us also has a young son and has successfully established a day care center, enthusiastically being utilized by young families in this area.

At the community meeting earlier this summer, I was relieved to hear that the new Outpatient Center Building is planned for Martin Luther King Jr (MLK). and 52nd streets, and I do understand the necessity of such a facility close to the main patient building. However, I am confused by more recent information that the alternatively discussed location of this building (Dover and 53rd) and the helicopter pad might still be a possibility.

My primary concern, however, is regarding the proposed parking entrance at 53rd and Dover, which will vastly increase traffic on Dover Street, a narrow road that is not well suited for this extra traffic volume. I fear lines entering and exiting the parking structure, drastically increased noise and exhaust fumes. In addition, our neighborhood already faces street parking issues, and it is not possible to find parking during the day. Instead Oakland's Children's Hospital (OCH) personnel and patients seem to circle around and around repeatedly to find street parking. Even with the extra turning lane on 52nd, there seems significant backed up traffic at times now. It does not make any logistic sense to me to place the parking entrance where it is proposed. There will be no space for such a turning lane on Dover, and this backing up will influence regular traffic flows through our neighborhood as well. I believe, the entrance should be placed away from the residential area, and made easily accessible from already higher traffic areas such as MLK or the existing ramp on 52nd closer to MLK. Routing all traffic in and around a residential block with limited space, and the resulting congestion simply does not make any sense to me when it comes to traffic flows and environmental impact.

I also strongly object to the demolition of the single or multi-family craftsman houses that are part of the proposal. I believe, these houses have historical value, could be restored to stunning beauty at relatively low cost, and become an integrated part of our residential area even if they are used for office space or extended patient care by OCH. I would also like to see more effort put towards the outside landscaping around these houses. If OCH is not interested or able to take on this responsibility, I am hopeful that our community might be able to step in and collaborate on ideas and use of this potentially green buffer zone between the hospital and residential area. In this way, OCH could partner with their residential neighbors and ensure a smooth transition and continued cohabitation despite their need to expand their patient care.

Klein, Heather

From: Robert Brokl <broklcrofts@earthlink.net>
Sent: Tuesday, August 27, 2013 8:56 PM
To: Klein, Heather; Chris Patillo; Coleman, Michael; Jahaziel Bonilla; Moore, Jim; Emily Weinstein; Whales, Jonelyn; Flynn, Rachel; Miller, Scott; Merkamp, Robert; Pavlinec, Joann; Kalb, Dan
Subject: CHRCO/CHORI Expansion

Aug. 27, 2013

To Planning Staff/Planning Commissioners:

We are very concerned about the CHRCO plans for a major expansion at their main campus, and the renovation of the gymnasium at the CHORI site.

1. CHRCO Hospital expansion:

Major impacts to the surrounding neighborhood include the demolition of 10 houses on 52nd, 53rd, and Dover Streets that CHRCO currently owns, and rerouting traffic from 52nd St. to their new building and existing parking garage/out-patient medical building from an entrance on 53rd and Dover St.

City staff at the Landmarks Advisory Board meeting Aug. 12 stated that these 10 houses, all "contributing" to the historic neighborhood, constitute approximately 10% of the entire inventory of buildings in this area that the City has designated as an Area of Secondary Importance (ASI).

The new entrance on Dover would service the entire campus, where gridlock already occurs at peak times. This increased traffic on residential streets and institutional encroachment would have a major impact upon those neighbors who remain in the ASI historic district. CHO has historically expanded from their main campus by buying houses they neglect and ultimately demolish.

We note the morbid irony of the Page & Turnbull historical analysis report prepared for this proposed expansion. The report downgrades the historic hospital structures that remain (i.e., the Original Baby Hospital aka A/B Wing) since they are surrounded by non-historic later hospital construction, and faults the ASI residential neighborhood for being adversely impacted by previous hospital expansion that removed contributing residences. The proposed expansion continues this environmental degradation, including the iconic house at 52nd and MLK Jr. Way whose late owner refused to sell for the last expansion.

A better example of a flourishing neighborhood next to a large hospital is Alta Bates in Berkeley, where the surrounding residential area is buffered by street closures, parks, and restricted parking. Since the neighborhood is permanently blocked from Alta Bates expansion, the present and future residents have no expectation or worry they or their neighbors' homes will be engulfed by the hospital. This model should be closely studied in the EIR alternatives process for ways to minimize the damage from CHRCO expansion, and buffer the impacts the community experiences from the existing institutional intrusion.

Obvious improvements to the proposed expansion include rerouting the automobile entrance to MLK Jr. Way to avoid gridlock on narrow Dover and 53rd Streets. Also, reducing the size of the expansion to spare more houses, and redirecting the expansion to the nearby parking lot or off-site at other UCSF locations. Houses that cannot be returned to private use should be relocated, a task subsidized by CHRCO. Permit parking, also subsidized by CHRCO, should be introduced in the area. Buffers such as street closures, traffic calming measures, vest pocket parks and other measures should be required of CHRCO.

The surface parking lot at across the street on MLK between 47th and 52nd St (next to the National Register-eligible former Consolidated Car Barn at 47th and MLK) should be considered for analysis for future expansion. The current scope of the environmental analysis and CHRCO's submitted plans do not, but should, consider their numerous satellite operations, including their office building at 4705 Shattuck, their clinic fronting MLK at 53rd, their buildings at 5220 and 5275 Claremont, and a clinic and several other buildings in Contra Costa County.

A. Dept. of Transportation wrinkle:

CHRCO's Phase 2 project requires an encroachment of Cal Trans right-of-way property along Highway 24. There apparently is no "Plan B," if this permission is not granted. According to the Aug. 21, 2013 letter from the State of California Dept. of Transportation, signed by Erik Alm:

"As lead agency, the City of Oakland is responsible for all project mitigations, included all needed improvements to State Highways. The project's fair share contribution, financing....should be fully discussed for all proposed mitigation measures and the projects's traffic mitigation fees should be specifically identified in the environmental document. Any required roadway improvements should be completed prior to issuance of project occupancy permits...**Caltrans will not issue an encroachment permit until our concerns are adequately addressed.**"

Therefore, we need information about funding for the improvements, after completion of the Traffic Impact Study, and information about what will be the City's financial liability and commitment.

2. CHORI campus:

The gymnasium building renovation will complete (for now?) the build-out of the former Old Merritt College/University High School campus. But the gymnasium renovation, which includes a cooling tower and transformer, does not call for more parking to be provided. We cannot easily comprehend the gymnasium renovation from the drawings provided by the staff report, and we note with dismay that CHRCO did not even mention their plans for the gymnasium renovation during their few community meetings, even as we pressed them to disclose any such intentions, after their costly (and belated) gymnasium roof repair.

The gymnasium is located across a fence from Dover St. Park, which has yet to be zoned as park/open space, so remains an "unofficial" park zoned for residential use (RM2). The rezoning of the park is nearly 20 years overdue (and should have happened at the time of the citywide rezoning process under former Planning Director Eric Angstadt). A rezoning of the open space as protected park land will reduce the possibility of a sell-off of the parcel as surplus property in the future, with negative impacts upon the gymnasium such as short distance away. Note: the land being used as an unofficial park is part of the designated National Register property.

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Sincerely,

Robert Brokl Alfred Crofts

Klein, Heather

From: Thomas Levy <tom.walden.levy@gmail.com>
Sent: Tuesday, August 27, 2013 3:41 PM
To: Klein, Heather
Subject: Response to Children's Hospital's proposed expansion (EIR12-00131908)

Heather Klein, Planner III

RE: Children's Hospital Oakland expansion (ER12-00131908)

August 27, 2013

Dear Ms. Klein,

I live with my wife and son at 5319 Dover Street, which I bought in 1989. It was built in 1908 in a neighborhood that quickly filled with San Franciscans left homeless by the 1906 earthquake. Our home and this entire neighborhood were here years before Children's opened its doors in 1914 as a "Baby Hospital" housed in a converted mansion and its outbuildings.

My point is that this residential neighborhood was here before Children's Hospital Oakland (CHO) and it must remain a residential neighborhood. Unfortunately, many aspects of CHO's expansion threaten the sustainability of the Dover Street corridor's residential character.

My neighbors and I have watched CHO buy up homes here for years, preparing for a northward expansion. The most bald-faced attempt came in 2007 when CHO announced it planned to build a 12-story inpatient building, topped with a helipad, at 53rd and Dover streets.

Homeowners living inside that skyscraper's footprint were threatened with eminent domain. The neighborhood — and Alameda County taxpayers who were asked to foot part of the bill — fought back and won, defeating Measure A in 2008. But scarred by that battle, we grew wary of CHO.

For many years we have tolerated the noise, lights, trash, traffic, parking problems and other nuisances, because we support CHO's mission to serve the region's children, and also because, for the most part, Children's has kept its most disruptive facilities, including its helipad, south of 52nd Street and closer to the freeway.

But we are not sanguine about the threat of busy, noisy round-the-clock facilities being built closer to our single-family-home neighborhood. We are very concerned.

We are relieved to see that the new "Outpatient Center Building" is planned for Martin Luther King Jr. and 52nd streets, not at Dover and 53rd as previously threatened. But that plan needs to be in writing. We can't tolerate living in the shadow of a tall building topped by a helipad. No helipad, not even a "temporary" one, should be placed so close to residential family homes.

We're also very concerned by the proposed parking entrance at 53rd and Dover streets. Building the entrance there will vastly increase traffic on Dover Street, a narrow residential road lined with traffic-calming speed bumps, that is already used as a parking lot by patient families and staff members. We can't tolerate having Dover turned into a thoroughfare that will funnel patient families, vendors, clinicians and others in their vehicles through our neighborhood and into the new proposed parking entrance. We prefer that that traffic come into Children's proposed new parking lot via Martin Luther King Way at 52nd Street.

The parking entrance, and its burden of more cars, trucks and exhaust fumes should be placed away from our residential area, even if it means rerouting traffic and closing roads.

What we need is a true green buffer zone along Dover between 52nd and 53rd streets, and along 53rd Street where CHO owns property, with architecture scaled to match the neighborhood, as well as landscaping and traffic calming. We suggest something like what Alta Bates did after the city of Berkeley got involved in its expansion plans.

We ask for no commercial zoning on these blocks. Commercial zoning is absolutely beyond the scope of both phases 1 and 2 as outlined at CHO's community meetings and in the EIR.

Respectfully,

Thomas Levy

5319 Dover St., Oakland
(510) 759-5408

Klein, Heather

From: jolene garcia <jolene.garcia1@gmail.com>
Sent: Tuesday, August 27, 2013 3:10 PM
To: Klein, Heather
Subject: ER12-0013 | Children's Hospital Expansion

Hi,

I live(own) at 730 - 54th Street between MLK and Dover. I just found out this morning that there is a 500,000 sf expansion planned for the hospital. I found this out because I ran into a neighbor down the street and he mentioned it to me. It is becoming quite clear that not everyone was informed of these plans, as apparently, we are not the only household that did not receive information about the expansion. Considering not everyone was properly informed I ask that you extend the cutoff time/date.

This expansion will greatly impact our neighborhood. I have lived in this house for 10 years and watched this neighborhood grow and change for the better. We have endured shootings, drug dealers, homeless delinquents. Parking is already at a premium - the staff of the hospital park on our streets all day everyday. The patients of the hospital park on our streets and when they leave they toss their McDonalds garbage and dirty diapers out on the sidewalk. Both the staff and the patients smoke and leave their cigarette butts on the sidewalks & in the gutters. The noise level in this neighborhood is quite loud due to the already heavy traffic, BART noise and pedestrian noise. We hear the helicopters flying over head all the time, don't make it worse by moving the helipad to 52nd street.

We have had to put up with so much already and the neighborhood is finally feeling better. Safer. Please don't change the feel of this neighborhood. Your plans to expand would destroy this historical section of North Oakland.

Don't cast a shadow on this great neighborhood with your monstrous hospital.
Jolene Garcia

Klein, Heather

From: Yasmin Anwar <yanwar24@gmail.com>
Sent: Tuesday, August 27, 2013 11:53 AM
To: Klein, Heather
Cc: Kalb, Dan; Supervisor Carson's Office; pattilo@PGdesign.com
Subject: Neighbor response to Children's Hospital Oakland expansion (ER12-00131908)
Attachments: CHOeir-Yasmin.pdf

Heather Klein, Planner III

RE: Children's Hospital Oakland expansion (ER12-00131908)

August 27, 2013

Dear Ms. Klein,

My husband, son and I live at 5319 Dover Street, which we have owned since 1989. It's a 1908-built craftsman that was among the first Oakland homes built for San Franciscans fleeing the 1906 earthquake and was there before Children's opened its doors as a "Baby Hospital" in 1914. My point is, a residential neighborhood preceded Children's Hospital Oakland (CHO), and it needs to remain here. Unfortunately, many aspects of the expansion threaten the residential sustainability of the Dover Street corridor.

For years, we have watched CHO buy up homes in preparation for a northward expansion. The most egregious attempt occurred in 2006 when CHO announced plans for a 12-story inpatient building with a helipad at 53rd and Dover streets. Homeowners inside the footprint were threatened with eminent domain. The neighborhood (and taxpayers who were asked to foot part of the bill) fought back and won. Suffice to say, we have come away battle-scarred. So far, we have tolerated the noise, lights, trash, traffic, parking problems and other nuisances largely because Children's has kept its most disruptive facilities (including the helipad) south of 52nd street and closer to the freeway. But the threat of busy, noisy round-the-clock facilities closer in to our single-family home neighborhood is deeply disturbing.

That said, we are relieved to hear that the new "Outpatient Center Building" is planned for Martin Luther King Jr. and 52nd streets (not at Dover and 53rd as previously threatened). **But that needs to be in writing.** Under no circumstances can we tolerate living in the shadow of a tall building with helipad. No helipad, not even a "temporary" one, should be in such close range of residential family homes.

Also of major concern is the proposed parking entrance at 53rd and Dover, which will vastly increase traffic on Dover Street, a narrow road that cannot bear the burden of more cars, trucks and exhaust fumes. The parking entrance should be placed away from the residential area, even if it means rerouting traffic and road closures.

What we desperately need is a true green buffer zone along Dover between 52nd and 53rd streets with architecture in scale with the neighborhood, landscaping and traffic calming. (something akin to what Alta Bates did after the city of Berkeley got involved). No commercial zoning on this block. Commercial zoning is absolutely beyond the scope of both phases 1 and 2 as outlined at CHO's

community meetings and in the EIR. Please don't make us choose between bad and worst. We have an opportunity here to create something really wonderful.

Respectfully,

Yasmin Anwar

5319 Dover Street

(510) 759-7649

Heather Klein, Planner III

RE: Children's Hospital Oakland expansion (ER12-00131908)

August 27, 2013

Dear Ms. Klein,

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Respectfully, Yasmin Anwar, 5319 Dover Street (510) 759-7649

Klein, Heather

From: Cindy David <cindydavid@sagekraft.com>
Sent: Monday, August 26, 2013 9:43 PM
To: Klein, Heather
Subject: Official Comments Case ER12-0013
Attachments: Comments CHO expansion Case ER12-0013.pdf; ATT15250970.txt

Hi Heather,

My comments for the Draft EIR scoping period are in the attached PDF.

Thank you,

Cindy David

Planning Commission
City of Oakland
250 Frank H. Ogawa Plaza, Suite 3315
Oakland, CCA 94612

RE: Case File Number ER12-0013- Public Comments CHO expansion

My comments address the following three points for consideration in the scoping process:

- No rezoning.
- Formal environmental review of the neighborhood North of CHO due to potential cumulative impact, significant environmental impact and lack of current formal analysis.
- Inclusion of an alternative that maximizes green and historical character of the neighborhood.

No Rezoning

I live on Dover street, close enough to be in the shadow of the proposed construction project. My house was built in 1912 and was in a neglected state when I purchased it in 2010. After lots of blood, sweat and tears my house adds value to our neighborhood. The same kind of value the 100-year-old houses Children's Hospital plans to remove would add to our neighborhood and to Oakland if they were given treated with the respect these old houses deserve. They are our old growth forests and they are the birthplaces of our citizens. Is it really that easy to buy up two blocks of a historical neighborhood in Oakland, neglect those homes, then get permission to rezone and tear them down?

Formal Review of Neighborhood

Is it reasonable that a "dashboard survey" from 1996 be used as the primary method of analyzing a historical neighborhood under the chopping block to lose 10 historic homes? Was the "dashboard survey" meant to be used as a tool to give formal planning approval to remove such a huge quantity of historic homes from a vibrant and thriving neighborhood? Is the cumulative impact on the neighborhood from past, present and proposed expansions by Children's Hospital coupled with the sheer number of historical homes planned for removal not significant enough to warrant a thorough and thoughtful analysis of the neighborhood? How can a planning division and the public make sound decisions that effect the neighborhood without taking a hard and honest look at the neighborhood to help understand its significance in the past, the present and future.

Preserve and Enhance Historical Character of Neighborhood

In reviewing the CHO community scoping documents and hospital expansion plans there is a great emphasis on the need and desire for outdoor space and light, for the children. I support that vision, it fits with what I want in my neighborhood. Please consider including an alternative that aligns the needs of the hospital with the needs of the neighborhood. In those locations facing the neighborhood:

- Historical character of the neighborhood be maximized. Houses along Dover street between 52nd and 53rd and along 53rd either be renovated or replaced with new buildings that mimic those of other houses in the neighborhood of the 1908-1920 era, using the

purple house on the corner of 53rd and Dover as a guide on height. The buildings could extend back into the property that faces away from public view and linked together - out of the public street view, if necessary.

- Mimic look and feel of a quiet historical neighborhood for all street facing structures, regardless of age.
- Restrict end of Dover street at 52nd to bike and pedestrian traffic to further improve on the quiet and provide additional traffic-free greenspace for children, families, neighbors and hospital staff.
- Face green space and quiet areas towards the neighborhood.
- Position parking areas, parking entrances, service entrances, and all other elements that generate noise and traffic away from the neighborhood. For example, place parking near the freeway and/or south of 52nd street or along MLK and face away from the neighborhood where people passing by don't have to look at them, or be impacted by the noise and traffic.
- Find another location for the Helipad. The proposed placement North of 52nd street is unsafe due to impacts of noise and will only serve to generate a steady stream of complaints to the city and the Federal Aviation Administration.

In Summary, please consider:

- Not rezoning single family residences in the neighborhood.
- Formal review of the neighborhood North of CHO due to potential cumulative impact, significant damage and lack of current formal analysis.
- Addition of alternative that maximizes green and historical character of the neighborhood facing areas.
-

Sincerely,

Cindy David
5315 Dover Street
Oakland, CA 94609

Klein, Heather

From: Bob Schenker <bobschenkerdesign@gmail.com> on behalf of Robert Schenker <ris@schenkerdesign.com>
Sent: Monday, August 26, 2013 3:48 PM
To: Klein, Heather
Cc: Pattillo, Chris; Whales, Jonelyn; jahazielbonillaoaklandpc@gmail.com; Coleman, Michael; Moore, Jim; EW.Oakland@gmail.com
Subject: Comments on Children's Hospital Request for Environmental Review and Zoning Re-application
Attachments: CHO_EIRcomments_schenker.pdf; ATT15162673.htm

Planning Commission

City of Oakland
250 Frank H. Ogawa Plaza, Suite 3315
Oakland, CA 94612

RE: Case File Number ER12-0013

Comments on Children's Hospital Request for Environmental Review and Zoning Re-application

My wife and I reside at 685 53rd Street right on the corner of 53rd and Dover. We are at ground zero for many of the changes being planned by Children's Hospital (CHO). Following are some thoughts on the issues presented by these proposed developments.

There are basically two categories of issues affecting the surrounding community: those that affect health and safety and those that are aesthetic, i.e. quality of life issues.

Underlying both of the above is the fact that the hospital's plans are not yet final. Thus everyone who will be affected by these plans must assume that CHO will actually do what they have told us in past meetings with the community that they plan to do. Yet, from our point of view there are no guarantees.

Health and Safety Issues

Traffic is the most important issue. It presents real health and safety threats to those who live near the hospital as well as those who travel through the area in proximity on a regular basis. Pollution, including emissions, soot and debris from cars, negatively affects air quality. Traffic is already very congested, taxing the concentration of all, including drivers, pedestrians and cyclists, leading to the increased possibility of injuries caused by accidents.

The area has long been heavily affected by traffic. While it might seem as though a bit more wouldn't make a big difference, in this area, surrounded by a congested freeway and several packed thoroughfares, a small amount of extra traffic could cross a tipping point. Any increases in auto traffic should be taken very seriously.

It is a good thing that in Phase 1 of the CHO's plans, a new outpatient building is proposed for the corner of Martin Luther King, Jr. Way and 52nd Street. This will keep traffic from patient drop-offs close to the rest of the hospital's central activities and away from the residential neighborhoods.

However, a major concern of everyone in our neighborhood is their plan to relocate the entrance to the main parking garage from 52nd Street to the corner of Dover and 53rd Streets. This is bound to cause a considerable increase in traffic in the neighborhood. All streets, Dover, 53rd, 54th, are very narrow with barely enough room for two cars to pass each other between the cars parked at the curb. They are already heavily traveled with both employees and visitors driving around looking for street parking, delivery trucks coming and going with supplies for the hospital's many satellite locations, as well as local residents coming and going.

It will be difficult to manage any extra flow as people drive up 53rd from MLK or down Dover from 52nd to try to get in and out of the parking garage. There will be increased pollution and increased danger to drivers, pedestrians and cyclists as people lose concentration or become agitated or angry. There are already incidents every day due to these issues.

52nd and 55th streets are important cross-area corridors for fire, police and medical services. Concurrently, they are the only convenient cross-area thoroughfares for drivers trying to get from one side of Highway 24 to the other. Any changes in traffic flow need to be carefully scrutinized to assess their effects on these two streets and the intersections along them. In particular, 52nd Street is already heavily taxed. This has both safety and pollution consequences.

There will be years of construction associated with full implementation of the CHO's plans. On top of all the other issues, there will be heavy truck traffic, plus traffic from all the construction workers.

All this further exacerbates the frustration of residents regarding crime, trash, traffic and loss of residential parking.

Other Concerns

It should also be mentioned that there is universal neighborhood opposition to the plan to land helicopters on the proposed new outpatient building. This plan must be scrutinized.

In areas mapped out in hospital publications, two properties located north of 53rd Street are included in the area covered by their Phase I and Phase II plans. The neighborhood strongly objects to the inclusion of any properties north of 53rd Street in plans for rezoning and/or development (other than CHORI). First, there is no need for those homes/buildings to be zoned commercial. Second, CHO has repeatedly promised the neighborhood in community meetings over the past 3 years that they have no plans for any building or demolishing north of 53rd Street now or in the future.

Aesthetics/Quality of Life

Oakland has many well-known problems, but it has one great strength that obviates all of those: it is the most beautiful large city in the area and one of the most exquisite in the state. It's not a beauty of grand buildings or spectacular waterfront or imposing mountains. It is a beauty of neighborhoods. Without them, Oakland would be no more than a transition zone between surrounding parts of the East Bay Area.

It doesn't take much to scar this beauty. One only has to look at Highway 24/980 to see how much irreversible damage can result from a temporary concession to convenience and expediency.

The neighborhood surrounding Children's Hospital is vibrant, diverse and inviting, with many beautiful homes, many them over 100 years old. It is just part of an extensive network of similar neighborhoods which together make a city greater than the sum of its parts. It is important to note that it isn't the result of a standout example of architecture on one block or another. Rather it is the sum of all the homes, both grand and humble, and the overall environment.

Neighborhoods are arguably the prime asset to both the city and the hospital and the CHO needs to respect its surrounding community and continue to be part of it.

Advocates for the hospital are understandably focused entirely on getting the facilities they need to accomplish their mission. However, the setting and relationship between the hospital and its surrounding community are far more important than may be obvious and should not be ignored for expediency. The interface between the two can do far more to enhance visual and emotional impact of the hospital than the architecture itself and should be given at least as much consideration as the buildings themselves. In the past this has been largely overlooked resulting in an uneven, scattered, confusing and imposing mélange.

There has also been a tendency on the part of architects to design buildings whose outward appearance is comforting to children and their families. Often this has resulted in rather dull, unimaginative architecture decorated with perky colors and accessories that tends to age poorly. At this point, CHO suffers from a hodgepodge of styles in a range of conditions, the whole of which is not inspiring to be around. Hopefully the Planning Commission can encourage some hard thinking on this issue before plans are finalized.

Most local residents feel that the transition from hospital facilities to residential needs special attention to avoid a situation where industrial façades face their homes and streets. Hospital buildings that front the neighborhood need to present some sort of graceful transition. Suggestions include incorporating existing residential façades into the faces of new buildings where houses are to be replaced by a hospital building, or by establishing a green transition zone, or both. New buildings could be stepped so they are one story and increase in height away from the street. Designs could be devised to fool the eye into seeing less of a massive presence.

Examples of successful implementation of these measure often cited by local residents include the Alta Bates campus on Ashby Avenue near Telegraph and the treatment of existing homes adjacent to the Market Hall parking lot on Shafter and Forest.

Successful integration with this special neighborhood and the hospital will serve both in the long term.

—Bob Schenker and Jovita Pajarillo

685 53rd Street
Oakland, CA 94609

SchenkerDesign

Photography & Graphic Design

Planning Commission

City of Oakland
250 Frank H. Ogawa Plaza, Suite 3315
Oakland, CA 94612

RE: Case File Number ER12-0013

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Robert Schenker

685 53rd Street, Oakland, CA 94609
510•653•3211 www.schenkerdesign.com

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—Bob Schenker and Jovita Pajarillo
685 53rd Street
Oakland, CA 94609

Klein, Heather

From: tara austin <tarawaustin@gmail.com>
Sent: Sunday, August 25, 2013 7:50 PM
To: Klein, Heather
Subject: Re: Children's Hospital Expansion City of Oakland Notice of Preparation of an Environmental Impact Report- City Planning Commission

Hi Heather,

Those of us who own homes in the area (54th St.) are not happy about this at all. Children's Hospital employees and visitors already impact our neighborhood enough with parking and people hanging around. Parking is absolutely ridiculous- I feel like I live in San Francisco- and the few parking spaces that they plan to provide will do NOTHING to alleviate an already bad situation.

Also, do they realize what this means for our property values? How can our kids enjoy being outside when we're shadowed by a high-rise building? Or who will want to purchase houses in the neighborhood now? We paid a lot of money to live here and want our neighborhood to retain its charm and not feel like crazy urban sprawl.

Finally, all that construction will be hazardous to us. What will it mean for air quality and noise pollution? Many of us have infants and preschoolers. Your reports admit there will be negative environmental factors. This is unacceptable to those of us who reside here and try our best to make this a neighborly community.

Please take this into consideration. The people in this community really should have a lot of say in this. Thank you for your time.

On Thu, Aug 22, 2013 at 4:09 PM, Klein, Heather <HKlein@oaklandnet.com> wrote:

Dear Interested Parties,

Children's Hospital has submitted a Request for Environmental Review and a Zoning Pre-Application to expand their existing medical services. The City has determined that an Environmental Impact Report is required for this project and a Notice of Preparation (NOP) was published on July 26th. The purpose of the NOP is to solicit participation in determining the scope of the analysis contained in the EIR.

The final public scoping session will be held before the Planning Commission on August 28th at 6:00 PM. I've attached the link to the agenda and the staff report with attachments for your review. Please note that comments on the EIR should be provided to me no later than 5:00 on August 28, 2013.

Please contact me if you have any questions.

Klein, Heather

From: Cindy David <cindydavid@sagekraft.com>
Sent: Thursday, August 22, 2013 8:43 PM
To: Yasmin Anwar
Cc: rdecarlo@mail.cho.org; blubin@mail.cho.org; Katina Ancar; Susan Parker; Jean Parker; jenna forder; Jack Forder; Molly Bolt; johnnullom@mac.com; csnell23@mac.com; Tracy Phillips; Rafael; Bob Schenker; jovita; Sharon Spain; Sarah Barbeau Reuter; Kristin Kiesel; Joanna Wu; Tom Levy; Klein, Heather; Katie Krolkowski
Subject: Urgent: Speak up: CHO Claims Neighborhood in Agreement, City Planners State No Impact!

Neighbors, I'm sorry I have not written sooner. Katie and I have gone to the two earlier scoping meetings which have been dominated by paid doctors and nurses from children's hospital. Children's hospital staff have been telling the planning commission and the city council that the neighborhood is mostly in support of their expansion plans. I have heard them state multiple times now that they have discussed the details of the plan in their regular neighborhood meetings and we are in support. I am not in support of bulldozing 10% of our neighborhood, over 10 homes almost all of which are over 100 years old for the purposes of a parking garage, helipad and more admin buildings. It's our neighborhood and it has suffered enough already from CHO expansion.

It is absolutely urgent that we get our message to the right people. Discussions with Children's hospital staff have no legal weight and is only a tool for CHO to "Check the Box" on their requirements to conduct public outreach as part of the formal process of the Federally required Environmental Impact Report (EIR) and keep neighbors quiet.

To have our voices heard we must formally submit comments in writing to the city planner "Heather" at hkein@oaklandnet.com before 5:00pm on the 28th and also get our voices heard by the city council and the city planning commission at the meeting on the 28th, or through written and verbal correspondence.

The purpose of these scoping meetings is to determine what will be analyzed in the Environmental Impact Report. At this stage in the process we need to focus our comments on making sure the city analyzes our neighborhood as an area being impacted by the project (They currently aren't planning on it!) and making sure the plan includes alternatives that are for the benefit of the neighborhood. The EIR process already requires that the hospital includes a "no action" alternative so at this stage we don't need to put effort into that alternative.

My comments at the meeting on the 28th and to Heather will address the following two main points for the scoping process:

- Environmental review included for the neighborhood North of CHO due to potential cumulative impact, significant environmental impact and lack of current formal analysis.
- Inclusion of an alternative that maximizes green and historical character of the neighborhood facing areas.

Need for Formal Environmental Review of Neighborhood

It is prudent and necessary to conduct a formal analysis and evaluation of the Dover Street neighborhood as part of the EIR process based on the cumulative physical impacts on the neighborhood and the sheer quantity of 100 year old homes planned for destruction - 10% ! Oakland's formal guidelines only require evaluation for neighborhoods of Primary historical significance and since the Dover neighborhood was determined to be a historical neighborhood of "secondary importance" by a dashboard survey of all Oakland neighborhoods back in 1996 that did not involve historical research the initial determination is it isn't required. I urge you to consider that a formal analysis is the prudent thing to do considering the grossly obvious impact on the neighborhood and the potential for legal action regarding this project if it results in the destruction of 100 year old homes in a vibrant community for the purposes of putting in a parking garage.

Alternative – Historical character of neighborhood and green space included

The current plan if approved would negatively impact my quality of life and that of my neighbors, I would like to suggest an alternative for consideration as this project goes forward, one that I believe meets the needs of both the hospital and the neighborhood and adds value to the city. In reviewing the CHO community scoping documents and hospital expansion plans there is a great emphasis on the need and desire for outdoor space and light, for the children. I support that vision, it fits in very nicely with what I want in my neighborhood, and there have been extensive studies on how open space and green are essential for healthy children and healthy communities, just as everyone knows healthy neighborhoods also benefit children and families. A tree lined street that is safe with plenty of green space where the only noise is that of laughter and children playing is an American ideal. My primary concern with the plan is that it calls for a parking garage and 5 story buildings and helipad in the inner residential part of the neighborhood where our children and families live.

I recommend including an alternative that better aligns the needs of the hospital with the needs of the neighborhood. In those locations facing the neighborhood:

- Historical character of the neighborhood be maximized. Houses along Dover street between 52nd and 53rd and along 53rd either be renovated or replaced with new buildings that mimic those of other houses in the neighborhood of the 1908-1920 era, using the purple house on the corner of 53rd and Dover as a guide on height. The buildings could extend back into the property that faces away from public view and linked together - out of the public street view, if necessary.
- Mimic look and feel of a quiet historical neighborhood for all street facing structures, regardless of age.
- Restrict end of Dover street at 52nd to bike and pedestrian traffic to further improve on the quiet and provide additional traffic-free greenspace for children, families, neighbors and hospital staff.
- Face green space and quiet areas towards the neighborhood.
- Position parking areas, service entrances, and all other elements that generate noise and traffic away from the neighborhood. For example, place parking near the freeway and/or south of 52nd street and face away from the neighborhood where people passing by don't have to look at them, or be impacted by the noise and traffic.

I don't have a suggestion for the helipad, I think any placement North of 52nd street is unsafe due to impacts of noise and will violate federal law related to quiet neighborhoods and FAA Guidelines put forth in their 2007 Report to Congress on Non-military Urban helicopter noise study.

Katie is working on a more detailed letter with pictures showing the impacts on houses bought by CHO that we will mail to the city council, city planning staff, etc.. I will send that to you all as well.

There is much information to share. Please feel free to drop by our house at 5315 Dover on Sunday between 3-5 to discuss and plan or email me. We intend to hand out fliers to neighbors around 5ish on Sunday if you'd like to help with that.

Cindy

Klein, Heather

From: Katie Krolkowski <katie.krolkowski@gmail.com>
Sent: Thursday, August 22, 2013 9:23 PM
To: Klein, Heather
Subject: Fwd: Children's Hospital Public Comment: Dover St Resident, Krolkowski
Attachments: Letter_CHO_Krolkowski.pdf

Katie Krolkowski

5315 Dover Street

Oakland, CA 94609

[Katie.krolkowski@gmail.com](mailto:katie.krolkowski@gmail.com)

Dear Members of the Oakland Planning Commission,

I am a resident of Dover Street very near to the corner of 53rd and Dover. I'm writing to express my opposition to the current Phase I proposal from Children's Hospital (ER12-0013), especially the proposal to re-zone a residential area to make way for a parking garage and helicopter landing pad.

If the hospital is allowed to carry out any of the proposed items listed here, it will alter the character of my neighborhood and negatively impact our quality of life:

- 1) Replacing a number of historic homes with a parking garage (rezoning)
- 2) 2) Adding an entrance to that garage which will increase traffic down my residential street.
- 3) 3) installing a helicopter landing pad across the street from residents

In appendix A of this letter, I share alternative ideas about ways this project might help improve, instead of detract from, our neighborhood.

I'd also like to express my alarm at the dismissive attitude the Children's Hospital representatives have seemed to take towards the ideas and concerns of the neighborhood. One concrete example of this attitude is detailed in appendix B.

I am very open to ideas about change at Children's Hospital that would improve the neighborhood, but it seems like all I've experienced so far is children's hospital pushing forward a plan that only concerns itself with the internal needs of the hospital while degrading the area.

It is entirely possible for Children's Hospital to meet its own needs while also respecting its neighbors. I believe it is your task, as representatives of all citizens of Oakland, to honor the covenant the city made with all property owners who purchased homes here.

I believe a plan that includes attractive historic character in the design of any new buildings, beautiful accessible landscape, and encourages pedestrian and bicycle use all the way down Dover and 53rd street would benefit CHO, it's employees, the patients and their families, and of course, CHO's neighbors.

I hope you will find ways to encourage CHO to be a good neighbor, both because it's the right thing to do for all folks who live, work, and visit the Local Historic 55th & Dover Residential District, and also because encouraging beauty, calm, and a pedestrian-friendly environment is a good example for all parts of Oakland.

It would be a great example of Oakland city governance if you could help steer this project in a direction that helps keep Oakland a unique and beautiful city, proud of its rich history.

I appreciate your time and concern,

Katie Krolkowski

Katie Krolkowski
5315 Dover Street
Oakland, CA 94609
Katie.krolkowski@gmail.com

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It would be a great example of Oakland city governance if you could help steer this project in a direction that helps keep Oakland a unique and beautiful city, proud of its rich history.

I appreciate your time and concern,

Katie Krolkowski

cc. All members of Oakland Planning Commission and Heather Klein
Bertram Luban, President of CHO

Appendix A: Details about possible neighborhood-friendly options for CHO's projects:

I attended the Landmarks Preservation Advisory Board meeting on August 12. The first agenda item at that meeting involved a wonderful discussion between the Landmark Board and the architect for a project at Broadway and 23rd street. The discussion showed me that even in new construction, historical character and a "feel" for the history of the place can be maintained.

The hospital needs space, and seems to view its only option as building out to 53rd street and out to Dover Street to obtain that space. The neighbors would like to maintain the historic, calm, livable quality of both 53rd street and Dover street guaranteed by its designation as a residential area.

One option:

If the historic houses have to be removed, why couldn't the new construction include some architectural details that somehow replicate the look and feel of the historic character of the neighborhood? Children's hospital already has a research campus with a striking historical building that houses the senior center! Couldn't the parking structure that is replacing historic houses at least look like a lovely historic building? I'm not an architect, but it seems like carrying the historical building theme from the CHORI site over to the hospital would join two campuses.

Here's a second possible idea:

Could the hospital restrict its parking ambitions to the A/B building as seen in the Phase plan? Is it really likely that future patents will have MORE cars than they currently do? Isn't our society trying to reduce automobile use and encourage public transportation? Can the heli-pad remain at the far end of the property near the freeway, away from the neighborhood? Could the hospital re-purpose the historic homes along 52nd, 53rd, and Dover Street to better serve their needs and also maintain the character of it's neighborhood? I haven't really heard a discussion of these ideas so far, and it seems that these are reasonable solutions to the hospital's concerns about space.

A few other thoughts about aspects of the proposal:

The cul-de-sac idea is the single idea put forward by CHO so far that seems geared towards improving the neighborhood! I strongly encourage continued consideration of ideas like this. It will prevent CHO patrons using Dover street as a thoroughfare, and instead encourage heavy traffic to remain on MLK. An actual benefit to the neighborhood!

The helicopter landing pad proposal needs careful attention. The helicopters are already a major nuisance in the neighborhood, and the current heli-pad is at the furthest point from residential areas. Be very careful about granting approval for that landing pad to be moved.

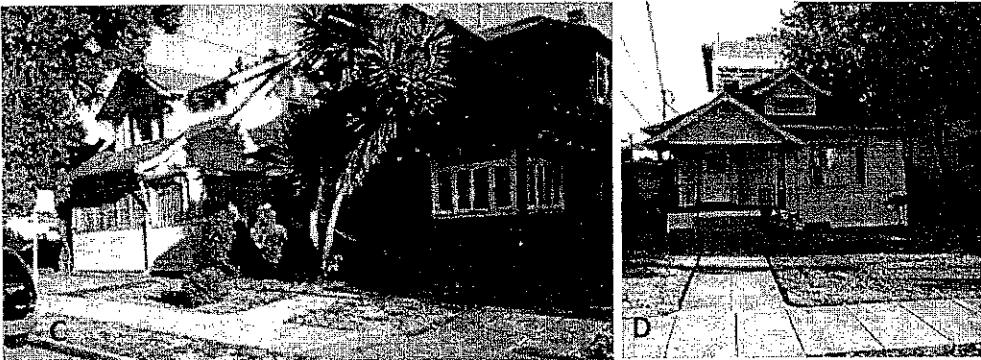
cc. All members of Oakland Planning Commission and Heather Klein
Bertram Luban, President of CHO

Appendix B: One concrete example of CHO's apparent disregard for the character, safety, and pleasant nature of the neighborhood .

Fig 1: A and B show a number of properties owned by CHO. *circa* late 2010, early 2011 (pictures are from Google view, dated by features such as a neighbor's new fence and vegetation in our own yard). C and D show each property after ~3 years of ownership/care by CHO. Note the lack of landscape upkeep. Hard to see in the picture is the lack of maintenance on the exterior of the brown shingle and white houses. I believe CHO rented at least one these properties to people associated with the homicide outside the brown shingle house, where over 15 rounds were exchanged between at least 2 people.



circa
2010



current view

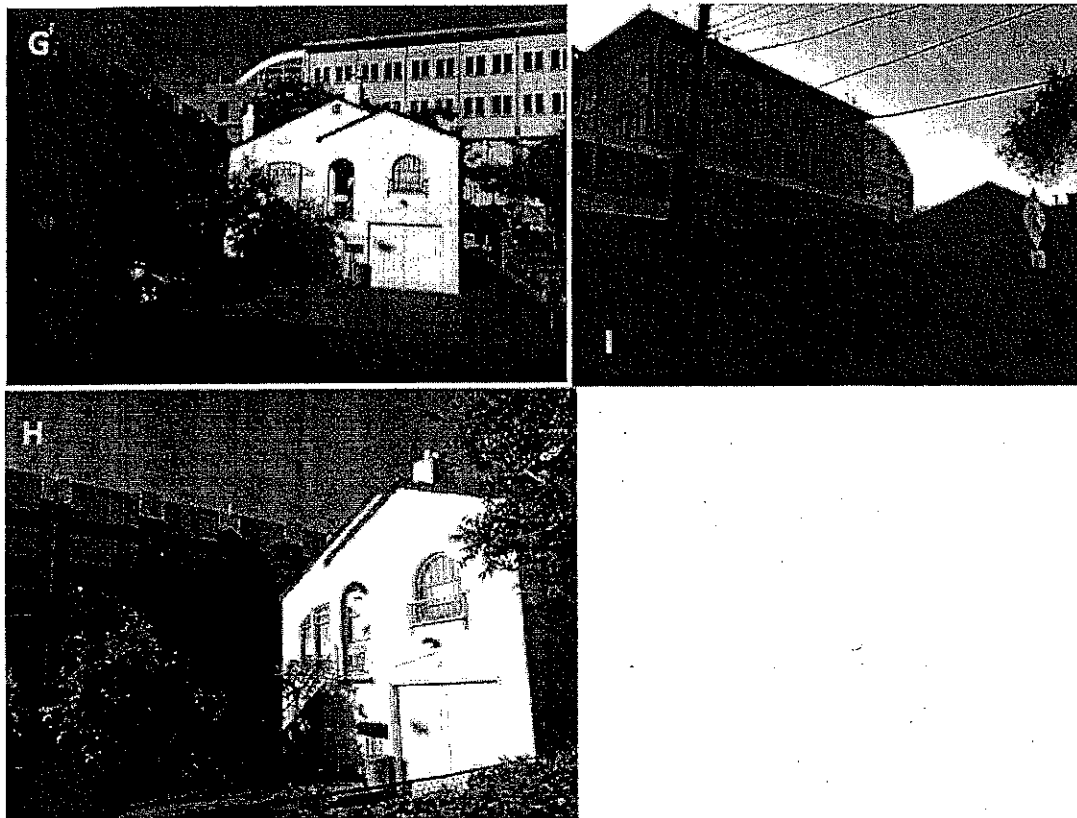
after 3yrs.
of CHO
stewardship

Fig 2: Examples of CHO's idea of maintaining a landscape. Bare earth!



cc. All members of Oakland Planning Commission and Heather Klein
Bertram Luban, President of CHO

Fig 3: Examples of CHO building alongside and against residential homes, negatively impacting life for the owners of those properties. How did this get approved?



Despite the unfortunate tone I've experienced from the Children's hospital representatives, and apparent disregard the hospital has for building and maintaining its properties to enhance the experience of those who share this neighborhood with it, I realize that simply writing in opposition to the project doesn't necessarily help folks in Oakland's government move towards a reasonable conclusion. That's why I spent time thinking and writing about the idea that it's quite possible for Children's Hospital to meet its own needs while also being a good neighbor.

cc. All members of Oakland Planning Commission and Heather Klein
Bertram Luban, President of CHO

Klein, Heather

From: Katie Krolikowski <katie.krolikowski@gmail.com>
Sent: Thursday, August 22, 2013 9:06 PM
To: Cindy David
Cc: Yasmin Anwar; rdecarlo@mail.cho.org; blubin@mail.cho.org; Katina Ancar; Susan Parker; Jean Parker; jenna forder; Jack Forder; Molly Bolt; johnnullom@mac.com; csnell23@mac.com; Tracy Phillips; Rafael; Bob Schenker; jovita; Sharon Spain; Sarah Barbeau Reuter; Kristin Kiesel; Joanna Wu; Tom Levy; Klein, Heather
Subject: Re: Urgent: Speak up: CHO Claims Neighborhood in Agreement, City Planners State No Impact!
Attachments: Letter_CHO_Krolikowski.pdf

Thanks, Cindy

I wrote a letter with my ideas so far. It's attached. Feel free to borrow any ideas you agree with and share them with the planning commission members, heather, or the hospital.

CHRIS PATTILLO (Chair)
PGA Design Landscape Architects 444 17th Street
Oakland, CA 94612-2808
(510) 550-8855
Email: Pattillo@PGAdesign.com

JONELYN WHALES (Vice Chair)
City of Oakland
250 Frank H. Ogawa Plaza Ste. 3315 Oakland, CA 94612
(510) 620-6785
Email: jaw1123@aol.com

JAHAZIEL BONILLA
City of Oakland
250 Frank H. Ogawa Plaza Ste. 3315 Oakland, CA 94612 jahazielbonillaoaklandpc@gmail.com

MICHAEL COLEMAN
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JIM MOORE
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Email: jmoore.ocpc@gmail.com

EMILY WEINSTEIN
City of Oakland
250 Frank H. Ogawa Plaza Ste. 3315 Oakland, CA 94612
(510)
Email: EW.Oakland@gmail.com

Councilmember Dan Kalb

1 Frank Ogawa Plaza, 2/F, Oakland, CA 94612

Phone: (510) 238-7001

Fax: (510) 238-6910

Email: dkalb@oaklandnet.com

On Thu, Aug 22, 2013 at 8:43 PM, Cindy David <cindydavid@sagekraft.com> wrote:

Neighbors, I'm sorry I have not written sooner. Katie and I have gone to the two earlier scoping meetings which have been dominated by paid doctors and nurses from children's hospital. Children's hospital staff have been telling the planning commission and the city council that the neighborhood is mostly in support of their expansion plans. I have heard them state multiple times now that they have discussed the details of the plan in their regular neighborhood meetings and we are in support. I am not in support of bulldozing 10% of our neighborhood, over 10 homes almost all of which are over 100 years old for the purposes of a parking garage, helipad and more admin buildings. It's our neighborhood and it has suffered enough already from CHO expansion.

It is absolutely urgent that we get our message to the right people. Discussions with Children's hospital staff have no legal weight and is only a tool for CHO to "Check the Box" on their requirements to conduct public outreach as part of the formal process of the Federally required Environmental Impact Report (EIR) and keep neighbors quiet.

To have our voices heard we must formally submit comments in writing to the city planner "Heather" at hkein@oaklandnet.com before 5:00pm on the 28th and also get our voices heard by the city council and the city planning commission at the meeting on the 28th, or through written and verbal correspondence.

The purpose of these scoping meetings is to determine what will be analyzed in the Environmental Impact Report. At this stage in the process we need to focus our comments on making sure the city analyzes our neighborhood as an area being impacted by the project (They currently aren't planning on it!) and making sure the plan includes alternatives that are for the benefit of the neighborhood. The EIR process already requires that the hospital includes a "no action" alternative so at this stage we don't need to put effort into that alternative.

My comments at the meeting on the 28th and to Heather will address the following two main points for the scoping process:

- Environmental review included for the neighborhood North of CHO due to potential cumulative impact, significant environmental impact and lack of current formal analysis.
- Inclusion of an alternative that maximizes green and historical character of the neighborhood facing areas.

Need for Formal Environmental Review of Neighborhood

It is prudent and necessary to conduct a formal analysis and evaluation of the Dover Street neighborhood as part of the EIR process based on the cumulative physical impacts on the neighborhood and the sheer quantity of 100 year old homes planned for destruction - 10% ! Oakland's formal guidelines only require evaluation for neighborhoods of Primary historical significance and since the Dover neighborhood was determined to be a historical neighborhood of "secondary importance" by a dashboard survey of all Oakland neighborhoods back in 1996 that did not involved historical research the initial determination is it isn't required. I urge you to consider that a formal analysis is the prudent thing to do considering the grossly obvious impact on the

neighborhood and the potential for legal action regarding this project if it results in the destruction of 100 year old homes in a vibrant community for the purposes of putting in a parking garage.

Alternative -- Historical character of neighborhood and green space included

The current plan if approved would negatively impact my quality of life and that of my neighbors, I would like to suggest an alternative for consideration as this project goes forward, one that I believe meets the needs of both the hospital and the neighborhood and adds value to the city. In reviewing the CHO community scoping documents and hospital expansion plans there is a great emphasis on the need and desire for outdoor space and light, for the children. I support that vision, it fits in very nicely with what I want in my neighborhood, and there have been extensive studies on how open space and green are essential for healthy children and healthy communities, just as everyone knows healthy neighborhoods also benefit children and families. A tree lined street that is safe with plenty of green space where the only noise is that of laughter and children playing is an American ideal. My primary concern with the plan is that it calls for a parking garage and 5 story buildings and helipad in the inner residential part of the neighborhood where our children and families live.

I recommend including an alternative that better aligns the needs of the hospital with the needs of the neighborhood. In those locations facing the neighborhood:

- Historical character of the neighborhood be maximized. Houses along Dover street between 52nd and 53rd and along 53rd either be renovated or replaced with new buildings that mimic those of other houses in the neighborhood of the 1908-1920 era, using the purple house on the corner of 53rd and Dover as a guide on height. The buildings could extend back into the property that faces away from public view and linked together - out of the public street view, if necessary.
- Mimic look and feel of a quiet historical neighborhood for all street facing structures, regardless of age.
- Restrict end of Dover street at 52nd to bike and pedestrian traffic to further improve on the quiet and provide additional traffic-free greenspace for children, families, neighbors and hospital staff.
- Face green space and quiet areas towards the neighborhood.
- Position parking areas, service entrances, and all other elements that generate noise and traffic away from the neighborhood. For example, place parking near the freeway and/or south of 52nd street and face away from the neighborhood where people passing by don't have to look at them, or be impacted by the noise and traffic.

I don't have a suggestion for the helipad, I think any placement North of 52nd street is unsafe due to impacts of noise and will violate federal law related to quiet neighborhoods and FAA Guidelines put forth in their 2007 Report to Congress on Non-military Urban helicopter noise study.

Katie is working on a more detailed letter with pictures showing the impacts on houses bought by CHO that we will mail to the city council, city planning staff, etc.. I will send that to you all as well.

There is much information to share. Please feel free to drop by our house at 5315 Dover on Sunday between 3-5 to discuss and plan or email me. We intend to hand out fliers to neighbors around 5ish on Sunday if you'd like to help with that.

Cindy

Klein, Heather

From: Robert Brokl <brokicrofts@earthlink.net>
Sent: Friday, August 23, 2013 12:31 PM
To: Klein, Heather
Cc: Flynn, Rachel; Miller, Scott; Chris Patillo; Whales, Jonelyn; Jahaziel Bonilla; Coleman, Michael; Moore, Jim; Emily Weinstein; Pavlinec, Joann; Kalb, Dan
Subject: Fwd: Comment period extension

Dear Ms. Klein,

Since apparently CHRCO has no problem with extending the comment period for the scoping process, will you extend the 5:00 p.m. Aug. 28 deadline to allow the community more time to comment on this very important project, with its many impacts and consequences for the community.

Sincerely

Robert Brokl

Begin forwarded message:

From: "Bertram Lubin" <BLubin@mail.cho.org>
Date: August 23, 2013 9:29:17 AM PDT
To: "Robert Brokl" <brokicrofts@earthlink.net>
Cc: "Cynthia Chiarappa" <CChiarappa@mail.cho.org>, "Richard DeCarlo" <RDeCarlo@mail.cho.org>
Subject: Re: Comment period extension

Dear Mr. Brokl,

The EIR process and timeline are not under the hospital's control but rather the City of Oakland's, therefore any requests such as yours need to be made directly to the City. Our contact is Heather Klein.

Thank you for your interest in our project.

Sincerely yours,
Bert Lubin, MD

Bertram Lubin, MD
President & Chief Executive Officer
Children's Hospital & Research Center Oakland
blubin@mail.cho.org
<http://www.childrenshospitaloakland.org/>
510-428-3461 direct

510-654-8474 fax

Executive Assistant to the President
Heather Bowen
hbowen@mail.cho.org
510-428-3023 direct

Manager, Board Relations & Special Assistant to the President
Tania Gornik
tgornik@mail.cho.org
510-428-3737 direct

CONFIDENTIALITY NOTICE: This electronic message (and any attachments) is intended to be for the use only of the named recipient, and may contain information that is confidential or privileged. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or use of the contents of this message is strictly prohibited. If you have received this message in error or are not the named recipient, please notify us immediately by contacting the sender at the electronic mail address noted above, and delete and destroy all copies of this message (and any attachments). Thank you.

>>> Robert Brokl <broklcrofts@earthlink.net> 8/21/2013 11:46 AM >>>

Dear Dr. Lubin,

We are hoping that the deadline of Aug. 28 for comments to the EIR can be extended, at least past the Sept. 5 meeting date and/or past the next meeting of the plan. commission in Sept. This extension will give the community more time to hear your proposal described, and respond in writing.

Thanks for your consideration,

Bob Brokl

Klein, Heather

From: Yasmin Anwar <yanwar24@gmail.com>
Sent: Thursday, August 22, 2013 6:41 PM
To: rdecarlo@mail.cho.org; blubin@mail.cho.org
Cc: Katina Ancar; Susan Parker; Jean Parker; jenna forder; Jack Forder; Molly Bolt; Cindy David; johnnullom@mac.com; csnell23@mac.com; Tracy Phillips; Rafael Ebron; Bob Schenker; Jovita; sharon spain; Sarah Barbeau Reuter; Kristin Kiesel; Joanna Wu; Tom Levy; Klein, Heather
Subject: Urgent: Location of Children's Hospital admn bldg

Dear Mr. Lubin, Mr. DeCarlo and Ms. Klein,
Thank you Ms. Klein for providing the documents we need to prepare for Wednesday's EIR meeting regarding the Children's Hospital Oakland expansion (Case number ER12-0013)

I have just read the description of Phase 1 of the expansion and am confused about the wording that places the proposed 6-story Outpatient Center Building with helipad "south of 53rd Street." At the last community meeting, Mr DeCarlo told neighbors that this building would be located at 52nd and Martin Luther King Jr. Is this still the case ? If not, what will be the exact location of the building referred to as OPC2?

Please clarify asap. We need a full understanding of where these new buildings will be located. We cannot tolerate a tall building with a helipad in the middle of our residential neighborhood. I look forward to your prompt response and reassurance.

respectfully,

Yasmin Anwar
5319 Dover Street

Klein, Heather

From: Norton, Mary
Sent: Monday, August 19, 2013 10:30 AM
To: Klein, Heather
Subject: RE: Case # ER12-0013

Hi, Heather,

I noticed that the wire-style notice was replaced by the NOSCmonument sign at the corner of 58th and MLK, but before I could read it(!) it is gone again...maybe the meeting is over?

At quick glance (again on bicyclette) I don't see any othe postings around.

I hope the senior center can be noticed by an email to me also (if you do that).

Thanks, Mary

Mary Norton, Director
North Oakland Senior Center
5714 Martin Luther King, Jr. Way
PHONE 510-597-5085
FAX 510-597-5082

*Save-the-date! September 25
Celebrating 15 years of Active Seniors since 1998*

From: Klein, Heather
Sent: Tue 8/6/2013 9:31 AM
To: Norton, Mary
Subject: RE: Case # ER12-0013

Thanks for the comments and the notice that the sign is missing. We did put notices on street poles so the fact that they are missing too is interesting.

Heather Klein, CGBP, LEED AP
Planner III
City of Oakland

250 Frank H. Ogawa Plaza, Suite 3315
Oakland, CA 94612
ph: (510) 238-3659
fax:(510) 238-6538
email: hklein@oaklandnet.com



Please consider the environment before printing this e-mail



From: Norton, Mary
Sent: Tuesday, August 06, 2013 9:30 AM
To: Klein, Heather
Subject: FW: Case # ER12-0013
Importance: High

Hi, Heather,

Please keep me noticed re. the CHO building plans as relates to the interests of this City of Oakland senior center. We understand that plans for the Old Gymnasium at CHORI may be included in the masterplan. Our concern is that CHORI

has already maxed out on the parking in both lots including the one shared with the senior center. Often overflow onto the side streets makes it difficult for seniors to find a place a parking place on the street.

I'm sure that neighbors share this concern and if CHORI builds out the Gym creating the need for more parking and then if residential parking was put in,

we'd be totally up a creek There is a perception that there is more parking than there actually is here due to the large lot. However, only 35 of these spaces are reserved for the senior center. We also have at NOSC the BACS adult day program as a "program within a program" which puts a serious stress on the "come and go" parking needs of the Center.

Thanks, Mary

P.S. The official notice sign which was near our monument sign at the corner of MLK/58th is gone and I don't see any notices on other street poles.

Mary Norton, Director
North Oakland Senior Center
5714 Martin Luther King, Jr. Way
PHONE 510-597-5085
FAX 510-597-5082

Save-the-date! September 25
Celebrating 15 years of Active Seniors since 1998

Klein, Heather

From: John Farrar <johndavidfarrar@gmail.com>
Sent: Tuesday, August 27, 2013 5:45 PM
To: Klein, Heather
Subject: Oakland Children's Hospital Expansion

Dear Ms Klein

As a proud Oakland resident and neighbor to the Children's Hospital, I am writing today to encourage you to move slowly and carefully with the hospital's plans for expansion, in order to protect our valuable neighborhood heritage, and to avoid making mistakes that cannot be undone. In particular, I am concerned about demolition of existing homes, traffic increases that can't be handled by the neighborhood, and the imposition of a six-story building on the neighborhood's residential character. Please keep these concerns in mind as you work on this project. Please accept my best wishes.
Sincerely

John Farrar

--

John Farrar
5817 Genoa St
Oakland CA 94608

(510) 655-5142

APPENDIX A3

***Landmarks Preservation Advisory Board,
August 12, 2013 Meeting Minutes***

Draft MINUTES

**LANDMARKS PRESERVATION
ADVISORY BOARD
OAKLAND, CA 94612**

**LANDMARKS PRESERVATION
ADVISORY BOARD MEMBERS:**

**Christopher Andrews, Vice-Chair
Peter Birkholz
Valerie Garry, Chair
John Goins III
Mary E. MacDonald
Daniel Schulman**

**August 12, 2013
Regular Meeting 6 PM**

**City Hall
Hearing Room 1/
Sergeant Mark Dunakin
Hearing Room
One Frank Ogawa Plaza
Oakland, California 94612**

.....

SPECIAL TOUR - 4:00 PM

Site visit to tour the exterior of the A/B and B/C wings of **Children's Hospital and Research Center Oakland (CHRCO)** located at 747 52nd Street, generally bounded by 53rd Street to the north, State Route 24 (SR-24) to the east, and Martin Luther King Jr. Way and the elevated BART tracks to the south and west. **The tour will meet at the main hospital entrance at 747 52nd Street.**

Board Members Garry and Andrews and Planning Commissioner Patillo attended the Special Tour led by Children's Hospital applicants and consultants. Staff Klein, Marvin and Pavlinec, along with neighbors and interested citizens were also present.

A. ROLL CALL

Present: Andrews, Garry, Goins, Schulman. **Absent:** Birkholz, MacDonald. **Staff Present:** Marvin, Pavlinec.

B. OPEN FORUM

There were no Open Forum Speakers.

C. APPROVAL OF MINUTES of May 13, 2013

MOTION to Approve the May 13, 2013 minutes by **Board Member Schulman**, seconded by **Board Member Goins**. Motion passed unanimously.

D. LANDMARK OF THE MONTH

- 1. King's Daughters Home:** 3900 Broadway. City of Oakland Landmark LM80-147, Ord. 9997 C.M.S., November 4, 1980. **Presentation by Board Member Schulman.**

Board Member Schulman gave a Power Point presentation.

E. NEW BUSINESS - Action Items

1.	Location:	Portion of site (Parcel B) bounded by Broadway, 23rd Street, Valley Street, and 24th Street (Parcel A is under construction).
	Proposal:	Public hearing and recommendation on proposed revision to adopted Planned Unit Development for site (proposed revisions include decreased residential units, increase in commercial space, new site planning and related changes). Site includes five buildings considered historic resources under CEQA, all of which were previously approved for demolition. Currently one (440-48 23rd Street--Cb+2+) of those five historic resources will be demolished and the remaining four will be rehabilitated, including, 2366-98 Valley Street (C3) and three adjacent historic resources with a continuous second-story addition at 2335-37 Broadway (Eb+3), 2343 Broadway (Ec3), and 2345 Broadway (Eb-3).
	Applicant:	Signature Development Group (510) 251-9270 (Jamie Choy)
	Owner:	Signature Development Group
	Planning Permits Required:	Revision to PUD, Design Review, Minor CUPs and Minor Variance
	General Plan:	Community Commercial
	Zoning:	CC-2 Community Commercial Zone; D-BR Broadway Retail Frontage District Interim Combining Zone
	Environmental Determination:	Final EIR certified on December 1, 2004; revisions, as required under CEQA; Addendum currently being prepared for public distribution with staff report.
	Historic Status:	Site includes five buildings considered historic resources under CEQA, all of which were previously approved for demolition; Current proposal is for demolition of one historic building (440-48 23rd Street--Cb+2+) , rehabilitation of one building (2366-98 Valley Street --C3), and rehabilitation of and second-story addition to three buildings: 2335-37 Broadway (Eb+3); 2343 Broadway (Ec3); and 2345 Broadway (Eb-3).
	Service Delivery District:	II – North Oakland/North Hills
	City Council District:	3 – Gibson McElhaney
	Action to be taken:	Receive public and Landmark Board comments on Addendum, Design Review and Demolition Findings; forward recommendations to the Planning Commission.
	For further information:	Contact case planner Catherine Payne at 510-238-6168 or by e-mail at cpayne@oaklandnet.com

Catherine Payne, Planner III introduced the proposal.

Patrick VanNess, Signature Development Group, gave a Power Point presentation.

Pavlinec added the following recommendation from the Façade Grant Program Administrator for Board consideration, regarding the three buildings along Broadway (not yet uncovered):

- 1) The transoms shall be done in wood;
- 2) The storefronts shall be powder coated aluminum with front centered glass, with three differentiated storefront frame colors amongst the three facades;
- 3) All three storefronts shall provide bases to the storefront windows so that the storefront glazing does not come down to the sidewalk; and
- 4) All façade components shall be restored or provide replication of damaged or missing features.

Schulman suggested that the color variation of the storefronts could be done with a center façade color that was different from the adjacent facades to each side.

VanNess responded that the windows may have originally been steel. Doesn't agree that the transom windows need to be wood. They will rehabilitate but do not want to be specific with respect to materials. The applicants were not able to meet with the Façade Grant Administrator yet, but would like to discuss these options with him.

The **Board** acknowledged that since the investigative demolition to determine what the existing materials are underneath the 'modernized' skin façade has not been completed, it would be speculative to request wood. Although it may be a good idea it is premature until what is underneath is known.

Pavlinec suggested that the recommendations be included for consideration following the full removal of the façade skin.

Goins added that after the investigation, the materials should match the existing materials to comply with the Secretary of Interiors Standards.

Andrews asked what is driving the decision to preserve the buildings that were to be demolished and why the building at 23rd and Valley View is not being retained. Not even the façade is proposed for retention.

Van Ness responded that the reason to save the Broadway buildings is that they want to preserve the commercial corridor along Broadway and saw existing structures as an opportunity to rehabilitate and bring in commercial tenants. They have already leased out some of the other rehabbed non-historic buildings and have people interested in these three. They are a valuable part of the overall project. The reason for demolishing the 23rd and Valley building is that the back half of the block was seen as residential units since this street is primarily a residential street and a quiet street. This structure based on its current height and how it relates to the proposed residential units prevented saving the façade and tying it in to the proposed residential structure. It was difficult based on its height and because it is an unreinforced masonry building. The proposed new buildings are three story residential frame so tying that unreinforced masonry building became costly and also a challenge structurally. The structure at 24th

and Valley is being rehabbed as a loft project primarily because they don't own it, but want to reuse it. In 2004, the previous LPAB chair wanted us to save it.

Public Speakers:

Naomi Schiff, Oakland Heritage Alliance, stated that the building is being demolished to make room for a parking lot, at least half of it. Can't make the argument that parking spaces are of a better design quality. Appreciates that the developer is hanging on to the buildings on Broadway, hasn't tried hard enough on the design for 23rd and Valley. It has terra cotta details and is well-proportioned. The proposed building pays homage with thin set brick veneer, but does not look like it. Not a terrible building; it's fine. The new building doesn't replace the old building with equal quality. It replaces it with ok quality. Don't believe we can find that it is better.

Board Discussion:

Garry: In terms of the three buildings that are going to be restored but the façade is still covered up, there have been some conditions of approval made but we need to see what's under there before we can make recommendations on appropriate materials that would comply with the Secretary of Interior's Standards. Until the buildings on Broadway have been exposed, the design review is sketchy. Page 2B states 'anodized aluminum' and that may change to powder coated aluminum due to the façade grant recommendation. Stuck on seeing details like a 'new shaped foam cornice' for what is a Julia Morgan building. Assuming that if it needs to be replaced, believes it should be better in quality than foam core. We need to see more detailed exterior finishes that are based on the investigation of what is under there. The original Julia Morgan building had two entries. The current proposal shows one, off-center. That's a change and should be looked at. It should be restored to what it looked like. We can't approve design review findings for those three buildings because there are still too many unknowns about the condition of the facades and what will be discovered. We saw drawings, but we really don't know what's under there. Also, the current drawings do not indicate the material for the base of the façade on the Julia Morgan building. Compensation was brought up in the staff presentation, so make sure that gets included in the Board recommendations.

With respect to the Demolition Findings for the building at 23rd and Valley, feels that here was a good effort to create something that was respectful of the original building with respect to materials and that also respects and ties in with the rest of the building proposed on the block. However, the proposed design needs something else that shows regard for the original design since the arched windows are special. So, there could be more that harkens back to the original building.

Schulman clarified that there is building space over the parking referred to by Naomi Schiff and it is not a surface parking lot.

Garry: Condition b should include language that brings the proposed design of the historic buildings back to the Board for review. Some of the Conditions in the report state, 'to the extent feasible.' If they say it's infeasible we need an opportunity to review and discuss that. Infeasibility becomes a catchall for it's too expensive. This Board as an advisory Board to the Planning Commission should have an opportunity to comment on that.

Goins: Makes sense that it come back to the Board since we don't know what's under it. Can it happen at a sub-committee?

Garry: It's a reasonable suggestion.

Pavlinec asked if there is a sub-committee, would the Board request that it come back for review and approval or as an information item.

Board consensus was that it would come back as an informational item. **Andrews** and **Garry** offered to be on the sub-committee.

Andrews: Overall, the applicant has done a great job on clearly presenting the project. The building on the corner of 23rd and Valley, although ok, does not seem to have a quality equal to or better than the original building being proposed for demolition. The rhythm of the arches on the historic building is a powerful design feature. The proportions and materials are okay, but it doesn't have that design quality of the original building. It does not feel equal. The character of the repeating arch is an element that is not on the proposed façade. It should go to the sub-committee.

Schulman agrees that losing the arches is quite a loss. The Packard Lofts has an arch and this ties the project together. Also, the building is only three stories and there is a need for more housing in this area. If you could get more height the arches could be incorporated into the project.

Goins added that once the buildings on Broadway are uncovered, it would be preferable to have the existing character of this building because the Broadway character and the character of this building would reinforce each other.

There is consensus on the Board to redesign this building. There is a glaring loss with this building. It is clear that the current design intent is to tie the entire façade together, the rest of the residential proposal on this block.

Pavlinec: It appears that the LPAB consensus is that building needs some additional attention in order to make the demolition findings.

Garry: It appears that the Board is not ready to make Staff Recommendation B (a) or (b) on page 19.

Pavlinec noted that the Board had not discussed the proposal at 24th and Valley.

Garry: Looks like all the architectural details would be preserved. There are not any details of what would be changed.

Pavlinec stated that it's the storefronts, windows and canopies, and directed the Board to the notes.

Marvin asked what would happen to the concrete. It appears that there needs to be some maintenance, but it is not articulated.

The **Board** consensus was that this building be included with the three Broadway buildings for further review by the sub-committee.

Andrews made a **MOTION**, seconded by **Goins**, and **Unanimously Approved** to:

- 1) **Make the following modifications to recommended staff Condition b, which applies to the three Broadway buildings, 2335-37 Broadway, 2343 Broadway, 2345 Broadway and to the Valley Street Lofts, 2366-98 Valley Street. Please see Pages 18-19 of the staff report.**

Condition b: To the extent feasible, the rehabilitation of the four historic facades, 2335-37 Broadway, 2343 Broadway, 2345 Broadway and 2366-98 Valley Street shall comply with the Secretary of the Interior's Standards. Historic preservation staff shall review the proposed rehabilitations to evaluate compliance with the Secretary of Interior's Standards and a determination of compliance shall be made by ~~the Zoning Manager~~ an LPAB Sub-Committee (Garry, Andrews) with a report to the full Landmarks Board. If non-compliance with some or all of the rehabilitation standards is evident in the plans, the project sponsor shall submit a report demonstrating that compliance with said standard(s) is infeasible and the reasons why, for review and approval by the ~~Zoning Manager~~ Landmarks Preservation Advisory Board, prior to building permit sign-off.

- 2) **The Board finds that the proposed building at 440-48 23rd Street does not meet the required demolition findings and needs additional design work. Add the following Condition of Approval:**

The LPAB sub-committee shall work with the applicant to make changes/modifications to the 440-48 23rd Street proposed building to meet the Category III demolition finding:

'The design quality of the proposed replacement project is at least equal to that of the original structure and the proposed replacement project is compatible with the character of the neighborhood.'

with a report to the full Landmarks Board.

- 3) **The Board supports the revision to the 2004 Mitigation Measure E.5, as outlined in the staff report:**

'Prior to issuance of demolition permit for the historic façade located at 440-448 23rd Street, the applicant shall provide a financial contribution of \$68,750 to the Façade Improvement Program.

Condition y: A demolition permit for the historic façade located at 440-448 23rd Street shall not be issued until issuance of a building permit for the core and shell of the approved project.

Additional Conditions for Consideration following Investigative Demolition of the three Broadway Historic Buildings

The Board also discussed Conditions recommended by the Façade Grant Program Administrator for the three historic buildings along Broadway which are receiving approximately \$250,000 in façade grant money. The Board acknowledged that since the investigative demolition has not

been completed to determine what the existing materials are underneath the ‘modernized’ skin façade, it would be speculative to condition the project for specific replacement materials. Although the recommendations may be a good, the recommendations are premature until what is underneath is known. The Board consensus is to recommend the following conditions for *consideration* following the investigative demolition:

- a. The transoms shall be done in wood;
- b. The storefronts shall be powder coated aluminum with front centered glass, and three differentiated storefront frame colors amongst the three facades;
- c. All three storefronts shall provide bases to the storefront windows so that the storefront glazing does not come down to the sidewalk; and
- d. All façade components shall be restored or provide replication of damaged or missing features.

2.	<p>Location: Children’s Hospital and Research Center Oakland (CHRCO) & Children’s Hospital Oakland Research Institute (CHORI)</p> <p>CHRCO campus is located at 747 52nd Street and is generally bounded by 53rd Street to the north, State Route 24 (SR-24) to the east, and Martin Luther King Jr. Way and the elevated BART tracks to the south and west. APNs: Multiple</p> <p>CHORI campus is located at 5700 Martin Luther King Jr. Way and is generally bounded by 58th Street to the north, Dover Street Park to the east, Aileen Street to the south, and Martin Luther King Jr. Way to the west. APN: 015-1281-028-00</p>
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Proposal: Conduct a Scoping Session for an Environmental Impact Report to receive comments regarding potential impacts related to the redevelopment of the CHRCO campus and renovation of the gymnasium on the CHORI campus. The Project would occur in two phases.

Phase I would (a) demolish four single-family residences; (b) construct a 92,700 sq. ft., 6-story Out Patient Center (OPC2) with a new heli-stop and a 4,450 sq. ft. Central Plant Building; (c) construct a new entrance to the existing parking garage; and (d) renovate 86,403 sq. ft., primarily to the existing hospital building.

Phase II would (a) demolish six residential structures, the B/C Wing, the existing heli-stop, the Bruce Lyon Memorial Building and several trailers; (b) construct a 3-story 14,500 sq. ft. Family Residence Building with 12 to 16 residential units, a 5-story 31,300 sq. ft. Administration Building, a 3-story 19,020 sq. ft. Link Building, a 5-story 125,403 sq. ft. Acute Care Patient Pavilion with a new heli-stop, a 3,780 sq. ft. Central Plant Building, and a 4-story 114,901 sq. ft. parking structure with 334 stalls; (c) realign Dover Street and perform roadway improvements to 52nd Street; and (d) renovate 62,342 sq. ft. including the CHORI gymnasium. The redevelopment would result in approximately 210 beds (increase of 20) and 2,291 patients, visitors and staff (increase of 205).

The LPAB is also requested to make a determination regarding the historic significance and CEQA historic status of all the hospital buildings 45 years or older and the fourteen additional properties as well as the Children's Hospital complex as a potentially significant historic district.

Applicant: Children's Hospital and Research Center Oakland, Doug Nelson (510)428-3066

Owner: Children's Hospital and Research Center Oakland

Case File Number: ER12-0013

Planning Permits Required: General Plan Amendment, Rezoning, Conditional Use Permit to change from Residential uses to Health Care Civic uses, Tentative Parcel Map, and possible other discretionary permits and/or approvals

General Plan: Institutional, Mixed Housing Type, Neighborhood Center

Zoning: S-1, Medical Center Zone; RM-2, Mixed Housing Type Residential Zone-2; CN-3, Neighborhood Commercial Zone – 3

Environmental Determination: An Environmental Impact Report (EIR) is being prepared under the California Environmental Quality Act (CEQA).

Historic Status:	The A/B Wing (Baby Hospital) on the CHRCO campus is considered a Potentially Designated Historic Property (PDHP) with a current rating of Cb+3 by the Oakland Cultural Heritage Survey (OCHS). The current rating is being reevaluated in the Historic Resource Evaluation Report, which may result in a change to the rating. The proposal includes several properties within the 55th and Dover Residential District Area of Secondary Importance that are considered PDHPs. Old Merritt College (including the Gymnasium) is on the CHORI campus and is on the National Register of Historic Places. The property is a Designated Historic Property per OCHS with a rating of B+1+.
Service Delivery District:	II – North Oakland/North Hills
City Council District:	1 - Kalb
Status:	A Notice of Preparation for an EIR was published and distributed on July 26, 2013, with written public comments due no later than August 28, 2013. A Historic Resource Evaluation Report for Oakland Children’s Hospital will be prepared and distributed on August 6, 2013 with the staff report.
Action to be taken:	<ol style="list-style-type: none"> 1) Receive public and Landmarks Board comments on what information and analysis to include in the EIR relating to Cultural Resources. 2) Make a determination regarding the historic significance and CEQA historic status of all the hospital buildings 45 years or older and the fourteen additional properties as well as the Children’s Hospital complex as a potentially significant historic district
For further information:	Contact project planner Heather Klein at (510) 238-3659 or by e-mail at hklein@oaklandnet.com

Staff Heather Klein, Planner III, introduced the item.

Speakers:

Dr. Bert Lupin, CEO and President of the Hospital: Informed the Board about the hospital statistics, number of patients, Level 1 Trauma Center (only one in northern CA), Health Center on Claremont Avenue, their community benefit projects, and their status in the top 10 research programs. He states that the hospital is a precious gem for this city. They serve 70% Medicaid and do not turn anyone away. Campus modernization is crucial to their mission. Asks the city for support for the benefit of the children.

Chair Garry asked about the driving force for the hospital expansion.

Dr. Bert Lupin responded that it is a combination of seismic issues and a number of limitations based on growth over 100 years. They have not had a master plan to capture what they need in order to provide the care they provide. The facility is outdated and they are limited in what they can do. They want to provide one room for each patient and family. Currently rooms have more than one child, divided only by a curtain and this does not provide the necessary privacy. They need to move clinics located in the

hospital in order to make space to have rooms. Without improvement of the facility they cannot maintain their mission.

Board Member Goins inquired about the ASI, as it was not evaluated by the Historic Resource Evaluation.

Klein responded that it had been OCHS rated as an ASI and not an API. API districts are subject to CEQA, while ASI districts are not. Therefore, it was not part of the scope of work, since it was felt that reevaluation was not needed.

Katherine Krolkowski, resident of Dover Street: She supports the hospital's mission, but has concerns, as follows.

- 1) Her focus is on the corner of 53rd and Dover – Phase I: 4 houses will be demolished. The four houses to be demolished look cute and old. They looked better four years ago than they do now under the preservation by Children's Hospital.
- 2) Changing the parking entrance cuts off a space between 52nd and 53rd streets on Dover.
- 3) Dover is the way the residents of this area access Telegraph Avenue. They need to be able to get to Telegraph. The neighborhood would not be as desirable without this access.
- 4) Increase incentives for people in the neighborhood to preserve and maintain their homes.
- 5) Children's Hospital has other options for expanding, perhaps toward Martin Luther King or towards the freeway. They can meet their mission and keep the historic nature of the district.

Robert Brokl, neighborhood resident and part of the group that formed NOVA: Children's Hospital grows by acquiring nearby residences, keeping them and land banking them, allowing them to deteriorate and then demolishing them for expansion. Consider the following.

- 1) The new location for the entrance to the parking garage on 53rd and Dover needs to be rerouted back to Martin Luther King.
- 2) As an Area of Secondary Importance (ASI), houses that are over 100 years old, it is a street car suburb, post-earthquake that has a lot of historic character, but has been eroded over the years through Children's Hospital expansion. The report notes that the district has been degraded by previous expansions. Also, the houses that remain will be impacted by parking and traffic. Protect what remains of the ASI.
- 3) Alta Bates is an example of an urban hospital where you have the surrounding community buffered from traffic and institutional uses. Requests that the Board make suggestions on how to buffer the surrounding neighborhood from Children's Hospital's institutional intrusions.
- 4) Suggests a mandate that Children's Hospital not acquire any more property, residences north of 53rd Street. They already own at least one house on the north side of 53rd. They should not be expanding by taking out more housing. They have a surface parking lot along Martin Luther King that is not addressed in the report where they took out former retail uses. That's an area where they could expand.
- 5) Need more information on the gym. It is not described. There is no increase in parking and Dover Park doesn't have a park rating. It's RM-2. It should be zoned Park/Open Space.

- 6) Reorient the project so that the A/B Wing would be more visible to the public and to the patients.
- 7) Making the neighborhood parking and traffic work. Incorporate traffic calming to make the neighborhood safe. Protecting the ASI would make the area a better place for the hospital, its workers and patients.

Darlene Drapkin, Executive Director of the Temescal/Telegraph Community Association: Since its inception, Children's Hospital has been their partner as a strong collaborator. Together they have transformed the Temescal District into a safe and pedestrian friendly shopping district. They have utilized the Main Street approach for its revitalization. Main Street is a program of the National Trust for Historic Preservation. It honors and respects historic preservation. Welcome the Board's ideas to fill the remaining vacancies in the district, such as Hooper's and Caspers. They are a strong supporter of Children's Hospital expansion in order that it can remain competitive and stay in Temescal. Over the last nine years they have been a witness to Children's Hospital's thoughtfulness and conscientiousness in devising their master plan. Support Children's Hospital's request to develop the A/B wing in order to modernize the facility and remain competitive.

Alfred Crofts, neighborhood resident: Children's Hospital is not in Temescal, but in North Oakland. Has experienced significant impacts from the expansion of Children's Hospital. This is a valuable institution, but the expansions could have been done much more sensitively. The scope should include impacts on the Dover historic district, with respect to traffic and the new parking entrance. They would like to keep the neighborhood streets safe for children.

Naomi Schiff, Oakland Heritage Alliance: Haven't read the entire historic evaluation, but will give written comments. First they would like a lot more information on the baby hospital in relation to the new construction. Having lived through this with Highland Hospital's project, one of the things that was considered in preservation of Highland Hospital was the historic landscape. One possible thing that should fall within the scope is more about the magnolia tree and the courtyard. Landscapes can be historic and can be valuable to Children's Hospital. Would never cut a tree down as they help air quality, especially in an area as impacted as this. Secondly, questions the implications of the very reputable Page and Turnbull in thinking that the integrity of the neighborhood can be cast aside because the neighborhood has been impacted by something that's about to impact it again. This is circular reasoning. Cannot use that reasoning. Impacts to neighborhood integrity cannot be accepted when what we have is incremental destruction. You need to be looking at keeping the critical mass intact. Whether those intrusions are architectural in the form of buildings or traffic or landscape alterations, all of them play into it. There is a weakness in our preservation element. Theoretically, the buildings should be offered for \$1 to move them. In this setting it is very difficult to move buildings because of the constraints of the BART tracks and Highway 24. We need to be looking to see if Children's can find a way to save the buildings on site, or on their surface parking lot on Martin Luther King Way or other locations. It is not going to be feasible to move those buildings far. Some of them are pretty nice buildings. Look forward to some creative mitigation and alternative approaches that will spare this neighborhood and still preserve a physical plan that Children's Hospital can work with.

Marsha Luster, Manager of the Medical Services Department at Children' Hospital: The Hospital has committed to remain in the neighborhood. The current facility impacts a family's ability to have

space needed and privacy. Having to share a room with another family adds to stress. Doctor updates to family members result in squeezing families into limited space. Space should not be a distraction. They want to offer high physical standards and adequate accommodations. To complete the necessary construction they request that the Board not designate any Children's Hospital's structures historic, which would prevent future construction.

Dr. Arthur D'Harlingue, Children's Hospital: Children's has the greatest equipment, staff and doctors. In order to continue to have this high quality, the change of the A/B wing to a B designation should be avoided. That would make it difficult for future generations to deal with that. Right now Phase I and Phase II do not plan to demolish that building. But would hate to hamper the Board leadership and doctors 20 to 30 years from now as they try to work in a constrained site. Keep the A/B wing as a C designation.

Stacey Hanover, Emergency & Trauma Unit: Dedicated to the care of children and was responsible for many changes of the emergency unit. Loves the history of Children's Hospital and its mission to serve the children. The rich history of the hospital is the basis for why she works at this facility. We have to advance our services in order to serve the entire community. The history will continue with the family and staff who possess the institutional memory. Careful consideration has been made to respect the past. We must always put patients first. So, please allow us to do that by building the type of facility that will enforce our mission.

Nancy Shibata, Chief Nursing Officer: Wants to talk about providing the best services possible for the children at the hospital. Originally, she cared for patients in the A wing, but they moved out of the A wing over 30 years ago because it wasn't adequate for patients. Most concerned about designating a structure and limiting space on the campus because they have a small footprint to work with. Appreciates comments of the neighbors. We have a responsibility to the neighborhood because we are in a residential neighborhood. They are trying to stay within the confines of 53rd Street, the BART and Highway 24. They need to have the maximum flexibility to operate within that space. Request that the Board allow them to stay as flexible as possible.

Carolyn Lund, Clinical Nurse Specialist: Felt a part of this neighborhood for as long as she has worked there. Walking through the building that she worked in, it is a beautiful building with a lot of memories, but that takes second place to their mission. Intensive care babies share a room with 20 babies in one room. Respects the footprint that they are trying to stay in to respect the character of the neighborhood. Hope to work harder to reach out to the neighborhood with communication. On the other hand they have to work within a tight budget. We don't have the resources to move across town, or perhaps even across Martin Luther King. Ask for your respect and thoughts to continue the work we do.

LaWanda Morris, Nurse: Discussed the number of machines a sick child might need, as many as twenty. You have a parent that wants to be there and doctors at the bedside. There is little room and they are cramped. The bed space for the children needs to be expanded. Wants patients and their families to be comfortable. We need to expand the space. Respectfully requests that this committee does not designate any building on Children's Hospital's property as historical. This will prevent the future expansion of their community.

Diane Olszewski, Oncology Clinical Nurse: Discussed and shared the history of the hospital through events that occur at a child's bedside, such as marriages, graduations, etc. Children undergoing chemotherapy are at a high risk of infection which can be life threatening. Individual patient rooms are the norm nationwide. They still have 6 rooms that accommodate double beds, with only 14 as single patient rooms. In the future this could require us to expand our footprint. Who knows what we will need in the future? Designating the A/B wing as historic creates an unnecessary burden for future generations to insure state of the art care.

Elizabeth Epstein, parent and planning community development professional: Scores of visits to Children's Hospital over more than a decade and seeing my children receive excellent care made me want to give back to Children's Hospital and become a volunteer. Supports Children's Hospital's modernization project and its plan for seismic requirements, changes to meet current and future medical needs, and being responsive to the needs and concerns of the neighborhood. With respect to the proposed historic rating of the A/B wing, consider the need to maintain flexibility in the future and to not foreclose any options in two to three decades from now. That part of the property is the most distant from the residential area. There has been interest and desire from the neighborhood to have development occur in a way that minimizes impacts on the residential neighborhood. Hold this consideration high in the environmental process.

Dr. Barbara Staggers, Director of Adolescent Medicine: 'PP' The first 'P' is for prevention. Talks to patients about decisions that provide options and opportunities that they aren't locked into for the rest of their lives. Asks the committee how to prevent Children's Hospital from being locked into a decision that they could not change for generations to come. Historic designation of our buildings locks us in to an inability to expand and to do the type of care we need to do. The second 'P' is preservation, preservation of life, the most important resource we have on earth. That is what Children's resource center is about.

Board Discussion

Garry thanked all the speakers for their thoughtful remarks. Regardless of what side of the fence you're on, there is a lot of commitment and concern, shared values, even with some of the conflicts that the expansion presents. It is clear that this makes the Board's job extremely difficult because we are charged with making recommendations about the preservation of precious cultural resources and children are most precious resources, so we are aware of what the hospital does and the importance of that. No matter what decision gets made someone is disappointed in the process because we can't serve every opinion and point of view without coming up short. Clearly we are charged to confirm the OCHS determination based on information in the Historic Resource Evaluation. The one that is of most concern is the rating of the A/B wing with a B3 rating. There needs to be some clarification that going from a C to a B was not an arbitrary and capricious decision. The C was an initial windshield survey. It is a very preliminary rating. When projects come up it triggers a more intensive and detailed, researched evaluation of landmark eligibility. Requests that staff explain this. Also, first it is a *potential* Landmark and doesn't prevent anything from happening and it is not a burden. A B-rating does not prevent or preclude growth and/or change. It is recognition of its cultural importance and architectural significance. That is getting lost.

Marvin, Planner III OCHS stated that the Field Rating is not a 'C'. It is a 'Cb' which means it's been impacted by alterations. The alteration to the entry where there had been the arcade was an addition of the B/C wing and the chronology of that and how they cleverly made a mirror updated image and also

looking around the back and seeing that it was a free-standing building made the alterations seem quite not so devastating. Recognizing its huge historical importance, one could still consider it of major importance. The other thing about the ratings is that they are only the tiniest of shorthand for the resource that's out there on the ground. It's always difficult and often happens with churches where the original institution has continued to grow and change so that the changes it wants to make is part of its ongoing history. Even if it were designated a Heritage Property or a Landmark it doesn't prevent or stop things. It does mean that it would be considered under an Environmental Review process, recognizing that there is something important and then determining what to do about it.

Andrews commented on the appropriate criteria to take into consideration in making the evaluation, and dying children is not part of the criteria. It's the LPAB's charter to consider if it merits designation. We don't take into consideration that the building is an emergency facility.

Garry: As a Board we have policies and procedures, having a survey that considers what are our most precious resources. It isn't the intent to prevent things from happening. It might help to allay fears that the intent is not to put a stamp on something that makes it difficult for any change to happen. It requires us to take that into consideration. Phase I and II do not include demolition of the A/B wing, so it would be preemptive to say that they might want to demolish it down the road, and therefore shouldn't determine that it's eligible for landmarking. We have demolition findings and to meet those you have to provide some information and mitigate the demolition. Feels like it has been blown up to a level of importance that it does not merit. Everything we've heard here makes us better understand the hospital's and the neighborhood's viewpoint.

Andrews: What are we allowed to take that into account in evaluation and the rating?

Marvin: Maybe the staff planner needs to explain about a Scoping Session. You can look at the cultural resources as separately as you look at the traffic.

Klein clarified the difference between the Reconnaissance survey and the Intensive survey, the LPAB evaluation and guidelines and Historic Preservation policy with respect to CEQA review.

Andrews asked for clarification on the Board's purview to make overriding considerations.

Garry stated that there is a great deal of concern about the existing houses that are owned by the hospital which are potentially designated historic properties, a total of 12 houses. In order to understand the impact of the demolition, how many properties are in the ASI?

Marvin responded that it's about 146. It's a large early 20th century district. It's an ASI because Oakland has so many of these, characteristic of North Oakland as a street car suburb.

Garry: So, that's about 10%. Sympathetic to the comments and concern about traffic and street calming because it appears that the traffic will be significant. Traffic patterns and their impact on the quieter streets should be looked at very carefully. The triangular boundary of the hospital is problematic and a huge challenge. There needs to be buffering to the neighborhoods and to keep the traffic from becoming a major impact. Consideration should be given to the landscape and the historic landscape should be studied. The magnolia tree location is one area where there is a feeling of a campus because there's some shade and it's restful and quiet.

Schulman: The Board does not have leeway in making a determination on the historic status of the buildings, just because Children's Hospital does great work, as they do. Board Members have pledged to uphold the Historic Preservation criteria in making evaluations. With respect to the submitted letter, the rating sheet did take into account familiarity and context, and it was down-rated. The excellent Page and Turnbull report analysis of the magnolia tree was silly. Just because the hospital did not plant the tree does not mean that it is not a resource. The tree was imbued with historic value over time as it was used on multiple occasions for fund raising as the hospital was developed. The EIR should study and take into account the tree, and not develop around it. Doesn't see that when or who planted it would entirely determine its historic significance. Would also like analysis of its projected life span. Would like to carve out the tree from the determination and hold off on that.

Goins: The gym and impacts to other buildings due to any activity happening on the site should be studied further. Commercial versus residential feeling should be studied, in analysis of the project on the district.

Andrews: Agrees with most of the staff direction, but on the fence about the B/C wing. It helps create the courtyard and it's very hard to divorce it from the overall feeling that it is a historic resource. The DEIR should consider the courtyard as an element. Also, gardens and natural resources assist in healing and this is an opportunity. Maybe the magnolia tree doesn't get saved, but as a mitigation some landscape resources are added to the hospital. Also, has questions about the potential degradation of the neighborhood by encroachment of the Children's Hospital not only through this phase but through past phases. Concern of neighborhood that someday there won't be a neighborhood. The argument that the neighborhood is already degraded so why not degrade it more does not stand. There's opportunity for both the Hospital and the neighborhood. We need healthy children and neighborhoods and they are not exclusive. There's a lot of creativity that can result in reinforcing and support of both.

MOTION by Board Member **Schulman** to approve the report staff recommendation, but that the magnolia tree and the courtyard between the two need further historic landscape evaluation and individual ratings. Also, all comments from this hearing shall be included and forwarded to the Planning Commission. Seconded by Board Member **Goins** and **Unanimously Approved**.

3. Board Discussion: Potential Cultural Landscape Status for selected stands of eucalyptus trees in the Oakland hills. Presentation by Rosemary Muller, FAIA.

Rosemary Muller gave a Power Point presentation.

F. OLD BUSINESS - Action Items

None.

G. BOARD REPORTS

- 1. Lake Merritt Station Area Plan:** LPAB representative report (**Goins**).
Joint Community Stakeholders Group/Technical Advisory Committee Meeting:-

July 29, 2013.

2. **Broadway/Valdez District Specific Plan, Community Stakeholder Group Meeting:** LPAB Representative report (**Birkholz**).
Joint Community Stakeholders Group/Technical Advisory Committee Meeting –
June 11, 2013.
3. **West Oakland Specific Plan:** LPAB representatives (**Andrews, Garry, MacDonald**).
LPAB Sub-committee meeting [Andrews, Garry – (MacDonald – Absent)] –
June 24, 2013.

H. SUB-COMMITTEE REPORTS

1. **Temple Beth Abraham - 333 MacArthur Boulevard:** Temple addition with adjacent courtyard, demolition of existing single family residence, the Billings house, Oakland Cultural Heritage Survey Rating ‘C’ = Secondary Importance, ‘2+’ = Contributor to an Area of Secondary Importance (ASI). LPAB Sub-committee Members Andrews and Schulman. *No recent meetings.*

I. ANNOUNCEMENTS

J. SECRETARY REPORTS

1. **Potential LPAB Special Meeting**

K. UPCOMING

1. **Morcom Amphitheater of Roses:** Oakland-Piedmont line between Oakland Avenue and Jean Street. City of Oakland Landmark LM 80-350, Ord. 9998 C.M.S., November 4, 1980. **Presentation by Board Member Garry.**
2. **Review of Specific Plans:**
Lake Merritt Station Area Plan – 9/16/2013
Broadway/Valdez District Specific Plan – 9/16/2013
West Oakland Specific Plan – October
3. **2013 Mills Act Program Applications**

L. ADJOURNMENT 10:15 PM

JOANN PAVLINEC
Secretary

APPENDIX A4

***Oakland Bicycle and Pedestrian Advisory
Committee, August 15, 2013 Meeting Minutes***

Oakland Bicycle and Pedestrian Advisory Committee

August 15, 2013 Meeting

Attendees:

Brian Toy, Chris Hwang, Chris Kidd, Daniel Schulman, Jason Patton, Jennifer Stanley, Midori Tabata, Mike Jones, Robert Prinz, Ryan Chan, Cindy David, Katie Krolikowski, Jeff Fyffe, Frank Penrose, Jen Hoff, Scott Birkey, Shannon Allen, Heather Klein, Karen Hester, Anne Killebrew.

The meeting began at 5:35 p.m.

Approval of Meeting Minutes

Chris Kidd moved to approve the July meeting minutes. Midori Tabata seconded, and the motion passed.

Children's Hospital EIR Scoping (see attachment)

Children's Hospital has filed a plan to redevelop both its main and research campuses in two phases (see attachment). Representatives were present to discuss the plans.

The main bicycle/pedestrian improvements include improving the access to/from the garage to the hospital, the realignment of Dover to create a 4-way intersection at 52nd, pedestrian bulbouts, improvements along 52nd street, and improvement of the Hwy 24 greenbelt. One option will also create a cul-de-sac with bicycle cut-throughs on Dover.

Committee members had the following recommendations:

- On the plan, the 4' bike lane + 2' gutter pan should be labeled as a 6' bike lane, since there is no street parking.
- The plan is unclear as to how much distance there would be for the bicycle lane in the areas with street parking. The project representatives were also unclear on this point.
- Considering the widening of 52nd street, are the pedestrian improvements a net improvement?
- Better connectivity is needed between 52nd and Shattuck and Telegraph.
- The AC Transit 12 route stops on 55th and Dover, and the crosswalk here needs improvement.
- It may not be a good idea to provide bicycle facilities on 52nd if they are substandard; would prefer 55th instead.
- The 12' lanes on Dover seem too wide and would prefer 10' lanes with a buffer.
- Consider removing parking on the south side of 52nd street
- The zoning changes may not promote pedestrian activities
- Square off the offramp on 52nd; improve the underpass conditions. Jason Patton noted that this is part of the Caldecott settlement, and that project staff should coordinate with transportation services.
- There is a benefit of the outdoor environment and the Temescal neighborhood/business district to hospital users.
- A large façade may be disinviting to pedestrians.
- Study the bicycle connection on 52nd between Dover and Shattuck. Additionally, look at the short connection between West and Genoa.

Oakland draft bike boulevard policy and pilot project (see attachment)

Jason Patton presented an item on Oakland's bike boulevards. He noted that the street network is not conducive to traditional bike boulevards, and recommended that Oakland adopt a "low-stress network" approach, where bike boulevards are connected by bike lanes on arterial streets that meet heightened standards. Oakland's approach would also involve setting thresholds for traffic volume to allow the city to intervene if necessary. The main devices used would be circles and humps. The plan would involve incremental traffic improvements, not entirely new bike boulevards.

A committee member pointed out that Berkeley's bike boulevards are inefficient because of arterial crossings and excessive stop signs. Emeryville's are hindered by the lack of mitigation of traffic volumes.

Patton presented data from traffic volume and speed studies on two potential bike blvd networks. He noted that location J had an error in the counts. These data substantiated initial impressions about bike boulevard usage and safety. For example, the traffic speeds on Webster may be uncomfortably high.

Committee members had the following recommendations:

- Look at Davis's use of speed tables instead of speed humps. Patton noted that the City is exploring this issue.
- Long Beach's roundabouts are not a good model.
- Bike lanes are not compatible with traffic circles.
- Explore using bicycle-specific signals.
- Instead of using speed humps, explore the use of diversion, landscaping, and 4-way stops.
- Use the same signage throughout the City; the current bicycle boulevard signage may be inferior to the signage used elsewhere.

California Bicycle Coalition November 2013 Summit in Oakland (see attachment)

Vice Chair Chris Kidd asked for suggestions and volunteers for the Summit. About 150 attendees from the advocacy world are expected. The summit will explore the social and cultural aspects of bicycling and how to involve the broader community. Volunteers are needed. Tasks include leading tours, hosting participants, and soliciting financial sponsorship.

Fourteen vs fifteen vs sixteen; to buffer or not to buffer (see attachment)

Jason Patton presented alternative designs for bicycle lanes given various widths. He noted that cars tend to park close to the curb regardless of the width of the parking lane. The 85th percentile of doors open to 9.5 ft away from the curb, so 10 ft is generally used as the guideline of the "door zone".

Issues noted by the committee:

- Cyclists tend to ride to the extreme right of the bicycle lane, so an inside buffer between parked cars and cyclists is preferable to placing the buffer on the outside, between the bicyclist and traffic. Cyclists are safer when positioned further out in the road, regardless of parking turnover. This would support the use of a wider parking lane and narrower bike lane.
- An outside buffer may be preferable on streets with multi-lane traffic.
- In response to an inquiry about how cyclists position themselves, Patton noted a Cambridge study that any symbols helped to move cyclists out to a better position, but the effect was marginal.

- Jennifer Stanley noted that Oakland explored putting the bike lane symbol on the left side of the lane to aid in positioning, but due to the thickness of the thermoplastic, this actually drove cyclists toward the right so they could avoid the symbol.
- A member suggested using a dotted line to note the door zone section of the bike lane. On streets with parking t's, very few cyclists understand that they are meant to mark the door zone.

With 14 ft of available space, the committee generally preferred 8' parking and 6' bike lane, though there was no clear consensus. With 15 ft, the unanimous recommendation of the committee was to have 8' parking with a 2' buffer and 5' bike lane. With 16 ft, an inside buffer was generally preferred over an outside buffer. The only case in which inside buffers might be undesirable are on curves.

The meeting was adjourned at 7:35 p.m.

APPENDIX A5

***Oakland City Planning Commission,
August 28, 2013 Meeting Minutes***



Oakland City Planning Commission

Minutes

Chris Pattillo, Chair
Jonelyn Whales, Vice-Chair
Jahaziel Bonilla
Michael Coleman
Jim Moore
Adhi Nagraj
Emily Weinstein

August 28, 2013
Regular Meeting

ROLL CALL

Present: Pattillo, Bonilla, Coleman, Moore, Nagraj, Weinstein.

Excused: Whales.

Staff: Rachel Flynn, Scott Miller, Aubrey Rose, Catherine Payne, Peterson Vollman, Heather Klein, Mark Wald, Cheryl Dunaway.

WELCOME BY THE CHAIR

Chair Pattillo gave an introduction of the new Planning Commissioner, Adhi Nagraj.

Agenda Discussion

Mr. Miller made a recommendation to continue item #7 to a date certain due to courtesy notices were not sent to existing crematoriums in Oakland.

Commissioner Coleman made a motion to continue to a date certain of September 11, 2013, seconded by Commissioner Bonilla.

Action on the matter: Approved Item #7 until a date certain of September 11, 2013, 5 ayes, 0 noes.

For further information on any case listed on this agenda, please contact the case planner indicated for that item. For further information on Historic Status, please contact the Oakland Cultural Heritage Survey at 510-238-6879. For other questions or general information on the Oakland City Planning Commission, please contact the Community and Economic Development Agency, Planning and Zoning Division, at 510-238-3941.

♿ This meeting is wheelchair accessible. To request materials in alternative formats, or to request an ASL interpreter, or assistive listening device, please call the ***Planning Department at 510-238-3941*** or ***TDD 510-238-3254*** at least three working days before the meeting. Please refrain from wearing scented products to this meeting so attendees who may experience chemical sensitivities may attend. Thank you.



Director's Report

Director Flynn also congratulated the newest Planning Commissioner, Adhi Nagraj. She gave a Director's report on four upcoming Specific Plans including future West Oakland Specific Plan workshops and meetings.

Commission Matters

Mr. Miller announced minor changes in the September 2013 Planning Commission schedule. No meeting will be held on September 4, 2013 due to the Rosh Hashanah holiday. There are two meetings scheduled for both September 11th and 25th.

CONSENT CALENDAR

Items 1 and 2 moved by consent of the Planning Commission.

Commissioner Moore made a motion to approve, seconded by Commissioner Coleman.

Action on the matter: Approved 6 ayes, 0 noes.



1.	Location:	The public Right of Way adjacent to 6251 Castle Drive. Nearest lot adjacent to the project site APN: (048D-7270-037-02)
	Proposal:	To install a wireless Telecommunications Facility (AT&T wireless) on a PG&E utility pole. The project include; replace an existing 37'-5" high PG&E pole with 47'-5" high new PG&E pole; add one new panel antennas (2' long by 10" wide) mounted on top of PG&E utility pole located in the public right -of- way; an associated equipment box, one battery backup and meter boxes within a 6' tall by 24" wide single equipment box attached to the pole at a height of 8' above the ground.
	Applicant:	New Cingular Wireless PCS, LLC./AT&T Mobility
	Contact Person/Phone Number:	Matthew Yergovich (415)596-3474
	Owner:	Pacific Gas & Electric (PG&E).
	Case File Number:	DR13-041
	Planning Permits Required:	Major Design Review to install a wireless Macro Telecommunication Facility to on existing PG&E pole located in the public right -of- way in a residential zone.
	General Plan:	Hillside Residential
	Zoning:	RH-4 Hillside Residential Zone
	Environmental Determination:	Exempt, Section 15301 of the State CEQA Guidelines; minor additions and alterations to an existing facility. Section 15183 of the State CEQA Guidelines; projects consistent with a community plan, general plan or zoning.
	Historic Status:	Not a Potential Designated Historic Property; Survey Rating: N/A
	Service Delivery District:	4
	City Council District:	4
	Date Filed:	February 4,2013
	Action to be Taken:	Decision of Application
	Finality of Decision:	<i>Appealable to City Council</i>
	For Further Information:	Contact case planner Jason Madani at (510) 238-4790 or by email: jsmadani@oaklandnet.com

Commissioner Moore made a motion to approve, seconded by Commissioner Coleman.

Action on the matter: Approved 6 ayes, 0 noes.



2.	Location:	The Public Right of Way near 6925 Pinehaven Road on joint utility pole # 110133965 APN: (048G-7434-032-00) the parcel adjacent to the right of way
	Proposal:	To install two panel antennas (two-feet long and 10- inches wide, each) for a wireless telecommunications facility (AT&T wireless) on a pre-approved 7-foot extension to an existing 37'-5" high joint utility pole; at 17' above grade, locate a battery-backup equipment box (2'x2'x1.5'); at 12' above grade, locate an equipment cabinet (4'x1'x1'); at 10' above grade, locate a 1'x1'x4" optical demarcation unit; At 8' above grade, locate a 1'x3"x8"safety shut-off switch and electricity meter; all equipment would be painted to match pole; relocation of existing climbing pegs to accommodate new equipment.
	Applicant:	New Cingular Wireless PCS,LLC./AT&T Mobility
	Contact Person/ Phone Number:	Matthew Yergovich (415) 596-3474
	Owner:	Pacific Gas & Electric.
	Case File Number:	DR13-049
	Planning Permits Required:	Major Design Review to install a wireless Telecommunications Macro Facility to on existing PG&E pole located in the public right of way in a residential zone.
	General Plan:	Hillside Residential
	Zoning:	RH-4 Hillside Residential-4 Zone.
	Environmental Determination:	Exempt, Section 15301 of the State CEQA Guidelines; minor additions and alterations to an existing facility Exempt, Section 15183 of the State CEQA Guidelines; projects consistent with a community plan, General Plan or zoning.
	Historic Status:	Not a Potential Designated Historic Property; Survey rating: n/a
	Service Delivery District:	2
	City Council District:	1
	Date Filed:	2/4/2013
	Finality of Decision:	Appealable to City Council within 10 Days
	For Further Information:	Contact case planner Catherine Payne at (510) 238-6168 or cpayne@oaklandnet.com

Commissioner Moore made a motion to approve, seconded by Commissioner Coleman.

Action on the matter: Approved 6 ayes, 0 noes.



PUBLIC HEARINGS

3.	Location:	1904 Franklin Street / 382 19 th Street (APN: 008 -0637-013-01)
	Proposal:	To allow for a new Alcoholic Beverage Sales Activity.
	Applicant:	ADMD LLC
	Contact Person/ Phone Number:	Adi Taylor (510) 409-7675
	Owner:	Robert Faussner
	Case File Number:	CM13-141
	Planning Permits Required:	Major Conditional Use Permit to allow an Alcoholic Beverage Sales Activity in a 2,080 square foot ground floor commercial space in the Uptown Area of the Central Business District.
	General Plan:	Central Business District
	Zoning:	CBD-P Central Business District Pedestrian Zone
	Environmental Determination:	Exempt, Section 15303 of the State CEQA Guidelines; new construction of small structures, 15301 existing facilities; 15183 Projects consistent with the General Plan or Zoning.
	Historic Status:	Designated Historic Property (DHP); Survey rating: B+1+
	Service Delivery District:	Metro
	City Council District:	3
	Date Filed:	05/10/13
	Finality of Decision:	Appealable to City Council within 10 Days
	For Further Information:	Contact case planner Jose M. Herrera-Preza at (510) 238-3808 or jherrera@oaklandnet.com

Staff Member Jose Herrera-Preza gave a presentation.

Applicants: Demetrius Chabian Reanzo, Adi Taylor and Steve Banker gave a presentation.

Commissioner Coleman asked how would the capacity be kept under 40 occupants.

Mr. Herrera-Preza responded stating that 40 occupant capacity limit is a beginning capacity limit. Once there is more patrons frequenting the establishment, the occupancy capacity limit may increase. Mr. Miller also added that the 40 occupant capacity limit wasn't a part of the Conditions of Approval, just as information included in the staff report.

Commissioner Coleman made a motion to approve, seconded by Commissioner Moore.

Action on the matter: Approved 6 ayes, 0 noes.



4.	Location:	3925 Lincoln Avenue (APN: 029A-1306-012-00)
	Proposal:	To split a 8,789 square-foot through lot containing a 1,469 s.f. single family home fronting Lincoln Avenue, and to construct a two-story 2,661 s.f. single family home over a two-car garage on the resultant 4,398 s.f. upslope lot fronting Whittle Avenue.
	Applicant:	Tanya Boyce / Affirm Land Use Consulting Services
	Phone Number:	(510) 932-5416
	Owner:	Salt Light Investments LLC
	Case File Numbers:	VMD13123 / TPM10139 / T1300029
	Planning Permits Required:	Major Variance to create lots measuring 4,398 s.f. and 4,391 s.f. where 5,000 s.f. minimum is required; Tentative Parcel Map to subdivide one lot into two lots; Regular Design Review (Residential) to construct a new One-Family Residential Facility; Tree Protection Permit for work within 10 feet of 6 Protected Trees
	General Plan:	Detached Unit Residential
	Zoning:	RD-2 Detached Unit Residential Zone (Lincoln Av.) RD-1 Detached Unit Residential Zone (Whittle Av.)
	Environmental Determination:	Exempt, 15303(a) of the State CEQA Guidelines: New Construction of Small Structures (one single-family home); Exempt, Section 15315: Minor Land Divisions; Section 15183: Projects Consistent with a Community Plan, General Plan or Zoning
	Historic Status:	Non historic property
	Service Delivery District:	4
	City Council District:	4
	Date Filed:	April 24, 2013
	Action to be Taken:	Decision based on staff report
	Finality of Decision:	Appealable to City Council within 10 Days
	For Further Information:	Contact case planner Aubrey Rose, AICP at (510) 238-2071 or arose@oaklandnet.com

Staff Member Aubrey Rose gave a presentation.

Applicants: Tanya Boyce and John Newton gave a PowerPoint presentation.

Speakers: Nancy Acuros, Suzanne Yee, Holden Stein, Linda Koch, Elena Bonwell, Peter Johnson.

Commissioner Weinstein inquired about the type of research that was completed on the Oak tree at 3926 Whittle Avenue, close to the property line of the adjacent lot.

Mr. Rose responded stating that a tree protection permit is required if construction is within 10 feet of a few of the Oak trees and some trees that are not Oak on the project property lot. Due to the maturity of the Oak tree at 3926 Whittle Avenue, staff recommended the applicant hire an Arborist to review the Oak tree and submit a written report which was provided to the City of Oakland's Tree Division. The Arborist's findings were that the project wouldn't be detrimental to the Oak tree, but recommended trimming overhanging limbs. The City of Oakland's Tree Division approved the tree protection permit which wasn't appealed.

Chair Pattillo asked if the statement made by one of the public speakers were true about 40%



of the tree canopy is due to be removed, because it's not included in the staff report. Mr. Rose responded stating that he isn't certain, but there was no record of 40% of the tree canopy being removed in the Arborist's report.

Ms. Boyce responded by reading a portion of the Arborist's tree protection report. It stated, the inclusion to remove an estimate of 10 to 25% of the crown of each tree without affecting tree health nor significantly diminish the screening provided by the trees.

Commissioner Nagraj asked for clarification how to reconcile some of the other information received regarding parcel size.

Mr. Rose responded stating that the statement in the staff report refers to that block only where the parcels are located new Lincoln Avenue, Wilbur Street, Whittle Avenue and Tiffin Road. The letter defines the area a little different which doesn't describe the exact same properties in the two examples.

Commissioner Moore asked for clarification on having no front, side or rear setback variances and would like to know if there are any other variances.

Mr. Rose responded stating that there are no other variances other than the lot size.

Chair Pattillo explained that she visited the proposed project site and agrees that trimming some of the Oak tree limbs will be necessary, and doesn't feel there will be any major impacts on the form and character as long as it is done correctly

Commissioner Coleman inquired about the lot split and the size of the home on the lot. He stated that 25 of 49 residents who signed the petition included in the packet live on conforming lots and the other 24 apparently don't. He's not concerned with conforming the lot size, but is concerned about the size of the house. Does the Planning Commission have authority to grant a lot split and require a smaller area of house construction?

Mr. Miller responded stating yes, the Planning Commission may impose conditions regarding the size as part of the design review. He further explained that there are various findings in front of them with the variance of a lot split, and the design review findings for the house. If it is taken to a motion, staff asks that there be two motions; one that addresses the variance of the lot split and the other addressing the design review of the house.

Commissioner Weinstein inquired about the two adjoining properties. She visited the project site today and one of the homes is closer to the street, the other home is setback significantly. What are the sizes of the two homes?

Mr. Rose responded stating that the Alameda County record for 3926 Lincoln Avenue on the left of the proposed project site is approximately 500 square feet. The home on the right of the proposed project site is approximately 1,600 square feet.

**Planning Commission Comments:**

Chair Pattillo stated that she visited the site and congratulates those who live in the area on how beautiful the neighborhood and that block is. She tried to imagine this house fitting on the lot, and it works for her. She feels the home design demonstrates sensitivity to the neighborhood. She appreciates that the residents have enjoyed this big wonderful vacant lot and may not want to see it occupied. This building, as proposed, will be an asset, and will fit in the neighborhood nicely. Both homes situated on either side of the lot are comparatively large compared to the other homes in the neighborhood and they fit comfortably with the two adjacent homes.

Commissioner Moore made a motion to approve, seconded by Commissioner Bonilla.

Action on the matter: Approved 6 ayes, 0 noes.

5.	Location:	Portion of site (Parcel B) bounded by Broadway, 23rd Street, Valley Street, and 24th Street (Parcel A is under construction).
	Proposal:	Public hearing related to proposed revision to adopted Planned Unit Development for site (proposed revisions include decreased residential units, increase in commercial space, new site planning and related changes) and consideration of Addendum #3 to certified 2004 EIR.
	Applicant:	Signature Development Group (510) 251-9270 (Jamie Choy)
	Owner:	Signature Development Group
	Planning Permits Required:	Revision to PUD, Design Review, CUP for Fast Food and Auto Fee Parking, variance for unenclosed facility for auto-fee parking, and for custom manufacturing, Tentative Tract Map, Demolition of historic structure
	General Plan:	Community Commercial
	Zoning:	CC-2 Community Commercial Zone; D-BR Broadway Retail Frontage District Interim Combining Zone
	Environmental Determination:	Consideration of Addendum #3 to certified 2004 EIR
	Historic Status:	Site includes five buildings considered historic resources under CEQA, all of which were previously approved for demolition; Current proposal is for demolition of one historic building (440-48 23 rd Street--Cb+2+), rehabilitation of one building (2366-98 Valley Street --C3), and rehabilitation of and second-story addition to three buildings: 2335-37 Broadway (Eb+3); 2343 Broadway (Ec3); and 2345 Broadway (Eb-3).
	Service Delivery District:	II – North Oakland/North Hills
	City Council District:	3 – Gibson McElhaney
	Action to be Taken:	Consider approval of planning permits and adoption of Addendum #3.
	Finality of Decision:	Appealable to City Council in ten days
	For further information:	Contact case planner Catherine Payne at (510) 238-6168 or cpayne@oaklandnet.com

Staff Member Catherine Payne requested that the Planning Commission accept new documentation received after the Staff Reports were completed for Planning Commission's consideration.



Commissioner Weinstein made a motion to approve new documentation into record, seconded by Commissioner Moore.

Action on the matter: Approved 6 ayes, 0 noes.

Ms. Payne gave a presentation.

Applicant: Patrick Vanness gave a PowerPoint presentation.

Commissioner Coleman asked if the security issues concerning the fencing in front of the residential units were addressed in the Staff Report.

Mr. Vanness responded stating that the fencing security issues were address with modifications to the design package to install vertical bars to prevent someone from easily climbing over.

Commissioner Moore asked if the Food Truck parked in the alley is still a part of this project proposal.

Mr. Vanness responded stating that the food truck is under the Fast Food designation in which the findings are described in more detail.

Speakers: Naomi Schiff, Peter Birkholz, Robert Brokl.

Planning Commission Questions, Comments and Concerns:

Commissioner Moore stated that he really likes this project and feels it has a lot of synergy within itself, and will interface well with the surrounding businesses in the area. He clarified his understanding of the food truck's purpose on the premises in which different ones will come to the location periodically on a rotational basis. He acknowledged the responses to the Design Review Committee although, the corner aspect of the design seems sort of an odd piece of it. He is in support of this project proposal.

Chair Pattillo asked if staff would object to public speaker, Peter Birkholz's recommendation that mitigation funds be devoted for a national registry nomination for the auto district.

Catherine and Scott responded stating that she hasn't considered that as a possibility, but it's an interesting idea. She explained that the standard conditions of approval for loss of historic resources have been a contribution to the Facade and Improvement program. She will consult with staff assigned to the Landmarks Preservation Advisory Board to determine if it's feasible for both staff and the amount of funds available in the conditions of approval, which will determine how much of it the Planning Commission will allocate for this project.

Mr. Miller further explained that staff's concern is that they are not sure how Mr. Birkholz's recommendation would affect work currently being done on the Broadway Valdez Specific Plan. Staff is hesitant on moving forward with the recommendation without knowing the full aspect of such a condition, and asked if the Planning Commission would please keep that in mind.



Commissioner Nagraj stated that he too likes this plan, and is in favor of additional economic investment between Uptown and Temescal. He is pleased that activation of Broadway, Valley and 23rd Streets were not neglected in this area which is usually less active. The renderings and elevations, especially on Valley Street are well articulated and he is aware that a lot of work went into it which makes the designs on that side very impressive. He isn't particularly in favor of the auto fee parking feature due to there being plenty of parking in the area. Although, the applicant activated many creative uses, the auto fee parking feature doesn't resonate with him especially at this stage in the project.

Mr. Vanness stated that they went through a process of studies of the building proposed for demolition as a potential reuse to incorporate into the residential project. The construction proposed is a wood frame building, and the existing is unreinforced brick and would need to build an interior wall to support it. It became economically infeasible to incorporate it into a wood frame structure so, the decision was made to demolish the building altogether.

Commissioner Weinstein stated that she is very excited about this project proposal, and the way Broadway and Grand Avenue has activated the Uptown area. However, she is concerned about the demolition of the historic building. She feels that there are many design elements in the historic building that are very unique. She asked the applicant to please explain the specific design attributes of the historic building, and why it isn't possible to mimic them in the modern design.

Mr. Vanness explained that they went through several iterations of the exterior design of the building including one that had a series of arches. The feedback through the design review process was that they appeared to have improperly mimicked the design. At that point, they decided to go in an entirely different direction with the design and eliminated the arches.

Chair Pattillo expressed gratitude to the Landmarks Preservation Advisory Board members and staff for an exhaustive and thorough review of this project proposal. She has been excited about this project since she first reviewed it. It started out as a good project, but through the design process it evolved into a great project. She is looking forward to seeing its completion.

Mr. Miller explained that the Planning Commission may want to include some conditions of approval due to a couple of points made by Mr. Birkholz during the public comments session concerning generators vs. plug in and the bathroom/portable restroom issues.

Ms. Payne drafted language that may assist with the motion. She first stated that staff reviewed the applicant's proposed revisions and believes they are acceptable. Ms. Payne's draft language includes: specifically, the fast food use for the food truck should be clearly specified in the conditions of approval under the fast food designation as it is proposed in the staff report, not as part of a corporation chain. Also provide infrastructure support for the food trucks which will eliminate the need for generators and overhead wires. For group assembly uses in the proposed parking fee auto area, provide access to sanitary services for events which will be managed by the applicant(s).

Chair Pattillo asked Ms. Payne where the motion is stated in the packet.

Ms. Payne informed Chair Pattillo that it's located on page 20, and reiterated that there are two



revisions to the conditions of approval from this evening and proposed by the applicant on page 21 of the Staff Report.

Commissioner Coleman made a motion to approve with the applicant's proposed revisions, additional conditions of approval related to fast food uses and the restrooms for group assembly uses, seconded by Commissioner Moore.

Action on the matter: Approved 6 ayes, 0 noes.

6. **Location:** **Children's Hospital and Research Center Oakland (CHRCO) & Children's Hospital Oakland Research Institute (CHORI)**
- CHRCO campus** is located at 747 52nd Street and is generally bounded by 53rd Street to the north, State Route 24 (SR-24) to the east, and Martin Luther King Jr. Way and the elevated BART tracks to the south and west. APNs: Multiple
- CHORI campus** is located at 5700 Martin Luther King Jr. Way and is generally bounded by 58th Street to the north, Dover Street Park to the east, Aileen Street to the south, and Martin Luther King Jr. Way to the west. APN: 015-1281-028-00
- Proposal:** Conduct a Scoping Session for an Environmental Impact Report (EIR) to receive comments regarding potential traffic, bicycle and pedestrian impacts related to the redevelopment of the CHRCO campus and renovation of the gymnasium on the CHORI campus. The Project would occur in two phases.
- Phase I** would (a) demolish four single-family residences; (b) construct a 92,700 sq. ft., 6-story Out Patient Center (OPC2) with a new heli-stop and a 4,450 sq. ft. Central Plant Building; (c) construct a new entrance to the existing parking garage; and (d) renovate 86,403 sq. ft.
- Phase II** would (a) demolish six residential structures, the B/C Wing, the existing heli-stop, the Bruce Lyon Memorial Building and several trailers; (b) construct a 3-story 14,500 sq. ft. Family Residence Building with 12 to 16 residential units, a 5-story 31,300 sq. ft. Administration Building, a 3-story 19,020 sq. ft. Link Building, a 5-story 125,403 sq. ft. Acute Care Patient Pavilion with a new heli-stop, a 3,780 sq. ft. Central Plant Building, and a 4-story 114,901 sq. ft. parking structure with 334 stalls; (c) realign Dover Street and perform roadway improvements to 52nd Street; and (d) renovate 62,342 sq. ft. including the CHORI gymnasium. The redevelopment would result in approximately 210 beds (increase of 20) and 2,291 patients, visitors and staff (increase of 205).
- Applicant:** Children's Hospital and Research Center Oakland, Doug Nelson
Phone Number: (510) 428-3066
Owner: Children's Hospital and Research Center Oakland
Case File Number: **ER12-0013**

(continued on page 12)



(continued from page 11)

Planning Permits Required:	General Plan Amendment, Rezoning, Conditional Use Permit to change from Residential uses to Health Care Civic uses, Tentative Parcel Map, and possible other discretionary permits.
General Plan:	Institutional, Mixed Housing Type, Neighborhood Center
Zoning:	S-1, Medical Center Zone; RM-2, Mixed Housing Type Residential Zone-2; CN-3, Neighborhood Commercial Zone – 3
Environmental Determination:	An Environmental Impact Report (EIR) is being prepared under the California Environmental Quality Act (CEQA).
Historic Status:	The A/B Wing (Baby Hospital) on the CHRCO campus is considered a Potentially Designated Historic Property (PDHP) and a CEQA historic resource with a current (revised) rating of B3 by the Oakland Cultural Heritage Survey (OCHS), as confirmed by the Landmarks Preservation Advisory Board on August 12, 2013. The proposal includes several properties within the 55th and Dover Residential District Area of Secondary Importance that are considered PDHPs. Old Merritt College (including the Gymnasium) is on the CHORI campus and is on the National Register of Historic Places. The CHORI Campus is a Designated Historic Property per OCHS with a rating of B+1+.
Service Delivery District:	2
City Council District:	1
Status:	A Notice of Preparation for an EIR was published and distributed on July 26, 2013, with written public comments due no later than August 28, 2013.
Actions to be Taken:	Receive public and Planning Commission comments on what information and analysis to include in the EIR.
For Further Information:	Contact project planner Heather Klein at (510) 238-3659 or hklein@oaklandnet.com

Mr. Miller reminded the public that Item #7 was continued until the September 11, 2013 Planning Commission Meeting. Those who signed up to speak on that item will be allowed to speak at tonight's meeting if so desired.

Staff Member Heather Klein gave a presentation.

Applicants: Burt Luben gave a presentation. Doug Nelson gave a PowerPoint presentation.

Commissioner Weinstein asked who created the guiding principles, and where did it come from particularly, the height.

Mr. Nelson responded stating that the guiding principles came from a combination of various community members and other members of the public. They want to respect the existing height and the existing 53rd Street buffer, but build to the maximum extent on the land owned by Children's Hospital.

Commissioner Nagraj stated that he was surprised that the amount of additional beds and staff seems like a small amount compared to the massive long term plan for construction. Please explain why that is, and is the purpose of the build out for administration staff, other services



or is this the nature of your industry where a lot of real estate is needed for patient turnover. Mr. Nelson explained that they will lose beds in Phase I from 170 beds on campus and 20 beds off site down to 140-150 beds at the end of Phase I. The reason being is the NCU and ICU beds remain the same, but it will use twice the square footage within hospital, because it will change to single and shared patient rooms. At the end of this project there will be an increase from 170 to 210 beds on campus. Commissioner Bonilla inquired if there will be two helipads.

Mr. Nelson responded stating that there will be two helipads at the completion of this project.

Commissioner Coleman inquired about the frequency of helicopter use. Is it possible for the parking garage entrance to be located on Martin Luther King Jr. Way?

Mr. Nelson responded stating that the average helicopter use is two per day. The possibility of having the parking garage entrance located on Martin Luther King Jr. could be reviewed in a study, but what was discovered is that there may not be enough room to queue vehicles entering and exiting the parking garage.

Commissioner Moore inquired about Dover Street appears to be closed in Phase II where the parking structure traffic will divert to 52nd Street, but in Phase I it appears to be open. Is there need to acquire property to implement the Dover Street closure in Phase II?

Mr. Nelson responded stating that they are fine with both Phase I and II either way, but they would like to see the results of the traffic and parking study.

Chair Pattillo thanked staff and the applicant for an excellent presentation. She reiterated the purpose for tonight's hearing is to hear from the public on what they feel should be studied and which alternatives should be included in the Environmental Impact Report (EIR). This is not an opportunity to discuss the merits or demerits of this project. If there are comments made about the merits or demerits please keep them to a minimum and focus primarily on the requirements of the Environmental Impact Report (EIR).

Speakers: Yasmin Anwar, Crow Bolt, Mary Willoughby, LaWanda Morris, Susan Parker, Claire Vessely, Evie Berg, Marsha Luster, Carolyn Lund, Stacey Hanover (Addressed the helicopter landing pad) Jenna Forder, Ada Robinson, Kristin Kiesel, Robert Borkl, Alfred Croft, Cindy David, Derek Lingren, Barbara Staggers, Naomi Schiff, Diane Olszewski, Katie Krolikawski, Jovita Pajarillo, Berge Thomasian, Martha Kuhl.

Planning Commission Comments, Questions and Concerns:

Commissioner Weinstein asked the applicant to clarify some of the confusion around the Landmarks Preservation Advisory Board's comments particularly, the A/B building.

Mr. Nelson stated that there are no plans for the A/B wing which currently used for office space and can't be used for patient care. When the issue was raised concerning the historical nature of the building, it was decided that it's an unnecessary burden to be placed on it.

Commissioner Coleman asked if a seismically compliant hospital is necessary. He thanked the



public speakers and attendees for coming to express their concerns, and also reassured the Planning Commission is willing to work towards addressing their concerns.

Mr. Nelson responded stating that yes, in the B/C wing they have patient care, but the A/B wing doesn't have patient care. The A/B wing becomes compliant by re-routing utilities so it's not running through a non-compliant building into a compliant building. You may not exit from a complaint building through a non-compliant building either. There isn't much work to be done to make the A/B wing compliant passed the year 2018. The B/C wing cannot be retrofitted to make it compliant.

Commissioner Nagraj stated that it's apparent to him that most of the apprehension is about the spillover effect from this project going north. It's also apparent going north of this project approaching 53rd Street towards the park, and further north towards Berkeley that there are single family homes and very low density. He feels this is an opportunity for the Environmental Impact Report (EIR) to view how this project interfaces north vs. south and explore the capacity of how the southern boulevards can endure heavy traffic in the area.

Commissioner Bonilla stated that it's interesting that there are many service providers who are for or against this project. The diversity of the community where people stand on certain issues, he feels there is a workable solution and a need for improvement on communication. Children's Hospital has a previous a history of not communicating the concerns of the community, and this is a grand opportunity to work together. The neighbors seek solutions for the quality of life for their children and families.

Commissioner Moore thanked the applicant for a robust presentation and the public for their comments/concerns both verbally and in writing in which, they may be incorporated into the Environmental Impact Report (EIR). Landmarks Preservation Advisory Board did an excellent job and their comments should be considered. The Bicycle and Pedestrian Advisory Committee and the Oakland Heritage Alliance were very thorough. He would like to see the Martin Luther King Jr. Way driveway alternative closely reviewed. He feels the Residential Parking Permit may greatly assist with staff parking in the neighborhood. Sound mitigation contribution is also a possibility. Bicycle access crossing from Telegraph to Shattuck and Shattuck to Martin Luther King Jr. Way is a difficult pedestrian connection which may get worse due to this project. The 54th Street corridor is important for vehicle and bicycles in which there are bicycle and bus pathways, that's a significant connection. The traffic study should include levels of service up to 55th Street. Construction staging is very seriously viewed in the Environmental Impact Report (EIR) and is expected to be the case here.

Commissioner Weinstein agrees with the public speakers when stated that the Planning Commission should think of ways to find design solutions that meet most of the needs of the community. Most of the issues raised are normally addressed in an Environmental Impact Report (EIR). She asked if recommendations for alternatives are brought up at this meeting.

Chair Pattillo responded stating that the Planning Commission will make recommendations for alternatives to be studied and staff will determine which alternatives will need studying.

Commissioner Weinstein gave the following recommendations for alternatives:



- Sound proofing.
- Height and massing.
- Location of parking structure and accessibility to the parking structure.
- Development.
- Consideration of the helicopter pad landing area.
- Impact reduction of demolition of the housing units.

Commissioner Coleman thanked everyone for attending this meeting and expressing their opinion on what they feel should be included in the Environmental Impact Report (EIR) studies. He concur with his fellow Planning Commissioners in supporting this project in general and to be able to resolve the specific issues to ensure continued support of this project, that's what this Environmental Impact Report process is about. There are a few recommendations he would like to be considered in the Environmental Impact Report (EIR) such as:

- Helicopter land safety.
- Senior Center parking.
- Mitigate trash generated by hospital visitors.
- Sound proof windows.
- Address how the University of California San Francisco (U.C.S.F.) Hospital relationship will work.

Chair Pattillo also thanked the public for attending tonight's meeting and submitting comments both in writing and verbally. She also thanked Children's Hospital for leading a tour she attended a couple of weeks ago in which she found it to be very helpful. She would also like the following recommendations for consideration to be included in the Environmental Impact Report (EIR):

Explore the feasibility of transplanting the Magnolia tree into Dover Park, and the applicant to consider contacting a minimum of two professional tree service companies to see if this is a possibility.

Impact of loss of green open space, and alternatives for adding adequate green open space for parents, family members and children.

Other impacts to Senior Center parking as of a result of this project and which mitigations are warranted if there are impacts.

An analysis and feasibility of moving all housing units rather than demolish them.

Parking impacts during construction.

Consider expansion of the west side of Martin Luther King Jr. Way currently used for parking/auto storage. Explore the possibility of moving some functions across Martin Luther King Jr. Way and in return, the ability to maintain the amount of open space on the main campus.

****NO ACTION TAKEN AT TONIGHT'S MEETING. SCOPING SESSION ONLY****



7.	Location:	Citywide
	Proposal:	Discussion of proposed zoning text amendments to introduce a new Use Classification for and regulations applying to "Crematories", as directed by the City Council
	Applicant:	City Planning Commission
	Case File Number:	ZT13-211
	Planning Permits Required:	Zoning Text Amendments
	General Plan:	All General Plan designations
	Zoning:	All Zoning districts
	Environmental Determination:	The proposal relies on the previously certified Final Environmental Impact Report (EIR) for the Land Use and Transportation Element of the General Plan (1998); the Oakland Estuary Policy Plan EIR (1998); the EIRs for the West Oakland Central City East, Coliseum and Oakland Army Base Redevelopment Areas. As a separate and independent basis, the proposal is also exempt from CEQA pursuant to CEQA Guidelines Section 15183 "Projects Consistent with a Community Plan, General Plan or Zoning" and Section 15061(b)(3), "General Rule – no possibility of significant environmental impact".
	Service Delivery District:	All Service Delivery districts
	City Council District	All City Council districts
	Status	Hearing by the Planning Commission
	Action to be Taken:	Recommendation to City Council.
	For further information:	Contact: Peterson Z. Vollmann at 238-6167 or email pvollmann@oaklandnet.com .

Staff recommends continuance on this item to a date certain of September 11, 2013 due to courtesy notices were not sent to existing crematoriums in Oakland.

Commissioner Coleman made a motion to continue this item, seconded by Commissioner Bonilla.

Action on the matter: Continued to a date certain of September 11, 2013, 5 ayes, 0 noes.

Approval of Minutes

Approval of the July 17 minutes.

Commissioner Moore made a motion to approve, seconded by Commissioner Bonilla.

Action on the matter: Approved 4 ayes, 0 noes, 2 abstentions (Nagraj, Coleman)

Approval of the July 31, 2013 minutes.

Commissioner Moore made a motion to approve, seconded by Commissioner Bonilla.

Action on the matter: Approved 5 ayes, 0 noes, 1 abstention (Nagraj)



ADJOURNMENT

Meeting adjourned at approximately 9:50 P.M.

SCOTT MILLER
Zoning Manager
Planning and Zoning Division

NEXT MEETING: September 11, 2013

APPENDIX B
CULTURAL RESOURCES REPORTS

APPENDIX B1: Historic Resource Evaluation Part I

APPENDIX B2: Historic Resource Evaluation Part I Supplement

APPENDIX B3: Historic Resource Evaluation Part II

APPENDIX B4: 55th and Dover Residential District DPR Form

APPENDIX B5: City of Oakland Rating Forms

APPENDIX B1

Historic Resource Evaluation Part I

OAKLAND CHILDREN'S HOSPITAL AND RESEARCH CENTER

HISTORIC RESOURCE EVALUATION PART I

OAKLAND, CALIFORNIA
[13019]

Prepared for
LSA ASSOCIATES, INC.



PAGE & TURNBULL

imagining change in historic environments through design, research, and technology

AUGUST 5, 2013

FINAL

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I. INTRODUCTION

This Historic Resource Evaluation (HRE) has been prepared at the request of LSA Associates, Inc. (LSA) for the Children's Hospital and Research Center Oakland (Children's Hospital) located at 747 52nd Street. The report also evaluates fourteen residential properties located in proximity to the hospital: 682, 688, and 720 52nd Street; 665, 671, 675, 677-679, 685-689, 707, and 715 53rd Street; 5203, 5212-5214, and 5225 Dover Street; and 5204 Martin Luther King Jr. Way (**Figure 1**). The report does not study the Children's Hospital Oakland Research Institute (CHORI) campus at 5700 Martin Luther King Jr. Way.



Figure 1. Aerial photograph of study site with hospital highlighted in red and nearby residences, mixed-use, and office buildings are highlighted in green.

Source: Google Maps, altered by Page & Turnbull

The Children's Hospital and Research Center Oakland is a complex of medical-use buildings located on a roughly triangular site in the Temescal neighborhood of Oakland. The site is bounded by 53rd Street to the north, the Grove Shafter Freeway (State Route 24) to the east and south, and Martin Luther King Jr. Way to the west. The complex spans several Alameda County Assessor's parcels (14-1206-26-1, 14-1205-19-1, and 14-1204-14-5) and is comprised of three two- to five-story agglomerative buildings as well as several portable buildings and ancillary structures. The oldest building in the hospital complex, historically known as the Baby Hospital and now commonly referred to as the A/B Wing, was designed by Edward W. Cannon and constructed in 1926.¹ The first addition to the A/B Wing (Baby Hospital) was constructed in 1946, and since then the hospital

¹ For consistency, this HRE refers to this building by both names throughout the document.

has continued to expand through demolition, reconstruction, additions and new construction. The multi-structure complex covers nearly the entire site, and serves as the main treatment facility for Children's Hospital.

The additional fourteen properties outside the Hospital complex that are included in this evaluation are also located in the City of Oakland's Temescal neighborhood, proximate to the north and east of the Children's Hospital complex. The properties are located along 52nd Street, 53rd Street, Dover Street, and Martin Luther King Jr. Way, and include the following Alameda County Assessor's parcels:

- 682 52nd Street: APN 14-1215-19
- 688 52nd Street: APN 14-1215-20
- 720 52nd Street: APN 14-1206-04
- 665 53rd Street: APN 14-1215-28-03
- 671 53rd Street: APN 14-1215-27-02
- 675 53rd Street: APN 14-1215-26
- 677-679 53rd Street: APN 14-1215-25
- 685-689 53rd Street: APN 14-1215-24
- 707 53rd Street: APN 14-1206-28
- 715 53rd Street: APN 14-1206-27
- 5203 Dover Street: APN 14-1206-03
- 5212-5214 Dover Street: APN 14-1215-21-01
- 5225 Dover Street: APN 14-1206-26-01
- 5204 Martin Luther King Jr. Way: APN 14-1206-25

These properties include twelve one- to two-story residential buildings built from 1905 to 1922 for independent owners by various architects and builders, one mixed use residential and commercial building (685-689 53rd Street), and one one-story office building built by the Children's Hospital for their marketing department after 1985 (665 53rd Street). Some of the residential buildings included in the evaluation continue their historic function as residences, and some are currently used as hospital-related offices. Thirteen of the fourteen adjacent properties are located within the 55th and Dover Residential District, a City of Oakland Local Historic District (Area of Secondary Importance).

This HRE provides a historic context statement and architectural descriptions for all Children's Hospital buildings and the fourteen additional proximate properties. It includes information about the existing historical status of each building and provides, for each building found to be 45 years old or older, evaluation for historic significance and inclusion in the California Register of Historical Resources (California Register) and as a City of Oakland Designated Historic Property. It also evaluates the Children's Hospital complex, including a mature magnolia tree located at the site, as a potentially significant historic district for the California Register and as a City of Oakland Local Historic District. The residential and commercial properties in the adjacent Temescal neighborhood are evaluated for their eligibility for individual listing in the California Register and as Oakland Designated Historic Properties.

A. METHODOLOGY

This HRE was completed to inform the potential redevelopment of the Children's Hospital complex and the area in the vicinity of Dover and 52nd streets. To prepare this HRE, Page & Turnbull conducted an intensive-level architectural survey, extensive historical research, and an evaluation of the historic significance of each building found to be 45 years old or older. In greater detail, the following methods were used:

- Page & Turnbull surveyed and photographed the exterior of all Children's Hospital buildings and the fourteen adjacent properties in May 2013. Interior access was gained only for the Children's Hospital main building complex at 747 52nd Street. For the additional properties, interior features were not examined or evaluated.
- Research was conducted at select local repositories, including the Oakland Cultural Heritage Survey, Oakland History Room at the Oakland Public Library, the San Francisco Public Library, and the Bancroft Library at the University of California, Berkeley. Additional information was gathered from Children's Hospital records, census records, voter registrations, and Page & Turnbull's in-house archive. Census records and Sanborn Fire Insurance Maps were used to their most recent availability. Page & Turnbull also consulted with Betty Marvin, Planner with the City of Oakland's Cultural Heritage Survey.
- Page & Turnbull documented and evaluated all buildings that are at least 45 years old. The National Park Service recognizes the threshold of 50 years for a property to become potentially historically significant, and 45 years is a common threshold used by cultural resource management practitioners for lengthening the useful shelf life of a survey report. For each building 45 years old or older, evaluation of eligibility for listing in the California Register and as a City of Oakland Designated Historic Property was completed. The latter was completed using City of Oakland Evaluation Sheets for Landmark Eligibility. All evaluations were performed by professional staff that meet or exceed the Secretary of the Interior's Professional Qualification Standards in Architectural History.

B. EVALUATION CRITERIA

The California Register of Historical Resources

The California Register of Historical Resources (California Register) is an inventory of significant architectural, archaeological, and historical resources in the State of California. Resources can be listed in the California Register through a number of methods. State Historical Landmarks and National Register-eligible properties (both listed and formal determinations of eligibility) are automatically listed in the California Register by local governments, private organizations, or citizens. Properties can also be nominated to the California Register by local governments, private organizations, or citizens. The evaluative criteria used by the California Register for determining eligibility are closely based on those developed by the National Park Service for the National Register of Historic Places.

In order for a property to be eligible for listing in the California Register, it must be found significant under one or more of the following criteria:

Criterion 1 (Event): Resources that are associated with events that have made a significant contribution to the broad patterns of local or regional history, or the cultural heritage of California or the United States.

Criterion 2 (Person): Resources that are associated with the lives of persons important to local, California, or national history.

Criterion 3 (Architecture): Resources that embody the distinctive characteristics of a type, period, region, or method of construction, or represent the work of a master, or possess high artistic values.

Criterion 4 (Information Potential): Resources or sites that have yielded or have the potential to yield information important to the prehistory or history of the local area, California or the nation.

Integrity

The concept of integrity is essential to identifying the important physical characteristics of historic resources and hence, evaluating adverse change. For the purposes of the California Register, integrity is defined as “the authenticity of an historical resource’s physical identity evidenced by the survival of characteristics that existed during the resource’s period of significance” (California Code of Regulations Title 14, Chapter 11.5). A property is examined for seven variables, or aspects, that together comprise integrity. These aspects, which are based closely on the National Register, are location, design, setting, materials, workmanship, feeling and association. *National Register Bulletin 15, How to Apply the National Register Criteria for Evaluation* defines these seven characteristics:

- *Location* is the place where the historic property was constructed.
- *Design* is the combination of elements that create the form, plans, space, structure and style of the property.
- *Setting* addresses the physical environment of the historic property inclusive of the landscape and spatial relationships of the building/s.
- *Materials* refer to the physical elements that were combined or deposited during a particular period of time and in a particular pattern of configuration to form the historic property.
- *Workmanship* is the physical evidence of the crafts of a particular culture or people during any given period in history.
- *Feeling* is the property’s expression of the aesthetic or historic sense of a particular period of time.

- *Association* is the direct link between an important historic event or person and a historic property.

According to *California Office of Historic Preservation Technical Assistance Series #6, "California Register and National Register: A Comparison:"*

It is possible that historical resources may not retain sufficient integrity to meet the criteria for listing in the National Register, but they may still be eligible for listing in the California Register. A resource that has lost its historic character or appearance may still have sufficient integrity for the California Register if it maintains the potential to yield significant or historical information or specific data.

Thus, the California Register may include properties that have suffered a greater degree of damage to their integrity than would be acceptable for listing in the National Register, provided they are eligible for listing under Criterion 4 (Information Potential).

Evaluation Criteria for Eligibility as a City of Oakland Designated Historic Property

In order to determine whether a property is eligible for inclusion on the local register as a designated historic property, the property is rated on an Evaluation Sheet for each of fourteen evaluation criteria.² These criteria are grouped into four categories: architecture, history, context, and integrity. The ratings are then converted to numerical scores and added together for a total score, which is then converted into an overall rating—A, B, C, D, or E. An A property is of highest importance, a B property is of major importance, a C property is of secondary importance, and a D property is of minor importance. E properties are “of no particular interest.”

A property that has been altered or that is less than fifty years old may also have a contingency rating shown by a lowercase letter, indicating that the property may be eligible for a higher rating if alterations are removed or as the property becomes age-eligible in the future.

Buildings also receive a numerical rating indicating their association with a district: 1 indicates the building is in an Area of Primary Importance (API), 2 indicates that the building is in an Area of Secondary Importance (ASI), and 3 indicates that the building is not associated with a district. A “+” indicates that a building is a contributor to the district, a “-” indicates that it is not a contributor, and a “*” indicates that it is a potential contributor. (See next section for additional information about districts).

² Both the OCHS and the Landmarks Preservation Advisory Board (LPAB) criteria and evaluations determine eligibility for Oakland's Local Register. Using either would determine if a building, structure, object, or site is eligible for the Local Register. The OCHS criteria are based on the National and California Register criteria, which has already been analyzed in the Historic Resource Evaluation. Therefore, using the LPAB criteria gives an alternate evaluation, making the analysis more comprehensive in determining which properties warrant preservation.

The City of Oakland considers properties with A, B, C, and contingency ratings of C and above to “warrant consideration for possible preservation.”³ These properties, if not already Designated Historic Properties, are classified as Potential Designated Historic Properties (PDHPs).

Evaluation for Designation as a City of Oakland Local Historic District

The Historic Preservation Element of the City of Oakland General Plan describes two levels of Preservation Districts: Class 1 Preservation Districts are all Areas of Primary Importance (API) identified by the intensive survey plus other areas that meet the “Guidelines for Determination of Preservation District Eligibility,” and Class 2 Preservation Districts are all Areas of Secondary Importance (ASI) identified by the intensive survey plus other areas that meet the “Guidelines for Determination of Preservation District Eligibility.”⁴

Areas of Primary Importance (APIs) are areas that have been identified by an intensive survey as having a high proportion of individual properties with ratings of “C” or higher. At least two-thirds of the properties within an API must be contributory to the API, i.e. they reflect the API’s principle historical or architectural themes. APIs appear eligible for the National Register of Historic Places either as districts or as historically related complexes. In general, properties with excellent or good integrity which are of the period of significance and are otherwise compatible contribute to National Register districts.

Areas of Secondary Importance (ASIs) are similar to Areas of Primary Importance except that (a) an ASI does not appear eligible for the National Register, and (b) altered properties which do not now contribute to the ASI but would if restored are counted as contributors for purposes of the two-thirds threshold. In general, properties with fair integrity may contribute to ASIs.

C. STATUS OF A BUILDING AS A HISTORICAL RESOURCE FOR CEQA

In the City of Oakland, an historical resource under CEQA is a resource that meets any of the following Thresholds of Significance:

- 1) A resource listed in, or determined to be eligible for listing in, the California Register of Historical Resources;
- 2) A resource included in Oakland’s Local Register of historical resources, unless the preponderance of evidence demonstrates that it is not historically or culturally significant;
- 3) A resource identified as significant (e.g., rated 1-5) in a historical resource survey recorded on Department of Parks and Recreation Form 523, unless the preponderance of evidence demonstrates that it is not historically or culturally significant;

³ “Summary of the Historic Preservation Element of the Oakland General Plan,” City of Oakland (adopted 1994, <http://www2.oaklandnet.com/oakca1/groups/ceda/documents/webcontent/oak035242.pdf>, accessed 22 July 2013).

⁴ Oakland General Plan, Historic Preservation Element, Chapter 4: Preservation Incentives and Regulations, Policy 2.2: Landmark and Preservation District Eligibility Criteria.

- 4) Any object, building, structure, site, area, place, record, or manuscript which the Oakland City Council determines to be historically significant or significant in the architectural, engineering, scientific, economic, agricultural, educational, social, political, military, or cultural annals of California, provided the determination is supported by substantial evidence in light of the whole record. Generally, a resource is considered “historically significant” if it meets the criteria for listing on the California Register of Historical Resources (CEQA Guidelines section 15064.5); or
- 5) A resource that is determined by the City Council to be historically or culturally significant even though it does not meet the other four criteria listed here.

A “local register of historical resources” means a list of properties officially designated or recognized as historically significant by a local government pursuant to a local ordinance or resolution, unless the preponderance of evidence demonstrates otherwise.

In March 1994, the Oakland City Council adopted a Historic Preservation Element of the General Plan (amended July 21, 1998). The Historic Preservation Element sets out a graduated system of ratings and designations resulting from the Oakland Cultural Heritage Survey (OCHS) and Oakland Zoning Regulations. The Element provides Policy 3.8: “Definition of ‘Local Register of Historical Resources’ and Historic Preservation ‘Significant Effects’ for Environmental Review Purposes” related to identifying historic resources under CEQA:

For purposes of environmental review under the California Environmental Quality Act, the following properties will constitute the City of Oakland’s Local Register of Historical Resources:

1. All Designated Historic Properties (Landmarks, Heritage Properties, Study List Properties, Preservation Districts, and S-7 and S-20 Preservation Combining Zone Properties); and
2. Those Potential Designated Historic Properties that have an existing rating of “A” or “B” or are located within an Area of Primary Importance.

The Local Register also includes properties within Areas of Primary Importance (API). An API is a district that appears eligible for the National Register of Historic Places.

Residential properties adjacent to the Children’s Hospital are listed as contributors to the 55th and Dover Residential District, but since the district is an Area of Secondary Importance (ASI), they are not considered historic resources for the purposes of CEQA based on inclusion in the ASI.

Summary of Process of Historic Resource Evaluation for CEQA Purposes

The Children’s Hospital buildings and adjacent residential and commercial buildings are evaluated in this report to arrive at two findings, which will determine whether they are considered historic resources for the purposes of CEQA:

1. Individual rating of A or B under the Oakland Designated Historic Property Criteria for Eligibility (Category 2);⁵ and
2. Eligibility for listing as an individual resource or historic district (hospital complex only) in the California Register (Category 3).

II. SUMMARY OF DETERMINATION

The A/B Wing (Baby Hospital) of the Children's Hospital appears to be significant for its role in providing medical care and services to children and as a teaching hospital (California Register Criterion 1) as well as for its architectural merit (California Register Criterion 3). The A/B Wing was one of the earliest purpose-built hospitals for children in the East Bay, and is a building that embodies the distinctive characteristics of an early 20th-century hospital. Designed in 1926 by Edward W. Cannon, the reinforced concrete building is designed in a Northern Italian Renaissance style that features rich architectural detailing. The A/B Wing (Baby Hospital) retains integrity of location, workmanship, and association. However, integrity of design and materials is moderate and it lacks integrity of setting and feeling. Due to insufficient integrity, the A/B Wing (Baby Hospital) is not eligible for listing in the California Register of Historical Resources. Nevertheless, based on a detailed Oakland Cultural Heritage Survey (Intensive Survey) Evaluation and an evaluation for Landmark Eligibility, the A/B Wing (Baby Hospital) is eligible as an Oakland Designated Historic Property, which means that it qualifies as a historic resource under CEQA.

The B/C Wing, Bruce Lyon Memorial Research Center, and the Ford Diagnostic and Treatment Center at the Children's Hospital do not appear to possess sufficient significance or retain integrity to be eligible for listing in either the California Register or as Oakland Designated Historic Properties. These properties do not qualify as historic resources under CEQA.

The A/B Wing and B/C Wing, when considered together as one building, are not eligible for listing in the California Register due to insufficient integrity. Based on a detailed evaluation for Landmark Eligibility, the A/B Wing and B/C Wing together are also not eligible as an Oakland Designated Historic Property. This means that they do not qualify as a historic resource under CEQA.

The magnolia tree to the east of the B/C Wing does not qualify as a historic resource under CEQA.

The other properties in the hospital complex are less than forty-five years old and do not qualify as historic resources under CEQA. These buildings include the Cardiac Catheterization Lab, Central Plant/West Site Plant, Patient Tower, Cafeteria, Helistop, Outpatient Center, and parking garage. The hospital complex as a whole does not qualify as a historic district.

None of the adjacent fourteen residential and commercial properties that were evaluated appear to be significant as individual historical resources under the criteria for eligibility to the California Register of Historical Resources. Thirteen of the properties are listed as contributors to the City of Oakland's 55th and Dover Residential District (see Current Historic Status section below). Page & Turnbull was

⁵ Properties which may be eligible as Designated Historic Properties because they receive an A.B. or C rating from a Reconnaissance or Intensive survey are considered Potentially Designated Historic Properties.

not tasked with evaluating the district for California Register eligibility; however, based on its current status as an ASI and reconnaissance surveys and research on fourteen properties, this district does not appear to possess sufficiently significant historical context or visual themes to qualify for listing in the California Register. None of these properties appear to qualify as historic resources under CEQA.

Tables 1 and 2 below summarize Page & Turnbull’s findings for each hospital building and adjacent residential and office property. The Oakland Cultural Heritage Survey (OCHS) designations are also listed for the adjacent properties.

Table 1. Children’s Hospital Buildings within Hospital Complex

Building	California Register Eligibility	Existing OCHS Rating	Page & Turnbull ODHP Rating	CEQA Historic Resource
A/B Wing (Baby Hospital) (1926, 1962) ⁶	No	Cb+3	B3	Yes
B/C Wing (1946, 1958, 1987)	No	N/A	C3	No
A/B Wing and B/C Wing Together	No	N/A	C3	No
Ford Diagnostic and Treatment Center (1962, 1974)	No	N/A	N/A	No
Central Plant/West Site Plant (1979)	N/A	N/A	N/A	No
Patient Tower (1982)	N/A	N/A	N/A	No
Cafeteria (1987)	N/A	N/A	N/A	No
Helistop (2000)	N/A	N/A	N/A	No
Bruce Lyon Memorial Research Center (1958, 1972)	No	N/A	C3	No
Portable Buildings (Various dates)	N/A	N/A	N/A	No
Outpatient Center (1993)	N/A	N/A	N/A	No
Parking Garage (1993)	N/A	N/A	N/A	No
Bruce Lyon Memorial Research Center Addition (1992)	N/A	N/A	N/A	No
Cardiac Catheterization Lab (1993)	N/A	N/A	N/A	No
Children’s Hospital Complex as a potential historic district	No	N/A	N/A	No

⁶ Dates of original construction and renovation.

Table 2. Adjacent Residential/Commercial Properties

Address	California Register Eligibility	Existing OCHS Rating (1996)	Page & Turnbull ODHP Rating	Contributor to 55 th & Dover Residential District (ASI)	CEQA Historic Resource
682 52 nd Street	No	D2+(PDHP)	C2+	Yes	No
688 52 nd Street	No	D2+(PDHP)	C2+	Yes	No
720 52 nd Street	No	D2+ (PDHP)	C2+	Yes	No
665 53 rd Street	N/A	N/A	N/A	No	No
671 53 rd Street	No	C2+ (PDHP)	C2+	Yes	No
675 53 rd Street	No	Dc2+ (PDHP)	D2+	Yes	No
677-79 53 rd Street	No	D2+ (PDHP)	C2+	Yes	No
685-89 53 rd Street	No	Fd2* (PDHP)	D2+	Yes	No
707 53 rd Street	No	C2+ (PDHP)	C2+	Yes	No
715 53 rd Street	No	Dc2+ (PDHP)	C2+	Yes	No
5203 Dover Street	No	D2+ (PDHP)	C2+	Yes	No
5212-14 Dover Street	No	Dc2 (PDHP)	D2+	Yes	No
5225 Dover Street	No	Dc2+ (PDHP)	D2+	Yes	No
5204 MLK Way	No	D2+ (PDHP)	C2+	Yes	No

III. CURRENT HISTORIC STATUS

This section provides an overview of the national, state, and local historical ratings currently assigned to the Children's Hospital buildings and adjacent residential and commercial properties.

A. NATIONAL REGISTER OF HISTORIC PLACES

The National Register of Historic Places (National Register) is the nation's most comprehensive inventory of historic resources. The National Register is administered by the National Park Service and includes buildings, structures, sites, objects, and districts that possess historic, architectural, engineering, archaeological, or cultural significance at the national, state, or local level.

Children's Hospital Buildings

None of the buildings at the study site are currently listed in the National Register. The Landmarks Preservation Advisory Board Staff Report dated May 13, 2002, indicates that the A/B Wing (Baby Hospital) in its present state is not eligible for the National Register, but notes that further research and analysis of the resource is necessary as part of the environmental review process for future proposals submitted by the Children's Hospital and Research Center.⁷

Adjacent Residential/Commercial Properties

None of the twelve residences, one mixed-use building, and one office building adjacent to the hospital are currently individually listed in the National Register. The 55th and Dover Residential District is not listed in the National Register.

B. CALIFORNIA REGISTER OF HISTORICAL RESOURCES

The California Register of Historical Resources is an inventory of significant architectural, archaeological, and historical resources in the State of California. State Historical Landmarks and National Register-listed properties are automatically listed in the California Register. The evaluative criteria used by the California Register for determining eligibility are closely based on those developed by the National Park Service for the National Register.

Children's Hospital Buildings

None of the buildings at the Children's Hospital site are currently listed in the California Register.

Adjacent Residential/Commercial Properties

None of the twelve residences, one mixed-use building, and one office building adjacent to the hospital are currently individually listed in the California Register. The 55th and Dover Residential District is not listed in the California Register.

⁷ Landmarks Preservation Advisory Board Staff Report regarding the discussion of procedures for nominating properties to the Preservation Study List (pursuant to request from Oakland Heritage Alliance to add the Children's Hospital Baby Hospital Building, 747 52nd Street, to the Preservation List Study). 5/13/2002.

C. CALIFORNIA HISTORICAL RESOURCE STATUS CODE

Properties listed or under review by the State of California Office of Historic Preservation (OHP) are assigned California Historical Resource Status Codes (CHRSCs) of “1” to “7” in order to establish a baseline record of their historical significance. Properties with a Status Code of “1” are listed in the National or California Registers. Properties with a Status Code of “2” have been formally determined eligible for listing in the National or California Registers. Properties with a Status Code of “3” or “4” appear to be eligible for listing in either Register through survey evaluation. Properties with a Status Code of “5” are typically locally significant or of contextual importance. A rating of “6” indicates that the property has been found ineligible for listing in any Register and a rating of “7” indicates that the property has not yet been evaluated or needs to be reevaluated.

Children's Hospital Buildings

According to the California Historic Resource Inventory System, the A/B Wing (Baby Hospital) received a CHRSC of “7R,” which means that the property was identified in a reconnaissance-level survey, but has not been evaluated for listing in the National or California Registers.

None of the other buildings in the complex are listed in the California Historic Resources Information System (CHRIS) database with a California Historical Resource Status Code, which means that the buildings have not been formally evaluated using the status codes.

Adjacent Residential/Office Properties

None of the twelve residences, one mixed-use building, and one office building have been individually assigned CHRSCs. The 55th and Dover Residential District received a CHRSC of “7R,” which means that the property was identified in a reconnaissance-level survey, but has not been evaluated for listing in the National or California registers.

D. OAKLAND CULTURAL HERITAGE SURVEY

The Oakland Cultural Heritage Survey (OCHS) was established in 1981. Since that time, the OCHS has been evaluating resources according to a system adapted from both the San Francisco Downtown Inventory and Harold Kalman's *The Evaluation of Historic Buildings* (Parks Canada, 1980). The categories, ratings, and guidelines for interpretation that are used by the OCHS closely parallel those presented in *National Register Bulletin 15: How to Apply the National Register Criteria for Evaluation*, Section IV, “How to Identify the Type of Significance of a Property;” and Section V, “How to Determine if a Property has Integrity.”

Children's Hospital Buildings

The OCHS assigned the A/B Wing (Baby Hospital) a preliminary rating of Cb3 based on a Reconnaissance Survey and minimal research done in 1996. The preliminary dual rating reflects uncertainty about the degree of historical and architectural integrity of the building affected by additions and alterations. The rating means that the building has secondary importance but with more information could be elevated to a rating of “B,” which would signify that the building is of major importance. The “3” rating indicates that the A/B Wing (Baby Hospital) is not located within a historic district.

None of the other buildings at the Children's Hospital were evaluated in a Reconnaissance or Intensive Survey.

Adjacent Residential/Commercial Properties

Of the fourteen other properties within the study area, thirteen were rated in a Reconnaissance Survey in 1996. Eight are preliminarily considered contributing properties to an Area of Secondary Importance (ASI).

671 53rd Street and 707 53rd Street were each assigned an OCHS rating of C2+ in the reconnaissance survey, which means they are preliminarily considered contributing properties of Secondary Importance within Areas of Secondary Importance (ASI) or districts of local interest.⁸ These properties are considered Potentially Designated Historic Properties (PDHPs) by the City of Oakland.

5212-5214 Dover Street was assigned an OCHS rating of Dc2, and 675 53rd Street, 5225 Dover Street, and 715 53rd Street were each assigned an OCHS rating of Dc2+ in the reconnaissance survey, indicating that they are preliminarily considered contributing properties of Minor Importance within an ASI.⁹ The "c" is a contingency rating indicating that the building may be eligible for a C rating in the future if inappropriate alterations are reversed. These properties are considered PDHPs by the City of Oakland.

720 52nd Street, 5203 Dover Street, 682 52nd Street, 688 52nd Street, 677-679 53rd Street, and 5204 Martin Luther King Jr. Way were each assigned an OCHS rating of D2+ in the reconnaissance survey, which means they are preliminarily considered contributing properties of minor importance within an ASI.¹⁰ These properties are considered PDHPs by the City of Oakland.

685-689 53rd Street has an OCHS rating of Fd2*, indicating that the building has been modernized. It lies within an ASI, but is not a contributor. The "d" is a contingency rating indicating that the building may be eligible for a D rating in the future if inappropriate alterations are reversed. This property is considered a PDHP by the City of Oakland.¹¹

665 53rd Street is new construction and has not been assigned an OCHS rating.

55th and Dover Residential District

The 55th and Dover Residential District was designated an Area of Secondary Importance (ASI), or district of local interest, by the OCHS in 1996. The district boundaries encompass eight blocks with 139 contributing buildings out of a total of 146 buildings (**Figure 2**).

⁸ "City of Oakland Historic Preservation Programs."

⁹ Ibid.

¹⁰ Ibid.

¹¹ Ibid.

55th and Dover Residential District with OCHS Preliminary Building Ratings, 1996

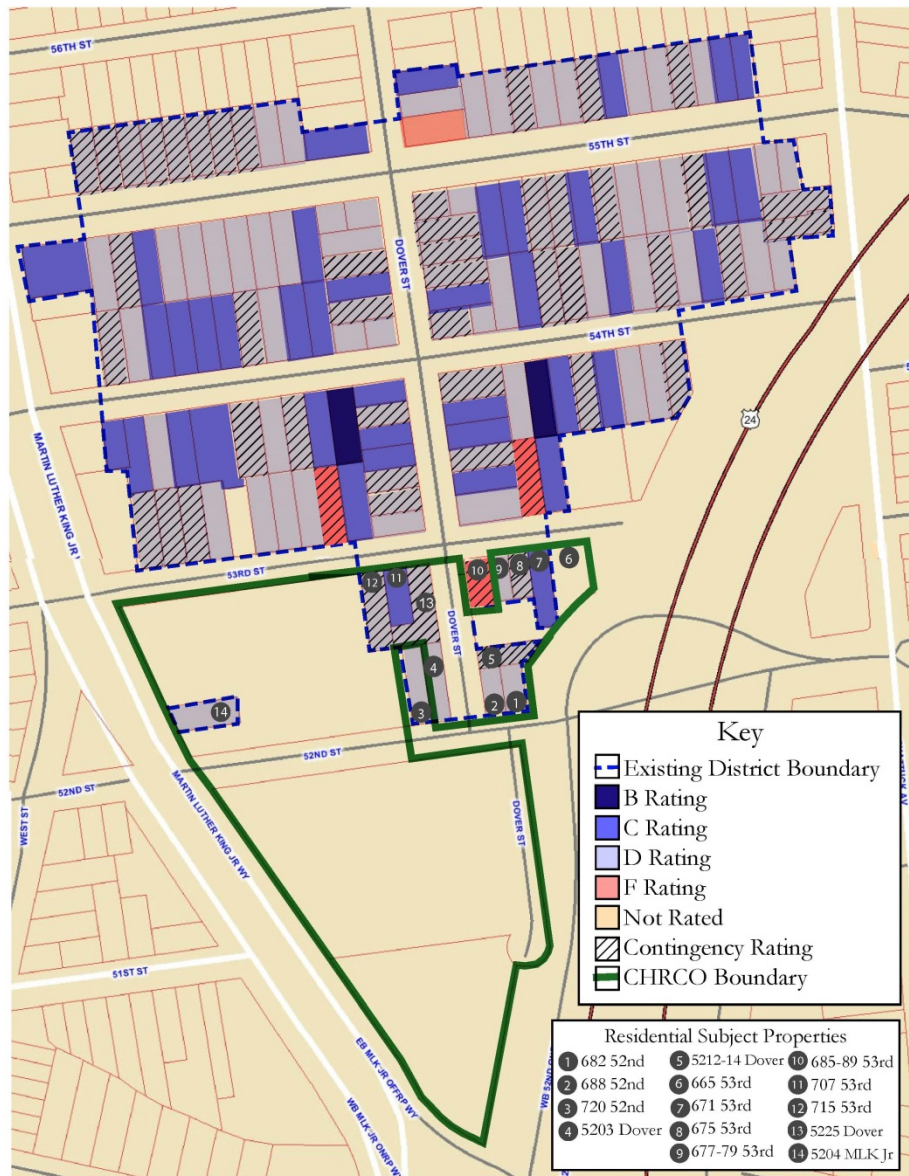


Figure 2. 55th and Dover Residential District with OCHS Preliminary Building Ratings, 1996.
Source: Page & Turnbull, 2008, revised July 2013.

Two properties in the district (657 54th Street and 711 – 713 54th Street) have been assigned an architectural rating of B, which signifies that they are of major importance and automatically qualifies them for individual listing in the City of Oakland's Local Register of Historic Resources.¹² These

¹² "Summary of the Historic Preservation Element of the Oakland General Plan." Under certain circumstances, demolition or incompatible alteration of these properties on the Local Register of Historic Resources cannot be carried out unless an Environmental Impact Report demonstrates that there are no feasible preservation alternatives and identifies mitigations to make up for loss of a historic resource.

properties are not included in the Children's Hospital Master Plan and will not be affected by implementation of the Master Plan. Because a District Record (California Department of Parks and Recreation 523 D form) has not been submitted to the California Office of Historic Preservation for official review, the properties within the district have not been assigned California Historic Resource Status Codes.

The Preliminary Property List for the 55th and Dover Residential District, which was included in the Department of Parks and Recreation Primary Record Form (DPR 523A) for the district in 1996, includes thirteen of the fourteen subject properties: 682 52nd Street, 688 52nd Street, 720 52nd Street, 5203 Dover Street, 5212-14 Dover Street, 5225 Dover Street, 671 53rd Street, 675 53rd Street, 677-679 53rd Street, 685-689 53rd Street, 707 53rd Street, 715 53rd Street, and 5204 Martin Luther King Jr. Way. 665 53rd Street is evaluated in this report but was not included in the district.

E. CITY OF OAKLAND'S PROTECTED TREE ORDINANCE

A mature magnolia tree located east of the hospital's B/C Wing is not listed in the National Register of Historic Places or the California Register of Historical Resources. It is not listed on the National or California Big Tree Registries, but is eligible for protection under the City of Oakland's Protected Tree Ordinance. The magnolia tree meets the required diameter measurements and qualifies as a protected tree under the ordinance.

IV. HISTORIC CONTEXT

A. HISTORY OF OAKLAND

The first Native Americans that inhabited the Oakland area were known as the Ohlone. Because the Oakland area was isolated on the opposite side of the bay from the Mission San Francisco de Asis (commonly known as Mission Dolores) and the San Francisco Presidio, the Ohlone did not have regular contact with the Spanish until the construction of the Mission de San Jose in present-day Fremont in 1797.¹⁴

A Spanish expedition from Monterey explored the area around Oakland in 1772.¹⁵ Thereafter, the Spanish virtually ignored the East Bay region until 1820, when the government granted a large tract of land to Luis Maria Peralta upon his retirement from the Spanish military.¹⁶ Peralta's grant extended from the shore of the bay, up to the crest of the Oakland hills, and from San Leandro Creek to "El Cerrito," or the little hill (most likely Albany Hill). The grant included the area that became Oakland, which was then known as Encinal (meaning Oak Grove in Spanish). It also included the future towns of Piedmont, Berkeley, Emeryville, Alameda, Albany, and part of San Leandro.¹⁷ Peralta used the land as a cattle ranch, which he sub-divided and bequeathed to his four sons in 1842.¹⁸

The 1849 Gold Rush that dramatically influenced San Francisco's development also brought fortune-seekers to Oakland.¹⁹ Miners, lumbermen, businessmen, bankers, speculators, and opportunists settled across the bay in what was then known as Contra Costa, or "the other coast."²⁰ Small towns like Clinton and San Antonio (areas today located east of Lake Merritt) began developing around the businesses established by these entrepreneurs.²¹

In 1850, three men arrived in Contra Costa: Horace W. Carpentier, a 26 year-old graduate of the law school at Columbia University; Edson Adams, a 26 year-old Connecticut native; and Andrew J. Moon, a 50 year-old New Yorker.²² Each man leased 160 acres of land from Vicente Peralta and opened the area to squatters.²³ Swiss engineer Julius Kellersberger was hired to plat the land in a grid pattern starting at the shoreline. The lots were then sold, even though Carpentier, Adams, and Moon had no legal claim to the land.²⁴

¹⁴ Beth Bagwell, *Oakland: the Story of a City* (Novato, CA: Presidio, 1982), 5.

¹⁵ Lois Rather, *Oakland's Image: A History of Oakland, California* (Oakland, CA: The Rather Press, 1972), 20, 22.

¹⁶ Bagwell, 5.

¹⁷ *Ibid.*, 10.

¹⁸ Rather, 26.

¹⁹ Historic Preservation Element, Oakland General Plan (Oakland: Oakland City Council, 1993), 1-4.

²⁰ Bagwell, 25.

²¹ Historic Preservation Element, 1-4.

²² Bagwell, 25.

²³ Rather, 35.

²⁴ Bagwell, 27.

Two years later, on March 25, 1852, the town of Oakland was incorporated.²⁵ Named for an oak grove that stretched from Lake Merritt to the bay, the city encompassed the present-day downtown area and West Oakland to 22nd Street.²⁶ The town's citizens, who number less than 100, elected Carpentier as the city's first mayor.²⁷

Oakland saw rapid growth and improvement after transportation connections were established with other communities.²⁸ Ferry service to San Francisco began in 1854, and San Antonio and Clinton were connected with Oakland by a bridge built in 1856. Commercial and industrial businesses were established near the wharves, and the Central Pacific Railroad ran through downtown Oakland by 1863.²⁹

In 1868, Oakland was chosen as the western terminus for the Transcontinental Railroad. Beginning in 1869, the train, a "great 'Iron Horse' with tireless lungs," brought tourists and workers to California and made Oakland a major port city and manufacturing center.³⁰ West Oakland became a shipping hub for western U.S. factories and a processing and manufacturing center for raw commodities such as agricultural products and lumber. As Oakland became an increasingly popular industrial core, residential and commercial communities expanded within the city limits. In 1873, Oakland became the county seat of Alameda County.³¹ By 1880, the city's population rose to 34,555, more than twenty times what it had been in 1860.³² Many of the new residents were San Francisco commuters drawn by Oakland's relatively low density and the ferry service across the bay. A large demographic consisted of railroad workers, many of whom were African American.³³

Promotional materials advertised Oakland's "world-renowned" climate, the prosperity of its citizens, its paved streets and extensive streetcar lines, and the culture found in "the Athens of America."³⁴ It was home to several colleges, including the College of California (the precursor of the University of California, Berkeley), Mills Seminary (later Mills College), and St. Mary's College. By 1895, the city hosted four daily newspapers, 50 churches, 14 schools, and four theaters or opera houses. Literary societies and a public library rounded out Oakland's cultural offerings. The health of the city was served at this time by a variety of personal physicians, small benevolent institutions and medical associations, and one hospital, the Oakland Hospital and Home for Invalids, located on 12th Street between Jackson and Madison Streets.³⁵

The city expanded by annexing existing settlements and developing new districts.³⁶ Clinton, San Antonio, and the small town of Lynn (or Brooklyn) were annexed in 1872, pushing Oakland's eastern

²⁵ *Ibid.*, 27.

²⁶ Historic Preservation Element, 1-4.

²⁷ Bagwell, 27.

²⁸ Historic Preservation Element, 1-4.

²⁹ *Ibid.*, 1-5.

³⁰ Rather, 53-54.

³¹ Historic Preservation Element, 1-5.

³² Bagwell, 59.

³³ Historic Preservation Element, 1-5.

³⁴ Rather, 63.

³⁵ Husted's Alameda, Berkeley, and Oakland City Directory, 1895.

³⁶ Bagwell, 59.

city limits out to 36th Street.³⁷ Fruit Vale (later Fruitvale) and Jingtowntown grew around fruit orchards on the east side of the city, and Melrose, Fitchburg, and Elmhurst developed around streetcar stations in what would later be East Oakland.³⁸ The small Temescal community, located in north Oakland, expanded in the 1860s with the installation of a telegraph line down present-day Telegraph Avenue and the establishment of a streetcar line to the University of California Berkeley. Klinknerville, later Golden Gate, developed around Stanford and San Pablo avenues in North Oakland. Recreational facilities like the Tubbs Hotel and Idora Park spurred expansion into areas such as East Oakland and North Oakland. Neighborhoods north of Lake Merritt were annexed in 1891, and Temescal, Golden Gate, and other north Oakland neighborhoods were annexed in 1897.³⁹ By 1900, Oakland's population numbered almost 67,000.

The 1906 Earthquake and Fire displaced thousands of San Francisco residents to the East Bay for temporary and permanent housing. Oakland continued to grow geographically, increasing to nearly its present size by 1909, with the annexation of the hills area, Fruitvale, Melrose, Elmhurst, and the area south to San Leandro.⁴⁰ With those additions, the city's area increased from 22.9 to 60.25 square miles. Meanwhile, private developers saw an opportunity to plan communities for both the affluent and working classes in the North Oakland, West Oakland, and East Oakland neighborhoods, and parts of these areas became thoroughly family-friendly residential enclaves.

Post-earthquake development reinforced the city center at 14th Street and Broadway. The First National Bank of Oakland (now the Broadway Building), the Oakland Bank of Savings, the Security Bank Building, the Oakland Hotel, and the Federal Realty Building (now the Cathedral Building) were constructed in this area between 1907 and 1914. Oakland's City Hall was the first city hall in the United States designed as a skyscraper.⁴¹ Other civic projects included the Civic Auditorium, new fire stations, and parks throughout the city.⁴²

In 1910, the City of Oakland assumed control of its waterfront, which previously had been held by private entities. The change of ownership prompted the expansion of the Port of Oakland. The increased presence of the port, combined with the rail network and its geographic position, boosted the city to a leading industrial and warehousing center.⁴³ During World War I, Oakland's shipyards provided a "fleet of steel and concrete ships that...within the short space of a year put the Oakland estuary in the national limelight."⁴⁴ By 1918, at least 50,000 people were employed by the shipyards.

The 1920s saw continuing prosperity in Oakland.⁴⁵ Civic works abounded, including the installation of a new lighting system and procurement of land for an airport. Several automobile manufacturers

³⁷ Historic Preservation Element, 1-5.

³⁸ Ibid., 1-6.

³⁹ Ibid., 1-7.

⁴⁰ Ibid., 1-7.

⁴¹ Ibid., 1-7.

⁴² Ibid., 1-8.

⁴³ Ibid.

⁴⁴ Florence B. Crocker, *Who Made Oakland?* (Oakland: Clyde Dalton, 1925), quoted in Rather, 87.

⁴⁵ Rather, 89.

established assembly plants in East Oakland, making Oakland “the Detroit of the West.”⁴⁶ The city was proclaimed “One of the Nation’s Richest, Greatest Communities” in 1929.

Development slowed during the Great Depression, but Oakland grew into a major shipbuilding center during World War II.⁴⁷ The city’s population expanded with wartime workers, including many African Americans who migrated from the South. The Bay Bridge, which opened in 1936, eased the commute between Oakland and San Francisco and probably attracted more residents to Oakland. In 1945, the city’s population was 405,301.

After the war, the Port of Oakland continued to grow, largely because of its ability to capitalize on the rise of containerized shipping. This shipping method was compatible with the Port’s large landholdings, spacious waterfront, and access to rail and truck transportation routes, which the older, more crowded Port of San Francisco could not offer.⁴⁸ By the late 1960s, Oakland had the second largest container port in the world.⁴⁹

Transportation also directly impacted Oakland’s physical development. The postwar emphasis on the automobile led to increased development in the suburbs and new freeways to reach these outlying areas.⁵⁰ While freeway construction and redevelopment enticed some businesses and residents away from the city center, in many cases businesses and residents were forced into relocation as historic commercial and residential fabric in downtown and West Oakland disappeared. Increased economic and racial segregation were byproducts of this freeway and redevelopment orientation, and through the 1960s and 1970s Oakland experienced infrastructure decline associated with entrenched poverty, deindustrialization, and a weak urban tax base.⁵¹

A tight real estate market in San Francisco in the early 1980s sparked new development and preservation projects in Oakland, especially downtown.⁵² Homebuyers began seriously considering Oakland neighborhoods, many of which retained strong local character.⁵³ The 1989 Loma Prieta earthquake damaged many of Oakland’s older stock, but the city’s population has remained steady throughout the 1990s and 2000s and was recorded as 395,817 in 2011.⁵⁴

B. TEMESCAL NEIGHBORHOOD HISTORY

Oakland’s Temescal neighborhood is bounded roughly by 40th Street on the south, 55th Street on the north, Broadway on the east, and Martin Luther King Jr. Way (formerly Grove Street) on the west.⁵⁵ The Temescal commercial district ranges along Telegraph Avenue with the intersection of Telegraph

⁴⁶ Historic Preservation Element, 1-8.

⁴⁷ Ibid., 1-9.

⁴⁸ Michael Corbett with Marjorie Dobkin, William Kostura. “National Register of Historic Places Registration Form: Port of San Francisco Embarcadero Historic District,” January 2006, 21.

⁴⁹ Corbett, 43.

⁵⁰ Historic Preservation Element, 1-9.

⁵¹ Robert O. Self, *American Babylon: Race and the Struggle for Postwar Oakland* (Princeton, NJ: Princeton University Press, 2003)

⁵² Bagwell, 260-262.

⁵³ Ibid., 263.

⁵⁴ United States Census.

⁵⁵ Historic boundaries have shifted as a result of freeway construction.

Avenue and 51st Street serving as the hub of the neighborhood. State Route 24, constructed in 1968-69, is accessed from several on-ramps around 51st Street and Shattuck Avenue. These on-ramps create some geographic divisions within the Temescal neighborhood, but also connect the neighborhood with the rest of the city and areas beyond.

Native Americans of the Ohlone tribe were Temescal's earliest residents. An Ohlone village probably existed near the present-day intersection of 51st Street and Telegraph Avenue, by the banks of Temescal Creek.⁵⁶ The neighborhood's name comes from this period and refers to the *temescals*, or sweat houses, that the Ohlone built along the creek.

As described previously, Luis Maria Peralta's Mexican land grant, which encompassed the Oakland area, was divided among his four sons. The present-day areas of Central and North Oakland, Emeryville, and Piedmont were bequeathed to Vicente Peralta.⁵⁷ In 1836, Vicente built an adobe house on a parcel now bounded by Telegraph Avenue, 55th Street, Vicente Way, and State Route 24.⁵⁸ The Gold Rush brought opportunistic settlers to the East Bay, and Peralta sold or surrendered most of his land to squatters by 1853.⁵⁹

Solomon Ellsworth Alden, a Connecticut native who owned a successful San Francisco restaurant, settled west of present-day Telegraph Avenue in 1852.⁶⁰ Alden acquired land along the road, eventually holding 600 acres between 44th and 60th streets.⁶¹ He began subdividing the land along Telegraph around 1868, perhaps in anticipation of the streetcar line that was built the following year.

Alden's subdivision developed into a commercial district along Telegraph Avenue, supported by the horse-drawn streetcar that ran from downtown Oakland to Berkeley by 1873 and the Oakland-Sacramento telegraph line, which was strung down Telegraph Avenue and gave the street its name.⁶² By 1873, the population of the village of Temescal numbered 1,000 and the village featured stores, restaurants, dairies, and banks.⁶³

Early Temescal was a blue-collar community of carpenters, farmers, and laborers.⁶⁴ The local Lusk Canning Company, which opened in 1868, was one of the largest canning factories in the world by 1885. It employed 800 people, both adults and children, during the height of the canning season.⁶⁵ In its heyday, the factory was located on Claremont Avenue just north of the intersection of Claremont and Telegraph Avenue.⁶⁶ Many Temescal residents also worked in the streetcar barn at 51st Street and

⁵⁶ Historic Preservation Element, Oakland General Plan (Oakland City Council, 1993), 1-3.

⁵⁷ Diane Reinbolt Judd, "Early Days in Temescal" (Term paper at Laney College, June 1980), 2.

⁵⁸ *Temescal Album*, 9.

⁵⁹ Judd, 3.

⁶⁰ Theodore Grover Wurm, "Our Northern Suburb of Temescal" (Oakland: s. n., 1991), 4; Judd, 4.

⁶¹ *Temescal Album*, 11.

⁶² *Temescal Album*, 12; Jeff Norman, *Temescal Legacies: Narratives of Change from a North Oakland Neighborhood* (Shared Ground, 2006), 1.

⁶³ *Temescal Album*, 16.

⁶⁴ Judd, 7.

⁶⁵ *Ibid.*, 5; *Temescal Album*, 18.

⁶⁶ Wade Fox, "Traces of the Past in Temescal" (<http://loadofcrock.blogspot.com/2005/12/traces-of-past-in-temescal.html>, accessed 12 May 2008).

Telegraph Avenue, and it was common for women to work in cigar factories and laundries.⁶⁷ A number of garbage collectors operated in the area and in 1907, they consolidated into the Oakland Scavenger Company.⁶⁸

The 1880s and 1890s saw an influx of Italian immigrants to the neighborhood.⁶⁹ The Bilger Quarry just east of Temescal was known to have employed newly arrived Italian immigrants, many of whom resided in Temescal.⁷⁰ Many immigrants bought their first homes in the area, and a strong Italian community developed. Longstanding institutions from this heritage include Sacred Heart Church at 40th Street and Martin Luther King Jr. Way, the Genova Delicatessen and Ravioli Factory at Telegraph Avenue and 51st Street, and the Colombo Club on Claremont Avenue.⁷¹ The Colombo Club was established as a social club by Bilger Quarry workers.⁷²

In 1897, just after residents voted to change the town's name to Alden in honor of its founder, Temescal was annexed by the growing city of Oakland.⁷³ At the turn of the 20th century, Temescal was still a relatively self-contained community, with several small dairies, four movie houses, a post office, and a store.⁷⁴ Idora Park, an amusement park that boasted the largest roller-skating rink on the West Coast, was established in 1903 between Shattuck and Telegraph avenues and 56th and 58th streets.⁷⁵

For a long time, the area's commerce focused on the streetcars and trains that ran down Telegraph and Shattuck avenues, and Grove, 40th, and 55th streets, in keeping with the area's genesis as a streetcar corridor (**Figure 3**).⁷⁶ The residential streetcar suburb continued to develop through the 1910s and 1920s, largely with bungalows and Craftsman style single family residences. The postwar emphasis on automobiles and increasing community frustration with noisy, dirty railways led to the closure or relocation of streetcar and railway lines in the late 1940s and 1950s.⁷⁷

⁶⁷ Wurm, 5; *Temescal Album*, 23.

⁶⁸ Wurm, 6.

⁶⁹ Judd 2.

⁷⁰ Ibid., 20.

⁷¹ Bagwell, 90.

⁷² Fox.

⁷³ Wurm, 19; Norman, 1.

⁷⁴ Wurm, 6.

⁷⁵ Bagwell, 148; Fox.

⁷⁶ Norman, 38.

⁷⁷ Wurm, 8.

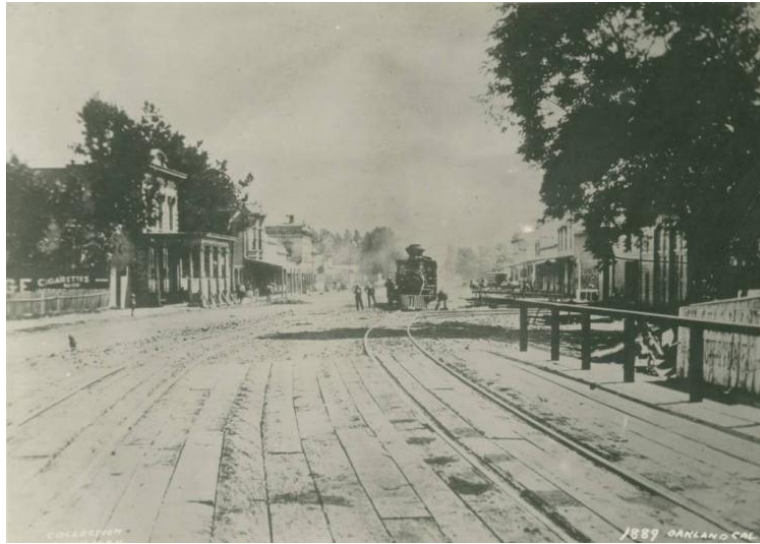


Figure 3. Telegraph Avenue in Temescal, 1889.
Source: Oakland Public Library

In 1958, transportation authorities approved plans for a freeway intended to connect Contra Costa County with I-880.⁷⁸ The community fought against the plans, which required the demolition of many residential blocks in Temescal and disrupted commercial districts on Grove Street, Telegraph Avenue, and College Avenue. Despite opposition, however, the first stretch of the Grove-Shafter Freeway (State Route 24) opened in 1969.⁷⁹ The freeway divided the commercial stretch on Telegraph from the residential areas to the west, such as the neighborhood around the Children's Hospital (**Figure 4**). The transportation corridor of Grove Street (Martin Luther King Jr. Way) also changed significantly during this era. Prior to the 1960s, Line 3 of the Key Streetcar System ran along Grove Street at street level, connecting downtown Oakland to North Berkeley. Construction of the Bay Area Rapid Transit (BART) system in the 1960s saw this thoroughfare cast into the shadow of elevated tracks, visually and permanently changing the scale of traffic in the neighborhood.

⁷⁸ Mellana, quoted. in Norman, 76.

⁷⁹ Norman, 68.



Figure 4. Grove-Shafter Freeway under construction in 1968, also showing elevated BART tracks to the upper right. The Children's Hospital site is at center right.
Source: Oakland Museum Collection.

The new freeway depressed property values in Temescal. Many children of long-time residents moved out of the neighborhood and many homes were sold. Those that remained in Temescal were often elderly residents, a demographic whose eventual attrition contributed to the neighborhood's steady decline.⁸⁰ African Americans, who were no longer tied to West Oakland's war industries and government-sponsored housing, were able to afford homes in Temescal and supplanted the neighborhood's predominantly Italian community.⁸¹ In more recent years, young professionals attracted to the affordability, character, and diversity of Temescal have purchased homes in the neighborhood.

C. CHILDREN'S HOSPITAL

Administrative History

In 1911, Bertha Wright, a visiting nurse for the Collegiate Alumnae Association of Alameda County, formed a group called the Baby Hospital Association with the mission to explore the establishment of a hospital specifically designed for infants and children under the age of five.⁸² Although the city of San Francisco had a children's hospital, there was no such organization in the East Bay. The high death rates for young children at the turn of the 20th century, which stood at over ten percent for newborns and children younger than two, catalyzed the formation of the association.⁸³

⁸⁰ Glinernick, quoted. in Norman, 92; Raymond Mellana, quoted. in Norman, 77.

⁸¹ Norman, 98-99.

⁸² Meeting Minutes 1913. [Children's Hospital Medical Center Collection, Carton 1: Records 1912-1978, Folder 1. Available at the Bancroft Library.]

⁸³ I. Loudon, *Death in Childbirth: An International Study of Maternal Care and Childbirth 1800-1950* (Oxford, Oxford University Press, 1992) 46.

The Baby Hospital Association held its first meeting at the First Congregational Church in Oakland on September 11, 1912. By April 1913, the Association was officially established, with a board of female officers including prominent Oakland resident Mrs. Allen Babcock as president and Oakland resident and social worker Miss Mabel Weed as first vice president.⁸⁴ The mission of the Baby Hospital of Alameda County, said to be the first and only of its kind in the state of California, was to care for sick babies regardless of creed, nationality or race. The association was affiliated with the Certified Milk and Baby Hygiene Committee, the Association of Collegiate Alumnae, and was endorsed by the Commission of Public Charities of Berkeley. The organization's thirty founding members acted as the female board of managers, while a male board of directors and building committee were formed to select a site for a hospital building. The Oakland Children's Hospital organizational bylaws were based on those established by the Hospital for Babies in Waltham, MA, the Children's Hospital in San Francisco, and the Orthopedic Hospital of Seattle.⁸⁵

In 1912, the Baby Hospital Association purchased a large Queen Anne-style building known as the McElrath mansion, located on 51st Street between Grove Street (now Martin Luther King Jr. Way) and Telegraph Avenue, to house their new hospital. The residential building immediately underwent renovations for use as a hospital facility, and a clinic was established in the carriage house on the property where patients were treated while these renovations were taking place. Beginning in 1913, the clinic held a baby hygiene class twice a month and clinics for sick babies were offered on Monday, Wednesday, and Friday mornings as well as in the afternoons of the first and third Mondays of the month.⁸⁶ That year, the clinic treated a total of 450 children and conducted 1,100 office visits and 2,425 home visits. The program was funded by the Baby Hospital Association and cost \$2,000. On September 16, 1914, the Baby Hospital in the McElrath mansion was dedicated. Hospital staff initially consisted of head nurse and hospital superintendent Therese A. Von Heygendorff, a day nurse, a night nurse, a secretary, a cook, and a Japanese houseboy (**Figure 5**).

⁸⁴ "Baby Hospital is Organized", *The Berkeley Daily Gazette*, September 11, 1912.

⁸⁵ Murray Morgan, *The Hospital Women Built for Children* (Oakland, CA: Children's Hospital Medical Center, 1967).

⁸⁶ *Ibid.*, 18.

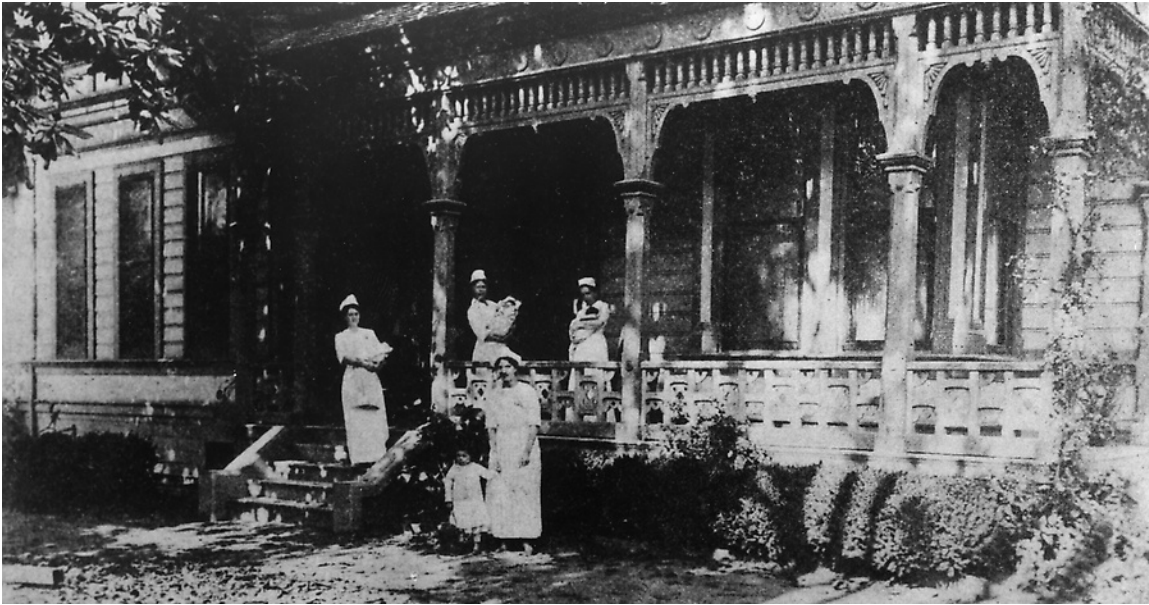


Figure 5. Nurses and patients in front of the newly dedicated Baby Hospital, 1914. Source: *The Oakland Tribune* photograph archives, accessed online at <http://photos.mercurynews.com/>.

By 1914, the number of children treated at the Baby Hospital had increased from 450 to 611 and the death rate at the facility, which was quite good for the time, was 7.1 percent. The clinic, which continued to operate out of the carriage house on the McElrath property, had 6,093 patient visits and began prenatal classes that year. Baby Hospital Association founder Bertha Wright and an assistant, Emma Roberts, ran the clinic. The hospital costs that year were nearly \$2,000 a month and patients, of whom fewer than ten percent paid in full, made up only about \$400 of that fee. Alameda County and the City of Oakland pledged to give a total of \$400 a month, if the hospital in turn provided pediatrician training services. Resident physicians were introduced to the hospital as early as the 1920s.⁸⁷

Despite the assistance from the local government, there remained a \$1,200 operational gap. Women's clubs called "Branches" raised the difference by hosting lunches, fashion shows, and sales. In 1922, 972 patients were treated and the average hospital stay was 22 days. Of these visits, 58% were free and approximately 30% were partially paid, bringing operational expenses that year to \$46,124, with hospital and clinic income totaling \$11,587. Alameda County and the City of Oakland contributed \$12,000. The Branches were tasked with raising the remaining \$22,537. At this time, the Baby Hospital Association learned that they would need to build a new masonry hospital building to meet building codes.⁸⁸ The President of the Board of Managers, Anita Jensen, appealed to the Community Chest of Oakland, which did not generally administer funding for member groups, to finance the new hospital. Financial strain increased when Alameda County Supervisors informed the Baby Hospital Association that after construction of the new Highland County Hospital was complete, it would no longer provide financing for the Baby Hospital.

⁸⁷ Ibid., 95.

⁸⁸ Ibid., 53.

Despite financial struggles, the Association was able to secure loans to build a new hospital building in 1926.⁸⁹ The Association selected Oakland architect Edward W. Cannon, who designed a state-of-the-art steel frame and reinforced concrete hospital.⁹⁰ The L-shaped building was designed in a “Northern Italian Romanesque” style and reflected the latest social and hygiene theory in hospital design. In 1928, the hospital (now known as the A/B Wing) was dedicated. Shortly thereafter, the first male President of the Board, William Harold Oliver, re-organized the hospital administratively under a single board.⁹¹ With these administrative changes, Oliver eliminated those who had previously been elected to the Hospital Board as figureheads rather than as active participants. In 1930, the Baby Hospital’s name was changed to the Children’s Hospital of the East Bay to reflect the hospital’s broader clientele, which now included children as old as fourteen years of age.

The County Board of Supervisors continued to contribute to the financing of the Children’s Hospital of the East Bay because the hospital agreed to offer pediatric training that was unavailable at the new County Hospital. Area hospitals assigned three-month pediatric courses for student nurses at the Children’s Hospital and the County Hospital requested that their interns serve for a period of six weeks. The Children’s Hospital of the East Bay provided room and board for its medical interns in residential cottages that abutted the hospital site.⁹² County financing continued until 1932, when the County was forced to cut their funding in half because of the Depression; however, in 1934, funding was again stabilized.

Throughout the hospital’s history, the Branches, or women’s fundraising organizations, have largely provided financial support. The Branches were so called in honorific reference to the branches of the stately magnolia tree located on the Hospital grounds, adjacent to the McElrath mansion. In 1933, during the Depression, the Children’s Hospital of the East Bay had eighteen Branches with a total of approximately 500 members. Branches typically began the year with ten dollars in petty cash and competed with one another to raise money to transfer to the Baby Hospital Association at the end of the year. An Executive Committee ensured that Branches did not have events that were too similar to one another and provided organizational support. Minnie Culver Oliver, the wife of Board President William Oliver, was president of the branches from 1933 until 1958.

In 1940, under the leadership of William Oliver, the Hospital paid off its \$123,000 mortgage.⁹³ As Oakland’s population grew during World War II, the patient demand on the Children’s Hospital of the East Bay likewise increased. In 1946, a new wing (now known as the B/C Wing) was constructed to replace the outmoded and undersized McElrath mansion. In the 1950s, under the presidency of Thad McCarty, the Stanford Research Institute was commissioned to study the hospital and make recommendations regarding its program and location. The resulting studies recommended a continuing emphasis on the hospital’s teaching role and increased specialization through research.

⁸⁹ Deed of Trust between the Baby Hospital Association and the Bank of Oakland on October 5, 1926 for real property improvements, \$75,000. #W84857. A second Deed of Trust was issued for \$125,000. [Children’s Hospital Medical Center Collection, Box 4: Deeds & Legal Documents, Folder 1. Available at the Bancroft Library.]

⁹⁰ Morgan, 54.

⁹¹ Articles of Incorporation and Bylaws: As Amended 1930/46. [Children’s Hospital Medical Center Collection, Box 1: Records 1912-1978, Folder 5. Available at the Bancroft Library.]

⁹² Morgan, 49.

⁹³ “Children’s Hospital of the East Bay Mortgage Paid Off” (*San Francisco Chronicle* 23 January 1941), 8.

Consequently, several areas of specialty were developed at this time, including a cleft palate team, seizure clinic, polio clinic, and orthopedic clinic. In 1958, the Bruce Lyon Memorial Research Laboratory was built on the southern portion of the hospital site. Research began in 1959 with a staff of five people. In 1973, the Northern California Comprehensive Sickle Cell Center was established at the Bruce Lyon Memorial Research Center. In 1986, the Bruce Lyon Memorial Research Laboratory was incorporated as a nonprofit subsidiary of the hospital and took on a new identity as Children's Hospital Oakland Research Institute (CHORI).⁹⁴ About the same time that the Research Center was founded, a neurologic diagnostic clinic, phenylketonuria clinic, Cystic Fibrosis Research Foundation, birth defects center, and diagnostic and treatment center were developed.

The hospital continued to expand over the next twenty years. Buildings were expanded as stories were added to the labs and research facilities, and the hospital's name was changed to the Children's Medical Center of Northern California to reflect its regional medical expertise. Construction of a patient tower (1982) and an outpatient building (1993) significantly increased the size of the hospital complex. Today, the hospital is known as the Children's Hospital and Research Center Oakland; it remains a private medical facility.

Physical Development of Hospital Complex

In 1852, Solomon and Ann Ellsworth Alden purchased land and a small cottage from W. B. Gould, located between 44th and 60th streets in Oakland.⁹⁵ Solomon Alden was a wealthy restaurateur and is credited with the original settlement of the Temescal area, which bore his name prior the turn of the 20th century.⁹⁶ An 1877 illustration shows the Alden property, which had been expanded to include a two story Italianate structure surrounded by mature plantings and a large barn, constructed ca. 1855 (**Figure 6**). In 1860, women in the Alden family planted a magnolia tree next to their house which still stands on Children's Hospital grounds.⁹⁷ Alden began subdividing his land in 1868, but the subject property remained in Alden's ownership until much later, likely due to the fact that the Alden residence was located on the property. Solomon Alden died in 1881, and the Alden property passed into ownership of his daughter Elsie Alden.

⁹⁴ Ibid.

⁹⁵ "The Knave", *The Oakland Tribune*, September 30, 1962.

⁹⁶ "National Register of Historic Places in Alameda County", adapted from National Register of Historic Places nomination #96000105 (Alden Branch of the Oakland Free Library), 1996. Accessed online at <http://www.nationalregisterofhistoricplaces.com/CA/alameda/state3.html>

⁹⁷ Dedication plaque at the base of the magnolia tree.

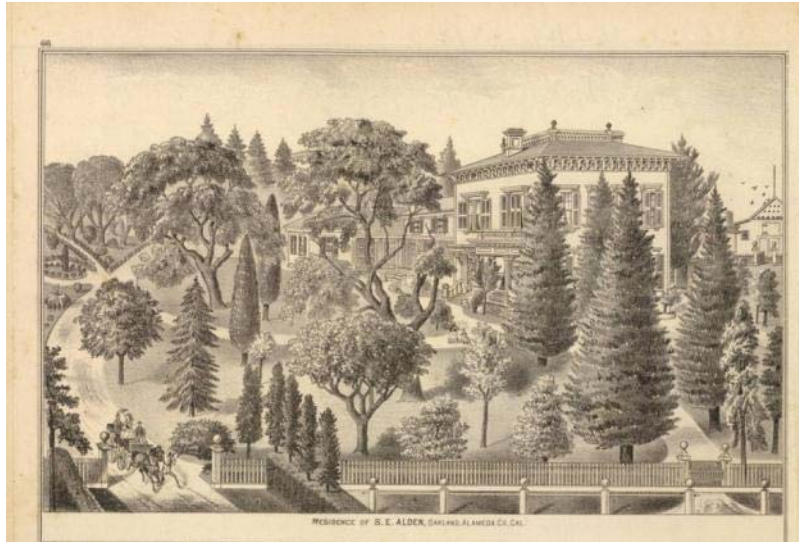


Figure 6. Residence of Solomon Alden, published in Thompson and West, Index Map of Oakland, 1878. Source: The David Rumsey Map Collection.

In 1875, Elsie Alden married Oakland attorney John McElrath, and the couple moved to the Alden family property in Temescal. Between 1878 and the turn of the 20th century, a large Queen Anne-style house was constructed on the property, which came to be known as the McElrath mansion and seems to have replaced the earlier Italianate structure. The sprawling two-and-one-half story home contained 20 rooms.⁹⁸ On the 1911-1912 Sanborn Fire Insurance Map, the house is shown at the center of the large lot at 52nd and Dover Streets with residential tracts to the north, west, and south; the building's primary façade faced south onto 51st Street. The magnolia tree that the Alden women planted in 1860 was preserved and can be seen in undated photographs located in front of the primary entrance to the new McElrath mansion (**Figure 7**). The McElraths had twelve children and resided at this house until John McElrath died in 1907.



Figure 7. McElrath mansion before it was purchased by the Baby Hospital Association in 1912, showing magnolia tree at right. Source: Murray Morgan, *The Hospital Women Built for Children* (Children's Hospital Medical Center: Oakland, 1967).

⁹⁸ *Temescal Album*, 11.

In 1912, the Baby Hospital Association formed to develop a clinic and hospital specifically for the treatment of infants and children under the age of five. To house the new hospital facility, the Association purchased the McElrath property in December 1912 with the required down payment of \$6,500 towards the total \$12,500 sale price.⁹⁹

While the main house was being remodeled for hospital use in June 1913, the Baby Hospital Association opened a medical clinic in the McElrath carriage house. Renovations on the main house included: re-plastering and painting of the interior; the addition of utility rooms and plumbing improvements; the enlargement of the water system and improvement of the electrical wiring.¹⁰⁰ The Baby Hospital opened in 1914; however, it was not long before the hospital outgrew the McElrath mansion. The President of the Board of Managers, Anita Oliver Jensen, stated in a Baby Hospital Association Annual Report that the “old building is neither adequate to our needs nor suited to the intelligence of our work.” To secure funding from the City of Oakland, the Baby Hospital agreed to provide room and board for medical interns from Alameda County to practice at the Baby Hospital for six-week periods.¹⁰¹ Additional impetus for building improvements came in 1925, when Oakland City officials informed the Baby Hospital Association that their wood frame hospital building violated building code because it was not fireproof masonry. In response, Jensen toured hospitals in the East and Midwest collecting ideas for new hospital designs, and an additional property was purchased adjoining the original site on Grove Street.¹⁰²

In 1926, a brick-clad steel frame and reinforced concrete building was constructed adjacent to the McElrath mansion to serve as the main hospital. The 1926 Baby Hospital Association Annual Report featured a description of the new hospital, an L-shaped building designed by architect Edward W. Cannon and constructed with a steel frame and reinforced concrete for fireproofing (**Figure 8**). The building was designed in a “Northern Italian Romanesque” style and clad with light buff brick cladding and terra cotta ornaments. The report notes that, “an appropriate touch is to be found in the charming Della Robbia bambino, in colored terra-cotta, over the entrance arch; this was brought from Italy by a member of the Hospital Board.”¹⁰³ The primary entrance was located at the south façade of the building, while an ambulance entrance was located at the north façade, necessitating the purchase of adjoining land and the construction of a driveway to access 52nd Street.¹⁰⁴

⁹⁹ Morgan.

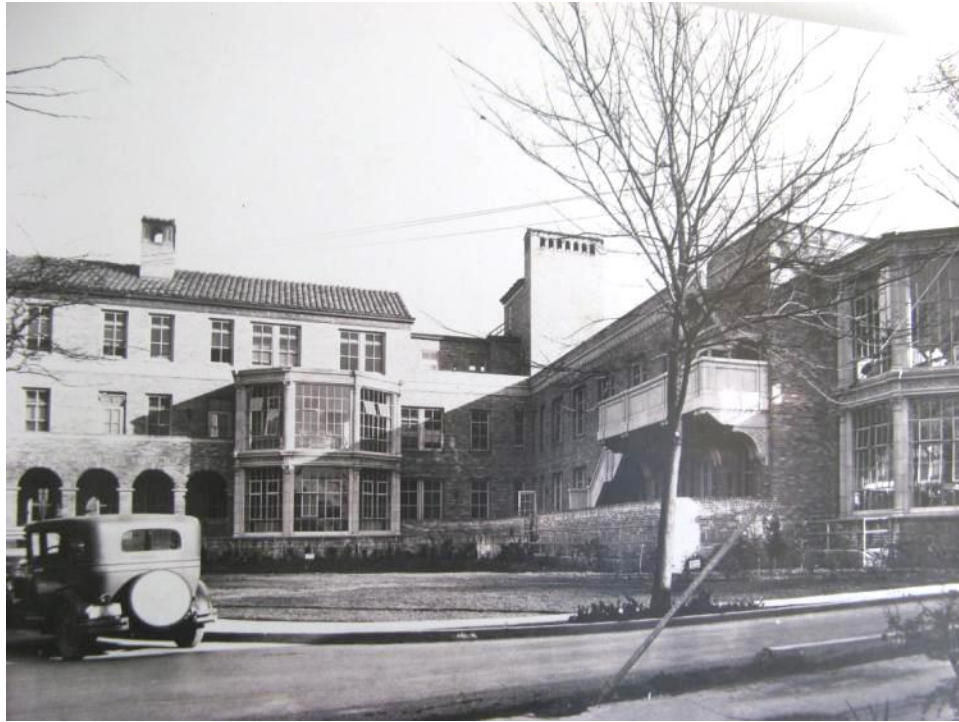
¹⁰⁰ Morgan.

¹⁰¹ *Ibid.*, 49.

¹⁰² Morgan, 54.

¹⁰³ *Ibid.*, 55.

¹⁰⁴ Deed between William and Marion Battenhouse and the Baby Hospital Association. 10/13/1926. [Children's Hospital Medical Center Collection, Box 4: Deeds and Legal Documents, Folder 16. Available at the Bancroft Library.]



**Figure 8. The Baby Hospital shortly after its construction in 1926.
Source: Oakland Children's Hospital Archives.**

By 1930, the name of the Baby Hospital was officially changed to the Children's Hospital of the East Bay.¹⁰⁵ The name change reflected both a shift in the age of children treated at the facility, which now accepted children through the age of fourteen, and also expressed the prominence of the hospital within the greater geographic region. Starting in the 1930s, the Hospital leased a cottage located at 721 51st Street (no longer extant). From approximately 1933-1958, this building, which was rented from sisters Helen Julia Shafter and Mary Severence Shafter and known as the Shafter Cottage, served as the headquarters of the Children's Hospital Branches fundraising group and as living quarters for the superintendent of nurses.¹⁰⁶

With the East Bay's population increase during World War II, the hospital's patient load also grew. Between 1941 and 1945, the patient load increased dramatically, from 10,000 to 245,000.¹⁰⁷ In response, between 1942 and 1957, the Children's Hospital's board aggressively pursued a program called "Operation Facelift," starting with the purchase from private owners of lots and houses surrounding the hospital complex on Grove Street (now Martin Luther King Jr. Way), 52nd Street, and Dover Street. Ownership of these lots and houses would enable the hospital complex to physically expand and meet growing patient demand.

¹⁰⁵ Dorothy Larimer Boyd. "Women Build a Hospital for Children," Special Commemorative Issue Celebrating Yesterday and Today (*bambino: Children's Hospital Medical Center of Northern California*, September 1982).

¹⁰⁶ Ibid.

¹⁰⁷ Ibid.

In 1945, Children's Hospital hired the architecture firm of Stone and Mulloy to design a master plan for hospital expansion.¹⁰⁸ The firm specialized in hospital design, and the plan they developed reflected contemporary advances in the field of hospital design, including flexibility of construction schedule, and interior spaces that facilitated department cooperation. Work subsequently began on the first portion of the proposed master plan, which necessitated the demolition of the thoroughly outmoded McElrath mansion. The B/C Wing was added to the existing Baby Hospital building (which came to be called the A/B Wing at this point), changing the hospital's overall configuration from an L-shaped plan to a U-shaped plan (**Figure 9**). Contractor Elmer J. Freethy signed an agreement with the hospital to "furnish all of the materials and perform all of the work shown on the drawings in the specifications entitled Alterations and Additions to the Children's Hospital of the East Bay at 51st and Dover Streets." The Alden family magnolia tree was preserved, and stood just east of the new B/C Wing. The new wing was dedicated on October 17, 1948.¹⁰⁹ It appears that a small third-story addition was also constructed at the northeast corner of the A/B Wing about this time.

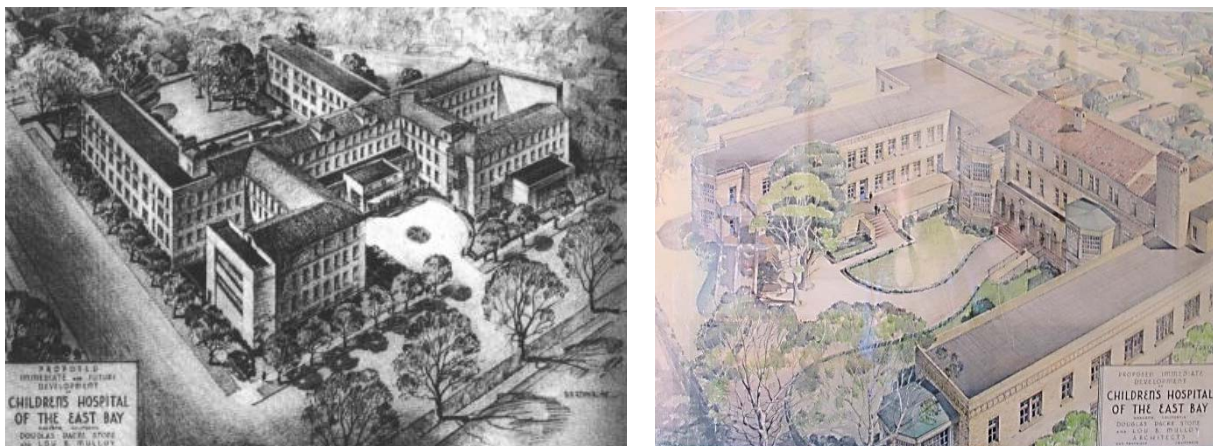


Figure 9. Master plan for Children's Hospital at left (view southwest with 52nd Street at lower right), and Hospital expansion (B/C Wing) as proposed (similar to but not exactly as constructed) at right. Designed by Stone and Mulloy.

Source: *Architect and Engineer*, December 1945.

Meanwhile, many of the houses on 52nd Street, north of the hospital property, were sold to a trust company which relocated the buildings. The residences on the portion of the block south of 51st Street and bounded by Grove and Dover streets were purchased by the hospital. These houses were demolished and the parcels were paved for surface parking. The 1951 Sanborn Fire Insurance Map identifies remaining houses located along Grove Street as student nurse residences.¹¹⁰ Another cottage retained by the hospital was utilized for open heart surgery research in 1957—a research endeavor that led to the Hospital's first open heart surgery on April 15, 1959.¹¹¹

¹⁰⁸ "The Children's Hospital of the East Bay: Douglas Dacre Stone and Louis B. Mulloy, Architects" (*Architect and Engineer*, December 1945), 16-17.

¹⁰⁹ Agreement between Elmer J. Freethy and the Children's Hospital of the East Bay, August 6, 1946. [Children's Hospital Medical Center Collection, Box 4: Deeds & Legal Documents, Folder 4. Available at the Bancroft Library.]

¹¹⁰ 1951 Sanborn Fire Insurance Map.

¹¹¹ Morgan.

In the 1950s and 1960s, new buildings were constructed on the land acquired by the hospital and the complex continued to expand. This expansion did not proceed according to the Stone and Mulloy master plan, perhaps reflecting advances in hospital design that outpaced what Stone and Mulloy had attempted to plan for. However, the hospital did retain the services of the Stone and Mulloy firm, called by this time Stone, Marraccini and Patterson, for the design of new buildings at the site. On September 10, 1959, the Bruce Lyon Memorial Research Laboratory, constructed on the southern portion of the hospital property, was dedicated.¹¹² On September 23, the William H. and Helen C. Ford Diagnostic and Treatment Center, which was made possible by a gift of almost \$450,000 from the Fords, was dedicated.¹¹³ The Ford Diagnostic and Treatment Center housed the outpatient departments, laboratory, x-ray, and other facilities.

The front entrance and lobby of the A/B Wing (Baby Hospital) was also expanded and remodeled in 1962, and third story additions were built at the A/B Wing and the B/C Wing.¹¹⁴ A driveway from Grove Street was also paved at this time, providing a path between the hospital offices and nurses' housing along Grove Street. In 1963, a larger dormitory for housing nurses was constructed at the corner of 52nd and Grove streets.¹¹⁵ The hospital's name was changed to the Children's Hospital Medical Center of Northern California in 1964.¹¹⁶ The construction of the Grove-Shafter freeway in 1968-69 hemmed in any potential Hospital expansion to the east, and curtailed vehicular access to the A/B Wing (Baby Hospital).

In the 1970s, several additions were made to the hospital complex and approval for larger additions was granted. A large second floor, designed by Stone Marraccini and Patterson, was added to the Bruce Lyon Memorial Research Center in 1972. A third floor to the Ford Diagnostic and Treatment Center was added in 1974, and the West Site Plant was constructed adjacent to the west façade of the B/C Wing in 1979.¹¹⁷ Both were designed by Kaplan/McLaughlin. At this time, city government approval was received for a new hospital building at the intersection of 52nd and Grove streets, which would adjoin the 1946 B/C Wing. Tax-free bonds from the City of Oakland provided twenty-three million dollars for construction funding.¹¹⁸ The new five-story patient care facility, designed by KMD and known as the Patient Tower, opened in this location on September 12, 1982.¹¹⁹ This addition reoriented the hospital complex so that it fronted north onto 52nd Street and further curtailed vehicular and visual access to the historic A/B Wing and the B/C Wing.

In 1987, a Cafeteria was designed by Ratcliff Architects and constructed between the Patient Tower and the West Site Plant. A one-story build-out, designed by Jim Jennings Architecture, was also added to the B/C Wing's east façade at this time, enclosing the building's original porch.¹²⁰ Trailers

¹¹² Boyd.

¹¹³ Ibid.

¹¹⁴ Rutherford & Chekene. SB 1953 Seismic Evaluation: Children's Hospital of Oakland, Vol. 1 of 3. Prepared for Office of Statewide Health Planning and Development, December 2000.

¹¹⁵ Boyd.

¹¹⁶ Ibid.

¹¹⁷ Rutherford & Chekene.

¹¹⁸ Boyd.

¹¹⁹ "Come Join Our Celebration," Special Commemorative Issue Celebrating Yesterday and Today (*bambino: Children's Hospital Medical Center of Northern California*, September 1982).

¹²⁰ Rutherford & Chekene.

that contain offices were most likely placed on the west side of the B/C Wing and south side of the West Site Plant sometime in the 1980s.¹²¹

A second addition to the Bruce Lyon Memorial research Center was designed by Paul O. Finwall & Associated and constructed at the southernmost tip of the Hospital site in 1992. The Cardiac Catheterization Laboratory, located at the southeast corner of the Ford Diagnostic and Treatment Center, was designed by James Davis Architects and completed in 1993.¹²² In the same year, a new Outpatient Center and parking garage structure were built on the north side of 52nd Street.¹²³ The Outpatient Center was designed by Anshen + Allen, and the parking garage was designed by The Ratcliff Architects.

Hospital Site Construction Chronology

1850s

1852: Solomon and Ann Ellsworth Alden purchase the land between 44th and 60th streets. An existing wood frame dwelling on the property is expanded to a two-story Italianate residence. Beginning in 1868, Alden subdivides his land into residential tracts.¹²⁴

1860s

1860: Women in the Alden family plant a magnolia tree next to their home.

1870s-1890s

1878-1899: Between 1878 and the turn of the 20th century, a two-and-one-half story Queen Anne-style house was constructed on the property and seems to have replaced the earlier Italianate structure. The house contained 20 rooms and was located at the center of the large lot at 52nd and Dover Street, with the primary façade facing south onto 51st Street. The magnolia tree that the Alden women planted in 1860 was preserved and the property came to be known as the McElrath mansion.

1910s

1912: The Baby Hospital Association purchases the McElrath mansion.¹²⁵ The 1911-12 Sanborn Fire Insurance Map shows the mansion located on a parcel with residential tracts to its north, west, and south.¹²⁶ **(Figure 10).**

¹²¹ Exact construction dates were not located; the suggested date range is based on site visits in April and May of 2008.

¹²² Rutherford & Chekene.

¹²³ Environmental Science Associates, Inc. "Final Addendum to the Draft EIR: Children's Hospital Medical Center Environmental Impact Report," Prepared for the City of Oakland Planning Department. May 1990.

¹²⁴ *Temescal Album*, 11.

¹²⁵ Morgan.

¹²⁶ 1911-1912 Sanborn Fire Insurance Map.



Figure 10. 1911-12 Sanborn Fire Insurance Map. The McElrath mansion that initially housed the Baby Hospital is highlighted in green. The carriage house located on the property contained the medical clinic until renovation of the mansion was complete in 1913.

1913: The Baby Hospital Association opens a medical clinic in the McElrath carriage house in June, during the renovation of the McElrath mansion.¹²⁷

1920s

1922: The Baby Hospital agrees to provide room and board for medical interns in Alameda County to practice at the Baby Hospital for a period of six weeks in exchange for funding from the City of Oakland for a new hospital building.¹²⁸

1925: Oakland City officials inform the Baby Hospital Association that the wood-frame mansion-turned-hospital violates building code, because it is not fireproof masonry. In response, additional property along Grove Street is purchased adjacent to the McElrath mansion.¹²⁹

1926: New Baby Hospital building constructed. Designed by Berkeley architect E.W. Cannon, the L-shaped building had a steel frame and reinforced concrete for fireproofing. The building features a “Northern Italian Romanesque” style with light buff brick cladding and terra cotta ornamentation (**Figure 11**).¹³⁰

¹²⁷ Morgan.

¹²⁸ Ibid, 49.

¹²⁹ Morgan, 54.

¹³⁰ Ibid., 55.



Figure 11. 1930 Sanborn Fire Insurance Map. Baby Hospital complex outlined, including the L-shaped building constructed in 1926. McElrath mansion remains and houses the hospital's clinic.

1930s

1930: The Baby Hospital is officially renamed the Children's Hospital of the East Bay.¹³¹

1933: The nearby Shafter cottage bungalow at 721 51st Street becomes the Children's Hospital Branches fundraising headquarters and remains so until 1958.¹³² The cottage also housed the superintendent of nurses during this period.¹³³

1940s

1940: The mortgage for the Baby Hospital building is paid off.¹³⁴

1941-1945: In response to the development of the East Bay during World War II, the hospital's patient load grows from 10,000 in 1940 to 24,500 in 1945. The architecture firm of Stone and Mulloy, which specialized in hospital construction, develops a new master plan for the hospital.¹³⁵

1946-1948: Contractor Elmer J. Freethy begins constructing a new hospital wing in 1946. Designed by architects Douglas Dacre Stone and Lou B. Mulloy, the two-story addition (now known as

¹³¹ Boyd.

¹³² Ibid.

¹³³ Letter dated October 15, 1936 from Helen and Mary Shafter.

¹³⁴ "Children's Hospital of the East Bay: Mortgage Paid Off."

¹³⁵ Ibid., 87.

the B/C Wing) is dedicated on October 17, 1948.¹³⁶ A small addition to northeast corner of the third story of the A/B Wing (Baby Hospital) also took place about this time.¹³⁷

1950s

1951: Housing for student nurses, located along 52nd Street, is identified on the 1951 Sanborn Fire Insurance Map (**Figure 12**).¹³⁸

1957: Between 1942 and 1957, the hospital's board purchases the lots and houses surrounding the hospital complex on Grove, 51st, 52nd, and Dover streets. Many of the houses are sold to a trust company that relocates the buildings. The cleared land initially serves as a parking lot.¹³⁹

1959: The hospital's first open heart surgery is performed on April 15.¹⁴⁰ In September, the Bruce Lyon Memorial Research Laboratory is constructed on the southern portion of the block.¹⁴¹

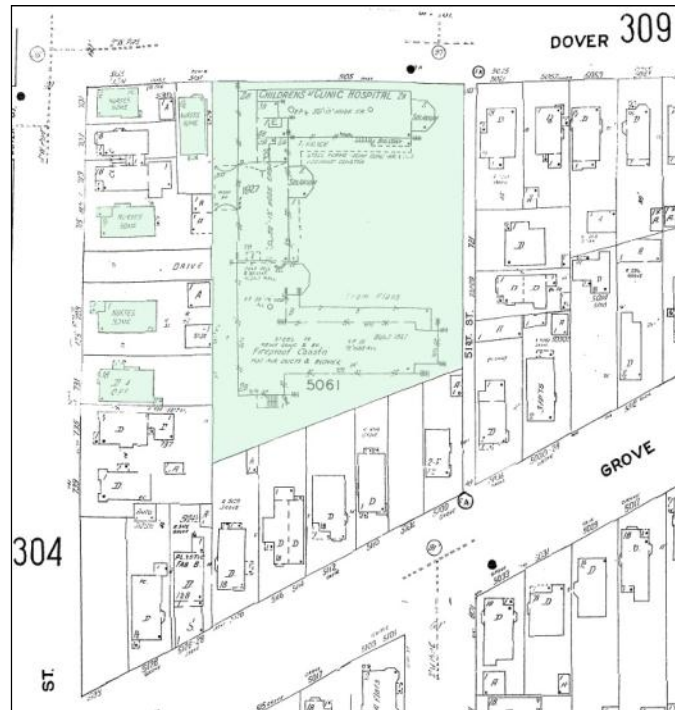


Figure 12. 1951 Sanborn Fire Insurance Map. The hospital property is highlighted in green. The McElrath mansion has been replaced by the B/C Wing, and several of the cottages in the surrounding neighborhood (highlighted) served as office space and housing for nurses.

¹³⁶ "Agreement between Elmer J. Freethy and the Children's Hospital of the East Bay."

¹³⁷ Stone and Mulloy Rendering, Children's Hospital, Oakland.

¹³⁸ 1951 Sanborn Fire Insurance Map.

¹³⁹ Morgan.

¹⁴⁰ Ibid.

¹⁴¹ Boyd.

1960s

1962: The William H. and Helen C. Ford Diagnostic and Treatment Center is dedicated in September.¹⁴² The front entrance and lobby of the original Baby Hospital wing are remodeled.¹⁴³ Third story additions at the northeast corner of the third story of the A/B Wing (Baby Hospital) and the north portion of the B/C Wing also took place about this time.

At this time, a driveway from Grove Street is paved. By this time, all parcels bordering 52nd Street are hospital-owned (**Figure 13**).¹⁴⁴

1963: A T-shaped nurses' dormitory is constructed at the corner of 52nd and Grove streets.¹⁴⁵

1964: The hospital's name is changed to the Children's Hospital Medical Center of Northern California.¹⁴⁶

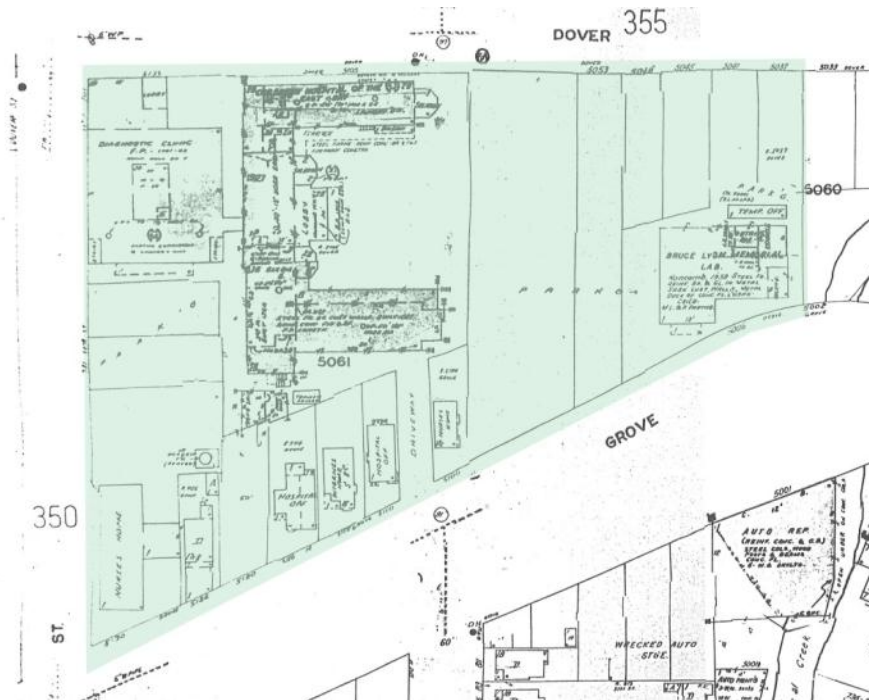


Figure 13. 1969 Sanborn Fire Insurance Map.

The Children's Hospital Complex is highlighted in green. The front entrance and lobby of the original hospital have been remodeled, the Bruce Lyon Memorial Research Laboratory and the Ford Diagnostic and Treatment Center have been constructed, and parking has been added to the north and south.

1970s

¹⁴² Ibid.

¹⁴³ Rutherford & Chekene.

¹⁴⁴ 1967 Sanborn Fire Insurance Map.

¹⁴⁵ Boyd.

¹⁴⁶ Boyd.

1972: Second story to the Bruce Lyon Memorial Research Center is completed.

1974: Construction of the third-floor addition to the Ford Diagnostic and Treatment Center is completed.¹⁴⁷

1979: The West Site Plant (Central Plant) for the hospital is constructed adjacent to the west façade of the B/C Wing.¹⁴⁸ The city government approves a new hospital building at the intersection of 52nd and Grove streets, and \$23 million for construction funding is secured through City of Oakland tax-free bonds.¹⁴⁹

1980s

1980s: Trailers containing offices are most likely added west of the B/C Wing and south of the West Site Plant in the 1980s.¹⁵⁰

1982: A new five-story patient care facility, the Patient Tower, opens on September 12. With this addition, the main entrance of the complex is reoriented north toward 52nd Street.¹⁵¹

1987: Several additions are made to the hospital complex, including a cafeteria constructed between the Patient Tower and the West Site Plant, and an addition to the West Site Plant. The porch on the east side of the B/C Wing is enclosed by a one-story addition.¹⁵²

1990s

1992: Construction of the addition to the Bruce Lyon Memorial Research Center is completed.

1993: Construction of the reinforced masonry Cardiac Catheterization Laboratory, located between the A/B Wing (Baby Hospital) and the Ford Diagnostic Clinic and Treatment Center, is completed.¹⁵³ A new Outpatient Center and parking garage structure are built north of 52nd Street.¹⁵⁴

Baby Hospital Expansion within the Temescal Neighborhood

As the Baby Hospital Association established itself within the community, it moved from its original location in the McElrath mansion to a purpose-built hospital building and continued to build additions and auxiliary buildings over the years. Because the hospital was initially located in a former residence and the property was surrounded by other residential properties, the hospital purchased the dwellings immediately surrounding it in order to expand. These cottages and bungalows, primarily constructed between 1900 and 1930, were adapted for hospital use, relocated, or demolished. The following section describes the effects of the hospital's expansion on the surrounding Temescal

¹⁴⁷ Rutherford & Chekene.

¹⁴⁸ Ibid.

¹⁴⁹ Boyd.

¹⁵⁰ Exact construction dates were not located; the suggested date range is based on site visits in April and May of 2008.

¹⁵¹ "Come Join Our Celebration."

¹⁵² Rutherford & Chekene.

¹⁵³ Rutherford & Chekene.

¹⁵⁴ Environmental Science Associates, Inc. "Final Addendum to the Draft EIR."

neighborhood, from the construction of the first hospital building in 1926 to the construction of a parking garage structure in the mid-1990s.

The 1911-12 Sanborn Fire Insurance Map shows the McElrath mansion and carriage house surrounded primarily by one and two-story frame dwellings. 51st Street, which was a mere alleyway at only ten feet in width, bordered the southern edge of the subject lot.

The Baby Hospital Association first expanded into the residential tracts immediately surrounding the hospital in 1926, when the Baby Hospital was constructed east of the McElrath mansion. The new hospital building was constructed within the boundaries of the McElrath parcel, but lacked connection to the street. Therefore, a residential parcel on 52nd Street was purchased from William and Marion Battenhouse and paved to serve as a driveway from 52nd Street to the new building.¹⁵⁵

By the 1930s, the hospital rented some of the dwellings immediately surrounding the Baby Hospital. Letters between Clare Billet and William Oliver of the Children's Hospital and Helen and Mary Shafter indicate that the hospital leased the Shafter cottage at 721 51st Street, located directly south of the Baby Hospital building. The 1930 Sanborn Fire Insurance Map indicates that the carriage house that once contained the original clinic had been demolished by that time and that the McElrath mansion was connected to the Baby Hospital building. A storage facility and dwelling had also been constructed on the northern portion of the parcel by this time.

The 1951-52 Sanborn Fire Insurance Maps show that construction of the B/C Wing was complete. The McElrath mansion was no longer standing on the parcel and several dwellings on 52nd Street served as nurses' residences and hospital offices. The block bounded by 51st Street on the north, Dover Street on the east, Temescal Creek on the south, and Grove Street on the west contained seventeen single-family dwellings, a duplex, and a low-rise apartment building with three units.

Between 1942 and 1953, the hospital purchased additional residential lots so that it could continue to expand in response to its increased patient load. Properties purchased included: 5131 Dover Street, 5139 Grove Street, and residences at 707, 713, 715, 723, and 731 on 52nd Street.¹⁵⁶ The removal of these properties after 1951 gave the Hospital a greater street presence along 52nd Street.

In 1957 and 1958, the residential properties south of the hospital complex were purchased and the area was paved for surface parking. This change also increased the Hospital's street presence, as it was now visible from the southern approach on Grove Street. Eight properties on Grove Street and two on Dover Street were purchased, and the hospital also acquired one property on 52nd Street.¹⁵⁷

The 1969 Sanborn Fire Insurance Map shows the Ford Diagnostic Clinic and Treatment Center located at the northeast corner of the hospital complex. With the exception of one residence at 5122

¹⁵⁵ Deed between William and Marion Battenhouse and the Baby Hospital Association. 10/13/1926. [Children's Hospital Medical Center Collection, Box 4: Deeds and Legal Documents, Folder 16. Available at the Bancroft Library.]

¹⁵⁶ Title policies, deeds and other data relating to real property 1942 - 1953. [Children's Hospital Medical Center Collection, Box 4: Deeds and Legal Documents, Folder 3. Available at the Bancroft Library.]

¹⁵⁷ Parking Lot Properties. [Children's Hospital Medical Center Collection, Box 4: Deeds and Legal Documents, Folder 5. Available at the Bancroft Library.]

Grove Street, all residences surrounding the hospital were denoted as nurses' housing or hospital offices. A new T-shaped nurses' dormitory was located at the northwest corner of the hospital complex. 51st Street no longer bisected the subject block and the southern portion of the hospital complex had been paved for surface parking. The Bruce Lyon Memorial Laboratory appears on the southern portion of the site.

By 1982, all residential buildings along the south side of 52nd Street had been removed and the Patient Tower constructed at the southeast corner of 52nd and Grove streets. The Patient Tower included a diagonal setback, a circular drive, and an entry atrium, design cues which oriented the Hospital to the intersection of 52nd and Grove streets. In the mid-1980s, the Hospital expanded north by purchasing several properties on the block bounded by 52nd Street to the south, Dover Street to the east, 53rd Street to the north, and Grove Street (by this time renamed Martin Luther King Jr. Way) to the west. Trust companies purchased some of the properties, including 665 and 663 53rd Street, and the Children's Hospital of the East Bay purchased other properties, such as 671 53rd Street, directly from the property owners.¹⁵⁸ A parking garage structure and Outpatient Tower were constructed on the block north of the main hospital building in 1993.

Hospital Design

Prior to the turn of the 20th century, hospitals were not widely used. Generally, doctors made house calls to those who could afford them, and the poor and indigent were treated in almshouses run by religious organizations or philanthropic charities. Larger hospital campuses began to be constructed around the turn of the century in response to advances in epidemiology, and were often situated on large sites in rural areas to promote healing and to prevent the spread of disease. Urban public hospitals developed after the turn of the 20th century, in conjunction with the expansion of population, infrastructure, and commerce in American cities. As medical technology and education improved, more people started using public medical facilities, and hospitals needed more sophisticated facilities to perform operations, research diseases, and provide better patient care. Hospital campuses were often master-planned to expand in phases and stages, to accommodate the high cost of growth and changing medical practices.

The University of Virginia Hospital is an excellent example of hospital building evolution (**Figure 14**). The University had a number of different medical buildings on its campus beginning in 1826, but it was not until the turn of the 20th century that the University called for the construction of a modern hospital. The main hospital building was constructed in 1901 by architect Paul Pelz, whose design scheme also provided a master plan for the future growth of the hospital. Based on this plan, wings flanking the main building were added in 1905 and 1907. The successful hospital soon became overcrowded, prompting the addition of a series of wings, including the Steele Wing in 1916, the McIntire Wing in 1924, and the Teachers' Prevention Wing in 1928—all connected by corridors.

¹⁵⁸ Deeds between the American Savings and Loan and the Federal National Mortgage Association to the Children's Hospital Medical Center of Northern California, 11/7/1985 and 11/7/1985. Deed between James and Jewell Pierce to the Children's Hospital Medical Center of Northern California. 3/5/1986. [Children's Hospital Medical Center Collection, Box 4: Deeds and Legal Documents, Folder 8. Available at the Bancroft Library.]

Since then, the University of Virginia Hospital has been further expanded into a large modern medical campus with facilities for teaching and research.¹⁵⁹



Figure 14. University of Virginia Hospital, circa 1929.

Source: University of Virginia, "UVA Hospital celebrating 100 years,"

www.healthsystem.virginia.edu/internet/library/historical/uva_hospital/centennial/ (accessed 4 May 2007)

The design plan for many early hospitals included a series of narrow ward buildings, based on sanitary and practical principles advocated during the 19th century by the influential nurse Florence Nightingale. Nightingale also believed that hospitals should be no more than two stories high because buildings taller than this interfered with sunlight and ventilation, elements understood to expedite the healing process.¹⁶⁰ A narrow, open layout of wards made them easy to clean and ideal for monitoring a maximum number of patients by a minimum number of nurses. This division of space also allowed for a separation of uses, and hospitals were able to dedicate each wing to a specific function. The "Nightingale ward" became a standard of hospital construction in the late 19th and early 20th centuries. As medical practice changed and the general public began to demand more privacy, these open-plan wards were converted into double-loaded corridors with single patient rooms. After 1940, hospital design began to incorporate these new interior spatial needs, and the modern "block plan" design began to emerge.¹⁶¹

On the West Coast, evidence of these trends can be seen at San Francisco General Hospital (**Figure 15**), which was established on its current site in the city's Potrero District in 1872. The site was selected because of the availability of land and the temperate climate in the district; a two-story wood frame building replaced several earlier city hospital buildings scattered throughout the city. The hospital struggled with overcrowding as the city's population continued to expand, and in 1908 the hospital was condemned and demolished due to an outbreak of the plague. In 1915, a new hospital complex was constructed on the site by City Architect Newton J. Tharp. The main hospital plan consisted of ward buildings flanking each side of a central administration building; a receiving building, a nurses' home, emergency hospital, laundry building, and power plant were added along the perimeter of the landscaped site in subsequent years. The new hospital was clad in brick and terracotta to fireproof the structure and to curb the spread of contagious diseases like tuberculosis. The design incorporated the Nightingale wards, standard for hospitals of the time. The master plan

¹⁵⁹ University of Virginia, "UVA Hospital Celebrating 100 Years"

(www.healthsystem.virginia.edu/internet/library/historical/uva_hospital/centennial/, accessed 4 May 2007).

¹⁶⁰ Gary A. Noskin and Lance R. Peterson. "Engineering Infection Control through Facility Design," *Emerging Infectious Diseases*. March – April 2001. Vol. 7, No. 2.

¹⁶¹ John D. Thompson and Grace Goldin, *The Hospital: A Social and Architectural History* (New Haven: Yale University Press, 1975).

for the site was designed to allow progressive expansion and additions so that the Hospital could adapt to changing demographics and medical practices.¹⁶²



Figure 15. San Francisco General Hospital under construction, 1913.
Source: San Francisco Public Library Historical Photograph Collection.

The A/B Wing (Baby Hospital) at the Children's Hospital embodies early 20th-century hospital design trends. The two- and three-story building is narrow and linear in form and is clad in brick and terracotta to fireproof the structure and prevent the spread of contagious disease. Oriented to the south to maximize its exposure to sunlight, the building includes solariums and windows to ensure light and airflow. The floor plan also contains a large open-plan ward to allow nurses to maintain surveillance of the maximum number of patients at one time. Although constructed at a later time when linear hospital designs were beginning to be replaced by modern blocks, the B/C Wing mirrored the plan of the A/B Wing (Baby Hospital). Subsequently, the Ford Diagnostic and Treatment Center, constructed in 1962, is an example of the modern block hospital construction that broke away from the earlier 20th century designs. In this way, the main building complex of the Children's Hospital represents both early and later hospital design in Alameda County and California.

Architects of the Children's Hospital

This section includes biographical information about the architects who designed the buildings at the Children's Hospital site that are more than 45 years old.

Edward W. Cannon (1884-1942)

Architect Edward W. Cannon was born in Oakland in 1884 and grew up in West Oakland. As a teen he worked as a machinist, and in 1909 married Wildridge Corinne Adams. By 1910 he was employed

¹⁶² Page & Turnbull, Inc., "San Francisco General Hospital: Historic Resource Evaluation" (San Francisco: unpublished report, 2003).

as an architectural draftsman,¹⁶³ and in July 1911 was elected to membership of the San Francisco chapter of the American Institute of Architects.¹⁶⁴ During this time Cannon was a designer at the architectural firm of C. W. Dickey, a Bay Area and Honolulu-based architect whose work from this era includes three branches of the Oakland Public Library (including the Alden [Temescal] branch), the Homestead Loan Association Headquarters Building on University Avenue in Berkeley, and Kahn's Department Store (now the Rotunda Building) at 12th Street and Broadway in Oakland. Dickey's 1912 design for Kahn's Department Store was a four-story Y-shaped building with a dramatic glass dome crowning the Y-intersection. Edward Cannon later added a six story addition to this building in 1923 when he was practicing independently. The Kahn Department Store was listed in the National Register of Historic Places in February 1989.¹⁶⁵

After 1915, C. W. Dickey moved his office to Honolulu, and Cannon began independent practice. His office was located in the Central Bank Building on 14th Street at Broadway. He is credited during this era with several single-family residential projects in Oakland and Piedmont; vacation cabins in outlying areas; medium-sized apartment buildings in Berkeley and Oakland, including 666 17th Street, 1705 Martin Luther King Way, and 1106 Madison; and a light industrial furniture factory at 221 Oak Street which has received Oakland Heritage Property Designation.¹⁶⁶ At the time of its construction in 1923, his design for the six-story addition to Kahn's Department Store appears to have been his largest contribution to Oakland's built environment, followed three years later by his largest stand-alone project, the design for the Baby Hospital.

Cannon continued to live and work in Oakland through the 1930s, and in 1937 was appointed one of several superintendents of construction at the Port of Oakland.¹⁶⁷ He died in Oakland on January 1, 1942, at the age of 58.¹⁶⁸

Douglas Stone of Stone and Mulloy

Architect Douglas Dacre Stone (1897-1969) was born in Yokohama, Japan on March 10, 1897 and received his Master's degree in architecture from the University of California at Berkeley in 1922.¹⁶⁹ He began his career as a designer for the firm Hyman and Appleton Architects in San Francisco in 1924. Stone founded the firm of Stone and Mulloy Architects with Louis B. Mulloy (1910-1963) in 1927. The firm became known for their hospital designs, and designed approximately twenty hospitals and medical buildings in Northern California in the post-war era, including Peralta Hospital in Oakland (1950), Eden Hospital in Castro Valley (1954), and Pacific Presbyterian Medical Center in

¹⁶³ United States Federal Census, 1910, accessed at www.ancestry.com.

¹⁶⁴ *Architecture and Building*, Volume 43, Number 15, November 1911, 20.

¹⁶⁵ "Kahn's Department Store, National Register of Historic Places Registration Form". Prepared by Mary Hardy and Alice Carey, June 8, 1988.

¹⁶⁶ *Ibid.*, and *Western Architect*, May 1920, and *Architect and Engineer of California and the Pacific Coast*, Volume 44, 1916, and "Prevention Institute Receives Heritage Property Designation", <http://www.preventioninstitute.org/about-us/our-building.html>.

¹⁶⁷ "Regular Meeting of the Board of Port Commissioners of the Port of Oakland, January 4, 1937", accessed online, http://www.portofoakland.com/pdf/board/1937_minutes.pdf.

¹⁶⁸ "Edward W. Cannon Obituary", *The Oakland Tribune*, January 2, 1942.

¹⁶⁹ "Designer of Hospitals Retires" (*San Francisco Chronicle* 12 September 1965), 12.

San Francisco (1960).¹⁷⁰ Douglas Stone was also involved in the design of the Federal Office Building in San Francisco, as well as the State Motor Vehicles Office Building in Sacramento.

Stone was appointed to the San Francisco Planning Commission in 1941 and also served as consultant to the State Hospital Advisory Council in 1943. A member of the California Chapter of the AIA, Stone was a member of various hospital associations including the International Hospital Federation. The firm of Stone and Mulloy was selected to design the master plan for Oakland Children's Hospital, and in 1946 they designed and oversaw construction of the Hospital's first major addition, the B/C Wing. Prior to his retirement in 1967, Stone spent five months traveling between Moscow, Kiev, and Leningrad displaying a model of the El Camino Hospital in Mountain View as part of the United States Information Agency's "Medicine USA" exhibit. Stone died on February 21, 1969.¹⁷¹

Stone, Marraccini and Patterson

In 1951, Silvio P. Marraccini (1918-1970) joined Stone and Mulloy, at which time the firm was renamed Stone, Mulloy and Marraccini Architects. Norman Patterson (1917-1990) joined the firm in 1955 and by 1956 the firm had been renamed Stone, Marraccini and Patterson.¹⁷² Stone, Marraccini and Patterson are responsible for the design of both the Bruce Lyon Memorial Research Center (1958) and the Ford Diagnostic and Treatment Center (1962) at the Children's Hospital.

Stone Marraccini and Patterson continued to design hospital and medical buildings through the 1970s and 1980s, and in 1997 merged with SGH Incorporated, one of the nation's largest architectural and engineering firms.¹⁷³

¹⁷⁰ California State Department of Parks and Recreation Primary Record, Sutter Medical Center, Castro Valley, prepared by ESA Consultants, January 2009.

¹⁷¹ "Architect Douglas D. Stone Dies" (*San Francisco Chronicle* 22 February 1969), 30.

¹⁷² "Stone, Douglas Dacre," ArchitectDB – Architect Record (<https://digital.lib.washington.edu/php/architect/record.phtml>, accessed 8 May 2008).

¹⁷³ "SHG Incorporated and Stone Marraccini Patterson Architects Announce Merger", PR Newswire, September 7, 1997.

V. CHILDREN'S HOSPITAL ARCHITECTURAL DESCRIPTIONS

This section provides an overview of the Children's Hospital study site and a description of all buildings at the site. More detailed architectural descriptions are provided for buildings that are more than 45 years old.

A. SITE DESCRIPTION

The Children's Hospital study site is roughly triangular and is bounded by 53rd Street to the north, the Grove Shafter Freeway (State Route 24) and Dover Street to the east, an exit ramp from the freeway to the south, and Martin Luther King Jr. Way to the west (**Figure 16**). The main façade and the primary entrance to the Hospital complex faces northwest onto 52nd Street and is part of the Patient Tower. The Ford Diagnostic and Treatment Center sits to the east of the Patient Tower, at the southwest corner of 52nd and Dover streets; its primary façade faces east. A pedestrian overpass links the Patient Tower to the Outpatient Center, which is located north of 52nd Street and adjoined by the Parking Structure at the northern perimeter of the site. The Cafeteria and the Central Utility Plant are located to the south of the Patient Tower and are both oriented to the west. The A/B Wing (Baby Hospital) and the B/C Wing are conjoined in a south-facing U-plan, and together sit east of the Central Plant and south of the Patient Tower and the Ford Diagnostic and Treatment Center. The A/B Wing (Baby Hospital) and the B/C Wing form a courtyard with a circular drive. A large magnolia tree grows in the courtyard east of the B/C Wing. The Cardiac Catheterization Lab is located between the Ford Diagnostic and Treatment Center and the A/B Wing (Baby Hospital), at the east perimeter of the site. A Helistop sits to the south of the courtyard and the entrance to the A/B Wing (Baby Hospital). The Bruce Lyon Memorial Research Center is located south of the helistop, with the Research Center Addition at the southernmost triangular end of the hospital parcel. The site includes eight portable buildings south of the B/C Wing and east of the Bruce Lyon Memorial Research Center.

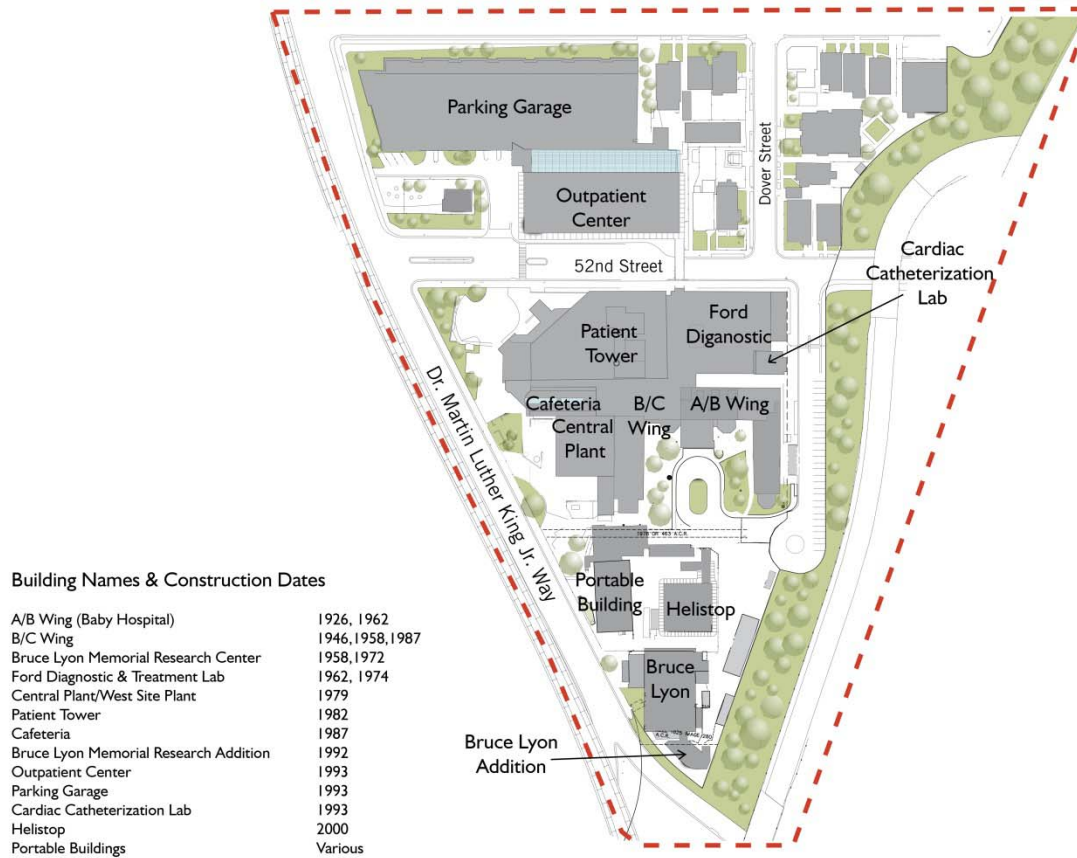


Figure 16. Site diagram of the Children's Hospital and Research Center.
Source: Children's Hospital Zoning Pre-Application Presentation, Taylor and HDR, edited by Page & Turnbull, 2013.

B. A/B WING (BABY HOSPITAL) (1926, ADDITIONS CA. 1948 AND 1962)

Exterior

In 1926, architect Edward W. Cannon designed a combination two- and three-story over exposed basement, brick-clad, reinforced concrete hospital building in the Northern Italian Renaissance style (Figure 17). The building was purpose-built to house the Baby Hospital, which had previously been housed in a converted Victorian mansion on the site. The A/B Wing (Baby Hospital) has an L-shaped plan that frames the north and east sides of a courtyard located to the southwest of the building. The ell that is oriented on the east-west axis is three stories in height and capped by a gable roof, while the ell that is oriented on the north-south axis is two stories in height and capped by a flat roof. An elevator penthouse and wide brick chimneys surmounted by arcaded Romanesque caps protrude from the roof where the two ells meet. An additional chimney is located at the middle of the east-west ell. Typical fenestration on the building consists of paired two-over-two, double-hung, wood-sash windows with multi-light awning transoms and brick lintels. All facades are adorned with a terra-cotta frieze featuring a circle-and-sheaf motif. The foundation of the building is concrete.



Figure 17. South and west façade of the A/B Wing (Baby Hospital), four-photograph montage.
Source: Page & Turnbull, 2013.

The south façade of the A/B Wing (Baby Hospital)'s east-west ell served as the primary façade of the Hospital from 1926 until 1982 and faces onto a courtyard and circular driveway. The primary entrance is located at the center of the south façade, at the ground floor of a two-story brick addition that was constructed in 1962. The primary entrance is a pair of fully-glazed aluminum sliding doors flanked by fixed, plate-glass, aluminum-sash windows; the entrance is accessed by a short flight of concrete steps and overhung by a flat, projecting canopy (**Figure 18**). Fixed and awning aluminum-sash ribbon windows, defined by a continuous inset brick lintel, span the second story of the addition. A circle-and-sheaf frieze spans the width of the addition and continues onto the older portions of the building. A Bambino emblem is located within the frieze above where the primary entrance is located; the Bambino is often used as a symbol for pediatrics and is based on a sculpture by Italian Renaissance artist Andrea della Robbia.

To the east of the addition, near the interior angle of the L-shaped plan, is a two-story, five-sided solarium bay window with multi-light, steel-sash windows (**Figure 19**). The windows are separated by fluted columns with capitals that feature acanthus leaves, urns, fleur-de-lis, cherub's heads, and griffins. Each story is surmounted by a molded frieze depicting animal and bird motifs and topped by a simple metal cornice. The basement level to the east of the five-sided bay features multi-lite steel sash windows, some with metal grilles, which look out into a concrete light well enclosed a metal

railing. At the third story level of the south façade of the east-west ell are windows of the primary type (paired two-over-two, double-hung, wood-sash windows with multi-light awning transoms and brick lintels). One window at the first floor is infilled with brick. The façade terminates in a simple cornice below the slightly overhanging eaves of the gable roof.



Figure 18. South facade, detail of 1962 addition and primary entrance, showing Bambino frieze detail.
Source: Page & Turnbull, 2008.



Figure 19. South facade, showing two-story bay window.
Source: Page & Turnbull, 2013.

The west façade of the A/B Wing (Baby Hospital) faces onto the courtyard and is divided into nine structural bays (**Figure 20**). An exposed basement level is visible at the south end of the facade and contains multi-lite industrial steel sash windows with textured wire glass. The below-grade light well features concrete walls, metal access stairs, and a metal railing. At the first story, the third northernmost bay features a fully-glazed aluminum door surmounted by a metal awning. Two metal awnings also cover windows north of the entrance. A concrete terrace with a brick wall is located beneath the balcony. A flight of concrete steps provides access from the terrace down to the basement. A concrete staircase that spans the fourth and fifth bays leads to a terracotta-clad balcony at the second story level (**Figure 21**). The four bays associated with the terrace contain entrances with paired, partially-glazed wood doors, multi-light glazed transoms, and multi-light sidelights. Some window transoms have been replaced by air-conditioning window units.

At the second story level, the balcony stretches across the sixth, seventh, and eighth bays above a terrace. It is supported by four sets of large, paired ornamental terracotta brackets with floral and acanthus leaf motifs. These brackets continue as paired pilasters dividing the paneled balcony railing. Access to the balcony is provided by paired, partially-glazed wood doors surrounded by multi-light glazed transoms and sidelights that are located in the eighth structural bay. One window immediately north of the second story entrance has been replaced with a flush wood door and brick infill. All other bays on the second story feature paired, two-over-two aluminum frame windows surmounted by two-light transoms. The west façade terminates in a flat roofline adorned with the terracotta frieze described earlier.



Figure 20. West facade of the A/B Wing. Source: Page & Turnbull, 2013.

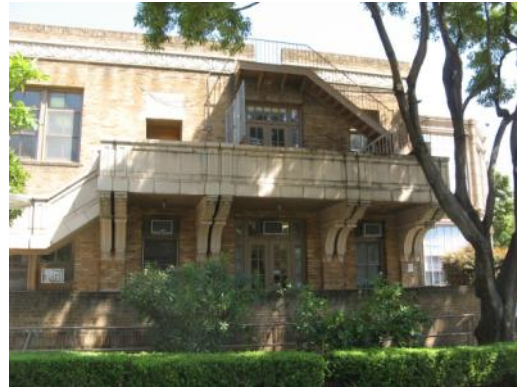


Figure 21. West facade of the A/B Wing, detail of second story balcony. Source: Page & Turnbull, 2013.

The narrow southern façade of the north-south portion of the ell includes a two-story, five-sided bay window with multi-light, steel-sash windows (**Figure 22**). The windows are separated by fluted columns with capitals that feature acanthus leaves, urns, fleur-de-lis, cherub's heads, and griffins. Each story is surmounted by a molded frieze depicting animal and bird motifs and topped by a simple metal cornice.



Figure 22. Southern facade of the north-south portion of the ell of the A/B Wing. Source: Page & Turnbull, 2013.

The east façade of the A/B Wing (Baby Hospital) faces a driveway and surface parking lot that was formerly Dover Street. The façade is divided into twelve structural bays (**Figure 23**). Entrances at this façade are located at the exposed basement story, which is accessed via a concrete stair and includes several glazed wood entry doors and multi-lite steel sash industrial windows, all blinded by opaque paint or metal panels (**Figure 24**). The first and second stories are fenestrated with windows of the primary type. As on the west façade, some transoms have been replaced by air-conditioning window units. A granite plaque reading “The Baby Hospital 1927” is located on the wall at the south end of the façade.



Figure 23. East facade of the A/B Wing. Source: Page & Turnbull, 2013.



Figure 24. East facade of the A/B Wing, exposed basement story. Source: Page & Turnbull, 2013.

The north façade of the A/B Wing (Baby Hospital) faces an access driveway and the Cardiac Catheterization Lab and the Ford Diagnostic and Treatment Center (**Figure 25**). The façade is three stories over an exposed basement. The basement level includes several multi-lite steel sash window groups. A concrete stair leads to a glazed inset aluminum door at the first story. Fenestration at the first and second stories is of the primary type, while fenestration at the third story is single-lite fixed over awning with steel sash at the east, and alternating primary type and multi-lite steel sash at the west. Three windows are infilled with brick at the west end of the first story. The façade terminates with a simple flush cornice at the east and a molded metal cornice at the west.



Figure 25. North facade of the A/B Wing. Source: Page & Turnbull, 2013.

A/B Wing (Baby Hospital) Interior

The A/B Wing (Baby Hospital) has an L-shaped plan that accommodates double-loaded corridors at the first and second stories, which terminate in formerly open-plan solarium rooms (now divided into office spaces) at the south end of its north-south axis (**Figure 26**). Open-plan solariums are also located on the east-west axis at the first and second stories, currently used as a board room and a doctor's lounge, respectively. As is typical of hospitals, the configuration of interior spaces has been altered to change uses and accommodate equipment. Remodeled rooms are typically furnished with dropped acoustical tile ceilings, box fluorescent lighting, and pre-fabricated carpet tiles. Overall, the offices on the second story are less altered than those on the first story and contain gypsum board-clad walls with raised wiring strips and light switches. Notable features that remain in the A/B Wing (Baby Hospital) include a tile-clad operating room on the second story that features built-in metal cabinetry which is now used as a storage closet, push-button nurse call buttons that are located in the upper portion of the walls in some offices, and wood railings in the stairwells at the east-west axis of the building (**Figure 27**).



Figure 26. Interior of the A/B Wing, typical office.
Source: Page & Turnbull, 2013.



Figure 27. Interior of the A/B Wing, original stair railings. Source: Page & Turnbull, 2013.

C. B/C WING (1946, ADDITIONS 1958 AND 1987)

In 1946, architects Douglas D. Stone and Louis B. Mulloy designed the B/C Wing, an L-shaped, two-story over exposed basement addition that was added to the west side of the existing A/B Wing. This building was constructed to replace the McElrath mansion, which was located at this site and originally housed the Baby Hospital. The mature magnolia which was planted in 1860 was preserved in the demolition of the McElrath mansion and the construction of the B/C Wing. The B/C Wing closely mirrors the plan of the A/B Wing (Baby Hospital) and matches its exterior brick color, and when constructed roughly doubled the size of the facility. The B/C Wing abuts the west end of the east-west axis of the A/B Wing (Baby Hospital), creating a U-shaped complex that surrounds the courtyard and circular drive (**Figure 28**). The two buildings have independent structural systems.



Figure 28. South and east façade of the B/C Wing, three-photograph montage. Source: Page & Turnbull, 2013.

The south façade of east-west axis of the B/C Wing features an exposed basement with multi-lite industrial steel sash windows and large metal doors. The facade is dominated by a two-story over exposed basement, five-sided, angled bay window similar to those at the A/B Wing (Baby Hospital). The basement level features metal vents. The upper two stories feature multi-light, steel-sash windows surrounded by composite colonettes and friezes. It is capped by a flat roof. The west portion of the south façade is fenestrated primarily with three-part aluminum sash windows, which are the primary window type on this wing. The south façade of the B/C Wing terminates in a flat roofline adorned with the terra-cotta frieze that is also found on the A/B Wing (Baby Hospital). In 1958, a third story was added to the east-west axis of the B/C Wing. This addition features fixed and awning aluminum-sash windows.

The exposed basement level of the east façade of the B/C Wing features multi-lite steel sash windows, some of which are infilled with metal plates or air conditioning units. The light well features a concrete retaining wall and metal railings. The first story of the east façade includes a brick porch mirroring that at the A/B Wing; this brick porch was enclosed in 1987 by a one story addition, which includes four-light, aluminum-sash ribbon windows with operable awning portions (**Figure 29**). Metal downspouts are attached to projecting triangular rain catchments. The roofline of the addition features sheet metal coping. The second story of the east facade is fenestrated with three-part aluminum sash windows and terminates in the terracotta frieze described earlier. At the south end of north-south ell of the B/C Wing, a two-story squared bay clad in scored concrete includes three-part steel-sash windows with fixed and awning portions at both stories (**Figure 30**). Two partially-glazed wood doors with glazed transoms are located on the west side of the bay at the first and second story levels. The second-story entrance is accessed by a metal exterior staircase.



Figure 29. Detail of east facade of B/C Wing, showing first story addition. Source: Page & Turnbull, 2013.



Figure 30. Detail of south part of B/C Wing showing addition. Source: Page & Turnbull, 2013.

The magnolia tree located directly east of the east façade of the B/C Wing was planted in 1860 by women of the Alden family. Solomon Alden was the original landowner of the site, and in 1875 his daughter Elsie married John McElrath. The McElraths constructed the Victorian mansion that bore their name and housed the Baby Hospital at its founding in 1912 (**Figure 31**). The tree was preserved in the demolition of the first house on the property, an Italianate house which belonged to Solomon Alden. It was preserved again when the McElrath mansion was constructed, and again when it was demolished in advance of the construction of the B/C Wing.



Figure 31. Magnolia tree located east of the east facade of the B/C Wing, planted 1860 by women of the McElrath family. Source: Page & Turnbull, 2013.

The west façade of the B/C Wing is abutted at the north end of the first story by the Central Plant/West Site Plant; one 12-lite aluminum fixed and awning window group is visible at the southern portion (**Figure 32**). At the second story, two 12-lite aluminum fixed and awning window groups are located at the south, and several smaller aluminum-sash windows are visible above the Central Plant. The west façade terminates with a flush roofline.

The north façade of the B/C Wing abuts the Patient Tower completely and has no visible façade.



**Figure 32. West façade of the B/C Wing.
Source: Page & Turnbull, 2013.**

D. BRUCE LYON MEMORIAL RESEARCH CENTER (1958, ADDITION 1972)

In 1958, the firm Stone, Marraccini and Patterson designed the Bruce Lyon Memorial Research Center (“Research Center”), located south of the courtyard between the A/B Wing and the B/C Wing and now south of the helistop (**Figure 33**). The Research Center was designed and built as a one-story International style building with stack-bond brick cladding and a flat roof. In 1972, a second story addition was added to the Research Center, which is clad in stucco and capped with a flat roof. The second story addition is supported by concrete posts, rests on top of the original building, and projects in volume at all facades beyond the footprint of the original building. The building's original primary entrance is set in an enclosed glazed portico located on the west side of the building. This entrance is no longer in use, and the contemporary primary entrance is located on the east façade at the northeast corner of the building (**Figure 34**).



Figure 33. Research Center, north and west façades, original primary entrance visible at right. Source. Page & Turnbull, 2008.



Figure 34. Research Center, detail of primary entrance at east facade. Source: Page & Turnbull, 2013.

The east façade, which faces several portable structures and an embankment to the Grove Shafter freeway beyond, is loosely organized into four bays. The primary entrance is a flush metal door located at the first story of the northernmost bay. At both stories this bay is clad in stucco and projects in mass from the main volume of the building; at the second story there are two two-lite fixed aluminum sash windows. The center two bays are clad in stack-bond brick at the first story and stucco at the second story; the first story is largely obscured by utility sheds and portable structures. The second story rests on two concrete piers and projects in mass several feet beyond the mass of the first story. It has four fixed aluminum-sash windows at the center two bays. The southern bay projects in mass from the main volume of the building, is clad in stucco at both stories, and has fixed aluminum-sash windows at both stories.

The north façade faces the helistop and a portable structure. The eastern part of the north façade is clad in stucco at both stories and has no windows or doors. The remainder of the first story includes a continuous band of fixed and awning steel-sash ribbon windows with metal spandrel panels above and below. A metal cornice runs the width of the first story, above which the second story addition projects approximately four feet beyond the mass of the first story. The second story is supported by

a concrete post at the west and is clad in scored stucco. The second story has two groups of eight fixed aluminum sash windows and terminates with a projecting band of stucco and a flush roof.

The west façade faces Martin Luther King Jr. Way and the elevated BART tracks. The first story features a projecting mass at the north, which includes fixed and awning metal-sash ribbon windows with metal spandrel panels above and below at the north and south facades, and stack bond brick cladding at the west façade (**Figure 35**). There is a glass vestibule with a deep overhanging flat roof at center, which is no longer in use and is fronted by a decorative cinderblock wall. The remainder of the first story of the west façade includes fixed and awning metal-sash ribbon windows with metal spandrel panels above and below. The second story of the west façade is supported by concrete posts and clad in scored stucco (**Figure 36**). It includes ten two-part fixed aluminum sash windows, above which the story terminates with a projecting band of stucco and a flush roof.



Figure 35. Research Center, west facade, detail of former primary entry vestibule. Source: Page & Turnbull, 2013.



Figure 36. Research Center, west facade. Source: Page & Turnbull, 2013.

The south façade of the Research Center faces the Research Center Addition (**Figure 37**). The first story is clad in stack bond brick and has no windows and one metal door. The first story projects beyond the second story, which is clad in score stucco and includes two groups of eight fixed aluminum sash windows. At the center of the second story there is a passageway to the Research Center Addition, which is clad in stucco. The south facade terminates with a projecting band of stucco, at which there is an affixed metal sign for the hospital, and a flush roof.



Figure 37. Research Center, south facade (partial).
Source: Page & Turnbull, 2013.

E. FORD DIAGNOSTIC AND TREATMENT CENTER (1962, ADDITION 1974)

In 1962, the firm Stone, Marraccini and Patterson designed the Ford Diagnostic and Treatment Center (“the Center”) located north of the A/B Wing (Baby Hospital) at the southwest corner of 52nd and Dover streets (**Figure 38**). The reinforced concrete building is roughly square in plan. It is connected to the A/B Wing by a small hyphen projecting from the south façade. The west façade of the Center abuts the east façade of the Patient Tower. The original design of this building was two stories in height; a third story was added in 1974. The building is clad in smooth stucco and capped with a flat roof. All windows are metal sash.



Figure 38. Ford Diagnostic and Treatment Center, 1964, addition 1974. Source: Page & Turnbull, April 2013.



Figure 39. Ford Diagnostic and Treatment Center, primary (east) facade and entrance detail. Source: Page & Turnbull, April 2013.

The primary facade faces east and consists of three structural bays. The primary entrance is located in the southernmost bay and includes paired, fully-glazed metal doors, set within a double-height eleven-pane window wall (**Figure 39**). The central and northern bays both have five awning windows at the (below grade) first story, and five fixed over awning windows at the second story. All three bays have areas of painted metal spandrel panels above and below the windows. The third story

of the building (1974 addition) is stepped back from the primary façade and includes a series of tinted atrium-style windows, with an enclosed area at the south.

The north façade faces 52nd Street and is organized into seven bays (**Figure 40**). The easternmost bay is two stories in height due to the third story setback, and the remainder of the bays are three stories in height. The westernmost bay is clad with brick at all three stories, and includes the Pedestrian Bridge to the Outpatient Clinic at the third story. At all other bays, the first story (below grade) has five awning windows, and the second story has five fixed over awning windows. At the third story, the second bay is clad in stucco, while the remaining bays have five fixed over awning windows. All bays have areas of painted metal spandrel panels above and below the windows, and the façade terminates flush, with a metal safety railing above.

The west façade fully abuts the Patient Tower to the east. The south façade is visible from the vantage of a supply driveway between the Center and the A/B Wing (Baby Hospital) (**Figure 41**). The south façade includes three bays, which are blinded at the first and second stories and have contemporary 15-lite fixed windows at the third story.



Figure 40. Ford Diagnostic and Research Center, north facade. Source: Page & Turnbull, 2013.



Figure 41. Ford Diagnostic and Research Center, south facade. Source: Page & Turnbull, 2013.

F. CENTRAL PLANT/WEST SITE PLANT (1979, ADDITION 1987)

In 1979, the one-story Central Plant/West Site Plant was constructed abutting the west side of the B/C Wing (**Figure 42**). A second floor was added to the Plant in 1987. The Plant is clad in concrete panels and features small awning aluminum-sash windows on the second story.



Figure 42. Central Plant (at left) and the west facade of the B/C Wing.
Source: Page & Turnbull, 2008.

G. PATIENT TOWER (1982)

In 1982, the five-story Patient Tower was constructed north of the B/C Wing and west of the Ford Diagnostic and Treatment Center. The concrete-panel-clad Patient Tower now serves as the hub of the hospital complex and as the main entrance to the hospital complex. A circular drive at the site's northwest corner provides access to the main entrance on the northwest façade and the emergency entrance on the west façade (**Figure 43**). The main entrance is set in a two-story fully-glazed entry lobby and features fully-glazed aluminum sliding doors with glazed transoms and sidelights. The north and northwest façades of the Patient Tower feature large and small fixed aluminum-sash ribbon windows (**Figure 44**).



Figure 43. Patient Tower, primary (northwest) facade, showing main entrance and emergency service entrance. Source: Page & Turnbull, 2013.



Figure 44. Patient Tower, north facade. Source: Page & Turnbull, 2013.

H. CAFETERIA (1987)

In 1987, a one-story Cafeteria was constructed, located in the space south of the Patient Tower, north of the West Site Plant/Central Plant building, and east of the B/C Wing. It is clad in smooth

stucco and features a wall of fixed aluminum-sash windows at the west façade (**Figure 45**). A stained glass oculus references the bambino above the entrance of the A/B Wing (Baby Hospital) (**Figure 46**). The Cafeteria is accessed from within other Hospital areas and has no primary street-level entrance; the entrances are associated with emergency services and utilities.



Figure 45. Cafeteria, west facade. Source: Page & Turnbull, 2013.



Figure 46. Cafeteria Oculus with bambino, west facade. Source: Page & Turnbull, 2013.

I. THE BRUCE LYON MEMORIAL RESEARCH CENTER ADDITION (1992)

The Bruce Lyon Memorial Research Center Addition was constructed in 1992 on the south side of the Research Center (**Figure 47**). The three-story Addition is clad in bands of textured and colored stucco with horizontal scoring. The building features fixed, square, aluminum-frame windows and a stepped parapet with two crenellations. The primary entrance is located at the east façade and consists of an aluminum-frame door and window system with a fully glazed door (**Figure 48**).



Figure 47. Research Center Addition, southwest facade. Source: Page & Turnbull, 2013.



Figure 48. Research Center Addition, east facade with primary entrance. Source: Page & Turnbull, 2013.

J. OUTPATIENT CENTER (1993)

The Outpatient Center is a five-story steel-frame and concrete building located north of 52nd Street (**Figure 49**). The primary entrance is located on the north end of the west façade. The building is clad in stucco, capped by a flat roof, and features fixed and sliding aluminum-sash windows and glass block windows. Plastered columns visually mark the first through third stories. A three-story attached atrium at the east portion of the north façade includes glazed walls and a barrel roof. A pedestrian bridge at the third-floor level connects the Outpatient Center to the Patient Tower (**Figure 50**).



Figure 49. Outpatient Center, west and south facades.
Source: Page & Turnbull, 2013.



Figure 50. Pedestrian Bridge between the Patient Tower (left) and the Outpatient Center (right). Source: Page & Turnbull, 2013.

K. PARKING GARAGE (1993)

A five-level parking garage is located northwest of the Outpatient Center (**Figure 51**). It is clad in concrete panels and is set back from the street at the north and south facades (**Figure 52**).



Figure 51. Parking Garage, west facade. Source: Page & Turnbull, 2013.



Figure 52. Parking Garage, south facade. Source: Page & Turnbull, 2008.

L. CARDIAC CATHETERIZATION LAB (1993)

In 1993, a one-story, flat-roofed Cardiac Catheterization Lab was constructed at the southeast corner of the Diagnostic and Treatment Center. The Lab is clad in concrete panels with areas of decorative

ceramic tile, and has no windows (**Figure 53**). The building is accessed via a concrete stair located to the north, between the Catheterization Lab and the Ford Diagnostic and Treatment Center. The stair leads to a metal door and an egress tower which also includes a second-story stair and entrance.



Figure 53. Cardiac Catheterization Lab, south and east facades.
Source: Page & Turnbull, 2013.

M. HELISTOP (2000)

The three-level helistop is located between the B/C Wing and the Bruce Lyon Research Center (**Figure 54**). It is constructed of metal and is attached to a four-story elevator shaft.



Figure 54. Helistop, view looking south.
Source: Page & Turnbull, June 2008.

N. PORTABLE BUILDINGS (VARIOUS DATES)

Eight portable buildings are located on the hospital site: two to the east of the A/B Wing (Baby Hospital), three south of the B/C Wing, and three east of the Bruce Lyon Memorial Research Center (**Figure 55**). These buildings range in size. They generally have flat roofs and are clad in vertical wood siding, with sliding aluminum-sash windows.



**Figure 55. Typical portable building, east of the Bruce Lyon Memorial Research Center.
Source: Page & Turnbull, June 2008**

VI. EVALUATION OF CHILDREN'S HOSPITAL BUILDINGS FOR CALIFORNIA REGISTER ELIGIBILITY

The following section evaluates the buildings on the Children's Hospital study site that are more than 45 years old for eligibility for listing in the California Register of Historical Resources. It also includes an evaluation of the Children's Hospital complex as a potential historic district.

A. A/B WING (BABY HOSPITAL) EVALUATION

This section evaluates the A/B Wing (Baby Hospital) for its eligibility for listing in the California Register of Historical Resources, including application of criteria of significance and evaluation of integrity (see pages 4-5 for evaluative criteria).

Criterion 1 (Events)

The A/B Wing (Baby Hospital) appears significant under California Register Criterion 1 as a building that reflects "events that have made a significant contribution to the broad patterns of local or regional history, or the cultural heritage of California or the United States." Organized in 1912 and dedicated in 1914, the Baby Hospital was the first medical facility in the East Bay to provide services specifically for young children, during a time when death rates for children under two stood at over ten percent. The Hospital's Clinic offered pre-natal, child-rearing classes, and wellness workshops which served nearly 7,000 young patients in its first year of operation. The mission of the Baby Hospital, which was said to be the first and only of its kind in the state of California, was to care for sick babies regardless of creed, nationality, or race. In an era before health insurance, medical care at the Baby Hospital was provided regardless of ability to pay for services; in 1922, 58% of visits were free and 30% were partially paid. As early as the 1920s, the hospital also operated as a teaching facility, training pediatricians. The Hospital was a thriving institution in the 1920s, when in spite of budget shortfalls it was able to fund and oversee the construction of a modern purpose-built hospital building, the extant A/B Wing, which was completed in 1926. As the earliest purpose-built hospital for children in the East Bay, the A/B Wing (Baby Hospital) is significant for its unique role in providing medical care and services to children and as a teaching hospital. The period of significance for the hospital under this criterion is 1912-1926, which extends from the founding of the hospital to the year that the A/B Wing (Baby Hospital) was completed; thus, the period of significance for the A/B Wing (Baby Hospital) is essentially the year of its construction.

Criterion 2 (Persons)

The A/B Wing (Baby Hospital) does not appear to be eligible for the California Register under Criterion 2. Although prominent persons have been associated with the Baby Hospital over time, research has failed to reveal a significant association that would justify inclusion of the A/B Wing (Baby Hospital) in the California Register under this criterion.

Criterion 3 (Architecture)

The A/B Wing (Baby Hospital) appears significant under California Register Criterion 3 as a building that “embodies the distinctive characteristics of a type, period, region, or method of construction, or represents the work of a master, or possesses high artistic values.”

As a representative of a “type and period,” the A/B Wing (Baby Hospital) is an early purpose-built hospital and embodies early 20th century hospital design trends. The building is narrow and linear in form and is clad in brick and terracotta to fireproof the structure and prevent the spread of contagious disease. Oriented to the south to maximize its exposure to sunlight, the building includes solariums and windows to ensure light and airflow. The original floor plan also contained a large open-plan ward to allow nurses to maintain surveillance of the maximum number of patients at one time.

Additionally, the A/B Wing (Baby Hospital) possesses high artistic values. Designed by architect Edward W. Cannon in a Northern Italian Renaissance style, the building’s architectural detail is rich and includes fluted columns with capitals that feature acanthus leaves, urns, fleur-de-lis, cherub’s heads, and griffins, molded frieze depicting animal and bird motifs, bambino medallion, and a terracotta balcony supported by ornamented brackets with floral and acanthus-leaf motifs. The building displays a high level of façade detail in the brickwork and the window configuration, which have multi-lite transom windows and brick lintels.

Architect Edward W. Cannon was active in Oakland and the greater California Bay Area between 1911 and 1940. He practiced in the firm of C. W. Dickey during his early career and practiced independently afterwards. He designed the six-story addition to Kahn’s Department Store at Broadway and 12th Street in Oakland, which is listed in the National Register. He also designed a handful of residences, apartment buildings, and one light industrial building in Oakland, a former furniture factory located at 221 Oak Street, which has received Oakland Heritage Property Designation. Although the A/B Wing (Baby Hospital) is a fine example of his work, Cannon’s contributions to the built environment do not raise him to the level of master architect.

Nevertheless, the A/B Wing (Baby Hospital) is significant under Criterion 3 because it “embodies the distinctive characteristics of a type and period” and it does “possess high artistic values.” The period of significance under this criterion is 1926, the year the building was constructed.

Criterion 4 (Information Potential)

The A/B Wing (Baby Hospital) was not evaluated for eligibility under Criterion 4, which is beyond the scope of this report. The “potential to yield information important to the prehistory or history of California” typically relates to archeological resources, rather than built resources. When Criterion 4 does relate to built resources, it is for cases when the building itself is the principal source of important construction-related information. Based on historic research, Criterion 4 is not applicable to the A/B Wing (Baby Hospital).

A/B Wing (Baby Hospital) Integrity

In addition to being determined eligible under at least one of the four California Register criteria, properties must also retain sufficient historical integrity in order to be deemed significant. The following section evaluates the integrity of the A/B Wing (Baby Hospital).

The A/B Wing (Baby Hospital) maintains integrity of location, workmanship, and association; a moderate degree of integrity of design and materials; and no longer retains integrity of setting or feeling from its period of significance (1926). Due to compromised integrity, the building does not qualify for listing in the California Register. A detailed evaluation of the A/B Wing (Baby Hospital)'s integrity according to each aspect follows.

Location

The location of the A/B Wing (Baby Hospital) has not changed. The hospital complex has expanded into the surrounding Temescal neighborhood, and the McElrath mansion that originally housed the Baby Hospital is no longer extant; however, the purpose-built A/B Wing (Baby Hospital) remains in its original location and has not been relocated.

Setting

Originally, the A/B Wing (Baby Hospital) was located at the center of a residential block and faced south onto 51st Street (no longer extant). A driveway from 52nd Street led to an ambulance entry at the building's northeast corner and the main entry was located to the west side of the building's south façade. This entrance was remodeled and continued to serve as the complex's primary entrance until the five-story Patient Tower was constructed northwest of the original Baby Hospital wing. The Patient Tower has an angled entrance, facing northwest onto Martin Luther King Jr. Way and 52nd Street, which supplanted the entrance on the A/B Wing (Baby Hospital) as the primary entrance. Several other additions to the complex, including the Patient Tower, have obscured the Baby Hospital and have separated it from 52nd Street, the road which replaced 51st Street as the main access route to the hospital. From 52nd Street, only portions of the east facade of the Baby Hospital may be seen from the public right of way (Dover Street being closed to public access along the east side of the hospital property). The relocation of the primary entrance has altered the way in which the building is approached, changed the courtyard from a private, secluded space into a public traffic path, and significantly changed the visibility and understanding of the Baby Hospital wing, which now reads as a secondary structure at the rear of the hospital complex.

When constructed in 1926, the A/B Wing (Baby Hospital) building was physically connected to the McElrath mansion, the oldest dwelling in Temescal and the building that had served as the first Baby Hospital. Despite being an institutional building constructed of steel, concrete, and brick, the two-story Baby Hospital building maintained a size and scale in keeping with the surrounding neighborhood, which consisted primarily of small, wood frame bungalows and cottages that were one to two stories tall.

The McElrath mansion was removed in 1946 and the present B/C Wing was constructed to the west of and directly adjacent to the Baby Hospital as part of architect Douglas Stone's plan to expand the

hospital as part of a comprehensive master plan. However, only the B/C Wing was constructed per the master plan and even this Wing, though similar, was not constructed exactly as proposed. The addition to the A/B Wing (Baby Hospital) nearly doubled the size of the hospital and changed its form from an L- to a U-shaped plan. Because the form of the B/C Wing mirrored that of the original A/B Wing (Baby Hospital), the original form of the Baby Hospital is no longer distinguishable. Instead, the original building and B/C Wing read as a single structure, though they have independent structural systems. The addition of the two-story, box-like Diagnostic and Treatment Center and the remodeling of the Baby Hospital's main entry contributed to the overall reconfiguring of the complex and differed from the massing of the Baby Hospital wing, which had a linear and narrow form.

Later additions to the complex further altered its overall massing and size. A third story added to the Diagnostic and Treatment Center and the construction of the five-story Patient Tower served to overshadow the lower profile A/B Wing (Baby Hospital). The construction of a Cardiac Catheterization Lab adjacent to the north façade of the Baby Hospital wing further hid the original building and altered its form. The addition of the helistop and other structures directly south of the A/B Wing (Baby Hospital) overshadow the lower profile A/B Wing.

Furthermore, the setting of the residential neighborhood surrounding the hospital has changed over time. Not only were residences to the south and north of the hospital removed to make way for hospital expansion during the 1950s, the Grove Shafter Freeway (State Route 24) was constructed immediately to the east in 1968, and an off-ramp to Grove (now Martin Luther King Jr. Way) was placed immediately south of the Research Center. Grove was widened in the 1960s, as well, and an elevated BART track was installed circa 1968.

The extensiveness of the alterations to the complex's overall form—the cumulative impact of the size, massing, form, and location of the additions—have compromised the A/B Wing (Baby Hospital)'s integrity of setting. Additionally, the hospital complex no longer retains a strong relationship to its residential neighborhood setting, which has also been greatly altered in the immediate area.

Design

When evaluated independently of its additions, the A/B Wing (Baby Hospital) retains a moderate degree of integrity of design as a hospital building from the 1920s. Most notably, the characteristics that are most intact include the narrow linear form, solariums, and double-loaded corridor and staircases. The building's Northern Italian Renaissance style is also intact, with details that include engaged columns and molded friezes at the solariums and a balcony and stair on the west façade that features paired pilasters and oversized supporting brackets. The exterior does feature some alterations that detract from the building's integrity of design. These include a circa 1948 third story addition at the east end of the south façade and a circa 1962 flat-roofed third-story addition at the northeast corner of the building. The arcaded entrance was replaced in 1962 with a new two-story projecting entrance that includes modern ribbon windows and a glass curtain wall storefront system at the ground floor. This entrance altered the spatial relationships of the original design, such as the emphasis on the projecting solarium. Other minor alterations that detract from the original design

include metal awnings over some windows; contemporary walkways, ramps, and metal railings to approach the building; and metal security gates at the first floor patio and second floor balcony.

On the interior, the solariums now contain the hospital's board room and administrative offices. The original interior detailing of the hospital board room was stripped to modernize the interior and the solarium containing offices was filled with office cubicles. The ward, which also initially incorporated an open-plan design, was subdivided into offices by gypsum-board partition walls. Although the double-loaded corridor and staircases have been modernized and brought up to code, the A/B Wing (Baby Hospital) retains its overall interior circulation pattern. It is typical for alterations to be made to the interior of buildings such as hospitals in order to accommodate technological advances and modernization; therefore, the general form and organization of the interior is more important than its materiality.

In sum, the A/B Wing (Baby Hospital) retains a moderate level of integrity of design because it has been compromised in the above-mentioned ways. The large additions to the A/B Wing (Baby Hospital) are addressed under integrity of setting.

Materials

The exterior materiality of the A/B Wing (Baby Hospital) remains largely intact. The brick cladding and terra cotta ornamentation, including the balcony, as well as the original fenestration pattern and windows for most of the wing are extant. Both the brick and terra cotta are significant building materials because they were used in the early 20th century to fireproof buildings and deter the spread of infectious diseases such as tuberculosis. The biggest losses of original material have come with the various additions. For example, the addition of the new two-story entrance on the south façade in 1962 removed the arcaded entry portico, as well as the brick wall and five windows on the second floor. Some original material was also likely lost with the circa 1948 and circa 1962 additions to the northeast corner of the third floor, the 1948 addition of the B/C Wing, and the connection to the Ford Diagnostic and Treatment Center in 1962. In addition, there is one window opening on the second story of the west façade that was replaced with a flush wood door and brick infill, one infilled window at the first story of the east façade, three infilled windows on the north façade, a replacement door on the north façade, and numerous air conditioning units that have replaced panes of glass in the windows. The original clay tiles on the roof have been replaced with composite roofing.

On the interior, few original finishes remain. Drywall partitions have been erected throughout, as well as carpet tiles and drop ceilings with fluorescent lights.

In sum, the material integrity of the A/B Wing (Baby Hospital) remains in part on the exterior, but has been compromised on the interior. On the whole, the A/B Wing retains a moderate level of integrity of materials.

Workmanship

The A/B Wing (Baby Hospital) exhibits a high level of exterior decorative detail, which includes an Italian Bambino emblem. The figure appears as a medallion on the building's frieze. This detail, which was incorporated into the building's design to reflect the hospital's pediatric specialization, is

representative both of the hospital's purpose and of the building's high level of craft. The building also displays workmanship in its fluted engaged columns at the solariums which display capitals with acanthus leaves, urns, fleur-de-lis, bambino heads, and griffins; molded, friezes depicting animal and bird motifs; and a terracotta circle-and-sheaf frieze below the second story roofline. Since these decorative details remain intact, the A/B Wing (Baby Hospital) retains integrity of workmanship.

Feeling

The A/B Wing (Baby Hospital)'s integrity of feeling has significantly changed because the building is no longer accessible to the general public. Only portions of its east façade are visible from public streets and the freeway. The building has been incorporated into a larger complex of structures. The wing is visible from the courtyard to the south of the building, but the massing and size of the numerous additions on its north and west sides, and the number of free-standing buildings and structures that have been added to the complex as a whole, have altered the feeling of the original scale of the hospital, which was comparable to the surrounding residential neighborhood. The hospital's transformation from a local hospital for children and teaching facility into a national research center in the 1950s and 1960s contributed to the loss of integrity of feeling of the A/B Wing (Baby Hospital). Ultimately, the building is able to convey a moderate level of integrity of feeling related to its aesthetic expression since the original design, materials, and workmanship remain in part and can convey the period of its construction. However, the historic sense of the primacy of this building has been compromised due to the numerous additions, shift in location of the public entrance, and other changes in setting. Overall, the building no longer retains integrity of feeling.

Association

The A/B Wing (Baby Hospital) has continuously operated as a hospital for children since its construction in 1926 and therefore retains its historic association.

Conclusion

In conclusion, the A/B Wing (Baby Hospital) is not eligible for individual listing in the California Register of Historical Resources.

B. B/C WING EVALUATION

The following section evaluates the B/C Wing for its eligibility for listing in the California Register of Historical Resources, including application of criteria of significance and evaluation of integrity (see pages 4-5 for evaluative criteria).

Criterion 1 (Events)

The B/C Wing does not appear to be individually significant under Criterion 1 of the California Register. Unlike the A/B Wing (Baby Hospital) of the Children's Hospital, which is significant as one of the first purpose-built hospitals for children in the East Bay during a period of significance from 1912-1926, the B/C Wing addition lacks the same distinction. By the time the B/C Wing was constructed, other hospitals had been established in Oakland, including Highland County Hospital, and in the vicinity. The B/C Wing is physically an integral piece of the hospital complex; however, the B/C Wing is not individually significant in association with any one or pattern of "events that have made a significant contribution to the broad patterns of local or regional history, or the cultural heritage of California or the United States." The magnolia tree that is located directly east of the east façade of the B/C Wing can be similarly described: while the tree is an integral part of the hospital complex, planted by the original landowners and preserved through multiple building iterations at the lot, the tree is not significant for its association with any one or pattern of events. Although it has become associated with the Hospital, serving as inspiration for the Hospital's fundraising organization's name ("The Branches"), it was planted before the site was associated with the Hospital.

The B/C Wing was built during the post-war era in response to the war-time population explosion and the subsequent "baby boom." As with most cities in the region, there was a pressing need for expansion of institutions such as hospitals, schools, libraries, and other community services, as well as residential building stock and infrastructure. The B/C Wing was constructed to respond to the demand for more space and replaced the McElrath mansion, the Victorian-era home that initially housed the Children's Hospital. Though the B/C Wing was constructed to support the A/B Wing (Baby Hospital), it is not independently significant.

Criterion 2 (Persons)

The B/C Wing does not appear to be eligible for the California Register under Criterion 2. Research has failed to reveal a significant association with any individuals that would justify inclusion of the B/C Wing in the California Register under this criterion.

Criterion 3 (Architecture)

The B/C Wing does not appear to be eligible for the California Register under Criterion 3. Constructed in 1946 as an addition to the A/B Wing (Baby Hospital), the B/C Wing replaced the McElrath mansion, which housed the original Baby Hospital. The Wing was constructed to fulfill Stone and Mulloy's Master Plan, which depicted the expansion of the Hospital with the addition of three- and four-story wings. Although the B/C Wing is typical of the additions made to institutions such as hospitals, and continued elements of the design vocabulary and materiality of the A/B Wing (Baby Hospital), which embodies early 20th century hospital trends, the Wing is not a strong example of a "type, period, or method of construction" on its own. The B/C Wing was constructed in the

mid-20th century, when the design of hospitals was in transition from low, linear forms with maximum sun exposure and open-plan patient wards to larger block forms with fewer but larger windows and private rooms. The plan is very similar to that of the A/B Wing (Baby Hospital), with a matching solarium to the west of the entrance and double-loaded corridors. Mirroring the A/B Wing (Baby Hospital), the B/C Wing originally contained offices, laboratories, and storerooms on the first floor and a patient ward on the second floor. On the exterior, the solarium features matching ornament, though it is capped with a flat roof, and the addition continues the terracotta circle-and-sheaf frieze below the second story roofline. However, on the whole, the exterior of the B/C Wing takes on a stripped modern style and is less ornamented than the A/B Wing (Baby Hospital). It also has a smaller solid-to-void ratio because it incorporates ribbons of large steel frame windows that are reminiscent of the European International Style of the earlier 20th century. On balance, the form and layout of the new wing reinterpreted the design of the A/B Wing (Baby Hospital) in a more modern way than it demonstrated advances in medical building design from its period of construction.

The firm of Stone and Mulloy designed the B/C Wing in 1945. Stone and Mulloy operated from 1927 until 1967 and specialized in hospital design. When Silvio P. Marraccini and S.P. Patterson joined the firm in 1951 and 1955, respectively, the name of the firm was lengthened to include the names of the new partners. The firm was quite prolific and completed work for the Vallejo General Hospital, the Marysville Hospital, the Pittsburg Community Hospital, and the Walter Reed Army Medical Center. Although the B/C Wing is representative of the type of projects on which the firm of Stone and Mulloy worked, the design largely reinterpreted the original A/B Wing (Baby Hospital). Other Stone and Mulloy hospital buildings serve as stronger examples of the firm's mid-century work.

Criterion 4 (Information Potential)

The “potential to yield information important to the prehistory or history of California” typically relates to archeological resources, rather than built resources. When Criterion 4 does relate to built resources, it is for cases when the building itself is the principal source of important construction-related information. Based on historic research, Criterion 4 is not applicable to the B/C Wing.

B/C Wing Integrity

In addition to being determined eligible under at least one of the four California Register criteria, properties deemed to be significant must also retain sufficient historical integrity. Though the B/C Wing was not found to be individually significant under any California Register criteria and is therefore not eligible for listing, the following section evaluates the integrity of the B/C Wing for informational purposes.

The B/C Wing maintains integrity of location, workmanship, and association; a moderate degree of integrity of design and materials; and no longer retains integrity of setting or feeling from its period of construction. A detailed evaluation of the B/C Wing's integrity according to each aspect follows.

Location

The B/C Wing retains integrity of location. The building's location has not changed, though the hospital complex has expanded into the surrounding Temescal neighborhood.

Setting

When the B/C Wing was constructed, the hospital was still located at the center of a residential block and faced south onto 51st Street (street no longer extant). The main entry was located in the A/B Wing (Baby Hospital), immediately adjacent to the B/C Wing connection. This entrance was remodeled and continued to serve as the complex's primary entrance until the five-story Patient Tower was constructed north of the B/C Wing. The Patient Tower has an angled entrance, facing northwest onto Martin Luther King Jr. Way and 52nd Street, which supplanted the entrance at the courtyard as the primary entrance. A third-story addition was constructed on the east-west ell of the B/C Wing in 1958 and a first story addition to the east façade in 1987, as well as additions to the complex adjacent to the B/C Wing (including the West Site Plant (1979), Patient Tower (1982), and various office trailers to the south) have obscured the B/C Wing. From the main entrance at 52nd Street, the B/C Wing cannot be seen. The relocation of the primary entrance has altered the way in which the building is approached and significantly changed the visibility and understanding of the B/C Wing, which now reads as a secondary structure at the rear of the hospital complex.

The few remaining aspects of setting that remain intact are the B/C Wing's spatial relationship to the A/B Wing (Baby Hospital) across a courtyard, and its proximity to the mature magnolia tree that has been located on the site since circa 1860.

When the B/C Wing was constructed in 1946, it was designed to be consistent with the size and scale of the A/B Wing (Baby Hospital). The A/B Wing, in turn, was designed to maintain a scale that was compatible with the surrounding neighborhood, which consisted primarily of small, wood frame bungalows and cottages that were one to two stories tall. Later additions to the complex further altered its overall massing and size. The addition of the two-story, box-like Diagnostic and Treatment Center (1962) and its third story (1974), and the construction of the five-story Patient Tower served to overshadow the lower profile A/B and B/C Wings.

Furthermore, the setting of the residential neighborhood surrounding the hospital changed over time. Not only were residences to the south and north of the hospital removed to make way for hospital expansion during the 1950s, the Grove Shafter Freeway (State Route 24) was constructed immediately to the east in 1968, and an off-ramp to Grove (now Martin Luther King Jr. Way) was placed immediately south of the Research Center. Grove was widened in the 1960s, as well, and an elevated BART track was installed by 1972.

The extensiveness of the alterations to the complex's overall form—the cumulative impact of the size, massing, form, and location of the additions—have compromised the B/C Wing's integrity of setting. Additionally, the hospital complex no longer retains a strong relationship to its residential neighborhood setting, which has also seen major alterations since the B/C Wing was constructed.

Design

When evaluated independently of the A/B Wing (Baby Hospital) or major additions to the complex, the B/C Wing retains a moderate degree of integrity of design as a hospital addition from the early post-war era. Most notably, the characteristics that are most intact include the narrow linear form, solarium, and double-loaded corridor. The building's style, which reinterprets the Northern Italian Renaissance style of the A/B Wing, is also intact. This includes details such as engaged columns and molded friezes at the solarium. The exterior does feature alterations that detract from the building's integrity of design, including a 1958 addition of a third story to the west of the A/B Wing connection on the east-west ell. In 1987, the brick porch that mirrored the one on the A/B Wing was enclosed with an addition on the east facade. This addition features large steel-sash ribbon windows that differ in style from the original ribbon windows at the second floor, as well as a smooth metal frieze and triangular rain catchments with metal downspouts.

Although the double-loaded corridor and staircases have been modernized and brought up to code, the B/C Wing retains its overall interior circulation pattern. Other finishes have also been updated; however, it is typical for alterations to be made to the interior of buildings such as hospitals in order to accommodate technological advances and modernization.

In sum, the B/C Wing retains only a moderate level of integrity of design because it has been compromised in the above-mentioned ways. The large additions to the complex are addressed under integrity of setting.

Materials

The exterior materiality of the B/C Wing remains largely intact. The brick cladding and terra cotta ornamentation, as well as the original fenestration pattern and windows for most of the wing are extant. The biggest losses of original material have come with the additions. For example, the 1987 addition to the east façade removed the ground floor wall and window materials, and the addition of the West Site Plant (1979) and Patient Tower (1982) also likely removed materials. The rest of the B/C Wing appears intact, though some of the basement-level windows on the east façade have been infilled with metal plates and air conditioning units.

On the interior, most materials have been updated. Drywall partitions have been erected throughout, as well as carpeting or vinyl flooring and drop ceilings with fluorescent lights.

In sum, the material integrity of the B/C Wing remains in part on the exterior, but has been greatly compromised on the interior. On the whole, integrity of materials is moderate.

Workmanship

The B/C Wing exhibits some decorative detail that generally mimics the ornament of the A/B Wing (Baby Hospital). This includes the fluted engaged columns at the solarium which displays capitals with acanthus leaves, urns, fleur-de-lis, bambino heads, and griffins; molded, friezes depicting animal and bird motifs; and a terracotta circle-and-sheaf frieze below the second story roofline. Since these decorative details remain intact, the B/C Wing retains integrity of workmanship.

Feeling

The B/C Wing's integrity of feeling has significantly changed because it is no longer accessible to the general public. It is not visible from public streets, and the building has been incorporated into a larger complex of structures that are more modern in architectural style. The wing is visible from the courtyard to the south of the building, but the massing and size of the numerous additions on its north, west, and east sides, and the number of free-standing buildings and structures that have been added to the complex as a whole, have altered the feeling of the scale of the A/B and B/C Wings, which was comparable to the surrounding residential neighborhood. Ultimately, the building is able to convey a moderate level of integrity of feeling related to its aesthetic expression since the original design, materials, and workmanship remain in part and can convey the period of its construction. However, the historic sense of this building as half of a U-shaped complex has been compromised due to the numerous additions, the shift in location of the primary public entrance, and other changes in setting. Overall, the building no longer retains integrity of feeling.

Association

The B/C Wing has continuously operated as a hospital for children, in association with the A/B Wing (Baby Hospital), since its construction in 1946 and therefore retains its historic association.

Conclusion

In conclusion, the B/C Wing is not eligible for individual listing in the California Register of Historical Resources.

C. EVALUATION OF A/B WING AND B/C WING TOGETHER

The California Register of Historical Resources

Criterion 1 (Events)

The individual resource evaluations for the A/B Wing and the B/C Wing have described how the A/B Wing possesses individual significance and the B/C Wing does not. The A/B Wing is significant for its contributions as a forerunner in children's hospitals and teaching facilities in Oakland, as well as for its architectural design. The period of significance for the A/B Wing as an individual resource is 1912-1926 for Criterion 1 (Events) and 1926 for Criterion 3 (Architecture). The B/C Wing was not associated with any particular events which would make it significant on its own

Criterion 2 (Persons)

The A/B Wing and B/C Wing do not appear to be eligible for the California Register under Criterion 2. Research has failed to reveal a significant association with any individuals that would justify inclusion of the two wings together in the California Register under this criterion.

Criterion 3 (Architecture)

When considered together as one entity, the two wings created a unified U-shaped plan and design. As described in the California Register evaluation for the B/C Wing as an individual resource, the building was constructed to fulfill Stone and Mulloy's Master Plan, which depicted the expansion of the Hospital with the addition of three- and four-story wings in a modern interpretation of the Northern Italian Renaissance style. The B/C Wing was designed as a compatible yet modern response to the design of the A/B Wing. It continued elements of the design of the A/B Wing with respect to the form, materials, scale, massing, and size. It featured a matching solarium to the west of the entrance and double-loaded corridors. Mirroring the A/B Wing, the B/C Wing originally contained offices, laboratories, and storerooms on the first floor and a patient ward on the second floor. On the exterior, the solarium featured matching ornament, though it was capped with a flat roof, and the addition continued the terracotta circle-and-sheaf frieze below the second story roofline. Because the form and layout of the new wing reflected the design of the A/B Wing more than it demonstrated advances in medical building design from its period of construction, the B/C Wing was not found individually significant for any innovation in design. However, within the context of compatible design within a master plan, the A/B Wing and B/C Wing together represent the initial vision of hospital expansion and are significant for their design within a period of significance of 1926-1948.

Therefore, evaluating the two wings together as one building results in a finding of individual significance under Criterion 3 (Architecture).

A/B Wing and B/C Wing Integrity

However, neither wing possesses sufficient integrity to represent their significance. Both have sustained alterations and additions to the wings themselves, as well as larger additions to the hospital complex. The overall setting, in terms of the hospital complex setting and the immediate neighborhood surrounding the hospital, has also been compromised.

Conclusion

In conclusion, though the two wings were found to be historically significant together under Criterion 3, they are not eligible for listing in the California Register due to lack of integrity.

D. THE BRUCE LYON MEMORIAL RESEARCH CENTER EVALUATION

The following section evaluates the Bruce Lyon Memorial Research Center for its eligibility for listing in the California Register of Historical Resources, including an evaluation of integrity (see pages 4-5 for evaluative criteria).

Criterion 1 (Events)

The Bruce Lyon Memorial Research Center does not appear to be eligible for the California Register under Criterion 1. Constructed in 1959, the Research Center building originally housed the Bruce Lyon Memorial Research Laboratory. In 1973, the Northern California Comprehensive Sickle Cell Center was established at the Research Center. Renamed the Children's Hospital Oakland Research Institute (CHORI) in 1986, it was the first research laboratory in Northern California dedicated exclusively to children's diseases. As CHORI, the Research Center achieved notable successes with cord blood bone marrow transplants and was the first North American research institute to cure a child with alpha thalassemia major through transplants; however, this event occurred after CHORI had moved out of the Research Center building in 1999. Most of CHORI's work at the Research Center occurred in recent decades (less than 50 years ago) and some of their greater medical successes occurred after the organization had vacated the Research Center. Therefore, the Bruce Lyon Memorial Research Center does not appear eligible under Criterion 1.

Criterion 2 (Persons)

The Bruce Lyon Memorial Research Center does not appear to be eligible for the California Register under Criterion 2. Although prominent persons have been associated with CHORI, research has failed to reveal a significant association that would justify the building's inclusion in the California Register under this criterion.

Criterion 3 (Architecture)

The Bruce Lyon Memorial Research Center does not appear to be eligible for the California Register under Criterion 3. The original one-story building features brick trim in stacked courses and curtain wall systems comprised of metal panels and fixed and awning sash windows. Though it uses mid-century materials and design vocabulary, it is not a distinguishable design and does not appear significant for its architecture. It does not display high artistic values, either. Furthermore, the building sustained the major addition of a second floor in 1972, which dwarfs the original building, as well as a rear addition in 1992.

The architecture firm of Stone, Marraccini and Patterson are responsible for the design of the Bruce Lyon Memorial Research Center. They also designed the Ford Diagnostic and Treatment Center (1962) at the Children's Hospital, as well as numerous other hospital and medical buildings through the 1970s and 1980s. Though they were prolific in the design of this property type, the Bruce Lyon Memorial Research Center is a rather simple example of a medical building and compared to this building, there are likely better examples (with higher integrity) from their portfolio of work. Therefore, the Bruce Lyon Memorial Research Center is not significant in association with this architecture firm.

Criterion 4 (Information Potential)

The “potential to yield information important to the prehistory or history of California” typically relates to archeological resources, rather than built resources. When Criterion 4 does relate to built resources, it is for cases when the building itself is the principal source of important construction-related information. Based on historic research, Criterion 4 is not applicable to the Bruce Lyon Memorial Research Center.

Conclusion

The Bruce Lyon Memorial Research Center does not qualify as a historical resource under CEQA, since it is not significant under any California Register criteria and therefore not eligible for listing in the California Register.

Bruce Lyon Memorial Research Center Integrity

In addition to being determined eligible under at least one of the four California Register criteria, properties deemed to be significant must also retain sufficient historical integrity. Though the Bruce Lyon Memorial Research Center was not found to be individually significant under any California Register criteria and is therefore not eligible for listing, the following section evaluates the integrity of the Research Center for informational purposes.

The Bruce Lyon Memorial Research Center maintains integrity of location, materials, and workmanship; a moderate degree of integrity of association; and no longer retains integrity of setting, design, or feeling from its period of construction. A detailed evaluation of the Research Center's integrity according to each aspect follows.

Location

The location of the Bruce Lyon Memorial Research Center has not changed. The hospital complex has expanded into the surrounding Temescal neighborhood, but the Research Center remains in its original location at the south end of the complex.

Setting

When the Research Center was constructed in 1959, the hospital was still located at the center of a residential block and faced south onto 51st Street (street no longer extant). Numerous houses were removed between 1951 and 1959 that faced Dover to the east, 51st Street to the north, and Grove (now Martin Luther King Jr. Way) to the west. The Research Center was constructed at the south end of the cleared site, surrounding by paved surface parking lots. The surrounding parking lots have also been built on, obscuring the Research Center's view and connection to the main hospital building. For example, the helistop and portable buildings were constructed north of the Research Center, and other portable offices were installed to the east. An addition was also constructed immediately south of the Research Center in 1992.

In the surrounding neighborhood, the Grove Shafter Freeway (State Route 24) was completed in 1968, and an off-ramp to Grove was placed immediately south of the Research Center. Grove was widened in the 1960s, as well, and an elevated BART track was installed by 1972. The original

entrance to the building was on the west side adjacent to Grove Street, but the site has since been fenced off from the street and the entrance was shifted to the east side of the building.

The extensiveness of the alterations to the complex's overall form—the cumulative impact of additions and portable buildings—have compromised the Bruce Lyon Memorial Research Center's integrity of setting. Additionally, the building no longer retains a strong relationship to the neighborhood setting, which has been greatly altered since the building was constructed.

Design

Characteristics of the original building that are most intact include its curtain walls comprised of metal panels and fixed and awning sash windows. However, this mid-century design is greatly overshadowed by the large second-story addition that was constructed in 1972. The stuccoed addition is supported by concrete posts, rests on top of the original building, and projects in volume at all facades beyond the footprint of the original building. The building's original primary entrance is set in an enclosed glazed portico located on the west side of the building. However, this entrance is no longer in use, and the contemporary primary entrance is located on the east façade at the northeast corner of the building. Thus, the building's original orientation and interior circulation has been altered. Another addition was also constructed in 1992 at the rear of the building, further obscuring its original size and low-slung massing, and detracting from its design.

In sum, the Research Center does not retain integrity of design because the original design, scale, and massing has been so overshadowed on all sides by the building's additions.

Materials

The exterior materiality of the original 1959 building remains largely intact. The brick coursing and steel frame wall system with metal panels and windows has been retained. The two additions sit on the original building's roof and to the south, but their placement did not remove material from the original facades. Thus, the Bruce Lyon Memorial Research Center retains integrity of materials.

Workmanship

The Research Center exhibits little in the way of decorative elements or ornament. Most of the materials are mass-produced and applied as assemblies. However, since the original building's materials remain largely intact, integrity of workmanship is retained.

Feeling

The Bruce Lyon Memorial Research Center's integrity of feeling has changed due to its large additions and the changes that have occurred in the larger complex. The building is no longer isolated at the south end of the hospital site and surrounded by surface parking; rather, it is now enclosed by the helistop, portable offices, and additions on the roof and to the south. In addition to changes in surrounding spatial relationships, the 1972 and 1992 additions have obscured the building's original massing and height. Consequently, integrity of feeling related to its aesthetic expression is impacted since the original design, has been overshadowed and does not clearly convey the period of its construction. The historic sense of this building as a medical building designed in

1959 has been compromised due to the above-referenced changes. Overall, the building no longer retains integrity of feeling.

Association

The Bruce Lyon Memorial Research Center has continuously operated as a medical laboratory within the Children's Hospital complex. However, it is no longer associated with the Children's Hospital Oakland Research Institute (CHORI). Therefore, it retains a moderate level of integrity related to association.

Conclusion

In conclusion, the Bruce Lyon Memorial Research Center is not eligible for individual listing in the California Register of Historical Resources.

E. THE FORD RESEARCH AND DIAGNOSTIC CENTER EVALUATION

The following section evaluates the Ford Research and Diagnostic Center for its eligibility for listing in the California Register of Historical Resources. It then evaluates the integrity of the Ford Research and Diagnostic Center (see pages 4-5 for evaluative criteria).

Criterion 1 (Events)

The Ford Research and Diagnostic Center does not appear to be eligible for the California Register under Criterion 1. The building was constructed in 1962 in part with a \$450,000 endowment from William H. and Helen C. Ford. The building was constructed for the purpose of expanding ambulatory outpatient services, laboratory uses, and x-ray facilities. While these uses have been important for the functionality of the hospital, they do not appear to have been significant at a level that would qualify the building for listing in the California Register under this criterion.

Criterion 2 (Persons)

The Ford Research and Diagnostic Center does not appear eligible for the California Register under Criterion 2. Although prominent people have been associated with research at Children's Hospital, research has failed to reveal a significant association that would justify the building's inclusion in the California Register under this criterion.

Criterion 3 (Architecture)

The Ford Research and Diagnostic Center does not appear to be eligible for the California Register under Criterion 3. The original two story building includes ribbon windows, full-height glass entry bay, an asymmetrical primary façade, and an emphasis on horizontal planes with minimal ornamentation. Though it uses International style design elements and typical materials from that design era, it is not a distinguishable design and does not appear significant for its architecture. It does not display high artistic values, either. Furthermore, the building sustained a third story addition in 1974 that diminished its original design.

The architecture firm of Stone, Marraccini and Patterson are responsible for the design of the Ford Research and Diagnostic Center. They also designed the Bruce Lyon Memorial Research Center (1958) at the Children's Hospital, as well as numerous other hospital and medical buildings through the 1970s and 1980s. Though they were prolific in the design of this property type, the Ford Research and Diagnostic Center is a rather simple example of a medical building and compared to this building, there are likely better examples (with higher integrity) from their portfolio of work. Therefore, the Ford Research and Diagnostic Center is not significant in association with this architecture firm.

Criterion 4 (Information Potential)

The "potential to yield information important to the prehistory or history of California" typically relates to archeological resources, rather than built resources. When Criterion 4 does relate to built resources, it is for cases when the building itself is the principal source of important construction-related information. Based on historic research, Criterion 4 is not applicable to the Ford Research and Diagnostic Center.

Conclusion

According to CEQA, the Ford Research and Diagnostic Center does not qualify as a historic resource since it is not significant under any California Register criterion and therefore is not eligible for listing in the California Register.

Ford Research and Diagnostic Center Integrity

The following section will evaluate the integrity of the Ford Research and Diagnostic Center. Evaluative criteria are described in detail on pages 4-5 of this report.

The Ford Research and Diagnostic Center maintains integrity of location, materials, and workmanship; a moderate degree of integrity of association; and no longer retains integrity of setting, design, or feeling from its period of construction. A detailed evaluation of the building's integrity according to each aspect follows.

Location

The location of the Ford Research and Diagnostic Center has not changed. The hospital complex has expanded into the surrounding Temescal neighborhood, but the Ford Research and Diagnostic Center remains in its original location at the north east corner of the complex.

Setting

When the Ford Research and Diagnostic Center was constructed in 1962, it was the third addition to the Children's Hospital site (after the B/C Wing and the Bruce Lyon Memorial Research Center) and was visible from three facades (east, north, and west). It replaced several small scale residential buildings at the north east corner of the Hospital's site and faced onto a residential section of Dover Street. The construction of the Grove Shafter Freeway in 1968 directly to the east of the building, and the resulting cessation of Dover Street as a through-street south of 52nd Street changed the setting of the Ford Research and Diagnostic Center, making it less visually accessible to the surrounding neighborhood. The construction in 1982 of the Patient Tower further removed the Ford Research and Diagnostic Center from public view; after this date only the north façade was readily visible to the public, and the entrance and the former primary (east) façade was switched to an emergency exit. The 1993 addition of the Cardiac Catheterization Lab further altered the setting of the Ford Research and Diagnostic Center, blocking visual access to the southern façade.

The extensive alterations to the complex's overall form have compromised the Ford Research and Diagnostic Center's integrity of setting. Additionally, the building no longer retains a strong relationship to the neighborhood setting, which has been greatly altered since the building was constructed.

Design

When evaluated independently of its addition, the Ford Research and Diagnostic Center generally retains integrity of its International-style design, including ribbon windows, full-height glass entry bay, an asymmetrical primary façade, and an emphasis on horizontal planes with minimal ornamentation. However, the integrity of many of these design elements has been compromised by changes to the building and the site. The addition of the Patient Tower in 1982 necessitated the

alteration of the westernmost bay of the north façade of the Ford Research and Diagnostic Center. The primary entrance of the Ford Research and Diagnostic Center was also shifted at this time: access to the building is gained from inside the Patient Tower, and the original primary entrance is now an emergency exit. The 1974 addition of a third story also compromised the original building's emphasis on horizontal planes and changes the massing of massing and scale of the building. In sum, the Ford Research and Diagnostic Center has diminished integrity of design due to alterations to the building and additions to the Hospital site.

Materials

The exterior materiality of the original 1962 building remains largely intact, including ribbon windows, metal spandrel panels and window sashes, and stucco cladding. Certain areas of the building's north façade were changed to accommodate the addition of the Patient Tower. The addition of the third story in 1974 did not remove materials from the original facades. Therefore the building retains integrity of materials.

Workmanship

The Ford Research and Diagnostic Center displays little in the way of decorative elements or ornament. Most of the materials are mass produced and applied as assemblies. However, since the building's original materials remain largely intact, the building retains integrity of workmanship.

Feeling

The Ford Research and Diagnostic Center's integrity of feeling has changed due to additions at the Hospital site and changes to the surrounding neighborhood. The Ford Research and Diagnostic Center was, at the time of its construction, the Hospital building with the strongest street presence; it was the only hospital building with an entrance located along a public street, it had facades facing both 53rd Street and Dover Street, and the west façade was next to a surface parking lot and was visible from 53rd Street and Grove Street. The construction of the Grove Shafter Freeway in 1968 changed this relation to the neighborhood, and the construction of the Patient Tower in 1982 changed it even further. The feeling of the actual building changed with the addition of a third story in 1974 and the cessation of the use of the entrance at the east façade as the primary entrance. Dover Street stopped being used as a through street south of 52nd Street, as well, further changing the feeling of the Ford Research and Diagnostic Center. In sum, changes to the building and to the building's surroundings have severely lowered the building's integrity of feeling.

Association

The Ford Research and Diagnostic Center has continuously been used as a medical laboratory within the Children's Hospital complex. Its original use as a space for ambulatory outpatient care has been shifted to the Outpatient Center, constructed north of 52nd Street in 1993. Therefore, the Ford Research and Diagnostic Center retains a moderate level of integrity of association.

Conclusion

In conclusion, the Ford Research and Diagnostic Center is not eligible for individual listing in the California Register of Historical Resources.

F. EVALUATION OF MAGNOLIA TREE

The magnolia tree does possess a level of significance as the remaining extant tie to the McElrath mansion which housed the original Baby Hospital. However, this association does not raise the tree to a level of significance that it would be eligible for listing as an individual resource in the California Register. In addition, it was planted well before the Hospital was conceived, not in direct relationship to the Hospital's development, and has no association with reasons for which the hospital is significant. It does not appear that the tree was planted as part of a broader landscape design. Furthermore, its setting has completely changed from the era of its planting. Therefore, it does not qualify as a historic resource (landscape object).

G. EVALUATION OF OTHER BUILDINGS ON THE MAIN HOSPITAL SITE

The other buildings in the hospital complex were not evaluated for listing in the California Register or for listing as a City of Oakland Designated Historic Property, as they are less than forty-five years old and do not possess a level of significance that would qualify them for listing despite their more recent construction dates. These buildings include the Central Plant/West Site Plant (1979), Patient Tower (1982), Cafeteria (1987), Outpatient Center (1993), Parking Garage (1993), Cardiac Catheterization Lab (1993), Bruce Lyon Memorial Center Addition (1992) and the Helistop (2000).

H. EVALUATION OF THE HOSPITAL COMPLEX AS A HISTORIC DISTRICT

Historic districts are made up of components which are significant only when grouped together, rather than collections of individually significant buildings. Districts must work together to tell the story of their significance and must have distinguishable boundaries. Typically, while working toward understanding the historic context and significance of an area, historic districts become apparent. Boundaries of a historic district are frequently defined by use, connection to an event, or architectural style. Historic districts will include both contributors and non-contributors, and not all resources need to be of the same historical or architectural quality. The district functions as a group, and includes both contextual buildings and the stand-outs which help anchor a district.

Eligibility for listing for historic districts in the California Register, just as for individual resources, is based on two factors: Criteria and Integrity. Criteria are a means of evaluating a resource's historical significance. In addition to embodying one or more of the necessary criteria, it is also imperative that the district have sufficient integrity. In the case of historic resources, integrity is defined as the physical characteristics which must be maintained in order to allow a resource to convey its historical significance.

Based on the evaluation below, the study area of the Children's Hospital and Research Center (which does not include the CHORI site) does not possess sufficient significance or integrity as a whole to be eligible as a historic district in the California Register.

Criterion 1 (Events)

The Children's Hospital and Research Center does not possess significance as a whole to be eligible as a historic district in the California Register under Criterion 1. The property is primarily significant

for its early contributions to children's healthcare and as a teaching hospital in the early 20th century. It is also associated with important research conducted at the Children's Hospital Oakland Research Institute (CHORI). However, the complex as a whole is not associated with CHORI or its research contributions. And while the magnolia tree adjacent to the B/C Wing has some association with the Hospital, specifically the fundraising organization that supports the Hospital ("The Branches"), it was not planted in relation to the Hospital and as such is primarily associated with a much earlier era outside of the Hospital site's general period of development. The Hospital complex grew over many years, and most of the recent buildings do not contribute directly to associations with any particular events. Thus, the period of significance under Criterion 1 remains primarily associated with the earliest years (1912-1926), which are represented only by the A/B Wing.

Criterion 2 (Persons)

The Children's Hospital and Research Center does not appear to be eligible for the California Register as a historic district under Criterion 2. Although prominent persons have been associated with the hospital and CHORI, research has failed to reveal a significant association that would justify the entire complex's inclusion in the California Register as a historic district in association with any particular person.

Criterion 3 (Architecture)

The Children's Hospital and Research Center complex is also not significant under California Register Criterion 3 because the various buildings were constructed in different decades and in a variety of architectural styles. Aside from the B/C Wing, which was designed in the vocabulary of the original A/B Wing, the other buildings do not attempt to be stylistically or materially compatible with the early buildings. Each was designed in a style popular during its years of construction. Further, the additions were generally constructed in an ad-hoc fashion, without following a design master plan and without any unifying architectural theme. As a result, the main hospital building is a large mass comprised of many additions. Construction dates on the site range from 1926 to 1993, and the complex as a whole does not represent a particular type, period, or method of construction or represent high artistic values. Different architecture firms were involved in the designs of each section and the complex as a whole is not associated with any one firm to the extent that it would be considered historically significant in association. Thus, there is no period of significance associated with architecture beyond construction of the A/B and B/C Wings from 1926-1948.

Criterion 4 (Information Potential)

The "potential to yield information important to the prehistory or history of California" typically relates to archeological resources, rather than built resources. When Criterion 4 does relate to built resources, it is for cases when the building itself is the principal source of important construction-related information. Based on historic research, Criterion 4 is not applicable to the Children's Hospital and Research Center as a historic district.

Conclusion

According to CEQA, the Children's Hospital and Research Center does not qualify as a historical resource, since it is not significant under any California Register criteria and therefore not eligible for listing in the California Register.

Children's Hospital and Research Center Integrity

In addition to being determined eligible under at least one of the four California Register criteria, a historic district deemed to be significant must also retain sufficient historical integrity. Though the Children's Hospital and Research Center was not found to be significant as a historic district under any California Register criteria and is therefore not eligible for listing, the following section evaluates the integrity of the complex for informational purposes.

Integrity for historic districts is largely a factor of the ratio of contributing resources to non-contributing resources. Determining which properties are contributing versus non-contributing depends on whether they are associated with the historic district's reason for significance; whether they were constructed or existed during the period of significance; and whether they each retain sufficient integrity as individual buildings to represent that period and reason for significance. Typically, a two-thirds majority of contributing resources is desired, though at least half of the resources should be contributors. This is important so that the historic district can convey its significance.

The Children's Hospital complex contains 12 permanent stand-alone buildings and large additions, as well as several semi-permanent portable buildings. All but four are under 45 years of age and would therefore not be considered historic resources individually. Their dates of construction are too recent to be able to understand their context with sufficient historical perspective, and were constructed outside a potential period of significance. Three of the four age-eligible resources are not individually significant, and none of them retain integrity. Only the A/B Wing was constructed within the period of significance. Therefore, the Children's Hospital complex would not be eligible as a historic district because it does not possess any contributors.

VII. EVALUATION OF CHILDREN'S HOSPITAL FOR ELIGIBILITY AS A CITY OF OAKLAND DESIGNATED HISTORIC PROPERTY

This section of the report will evaluate the four buildings at the Children's Hospital site that are more than 45 years old. Evaluative criteria for these evaluations are included in Appendix D of the Historic Preservation Element of the Oakland General Plan and have been described briefly on pages 8-9 of this report.¹⁷⁴ The full excerpted Appendix D is located in the Appendix of this report for reference.

In order to determine whether a property is eligible as a landmark, the property is rated on an Evaluation Sheet for each of fourteen evaluation criteria.¹⁷⁵ The ratings are then converted to numerical scores and added together for a total score, which is then converted into an overall rating—A, B, C, or D. Buildings of no interest are given E ratings and buildings that are too recent to rate are giving a rating of F (synonymous with the use of *). A property that has been altered or that is less than fifty years old may also have a contingency rating shown by a lowercase letter, indicating that the property may be eligible for a higher rating in the future. Buildings also receive a numerical rating indicating their association with a district: 1 indicates the building is in an Area of Primary Importance (API), 2 indicates that the building is in an Area of Secondary Importance (ASI), and 3 indicates that the building is not associated with a district. A “+” indicates that a building is a contributor to the district, a “-” indicates that it is not a contributor, and a “*” indicates that it is a potential contributor.

A. A/B WING (BABY HOSPITAL)

The Oakland Cultural Heritage Survey assigned the A/B Wing (Baby Hospital) a preliminary rating of “Cb3” based on a reconnaissance survey and cursory research. This rating means that the building has secondary importance, but with more information could be elevated to a rating of “B,” which would signify that the building is of major importance. The “3” rating indicates that the Baby Hospital is not located within a historic district. In the particular case of the Baby Hospital, the dual rating reflects uncertainty about the degree to which the historical and architectural integrity of the building has been affected by additions and alterations.

A brief explanation of the evaluation, including each of the fourteen evaluative criteria, follows. Ratings for the categories of Architecture, History/Association, and Context below are: Excellent (E), Very Good (VG), Good (G), and Fair/Poor (FP).

A. Architecture

1. Exterior/Design

The A/B Wing (Baby Hospital) has very good (VG) quality of form, detailing and overall visual quality. The building was designed in the Northern Italian Renaissance style, and includes the low

¹⁷⁴ City of Oakland, Oakland General Plan, Historic Preservation Element, Sept. 1993.

¹⁷⁵ Both the OCHS and the Landmarks Preservation Advisory Board (LPAB) criteria and evaluations determine eligibility for Oakland's Local Register. Using either would determine if a building, structure, object, or site is eligible for the Local Register. The OCHS criteria are based on the National and California Register criteria, which has already been analyzed in the Historic Resource Evaluation. Therefore, using the LPAB criteria gives an alternate evaluation, making the analysis more comprehensive in determining which properties warrant preservation.

pitched tile roofs, rhythmic fenestration pattern, first and second story porches and balconies, chimney with arcaded cap, two solarium bays, terra cotta cornice, and ornamental detailing of that style. Ornamental detail includes floral and acanthus-leaf motifs, urns, fleur-de-lis, cherub's heads, and griffins.

2. Interior

The space is largely reconfigured due to evolving use needs, but some original details remain in place. However, in the City of Oakland's evaluation process, ratings are only provided for interiors of public buildings, and the A/B Wing (Baby Hospital) is not a public building. Therefore, the interior of the A/B Wing (Baby Hospital) does not receive a rating.

3. Construction

Construction is good (G). The A/B Wing (Baby Hospital) is a reinforced concrete building clad in pressed brick, a construction type which reflects its era of construction as well as the programmatic needs of the hospital (1926). Construction materials also include terra cotta, roof tiles, and multi-paned large solarium windows.

4. Designer/Builder

Designer/Builder rating is good (G), indicating that Edward W. Cannon is a designer of tertiary importance. Cannon built a handful of buildings in Oakland and the Bay Area, most notable of which is the six-story addition to Kahn's Department Store, which is listed on the National Register. However, he was not an especially active designer and his contributions do not elevate him to the level of primary or secondary importance.

5. Style/Type

Style/Type is very good (VG), as the design of the A/B Wing (Baby Hospital) embodies many early 20th century hospital design trends. The building is narrow and linear in form and is clad in brick and terra cotta to fireproof the structure and prevent the spread of contagious disease. Oriented to the south to maximize its exposure to sunlight, the building includes solariums and a high number of windows to ensure light and airflow. The floor plan also contains a large open-plan ward to allow nurses to maintain surveillance of the maximum number of patients at one time. The building is also a very good example of the Northern Italian Renaissance style.

B. History/Association

6. Person/Organization

The A/B Wing (Baby Hospital)'s association with a Person/Organization is very good (VG). The A/B Wing (Baby Hospital) is the oldest extant building associated with the establishment of the Baby Hospital, the first children's hospital in the East Bay. The site is intimately connected to a benevolent organization that played a major role in the development of improving the health of the community of Oakland, and has remained in operation in this use since its construction.

7. Event

Although the site of ongoing important personal-level events, no specific significant event was found to have happened at the A/B Wing (Baby Hospital), and therefore receives a rating of FP (no connections with event of importance).

8. Patterns

The A/B Wing (Baby Hospital) effectively illustrates a broad pattern of Oakland history, namely the establishment of care for the city's children. The site is intimately connected to a pattern of secondary importance, and as such qualifies for a rating of very good (VG).

9. Age

The A/B Wing (Baby Hospital) was constructed in 1926 to house an organization that had been established in 1912 and housed originally in a Queen Anne residential building. Both the extant building and the Baby Hospital organization date from the era between May 1906 and 1945, which qualifies it for a rating of good (G).

10. Site

The A/B Wing (Baby Hospital) is located on the site on which it was constructed and therefore receives a rating of excellent (E).

C. Context

11. Continuity

The A/B Wing (Baby Hospital) receives an FP rating for continuity because the building is not located in an Area of Primary Importance (API) or an Area of Secondary Importance (ASI).

12. Familiarity

The A/B Wing (Baby Hospital) receives G/FP rating for familiarity. The associated numerical score is an average between G and F (see Appendix). The additions to the A/B Wing, as well as the addition of other hospital buildings directly adjacent to the A/B Wing, have largely obscured it from public view within the neighborhood. In addition, connection between the A/B Wing and the surrounding neighborhood has been weakened by the construction of the elevated Grove-Shafter Freeway (State Route 24) and adjacent on-ramp, the closure of 51st Street, and the closure of Dover Street south of 52nd Street to public access. The east façade of the A/B Wing (Baby Hospital) is visible from the elevated Grove-Shafter Freeway, so the building is marginally conspicuous or familiar within the neighborhood, city, and region.

D. Integrity

Ratings in this category are Excellent (E), Good (G), Fair (F), and Poor (P).

13. Condition

The A/B Wing (Baby Hospital) receives a good (G) rating for condition, which is a measure of surface wear or structural problems to the building. The building exhibits only minor deterioration of this sort.

14. Exterior and Alterations

The A/B Wing (Baby Hospital) has undergone a series of alterations which brings its rating in this category to good (G)/Fair (F). The associated numerical score is an average between G and F (see Appendix). The addition in 1946 of the B/C Wing expanded the A/B Wing (Baby Hospital) from its original L-shaped design into a new U-shaped configuration to accommodate the second phase of Douglas Stone's master plan. However, only the B/C Wing was constructed per the master plan and even this wing, though similar, was not constructed exactly as originally proposed. The additions ca. 1948 and ca. 1962 to the third story at the northeast corner of the building and the removal in 1962 of the original colonnade porch at the southwest portion of the building and replacement with a two-story entrance lobby changed the scale of the building again as well as its primary point of entry. In addition, other alterations have occurred over time, including metal awnings over some windows; contemporary walkways, ramps, and metal railings to approach the building; stairs at the southwest corner leading to the west porch; metal security gates at the first floor patio and second floor balcony; solid infill of window and door openings; air conditioning units in place of glass panes in the windows; and composite roofing. However, these alterations are relatively minor and a majority of materials on those facades remain intact.

Conclusion

Page & Turnbull's intensive survey and evaluation assigns the A/B Wing (Baby Hospital) a rating of "B3," signifying that the building is of secondary importance, not located in a district or area of importance.

B. THE B/C WING

The Oakland Cultural Heritage Survey has not assigned the B/C Wing a preliminary rating. A brief explanation of the evaluation, including each of the fourteen evaluative criteria, follows. Ratings for the categories of Architecture, History/Association, and Context below are: Excellent (E), Very Good (VG), Good (G), and Fair/Poor (FP).

A. Architecture

1. Exterior/Design

The B/C Wing has good (G) quality of form and detailing, with good overall visual quality. The form of the building was designed to match that of the A/B Wing (Baby Hospital), and the footprint is the inverse of the A/B Wing (Baby Hospital). It is a modern compatible addition with respect to form, materials, scale, massing, and size. Overall detailing replicates the ornament on the A/B Wing (Baby Hospital) and new detailing is simplified. However, the design is not distinguished individually within its era of construction (1946-1948).

2. Interior

The interior of the B/C Wing was not surveyed for this report; it includes intensive care areas of the hospital and was not available for survey. Furthermore, in the City of Oakland's evaluation process, ratings are only provided for interiors of public buildings, and the B/C Wing is not a public building. Therefore, the interior of the B/C Wing does not receive a rating.

3. Construction

The B/C Wing receives a good (G) rating for construction. It is a steel reinforced concrete building with pressed brick cladding, characteristic of its era of construction.

4. Designer/Builder

Designer/Builder is good (VG). The B/C Wing was constructed by the firm of Stone and Mulloy, which became known for their hospital designs and designed approximately 20 hospitals and medical buildings in Northern California in the post-war era, including Peralta Hospital in Oakland (1950), Eden Hospital in Castro Valley (1954), and Pacific Presbyterian Medical Center in San Francisco (1960). The firm changed names and partners over the years but continued to specialize in hospital design and designed at least two additional buildings at Children's Hospital. Thus, the B/C Wing is associated with this firm of secondary importance in the region.

5. Style/Type

The B/C Wing receives a rating of good (G) for style/type criterion. The building is a good example of simplified modern architectural style that reinterprets the A/B Wing (Baby Hospital). However, the building was constructed in form to match the older A/B Wing (Baby Hospital), and as such it is not a very good or excellent example of hospital design during its era of construction, during which the "Nightingale ward" design seen at the A/B Wing (Baby Hospital) was being replaced with the block plan in response to changing interior spatial needs.

B. History/Association

6. Person/Organization

The B/C Wing receives a rating of good (G) for this criterion, as it was constructed to house the expanding needs of Children's Hospital after the hospital's primary period of significance. As such, it can be considered intimately connected to an organization of tertiary importance (prominent but not leading role) to the City's development.

7. Event

Research has uncovered no specific significant events that took place at the B/C Wing. Thus, the building receives a FP rating for this criterion.

8. Patterns

The B/C Wing receives a good (G) rating for this criterion. The B/C Wing was built to provide continued care for Oakland's growing population after World War II. However, this population surge had an effect on the city's entire civic infrastructure, not specifically hospitals. The population increase could be considered a pattern of tertiary importance, garnering the B/C Wing a rating of good for this criterion.

9. Age

The building was constructed in 1946-1948 and as such receives an FP rating for this criterion.

10. Site

The building has not been moved and as such receives a rating of excellent (E) for this criterion.

C. Context

11. Continuity

The B/C Wing is not located in an API or ASI, and therefore receives an FP rating for this criterion.

12. Familiarity

The B/C Wing receives an FP rating for this criterion, due to the way changes in the area have largely removed the B/C Wing from public view. It is no longer conspicuous or familiar within its surrounding context. The construction of the Ford Research and Diagnostic Center in 1962, the construction of the Grove/Shafter Freeway (State Route 24) in 1968, the closure of 51st Street, the closure of public access to Dover Street south of 52nd Street, the construction of the West Site Plant in 1979, and the construction of the Patient Tower in 1982 have combined to severely alter and limit the B/C Wing's familiarity within the neighborhood.

D. Integrity

Ratings in this category are Excellent (E), Good (G), Fair (F), and Poor (P).

13. Condition

The B/C Wing receives a good (G) rating for condition, which is a measure of surface wear or structural problems to the building. The building exhibits only minor deterioration of this sort.

14. Exterior and Alterations

The B/C Wing has undergone a series of alterations which lower its rating in this category to fair (E). A third story addition at the northern part of the building in 1958 altered the scale of the building. The construction of the West Site Plant in 1979 directly abutting the building changed the western façade and required the blinding and the alteration of several window groups. The construction of the Patient Tower in 1982 directly abutting the building completely obscured the building's original north façade. The enclosure of the porch at the first story of the east façade in 1987 continued to alter the building's original design and also impaired its stylistic relationship with the A/B Wing (Baby Hospital), which retains its original first story porch.

Conclusion

Page & Turnbull's intensive survey and evaluation assigns the B/C Wing a rating of **C3**, signifying that the building is of secondary importance, not located in a district or area of importance.

C. THE A/B WING AND B/C WING TOGETHER

The Oakland Cultural Heritage Survey did not assign the A/B Wing and B/C Wing together a preliminary rating based on a Reconnaissance Survey. A brief explanation of the evaluation, including each of the fourteen evaluative criteria, follows. Ratings for the categories of Architecture, History/Association, and Context below are: Excellent (E), Very Good (VG), Good (G), and Fair/Poor (FP).

A. Architecture

1. Exterior/Design

The A/B and B/C Wings together have very good (VG) quality of form and detailing. The A/B Wing was designed in the Northern Italian Renaissance style, and includes the low pitched tile roofs, rhythmic fenestration pattern, first and second story porches and balconies, chimney with arcaded cap, two solarium bays, terra cotta cornice, and ornamental detailing of that style. Ornamental detail includes floral and acanthus-leaf motifs, urns, fleur-de-lis, cherub's heads, and griffins. The B/C Wing was designed as a compatible addition to the A/B Wing and incorporates many design cues from the A/B Wing, including replication of the detailing and configuration of the solarium bay, an extension of the terra cotta cornice, and massing and footprint that mimic the L-plan of the A/B Wing (rather than reflecting contemporary hospital design, which had by that point shifted to block massing). The B/C Wing also incorporates design updates that reflect its era of construction, such as larger multi-lite steel sash windows and a modern solarium at the southernmost façade. In sum, the building presents very good overall visual quality.

2. Interior

The City of Oakland's evaluation process only provides ratings for interiors of public buildings. Therefore, the interior of the A/B and B/C Wings together does not receive a rating.

3. Construction

The A/B and B/C Wing together receive a good (G) rating for construction. Both wings are steel reinforced concrete buildings with pressed brick cladding, characteristic of both eras of construction.

4. Designer/Builder

Designer/Builder is good (G). The A/B Wing was constructed by Edward W. Cannon, a Bay Area designer of tertiary importance, and the B/C Wing was constructed by the firm of Stone and Mulloy, Bay Area designers of secondary importance who became known for their hospital designs and designed approximately 20 hospitals and medical buildings in Northern California in the post-war era.

5. Style/Type

The A/B and B/C Wings together receive a rating of very good (VG) for style/type criterion. The A/B Wing embodies many early 20th century hospital design trends. The building is narrow and linear in form, to facilitate a "Nightingale ward" arrangement. The building is a good example of Northern Italian Renaissance style, clad in brick and terra cotta to fireproof the structure and prevent the spread of contagious disease. Oriented to the south to maximize its exposure to sunlight, the building includes solariums and a high number of windows to ensure light and airflow. The B/C Wing continues the layout and design of the A/B Wing, and was designed as part of a master plan

undertaken to expand the function but maintain the aesthetic of the existing A/B Wing. Modern style details at the B/C Wing reinterpret the Northern Italian Renaissance style in an updated but sensitive way.

B. History/Association

6. Person/Organization

The A/B and B/C Wings receive a rating of good (G) for this criterion, since the two wings together represent the expanding needs of the Children's Hospital after the hospital's primary period of significance. As such, they can be considered intimately connected to an organization of tertiary importance (prominent but not leading role) to the City's development.

7. Event

Research has uncovered no specific significant events that took place at the A/B and B/C Wings. Thus, the building receives a FP rating for this criterion.

8. Patterns

The A/B Wing and B/C Wing together receives a good (G) rating for this criterion. The A/B and B/C Wings are associated with improved healthcare for children and the need for larger facilities to serve Oakland's growing population after World War II. However, this population surge had an effect on the city's entire civic infrastructure, not specifically hospitals. The population increase could be considered a pattern of tertiary importance, garnering the A/B Wing and B/C Wing a rating of good for this criterion.

9. Age

The A/B Wing was constructed in 1926 and received a G rating, while the B/C Wing was constructed in 1946-1948 and as such receives an FP rating for this criterion. The associated numerical score for this criterion is averaged between the two (see Appendix).

10. Site

The A/B and B/C Wings have not been moved and as such receive a rating of excellent (E) for this criterion.

C. Context

11. Continuity

The A/B and B/C Wings are not located in an API or ASI, and therefore receive an FP rating for this criterion.

12. Familiarity

The A/B and B/C Wings receive an FP rating for this criterion, due to the way changes in the area have largely removed both wings from public view. Only the east façade of the A/B Wing is visible from the elevated Grove-Shafter Freeway. On the whole, however, the wings are no longer conspicuous or familiar within their surrounding context. The construction of the Ford Research and Diagnostic Center in 1962, the construction of the Grove/Shafter Freeway (State Route 24) in 1968,

the closure of 51st Street, the closure of public access to Dover Street south of 52nd Street, the construction of the West Site Plant in 1979, and the construction of the Patient Tower in 1982 have combined to severely alter and limit the A/B and B/C Wing's familiarity within the neighborhood.

D. Integrity

Ratings in this category are Excellent (E), Good (G), Fair (F), and Poor (P).

13. Condition

The A/B Wing and B/C Wing together receive a good (G) rating for condition, which is a measure of surface wear or structural problems to the building. The building exhibits only minor deterioration of this sort.

14. Exterior and Alterations

The A/B Wing and B/C Wing together have undergone a series of alterations. The A/B Wing receives a rating of good (G) while the B/C Wing receives a rating of fair (F). The associated numerical score for this criterion is averaged between the two ratings (see Appendix). Additions to the two wings include demolition of the main arched entry and replacement with a modern two-story entry in 1962; infill of some windows on the A/B Wing; and third story additions at the northern sections of both wings in ca. 1948, 1958, and ca. 1962. The construction of the West Site Plant in 1979 directly abutting the B/C Wing changed the western façade and required the blinding and the alteration of several window groups. The construction of the Patient Tower in 1982 directly abutting the B/C Wing completely obscured the building's original north façade. The enclosure of the B/C Wing's porch at the first story of the east façade in 1987 continued to alter the building's original design and also impaired its stylistic relationship with the A/B Wing, which retains its original first story porch. Many original features and materials are retained, however, particularly on the A/B Wing.

Conclusion

Page & Turnbull's intensive survey and evaluation assigns the A/B and B/C Wings as one building a rating of **C3**, signifying that the building is of secondary importance, not located in a district or area of importance.

D. THE BRUCE LYON MEMORIAL RESEARCH CENTER

The Oakland Cultural Heritage Survey has not assigned the Bruce Lyon Memorial Research Center a preliminary rating. A brief explanation of the evaluation, including each of the fourteen evaluative criteria, follows. Ratings for the categories of Architecture, History/Association, and Context below are: Excellent (E), Very Good (VG), Good (G), and Fair/Poor (FP).

A. Architecture

1. Exterior/Design

The Research Center shows good (G) quality of form and composition, with a clearly identifiable International style design influence at the first story, including ribbon windows, glass entry vestibule, cantilevered planes at the vestibule, minimal applied ornamentation, extensive use of glass, emphasis on horizontal planes, and stack bond brick cladding details. The incompatible second story addition reduces its ability to express its original design style.

2. Interior

The interior of the building was not evaluated for this report.

3. Construction

The building is a steel reinforced concrete building with brick cladding, characteristic of its era of construction, and therefore receives a rating of good (G) for this criterion.

4. Designer/Builder

The Research Center was designed by the firm Stone, Marraccini and Patterson, a later iteration of the firm Stone and Mulloy, which designed the B/C Wing. The firm specialized in hospital design and also designed the Ford Diagnostic and Treatment Center. The Bruce Lyon Center is a rather simple example of a medical building and compared to this building, there are likely better examples (with higher integrity) from their portfolio of work. Nevertheless, the firm's focus on hospital design and their prolific output qualifies the Research Center for a rating of very good (VG) for its association with this firm of secondary importance.

5. Style/Type

The Research Center receives a good (G) rating for this criterion as it is a good example of institutional International style design at the first story. The second story addition at the building reduces its ability to express its original design style.

B. History/Association

6. Person/Organization

The Research Center receives a rating of good (G) for this criterion for its association with the Children's Hospital and the Children's Hospital Oakland Research Institute (CHORI). Because most of CHORI's work at the Research Center occurred in recent decades (less than 50 years ago) and some of their greater medical successes occurred after the organization vacated the building, the Bruce Lyon Research Center can be considered loosely connected to an organization of secondary importance (major but not decisive role) to the City's development.

7. Event

Research has revealed no specific events that took place at the research Center that have made a significant contribution to the community. The research Center receives a rating of FP for this criterion.

8. Patterns

The Research Center receives a rating of good (G) for this criterion, as it is associated with a pattern of shifting hospital design and expansion during its era of construction. As hospitals began to include research in their programmatic needs, hospital design shifted to accommodate this need. The Research Center is the first building at the Children's Hospital site to reflect this new programmatic turn in hospital design.

9. Age

The building was constructed in 1958 and as such receives a rating of FP for this criterion.

10. Site

The building has not been moved and as such receives a rating of excellent (E) for this criterion.

C. Context

11. Continuity

The Research Center is not included in an API or ASI. As such, the building receives a rating of FP for this criterion.

12. Familiarity

The research Center receives an FP rating for this criterion, meaning that it is not particularly conspicuous or familiar within the surrounding neighborhood. This is due to changes in the area that have largely removed the building from public view. The original primary façade faces a busy highway interchange ramp and elevated BART tracks, which reduces its street visibility. The 1974 second story addition also limits visual access to the original 1958 building. Visual access to the building is further diminished by the placement of portable buildings directly to the north and the construction of the Research Center Addition directly to the south in 1992. Employee entrance to the building is now at the east façade, which is otherwise characterized by utility sheds and portable structures. These factors combine to lower the buildings' familiarity.

D. Integrity

Ratings in this category are Excellent (E), Good (G), Fair (F), and Poor (P).

13. Condition

The Research Center receives a good (G) rating for condition, which is a measure of surface wear or structural problems to the building. The building exhibits only minor deterioration of this sort.

14. Exterior and Alterations

The Research Center has undergone a series of alterations which lower its rating in this category to fair (F). The construction in 1974 of an addition at the second story dramatically changed the scale of the building and literally overshadows the original one-story building. This second story addition has little design relationship to the first story. The addition includes an entrance on the east façade which has supplanted the building's original entry vestibule at the west façade. Another addition constructed in 1992 to the south of the original building further altered the design and scale of the original building.

Conclusion

This evaluation assigns the Bruce Lyon Memorial Research Center a rating of **C3**, signifying that the building is of secondary importance not located in a district or area of importance.

E. THE FORD DIAGNOSTIC AND RESEARCH CENTER

The Oakland Cultural Heritage Survey has not assigned the Ford Diagnostic and Research Center a preliminary rating. A brief explanation of the evaluation, including each of the fourteen evaluative criteria, follows. Ratings for the categories of Architecture, History/Association, and Context below are: Excellent (E), Very Good (VG), Good (G), and Fair/Poor (FP).

A. Architecture

1. Exterior/Design

The Ford Center shows good (G) quality of form with identifiable International style influences including ribbon windows, full height glass entry bay, asymmetrical primary façade, emphasis on horizontal planes, and minimal ornamentation. The building does not feature much in the way of originality, artistic merit, craftsmanship, or sensitivity to surroundings, however.

2. Interior

The interior of the Ford Center includes a series of research offices and medical-use rooms with no notable architectural detail or association, and as such the building receives a rating of FP.

3. Construction

The construction materials or methods include steel frame concrete with brick cladding, characteristic of its era of construction and therefore receives a rating of good (G) for this criterion.

4. Designer/Builder

The Ford Center was designed by the firm Stone, Marraccini and Patterson, a later iteration of the firm Stone and Mulloy, which designed the B/C Wing and the Bruce Lyon Memorial Research Center. The firm's focus was on hospital design and their output was prolific, however the Ford Center is a rather simple example of a medical building and compared to this building, there are likely better examples (with higher integrity) from their portfolio of work. Nevertheless, the firm's focus on hospital design and their prolific output qualifies the Ford Center for a rating of very good (VG) for its association with this firm of secondary importance.

5. Style/Type

The Ford Center receives a good (G) rating for this criterion as it is a good example of institutional International style design at the first and second story, including ribbon windows, full height glass entry bay, asymmetrical primary façade, an emphasis on horizontal planes, and minimal applied ornament. The third story addition, constructed in 1974, reduces its ability to express its original design style.

B. History/Association

6. Person/Organization

The Ford Center receives a rating of good (G) for this criterion for its association with the Children's Hospital. This building was constructed after the Hospital's primary period of significance, and as such can be considered intimately connected to an organization of tertiary importance (prominent but not leading role) to the City's development.

7. Event

Research has uncovered no significant event that has taken place at the Ford Center, and as such it receives a rating of FP for this criterion.

8. Patterns

The Ford Center receives a rating of good (G) for this criterion, as it is associated with a pattern of shifting hospital design and expansion during its era of construction. As hospitals began to include research in their programmatic needs, hospital design shifted to accommodate this need. The Ford Center joined the Bruce Lyon Memorial Research Center as the earliest buildings at the Children's Hospital site to reflect this new programmatic turn in hospital design.

9. Age

The Ford Center was constructed in 1962 and as such receives a rating of FP for this criterion.

10. Site

The building has not been moved and as such receives a rating of excellent (E) for this criterion.

C. Context

11. Continuity

The Ford Center is not included in an API or ASI. As such, the building receives a rating of FP for this criterion.

12. Familiarity

The Ford Center receives a rating of good (G) for this criterion as the oldest extant building at the Hospital with street façade that is currently prominent. The Ford Center qualifies as a familiar feature in the context of the Temescal neighborhood.

D. Integrity

Ratings in this category are Excellent (E), Good (G), Fair (F), and Poor (P).

13. Condition

The Ford Center receives a rating of good (G) for this criterion, which is a measure of surface wear or structural problems to the building. The building exhibits only minor deterioration of this sort.

14. Exterior and Alterations

The Ford Center has undergone a series of alterations which lower its rating in this category to fair (F). The construction in 1974 of an addition at the third story substantially changed the scale of the building and diminished the horizontality of the original building's International style design. The construction in 1982 of the Patient Tower obscured the building's west façade, and the construction in 1993 of the Cardiac Catheterization Lab obscured parts of the original entrance lobby and the south façade. Windows at the first story of the south façade have been blinded, and interior spatial

reconfigurations have made it so that the original entrance doors at the east façade are in use only as emergency exit doors.

Conclusion

This evaluation assigns the Ford Diagnostic and Research Center a rating of **C3**, indicating that it is a building of secondary importance, not located in a district or area of importance.

VIII. EVALUATION OF THE CHILDREN'S HOSPITAL COMPLEX AS A CITY OF OAKLAND LOCAL HISTORIC DISTRICT

The Historic Preservation Element of the City of Oakland General Plan describes two levels of Preservation Districts: Class 1 Preservation Districts are all Areas of Primary Importance (API) identified by the intensive survey and other areas that meet the “Guidelines for Determination of Preservation District Eligibility” and Class 2 Preservation Districts are all Areas of Secondary Importance (ASI) identified by the intensive survey and other areas that meet the “Guidelines for Determination of Preservation District Eligibility.”¹⁷⁶ Areas of Primary Importance are areas that have been identified by an intensive survey as having a high proportion of individual properties with ratings of “C” or higher. At least two-thirds of the properties within an API must be contributory to the API, i.e. they reflect the API's principle historical or architectural themes. APIs appear eligible for the National Register of Historic Places either as districts or as historically related complexes. Areas of Secondary Importance are similar to Areas of Primary Importance except that (a) an ASI does not appear eligible for the National Register and (b) altered properties which do not now contribute to the ASI but would if restored are counted as contributors for purposes of the two-thirds threshold.

The Children's Hospital complex does not appear eligible for listing as a City of Oakland Designated Historic District, either as an API or an ASI. Only four of the twelve buildings at the Hospital complex are older than 45 years old, which is below the two-thirds threshold established in the Preservation Element. The A/B Wing (Baby Hospital) received a score of **B3** (major importance) while the other three buildings received ratings of **C3**, indicating that they are buildings of secondary importance. They do not illustrate a unified significant architectural or historical theme. Therefore, the Children's Hospital complex does not qualify as a City of Oakland Local Historic District.

¹⁷⁶ Oakland General Plan, Historic Preservation Element, Chapter 4: Preservation Incentives and Regulations, Policy 2.2: Landmark and Preservation District Eligibility Criteria.

IX. STATUS OF CHILDREN'S HOSPITAL BUILDINGS AS HISTORICAL RESOURCES UNDER CEQA

A building may qualify as a historical resource if it falls within at least one of five categories established by the City of Oakland (See page 9-10 for the list of categories). The following describes the status of the hospital buildings as historic resources for the purposes of CEQA, based on the California Register and City of Oakland Designated Historic Property evaluations in the previous sections.

Status of the A/B Wing (Baby Hospital) as a Historical Resource Under CEQA

Based on our analysis, the A/B Wing (Baby Hospital) is not eligible for listing in the California Register, though it is eligible for listing as a City of Oakland Designated Historic Property. Therefore, the A/B Wing (Baby Hospital) qualifies as a historical resource under CEQA.

Status of the B/C Wing as a Historical Resource Under CEQA

Based on our analysis, the B/C Wing is not eligible for listing in the California Register or as a City of Oakland Designated Historic Property. Therefore, it does not qualify as a historical resource under CEQA.

Status of the A/B Wing and B/C Wing as a Historical Resource Under CEQA

Based on our analysis, the A/B Wing and B/C Wing, considered together as one building, are not eligible for listing in the California Register or as a City of Oakland Designated Historic Property. Therefore, they do not qualify together as a historical resource under CEQA.

Status of the Bruce Lyon Memorial Research Center as a Historical Resource Under CEQA

Based on our analysis, the Bruce Lyon Memorial Research Center is not eligible for listing in the California Register or as a City of Oakland Designated Historic Property, and, therefore, does not qualify as a historical resource under CEQA.

Status of the Ford Diagnostic and Research Center as a Historical Resource Under CEQA

Based on our analysis, the Ford Diagnostic and Research Center is not eligible for listing in the California Register or as a City of Oakland Designated Historic Property, and, therefore, does not qualify as a historical resource under CEQA.

Status of Other Buildings on the Main Hospital Site

The other properties in the hospital complex are less than forty-five years old and do not possess a level of significance that would qualify them for listing as historic resources under CEQA. These buildings include the Cardiac Catheterization Lab, Central Plant/West Site Plant, Patient Tower, Cafeteria, Helistop, Outpatient Center, and parking garage.

Status of the Children's Hospital and Research Center as a Historic District Under CEQA

Based on our analysis, the Oakland Children's Hospital and Research Center is not eligible for listing in the California Register or as a City of Oakland Designated Historic Property, and, therefore, does not qualify as a historical resource under CEQA.

X. A/B WING (BABY HOSPITAL) CHARACTER-DEFINING FEATURES DIAGRAMS

Though the A/B Wing (Baby Hospital) was not found eligible for listing in the California Register due to a loss of integrity, it was found eligible for listing as a City of Oakland Designated Historic Property with a rating of **B3**. This section addresses the character-defining features of the building and presents diagrams which show areas of character-defining and non-contributing features.

CHARACTER DEFINING FEATURES OF THE A/B WING (BABY HOSPITAL)

The A/B Wing (Baby Hospital) retains certain elements of its design and materials that can be described as character defining features. These include:

- The building's footprint; its narrow linear form and its southern orientation reflect the era of the building's construction and its status when built as a modern hospital.
- The ratio of solid to void; the building's evenly spaced smaller windows are characteristic of the Northern Italian Renaissance style in which it was designed.
- Brick and terra cotta cladding; this cladding is original to the building's design and construction, and is representative both of its Northern Italian Renaissance design style and the programmatic sanitation and fire-safety requirements of the Baby Hospital.
- Two two-story five-sided bays; these bays were used as solariums during an era when sunlight was believed to have healing qualities and are character defining for their programmatic use.
- Original windows of the primary type and surrounds: the building retains most of its original windows within original window surrounds—paired two-over-two, double-hung, wood-sash windows with multi-light awning transoms and brick lintels—which are representative of the building's era of construction.
- Ornamentation and architectural detail: the building is distinguished by its high level of design detail, including fluted columns with capitals that feature acanthus leaves, urns, fleur-de-lis, cherub's heads, and griffins, molded frieze depicting animal and bird motifs, bambino medallion, and a terra cotta balcony supported by ornamented brackets with floral and acanthus-leaf motifs.



The character-defining features represented in the following diagrams (colored red) consist of original features and materials, described above. Non-contributing features are those that have been modified, replaced, or added since the A/B Wing (Baby Hospital)'s period of significance (1926).

Children's Hospital - A/B Wing
CHARACTER-DEFINING FEATURES DIAGRAM

South (End Solarium) Elevation

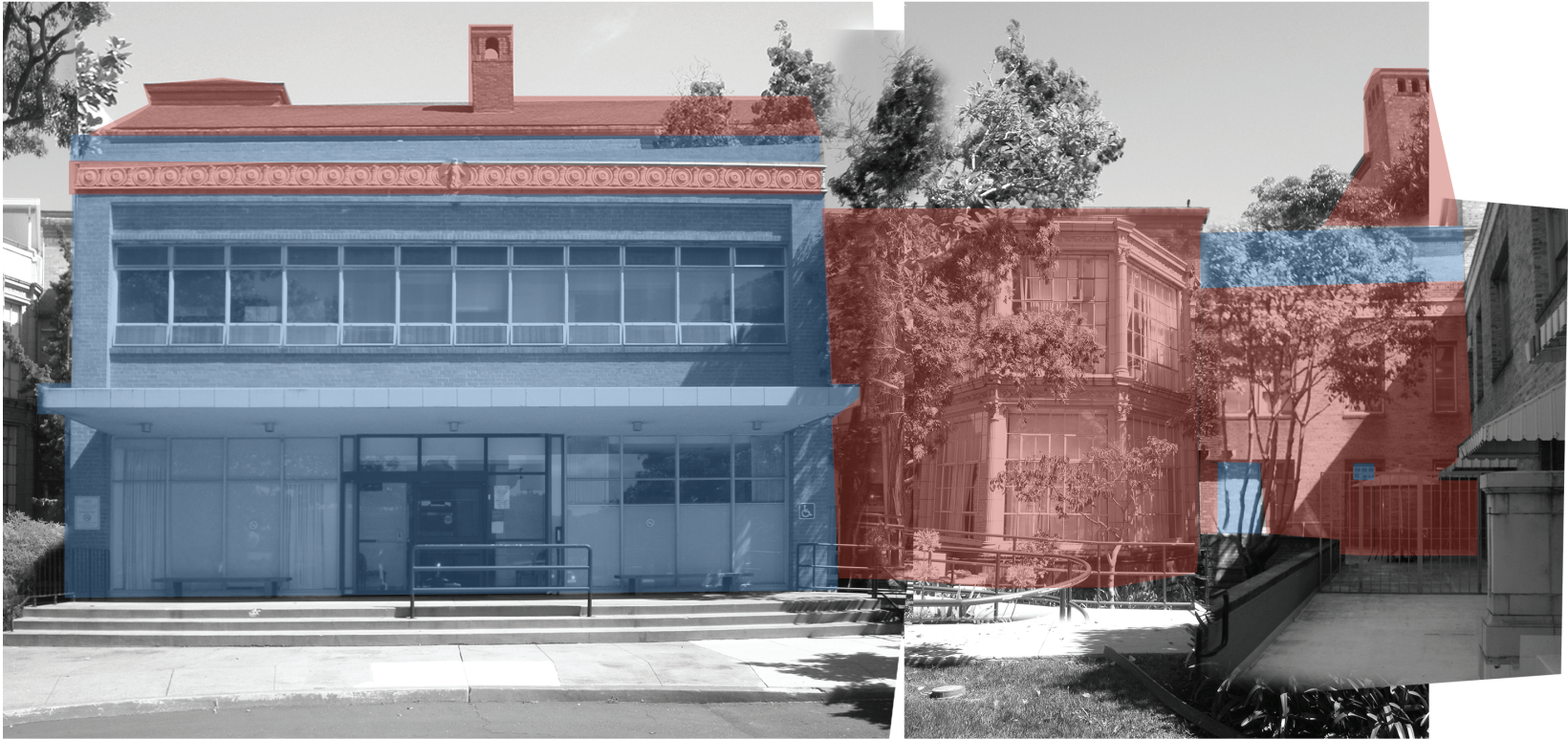


LEGEND



	Character-Defining
	Non-Contributing

Children's Hospital - A/B Wing
CHARACTER-DEFINING FEATURES DIAGRAM

South (Entrance Facade) Elevation

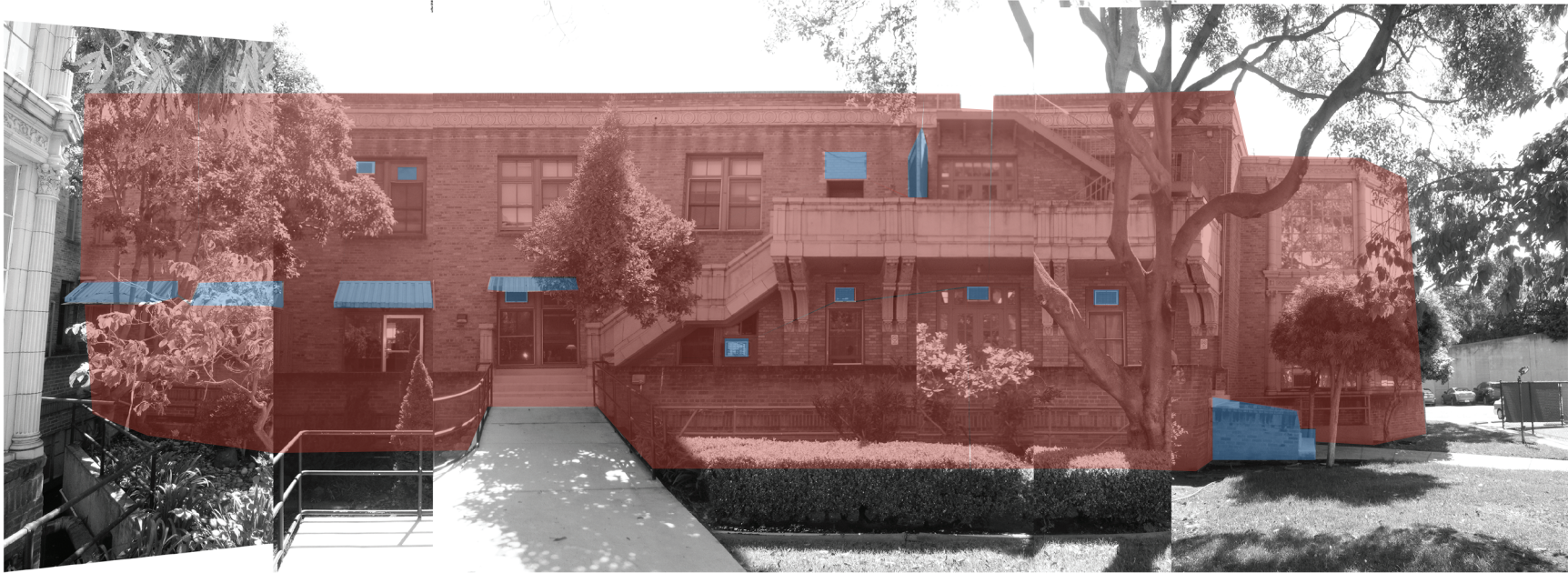


LEGEND



	Character-Defining
	Non-Contributing

Children's Hospital - A/B Wing
CHARACTER-DEFINING FEATURES DIAGRAM

West Elevation



LEGEND

	Character-Defining
	Non-Contributing

Children's Hospital - A/B Wing
CHARACTER DEFINING FEATURES DIAGRAM

East Elevation



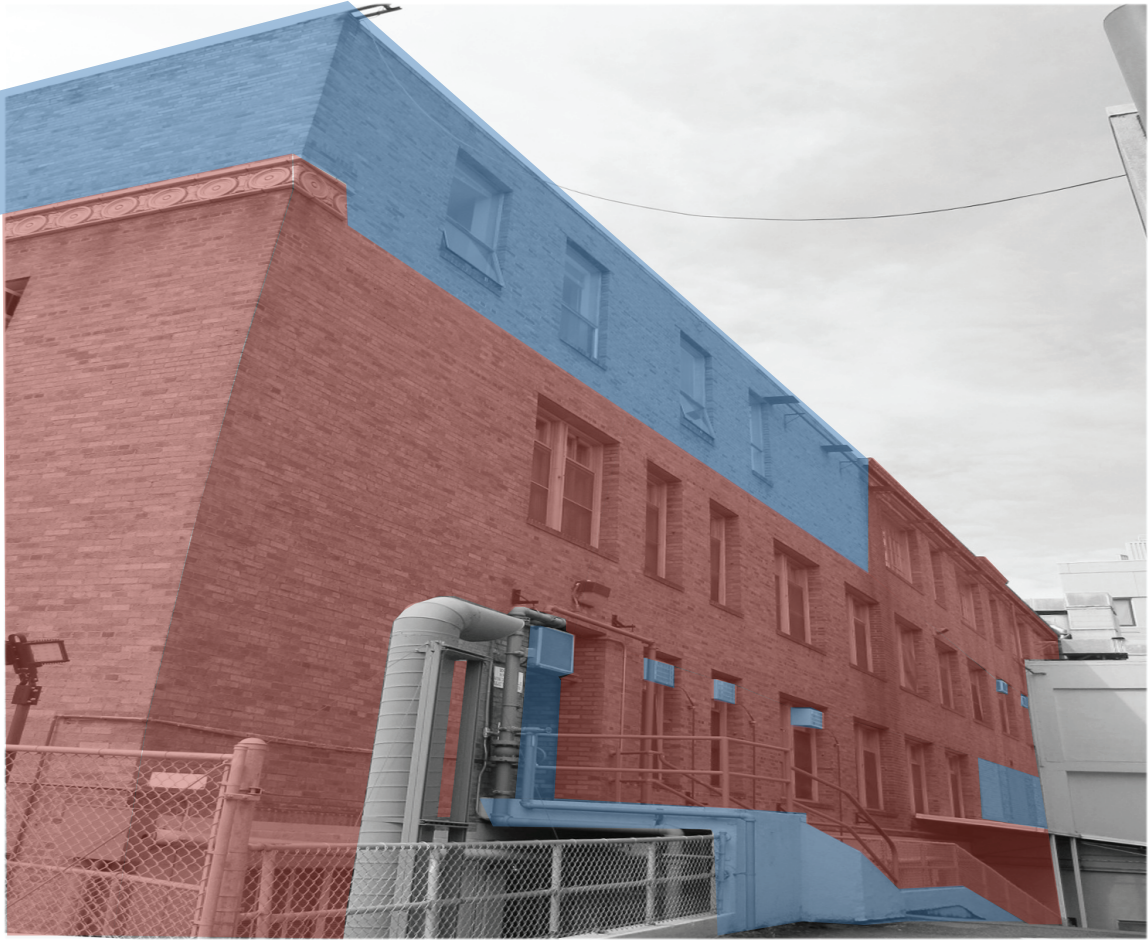
LEGEND

Character-Defining



Non-Contributing

Children's Hospital - A/B Wing
CHARACTER DEFINING FEATURES DIAGRAM

North Elevation



LEGEND

	Character-Defining
	Non-Contributing

XI. RESIDENTIAL/COMMERCIAL PROPERTIES EVALUATION

This section provides an inventory of the fourteen residential, mixed-use, and commercial properties within the study area (See **Figure 2** on page 18). Included as part of this inventory are an architectural description, building history, current historic status, and an evaluation of eligibility for inclusion in the California Register of Historical Resources and designation as a City of Oakland Designated Historic Property. A description of the 55th and Dover Residential District is also included.

A. 55TH AND DOVER RESIDENTIAL DISTRICT

The 55th and Dover Residential District is a residential neighborhood in North Oakland bounded by 52nd and 55th streets to the south and north, Martin Luther King Jr. Way to the west, and the Grove-Shafter Freeway (State Route 24) to the east. The predominant architectural styles are Craftsman and Colonial Revival. Most buildings in the district are wood frame, one-and-a-half- to two-story residences clad in wood clapboard siding, wood shingles, or stucco. The residences are sited on fairly uniformly-sized lots and display regular setbacks from the street and spacing between buildings. Most buildings were built between 1900 and 1920, according to Oakland Cultural Heritage Survey (OCHS) estimates.

The area was surveyed by the OCHS in 1996 and assigned a rating of Area of Secondary Importance (ASI). As an ASI, at least two-thirds of the properties within its boundaries must have an existing or contingency rating of C or above and be rated as contributors (noted by “+”). The 55th and Dover Residential District is not a designated historic district at present, but the ASI rating is taken into account by city planners when projects are proposed within the district. According to the City Of Oakland’s General Plan, ASIs (and their contributors) are not considered historical resources for the purposes of CEQA.

Page & Turnbull was not asked to complete a residential district evaluation for either the state or local registers as part of the scope of work for this project. However, such an evaluation is necessary to fully understand the existing conditions, historic context, and integrity of the district. Based on its current status as an ASI and reconnaissance surveys and research on the subject properties, the district does not appear to have sufficiently cohesive historical or visual themes such that it would be eligible for listing in the California Register. Therefore, it does not appear to be a historic resource under CEQA.

B. 682 52ND STREET



Figure 56. 682 52nd Street, looking north.
Source: Page & Turnbull, April 2008.

Description

Built in 1922, 682 52nd Street is a one-story, wood-frame, single-family residence designed in the Craftsman style (**Figure 56**). The rectangular-plan building is clad in stucco on the primary façade and wood clapboard siding on the secondary façades. It is capped by a cross-gable roof clad in asphalt shingles. The foundation is not visible. The primary façade faces south. Typical fenestration consists of fixed wood-sash windows, sliding vinyl-sash windows, and wood-sash casement windows. The primary entrance features a flush wood door. Architectural and site details include concrete stairs, molded window surrounds, a metal window awning, simple wood eave brackets, and a stuccoed chimney. The building appears to be in good condition. A concrete driveway runs past the west side of the house. A one-story garage is shown at the rear of the building on Sanborn Fire Insurance Maps dating to 1930, though today there appears to be a smaller shed at the rear of the lot.

Historic Context

Emma M. Williams owned two vacant lots on Dover Street from ca. 1905 until 1922.¹⁷⁷ The 1920 Census indicates that Williams lived on 23rd Street in Oakland.¹⁷⁸ By 1922, the lots were divided, reoriented to front on 52nd Street, and the eastern lot was sold to John Andrews.¹⁷⁹

In 1922, Andrews commissioned builder R. L. Robins to build a house at 682 52nd Street for \$3,000.¹⁸⁰ John Andrews was born ca. 1874 in Lithuania and married Ursula, another Lithuanian

¹⁷⁷ 1900, 1905, 1921, 1923 Block Books.

¹⁷⁸ 1920 Census.

¹⁷⁹ 1923 Block Book.

immigrant, one year after he arrived in the United States in 1903.¹⁸¹ The Andrews had two daughters, Violet and Clara, who were born in California. In 1930, Andrews worked as a machinist and Clara worked as a telephone operator. At that time, the house was valued at \$5,500. John Andrews continued to reside at 682 52nd Street through 1940, though he is listed as a widower in the 1940 Census. It is likely he sold the property soon after Ursula's death. By 1967, the property was under the possession of Jewel Edward Brown. Mr. Brown was born in 1912 in Louisiana. He moved to Oakland during the 1930s and worked as a porter.¹⁸² He stayed at 682 52nd Street until his death in 1990.¹⁸³

The builder of 682 52nd Street was Rockford L. Robins, a contractor who lived on Broadway in North Oakland.

Current Historic Status

682 52nd Street has an Oakland Cultural Heritage Survey (OCHS) rating of D2+, indicating that it is a building of secondary importance that contributes to the 55th and Dover Residential District, an Area of Secondary Importance (ASI). Buildings that contribute to ASIs are Potentially Designated Historic Properties, or PDHPs. This rating for 682 52nd Street is shown on the Citywide Preliminary Historical and Architectural Inventory field map, though it is not included in the 55th and Dover Residential District's Preliminary Property List attached to the 1996 District Primary Record.

Evaluation for the California Register

682 52nd Street does not appear to be significant under any California Register criteria. It is not directly associated with important broader development trends or other events in the Temescal neighborhood (Criterion 1), nor is it associated with persons significant within a local, state, or national context (Criterion 2). Owners and occupants were working class people and little information was found on them in local and online archives that would indicate any level of significant contributions. The building is also not significant for its architecture because it is a simple Craftsman style building without high artistic values that was constructed by a little-known builder (Criterion 3).¹⁸⁴

682 52nd Street retains integrity of location and feeling as a 1920s residence. While the building appears to have been altered with the addition of stucco cladding, some replacement windows, and conversion to office use, it retains some degree of integrity of design, materials, and workmanship. It lacks integrity of setting, due to the adjacent highway and large modern hospital development across the street. Since the building has been converted to offices and does not retain its original function, it lacks integrity of association.

¹⁸⁰ Building Permit #68273, 14 April 1922.

¹⁸¹ 1930 United States Federal Census.

¹⁸² 1940 Census.

¹⁸³ U.S., *Social Security Death Index, 1935-Current* [database on-line]. Provo, UT, USA: Ancestry.com Operations Inc, 2011.

¹⁸⁴ 682 52nd Street was not evaluated for eligibility under Criterion 4, which is beyond the scope of this report since "potential to yield information important to the prehistory or history of California" typically relates to archeological resources, rather than built resources.

Evaluation for Designation as a City of Oakland Designated Historic Property

Page & Turnbull's survey and evaluation assigns this building a rating of **C2+**, meaning that it is a building of secondary importance, located in a the 55th and Dover Residential District (an ASI), and acts as a contributor to that district. Evaluative considerations for each of the fourteen criteria are included on the Evaluation Worksheet for this building found in the Appendix.

682 52nd Street as a Historical Resource Under CEQA

682 52nd Street is not eligible for listing in the California Register and received a "C" rating based on City of Oakland Designated Historic Property evaluation criteria. Therefore, 682 52nd Street does not appear to be a historic resource under CEQA.

C. 688 52ND STREET



Figure 57. 688 52nd Street, looking north.
Source: Page & Turnbull, April 2008.

Description

Built in 1922, 688 52nd Street is a one-story, wood-frame, single-family residence designed in the Craftsman style (**Figure 57**). The rectangular-plan building, clad in smooth stucco, is capped by a gable roof covered with asphalt shingles. The foundation is not visible. The primary façade faces south. Typical fenestration consists of fixed and double-hung vinyl-sash windows and fixed wood-sash windows. The primary entrance features a flush wood door. Architectural and site features include concrete stairs, an entry porch, molded window surrounds, metal window awnings, simple wood eave brackets, and a chimney with a molded crown. The building appears to be in good condition. A garage clad in channel drop wood siding sits behind the building and fronts onto Dover Street. This garage is shown on Sanborn Fire Insurance Maps dating from 1930.

Historic Context

Emma M. Williams owned two vacant lots facing onto Dover Street from ca. 1905 until 1922.¹⁸⁵ The 1920 Census indicates that Williams lived on 23rd Street in Oakland.¹⁸⁶ By 1922, the lots were divided, reoriented to front onto 52nd Street, and the western lot was sold to A. A. Moore.¹⁸⁷

In 1922, Arthur A. Moore commissioned builder M. Bensen to build a house at 688 52nd Street at a cost of \$3,800.¹⁸⁸ The 1920 Census indicates that Moore lived with his parents at 478 Roca Street in Oakland.¹⁸⁹ Both Arthur and his father, Alexander, worked as lathers in the construction industry.

¹⁸⁵ 1900, 1905, 1921, 1923 Block Books.

¹⁸⁶ 1920 Census.

¹⁸⁷ 1923 Block Book.

¹⁸⁸ Building Permit #71876, 1 September 1922.

¹⁸⁹ 1920 Census.

Two years after their marriage, Arthur and Elsie Moore bought the property at 688 52nd Street.¹⁹⁰ By 1930, four people lived at 688 52nd Street: Arthur and Elsie, their young daughter Muriel, and Arthur's widowed father. At that time the house was valued at \$6,000.¹⁹¹ Sometime during the following decade, the Moore family relocated to a different house in the district. O.J. Rollie was residing at 688 52nd Street by 1969 and continued to own the property until his death in 1991.¹⁹² Rollie was born in Texas in 1912. He and his wife moved to Oakland after they were married in 1937.

The builder of 688 52nd Street, Martin Bensen, was born ca. 1885 in Sweden. He immigrated to the United States in 1903 and was naturalized in 1912. In 1920, he worked as a carpenter and rented a house with his wife, Jennie, and three children in Oakland's Fruitvale district.¹⁹³

Current Historic Status

688 52nd Street has an Oakland Cultural Heritage Survey (OCHS) rating of D2+, indicating that it is a building of secondary importance that contributes to the 55th and Dover Residential District, an Area of Secondary Importance (ASI). Buildings that contribute to ASIs are Potentially Designated Historic Properties, or PDHPs. This rating for 688 52nd Street is shown on the Citywide Preliminary Historical and Architectural Inventory field map, though it is not included in the 55th and Dover Residential District's Preliminary Property List attached to the 1996 District Primary Record.

Evaluation for the California Register

688 52nd Street does not appear to be significant under any California Register criteria. It is not directly associated with important broader development trends or other specific events in the Temescal neighborhood (Criterion 1), nor is it associated with persons significant within a local, state, or national context (Criterion 2). Owners and occupants were working class people and little information was found on them in local and online archives that would indicate any level of significant contributions. The building is also not significant for its architecture because it is a simple Craftsman style building without high artistic values and was constructed by a little-known builder (Criterion 3).¹⁹⁴

688 52nd Street retains integrity of location, design, and feeling as a 1920s residence. While the building appears to have been altered with the addition of stucco cladding and some replacement windows, it retains some degree of integrity of materials and workmanship. It lacks integrity of setting, due to the adjacent highway and large modern hospital development across the street. As no important historic event or person is associated with the property, it lacks integrity of association.

¹⁹⁰ 1930 Census.

¹⁹¹ Ibid.

¹⁹² U.S., *Social Security Death Index, 1935-Current* [database on-line]. Provo, UT, USA: Ancestry.com Operations Inc, 2011.

¹⁹³ 1920 Census.

¹⁹⁴ 688 52nd Street was not evaluated for eligibility under Criterion 4, which is beyond the scope of this report since "potential to yield information important to the prehistory or history of California" typically relates to archeological resources, rather than built resources.

Evaluation for Designation as a City of Oakland Designated Historic Property

Page & Turnbull's survey and evaluation assigns this building a rating of **C2+**, meaning that it is a building of secondary importance, located in the 55th and Dover Residential District (and ASI) and acts as a contributor to that district. Evaluative considerations for each of the fourteen criteria are included on the Evaluation Worksheet for this building found in the Appendix.

688 52nd Street as a Historical Resource Under CEQA

688 52nd Street is not eligible for listing in the California Register and received a "C" rating based on City of Oakland Designated Historic Property evaluation criteria. Therefore, 688 52nd Street does not appear to be a historic resource under CEQA.

D. 720 52ND STREET



Figure 58. 720 52nd Street, looking north.
Source: Page & Turnbull, May 2013.

Description

Built in 1907, 720 52nd Street is a one-story, wood-frame, single-family residence designed in a modified Simple Bungalow style (**Figure 58**). The rectangular-plan building, clad in wood clapboard siding, is capped by a hip roof covered with asphalt shingles. A wide square bay window is located on the front façade and is surmounted by a gable end clad in wood shingles. The foundation is not visible. The primary façade faces south. Typical fenestration consists of double-hung vinyl-sash windows, some set in angled window bays. The primary entrance is covered by a metal security gate. Architectural and site features include concrete stairs, a recessed corner entry porch supported by a square post, molded wood window surrounds, and a brick chimney. The building appears to be in good condition.

Historic Context

In 1905, J. C. Rudolph owned most of the south side of the block bounded by 52nd, 53rd, Grove, and Dover streets. Rudolph lived at 5203 Dover Street (see *D. 5203 Dover Street*). In 1907, builder W. H. Keifer purchased 5203 Dover Street and the vacant lot on 52nd Street, where he built the subject property at 720 52nd Street that year.¹⁹⁵ Architect Thomas D. Newsom designed the residence, which was constructed by the lot owner, Keifer. Keifer sold the property to Jennie M. Sessions in 1908.

Architect Thomas Dean Newsom was born ca. 1857 to Scottish and Irish parents who had immigrated to Canada.¹⁹⁶ He married his wife, Kittie, ca. 1885, and they had four children in California. By 1889, Thomas established an architecture office under the business name John J. & T.

¹⁹⁵ 1907 Block Book.

¹⁹⁶ 1910 Census.

D. Newsom.¹⁹⁷ The Newsoms lived in East Oakland. The architectural office was located in San Francisco at 504 Kearny in 1891, but it moved to downtown Oakland by 1900.¹⁹⁸ In 1908, Newsom designed a two-story apartment building in Oakland for William F. Schroeder, a local building contractor.¹⁹⁹ Before construction, the building was touted as “one of the most novel ever built in Oakland” for its massing, which referenced that of the Egyptian pyramids.²⁰⁰

William Hammond Keifer, the owner and builder of 720 52nd Street, was born in 1857 in Pennsylvania and lived with his wife, Elizabeth, three children, his father, and his sister in Oakland in 1900.²⁰¹ Elizabeth died between 1900 and 1910, and Keifer and his youngest child moved in with his sister and brother-in-law in Oakland by 1910. At that time Keifer, a carpenter by trade, was the vice president of Oakland Builders Supply.²⁰² Most likely, Keifer built the house on speculation and never occupied it, as he sold the property to Jennie M. Sessions in 1908.²⁰³ No information was found on Sessions at local repositories or in online census databases.

In 1920, Herman Garloff rented 720 52nd Street.²⁰⁴ He lived there with his wife Mamie, sister-in law Lizzie Salmina, and two brothers-in-law, George and Albert Salmina. Herman worked as a shipfitter, George worked as a dairy farmer, and Albert was employed with a railroad company as a pipe fitter. The Salminas were born in California to Swiss-Italian and English immigrant parents.

E. W. Roberts (or Ernest H. Roberts) purchased the house ca. 1922.²⁰⁵ In 1930, 40-year-old Roberts still lived in the house with his wife Selina and their son Ernest.²⁰⁶ Ernest worked as a bookkeeper, probably for a cannery. In 1940, Roberts still lived in the house with his wife and son.²⁰⁷ By 1967, Graham McClendon was residing at 750 52nd Street McClendon, a former farmer born in Mississippi ca. 1923, moved to Oakland after serving in World War II.

Current Historic Status

720 52nd Street has an Oakland Cultural Heritage Survey (OCHS) rating of D2+, indicating that the building is of minor importance. It is a contributor to the 55th and Dover Residential District, an Area of Secondary Importance (ASI). Buildings that contribute to ASIs are Potentially Designated Historic Properties, or PDHPs.²⁰⁸

Evaluation for the California Register

720 52nd Street does not appear to be significant under any California Register criteria. It is not directly associated with important broader development trends or other specific events in the Temescal neighborhood (Criterion 1), nor is it associated with persons significant within a local,

¹⁹⁷ 1889-91 San Francisco City Directory.

¹⁹⁸ Ibid.; *Oakland Tribune*, 3 May 1908, 58.

¹⁹⁹ Ibid.; 1910 Census.

²⁰⁰ *Oakland Tribune*, 3 May 1908, 58.

²⁰¹ 1900 Census.

²⁰² 1910 Census; Oakland City Directory, 1910.

²⁰³ 1908 Block Book.

²⁰⁴ 1920 Census.

²⁰⁵ 1921, 1923 Block Books.

²⁰⁶ 1930 Census.

²⁰⁷ 1940 Census

²⁰⁸ “City of Oakland Historic Preservation Programs.”

state, or national context (Criterion 2). Owners and occupants were working class people and little information was found on them in local and online archives that would indicate any level of significant contributions. The building is also not significant for its architecture because it is a Simple Bungalow style building without high artistic values. It was constructed by a local architect who today is not widely known and cannot be considered a master architect (Criterion 3).²⁰⁹

720 52nd Street retains integrity of location, design, workmanship, association, and feeling as an early 20th-century residence. While the building appears to have been altered with replacement windows, it retains some degree of integrity of materials. It lacks integrity of setting, due to an adjacent large modern Children's Hospital Outpatient Building, the large modern hospital complex across the street, and the nearby highway. The property also lacks integrity of association, as the nearby modern buildings visually overshadow the property and physically separate it from its historic association with much of the adjacent residential neighborhood.

Evaluation for Designation as a City of Oakland Designated Historic Property

Page & Turnbull's intensive survey and evaluation assigns this building a rating of **C2+**, meaning that it is a building of secondary importance, located in an ASI district, and acts as a contributor to that district. Evaluative considerations for each of the fourteen criteria are included on the Evaluation Worksheet for this building found in the Appendix.

720 52nd Street as a Historical Resource Under CEQA

720 52nd Street is not eligible for listing in the California Register and received a "C" rating based on City of Oakland Designated Historic Property evaluation criteria. Therefore, 720 52nd Street does not appear to be a historic resource under CEQA.

²⁰⁹ 720 52nd Street was not evaluated for eligibility under Criterion 4, which is beyond the scope of this report since "potential to yield information important to the prehistory or history of California" typically relates to archeological resources, rather than built resources.

E. 5203 DOVER STREET



Figure 59. 5203 Dover Street, looking west.
Source: Page & Turnbull, April 2008.

Description

Built ca. 1905, 5203 Dover Street is a one-story, wood-frame, single-family residence designed in the Simple Bungalow style with Classical Revival detail (**Figure 59**). The rectangular-plan building, clad in wood channel-drop and clapboard siding, is capped by a hip roof covered with asphalt shingles. A front-facing gable end is clad in wood shingles and features a multi-light wood-sash window. A side-facing dormer holds a multi-light wood-sash window. The foundation is not visible. The primary façade faces east. Typical fenestration consists of double-hung and fixed wood-sash windows, some set in angled and square window bays. The primary entrance features a partially-glazed wood door. Architectural and site features include wood stairs, an entry porch with Classical columns, molded wood window surrounds, a hip-roof dormer, and a brick chimney. The building appears to be in good condition.

Historic Context

In 1905, J. C. Rudolph owned most of the south side of the block bounded by 52nd, 53rd, Grove, and Dover streets. He lived at 5203 Dover Street in a house built ca. 1905.²¹⁰ 5203 Dover Street and the vacant property to the west at 720 52nd Street were sold to W. H. Keifer ca. 1907. The builder of 5203 Dover Street is unknown.

Emma C. Krone bought the house and property at 5203 Dover Street from Keifer ca. 1908. It is unclear whether she ever lived on the property: In 1910 she lived on Oak Grove Avenue with her

²¹⁰ 1900, 1905 Block Books.

young son and daughter and a 42-year-old boarder, Howard W. Caldwell.²¹¹ Krone, a 33-year-old divorcee, worked as a secretary at a land company in 1910.

Krone sold the property at 5203 Dover Street to Walter B. and Mertie F. Hutchings (or Hutshing) in 1910.²¹² Walter B. Hutchings was 30 years old, and his wife Mertie was 26. They had been married for one year. Hutchings lived off his “own income.”²¹³ By 1912, ownership of the property was transferred to Mertie F. Hutchings.²¹⁴ In 1915, Mertie F. Butler owned the house, indicating that Mertie and Walter Hutchings separated either through death or divorce, and Mertie remarried Frank Butler. In 1920, Frank, Mertie, and three daughters under 10 years old occupied the house.²¹⁵ Frank worked as an accountant at an automobile company.

In 1930, Louise A. Searper, age 44, rented the house for \$35 per month. Searper lived with her sons Charles S. and Leslie L. White; William B. Butler, a boarder from Hawaii; and an uncle and aunt, Bruce and Edith Gibson. Searper was divorced and worked as a saleslady at a department store. Charles White worked as a restaurant cook, Leslie White worked as a marine engineer, William Butler worked as a city health inspector, and the Gibsons were unemployed or retired. Searper is not recorded in the 1940 Census. By 1967, Rosemon (or Roseman) Willis was residing at 5203 Dover Street. Willis was born in Mississippi in 1913 and died in 1991.²¹⁶ He lived with his wife, Mary.

Current Historic Status

5203 Dover Street has an Oakland Cultural Heritage Survey (OCHS) rating of D2+, indicating that the building is of minor importance. It is a contributor to the 55th and Dover Residential District, an Area of Secondary Importance (ASI). Buildings that contribute to ASIs are considered Potential Designated Historic Properties, or PDHPs.²¹⁷

Evaluation for the California Register

5203 Dover Street does not appear to be significant under any California Register criteria. It is not directly associated with important broader development trends or other specific events in the Temescal neighborhood (Criterion 1), nor is it associated with persons significant within a local, state, or national context (Criterion 2). Owners and occupants were working class people and little information was found on them in local and online archives that would indicate any level of significant contributions. The building is also not significant for its architecture because it is a Simple Bungalow style building with a minor amount of Classical Revival detail, and does not possess high artistic values. The architect or builder are unknown and cannot be considered a master architect (Criterion 3).²¹⁸

²¹¹ 1930 Census.

²¹² 1910 Census.

²¹³ Ibid.

²¹⁴ 1912 Block Book.

²¹⁵ 1920 Census.

²¹⁶ U.S., *Social Security Death Index, 1935-Current* [database on-line]. Provo, UT, USA: Ancestry.com Operations Inc, 2011.

²¹⁷ “City of Oakland Historic Preservation Programs.”

²¹⁸ 5203 Dover Street was not evaluated for eligibility under Criterion 4, which is beyond the scope of this report since “potential to yield information important to the prehistory or history of California” typically relates to archeological resources, rather than built resources.

5203 Dover Street retains integrity of location, design, workmanship, materials, and feeling as an early 20th-century residence. It lacks integrity of setting, due to the nearby large Children's Hospital Outpatient Center, the large modern hospital complex across the street, and the nearby Grove-Shafter Freeway. The building also lacks integrity of association because it is use as offices and is no longer associated with its original function as a residence.

Evaluation for Designation as a City of Oakland Designated Historic Property

Page & Turnbull's survey and evaluation assigns this building a rating of **C2+**, meaning that it is a building of secondary importance, located in an ASI district and is recorded as a contributor to that district. Evaluative considerations for each of the fourteen criteria are included on the Evaluation Worksheet for this building found in the Appendix.

5203 Dover Street as a Historical Resource Under CEQA

5203 Dover Street is not eligible for listing in the California Register and received a "C" rating based on City of Oakland Designated Historic Property evaluation criteria. Therefore, 5203 Dover Street does not appear to be a historic resource under CEQA.

F. 5212-5214 DOVER STREET



Figure 60. 5212-5214 Dover Street, looking north.
Source: Page & Turnbull, May 2013.

Description

Built in 1910, 5212-5214 Dover Street is a two-story, wood-frame, multi-family residence that has been altered from its original style (**Figure 60**). The rectangular-plan building is clad in wood clapboard siding on the primary façade and stucco on the secondary façades. It is capped by a flat roof. The foundation is concrete. The primary façade faces west. Typical fenestration consists of sliding vinyl-sash windows and fixed and double-hung wood-sash windows. The primary entrance features a flush wood door with sidelights. Architectural and site features include concrete stairs, a porch with tapered columns, and pent roofs above the first and second stories. The building appears to be in good condition.

Historic Context

Harry M. Swalley, a contractor and house carpenter, bought the vacant lot at 5214 Dover Street ca. 1907 and constructed a house on it in 1910.²¹⁹ In 1912, a rear structure was built on the property.²²⁰ A second rear structure was constructed before 1930.²²¹

Harry Swalley was born ca. 1874 in Missouri and married his wife, Emma, around 1905.²²² Their son Leavitt was born ca. 1909.²²³ From 1908-09, Swalley also owned a nearby property at 5325 Dover Street.²²⁴ The Swalleys had moved near Oakland's Lake Merritt by 1916, and in 1920 Harry was working as a concessionaire at an amusement park.²²⁵

²¹⁹ 1907 Block Book; Building Permit #12305, 1908.

²²⁰ 1912 Block Book.

²²¹ 1930 Sanborn Fire Insurance Map.

²²² 1910 Census.

²²³ Ibid.

²²⁴ 1908, 1909 Block Books.

²²⁵ California Voter Registrations 1900-1968, Alameda County; 1920 Census.

Edward S. Howland, a guard at a government shipyard, bought the property at 5212-14 Dover ca. 1915.²²⁶ Howland, born ca. 1872, was married to Johanna and they had two daughters.²²⁷ By 1920, one daughter, Matie, and her husband Albert E. Swan, also lived at 5214 Dover, along with Johanna's father, Charles T. Grimme. Albert Swan and Emma Howland both worked at a retail meat market.

Clyde A. Croswell bought the property at 5212-14 Dover ca. 1922.²²⁸ By 1930, the house was valued at \$7,500 and included a unit rented for \$35 per month. Clyde Croswell, age 33, lived at 5214 Dover with his wife, E. Glo, and mother-in-law, Margaret E. Shinkle.²²⁹ Clyde worked as an inspector with the police department, and his wife was associated with detective work. The rental unit at 5212 Dover Street was occupied by Clyde's father, Jesse B. Croswell, his wife Isabella, and their teenage daughters. Jesse Croswell worked as an electrician. During the 1960s, Frank A. Boykin took over ownership of the property. Boykin was employed as a bus driver and lived at 5212 Dover Street with his wife Jewel. According to Oakland city phone directories, Jewel continued to reside at the property until 2002.

Between 1930 and 1952, a rear addition was constructed.²³⁰ A second one-story structure was built at the rear of the property ca. 1968.²³¹ The front porch was added after 1969.

Current Historic Status

5212-5214 Dover Street has an Oakland Cultural Heritage Survey rating of Dc2+, indicating that it is a building of minor importance located in the 55th and Dover Residential District, an Area of Secondary Importance (ASI), and contributes to that district. Its contingency rating of "c" indicates that the building rating may be upgraded in the future if inappropriate alterations are reversed.

Evaluation for the California Register

5212-5214 Dover Street does not appear to be significant under any California Register criteria. It is not directly associated with important broader development trends or other specific events in the Temescal neighborhood (Criterion 1), nor is it associated with persons significant within a local, state, or national context (Criterion 2). Owners and occupants were working- and middle-class people and little information was found on them in local and online archives that would indicate any level of significant contributions. The building is also not significant for its architecture because it is an altered Craftsman style building and does not possess high artistic values. The builder, Harry M. Swalley, is not well-known and cannot be considered a master architect (Criterion 3).²³²

5212-5214 Dover Street retains integrity of location. The building appears to have been altered with replacement windows, a porch addition, rear addition, and replacement cladding, which compromises

²²⁶ Ibid.; 1915 Block Book.

²²⁷ 1920 Census.

²²⁸ 1921, 1923 Block Books.

²²⁹ 1930 Census.

²³⁰ 1930, 1952 Sanborn Fire Insurance Maps.

²³¹ 1967, 1969 Sanborn Fire Insurance Maps.

²³² 5212-14 Dover Street was not evaluated for eligibility under Criterion 4, which is beyond the scope of this report since "potential to yield information important to the prehistory or history of California" typically relates to archeological resources, rather than built resources.

integrity of materials, design, workmanship, and feeling as an early 20th-century residence. It retains some degree of integrity of residential setting, though a large modern apartment building was constructed on the property to the north. As no important historic event or person is associated with the property, it lacks integrity of association.

Evaluation for Designation as a City of Oakland Designated Historic Property

Page & Turnbull's intensive survey and evaluation assigns this building a rating of **D2+**, meaning that it is a building of secondary importance, located in an ASI district and is recorded as a contributor to that district. Evaluative considerations for each of the fourteen criteria are included on the Evaluation Worksheet for this building found in the Appendix.

5212-5214 Dover Street as a Historical Resource Under CEQA

5212-5214 Dover Street is not eligible for listing in the California Register and received a "D" rating based on City of Oakland Designated Historic Property evaluation criteria. Therefore, 5212-5214 Dover Street does not appear to be a historic resource under CEQA.

G. 5225 DOVER STREET



Figure 61. 5225 Dover Street, looking west. Source: Page & Turnbull, May 2013.

Description

Constructed in 1908, 5225 Dover Street is a two story over exposed basement, rectangular plan, Craftsman-style residence clad in asbestos shingle siding and capped with a double cross-gable roof (**Figure 61**). A concrete foundation is visible at the base of the building. The primary façade faces east. The primary entrance is located at the east façade and features a flush wood door sheltered by a shed roof and accessed via a brick stair and a concrete porch. Fenestration is a mix of double-hung and casement wood sash at the first and second stories; all windows have security bars at the first story. The north façade includes an enclosed porch at the first story with Craftsman-style corner posts, and two large dormers at the second story. The south façade includes an additional entrance, a flush wood door accessed by a short wood stair and sheltered by a front-gable porch. Second story gable ends have lattice vents at the peak and are supported by simple wood brackets. The building appears to be in fair condition, as alterations to the cladding are visible and some windows are damaged.

Historic Context

Harry M. Swalley, a contractor and house carpenter, bought the vacant lot at 5225 Dover Street ca. 1907 from Anna Kaufner and in 1908 received a permit for the construction of a two-story house.²³³ Swalley also owned property and built houses at 5212-5214 Dover Street and 5325 Dover Street.

Harry Swalley was born ca. 1874 in Missouri and married his wife, Emma, around 1905.²³⁴ Their son Leavitt was born ca. 1909.²³⁵ The Swalleys had moved near Oakland's Lake Merritt by 1916, and in 1920 Harry was working as a concessionaire at an amusement park.²³⁶

²³³ 1907 Block Book.

²³⁴ 1910 Census.

²³⁵ Ibid.

5225 Dover Street passed ownership rapidly several times; in 1911 the house was owned by Gertrude Cogswell, in 1912 by Jonathan Schneider, and in 1914 by Wesley P. Howland.²³⁷ Wesley Howland was a clerk with a rail company who had previously lived on 33rd Street in Oakland before purchasing and moving in to the house on Dover. In 1920, Howland lived at 5225 Dover Street with his wife Edith and their four children, Wesley, Edith, Oliver, and Warren.²³⁸ The Howlands remained in residence at this house into the 1940s.²³⁹

Arthur and Rosa Stringer occupied the property during the 1960s.²⁴⁰ Stringer worked as a longshoreman for Far East Shipping Lines.

Current Historic Status

5225 Dover Street has an Oakland Cultural Heritage Survey (OCHS) rating of Dc2+, indicating that the building is of minor importance. Its contingency rating of “c” indicates that the building rating may be upgraded in the future if inappropriate alterations are reversed. The building is a contributor to the 55th and Dover Residential District, an Area of Secondary Importance (ASI). Buildings that contribute to ASIs are considered Potential Designated Historic Properties, or PDHPs.²⁴¹

Evaluation for the California Register

5225 Dover Street does not appear to be significant under any California Register criteria. It is not directly associated with important broader development trends or other specific events in the Temescal neighborhood (Criterion 1), nor is it associated with persons significant within a local, state, or national context (Criterion 2). Owners and occupants were working class people and little information was found on them in local and online archives that would indicate any level of significant contributions. The building is also not significant for its architecture because it is a relatively simple Craftsman style building and does not possess high artistic values. The builder, Harry M. Swalley, is not well-known and cannot be considered a master architect (Criterion 3).²⁴²

5225 Dover Street remains where it was originally constructed, and therefore retains integrity of location. The building appears to have been altered with some replacement windows and contemporary cladding, however it does retain some degree of integrity of materials, design, workmanship, and feeling as a largely intact early 20th-century residence. It retains some degree of integrity of setting within the residential neighborhood, though it sits in the shadow of the large modern Children's Hospital Outpatient Building to the west and adjacent to a smaller contemporary building directly to the south. As no important historic event or person is associated with the property, it lacks integrity of association.

²³⁶ California Voter Registrations 1900-1968, Alameda County; 1920 Census.

²³⁷ 1911, 1912, and 1914 Block Books.

²³⁸ 1920 Census.

²³⁹ Polk's 1946 Oakland City Directory.

²⁴⁰ Polk's Oakland City Directory, 1967.

²⁴¹ “City of Oakland Historic Preservation Programs.”

²⁴² 5225 Dover Street was not evaluated for eligibility under Criterion 4, which is beyond the scope of this report since “potential to yield information important to the prehistory or history of California” typically relates to archeological resources, rather than built resources.

Evaluation for Designation as a City of Oakland Designated Historic Property

Page & Turnbull's survey and evaluation assigns this building a rating of **D2+**, meaning that it is a building of minor importance, located in an ASI district and is recorded as a contributor to that district. Evaluative considerations for each of the fourteen criteria are included on the Evaluation Worksheet for this building found in the appendix.

5225 Dover Street as a Historical Resource Under CEQA

5225 Dover Street does not appear to be individually significant under any California Register criteria and received a "D" rating based on City of Oakland Designated Historic Property evaluation criteria. Therefore, 5225 Dover Street does not appear to be a historic resource under CEQA.

H. 665 53RD STREET



Figure 62. 665 53rd Street, looking southeast.
Source: Page & Turnbull, May 2013.

Description

665 53rd Street is a one-story, wood-frame office building with no discernible style (**Figure 62**). The rectangular-plan building is capped by a flat roof with a shed roof over a full-length front porch. A stepped false parapet is located toward the east end of the roof. The foundation is not visible. The building is clad in wood panel and beveled cladding. The primary façade faces north. Typical fenestration consists of fixed vinyl-sash windows with false muntins. Entrances include flush and partially-glazed wood doors. Architectural and site features include a front parking area, a fenced front yard, steps and a ramp leading to the porch, and wood posts at the porch. The building appears to be in good condition.

Historic Context

No records are available providing the construction date of 665 53rd Street, but the building appears to be less than 50 years old and was likely constructed after the Children's Hospital and Research Center Oakland acquired the property in 1985. Buildings less than 50 years old do not fall under the provisions of CEQA and no historic research was conducted.

Current Historic Status

665 53rd Street is less than 50 years old. It does not have an Oakland Cultural Heritage Survey (OCHS) rating and is not listed as a contributor to the 55th and Dover Residential District.

Evaluation for the California Register

665 53rd Street is less than 45 years old and does not qualify as a historic resource under CEQA.

Evaluation for Designation as a City of Oakland Designated Historic Property

The building was not evaluated for designation as it is less than 45 years old.

665 53rd Street as a Historical Resource Under CEQA

In Conclusion, 665 53rd Street is not a historic resource under CEQA.

I. 671 53RD STREET



Figure 63. 671 53rd Street, looking south.
Source: Page & Turnbull, May 2013.

Description

Built in 1906, 671 53rd Street is a one-story, wood-frame, single-family residence designed in the Simple Bungalow style (**Figure 63**). The rectangular-plan building, clad in wood shingles, is capped by a hip roof clad in asphalt shingles. A hip-roof dormer at the front of the roof features a sliding aluminum-sash window. The foundation is not visible. The primary façade faces north. Typical fenestration consists of fixed and double-hung wood-sash windows. The primary entrance features a paneled, partially-glazed wood door. Architectural and site features include wood stairs, a recessed corner entry porch with a classical column, molded door and window surrounds, exposed rafter tails, and a brick chimney. The building appears to be in good condition.

Historic Context

Edward H. and Mary Davis purchased the vacant lot at 671 53rd Street in 1906 and hired Carl P. Kreischer to build a house on the property the same year.²⁴³ Edward Davis was born in Indiana ca. 1882 and married Mary Black, a California native, in 1904.²⁴⁴ The Davises had two children, Lucille and Elvin.²⁴⁵

The builder of 671 53rd Street was Carl Phillip Kreischer, an Ohio native born ca. 1860 to German immigrant parents.²⁴⁶ Kreischer was a contractor and house carpenter who resided in North Oakland and later in North Berkeley. Census and voter records show that the family moved frequently. Carl

²⁴³ 1906, 1907 Block Books; Building Permit #4474, 29 August 1906.

²⁴⁴ 1910 Census.

²⁴⁵ Ibid.; 1920 Census.

²⁴⁶ Ibid.

lived with his wife Minnie and their two grown children, who worked as a schoolteacher and a laborer.²⁴⁷

In 1910, property owner Edward Davis worked as a shipping clerk in a retail jewelry store. May's sisters, Grace and Gertrude Black, lived with the Davis family. Grace worked as a financial clerk for the State Board of Health, and Gertrude worked as a department store salesperson. In 1920 the sisters still lived with the family, and Edward worked as a route agent at a newspaper.²⁴⁸ By 1930, the Davis' house on 53rd Street was valued at \$3,000.²⁴⁹ At that time, Edward Davis was employed as an auto mechanic, and May's retired father Robert Black lived at the house with them. They continued to reside at the address through the 1940 census.

Current Historic Status

671 53rd Street has an Oakland Cultural Heritage Survey (OCHS) rating of C2+, indicating that the building is of secondary importance. It is a contributor to the 55th and Dover Residential District, an Area of Secondary Importance (ASI). Buildings that contribute to ASIs or have a rating of C or higher are Potential Designated Historic Properties, or PDHPs.²⁵⁰

Evaluation for the California Register

671 53rd Street does not appear to be significant under any California Register criteria. It is not directly associated with important broader development trends or other specific events in the Temescal neighborhood (Criterion 1), nor is it associated with persons significant within a local, state, or national context (Criterion 2). Owners and occupants were working class people and little information was found on them in local and online archives that would indicate any level of significant contributions. Though little altered, the building is also not significant for its architecture because it is a relatively typical Simple Bungalow style building and does not possess high artistic values. The builder, Carl Phillip Kreischer, is not well-known and cannot be considered a master architect (Criterion 3).²⁵¹

671 53rd Street retains a high degree of integrity of location, design, materials, workmanship, and feeling as an early 20th-century residence. The building lacks integrity of setting, as the construction of the Grove-Shafter Freeway caused the closure of 53rd Street, and modern apartment buildings were constructed nearby. This block lacks the intact block-face and visual cohesiveness that characterize the rest of the 55th and Dover Residential District. As no important historic event or person is associated with the property, it lacks integrity of association.

Evaluation for Designation as a City of Oakland Designated Historic Property

Page & Turnbull's survey and evaluation assigns this building a rating of **C2+**, meaning that it is a building of secondary importance, located in an ASI district and is recorded as a contributor to that

²⁴⁷ California Voter Registrations.

²⁴⁸ 1920 Census.

²⁴⁹ 1930 Census.

²⁵⁰ "City of Oakland Historic Preservation Programs."

²⁵¹ 671 53rd Street was not evaluated for eligibility under Criterion 4, which is beyond the scope of this report since "potential to yield information important to the prehistory or history of California" typically relates to archeological resources, rather than built resources.

district. Evaluative considerations for each of the fourteen criteria are included on the Evaluation Worksheet for this building found in the Appendix.

671 53rd Street as a Historical Resource Under CEQA

671 53rd Street is not eligible for listing in the California Register and received a “C” rating based on City of Oakland Designated Historic Property evaluation criteria. Therefore, 671 53rd Street does not appear to be a historic resource under CEQA.

J. 675 53RD STREET



Figure 64. 675 53rd Street, looking south.
Source: Page & Turnbull, May 2013.

Description

Built ca. 1911, 675 53rd Street is a one-story over raised basement, wood-frame, single-family residence designed in the Simple Bungalow style (**Figure 64**). The rectangular-plan building, clad in textured stucco, is capped by a hip roof covered with asphalt shingles. A hip-roof dormer at the front of the roof contains a multi-light wood window. The foundation is not visible. The primary façade faces north. Typical fenestration consists of double-hung, wood-sash windows and multi-light wood-sash casement windows set in a six-sided window bay. The primary entrance features a partially glazed and paneled wood door. Architectural and site features include an integral garage with a roll-up door at the basement level, concrete stairs, a recessed corner entry porch with tapered wood posts, and a stucco-clad chimney. The building appears to be in good condition.

Historic Context

Minnie Bouton owned two vacant lots facing onto Dover Street from 1907 until ca. 1913.²⁵² The house at 675 53rd Street was constructed by Edward Collins ca. 1911.²⁵³ It is unlikely that Bouton ever lived on the property, as the 1910 Census shows her as a San Francisco resident. By 1913, the lots were divided, reoriented to front onto 53rd Street, and the eastern house and property sold to Ada E. Kinney. Kinney sold the property to Alma B. Anderson by 1914.²⁵⁴ No information was found on either woman.

²⁵² 1907, 1910, 1913 Block Books.

²⁵³ 1911 Block Book.

²⁵⁴ 1914 Block Book.

In 1920, Herman and Jamie Lewenthal rented the house at 675 53rd Street.²⁵⁵ Herman was born ca. 1877 in California to German immigrant parents and sold “men’s furnishings” at Smiths Money Back Store.²⁵⁶ Jamie Lewenthal was born ca. 1881 in England. The Lewenthals did not occupy the house long, as they lived in a house on Market Street in North Oakland in 1922.²⁵⁷

Henry C. and Irmgard J. Christian bought the property from Alma Anderson in 1921.²⁵⁸ One year earlier, in 1920, 37-year-old Henry C. Christian and his wife, 25-year-old Irmgard (or Irma) rented a house on 56th Street with Irmgard’s mother Mary McLean and a cousin, Charles H. Veary.²⁵⁹ Henry worked as an auto mechanic, and Charles Veary worked in a mill as a planing machine operator. The Christians sold 675 53rd Street after 1925 and lived in Berkeley by 1930.²⁶⁰

By 1930, Soren Gammelgard owned the house, which was valued at \$4,000.²⁶¹ The 55-year-old Danish immigrant lived there with his wife Marie, also a Danish immigrant, and their California-born son, Samuel. Soren and Marie immigrated to the United States in 1905. Soren worked as a motorman for the electric railroad, while Samuel worked as a fireman for the steam railroad.

By 1940, Anders and Elizabeth Yttrup owned the house. They lived with their young children William and Marylin. Like the Gammelgards, the Yttrups were Danish immigrants with California-born children. Anders was a maintenance man for a creamery.²⁶² The home then passed into the hands of Rebecca and George Avedikian, naturalized Turkish immigrants. George died at some point during the 1950s and Rebecca continued to live at 675 53rd Street. They had three children together, at least two of whom were grown and out of the house by the time they acquired the property.^{263 264}

Current Historic Status

675 53rd Street has an Oakland Cultural Heritage Survey (OCHS) rating of Dc2+, indicating that the building is of minor importance. Its contingency rating of “c” indicates that the building rating may be upgraded in the future if inappropriate alterations are reversed. The building is a contributor to the 55th and Dover Residential District, an Area of Secondary Importance (ASI). Buildings that contribute to ASIs are Potential Designated Historic Properties, or PDHPs.²⁶⁵

Evaluation for the California Register

675 53rd Street does not appear to be significant under any California Register criteria. It is not directly associated with important broader development trends or other specific events in the Temescal neighborhood (Criterion 1), nor is it associated with persons significant within a local, state, or national context (Criterion 2). Owners and occupants were working class people and little

²⁵⁵ 1920 Census.

²⁵⁶ Oakland City Directory, 1915; Ibid.

²⁵⁷ Oakland City Directory, 1922.

²⁵⁸ 1921, 1923 Block Books.

²⁵⁹ 1920 Census.

²⁶⁰ 1925 Block Book; 1930 Census.

²⁶¹ Ibid.

²⁶² 1940 Census

²⁶³ 1940 census

²⁶⁴ Polk’s Oakland City Directory.

²⁶⁵ “City of Oakland Historic Preservation Programs.”

information was found on them in local and online archives that would indicate any level of significant contributions. The building is also not significant for its architecture because it is an altered Simple Bungalow style building and does not possess high artistic values. The builder Edward Collins, is not well-known and cannot be considered a master architect (Criterion 3).²⁶⁶

675 53rd Street retains integrity of location, workmanship, and feeling as an early 20th-century residence. While the building appears to have been altered with a curved window bay and stucco cladding, it retains some degree of integrity of design and materials. The building lacks integrity of setting, as the construction of the Grove-Shafter Freeway caused the closure of 53rd Street, and modern apartment buildings were constructed nearby. This block lacks the intact block-face and visual cohesiveness that characterize the rest of the 55th and Dover Residential District. As no important historic event or person is associated with the property, it lacks integrity of association.

Evaluation for Designation as a City of Oakland Designated Historic Property

Page & Turnbull's survey and evaluation assigns this building a rating of **D2+**, meaning that it is a building of minor importance, located in an ASI district and is recorded as a contributor to that district. Evaluative considerations for each of the fourteen criteria are included on the Evaluation Worksheet for this building found in the Appendix.

675 53rd Street as a Historical Resource Under CEQA

675 53rd Street is not eligible for listing in the California Register and received a "D" rating based on City of Oakland Designated Historic Property evaluation criteria. Therefore, 675 53rd Street does not appear to be a historic resource under CEQA.

²⁶⁶ 675 53rd Street was not evaluated for eligibility under Criterion 4, which is beyond the scope of this report since "potential to yield information important to the prehistory or history of California" typically relates to archeological resources, rather than built resources.

K. 677-679 53RD STREET



Figure 65. 677-679 53rd Street, looking south.
Source: Page & Turnbull, April 2008.

Description

Built in 1921, 677-679 53rd Street is a two-story, wood-frame, two-unit residence designed in a simplified Classical Revival style (**Figure 65**). The rectangular-plan building, clad in stucco, is capped by a hip roof clad in asphalt shingles. The foundation is not visible. The primary façade faces north. Typical fenestration consists of fixed and double-hung wood-sash windows, some set in a square window bay at the first story level. Visible windows have a four-over-one or two-over-one muntin pattern. The building has two entrances; one consists of a wood door behind a metal security gate and the other is a paneled, partially-glazed wood door. Architectural and site features include concrete stairs, pilasters flanking both entrances, and shallow hoods over both entries. The building appears to be in good condition. A one-story rear garage is shown on Sanborn Fire Insurance Maps dating from 1930, but no longer appears extant.

Historic Context

Minnie Bouton owned two vacant lots facing onto Dover Street from 1907 until ca. 1913.²⁶⁷ By 1913, the lots were divided, reoriented to front onto 53rd Street, and the undeveloped western lot was sold to Francis D. Giblin, a San Francisco resident who worked as a warehouse packer in 1910 and a chauffeur in 1920.²⁶⁸ Giblin sold the property to Gertrude W. and Fred G. Kelley ca. 1920.²⁶⁹

²⁶⁷ 1907, 1910, 1913 Block Books.

²⁶⁸ 1910, 1913 Block Books; 1910 Census; 1920 Census.

²⁶⁹ 1919, 1921 Block Books.

In 1921, 40-year-old Fred Kelley constructed a house for his family at 679 53rd Street at a cost of \$5,000.²⁷⁰ Fred was a civil engineer employed in the surveying and drafting industry.²⁷¹ Fred, his wife Gertrude, and their daughter Alice still lived in the house in 1930.²⁷²

The building was divided into two rental units by 1940. Albert and May Bowles began renting 679 53rd Street for 25 dollars a month before 1935.²⁷³ Albert was 60 years old and had been born in Missouri. May was born in California. They continued to live in the house until at least 1940. Albert was a machinist and worked for the Public Utility Company. Adam and Ella James, Scottish immigrants, rented the other half of the building, at 677 53rd St during the same period. They lived with their daughter Doris. Adam was a machine operator at paint manufacturer. Ella was a cook at a hospital. The building is currently used as offices for the Children's Hospital.

Current Historic Status

677-679 53rd Street has an Oakland Cultural Heritage Survey (OCHS) rating of D2+, indicating that the building is of minor importance. It is a contributor to the 55th and Dover Residential District, an Area of Secondary Importance (ASI). Buildings that contribute to ASIs are Potential Designated Historic Properties, or PDHPs.²⁷⁴

Evaluation for the California Register

677-679 53rd Street does not appear to be significant under any California Register criteria. It is not directly associated with important broader development trends or other specific events in the Temescal neighborhood (Criterion 1), nor is it associated with persons significant within a local, state, or national context (Criterion 2). Owners and occupants were working class people and little information was found on them in local and online archives that would indicate any level of significant contributions. The building is also not significant for its architecture because it was designed in a very simplified Classical Revival style and does not possess high artistic values. The builder, Fred Kelley, a civil engineer, may have only built this house for himself and cannot be considered a master architect (Criterion 3).²⁷⁵

677-679 53rd Street retains integrity of location, design, and feeling as an early 20th-century residence. The building appears to have sustained few alterations and retains integrity of materials and workmanship. The building lacks integrity of setting, as the construction of the Grove-Shafter Freeway caused the closure of 53rd Street, and modern apartment buildings were constructed nearby. This block lacks the intact block-face and visual cohesiveness that characterize the rest of the 55th and Dover Residential District. As no important historic event or person is associated with the property and the building is no longer used as residences, it lacks integrity of association.

²⁷⁰ City of Oakland Building Permit #61301, 1921.

²⁷¹ 1930 Census.

²⁷² Ibid.

²⁷³ 1940 Census

²⁷⁴ "City of Oakland Historic Preservation Programs."

²⁷⁵ 677-679 53rd Street was not evaluated for eligibility under Criterion 4, which is beyond the scope of this report since "potential to yield information important to the prehistory or history of California" typically relates to archeological resources, rather than built resources.

Evaluation for Designation as a City of Oakland Designated Historic Property

Page & Turnbull's intensive survey and evaluation assigns this building a rating of **C2+**, meaning that it is a building of secondary importance, located in an ASI district and is recorded as a contributor to that district. Evaluative considerations for each of the fourteen criteria are included on the Evaluation Worksheet for this building found in the Appendix.

677-679 53rd Street as a Historical Resource Under CEQA

677-679 53rd Street is not eligible for listing in the California Register and received a "C" rating based on City of Oakland Designated Historic Property evaluation criteria. Therefore, 677-679 53rd Street does not appear to be a historic resource under CEQA.

L. 685-689 53RD STREET



Figure 66. 685-689 53rd Street, looking south.
Source: Page & Turnbull, May 2013.

Description

Built ca. 1914, 685-689 53rd Street is a one-story, wood-frame, mixed-use building with no discernible style (**Figure 66**). The rectangular-plan building, clad in smooth stucco, is capped by a flat roof. The foundation is not visible. The primary façade faces north. Typical fenestration consists of fixed and double-hung wood-sash windows and metal-sash plate glass windows. The commercial entrance features a partially-glazed wood door with a multi-light wood-sash transom and is located on the angled corner of the building. The residential entrance is recessed and located at the east end of the front façade. It contains a flush wood door and concrete steps clad in ceramic tiles. Architectural features include a ceramic tile water table and a flat, semi-circular hood over the commercial entrance. An associated garage is located to the south, and is not shown in the 1930 Sanborn map. The building appears to be in good condition.

Historic Context

Minnie Bouton owned two vacant lots facing onto Dover Street from 1907 until ca. 1913.²⁷⁶ By 1913, the lots were divided, reoriented to front onto 53rd Street, and the undeveloped property at 685-689 53rd Street was sold to Harvey M. Carter, a 41-year-old tailor.²⁷⁷

Carter commissioned the mixed-use building ca. 1914.²⁷⁸ The building contained a dwelling and a commercial unit, both occupied by Carter from 1915-16.²⁷⁹ Carter sold the property to Fred Josephson in 1918 and had moved to San Francisco by 1920.²⁸⁰

²⁷⁶ 1907, 1910, 1913 Block Books.

²⁷⁷ 1913 Block Book.

²⁷⁸ 1914 Block Book.

²⁷⁹ Polk's Oakland/Berkeley/Alameda Directory, 1915, 1916.

²⁸⁰ 1918 Block Book; 1920 Census.

Fred Josephson and his family may have never lived at the property at 685-689 53rd Street. Josephson, a 54-year-old Navy officer born in Sweden, bought the property in 1918 and sold it three years later. In 1916, the Josephson family lived on the 600 block of 53rd Street, with Harvey Carter as a neighbor. By 1920, they lived on Andover Street in Oakland.²⁸¹ They sold the property at 685-689 53rd Street to C. E. and G. C. Lowell around 1921.²⁸²

It is unclear who in the Lowell family owned the property at 685-689 53rd Street. C. E. and G. C. Lowell bought the property ca. 1921, and Sophia Lowell, a widow in her thirties, is listed as the property owner in 1930.²⁸³ As early as 1923, however, Sophia, her daughter Elaine, and her brother John D. Lowell lived in the dwelling at 689 53rd Street and operated a grocery store in the commercial unit.²⁸⁴ After John's death in 1933 or 1934, Sophia Lowell ran the grocery by herself until at least 1943. The commercial unit remained in use as a store until at least 1969.²⁸⁵ The Lowells previously operated a grocery at 6025 Shattuck Avenue.²⁸⁶

A small one-story ancillary building appears on Sanborn maps dating from 1930. This building was demolished between 1952 and 1967 and an addition to the dwelling unit at 685 53rd Street was constructed.²⁸⁷ A larger garage was constructed in the rear, probably at the same time as the addition.

Current Historic Status

685-689 53rd Street has an Oakland Cultural Heritage Survey (OCHS) rating of Fd2*, indicating that the building has been modernized. The “d” is a contingency rating indicating that the building may be eligible for a D rating in the future if inappropriate alterations are reversed. It is located in the 55th and Dover Residential District, an Area of Secondary Importance (ASI), but is not a contributor to that ASI.²⁸⁸

Evaluation for the California Register

685-689 53rd Street does not appear to be significant under any California Register criteria. It is not directly associated with important broader development trends or other specific events in the Temescal neighborhood (Criterion 1), nor is it associated with persons significant within a local, state, or national context (Criterion 2). Owners and occupants were working class people and little information was found on them in local and online archives that would indicate any level of significant contributions. The building is also not significant for its architecture because it is a very altered mix-used building without a discernible style. It does not possess high artistic values. The builder is unknown and cannot be considered a master architect (Criterion 3).²⁸⁹

²⁸¹ Polk's Directory, 1916.

²⁸² 1920 Census.

²⁸³ 1921 Block Book; 1930 Census.

²⁸⁴ Polk's Directory, 1923, 1933, 1943.

²⁸⁵ Ibid., 1923, 1933, 1943; 1969 Sanborn Map.

²⁸⁶ 1920 Census, Polk's Directory, 1922.

²⁸⁷ 1952, 1967 Sanborn Fire Insurance Maps.

²⁸⁸ “City of Oakland Historic Preservation Programs.”

²⁸⁹ 685-689 53rd Street was not evaluated for eligibility under Criterion 4, which is beyond the scope of this report since “potential to yield information important to the prehistory or history of California” typically relates to archeological resources, rather than built resources.

685-689 53rd Street retains integrity of location. The building appears to have been altered with stucco cladding, replacement windows, and removal of storefront windows, and therefore lacks integrity of design, materials, workmanship, and feeling as a mixed-use building from the 1910s. It retains some degree of integrity of setting within a residential neighborhood. The building lacks integrity association since no important historic event or person is associated with the property and the storefront is no longer in use.

Evaluation for Designation as a City of Oakland Designated Historic Property

Page & Turnbull's intensive survey and evaluation assigns this building a rating of **D2+**, meaning that it is a building of minor importance, located in an ASI district and is recorded as a contributor to that district. Evaluative considerations for each of the fourteen criteria are included on the Evaluation Worksheet for this building found in the Appendix.

685-689 53rd Street as a Historical Resource Under CEQA

685-689 53rd Street is not eligible for listing in the California Register and received a "D" rating based on City of Oakland Designated Historic Property evaluation criteria. Therefore, 685-689 53rd Street does not appear to be a historic resource under CEQA.

M. 707 53RD STREET



Figure 67. 707 53rd Street, looking south.
Source: Page & Turnbull, April 2008.

Description

Built in 1907, 707 53rd Street is a two-story, wood-frame residence designed in the Shingle style (**Figure 67**). The rectangular-plan building, clad in wood shingles, is capped by steep hip roof covered with asphalt shingles and featuring large hip-roof dormers and flared eaves. The foundation is concrete. The primary façade faces north. Typical fenestration consists of double-hung wood-sash windows and wood-sash casement windows in groups of four with louvered transoms. Some windows are set in square window bays that are capped with hip roofs and supported by brackets. The primary entrance features a flush wood door. Architectural and site features include concrete and wood stairs, molded door and window surrounds, a wood balconette, exposed rafter tails, and a brick chimney. The building appears to be in good condition. A detached garage is located at the southwest corner of the lot.

Historic Context

Anna Kaufman purchased two lots facing onto 53rd Street in 1906.²⁹⁰ In 1907, houses were constructed on both properties, the subject property at 707 53rd Street and the corner property to the east.²⁹¹ The house at 707 53rd Street was designed by architect William A. Walker and built by A. Walker & Son. William A. Walker, an Illinois native, was a partner in the North Oakland contracting firm of Walker & Bradhoff in 1910.²⁹² No information was found on Walker's other architectural

²⁹⁰ 1906 Block Book.

²⁹¹ Building Permit #8077, 13 April 1907.

²⁹² 1920 Census.

work. No information was found on A. Walker & Son, but the company was likely related to William A. Walker.

It is unclear whether Kaufman ever lived in the house at 707 53rd Street. Around 1908 she sold the house and property at 707 53rd Street to Elizabeth M. Scoby, age 52.²⁹³ Scoby was either widowed or divorced. The 1900 Census records that she lived on 10th Street as the partner of Cornelia Gardener, who operated a small rooming house.²⁹⁴ At that time, Scoby worked as a stenographer, but the 1910 Census shows her living off her own income.²⁹⁵ Around 1911, she sold the property to Estelle Oliver.²⁹⁶

The Oliver family—including 31-year-old Estelle, husband Frank, daughter Harriet, and mother Harriet Curtis—moved to 707 53rd Street from Oakland's Fruitvale district. Oliver sold the property at 707 53rd Street to Milton D. Horner in 1919 or 1920.²⁹⁷ By 1920, the Olivers lived in Washington state.

In 1920, 34-year-old Milton Horner lived at 707 53rd Street with his wife Elsie, their son Howard, and Milton's mother Mary.²⁹⁸ The house was mortgaged. Milton worked as the manager of a wholesale plumbing supplies company. By 1930, Mary no longer lived with the Horner family, and Milton and Elsie had another son, John Van Cleve.²⁹⁹ Milton continued to manage the plumbing supplies company. At that time the house was valued at \$5,000. Two rear auxiliary buildings, a one-story building and a two-story building, are shown in Sanborn Fire Insurance Maps dating from 1930, though neither appear extant today. Horner continued to live at 707 53rd Street and worked for Oakland Plumbing Supply Co. through World War II.³⁰⁰ The building was listed as vacant in the 1967 Oakland city directory, but was re-occupied in 1969 by Johnathon L. Moore.³⁰¹

Current Historic Status

707 53rd Street has an Oakland Cultural Heritage Survey (OCHS) rating of C2+, indicating that the building is of secondary importance. It is a contributor to the 55th and Dover Residential District, an Area of Secondary Importance (ASI). Buildings that contribute to ASIs or have a rating of C or higher are Potential Designated Historic Properties, or PDHPs.³⁰²

Evaluation for the California Register

707 53rd Street does not appear to be significant under any California Register criteria. It is not directly associated with important broader development trends or other specific events in the Temescal neighborhood (Criterion 1), nor is it associated with persons significant within a local,

²⁹³ 1908 Block Book.

²⁹⁴ 1900 Census.

²⁹⁵ 1910 Census.

²⁹⁶ 1911 Block Book.

²⁹⁷ 1919, 1920 Block Books.

²⁹⁸ 1920 Census.

²⁹⁹ 1930 Census.

³⁰⁰ U.S., *World War II Draft Registration Cards, 1942* [database on-line]. Provo, UT, USA: Ancestry.com Operations, Inc., 2010.

³⁰¹ Polk's Oakland City Directory 1967

³⁰² "City of Oakland Historic Preservation Programs."

state, or national context (Criterion 2). Owners and occupants were working- and middle-class people and little information was found on them in local and online archives that would indicate any level of significant contributions. Though quite intact, the building is also not significant for its architecture and it does not possess high artistic values. The architect was William A. Walker, but little information was found about his career and he cannot be considered a master architect (Criterion 3).³⁰³

707 53rd Street retains integrity of location, design, materials, workmanship, and feeling as an early 20th-century residence. The building lacks integrity of setting, as the large modern Children's Hospital Outpatient Building has been constructed very close to the subject property. The building also lacks integrity of association as part of a dense residential neighborhood, as it is located on a block-face that is, for the most part, occupied by a large parking garage. This block lacks the intact block-face and visual cohesiveness that characterize the rest of the 55th and Dover Residential District.

Evaluation for Designation as a City of Oakland Designated Historic Property

Page & Turnbull's intensive survey and evaluation assigns this building a rating of **C2+**, meaning that it is a building of secondary importance, located in an ASI district and is recorded as a contributor to that district. Evaluative considerations for each of the fourteen criteria are included on the Evaluation Worksheet for this building found in the Appendix.

707 53rd Street as a Historical Resource Under CEQA

707 53rd Street is not eligible for listing in the California Register and received a "C" rating based on City of Oakland Designated Historic Property evaluation criteria. Therefore, 707 53rd Street does not appear to be a historic resource under CEQA.

³⁰³ 707 53rd Street was not evaluated for eligibility under Criterion 4, which is beyond the scope of this report since "potential to yield information important to the prehistory or history of California" typically relates to archeological resources, rather than built resources.

N. 715 53RD STREET



Figure 68. 715 53rd Street, looking south.
Source: Page & Turnbull, April 2008.

Description

Built ca. 1906, 715 53rd Street is a one-story, wood-frame residence designed in the Craftsman style (**Figure 68**). The rectangular-plan building, clad in wood clapboard siding, is capped by a hip roof clad in asphalt shingles. A gable dormer at the front of the roof features a multi-light wood-sash window. The foundation is concrete. The primary façade faces north. Typical fenestration consists of fixed and casement wood-sash windows. The primary entrance features a paneled, partially-glazed wood door. Architectural and site features include concrete steps, a recessed corner porch, exposed purlins and rafter tails, and a brick chimney. The building appears to be in good condition. Two one-story auxiliary buildings are shown to the rear of the house in Sanborn Fire Insurance Maps dating from 1930.

Historic Context

J. V. Galindo bought the property at 715 53rd Street ca. 1906. Shortly afterwards, a house was constructed on the property.³⁰⁴ Census records from 1910 show 30-year-old J. Vincent Galindo living at 715 53rd Street with his wife Ellen and their young son J. Vincent.³⁰⁵ Galindo managed the Galindo estate, which was likely the grand family house at 5401 Telegraph Avenue.³⁰⁶ Galindo died in 1914 or 1915, and ownership of 715 53rd Street passed to Ellen I. Galindo. In 1920, the house was owned free of mortgages.³⁰⁷ It was valued at \$7,000 in 1930.³⁰⁸ At that time Ellen Galindo's son Vincent and

³⁰⁴ 1906 Block Book.

³⁰⁵ 1910 Census.

³⁰⁶ Ibid.; "Danced in the Barn," *Oakland Tribune*, 10 February 1900, 6.

³⁰⁷ 1920 Census.

³⁰⁸ 1930 Census.

his wife Doris lived with her, along with Ellen's sister Martha Manning. Doris Galindo worked as a saleslady at a dry goods store. Ellen and Martha still resided at 715 53rd St in 1940, at which time the home was valued at \$3500.³⁰⁹

Current Historic Status

715 53rd Street has an Oakland Cultural Heritage Survey (OCHS) rating of Dc2+, indicating that the building is of minor importance. Its contingency rating of "c" indicates that the building rating may be upgraded in the future if inappropriate alterations are reversed. The building is a contributor to the 55th and Dover Residential District, an Area of Secondary Importance (ASI). Buildings that contribute to ASIs are Potential Designated Historic Properties, or PDHPs.³¹⁰

Evaluation for the California Register

715 53rd Street does not appear to be significant under any California Register criteria. It is not directly associated with important broader development trends or other specific events in the Temescal neighborhood (Criterion 1), nor is it associated with persons significant within a local, state, or national context (Criterion 2). Owners and occupants were working-class people and little information was found on them in local and online archives that would indicate any level of significant contributions. Though quite intact, the simple Craftsman style building is also not significant for its architecture and it does not possess high artistic values. The builder is unknown and cannot be considered a master architect (Criterion 3).³¹¹

715 53rd Street retains a high degree of integrity of location, design, materials, workmanship, and feeling as an early 20th-century residence. The building lacks integrity of setting, as the large modern Children's Hospital Outpatient Building has been constructed immediately behind to the subject property and the hospital's multi-story parking garage was constructed immediately adjacent to the west. The building lacks integrity of association as part of a dense residential neighborhood, as it is located on a block-face that is, for the most part, occupied by the large parking garage. This block lacks the intact block-face and visual cohesiveness that characterize the rest of the 55th and Dover Residential District.

Evaluation for Designation as a City of Oakland Designated Historic Property

Page & Turnbull's intensive survey and evaluation assigns this building a rating of **C2+**, meaning that it is a building of secondary importance, located in an ASI district and is recorded as a contributor to that district. Evaluative considerations for each of the fourteen criteria are included on the Evaluation Worksheet for this building found in the Appendix.

715 53rd Street as a Historical Resource Under CEQA

715 53rd Street is not eligible for listing in the California Register and received a "C" rating based on City of Oakland Designated Historic Property evaluation criteria. Therefore, 715 53rd Street does not appear to be a historic resource under CEQA.

³⁰⁹ 1940 census.

³¹⁰ "City of Oakland Historic Preservation Programs."

³¹¹ 715 53rd Street was not evaluated for eligibility under Criterion 4, which is beyond the scope of this report since "potential to yield information important to the prehistory or history of California" typically relates to archeological resources, rather than built resources.

O. 5204 MARTIN LUTHER KING JR. WAY



Figure 69. 5204 Martin Luther King Jr. Way, looking east.
Source: Page & Turnbull, May 2013.

Description

Estimated to have been built during the 1920s, 5204 Martin Luther King Jr. Way is a two-story, wood-frame residence set over an integral garage. It is designed in the Mediterranean Revival style (**Figure 69**). The rectangular-plan building, clad in smooth stucco, is capped by a cross-gable roof clad with red asphalt shingles and red tile decoration at the gable ends. The primary façade faces west. The façade fenestration consists of arched iron frame windows. The sides and rear feature double-hung wood-sash windows with ogee lugs. The primary entrance features a flush wood door within a small entry landing atop concrete steps. The foundation is not visible. Architectural and site features include molded rosette motifs above the façade windows and garage, spiral engaged columns at the living room window, iron balconettes, and two chimneys, one of which has a molded crown. The building appears to be in good condition.

Historic Context

Jacob Pederson acquired the parcel where 5204 Martin Luther King Jr. Way stands in 1910. A year later he was operating a grocery store out of two single-story abutting frame buildings at the very front of the lot, while living a few blocks away at 993 54th Street. He also maintained a small shed at the southeast corner of the parcel. By 1921 Pederson had relocated to 5206 Grove Street, the address historically associated with the larger of the two grocery buildings.³¹²

In 1922, he sold the parcel to H.C. Hagenson, who shortly thereafter constructed the extant two-story residence at the back of the lot where the small shed once stood. Hagenson, in turn, sold or leased the residence to Joseph Bossola in 1935.³¹³ Bossola, born in Italy in 1880, was a naturalized

³¹² Ancestry.com. *U.S. City Directories, 1821-1989*. Provo, UT, USA: Ancestry.com Operations, Inc., 2011. Website accessed on June 26, 2013.

³¹³ Polk's City Directory, Oakland, 1935.

citizen, who worked for the City of Oakland as a street sweeper.³¹⁴ Bossola shared the residence with his spouse, Theresa, a seamstress, and their son Lawrence. Lawrence was born in California in 1913, and went on to enlist in 1942. Joseph and Theresa continued to reside at 5204 Grove Street until Joseph's death in 1968.³¹⁵

The grocery store continued to operate into the 1950s. By 1951, the larger of the two grocery buildings had been converted to storage, but the smaller abutting structure retained its original use. A new shed was also constructed during the 1940s at the northeast corner next to the residence, bringing the total number of building on the parcel to four. The dwelling is the only extant building on the parcel today. It is likely that the original store buildings and the adjacent home on the corner lot (5202 Grove Street) were demolished during the late 1960s when the Grove-Shafter Freeway (State Route 24) was built, and Grove Street and 52nd Street were widened to accommodate increasing traffic and the expanding BART system.

Current Historic Status

5204 Martin Luther King Jr. Way was given an Oakland Cultural Heritage Survey (OCHS) rating of D2+, indicating that it is a building of secondary importance that is located in the 55th and Dover Residential District, an Area of Secondary Importance (ASI), and contributes to that district. However, given the property's complete loss of integrity of setting, feeling, and association, the rating is no longer considered for evaluation purposes.

Evaluation for the California Register

5204 Martin Luther King Jr. Way does not appear to be significant under any California Register criteria. It is not directly associated with important broader development trends or other specific events in the Temescal neighborhood (Criterion 1), nor is it associated with persons significant within a local, state, or national context (Criterion 2). Owners and occupants were working class people and little information was found on them in local and online archives that would indicate any level of significant contributions. Though quite intact, the simple Craftsman style building is also not significant for its architecture and it does not possess high artistic values. The builder is unknown and cannot be considered a master architect (Criterion 3).³¹⁶

5204 Martin Luther King Jr. Way retains integrity of location, design, materials, and workmanship as a 1920s residence. However, it lacks integrity of setting, feeling, and association due to the surrounding development, the widening of both 52nd Street and Martin Luther King Jr. Way, and the loss of associated buildings on the parcel.

Evaluation for Designation as a City of Oakland Designated Historic Property

Page & Turnbull's intensive survey and evaluation assigns this building a rating of **C2+**, meaning that it is a building of secondary importance, located in the 55th and Dover Residential District (an ASI)

³¹⁴ Ancestry.com. *U.S., World War II Draft Registration Cards, 1942* [database on-line]. Provo, UT, USA: Ancestry.com Operations, Inc., 2010.

³¹⁵ Ancestry.com. *California, Death Index, 1940-1997* [database on-line]. Provo, UT, USA: Ancestry.com Operations Inc, 2000.

³¹⁶ 5204 Martin Luther King Jr. Way was not evaluated for eligibility under Criterion 4, which is beyond the scope of this report since "potential to yield information important to the prehistory or history of California" typically relates to archeological resources, rather than built resources.

and is recorded as a contributor to that district. Evaluative considerations for each of the fourteen criteria are included on the Evaluation Worksheet for this building found in the Appendix.

5204 Martin Luther King Jr. Way as a Historical Resource Under CEQA

5204 Martin Luther King Jr. Way is not eligible for listing in the California Register and received a “C” rating based on City of Oakland Designated Historic Property evaluation criteria. Therefore, 688 52nd Street does not appear to be a historic resource under CEQA.

XII. CONCLUSION

Page & Turnbull evaluated the Children's Hospital buildings and adjacent residential and commercial buildings to arrive at two findings which determine whether they are considered historic resources for the purposes of CEQA:

1. Individual rating of A or B under the Oakland Designated Historic Property Criteria for Eligibility; and
2. Eligibility for listing as an individual resource or historic district (hospital complex only) in the California Register.

The A/B Wing (Baby Hospital) of the Children's Hospital appears to be significant for its role in providing medical care and services to children and as a teaching hospital (California Register Criterion 1) as well as for its architectural merit (California Register Criterion 3). The A/B Wing was one of the earliest purpose-built hospitals for children in the East Bay, and is a building that embodies the distinctive characteristics of an early 20th-century hospital. Designed in 1926 by Edward W. Cannon, the reinforced concrete building is designed in a Northern Italian Renaissance style that features rich architectural detailing. The A/B Wing (Baby Hospital) retains integrity of location, workmanship, and association. However, integrity of design and materials is moderate and it lacks integrity of setting and feeling. Consequently, the A/B Wing (Baby Hospital) is not eligible for listing in the California Register of Historical Resources. However, based on a detailed evaluation for Landmark Eligibility, the A/B Wing (Baby Hospital) was assigned an Oakland Designated Historic Property rating of **B3** and is therefore considered a historic resource for the purposes of CEQA.

The B/C Wing, Bruce Lyon Memorial Research Center, and the Ford Diagnostic and Treatment Center at the Children's Hospital do not appear to possess sufficient significance or retain integrity to be eligible for listing in the California Register and were assigned Oakland Designated Historic Property ratings of **C3**. None of these buildings are considered historic resources under CEQA.

The A/B Wing and B/C Wing, when considered together as one building, are not eligible for listing in the California Register due to insufficient integrity. The A/B Wing and B/C Wing, when considered together as one building, are not eligible for listing in the California Register due to insufficient integrity. Based on a detailed evaluation for Landmark Eligibility, the A/B Wing and B/C Wing together are assigned an Oakland Designated Historic Property of **C3**. This means that they do not qualify as a historic resource under CEQA.

The magnolia tree to the east of the B/C Wing does not qualify as a historic resource under CEQA.

The other properties in the hospital complex are less than forty-five years old and do not qualify as historic resources according to CEQA. These buildings include the Cardiac Catheterization Lab, Central Plant/West Site Plant, Patient Tower, Cafeteria, Helistop, Outpatient Center, and parking garage.

None of the adjacent fourteen residential and commercial properties that were evaluated appear to be significant as individual historical resources under the criteria for eligibility to the California Register

of Historical Resources. Page & Turnbull was not tasked with evaluating the district for California Register eligibility; however, based on its current status as an ASI and reconnaissance surveys and research on fourteen properties, this district does not appear to possess sufficiently significant historical context or visual themes to qualify for listing in the California Register. One property was not age-eligible and was therefore not evaluated. Nine properties were assigned Oakland Designated Historic Property ratings of C2+ and four properties were assigned ratings of D2+.

In sum, none of the buildings on the Children's Hospital site, nor the residential and commercial buildings in the vicinity, appear to qualify as historic resources under CEQA.

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F. OTHER

Dedication plaque at the base of the magnolia tree.

Stone and Mulloy Rendering, Children's Hospital, Oakland, n.d.

XIV. APPENDICES

**A. OAKLAND GENERAL PLAN – HISTORIC PRESERVATION ELEMENT – APPENDIX D
(SEPTEMBER 1993)**

B. CITY OF OAKLAND EVALUATION SHEETS FOR LANDMARK ELIGIBILITY

**APPENDIX D: LANDMARKS PRESERVATION ADVISORY BOARD
GUIDELINES FOR DETERMINATION OF LANDMARK ELIGIBILITY**

(Appendix 3 of Landmarks Preservation Advisory Board's Rules of Procedure)

APPENDIX 3: GUIDELINES FOR DETERMINATION OF
ELIGIBILITY FOR LANDMARK DESIGNATION

These guidelines are for the purpose of interpreting the landmark eligibility criteria at Section 2002(p) of the Zoning Regulations. The guidelines are expressed as the attached Evaluation Criteria and Ratings for Landmark Eligibility and the accompanying Evaluation Sheet and Evaluation Tally Sheet.

In order to determine whether a property is eligible as a landmark, the property is rated on the Evaluation Sheet for each of the fourteen evaluation criteria shown on the Sheet and defined in the Evaluation Criteria and Ratings.

The Evaluation Sheet ratings are next converted to numerical scores on the Evaluation Tally Sheet and added together for a total score. The total scores are then converted into an overall rating -- A, B, C, or D.

Properties receiving A or B ratings are considered eligible as landmarks.

F-095 3APNDIX3.CB

LPAB FORM 3.1

City of Oakland -- Landmarks Preservation Advisory Board
EVALUATION SHEET FOR LANDMARK ELIGIBILITY

Address _____

Name _____

A. ARCHITECTURE

- | | | | | |
|--------------------------|---|----|---|----|
| 1. Exterior/Design_____ | E | VG | G | FP |
| 2. Interior_____ | E | VG | G | FP |
| 3. Construction_____ | E | VG | G | FP |
| 4. Designer/Builder_____ | E | VG | G | FP |
| 5. Style/Type_____ | E | VG | G | FP |

B. HISTORY

- | | | | | |
|-----------------------------|---|----|---|----|
| 6. Person/Organization_____ | E | VG | G | FP |
| 7. Event_____ | E | VG | G | FP |
| 8. Patterns_____ | E | VG | G | FP |
| 9. Age_____ | E | VG | G | FP |
| 10. Site_____ | E | VG | G | FP |

C. CONTEXT

- | | | | | |
|----------------------|---|----|---|----|
| 11. Continuity_____ | E | VG | G | FP |
| 12. Familiarity_____ | E | VG | G | FP |

D. INTEGRITY

- | | | | | |
|-------------------------------|---|----|---|----|
| 13. Condition_____ | E | VG | G | FP |
| 14. Exterior Alterations_____ | E | VG | G | FP |

Evaluated by _____ Date _____

STATUS

Rating: _____

City Landmark Eligibility: ☐ Eligible ☐ Not eligible

National Register Status: ☐ Listed ☐ In process

☐ Determined eligible ☐ Appears eligible

☐ Appears ineligible

Site of Opportunity ☐

This evaluation sheet was accepted by the Landmarks Preservation Advisory Board at its meeting of _____ (Date)

Attest: _____ (Secretary)

LPAB FORM 3.2

City of Oakland -- Landmarks Preservation Advisory Board
EVALUATION TALLY SHEET FOR LANDMARK ELIGIBILITY

Address _____

Name _____

12	6	3	0	1. Exterior/Design		
6	3	2	0	2. Interior		
6	3	2	0	3. Construction		
4	2	1	0	4. Designer/Builder		
6	3	2	0	5. Style/Type		
				A. ARCHITECTURE TOTAL		(max. 26)
30	15	8	0	6. Person/Organization		
30	15	8	0	7. Event		
18	9	5	0	8. Patterns		
8	4	2	0	9. Age		
4	2	1	0	10. Site		
				B. HISTORY TOTAL		(max. 60)
4	2	1	0	11. Continuity		
14	7	4	0	12. Familiarity		
				C. CONTEXT TOTAL		(max. 14)
PRELIMINARY TOTAL (Sum of A, B and C)						(max. 100)
-0	-3%	-5%	-10%	13. Condition (From A,B and C total)		
-0	-25%	-50%	-75%	14. Exterior Alterations (From A,B and C total excluding 2)		
				D. INTEGRITY		
ADJUSTED TOTAL (Preliminary total minus Integrity)						

STATUS/RATING

Present Rating (Adjusted Total): ☐ A(35+) ☐ B(23-34) ☐ C(11-22) ☐ D(0-10)Contingency Rating (Preliminary Total): ☐ A(35+) ☐ B(23-34) ☐ C(11-22) ☐ D(0-10)City Landmark Eligibility: ☐ Eligible (Present Rating is A or B)☐ Not eligible

F-116 3EVALTAL.CB

CITY OF OAKLAND—LANDMARKS PRESERVATION ADVISORY BOARD
EVALUATION CRITERIA AND RATINGS
FOR LANDMARK ELIGIBILITY

GENERAL NOTE: IF A PROPERTY HAS EXPERIENCED KNOWN LOSSES OF INTEGRITY (CRITERIA GROUP D), CRITERIA GROUPS A, B AND C SHOULD NORMALLY BE APPLIED TO THE PROPERTY AS IT EXISTED BEFORE THOSE LOSSES WERE SUSTAINED. CRITERIA GROUP D SHOULD THEN BE APPLIED TO THE PROPERTY.

CRITERION	RATINGS	COMMENTS AND GUIDELINES
A. ARCHITECTURE		
1. EXTERIOR/DESIGN QUALITY OF FORM, COMPOSITION, DETAILING, AND ORNAMENT MEASURED IN PART ON ORIGINALITY, ARTISTIC MERIT, CRAFTSMANSHIP, SENSITIVITY TO SURROUNDINGS AND OVERALL VISUAL QUALITY.	E EXCELLENT VG VERY GOOD G GOOD FP UNDISTINGUISHED	APPLIES TO NATURAL FEATURES AS WELL AS TO MAN-MADE FEATURES. A "G" RATING IS APPROPRIATE FOR PROPERTIES WHICH HAVE ANY CLEARLY IDENTIFIABLE VISUAL OR DESIGN VALUE. AN "E" RATING IS APPROPRIATE FOR PROPERTIES WHICH BASED ON EXTERIOR VISUAL QUALITY ALONE APPEAR ELIGIBLE FOR OAKLAND LANDMARK DESIGNATIONS.
2. INTERIOR DESIGN QUALITY OF INTERIOR ARRANGEMENT, FINISH, CRAFTSMANSHIP AND/OR DETAIL OR ASSOCIATION WITH A PERSON, GROUP, ORGANIZATION OR INSTITUTION USING THE	E EXCELLENT VG VERY GOOD G GOOD FP UNDISTINGUISHED	IN MOST USES, THIS CRITERION WILL BE APPLIED ONLY TO INTERIORS WHICH ARE ACCESSIBLE TO THE PUBLIC. UNLIKE THE CASE OF EXTERIORS, THIS CRITERION SHOULD BE APPLIED TO INTERIORS AS THEY PRESENTLY EXIST, REGARDLESS OF ALTERATIONS.
3. CONSTRUCTION SIGNIFICANCE AS EXAMPLE OF A PARTICULAR STRUCTURAL MATERIAL, SURFACE MATERIAL OR METHOD OF CONSTRUCTION.	E ESPECIALLY FINE OR VERY EARLY EXAMPLE IF FEW SURVIVE VG ESPECIALLY FINE OR VERY EARLY EXAMPLE IF MANY SURVIVE; GOOD EXAMPLE IF FEW SURVIVE. G GOOD EXAMPLE IF MANY SURVIVE OF ANY MATERIAL OR METHOD NOT GENERALLY IN CURRENT USE (SUCH AS BRICK MASONRY OR BALLOOM FRAMING) OR OF A HIGHLY DURABLE METHOD OF CONSTRUCTION DURABLE METHOD OF CONSTRUCTION (STEEL FRAME, REINFORCED CONCRETE, ETC.) FP OF NO PARTICULAR INTEREST.	EXAMPLES OF "ESPECIALLY FINE" CONSTRUCTION METHODS OR STRUCTURAL MATERIALS INCLUDE THOSE WHICH SUCCESSFULLY ADDRESS CHALLENGING STRUCTURAL PROBLEMS, OR WHICH ARE TREATED AS VISIBLE DESIGN ELEMENTS THAT CONTRIBUTE SIGNIFICANTLY TO THE FEATURE'S OVERALL DESIGN QUALITY, OR WHICH EXHIBIT FINE CRAFTSMANSHIP. SURFACE MATERIALS SHOULD BE TREATED UNDER THIS CRITERION ONLY ACCORDING TO THEIR TYPE AND ACCORDING TO THE LEVEL OF CRAFTSMANSHIP WHICH THEY REPRESENT. THE CONTRIBUTION OF SURFACE MATERIALS TO A FEATURE'S DESIGN QUALITY SHOULD BE TREATED IN CRITERION 1. (EXTERIOR/DESIGN) EXAMPLES OF "ESPECIALLY FINE" SURFACE MATERIALS INCLUDE STONE (GRANITE, MARBLE) AND POLYCHROME TERRA COTTA.

CRITERION	RATINGS	COMMENTS AND GUIDELINES
4. DESIGNER/BUILDER DESIGNED OR BUILT BY AN ARCHITECT, ENGINEER, BUILDER, ARTIST, OR OTHER DESIGNER WHO HAS MADE A SIGNIFICANT CONTRIBUTION TO THE COMMUNITY, STATE, OR NATION.	E DESIGNER OF PRIMARY IMPORTANCE. VG DESIGNER OF SECONDARY IMPORTANCE. G DESIGNER OF TERTIARY IMPORTANCE. FP DESIGNER UNKNOWN OR OF NO PARTICULAR INTEREST.	NORMALLY, AN ESPECIALLY ACTIVE DESIGNER WILL BE RATED AT LEAST "G".
5. STYLE/TYPE SIGNIFICANCE AS AN EXAMPLE OF A PARTICULAR TYPE, STYLE OR CONVENTION.	E ESPECIALLY FINE OR VERY EARLY EXAMPLE IF FEW SURVIVE. VG ESPECIALLY FINE OR VERY EARLY EXAMPLE IF MANY SURVIVE; GOOD EXAMPLE IF FEW SURVIVE. G GOOD EXAMPLE OF ANY TYPE, STYLE OR RENT USE. FP OF NO PARTICULAR INTEREST.	A "GOOD EXAMPLE" SHOULD GENERALLY EXHIBIT MOST OF THE ARCHETYPICAL CHARACTERISTICS OF THE TYPE, STYLE OR CONVENTION THE EXAMPLE IS INTENDED TO REPRESENT.
B. HISTORY/ASSOCIATION		
6. PERSON/ORGANIZATION ASSOCIATED WITH THE LIFE OR ACTIVITIES OF A PERSON, GROUP, ORGANIZATION, OR INSTITUTION THAT HAS MADE A SIGNIFICANT CONTRIBUTION TO THE COMMUNITY, STATE OR NATION.	E PERSON/ORGANIZATION OF PRIMARY IMPORTANCE INTIMATELY CONNECTED WITH THE PROPERTY. VG PERSON/ORGANIZATION OF PRIMARY IMPORTANCE LOOSELY CONNECTED, OR PERSON/ORGANIZATION OF SECONDARY IMPORTANCE INTIMATELY CONNECTED. G PERSON/ORGANIZATION OF SECONDARY IMPORTANCE LOOSELY CONNECTED, OR PERSON/ORGANIZATION OF TERTIARY IMPORTANCE INTIMATELY CONNECTED. FP PERSON/ORGANIZATION OF TERTIARY IMPORTANCE LOOSELY CONNECTED OR NO CONNECTION WITH PERSON/ORGANIZATION OF IMPORTANCE.	<p>THE SIGNIFICANCE OF THE PERSON, GROUP, ORGANIZATION OR INSTITUTION MUST ITSELF BE ESTABLISHED BEFORE THIS CRITERION IS APPLIED. SUCH SIGNIFICANCE MAY BE AT EITHER THE LOCAL, STATE OR NATIONAL/INTERNATIONAL LEVELS.</p> <p>"INTIMATELY CONNECTED" WILL OFTEN MEAN THAT THE FEATURE WAS INTIMATELY ASSOCIATED WITH AN IMPORTANT PERIOD IN THE LIFE OR ACTIVITIES OF THE PERSON, GROUP, ORGANIZATION OR INSTITUTION.</p> <p>A PERSON/ORGANIZATION OF PRIMARY IMPORTANCE AT THE LOCAL LEVEL WILL HAVE PLAYED A DECISIVE AND FAR REACHING ROLE IN THE DEVELOPMENT OF OAKLAND AS A COMMUNITY (EXAMPLES: MAYOR FRANK MOTT, CENTRAL PACIFIC RAILROAD.) A PERSON/ORGANIZATION OF SECONDARY IMPORTANCE AT THE LOCAL LEVEL WILL HAVE PLAYED A MAJOR OR LEADING (BUT NOT DECISIVE) ROLE IN THE DEVELOPMENT OF OAKLAND AS A COMMUNITY OR A DECISIVE ROLE IN THE DEVELOPMENT OF A PARTICULAR NEIGHBORHOOD OR OF A PARTICULAR ETHNIC GROUP OR SEGMENT OF THE COMMUNITY (EXAMPLES: H.C. CAPWELL, JAMES LARUE, LEW HING, REALTY SYNDICATE). A PERSON/ORGANIZATION OF TERTIARY IMPORTANCE AT THE LOCAL LEVEL WILL HAVE PLAYED A PROMINENT ROLE (BUT NOT A REAL LEADERSHIP ROLE) IN THE DEVELOPMENT OF A PARTICULAR NEIGHBORHOOD OR OF A PARTICULAR ETHNIC GROUP OR SEGMENT OF THE COMMUNITY (EXAMPLES: JOHN NICHOLL CHARLES HESSEMAN). THE STATE AND NATIONAL/INTERNATIONAL LEVELS ARE TREATED SIMILARLY.</p> <p>IF THE PROPERTY HAS BEEN SIGNIFICANTLY ALTERED SINCE THE TIME OF ITS ASSOCIATION WITH THE PERSON/ORGANIZATION AND IF SUCH ALTERATION IS NOT REFLECTED IN CRITERIA GROUP D, THEN THE PERSON/ORGANIZATION WILL BE CONSIDERED TO BE ONLY "LOOSELY CONNECTED" WITH THE PROPERTY.</p>

CRITERION	RATINGS	COMMENTS AND GUIDELINES
7. EVENT ASSOCIATED WITH AN EVENT THAT HAS MADE A SIGNIFICANT CONTRIBUTION TO THE COMMUNITY, STATE OR NATION.	E EVENT OF PRIMARY IMPORTANCE INTIMATELY CONNECTED WITH THE PROPERTY. VG EVENT OF PRIMARY IMPORTANCE LOOSELY CONNECTED, OR EVENT OF SECONDARY IMPORTANCE INTIMATELY CONNECTED. G EVENT OF SECONDARY IMPORTANCE LOOSELY CONNECTED, OR EVENT OF TERTIARY IMPORTANCE INTIMATELY CONNECTED. FP EVENT OF TERTIARY IMPORTANCE LOOSELY CONNECTED OR NO CONNECTIONS WITH EVENT OF IMPORTANCE.	SEE COMMENTS FOR CRITERION 6 (PERSON/ORGANIZATION).
8. PATTERNS ASSOCIATED WITH AND EFFECTIVELY ILLUSTRATIVE OF BROAD PATTERNS OF CULTURAL, SOCIAL, POLITICAL, ECONOMIC, OR INDUSTRIAL HISTORY, OR OF THE DEVELOPMENT OF THE CITY, OR OF DISTINCT GEOGRAPHIC REGIONS OR ETHNIC GROUPS, OR OF A PARTICULAR WELL-DEFINED ERA.	E PATTERNS OF PRIMARY IMPORTANCE INTIMATELY CONNECTED WITH THE PROPERTY. VG PATTERNS OF PRIMARY IMPORTANCE LOOSELY CONNECTED, OR PATTERNS OF SECONDARY IMPORTANCE INTIMATELY CONNECTED. G PATTERNS OF SECONDARY IMPORTANCE LOOSELY CONNECTED, OR PATTERNS OF TERTIARY IMPORTANCE INTIMATELY CONNECTED. FP PATTERNS OF TERTIARY IMPORTANCE LOOSELY CONNECTED OR NO CONNECTION WITH PATTERNS OF IMPORTANCE.	A HELPFUL MEASURE OF THIS CRITERION IS TO CONSIDER HOW USEFUL THE PROPERTY WOULD BE FOR THE TEACHING OF CULTURAL HISTORY. A PROPERTY IS NORMALLY "INTIMATELY CONNECTED" WITH A PATTERN IF THE PROPERTY EXHIBITS THE ESSENCE OF THE PATTERN. A PROPERTY IS NORMALLY "LOOSELY CONNECTED" WITH A PATTERN IF THE PROPERTY ONLY EXHIBITS THE INFLUENCE OF THE PATTERN. A PATTERN WILL NORMALLY BE CONSIDERED "INTIMATELY CONNECTED" WITH THE PROPERTY IF ONLY A FEW EXAMPLES ASSOCIATED WITH THE PATTERN SURVIVE. "INTIMATE" AND "LOOSE" CONNECTIONS FOR SIGNIFICANTLY ALTERED PROPERTIES ARE TREATED THE SAME WAY AS FOR CRITERION 6 (PERSON/ORGANIZATION). SEE ALSO OTHER COMMENTS FOR CRITERION 6 (PERSON/ORGANIZATION). THE WESTERN TERMINUS OF THE TRANSCONTINENTAL RAILROAD WAS COMPLETED IN OAKLAND IN 1869, INAUGURATING AN IMPORTANT PERIOD OF RAPID URBAN DEVELOPMENT. THE 1906 EARTHQUAKE HELPED STIMULATE ANOTHER IMPORTANT PERIOD OF RAPID DEVELOPMENT IN OAKLAND. AT THE END OF WORLD WAR II, URBAN DEVELOPMENT BEGAN TO SHIFT FROM CENTRAL CITIES LIKE OAKLAND TO THE SUBURBS. IF THE PROPERTY HAS BEEN SIGNIFICANTLY ALTERED SINCE THE TIME OF ITS ORIGINAL CONSTRUCTION OR ESTABLISHMENT, USE THE ORIGINAL DATE IF THE NATURE OF THE ORIGINAL DESIGN IS STILL RECOGNIZABLE (E.G. ROOF SHAPE OR AT LEAST SOME ELEMENTS OF THE ORIGINAL FACADE COMPOSITION); USE THE DATE OF THE ALTERATION IF THE NATURE OF THE ORIGINAL DESIGN IS NOT RECOGNIZABLE.
9. AGE COMPARATIVELY OLD IN RELATION TO DEVELOPMENT OF THE CITY.	E ESTABLISHED PRIOR TO 1869. VG ESTABLISHED BETWEEN 1869 AND APRIL 1906. G ESTABLISHED BETWEEN MAY 1906 AND 1945. FP ESTABLISHED SINCE 1945.	

CRITERION	RATINGS	COMMENTS AND GUIDELINES
10. SITE RELATION OF FEATURE TO ITS ORIGINAL SITE AND NEIGHBORHOOD.	E HAS NOT BEEN MOVED. G HAS BEEN MOVED WITHIN THE BOUNDARIES OF ITS ORIGINAL SITE. F HAS BEEN RELOCATED TO A NEW SITE IN THE SAME NEIGHBORHOOD AS THE ORIGINAL SITE. P HAS BEEN RELOCATED TO A NEW SITE IN A DIFFERENT NEIGHBORHOOD.	•"ORIGINAL SITE" MEANS THE SITE OCCUPIED BY THE FEATURE AT THE TIME THE FEATURE ACHIEVED SIGNIFICANCE, WHICH IN SOME CASES MAY HAVE BEEN AFTER THE FEATURE WAS CONSTRUCTED OR ESTABLISHED.
C. CONTEXT		
11. CONTINUITY CONTRIBUTES TO THE VISUAL, HISTORIC OR OTHER ENVIRONMENTAL CONTINUITY OR CHARACTER OF THE STREET OR AREA.	E HELPS ESTABLISH THE CHARACTER OF AN AREA OF PRIMARY IMPORTANCE OR CONSTITUTES A DISTRICT. VG MAINTAINS THE CHARACTER OF AN AREA OF PRIMARY IMPORTANCE OR HELPS ESTABLISH THE CHARACTER OF AN AREA OF SECONDARY IMPORTANCE OR CONSTITUTES A FEATURE GROUP. G COMPATIBLE WITH THE CHARACTER OF AN AREA PRIMARY IMPORTANCE OR MAINTAINS THE CHARACTER OF AN AREA OF SECONDARY IMPORTANCE. FP INCOMPATIBLE WITH AN AREA OF PRIMARY IMPORTANCE OR NOT LOCATED IN AN AREA OF PRIMARY OR SECONDARY IMPORTANCE.	"AREA OF PRIMARY OR SECONDARY IMPORTANCE" GENERALLY MEANS A DISTRICT, GROUP OF PROPERTIES, OR OTHER AREA NOTABLE ENOUGH TO WARRANT SPECIAL RECOGNITION, SUCH AS INCLUSION IN THE CITY'S S-7 PRESERVATION COMBINING ZONE. AREAS OF PRIMARY IMPORTANCE ARE LIMITED TO POTENTIAL NATIONAL REGISTER DISTRICTS. IF THE FEATURE HAS BEEN REMOVED (I.E., GIVEN A "P" RATING UNDER CRITERION 14), AND THE PROPERTY HAS THEREFORE BECOME ONLY A "SITE", CONTINUITY SHOULD BE EVALUATED BY IMAGINING THE FEATURE RESTORED TO ITS SITE, BUT IN THE EXISTING SURROUNDINGS.
12. FAMILIARITY PROMINENCE OR FAMILIARITY WITHIN THE NEIGHBORHOOD, CITY OR REGION.	E A FEATURE WHICH MAY BE TAKEN AS SYMBOL FOR THE CITY OR REGION AS A WHOLE. VG A CONSPICUOUS AND FAMILIAR FEATURE IN THE CONTEXT OF THE CITY OR REGION. G A CONSPICUOUS AND FAMILIAR FEATURE IN THE CONTEXT OF THE NEIGHBORHOOD. FP NOT PARTICULARLY CONSPICUOUS OR FAMILIAR.	A HELPFUL MEASURE OF THIS CRITERION IS TO CONSIDER WHETHER A TYPICAL RESIDENT OF THE NEIGHBORHOOD, CITY OR REGION WOULD NOTICE THE FEATURE AND REMEMBER IT. IF THE FEATURE HAS BEEN REMOVED, THIS CRITERION SHOULD BE EVALUATED BY CONSIDERING THE FEATURE'S ROLE (IF ANY) AS A "LANDMARK" PRIOR TO ITS REMOVAL.
D. INTEGRITY		
13. CONDITION EXTENT TO WHICH THE FEATURE HAS EXPERIENCED DETERIORATION.	E NO APPARENT SURFACE WEAR OR STRUCTURAL PROBLEMS. G EXHIBITS ONLY MINOR SURFACE WEAR. F EXHIBITS CONSIDERABLE SURFACE WEAR OR SIGNIFICANT STRUCTURAL PROBLEMS. P EXHIBITS CONSIDERABLE SURFACE WEAR AND SIGNIFICANT STRUCTURAL PROBLEMS.	"MINOR SURFACE WEAR" GENERALLY MEANS THAT NO REPLACEMENT OF DESIGN ELEMENTS DUE TO DETERIORATION IS REQUIRED. "CONSIDERABLE SURFACE WEAR" GENERALLY MEANS THAT SOME DESIGN ELEMENTS HAVE DETERIORATED TO SUCH AN EXTENT THAT THEY MUST BE REPLACED. "SIGNIFICANT STRUCTURAL PROBLEMS" WILL GENERALLY BE ASSOCIATED WITH SAGGING FLOOR LINES, OUT-OF-PLUMB WALLS AND FIRE DAMAGE.

CRITERION	RATINGS	COMMENTS AND GUIDELINES
14. EXTERIOR ALTERATIONS DEGREE OF ALTERATION TO IMPORTANT EXTERIOR MATERIALS AND DESIGN FEATURES.	E NO CHANGES OR VERY MINOR ALTERATIONS WHICH DO NOT CHANGE THE OVERALL CHARACTER. G MINOR CHANGES TO OVERALL CHARACTER. F MAJOR CHANGES TO OVERALL CHARACTER. P FEATURE HAS BEEN REMOVED OR DEMOLISHED.	
F- 1EVALUATE.CB AUGUST 6, 1987		

**City of Oakland – Landmarks Preservation Advisory Board
EVALUATION SHEET FOR LANDMARK ELIGIBILITY**

☒ Preliminary ☐ Final

Address: 747 52nd Street

Name: Bruce Lyon Memorial Research Center

A. ARCHITECTURE

- | | | | | | |
|----|--|----------|-----------|----------|-----------|
| 1. | Exterior/Design: <u>International style details at windows, vestibule, cladding</u> | <u>E</u> | <u>VG</u> | <u>G</u> | <u>FP</u> |
| 2. | Interior: <u>not evaluated</u> | <u>E</u> | <u>VG</u> | <u>G</u> | <u>FP</u> |
| 3. | Construction: <u>steel frame amd concrete construction with brick cladding</u> | <u>E</u> | <u>VG</u> | <u>G</u> | <u>FP</u> |
| 4. | Designer/Builder: <u>Stone, Marraccini and Patterson, not sig. example</u> | <u>E</u> | <u>VG</u> | <u>G</u> | <u>FP</u> |
| 5. | Style/Type: <u>good exprsn. of Intl. style at 1st story, expression reduced by addtn.</u> | <u>E</u> | <u>VG</u> | <u>G</u> | <u>FP</u> |

B. HISTORY

- | | | | | | |
|-----|--|----------|-----------|----------|-----------|
| 6. | Person/Organization: <u>assoc. with expanding scope of Hosp. mission, CHORI</u> | <u>E</u> | <u>VG</u> | <u>G</u> | <u>FP</u> |
| 7. | Event: <u>no assoc. with sig. event</u> | <u>E</u> | <u>VG</u> | <u>G</u> | <u>FP</u> |
| 8. | Patterns: <u>assoc. with shifts in hosp. design and mission</u> | <u>E</u> | <u>VG</u> | <u>G</u> | <u>FP</u> |
| 9. | Age: <u>built 1958</u> | <u>E</u> | <u>VG</u> | <u>G</u> | <u>FP</u> |
| 10. | Site: <u>not moved</u> | <u>E</u> | <u>VG</u> | <u>G</u> | <u>FP</u> |

C. CONTEXT

- | | | | | | |
|-----|---|----------|-----------|----------|-----------|
| 11. | Continuity: <u>not in API or ASI but maintains char. or area (hosp. complex)</u> | <u>E</u> | <u>VG</u> | <u>G</u> | <u>FP</u> |
| 12. | Familiarity: <u>orig. prime. fac. barely visible, addition blocks view of orig. bldg..</u> | <u>E</u> | <u>VG</u> | <u>G</u> | <u>FP</u> |

D. INTEGRITY

- | | | | | | |
|-----|---|----------|----------|----------|----------|
| 13. | Condition: <u>minor surface wear</u> | <u>E</u> | <u>G</u> | <u>F</u> | <u>P</u> |
| 14. | Exterior Alterations: <u>1974 addition completely overshadows orig. building</u> | <u>E</u> | <u>G</u> | <u>F</u> | <u>P</u> |

Evaluated by: Stacy Farr, Page & Turnbull **Date:** June 25, 2013

STATUS

Rating:

- | | | |
|----------------------------|--|---|
| City Landmark Eligibility: | <input type="checkbox"/> Eligible | <input type="checkbox"/> Not eligible |
| National Register Status: | <input type="checkbox"/> Listed | <input type="checkbox"/> In process |
| | <input type="checkbox"/> Determined eligible | <input type="checkbox"/> Appears eligible |
| | <input type="checkbox"/> Appears ineligible | |

Site of Opportunity ☐

This evaluation sheet was accepted by the landmarks Preservation Advisory Board at its meeting of _____.

(Date)

Attest: _____

Secretary

**City of Oakland – Landmarks Preservation Advisory Board
EVALUATION TALLY SHEET FOR LANDMARK ELIGIBILITY**

☐ Preliminary

☐ Final

Address: 747 52nd Street

Name: Bruce Lyon Memorial Research Center

12	6	3	0	1. Exterior/Design	
6	3	2	0	2. Interior	
6	3	2	0	3. Construction	
4	2	1	0	4. Designer/Builder	
6	3	2	0	5. Style/Type	
				A. ARCHITECTURE TOTAL (max. 26)	9
30	15	8	0	6. Person/Organization	
30	15	8	0	7. Event	
18	9	5	0	8. Patterns	
8	4	2	0	9. Age	
4	2	1	0	10. Site	
				B. HISTORY TOTAL (max. 60)	17
4	2	1	0	11. Continuity	
14	7	4	0	12. Familiarity	
				C. CONTEXT TOTAL (max. 14)	0
PRELIMINARY TOTAL (Sum of A, B and C) (max. 100)					26
-0	-3%	-5%	-10%	13. Condition (From A, B, and C total)	.78
-0	-25%	-50%	-75%	14. Exterior Alterations (From A, B and C total excluding 2)	13
				D. INTEGRITY	13.78
ADJUSTED TOTAL (Preliminary total minus Integrity)					12 (rounded from 12.22)

STATUS/RATING

Present Rating (Adjusted Total): ☐ A(35+) ☐ B(23-34) ☒ C(11-22) ☐ D(0-10)

Contingency Rating (Preliminary Total): ☐ A(35+) ☐ B(23-34) ☐ C(11-22) ☐ D(0-10)

City Landmark Eligibility: ☐ Eligible (Present Rating is A or B) ☒ Not eligible

**City of Oakland – Landmarks Preservation Advisory Board
EVALUATION SHEET FOR LANDMARK ELIGIBILITY**

☒ Preliminary ☐ Final

Address: 747 52nd Street

Name: A/B Wing and B/C Wing together, Children's Hospital

A. ARCHITECTURE

- | | | | | | |
|----|--|---|----|---|----|
| 1. | Exterior/Design: <u>very good form and design as an original Northern Italian Renaissance design with a modern compatible addition that forms a U-plan with center courtyard. Use of terra cotta cornice, solarium bays with matching ornament on both wings.</u> | E | VG | G | FP |
| 2. | Interior: <u>not evaluated</u> | E | VG | G | FP |
| 3. | Construction: <u>steel frame concrete with brick cladding</u> | E | VG | G | FP |
| 4. | Designer/Builder: <u>Edward W. Cannon and Stone and Mulloy</u> | E | VG | G | FP |
| 5. | Style/Type: <u>very good example of hospital design and N. Italian Renaissance Style with simpler Modern interpretation at addition (B/C Wing)</u> | E | VG | G | FP |

B. HISTORY

- | | | | | | |
|-----|---|---|----|---|----|
| 6. | Person/Organization: <u>growth of Children's Hospital of East Bay</u> | E | VG | G | FP |
| 7. | Event: <u>no association with significant event</u> | E | VG | G | FP |
| 8. | Patterns: <u>assoc. with improved healthcare for children and the need for larger facilities to serve general population increase after World War II</u> | E | VG | G | FP |
| 9. | Age: <u>built 1926; 1946-1948</u> | E | VG | G | FP |
| 10. | Site: <u>not moved</u> | E | VG | G | FP |

C. CONTEXT

- | | | | | | |
|-----|--|---|----|---|----|
| 11. | Continuity: <u>not in API or ASI</u> | E | VG | G | FP |
| 12. | Familiarity: <u>only portion of east façade on A/B Wing are visible to the public</u> | E | VG | G | FP |

D. INTEGRITY

- | | | | | | |
|-----|--|---|---|---|---|
| 13. | Condition: <u>minor surface wear</u> | E | G | F | P |
| 14. | Exterior Alterations: <u>additions to both wings include demolition of main arched entry and replacement with modern 2-story entry in 1962; additions to third story on both wings; one-story build-out on east façade of B/C Wing; infill of some windows on A/B Wing; exterior alterations due to attachment of later additions. Many original features and ornament are retained, however.</u> | E | G | F | P |

Evaluated by: Christina Dikas, Page & Turnbull

Date: July 12, 2013

STATUS**Rating:**City Landmark Eligibility: ☐ Eligible☐ Not eligibleNational Register Status: ☐ Listed☐ In process☐ Determined eligible☐ Appears eligible☐ Appears ineligibleSite of Opportunity ☐

This evaluation sheet was accepted by the landmarks Preservation Advisory Board at its meeting of _____.

(Date)

Attest: _____

Secretary

**City of Oakland – Landmarks Preservation Advisory Board
EVALUATION TALLY SHEET FOR LANDMARK ELIGIBILITY**

☒ Preliminary ☐ Final

Address: 747 52nd Street

Name: A/B Wing and B/C Wing together, Children's Hospital

12	6	3	0	1. Exterior/Design	
6	3	2	0	2. Interior	
6	3	2	0	3. Construction	
4	2	1	0	4. Designer/Builder	
6	3	2	0	5. Style/Type	
				A. ARCHITECTURE TOTAL (max. 26)	13
30	15	8	0	6. Person/Organization	
30	15	8	0	7. Event	
18	9	5	0	8. Patterns	
8	4	2	0	9. Age	
		(1*)		10. Site	
4	2	1	0		
				B. HISTORY TOTAL (max. 60)	22
4	2	1	0	11. Continuity	
14	7	4	0	12. Familiarity	
		(1*)			
				C. CONTEXT TOTAL (max. 14)	1
PRELIMINARY TOTAL (Sum of A, B and C) (max. 100)					36
-0	-3%	-5%	-10%	13. Condition (From A, B, and C total)	1.08
-0	-25%	-50%	-75%	14. Exterior Alterations (From A, B and C total excluding 2)	13.5
		(37.5%*)			
				D. INTEGRITY	14.58
ADJUSTED TOTAL (Preliminary total minus Integrity)					21 (rounded from 21.42)

*Note: Score numbers averaged between G and F due to condition on the low end of G.

STATUS/RATING

Present Rating (Adjusted Total): ☐ A(35+) ☐ B(23-34) ☒ C(11-22) ☐ D(0-10)

Contingency Rating (Preliminary Total): ☐ A(35+) ☐ B(23-34) ☐ C(11-22) ☐ D(0-10)

City Landmark Eligibility: ☐ Eligible (Present Rating is A or B) ☒ Not eligible

**City of Oakland – Landmarks Preservation Advisory Board
EVALUATION SHEET FOR LANDMARK ELIGIBILITY**

☒ Preliminary ☐ Final

Address: 747 52nd Street, Oakland CA

Name: A/B Wing, Baby Hospital

A. ARCHITECTURE

- | | | | | | |
|----|---|---|----|---|----|
| 1. | Exterior/Design: <u>rhythmic fenestration, good ornament and design detail, including tile roofs, terra cotta cornice, chimney with arcaded cap, and two solarium bays</u> | E | VG | G | FP |
| 2. | Interior: <u>some reconfig. with double-loaded corridors and stair circ. remaining</u> | E | VG | G | FP |
| 3. | Construction: <u>pressed brick clad reinforced concrete, terra cotta, roof tiles, multi-paned large solarium windows</u> | E | VG | G | FP |
| 4. | Designer/Builder: <u>Oakland architect Edward W. Cannon</u> | E | VG | G | FP |
| 5. | Style/Type: <u>very good example of hosp. design and of N. Ital. Renaissance style</u> | E | VG | G | FP |

B. HISTORY

- | | | | | | |
|-----|---|---|----|---|----|
| 6. | Person/Organization: <u>oldest extant bldg. associated with earliest area children's hospital, Children's Hospital of the East Bay (historic Baby Hospital), a benevolent organization</u> | E | VG | G | FP |
| 7. | Event: <u>no known assoc. with sig. event</u> | E | VG | G | FP |
| 8. | Patterns: <u>intimately connected with pattern of improved healthcare for children</u> | E | VG | G | FP |
| 9. | Age: <u>built 1926</u> | E | VG | G | FP |
| 10. | Site: <u>not moved</u> | E | VG | G | FP |

C. CONTEXT

- | | | | | | |
|-----|--|---|----|---|----|
| 11. | Continuity: <u>not located in an API or ASI</u> | E | VG | G | FP |
| 12. | Familiarity: <u>east façade visible from elevated Grove-Shafter freeway (SR-24)</u> | E | VG | G | FP |

D. INTEGRITY

- | | | | | | |
|-----|--|---|---|---|---|
| 13. | Condition: <u>minor surface wear</u> | E | G | F | P |
| 14. | Exterior Alterations: <u>main arched entry demolished and replaced with modern entry, additions to third story, some windows infilled, and stairs installed at the southwest corner, though a majority of materials on the east, west, and north facades remain intact.</u> | E | G | F | P |

Evaluated by: Stacy Farr, Page & Turnbull Date: July 23, 2013

STATUS**Rating:**City Landmark Eligibility: ☐ Eligible☐ Not eligibleNational Register Status: ☐ Listed☐ In process☐ Determined eligible☐ Appears eligible☐ Appears ineligibleSite of Opportunity ☐

This evaluation sheet was accepted by the landmarks Preservation Advisory Board at its meeting of _____.

(Date)

Attest: _____

Secretary

**City of Oakland – Landmarks Preservation Advisory Board
EVALUATION TALLY SHEET FOR LANDMARK ELIGIBILITY**

☒ Preliminary ☐ Final

Address: 747 52nd Street, Oakland CA

Name: A/B Wing, Baby Hospital

12	6	3	0	1. Exterior/Design	
6	3	2	0	2. Interior	
6	3	2	0	3. Construction	
4	2	1	0	4. Designer/Builder	
6	3	2	0	5. Style/Type	
				A. ARCHITECTURE TOTAL (max. 26)	12
30	15	8	0	6. Person/Organization	
30	15	8	0	7. Event	
18	9	5	0	8. Patterns	
8	4	2	0	9. Age	
4	2	1	0	10. Site	
				B. HISTORY TOTAL (max. 60)	30
4	2	1	0	11. Continuity	
14	7	4	0	12. Familiarity	
		(2*)			
				C. CONTEXT TOTAL (max. 14)	2
PRELIMINARY TOTAL (Sum of A, B and C) (max. 100)					44
-0	-3%	-5%	-	13. Condition (From A, B, and C total)	1.32
-0	-25%	-50%	10%	14. Exterior Alterations (From A, B and C total excluding 2)	16.5
		(37.5%*)	-		
			75%		
				D. INTEGRITY	17.82
ADJUSTED TOTAL (Preliminary total minus Integrity)					26 (rounded from 26.18)

*Note: Score numbers averaged between G and F due to condition on the low end of G.

STATUS/RATING

Present Rating (Adjusted Total): ☐ A(35+) ☒ B(23-34) ☐ C(11-22) ☐ D(0-10)

Contingency Rating (Preliminary Total): ☐ A(35+) ☐ B(23-34) ☐ C(11-22) ☐ D(0-10)

City Landmark Eligibility: ☒ Eligible (Present Rating is A or B) ☐ Not eligible

**City of Oakland – Landmarks Preservation Advisory Board
EVALUATION SHEET FOR LANDMARK ELIGIBILITY**

☒ Preliminary ☐ Final

Address: 747 52nd Street

Name: B/C Wing, Children's Hospital

A. ARCHITECTURE

- | | | | | | |
|----|---|---|----|---|----|
| 1. | Exterior/Design: <u>modern compatible addition with respect to form, materials, scale, massing, and size; ornament at replicated bay from A/B Wing</u> | E | VG | G | FP |
| 2. | Interior: <u>not evaluated</u> | E | VG | G | FP |
| 3. | Construction: <u>steel frame concrete with brick cladding, steel-sash windows</u> | E | VG | G | FP |
| 4. | Designer/Builder: <u>Stone and Mulloy, active hospital designers</u> | E | VG | G | FP |
| 5. | Style/Type: <u>some Modernist design cues, reinterprets A/B Wing</u> | E | VG | G | FP |

B. HISTORY

- | | | | | | |
|-----|---|---|----|---|----|
| 6. | Person/Organization: <u>2nd expansion, growth of Children's Hospital of East Bay</u> | E | VG | G | FP |
| 7. | Event: <u>no association with significant event</u> | E | VG | G | FP |
| 8. | Patterns: <u>assoc. with general pop. increase after WW2</u> | E | VG | G | FP |
| 9. | Age: <u>built 1946-1948</u> | E | VG | G | FP |
| 10. | Site: <u>not moved</u> | E | VG | G | FP |

C. CONTEXT

- | | | | | | |
|-----|---|---|----|---|----|
| 11. | Continuity: <u>not in API or ASI</u> | E | VG | G | FP |
| 12. | Familiarity: <u>only portions of rear façade are visible to the public</u> | E | VG | G | FP |

D. INTEGRITY

- | | | | | | |
|-----|---|---|---|---|---|
| 13. | Condition: <u>minor surface wear</u> | E | G | F | P |
| 14. | Exterior Alterations: <u>several additions to building, including one-story build-out on east façade and third story addition and alterations at locations of abutting West Site Plant and Patient Tower</u> | E | G | F | P |

Evaluated by: Stacy Farr, Page & Turnbull

Date: July 23, 2013

STATUS

Rating:

- | | | |
|----------------------------|--|---|
| City Landmark Eligibility: | <input type="checkbox"/> Eligible | <input type="checkbox"/> Not eligible |
| National Register Status: | <input type="checkbox"/> Listed | <input type="checkbox"/> In process |
| | <input type="checkbox"/> Determined eligible | <input type="checkbox"/> Appears eligible |
| | <input type="checkbox"/> Appears ineligible | |

Site of Opportunity ☐

This evaluation sheet was accepted by the landmarks Preservation Advisory Board at its meeting of _____.

(Date)

Attest: _____

Secretary

**City of Oakland – Landmarks Preservation Advisory Board
EVALUATION TALLY SHEET FOR LANDMARK ELIGIBILITY**

☐ Preliminary

☐ Final

Address: 747 52nd Street

Name: B/C Wing, Children's Hospital

12	6	3	0	1. Exterior/Design	
6	3	2	0	2. Interior	
6	3	2	0	3. Construction	
4	2	1	0	4. Designer/Builder	
6	3	2	0	5. Style/Type	
				A. ARCHITECTURE TOTAL (max. 26)	9
30	15	8	0	6. Person/Organization	
30	15	8	0	7. Event	
18	9	5	0	8. Patterns	
8	4	2	0	9. Age	
4	2	1	0	10. Site	
				B. HISTORY TOTAL (max. 60)	17
4	2	1	0	11. Continuity	
14	7	4	0	12. Familiarity	
				C. CONTEXT TOTAL (max. 14)	0
PRELIMINARY TOTAL (Sum of A, B and C) (max. 100)					26
-0	-3%	-5%	-10%	13. Condition (From A, B, and C total)	.78
-0	-25%	-50%	-75%	14. Exterior Alterations (From A, B and C total excluding 2)	13
				D. INTEGRITY	13.78
ADJUSTED TOTAL (Preliminary total minus Integrity)					12 (rounded from 12.22)

STATUS/RATING

Present Rating (Adjusted Total): ☐ A(35+) ☐ B(23-34) ☒ C(11-22) ☐ D(0-10)

Contingency Rating (Preliminary Total): ☐ A(35+) ☐ B(23-34) ☐ C(11-22) ☐ D(0-10)

City Landmark Eligibility: ☐ Eligible (Present Rating is A or B) ☒ Not eligible

**City of Oakland – Landmarks Preservation Advisory Board
EVALUATION SHEET FOR LANDMARK ELIGIBILITY**

☒ Preliminary ☐ Final

Address: 682 52nd Street

Name: _____

A. ARCHITECTURE

1.	Exterior/Design: <u>nested roofs, stucco stair walls, roof brackets, gable roof, asymmetrical</u>	<u>E</u>	<u>VG</u>	<u>G</u>	<u>FP</u>
2.	Interior: <u>not evaluated</u>	<u>E</u>	<u>VG</u>	<u>G</u>	<u>FP</u>
3.	Construction: <u>wood frame with stucco cladding</u>	<u>E</u>	<u>VG</u>	<u>G</u>	<u>FP</u>
4.	Designer/Builder: <u>Rockford L. Robins, local contractor, no known sig.</u>	<u>E</u>	<u>VG</u>	<u>G</u>	<u>FP</u>
5.	Style/Type: <u>good example of simple Craftsman bungalow</u>	<u>E</u>	<u>VG</u>	<u>G</u>	<u>FP</u>

B. HISTORY

6.	Person/Organization: <u>no known assoc. with important person or organization</u>	<u>E</u>	<u>VG</u>	<u>G</u>	<u>FP</u>
7.	Event: <u>no known assoc. with specific important event</u>	<u>E</u>	<u>VG</u>	<u>G</u>	<u>FP</u>
8.	Patterns: <u>style and location assoc. with residential expansion, late d.o.c. for area</u>	<u>E</u>	<u>VG</u>	<u>G</u>	<u>FP</u>
9.	Age: <u>built 1922</u>	<u>E</u>	<u>VG</u>	<u>G</u>	<u>FP</u>
10.	Site: <u>unmoved</u>	<u>E</u>	<u>VG</u>	<u>G</u>	<u>FP</u>

C. CONTEXT

11.	Continuity: <u>maintains character of the ASI</u>	<u>E</u>	<u>VG</u>	<u>G</u>	<u>FP</u>
12.	Familiarity: <u>not noticeable or conspicuous in the neighborhood</u>	<u>E</u>	<u>VG</u>	<u>G</u>	<u>FP</u>

D. INTEGRITY

13.	Condition: <u>minor surface wear</u>	<u>E</u>	<u>G</u>	<u>F</u>	<u>P</u>
14.	Exterior Alterations: <u>possible stucco reclad, some windows replaced, porch enclosed</u>	<u>E</u>	<u>G</u>	<u>F</u>	<u>P</u>

Evaluated by: Stacy Farr, Page & Turnbull Date: June 25, 2013

STATUS

Rating:

City Landmark Eligibility: ☐ Eligible ☐ Not eligible

National Register Status: ☐ Listed ☐ In process

☐ Determined eligible ☐ Appears eligible

☐ Appears ineligible

Site of Opportunity ☐

This evaluation sheet was accepted by the landmarks Preservation Advisory Board at its meeting of _____.

(Date)

Attest: _____

Secretary

**City of Oakland – Landmarks Preservation Advisory Board
EVALUATION TALLY SHEET FOR LANDMARK ELIGIBILITY**

☒ Preliminary ☐ Final

Address: 682 52nd Street

Name: _____

12	6	3	0	1. Exterior/Design	
6	3	2	0	2. Interior	
6	3	2	0	3. Construction	
4	2	1	0	4. Designer/Builder	
6	3	2	0	5. Style/Type	
				A. ARCHITECTURE TOTAL (max. 26)	7
30	15	8	0	6. Person/Organization	
30	15	8	0	7. Event	
18	9	5	0	8. Patterns	
8	4	2	0	9. Age	
4	2	1	0	10. Site	
				B. HISTORY TOTAL (max. 60)	11
4	2	1	0	11. Continuity	
14	7	4	0	12. Familiarity	
				C. CONTEXT TOTAL (max. 14)	1
PRELIMINARY TOTAL (Sum of A, B and C) (max. 100)					19
-0	-3%	-5%	-10%	13. Condition (From A, B, and C total)	.57
-0	-25%	-50%	-75%	14. Exterior Alterations (From A, B and C total excluding 2)	4.75
				D. INTEGRITY	5.32
ADJUSTED TOTAL (Preliminary total minus Integrity)					14 (rounded from 13.68)

STATUS/RATING

Present Rating (Adjusted Total): ☐ A(35+) ☐ B(23-34) ☒ C(11-22) ☐ D(0-10)

Contingency Rating (Preliminary Total): ☐ A(35+) ☐ B(23-34) ☐ C(11-22) ☐ D(0-10)

City Landmark Eligibility: ☐ Eligible (Present Rating is A or B) ☒ Not eligible

**City of Oakland – Landmarks Preservation Advisory Board
EVALUATION SHEET FOR LANDMARK ELIGIBILITY**

☒ Preliminary ☐ Final

Address: 688 52nd Street

Name: _____

A. ARCHITECTURE

- | | | | | | |
|----|--|---|----|----------|-----------|
| 1. | Exterior/Design: <u>asymmetry, front-gable porch, massive stucco stair walls, roof brackets</u> | E | VG | G | FP |
| 2. | Interior: <u>not evaluated</u> | E | VG | G | FP |
| 3. | Construction: <u>no sig. materials or methods used</u> | E | VG | G | FP |
| 4. | Designer/Builder: <u>local builder Martin Bensen</u> | E | VG | G | FP |
| 5. | Style/Type: <u>modest but good example of Craftsman bungalow</u> | E | VG | G | FP |

B. HISTORY

- | | | | | | |
|-----|--|----------|----|----------|-----------|
| 6. | Person/Organization: <u>no known assoc. with significant person or organization</u> | E | VG | G | FP |
| 7. | Event: <u>no known association with significant event</u> | E | VG | G | FP |
| 8. | Patterns: <u>style & location assoc. with res. development, late const. date (1922)</u> | E | VG | G | FP |
| 9. | Age: <u>built 1922</u> | E | VG | G | FP |
| 10. | Site: <u>not moved</u> | E | VG | G | FP |

C. CONTEXT

- | | | | | | |
|-----|---|---|----|----------|-----------|
| 11. | Continuity: <u>maintains character of ASI</u> | E | VG | G | FP |
| 12. | Familiarity: <u>not particularly conspicuous in neighborhood</u> | E | VG | G | FP |

D. INTEGRITY

- | | | | | | |
|-----|--|---|----------|---|---|
| 13. | Condition: <u>only minor surface wear</u> | E | G | F | P |
| 14. | Exterior Alterations: <u>new windows, re-clad, minor changes to character</u> | E | G | F | P |

Evaluated by: Stacy Farr, Page & Turnbull Date: June 25, 2013

STATUS

Rating:

- | | | |
|----------------------------|--|---|
| City Landmark Eligibility: | <input type="checkbox"/> Eligible | <input type="checkbox"/> Not eligible |
| National Register Status: | <input type="checkbox"/> Listed | <input type="checkbox"/> In process |
| | <input type="checkbox"/> Determined eligible | <input type="checkbox"/> Appears eligible |
| | <input type="checkbox"/> Appears ineligible | |

Site of Opportunity ☐

This evaluation sheet was accepted by the landmarks Preservation Advisory Board at its meeting of _____.

(Date)

Attest: _____

Secretary

**City of Oakland – Landmarks Preservation Advisory Board
EVALUATION TALLY SHEET FOR LANDMARK ELIGIBILITY**

☒ Preliminary ☐ Final

Address: 688 52nd Street

Name: _____

12	6	3	0	1. Exterior/Design	
6	3	2	0	2. Interior	
6	3	2	0	3. Construction	
4	2	1	0	4. Designer/Builder	
6	3	2	0	5. Style/Type	
				A. ARCHITECTURE TOTAL (max. 26)	7
30	15	8	0	6. Person/Organization	
30	15	8	0	7. Event	
18	9	5	0	8. Patterns	
8	4	2	0	9. Age	
4	2	1	0	10. Site	
				B. HISTORY TOTAL (max. 60)	11
4	2	1	0	11. Continuity	
14	7	4	0	12. Familiarity	
				C. CONTEXT TOTAL (max. 14)	1
PRELIMINARY TOTAL (Sum of A, B and C) (max. 100)					19
-0	-3%	-5%	-10%	13. Condition (From A, B, and C total)	.57
-0	-25%	-50%	-75%	14. Exterior Alterations (From A, B and C total excluding 2)	4.75
				D. INTEGRITY	5.32
ADJUSTED TOTAL (Preliminary total minus Integrity)					14 (rounded from 13.68)

STATUS/RATING

Present Rating (Adjusted Total): ☐ A(35+) ☐ B(23-34) ☒ C(11-22) ☐ D(0-10)

Contingency Rating (Preliminary Total): ☐ A(35+) ☐ B(23-34) ☐ C(11-22) ☐ D(0-10)

City Landmark Eligibility: ☐ Eligible (Present Rating is A or B) ☒ Not eligible

**City of Oakland – Landmarks Preservation Advisory Board
EVALUATION SHEET FOR LANDMARK ELIGIBILITY**

☒ Preliminary ☐ Final

Address: 720 52nd Street _____
Name: _____

A. ARCHITECTURE

1.	Exterior/Design: <u>window groups, hipped roof, gable window</u>	E	VG	G	FP
2.	Interior: <u>not evaluated</u>	E	VG	G	FP
3.	Construction: <u>wood frame with wood cladding</u>	E	VG	G	FP
4.	Designer/Builder: <u>arch. Thomas Dean Newsom, bldr Wm. Hammond Keifer, not sig.</u>	E	VG	G	FP
5.	Style/Type: <u>modest but good example of Simple Bungalow type</u>	E	VG	G	FP

B. HISTORY

6.	Person/Organization: <u>no known association with sig. person or organization</u>	E	VG	G	FP
7.	Event: <u>no known assoc. with sig. event</u>	E	VG	G	FP
8.	Patterns: <u>in age, style and date of constr., assoc. with residential settlement</u>	E	VG	G	FP
9.	Age: <u>built 1907</u>	E	VG	G	FP
10.	Site: <u>not moved</u>	E	VG	G	FP

C. CONTEXT

11.	Continuity: <u>maintains (rather than establishes) character of ASI</u>	E	VG	G	FP
12.	Familiarity: <u>not particularly conspicuous in the neighborhood</u>	E	VG	G	FP

D. INTEGRITY

13.	Condition: <u>minor surface wear</u>	E	G	F	P
14.	Exterior Alterations: <u>minor changes to character (windows replaced)</u>	E	G	F	P

Evaluated by: Stacy Farr, Page & Turnbull Date: June 25, 2013

STATUS

Rating:

City Landmark Eligibility: ☐ Eligible ☐ Not eligible
National Register Status: ☐ Listed ☐ In process
 ☐ Determined eligible ☐ Appears eligible
 ☐ Appears ineligible
Site of Opportunity ☐

This evaluation sheet was accepted by the landmarks Preservation Advisory Board at its meeting of _____.

(Date)

Attest: _____
Secretary

**City of Oakland – Landmarks Preservation Advisory Board
EVALUATION TALLY SHEET FOR LANDMARK ELIGIBILITY**

☐ Preliminary ☒ Final

Address: 720 52nd Street

Name: _____

12	6	3	0	1. Exterior/Design	
6	3	2	0	2. Interior	
6	3	2	0	3. Construction	
4	2	1	0	4. Designer/Builder	
6	3	2	0	5. Style/Type	
				A. ARCHITECTURE TOTAL (max. 26)	7
30	15	8	0	6. Person/Organization	
30	15	8	0	7. Event	
18	9	5	0	8. Patterns	
8	4	2	0	9. Age	
4	2	1	0	10. Site	
				B. HISTORY TOTAL (max. 60)	11
4	2	1	0	11. Continuity	
14	7	4	0	12. Familiarity	
				C. CONTEXT TOTAL (max. 14)	1
PRELIMINARY TOTAL (Sum of A, B and C) (max. 100)					19
-0	-3%	-5%	-10%	13. Condition (From A, B, and C total)	.57
-0	-25%	-50%	-75%	14. Exterior Alterations (From A, B and C total excluding 2)	4.75
				D. INTEGRITY	5.32
ADJUSTED TOTAL (Preliminary total minus Integrity)					14 (rounded from 13.68)

STATUS/RATING

Present Rating (Adjusted Total): ☐ A(35+) ☐ B(23-34) ☒ C(11-22) ☐ D(0-10)

Contingency Rating (Preliminary Total): ☐ A(35+) ☐ B(23-34) ☐ C(11-22) ☐ D(0-10)

City Landmark Eligibility: ☐ Eligible (Present Rating is A or B) ☒ Not eligible

**City of Oakland – Landmarks Preservation Advisory Board
EVALUATION SHEET FOR LANDMARK ELIGIBILITY**

☒ Preliminary ☐ Final

Address: 671 53rd Street _____

Name: _____

A. ARCHITECTURE

- | | | | | | |
|----|---|---|----|----------|-----------|
| 1. | Exterior/Design: <u>hip roof, grouped windows, shingle clad, dormer, asymmetry</u> | E | VG | G | FP |
| 2. | Interior: <u>not evaluated</u> | E | VG | G | FP |
| 3. | Construction: <u>wood frame and shingle cladding</u> | E | VG | G | FP |
| 4. | Designer/Builder: <u>local builder Carl Phillip Kreischer</u> | E | VG | G | FP |
| 5. | Style/Type: <u>modest example of simple bungalow type</u> | E | VG | G | FP |

B. HISTORY

- | | | | | | |
|-----|--|----------|----|----------|-----------|
| 6. | Person/Organization: <u>no known association with sig. person or organization</u> | E | VG | G | FP |
| 7. | Event: <u>no known association with specific significant event</u> | E | VG | G | FP |
| 8. | Patterns: <u>representative in age, style and location of pattern of res. expansion</u> | E | VG | G | FP |
| 9. | Age: <u>constructed Aug 1906</u> | E | VG | G | FP |
| 10. | Site: <u>not moved</u> | E | VG | G | FP |

C. CONTEXT

- | | | | | | |
|-----|--|---|-----------|---|-----------|
| 11. | Continuity: <u>in ASI, good rep. in good condition, helps establish character</u> | E | VG | G | FP |
| 12. | Familiarity: <u>not particularly conspicuous in neighborhood</u> | E | VG | G | FP |

D. INTEGRITY

- | | | | | | |
|-----|---|----------|----------|---|---|
| 13. | Condition: <u>minor surface wear</u> | E | G | F | P |
| 14. | Exterior Alterations: <u>very minor changes to overall character</u> | E | G | F | P |

Evaluated by: Stacy Farr, Page & Turnbull Date: June 25, 2013

STATUS

Rating:

- | | |
|--|---|
| City Landmark Eligibility: <input type="checkbox"/> Eligible | <input type="checkbox"/> Not eligible |
| National Register Status: <input type="checkbox"/> Listed | <input type="checkbox"/> In process |
| <input type="checkbox"/> Determined eligible | <input type="checkbox"/> Appears eligible |
| <input type="checkbox"/> Appears ineligible | |

Site of Opportunity ☐

This evaluation sheet was accepted by the landmarks Preservation Advisory Board at its meeting of _____.

(Date)

Attest: _____

Secretary

**City of Oakland – Landmarks Preservation Advisory Board
EVALUATION TALLY SHEET FOR LANDMARK ELIGIBILITY**

☐ Preliminary ☒ Final

Address: 671 53rd Street

Name: _____

12	6	3	0	1. Exterior/Design	
6	3	2	0	2. Interior	
6	3	2	0	3. Construction	
4	2	1	0	4. Designer/Builder	
6	3	2	0	5. Style/Type	
				A. ARCHITECTURE TOTAL (max. 26)	7
30	15	8	0	6. Person/Organization	
30	15	8	0	7. Event	
18	9	5	0	8. Patterns	
8	4	2	0	9. Age	
4	2	1	0	10. Site	
				B. HISTORY TOTAL (max. 60)	11
4	2	1	0	11. Continuity	
14	7	4	0	12. Familiarity	
				C. CONTEXT TOTAL (max. 14)	2
PRELIMINARY TOTAL (Sum of A, B and C) (max. 100)					20
-0	-3%	-5%	-10%	13. Condition (From A, B, and C total)	.61
-0	-25%	-50%	-75%	14. Exterior Alterations (From A, B and C total excluding 2)	0
				D. INTEGRITY	.60
ADJUSTED TOTAL (Preliminary total minus Integrity)					19 (rounded from 19.4)

STATUS/RATING

Present Rating (Adjusted Total): ☐ A(35+) ☐ B(23-34) ☒ C(11-22) ☐ D(0-10)

Contingency Rating (Preliminary Total): ☐ A(35+) ☐ B(23-34) ☐ C(11-22) ☐ D(0-10)

City Landmark Eligibility: ☐ Eligible (Present Rating is A or B) ☒ Not eligible

City of Oakland – Landmarks Preservation Advisory Board
EVALUATION SHEET FOR LANDMARK ELIGIBILITY

☒ Preliminary ☐ Final

Address: 675 53rd Street _____

Name: _____

A. ARCHITECTURE

- | | | | | | |
|----|---|---|----|----------|-----------|
| 1. | Exterior/Design: <u>modest size, asymmetry, hipped roof, hipped dormer, porch roof columns</u> | E | VG | G | FP |
| 2. | Interior: <u>not evaluated</u> | E | VG | G | FP |
| 3. | Construction: <u>wood frame and stucco</u> | E | VG | G | FP |
| 4. | Designer/Builder: <u>local builder Edward Collins, not significant</u> | E | VG | G | FP |
| 5. | Style/Type: <u>modest example of simple Bungalow style</u> | E | VG | G | FP |

B. HISTORY

- | | | | | | |
|-----|---|----------|----|----------|-----------|
| 6. | Person/Organization: <u>no known association with sig. person or organization</u> | E | VG | G | FP |
| 7. | Event: <u>no know association with significant event</u> | E | VG | G | FP |
| 8. | Patterns: <u>style, location and date associated with pattern of res. settlement</u> | E | VG | G | FP |
| 9. | Age: <u>1911 construction</u> | E | VG | G | FP |
| 10. | Site: <u>not moved</u> | E | VG | G | FP |

C. CONTEXT

- | | | | | | |
|-----|---|---|----|----------|-----------|
| 11. | Continuity: <u>good but altered rep. of its type, maintains character of ASI</u> | E | VG | G | FP |
| 12. | Familiarity: <u>not conspicuous in neighborhood</u> | E | VG | G | FP |

D. INTEGRITY

- | | | | | | |
|-----|---|---|----------|----------|----------|
| 13. | Condition: <u>minor surface wear</u> | E | G | F | P |
| 14. | Exterior Alterations: <u>addition (large semicircular bay) at primary facade</u> | E | G | F | P |

Evaluated by: Stacy Farr, Page & Turnbull Date: June 25, 2013

STATUS

Rating:

- | | |
|--|---|
| City Landmark Eligibility: <input type="checkbox"/> Eligible | <input type="checkbox"/> Not eligible |
| National Register Status: <input type="checkbox"/> Listed | <input type="checkbox"/> In process |
| <input type="checkbox"/> Determined eligible | <input type="checkbox"/> Appears eligible |
| <input type="checkbox"/> Appears ineligible | |

Site of Opportunity ☐

This evaluation sheet was accepted by the landmarks Preservation Advisory Board at its meeting of _____.

(Date)

Attest: _____

Secretary

**City of Oakland – Landmarks Preservation Advisory Board
EVALUATION TALLY SHEET FOR LANDMARK ELIGIBILITY**

☒ Preliminary ☐ Final

Address: 675 53rd Street

Name: _____

12	6	3	0	1. Exterior/Design	
6	3	2	0	2. Interior	
6	3	2	0	3. Construction	
4	2	1	0	4. Designer/Builder	
6	3	2	0	5. Style/Type	
				A. ARCHITECTURE TOTAL (max. 26)	7
30	15	8	0	6. Person/Organization	
30	15	8	0	7. Event	
18	9	5	0	8. Patterns	
8	4	2	0	9. Age	
4	2	1	0	10. Site	
				B. HISTORY TOTAL (max. 60)	11
4	2	1	0	11. Continuity	
14	7	4	0	12. Familiarity	
				C. CONTEXT TOTAL (max. 14)	1
PRELIMINARY TOTAL (Sum of A, B and C) (max. 100)					19
-0	-3%	-5%	-10%	13. Condition (From A, B, and C total)	.57
-0	-25%	-50%	-75%	14. Exterior Alterations (From A, B and C total excluding 2)	9.5
				D. INTEGRITY	8.93
ADJUSTED TOTAL (Preliminary total minus Integrity)					9 (rounded from 8.93)

STATUS/RATING

Present Rating (Adjusted Total): ☐ A(35+) ☐ B(23-34) ☐ C(11-22) ☒ D(0-10)

Contingency Rating (Preliminary Total): ☐ A(35+) ☐ B(23-34) ☐ C(11-22) ☐ D(0-10)

City Landmark Eligibility: ☐ Eligible (Present Rating is A or B) ☒ Not eligible

City of Oakland – Landmarks Preservation Advisory Board
EVALUATION SHEET FOR LANDMARK ELIGIBILITY

☒ Preliminary ☐ Final

Address: 677-679 53rd Street _____

Name: _____

A. ARCHITECTURE

1.	Exterior/Design: <u>hip roof, symmetrical façade, engaged pilasters at entries</u>	E	VG	G	FP
2.	Interior: <u>not evaluated</u>	E	VG	G	FP
3.	Construction: <u>wood frame with stucco cladding</u>	E	VG	G	FP
4.	Designer/Builder: <u>local builder Fred Kelley</u>	E	VG	G	FP
5.	Style/Type: <u>fair example of highly simplified Classical Revival</u>	E	VG	G	FP

B. HISTORY

6.	Person/Organization: <u>no known association with sig. person or organization</u>	E	VG	G	FP
7.	Event: <u>no known association with significant event</u>	E	VG	G	FP
8.	Patterns: <u>style reflects pattern of res. settlement, late (1921) date of construction</u>	E	VG	G	FP
9.	Age: <u>1921 construction</u>	E	VG	G	FP
10.	Site: <u>not moved</u>	E	VG	G	FP

C. CONTEXT

11.	Continuity: <u>fair representative of type, altered, maintains char. of ASI</u>	E	VG	G	FP
12.	Familiarity: <u>not particularly conspicuous in neighborhood</u>	E	VG	G	FP

D. INTEGRITY

13.	Condition: <u>minor surface wear</u>	E	G	F	P
14.	Exterior Alterations: <u>minor changes (first floor new windows & doors) to hist. char.</u>	E	G	F	P

Evaluated by: Stacy Farr, Page & Turnbull Date: June 25, 2013

STATUS

Rating:

City Landmark Eligibility: ☐ Eligible ☐ Not eligible

National Register Status: ☐ Listed ☐ In process

☐ Determined eligible ☐ Appears eligible

☐ Appears ineligible

Site of Opportunity ☐

This evaluation sheet was accepted by the landmarks Preservation Advisory Board at its meeting of _____.

(Date)

Attest: _____

Secretary

**City of Oakland – Landmarks Preservation Advisory Board
EVALUATION TALLY SHEET FOR LANDMARK ELIGIBILITY**

☒ Preliminary ☐ Final

Address: 677-679 53rd Street

Name: _____

12	6	<input checked="" type="checkbox"/> 3	0	1. Exterior/Design	
6	3	2	0	2. Interior	
6	3	<input checked="" type="checkbox"/> 2	0	3. Construction	
4	2	1	<input checked="" type="checkbox"/> 0	4. Designer/Builder	
6	3	2	<input checked="" type="checkbox"/> 0	5. Style/Type	
				A. ARCHITECTURE TOTAL (max. 26)	5
30	15	8	<input checked="" type="checkbox"/> 0	6. Person/Organization	
30	15	8	<input checked="" type="checkbox"/> 0	7. Event	
18	9	<input checked="" type="checkbox"/> 5	0	8. Patterns	
8	4	<input checked="" type="checkbox"/> 2	0	9. Age	
<input checked="" type="checkbox"/> 4	2	1	0	10. Site	
				B. HISTORY TOTAL (max. 60)	11
4	2	<input checked="" type="checkbox"/> 1	0	11. Continuity	
14	7	4	<input checked="" type="checkbox"/> 0	12. Familiarity	
				C. CONTEXT TOTAL (max. 14)	1
PRELIMINARY TOTAL (Sum of A, B and C) (max. 100)					17
-0	<input checked="" type="checkbox"/> -3%	-5%	-10%	13. Condition (From A, B, and C total)	.51
-0	<input checked="" type="checkbox"/> -25%	-50%	-75%	14. Exterior Alterations (From A, B and C total excluding 2)	4.25
				D. INTEGRITY	4.76
ADJUSTED TOTAL (Preliminary total minus Integrity)					12 (rounded from 12.24)

STATUS/RATING

Present Rating (Adjusted Total): ☐ A(35+) ☐ B(23-34) ☒ C(11-22) ☐ D(0-10)

Contingency Rating (Preliminary Total): ☐ A(35+) ☐ B(23-34) ☐ C(11-22) ☐ D(0-10)

City Landmark Eligibility: ☐ Eligible (Present Rating is A or B) ☒ Not eligible

**City of Oakland – Landmarks Preservation Advisory Board
EVALUATION SHEET FOR LANDMARK ELIGIBILITY**

☒ Preliminary ☐ Final

Address: 685-689 53rd Street

Name: _____

A. ARCHITECTURE

- | | | | | | |
|----|---|---|----|----------|-----------|
| 1. | Exterior/Design: <u>angled corner façade, multi-lite transom, curved entry hood, tile watertable</u> | E | VG | G | FP |
| 2. | Interior: <u>not evaluated</u> | E | VG | G | FP |
| 3. | Construction: <u>wood frame, stucco cladding</u> | E | VG | G | FP |
| 4. | Designer/Builder: <u>unknown</u> | E | VG | G | FP |
| 5. | Style/Type: <u>basic commercial type, no discernible style</u> | E | VG | G | FP |

B. HISTORY

- | | | | | | |
|-----|--|----------|----|----------|-----------|
| 6. | Person/Organization: <u>no known association with any sig. person or org.</u> | E | VG | G | FP |
| 7. | Event: <u>no known association with any significant event</u> | E | VG | G | FP |
| 8. | Patterns: <u>loc. and d.o.c. shows assoc. with res settlement, type (comm.) is supporting</u> | E | VG | G | FP |
| 9. | Age: <u>built 1914</u> | E | VG | G | FP |
| 10. | Site: <u>not moved</u> | E | VG | G | FP |

C. CONTEXT

- | | | | | | |
|-----|---|---|----|----------|-----------|
| 11. | Continuity: <u>use and alterations incompatible with general character of AS</u> | E | VG | G | FP |
| 12. | Familiarity: <u>not particularly conspicuous in the neighborhood</u> | E | VG | G | FP |

D. INTEGRITY

- | | | | | | |
|-----|---|----------|----------|----------|----------|
| 13. | Condition: <u>minor surface wear</u> | E | G | F | P |
| 14. | Exterior Alterations: <u>reclad in stucco, storefront windows covered, hist. char. altered</u> | E | G | F | P |

Evaluated by: Stacy Farr, Page & Turnbull Date: June 25, 2013

STATUS

Rating:

- | | |
|--|---|
| City Landmark Eligibility: <input type="checkbox"/> Eligible | <input type="checkbox"/> Not eligible |
| National Register Status: <input type="checkbox"/> Listed | <input type="checkbox"/> In process |
| <input type="checkbox"/> Determined eligible | <input type="checkbox"/> Appears eligible |
| <input type="checkbox"/> Appears ineligible | |
| Site of Opportunity <input type="checkbox"/> | |

This evaluation sheet was accepted by the landmarks Preservation Advisory Board at its meeting of _____.

(Date)

Attest: _____
Secretary

**City of Oakland – Landmarks Preservation Advisory Board
EVALUATION TALLY SHEET FOR LANDMARK ELIGIBILITY**

☒ Preliminary ☐ Final

Address: 685-689 53rd Street

Name: _____

12	6	3	0	1. Exterior/Design	
6	3	2	0	2. Interior	
6	3	2	0	3. Construction	
4	2	1	0	4. Designer/Builder	
6	3	2	0	5. Style/Type	
				A. ARCHITECTURE TOTAL (max. 26)	5
30	15	8	0	6. Person/Organization	
30	15	8	0	7. Event	
18	9	5	0	8. Patterns	
8	4	2	0	9. Age	
4	2	1	0	10. Site	
				B. HISTORY TOTAL (max. 60)	11
4	2	1	0	11. Continuity	
14	7	4	0	12. Familiarity	
				C. CONTEXT TOTAL (max. 14)	1
PRELIMINARY TOTAL (Sum of A, B and C) (max. 100)					16
-0	-3%	-5%	-10%	13. Condition (From A, B, and C total)	.48
-0	-25%	-50%	-75%	14. Exterior Alterations (From A, B and C total excluding 2)	7
				D. INTEGRITY	7.48
ADJUSTED TOTAL (Preliminary total minus Integrity)					9 (rounded from 8.52)

STATUS/RATING

Present Rating (Adjusted Total): ☐ A(35+) ☐ B(23-34) ☐ C(11-22) ☒ D(0-10)

Contingency Rating (Preliminary Total): ☐ A(35+) ☐ B(23-34) ☐ C(11-22) ☐ D(0-10)

City Landmark Eligibility: ☐ Eligible (Present Rating is A or B) ☒ Not eligible

**City of Oakland – Landmarks Preservation Advisory Board
EVALUATION SHEET FOR LANDMARK ELIGIBILITY**

☒ Preliminary ☐ Final

Address: 707 53rd Street

Name: _____

A. ARCHITECTURE

- | | | | | | |
|----|---|----------|-----------|----------|-----------|
| 1. | Exterior/Design: <u>good detailing (flared eaves, window groups, multi-roof forms, balconette)</u> | E | VG | G | FP |
| 2. | Interior: <u>not evaluated</u> | E | VG | G | FP |
| 3. | Construction: <u>wood frame with shingle cladding</u> | E | VG | G | FP |
| 4. | Designer/Builder: <u>local builder William A. Walker, not significant</u> | E | VG | G | FP |
| 5. | Style/Type: <u>simplified Shingle style, good example</u> | E | VG | G | FP |

B. HISTORY

- | | | | | | |
|-----|--|----------|-----------|----------|-----------|
| 6. | Person/Organization: <u>no known association with sig. person or organization</u> | E | VG | G | FP |
| 7. | Event: <u>no known association with significant event</u> | E | VG | G | FP |
| 8. | Patterns: <u>location, style & date of const. display assoc. with of pattern of res. dev.</u> | E | VG | G | FP |
| 9. | Age: <u>built 1907</u> | E | VG | G | FP |
| 10. | Site: <u>not moved</u> | E | VG | G | FP |

C. CONTEXT

- | | | | | | |
|-----|---|----------|-----------|----------|-----------|
| 11. | Continuity: <u>good rep. of type, unaltered, maintains the character of area</u> | E | VG | G | FP |
| 12. | Familiarity: <u>complex façade & roofline noticeable</u> | E | VG | G | FP |

D. INTEGRITY

- | | | | | | |
|-----|---|----------|----------|----------|----------|
| 13. | Condition: <u>only minor surface wear</u> | E | G | F | P |
| 14. | Exterior Alterations: <u>no noticeable alterations</u> | E | G | F | P |

Evaluated by: Stacy Farr, Page & Turnbull Date: June 25, 2013

STATUS

Rating:

- | | | |
|----------------------------|--|---|
| City Landmark Eligibility: | <input type="checkbox"/> Eligible | <input type="checkbox"/> Not eligible |
| National Register Status: | <input type="checkbox"/> Listed | <input type="checkbox"/> In process |
| | <input type="checkbox"/> Determined eligible | <input type="checkbox"/> Appears eligible |
| | <input type="checkbox"/> Appears ineligible | |

Site of Opportunity ☐

This evaluation sheet was accepted by the landmarks Preservation Advisory Board at its meeting of _____.

(Date)

Attest: _____

Secretary

**City of Oakland – Landmarks Preservation Advisory Board
EVALUATION TALLY SHEET FOR LANDMARK ELIGIBILITY**

☐ Preliminary

☐ Final

Address: 707 53rd Street

Name: _____

12	6	3	0	1. Exterior/Design	
6	3	2	0	2. Interior	
6	3	2	0	3. Construction	
4	2	1	0	4. Designer/Builder	
6	3	2	0	5. Style/Type	
				A. ARCHITECTURE TOTAL (max. 26)	7
30	15	8	0	6. Person/Organization	
30	15	8	0	7. Event	
18	9	5	0	8. Patterns	
8	4	2	0	9. Age	
4	2	1	0	10. Site	
				B. HISTORY TOTAL (max. 60)	11
4	2	1	0	11. Continuity	
14	7	4	0	12. Familiarity	
				C. CONTEXT TOTAL (max. 14)	5
PRELIMINARY TOTAL (Sum of A, B and C) (max. 100)					23
-0	-3%	-5%	-10%	13. Condition (From A, B, and C total)	.69
-0	-25%	-50%	-75%	14. Exterior Alterations (From A, B and C total excluding 2)	0
				D. INTEGRITY	.69
ADJUSTED TOTAL (Preliminary total minus Integrity)					22 (rounded from 22.31)

STATUS/RATING

Present Rating (Adjusted Total):

☐ A(35+)

☐ B(23-34)

☒ C(11-22)

☐ D(0-10)

Contingency Rating (Preliminary Total):

☐ A(35+)

☐ B(23-34)

☐ C(11-22)

☐ D(0-10)

City Landmark Eligibility:

☐ Eligible (Present Rating is A or B)

☐ Not eligible

**City of Oakland – Landmarks Preservation Advisory Board
EVALUATION SHEET FOR LANDMARK ELIGIBILITY**

☒ Preliminary ☐ Final

Address: 715 53rd Street

Name: _____

A. ARCHITECTURE

1.	Exterior/Design: <u>flared eaves, multi-lite dormer window, asymmetry, exp. purlins & rafter tails</u>	E	VG	G	FP
2.	Interior: <u>not evaluated</u>	E	VG	G	FP
3.	Construction: <u>wood frame with wood clapboard siding</u>	E	VG	G	FP
4.	Designer/Builder: <u>unknown</u>	E	VG	G	FP
5.	Style/Type: <u>modest but good example of Craftsman bungalow</u>	E	VG	G	FP

B. HISTORY

6.	Person/Organization: <u>no known association with sig. person or organization</u>	E	VG	G	FP
7.	Event: <u>no known association with significant event</u>	E	VG	G	FP
8.	Patterns: <u>assoc. (loc, style and date of const.) with pattern of res. settlement</u>	E	VG	G	FP
9.	Age: <u>ca. 1906</u>	E	VG	G	FP
10.	Site: <u>not moved</u>	E	VG	G	FP

C. CONTEXT

11.	Continuity: <u>good rep. of type, few alterations, maintains character of ASI</u>	E	VG	G	FP
12.	Familiarity: <u>not particularly conspicuous in neighborhood</u>	E	VG	G	FP

D. INTEGRITY

13.	Condition: <u>minor surface wear</u>	E	G	F	P
14.	Exterior Alterations: <u>new porch supports & railings, new</u>	E	G	F	P

Evaluated by: Stacy Farr, Page & Turnbull Date: June 25, 2013

STATUS

Rating:

City Landmark Eligibility: ☐ Eligible ☐ Not eligible

National Register Status: ☐ Listed ☐ In process

☐ Determined eligible ☐ Appears eligible

☐ Appears ineligible

Site of Opportunity ☐

This evaluation sheet was accepted by the landmarks Preservation Advisory Board at its meeting of _____.

(Date)

Attest: _____

Secretary

**City of Oakland – Landmarks Preservation Advisory Board
EVALUATION TALLY SHEET FOR LANDMARK ELIGIBILITY**

☐ Preliminary ☒ Final

Address: 715 53rd Street

Name: _____

12	6	3	0	1. Exterior/Design	
6	3	2	0	2. Interior	
6	3	2	0	3. Construction	
4	2	1	0	4. Designer/Builder	
6	3	2	0	5. Style/Type	
				A. ARCHITECTURE TOTAL (max. 26)	7
30	15	8	0	6. Person/Organization	
30	15	8	0	7. Event	
18	9	5	0	8. Patterns	
8	4	2	0	9. Age	
4	2	1	0	10. Site	
				B. HISTORY TOTAL (max. 60)	13
4	2	1	0	11. Continuity	
14	7	4	0	12. Familiarity	
				C. CONTEXT TOTAL (max. 14)	1
PRELIMINARY TOTAL (Sum of A, B and C) (max. 100)					21
-0	-3%	-5%	-10%	13. Condition (From A, B, and C total)	.63
-0	-25%	-50%	-75%	14. Exterior Alterations (From A, B and C total excluding 2)	5.25
				D. INTEGRITY	5.88
ADJUSTED TOTAL (Preliminary total minus Integrity)					15 (rounded from 15.12)

STATUS/RATING

Present Rating (Adjusted Total): ☐ A(35+) ☐ B(23-34) ☒ C(11-22) ☐ D(0-10)

Contingency Rating (Preliminary Total): ☐ A(35+) ☐ B(23-34) ☐ C(11-22) ☐ D(0-10)

City Landmark Eligibility: ☐ Eligible (Present Rating is A or B) ☒ Not eligible

City of Oakland – Landmarks Preservation Advisory Board

EVALUATION SHEET FOR LANDMARK ELIGIBILITY

☒ Preliminary ☐ Final

Address: 5203 Dover Street

Name: _____

A. ARCHITECTURE

- | | | | | | |
|----|---|---|----|----------|-----------|
| 1. | Exterior/Design: <u>hipped roof & dormer, multi-lite dormer window, gable porch roof, Tuscan porch columns</u> | E | VG | G | FP |
| 2. | Interior: <u>not evaluated</u> | E | VG | G | FP |
| 3. | Construction: <u>wood frame with wood clapboard siding</u> | E | VG | G | FP |
| 4. | Designer/Builder: <u>unknown</u> | E | VG | G | FP |
| 5. | Style/Type: <u>modest but good example of Bungalow style</u> | E | VG | G | FP |

B. HISTORY

- | | | | | | |
|-----|--|----------|-----------|----------|-----------|
| 6. | Person/Organization: <u>no known association with sig. person or organization</u> | E | VG | G | FP |
| 7. | Event: <u>no known association with significant event</u> | E | VG | G | FP |
| 8. | Patterns: <u>age, location and date of const. assoc. with pattern of res. development</u> | E | VG | G | FP |
| 9. | Age: <u>constructed 1905</u> | E | VG | G | FP |
| 10. | Site: <u>not moved</u> | E | VG | G | FP |

C. CONTEXT

- | | | | | | |
|-----|---|---|----|----------|-----------|
| 11. | Continuity: <u>maintains character of ASI</u> | E | VG | G | FP |
| 12. | Familiarity: <u>not particularly distinguishable in the neighborhood</u> | E | VG | G | FP |

D. INTEGRITY

- | | | | | | |
|-----|---|---|----------|---|---|
| 13. | Condition: <u>exhibits only minor surface wear</u> | E | G | F | P |
| 14. | Exterior Alterations: <u>minor changes to character (windows replaced)</u> | E | G | F | P |

Evaluated by: Stacy Farr, Page & Turnbull Date: June 25, 2013

STATUS

Rating:

- | | |
|--|---|
| City Landmark Eligibility: <input type="checkbox"/> Eligible | <input type="checkbox"/> Not eligible |
| National Register Status: <input type="checkbox"/> Listed | <input type="checkbox"/> In process |
| <input type="checkbox"/> Determined eligible | <input type="checkbox"/> Appears eligible |
| <input type="checkbox"/> Appears ineligible | |

Site of Opportunity ☐

This evaluation sheet was accepted by the landmarks Preservation Advisory Board at its meeting of _____.

(Date)

Attest: _____

City of Oakland – Landmarks Preservation Advisory Board EVALUATION TALLY SHEET FOR LANDMARK ELIGIBILITY

☒ Preliminary ☐ Final

Address: 5203 Dover Street

Name: _____

12	6	3	0	1. Exterior/Design	
6	3	2	0	2. Interior	
6	3	2	0	3. Construction	
4	2	1	0	4. Designer/Builder	
6	3	2	0	5. Style/Type	
				A. ARCHITECTURE TOTAL (max. 26)	7
30	15	8	0	6. Person/Organization	
30	15	8	0	7. Event	
18	9	5	0	8. Patterns	
8	4	2	0	9. Age	
4	2	1	0	10. Site	
				B. HISTORY TOTAL (max. 60)	13
4	2	1	0	11. Continuity	
14	7	4	0	12. Familiarity	
				C. CONTEXT TOTAL (max. 14)	1
PRELIMINARY TOTAL (Sum of A, B and C) (max. 100)					21
-0	-3%	-5%	-10%	13. Condition (From A, B, and C total)	.63
-0	-25%	-50%	-75%	14. Exterior Alterations (From A, B and C total excluding 2)	5.25
				D. INTEGRITY	5.88
ADJUSTED TOTAL (Preliminary total minus Integrity)					15 (rounded from 15.12)

STATUS/RATING

Present Rating (Adjusted Total): ☐ A(35+) ☐ B(23-34) ☒ C(11-22) ☐ D(0-10)

Contingency Rating (Preliminary Total): ☐ A(35+) ☐ B(23-34) ☐ C(11-22) ☐ D(0-10)

City Landmark Eligibility: ☐ Eligible (Present Rating is A or B) ☒ Not eligible

City of Oakland – Landmarks Preservation Advisory Board
EVALUATION SHEET FOR LANDMARK ELIGIBILITY

☒ Preliminary ☐ Final

Address: 5212-5214 Dover Street

Name: _____

A. ARCHITECTURE

- | | | | | | |
|----|--|----------|-----------|----------|-----------|
| 1. | Exterior/Design: <u>any original design and detail lost to alterations & façade reconfiguration</u> | E | VG | G | FP |
| 2. | Interior: <u>not evaluated</u> | E | VG | G | FP |
| 3. | Construction: <u>wood frame, wood and stucco cladding</u> | E | VG | G | FP |
| 4. | Designer/Builder: <u>local contractor Harry M. Swalley, not significant</u> | E | VG | G | FP |
| 5. | Style/Type: <u>exhibits no discernible style or type</u> | E | VG | G | FP |

B. HISTORY

- | | | | | | |
|-----|---|----------|-----------|----------|-----------|
| 6. | Person/Organization: <u>no known association with sig. person or organization</u> | E | VG | G | FP |
| 7. | Event: <u>no known association with significant event</u> | E | VG | G | FP |
| 8. | Patterns: <u>assoc. in date of const. and location with pattern of res. settlement</u> | E | VG | G | FP |
| 9. | Age: <u>built 1910</u> | E | VG | G | FP |
| 10. | Site: <u>not moved</u> | E | VG | G | FP |

C. CONTEXT

- | | | | | | |
|-----|---|----------|-----------|----------|-----------|
| 11. | Continuity: <u>located in ASI but visually noncontributory</u> | E | VG | G | FP |
| 12. | Familiarity: <u>not particularly conspicuous in the neighborhood</u> | E | VG | G | FP |

D. INTEGRITY

- | | | | | | |
|-----|---|----------|----------|----------|----------|
| 13. | Condition: <u>minor surface wear</u> | E | G | F | P |
| 14. | Exterior Alterations: <u>façade reconfigured, new cladding, porch, and windows</u> | E | G | F | P |

Evaluated by: Stacy Farr, Page & Turnbull Date: June 25, 2013

STATUS

Rating:

- | | | |
|----------------------------|--|---|
| City Landmark Eligibility: | <input type="checkbox"/> Eligible | <input type="checkbox"/> Not eligible |
| National Register Status: | <input type="checkbox"/> Listed | <input type="checkbox"/> In process |
| | <input type="checkbox"/> Determined eligible | <input type="checkbox"/> Appears eligible |
| | <input type="checkbox"/> Appears ineligible | |

Site of Opportunity ☐

This evaluation sheet was accepted by the landmarks Preservation Advisory Board at its meeting of _____.

(Date)

Attest: _____

Secretary

**City of Oakland – Landmarks Preservation Advisory Board
EVALUATION TALLY SHEET FOR LANDMARK ELIGIBILITY**

☒ Preliminary ☐ Final

Address: **5212-5214 Dover Street**

Name: _____

12	6	3	<input checked="" type="checkbox"/> 0	1. Exterior/Design	
6	3	2	<input type="checkbox"/> 0	2. Interior	
6	3	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 0	3. Construction	
4	2	1	<input checked="" type="checkbox"/> 0	4. Designer/Builder	
6	3	2	<input checked="" type="checkbox"/> 0	5. Style/Type	
				A. ARCHITECTURE TOTAL (max. 26)	2
30	15	8	<input checked="" type="checkbox"/> 0	6. Person/Organization	
30	15	8	<input checked="" type="checkbox"/> 0	7. Event	
18	9	<input checked="" type="checkbox"/> 5	<input type="checkbox"/> 0	8. Patterns	
8	4	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 0	9. Age	
<input checked="" type="checkbox"/> 4	2	1	<input type="checkbox"/> 0	10. Site	
				B. HISTORY TOTAL (max. 60)	11
4	2	1	<input checked="" type="checkbox"/> 0	11. Continuity	
14	7	4	<input checked="" type="checkbox"/> 0	12. Familiarity	
				C. CONTEXT TOTAL (max. 14)	0
PRELIMINARY TOTAL (Sum of A, B and C) (max. 100)					13
-0	<input checked="" type="checkbox"/> -3%	-5%	-10%	13. Condition (From A, B, and C total)	.39
-0	-25%	<input checked="" type="checkbox"/> -50%	-75%	14. Exterior Alterations (From A, B and C total excluding 2)	6.5
				D. INTEGRITY	6.11
ADJUSTED TOTAL (Preliminary total minus Integrity)					6 (rounded from 6.11)

STATUS/RATING

Present Rating (Adjusted Total): ☐ A(35+) ☐ B(23-34) ☐ C(11-22) ☒ D(0-10)

Contingency Rating (Preliminary Total): ☐ A(35+) ☐ B(23-34) ☐ C(11-22) ☐ D(0-10)

City Landmark Eligibility: ☐ Eligible (Present Rating is A or B) ☒ Not eligible

City of Oakland – Landmarks Preservation Advisory Board
EVALUATION SHEET FOR LANDMARK ELIGIBILITY

☒ Preliminary ☐ Final

Address: **5225 Dover Street** _____
 Name: _____

A. ARCHITECTURE

1.	Exterior/Design: <u>roof brackets, lattice at gable peaks, stylized corner posts, window groups</u>	E	VG	G	FP
2.	Interior: <u>not evaluated</u>	E	VG	G	FP
3.	Construction: <u>wood frame construction</u>	E	VG	G	FP
4.	Designer/Builder: <u>local builder Harry M. Swalley</u>	E	VG	G	FP
5.	Style/Type: <u>example of Craftsman style</u>	E	VG	G	FP

B. HISTORY

6.	Person/Organization: <u>no known association with sig. person or organization</u>	E	VG	G	FP
7.	Event: <u>no known association with significant event</u>	E	VG	G	FP
8.	Patterns: <u>assoc. with pattern of res development in style, loc. and date of const.</u>	E	VG	G	FP
9.	Age: <u>built 1908</u>	E	VG	G	FP
10.	Site: <u>not moved</u>	E	VG	G	FP

C. CONTEXT

11.	Continuity: <u>maintains (rather than establishes) character of ASI</u>	E	VG	G	FP
12.	Familiarity: <u>not particularly conspicuous in the neighborhood</u>	E	VG	G	FP

D. INTEGRITY

13.	Condition: <u>minor surface wear</u>	E	G	F	P
14.	Exterior Alterations: <u>changes (new windows, cladding, entrances) minor</u>	E	G	F	P

Evaluated by: Stacy Farr, Page & Turnbull Date: June 25, 2013

STATUS

Rating:

City Landmark Eligibility: ☐ Eligible ☐ Not eligible
 National Register Status: ☐ Listed ☐ In process
 ☐ Determined eligible ☐ Appears eligible
 ☐ Appears ineligible
 Site of Opportunity ☐

This evaluation sheet was accepted by the landmarks Preservation Advisory Board at its meeting of _____.

(Date)

Attest: _____
 Secretary

**City of Oakland – Landmarks Preservation Advisory Board
EVALUATION TALLY SHEET FOR LANDMARK ELIGIBILITY**

☒ Preliminary ☐ Final

Address: **5225 Dover Street**

Name: _____

12	6	3	0	1. Exterior/Design	
6	3	2	0	2. Interior	
6	3	2	0	3. Construction	
4	2	1	0	4. Designer/Builder	
6	3	2	0	5. Style/Type	
				A. ARCHITECTURE TOTAL (max. 26)	7
30	15	8	0	6. Person/Organization	
30	15	8	0	7. Event	
18	9	5	0	8. Patterns	
8	4	2	0	9. Age	
4	2	1	0	10. Site	
				B. HISTORY TOTAL (max. 60)	11
4	2	1	0	11. Continuity	
14	7	4	0	12. Familiarity	
				C. CONTEXT TOTAL (max. 14)	1
PRELIMINARY TOTAL (Sum of A, B and C) (max. 100)					19
-0	-3%	-5%	-10%	13. Condition (From A, B, and C total)	.57
-0	-25%	-50%	-75%	14. Exterior Alterations (From A, B and C total excluding 2)	9.5
				D. INTEGRITY	10.07
ADJUSTED TOTAL (Preliminary total minus Integrity 8 (rounded from 8.3))					

STATUS/RATING

Present Rating (Adjusted Total): ☐ A(35+) ☐ B(23-34) ☐ C(11-22) ☒ D(0-10)

Contingency Rating (Preliminary Total): ☐ A(35+) ☐ B(23-34) ☐ C(11-22) ☐ D(0-10)

City Landmark Eligibility: ☐ Eligible (Present Rating is A or B) ☒ Not eligible

**City of Oakland – Landmarks Preservation Advisory Board
EVALUATION SHEET FOR LANDMARK ELIGIBILITY**

☒ Preliminary ☐ Final

Address: 5204 Martin Luther King Jr. Way

Name: _____

A. ARCHITECTURE

1.	Exterior/Design: <u>arched windows, molded rosettes, spiral columns, iron balconettes</u>	E	VG	G	FP
2.	Interior: <u>not evaluated</u>	E	VG	G	FP
3.	Construction: <u>wood frame construction</u>	E	VG	G	FP
4.	Designer/Builder: <u>Unknown</u>	E	VG	G	FP
5.	Style/Type: <u>modest example of Mediterranean Revival style</u>	E	VG	G	FP

B. HISTORY

6.	Person/Organization: <u>no known association with sig. person or organization</u>	E	VG	G	FP
7.	Event: <u>no known association with significant event</u>	E	VG	G	FP
8.	Patterns: <u>assoc. with pattern of res development in style, loc. and date of const.</u>	E	VG	G	FP
9.	Age: <u>built 1920s</u>	E	VG	G	FP
10.	Site: <u>not moved</u>	E	VG	G	FP

C. CONTEXT

11.	Continuity: <u>maintains (rather than establishes) character of ASI; now isolated amidst new construction</u>	E	VG	G	FP
12.	Familiarity: <u>not particularly conspicuous in the neighborhood</u>	E	VG	G	FP

D. INTEGRITY

13.	Condition: <u>minor surface wear</u>	E	G	F	P
14.	Exterior Alterations: <u>changes appear very minor</u>	E	G	F	P

Evaluated by: Christina Dikas, Page & Turnbull **Date:** June 28, 2013

STATUS

Rating:

City Landmark Eligibility: ☐ Eligible ☐ Not eligible

National Register Status: ☐ Listed ☐ In process

☐ Determined eligible ☐ Appears eligible

☐ Appears ineligible

Site of Opportunity ☐

This evaluation sheet was accepted by the landmarks Preservation Advisory Board at its meeting of _____.

(Date)

Attest: _____

City of Oakland – Landmarks Preservation Advisory Board EVALUATION TALLY SHEET FOR LANDMARK ELIGIBILITY



Preliminary



Final

Address: 5204 Martin Luther King Jr. Way

Name: _____

12	6	<input checked="" type="checkbox"/> 3	0	1. Exterior/Design	
6	3	2	0	2. Interior	
6	3	<input checked="" type="checkbox"/> 2	0	3. Construction	
4	2	1	<input checked="" type="checkbox"/> 0	4. Designer/Builder	
6	3	<input checked="" type="checkbox"/> 2	0	5. Style/Type	
				A. ARCHITECTURE TOTAL (max. 26)	7
30	15	8	<input checked="" type="checkbox"/> 0	6. Person/Organization	
30	15	8	<input checked="" type="checkbox"/> 0	7. Event	
18	9	<input checked="" type="checkbox"/> 5	0	8. Patterns	
8	4	<input checked="" type="checkbox"/> 2	0	9. Age	
<input checked="" type="checkbox"/> 4	2	1	0	10. Site	
				B. HISTORY TOTAL (max. 60)	11
4	2	<input checked="" type="checkbox"/> 1	0	11. Continuity	
14	7	4	<input checked="" type="checkbox"/> 0	12. Familiarity	
				C. CONTEXT TOTAL (max. 14)	1
PRELIMINARY TOTAL (Sum of A, B and C) (max. 100)					19
-0	<input checked="" type="checkbox"/> -3%	-5%	-10%	13. Condition (From A, B, and C total)	.57
<input checked="" type="checkbox"/> -0	-25%	-50%	-75%	14. Exterior Alterations (From A, B and C total excluding 2)	0
				D. INTEGRITY	.57
ADJUSTED TOTAL (Preliminary total minus Integrity)					18 (rounded from 18.43)

STATUS/RATING

Present Rating (Adjusted Total):



A(35+)



B(23-34)



C(11-22)



D(0-10)

Contingency Rating (Preliminary Total):



A(35+)



B(23-34)



C(11-22)



D(0-10)

City Landmark Eligibility:



Eligible (Present Rating is A or B)



Not eligible

**City of Oakland – Landmarks Preservation Advisory Board
EVALUATION SHEET FOR LANDMARK ELIGIBILITY**

☒ Preliminary ☐ Final

Address: 747 52nd Street

Name: Ford Research and Diagnostic Center

A. ARCHITECTURE

- | | | | | | |
|----|---|---|-----------|----------|-----------|
| 1. | Exterior/Design: <u>International style /utilitarian design, little ornament</u> | E | VG | G | FP |
| 2. | Interior: <u>small offices, flexible spaces, labs</u> | E | VG | G | FP |
| 3. | Construction: <u>steel frame concrete with brick cladding</u> | E | VG | G | FP |
| 4. | Designer/Builder: <u>Stone, Marraccini and Patterson, not a significant example</u> | E | VG | G | FP |
| 5. | Style/Type: <u>Intl. design cues- glass wall, ribbon windows, asymmetry. Addition.</u> | E | VG | G | FP |

B. HISTORY

- | | | | | | |
|-----|--|---|----|----------|-----------|
| 6. | Person/Organization: <u>continued association with Children's Hospital</u> | E | VG | G | FP |
| 7. | Event: <u>no known association with any significant event</u> | E | VG | G | FP |
| 8. | Patterns: <u>assoc. with CHO's continued expanding role (research) & hosp. design</u> | E | VG | G | FP |
| 9. | Age: <u>built 1963</u> | E | VG | G | FP |
| 10. | Site: <u>not moved</u> | E | VG | G | FP |

C. CONTEXT

- | | | | | | |
|-----|--|---|----|----------|-----------|
| 11. | Continuity: <u>not in API or ASI but maintains char. of area (hosp. site)</u> | E | VG | G | FP |
| 12. | Familiarity: <u>two facades visible from street</u> | E | VG | G | FP |

D. INTEGRITY

- | | | | | | |
|-----|--|---|----------|----------|----------|
| 13. | Condition: <u>minor surface wear</u> | E | G | F | P |
| 14. | Exterior Alterations: <u>addtn. to bldg. change scale & stylistic expression, changes to site obscure orig. bldg. design and reorient entrance to bldg.</u> | E | G | F | P |

Evaluated by: Stacy Farr, Page & Turnbull **Date:** June 25, 2013

STATUS

Rating:

- | | | |
|----------------------------|--|---|
| City Landmark Eligibility: | <input type="checkbox"/> Eligible | <input type="checkbox"/> Not eligible |
| National Register Status: | <input type="checkbox"/> Listed | <input type="checkbox"/> In process |
| | <input type="checkbox"/> Determined eligible | <input type="checkbox"/> Appears eligible |
| | <input type="checkbox"/> Appears ineligible | |

Site of Opportunity ☐

This evaluation sheet was accepted by the landmarks Preservation Advisory Board at its meeting of _____.

(Date)

Attest: _____

Secretary

**City of Oakland – Landmarks Preservation Advisory Board
EVALUATION TALLY SHEET FOR LANDMARK ELIGIBILITY**

☐ Preliminary

☐ Final

Address: 747 52nd Street

Name: Ford Research and Diagnostic Center

12	6	3	0	1. Exterior/Design	
6	3	2	0	2. Interior	
6	3	2	0	3. Construction	
4	2	1	0	4. Designer/Builder	
6	3	2	0	5. Style/Type	
				A. ARCHITECTURE TOTAL (max. 26)	9
30	15	8	0	6. Person/Organization	
30	15	8	0	7. Event	
18	9	5	0	8. Patterns	
8	4	2	0	9. Age	
4	2	1	0	10. Site	
				B. HISTORY TOTAL (max. 60)	17
4	2	1	0	11. Continuity	
14	7	4	0	12. Familiarity	
				C. CONTEXT TOTAL (max. 14)	4
PRELIMINARY TOTAL (Sum of A, B and C) (max. 100)					30
-0	-3%	-5%	-10%	13. Condition (From A, B, and C total)	.90
-0	-25%	-50%	-75%	14. Exterior Alterations (From A, B and C total excluding 2)	15
				D. INTEGRITY	15.90
ADJUSTED TOTAL (Preliminary total minus Integrity)					14 (rounded from 14.1)

STATUS/RATING

Present Rating (Adjusted Total): ☐ A(35+) ☐ B(23-34) ☒ C(11-22) ☐ D(0-10)

Contingency Rating (Preliminary Total): ☐ A(35+) ☐ B(23-34) ☐ C(11-22) ☐ D(0-10)

City Landmark Eligibility: ☐ Eligible (Present Rating is A or B) ☒ Not eligible

APPENDIX B2

Historic Resource Evaluation Part I Supplement

MEMORANDUM

DATE	November 5, 2013	PROJECT NO.	13019A
TO	Shannon Allen	PROJECT NAME	Children's Hospital Oakland Historic Resource Evaluation
OF	LSA 2215 5 th Street Berkeley, CA 94710	FROM	Stacy Farr and Christina Dikas Page & Turnbull, Inc. 1000 Sansome St. Suite 200 San Francisco, CA 94110
CC	Heather Klein, Oakland Planning Department; Betty Marvin, Oakland Planning Department Preservation Staff; Landmarks Preservation Advisory Board	VIA	Email

HISTORIC RESOURCE EVALUATION PART I SUPPLEMENT: CHILDREN'S HOSPITAL OAKLAND MAGNOLIA TREE AND COURTYARD

INTRODUCTION

This memorandum supplements Page & Turnbull's Historic Resource Evaluation (HRE) Part I for the Oakland Children's Hospital and Research Center (August 5, 2013), which was presented to the Oakland Landmarks Preservation Advisory Board (LPAB) at their meeting on August 12, 2013. The HRE's Landmark Eligibility ratings for Hospital properties and adjacent residential properties were adopted by the Board at that time. In addition, the LPAB also confirmed the Oakland Cultural Heritage Survey's (OCHS's) revised historic ratings for the A/B Wing, B/C Wing, A/B and B/C Wings together, the Bruce Lyon Memorial Research Center, the Ford Diagnostic and Treatment Center, and the hospital building complex. The LPAB found, based on the HRE Part I, the OCHS forms, and the Landmark Eligibility ratings, that no Hospital or adjacent residential buildings appeared eligible for the California Register of Historical Resources. Only the A/B Wing of the Hospital was found eligible for Oakland City Landmark status. The LPAB requested additional evaluation of two site features: the courtyard located between the A/B Wing and the B/C Wing (**Figure 1**), and the magnolia tree located within the courtyard, directly east of the B/C Wing (**Figure 2**).

The HRE Part I assessed the magnolia tree for eligibility for listing in the California Register as an individually eligible resource and as a contributing element to the significance and setting of the A/B Wing and the B/C Wing. As part of this supplemental memorandum, Page & Turnbull has provided additional information to support the finding that the tree is not individually eligible for listing in the California Register, and evaluated the courtyard with the inclusion of the magnolia tree (per best practices; see Methodology below) to determine if the cultural landscape qualifies as individually significant. Page & Turnbull has also evaluated whether the magnolia tree and courtyard are character-defining supportive elements to the historically significant A/B Wing. A finding of individual eligibility for listing in the local register would qualify the cultural landscape as a historic resource under the California Environmental Quality Act (CEQA).

ARCHITECTURE
PLANNING & RESEARCH
PRESERVATION TECHNOLOGY

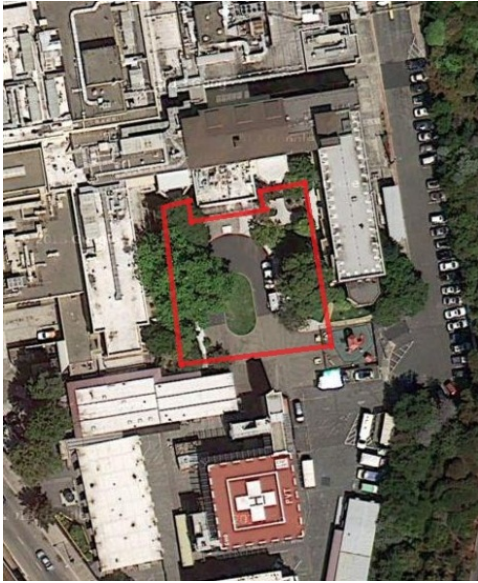


Figure 1: Approximate boundaries of the courtyard, Children's Hospital.



Figure 2: Approximate footprint of the magnolia tree, Children's Hospital.

This memorandum outlines the methodology that Page & Turnbull used to evaluate the magnolia tree and the courtyard and includes findings based on these evaluations, with an updated City of Oakland Evaluation Sheet for Landmark Eligibility for the A/B Wing (see attachment).

SUMMARY OF FINDINGS

The magnolia tree, which is in fair health according to the findings of a qualified arborist,¹ is not individually eligible for the California Register or the local register. Per state and national guidance and best practices, the tree is considered an element in a cultural landscape, not an individual resource.

The courtyard with the magnolia tree at Children's Hospital Oakland is not considered a cultural landscape. Specifically, the courtyard with the magnolia tree is not individually eligible for local register listing as a historic site because research has not revealed a significant direct association with any historic event, activity, or person. It is not individually eligible as a historic designed landscape because research has not revealed that it was consciously designed or planned by a landscape architect, master gardener, architect or horticulturist according to design principles, or an amateur gardener working in a recognized style or tradition. Furthermore, the courtyard with the magnolia tree did not meet the basic criteria to be evaluated as a vernacular landscape or ethnographic cultural landscape.

¹ Gil Mitchell, RCA #317, ISA Certified Arborist WE-0134A, The Davey Tree Expert Co. Letter to Cleo Construction Management "Re: One Southern magnolia tree located at the Oakland Children's Hospital in Oakland, California" (October 25, 2013).

However, the courtyard and the magnolia tree at Children’s Hospital Oakland have been identified as character-defining features of the A/B Wing. The magnolia tree may have tangentially influenced the siting of the hospital’s buildings over time (the McElrath house, the A/B Wing, and the B/C Wing). The courtyard was created by the siting of the hospital’s first purpose-built building, the L-shaped A/B Wing. The presence of the open space was integral to the design of the A/B Wing, which depended on sunlight, fresh air, and cross breeze as part of the healing intention of the hospital, considered medicinal at the time. Besides the magnolia tree, this finding does not name the present individual physical elements of the courtyard as character defining; rather, it is the spatial presence of the courtyard and magnolia tree that are considered character-defining features. These findings are consistent with the OCHS evaluation of the A/B Wing and of the A/B Wing and the B/C Wing together, which identifies the magnolia tree as a supportive element.

METHODOLOGY

According to the definition of property types in the Historic Preservation Element of the Oakland General Plan (September 1993, p. 2-5), the courtyard and its features as a cultural landscape can most closely be described as “Natural Features Related to Human Presence,” further defined as “an individual living or nonliving element of nature introduced or significantly influenced by human activity or associated with significant persons, events, or historical patterns.”

Because the Historic Preservation Element does not include formal criteria for the evaluation of “Natural Features Related to Human Presence” for local historic significance, Page & Turnbull sought guidance in national and state language about evaluating landscape features in order to adapt the City of Oakland’s existing evaluative framework, which is generally used to evaluate buildings and structures.

An overview of Oakland’s existing evaluative framework and thresholds for CEQA significance can be reviewed in the Appendix.

GUIDANCE FOR EVALUATING CULTURAL LANDSCAPES AND FEATURES

Page & Turnbull used the guidance of national and state guidelines as described below to determine if the magnolia tree and the courtyard are individually significant as a cultural landscape and if they are significant as character-defining supportive landmark elements of the historic A/B Wing. A finding of individual significance as a cultural landscape would qualify the magnolia tree and the courtyard as historic resources under CEQA. A finding of significance as character-defining supportive landmark elements of the historic A/B Wing would qualify any impacts to the magnolia tree and the courtyard to be considered in the analysis of any proposed projects at the site.

In considering how to apply Oakland’s existing evaluative framework to the magnolia and the courtyard, best practices guidance was sought in the following sources:

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- National Park Service, *National Register Bulletin 18: How To Evaluate and Nominate Designed Historic Landscapes*;
- National Park Service, *Guidelines for Cultural Landscape Preservation*, http://www.nps.gov/cultural_landscapes/Research.html;
- National Park Service, *Technical Preservation Services Preservation Brief 36: Protecting Cultural Landscapes: Planning, Treatment and Management of Historic Landscapes*;
- National Park Service, *The Secretary of the Interior's Standards for the Treatment of Historic Properties with Guidelines for the Treatment of Cultural Landscapes*, 1996;
- *A Guide to Cultural Landscape Reports: Contents, Process, and Techniques* by Robert R. Page, Cathy A. Gilbert, and Susan A. Dolan, for the Department of the Interior, National Park Service, 1998;
- California Department of Transportation, *Environmental Program's General Guidelines for Identifying and Evaluating Historic Landscapes*; and
- Email communication with California State Historian Jay Correia of the California Office of Historic Preservation.

All of these sources evaluate cultural landscapes using language laid out by the National Park Service, which defines a cultural landscape as a “geographic area, including both cultural and natural resources and the wildlife or domestic animals therein, associated with a historic event, activity or person, or that exhibits other cultural or aesthetic values” (underline added for emphasis).² There are four general types of cultural landscapes, not mutually exclusive:

- Historic site: a landscape that is significant for its association with a historic event, activity or person.
- Historic designed landscape: a landscape that was consciously designed or laid out by a landscape architect, master gardener, architect or horticulturist according to design principles, or an amateur gardener working in a recognized style or tradition.
- Historic vernacular landscape: a landscape that evolved through use by the people whose activities or occupancy shaped that landscape, and
- Ethnographic landscapes: a landscape containing a variety of natural and cultural resources that associated people define as heritage resources.

All four of these cultural landscape types are composed of features, which the National Park Service defines as “the smallest element(s) of a landscape that contributes to the significance and that can be the subject of a treatment intervention. Examples include a woodlot, hedge, lawn, specimen plant, allee, house, meadow or open field, fence, wall, earthwork, pond or pool, bollard, orchard, or agricultural terrace.”³

² Charles A. Birnbaum, “Technical Preservation Services Preservation Brief 36: Protecting Cultural Landscapes: Planning, Treatment and Management of Historic Landscapes” (National Park Service, 1994) p. 1.

³ National Park Service, *The Secretary of the Interior's Standards for the Treatment of Historic Properties with Guidelines for the Treatment of Cultural Landscapes* (1996) 4.

Cultural Landscape for Individual Significance

Page & Turnbull's HRE Part I evaluated the magnolia tree and found that it was ineligible for the California Register. Based on the above guidance and best practices, the magnolia tree would be considered a feature within a cultural landscape and cannot be considered a cultural landscape in and of itself, or an individual historic resource.

The courtyard may be considered as both a potential historic site and a potential historic designed landscape. The courtyard is not evaluated as a potential historic vernacular landscape because vernacular landscapes are generally large acreage sites, like mining landscapes, agricultural areas, and industrial landscapes, that have evolved through use of the land. The courtyard is also not evaluated as a potential ethnographic landscape because ethnographic landscapes contain resources that people associated with these features define as heritage resources, such as sacred sites and ceremonial grounds. Based on best practices, the magnolia tree cannot be considered a cultural landscape in and of itself, but is rather considered a feature of the courtyard. A discussion of potential individual significance of the courtyard with the magnolia tree is contained in this memorandum.

Courtyard and Magnolia Tree as Character-Defining Supportive Landscape Features of the A/B Wing

Regarding the potential status of the magnolia tree and the courtyard as character-defining supportive landscape elements of the A/B Wing, in many instances, historic properties have a landscape component that is integral to the significance of the resource. For example, if the original design intent of a designed landscape was to complement an adjacent building, the landscape would potentially qualify as a character-defining supportive landscape element of the historic building, or could be considered as significant, if the original building was removed. An evaluation of a historic property must consider all of its components—the building and any associated landscape features. In addition to being found integral to the historic significance of the building, in order for a supportive landscape element to be character-defining, it must have been present during the historic building's period of significance. In this memorandum, the magnolia tree and the courtyard have been evaluated for their status as character-defining supportive landscape elements to the A/B Wing; an updated Landmark Eligibility Evaluation Sheet was also prepared for this purpose.

RESEARCH

To complete the evaluations related to the magnolia tree and courtyard as an individual cultural landscape and as potential contributing features to the significance of the A/B Wing, Page & Turnbull relied primarily on extensive research already conducted for the Historic Resource Evaluation for Children's Hospital, which included a site visit, photography, and research at repositories such as the Oakland Cultural Heritage Survey, the Oakland History Room at the Oakland Public Library, the San Francisco Public Library, and the Bancroft Library at the University of California, Berkeley. Additional information for the Historic Resource Evaluation was gathered from Children's Hospital records, voter registrations, census records, Sanborn Fire Insurance Maps and Page & Turnbull's in-house archive. Any additional extant plans or drawings for the design of the courtyard were sought, as well as documentation relating to design decisions as they might relate to the

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magnolia tree. Additional historic images of the courtyard and the magnolia tree were sought, and secondary research on the history of hospital courtyard design was conducted. Page & Turnbull also reviewed an arborist's report, prepared by Gil Mitchell of The Davey Tree Expert Co. The full arborist's report will be included as an attachment to the Planning Department Staff Report to the LPAB.

EVALUATIONS

EVALUATION OF THE CULTURAL LANDSCAPE FOR INDIVIDUAL SIGNIFICANCE

The Courtyard as a Historic Site

A historic site is a landscape that is significant for its association with a historic event, activity, or person. Research has revealed no discrete event that has taken place in the courtyard of Children's Hospital that meets the threshold for local historic significance. Similarly, patterns of activity that have taken place in the courtyard over its span of development, while certainly important on a personal or hospital scale, have not been found to meet the threshold for local historic significance. Lastly, research has not revealed the courtyard to have an association with any significant person that meets the threshold for local historic significance. The magnolia tree, as a feature of the courtyard, was reportedly planted in 1860 by members of the Alden family,⁵ who settled this neighborhood and gave it its name prior to the turn of the 20th century. The tree was planted as part of a larger domestic landscape and was not originally part of a defined courtyard space, as shown below in Figure 3. The connection to the Alden family is a very basic level of association and does not raise the courtyard to the level of local historic significance.

The Courtyard as a Historic Designed Landscape

A historic designed landscape is a landscape that was consciously designed or laid out by a landscape architect, master gardener, architect or horticulturist according to design principles, or an amateur gardener working in a recognized style or tradition. While there are currently design elements to be found at the courtyard, including the circular drive, planting beds, and furniture, research has not revealed any landscape architect, master gardener, architect or horticulturist or amateur gardener involved in the original plans or designs for the courtyard. The circular drive which is at the center of the courtyard is not an original design element; a review of Sanborn maps and historic images shows that vehicle access to the south side of the original Baby Hospital building and, later, the A/B Wing, has always been limited and never included a strong connection to the street (Figures 3, 4, 5, and 6).

⁵ The magnolia tree has a plaque at its base that attributes its planting to the women of the Alden family, and dates the planting at 1860.

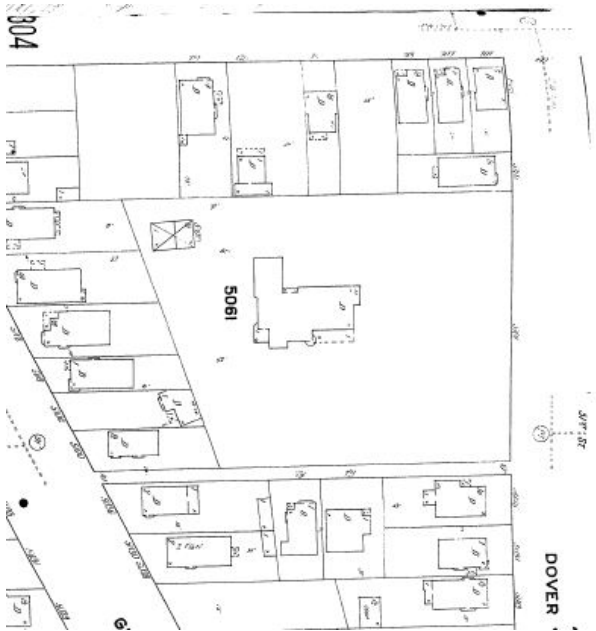


Figure 3: In 1911, the Alden-McElrath house was located at the center of the block on a large lot. 51st Street was a narrow alley at the time, and no other buildings on the property created a courtyard-type space. Source: Sanborn Fire Insurance Map for Oakland, California, 1911, page 310.

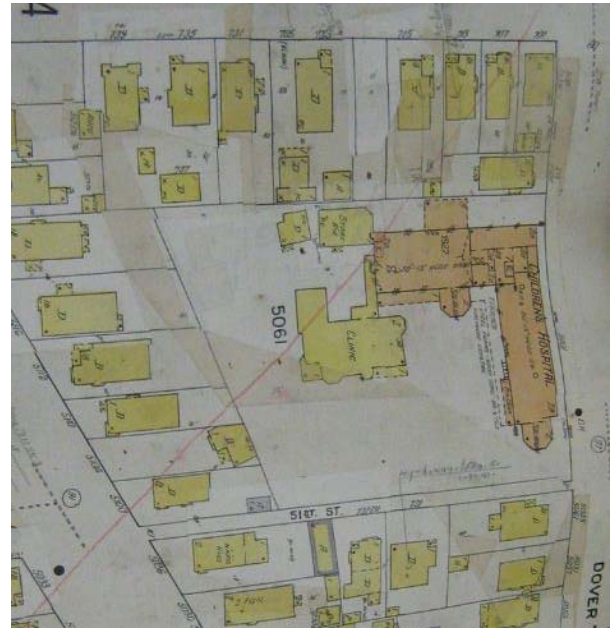


Figure 4: In 1931, the original Baby Hospital building (Alden-McElrath house) and the A/B Wing formed a complex with a courtyard space between them. 51st Street was still a narrow alley, and car and ambulance access to the Hospital was via a driveway passage from 52nd Street to Dover Street, with a porte-cochere on the north façade of the hospital. Source: Sanborn Fire Insurance Map for Oakland, California, 1931, page 310.

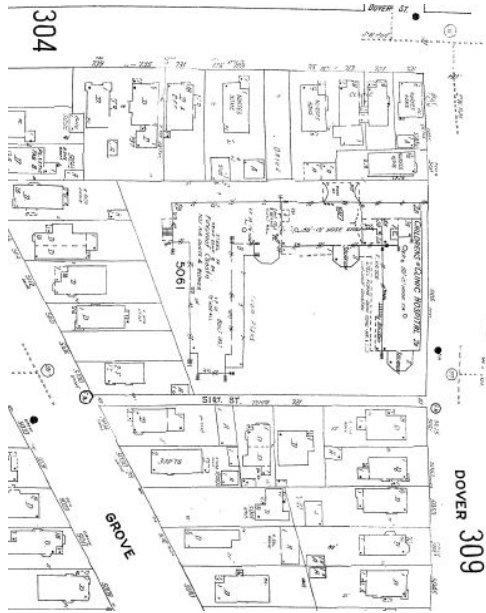


Figure 5: In 1951, the construction of the B/C Wing adjoining the A/B Wing had created a more defined courtyard space, and the inclusion of a ground-level terrace at the east façade of the B/C Wing suggests that the building was designed to relate to the courtyard space. 51st Street remained a narrow alley, and car and ambulance access to the Hospital was still via a driveway passage from 52nd Street to Dover Street, with a porte-cochere on the north façade of the hospital. Source: Sanborn Fire Insurance Map for Oakland, California, 1951, page 310.

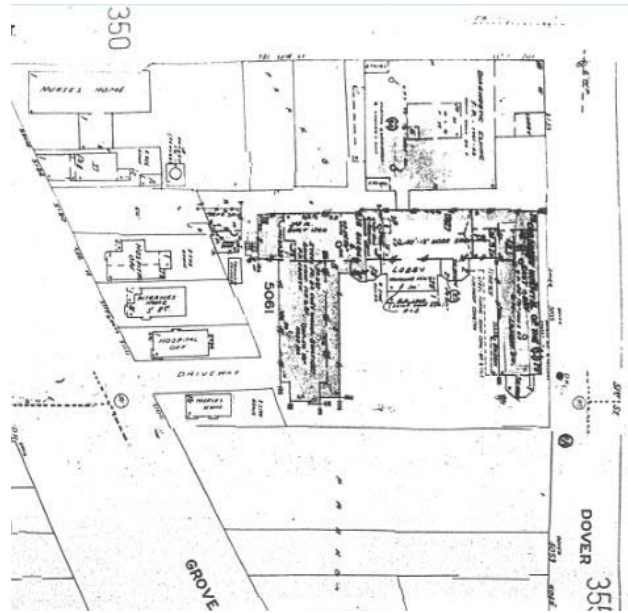


Figure 6: In 1969, a parking lot has replaced the former driveway from 52nd Street, and car and ambulance access to the hospital is now gained from that parking lot and via a driveway from Grove Street (now Martin Luther King Jr. Way). 51st Street has been removed and the courtyard now faces a large parking lot. Source: Sanborn Fire Insurance Map for Oakland, California, 1969, page 310.

There is no landscape architect of record for the construction of the A/B Wing, and the architect of the building, Edward W. Cannon, is not associated with any other landscape designs of note. Similarly, the firm of Stone & Mulloy, who constructed the B/C Wing and created a master plan for the hospital site (which was not followed as the Hospital expanded) has no known association with any designed landscapes of note. Rather than a historic designed landscape, the design features of the courtyard at Children's Hospital appear to have evolved and changed in response to changes at the larger site (**Figures 7, 8, 9, and 10**); therefore, the courtyard cannot be considered significant as a historic designed landscape.



Figure 7: Shortly after construction in 1926, vehicles could access the south entrance of the Hospital, although the drive is west of where it is now located and the lawn to the west of the A/B Wing appears larger than currently configured. Source: Oakland Museum, currently located in the courtyard lobby, Children's Hospital.

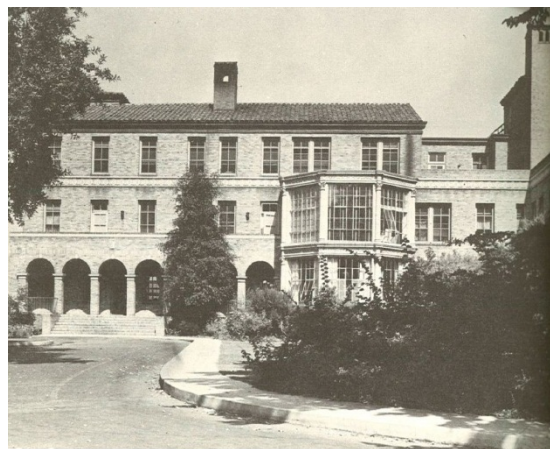


Figure 8: Prior to construction of the B/C Wing in 1948, the driveway in the courtyard has widened and the lawn to the west of the A/B Wing appears smaller than in the 1926 photograph. Source: Murray Morgan, *The Hospital Women Built for Children*, Oakland, CA: Children's Hospital Medical Center, 1967.

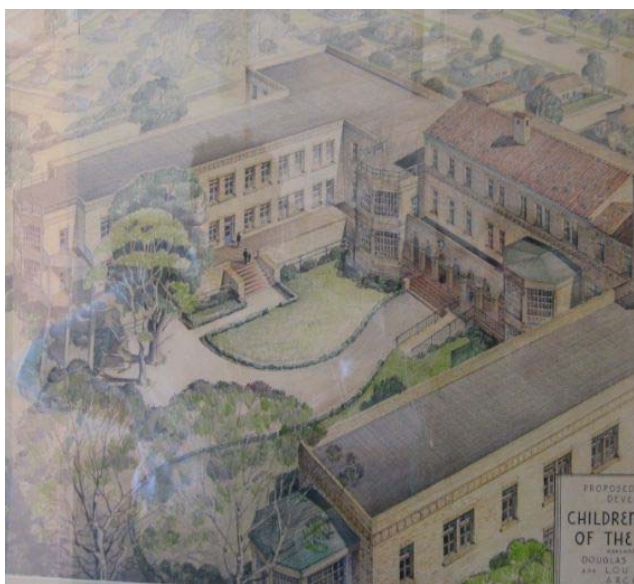


Figure 9: A 1945 rendering of the planned construction of the B/C Wing shows either extant or proposed courtyard design, without a circular drive. Source: On display in the courtyard lobby, Children's Hospital.

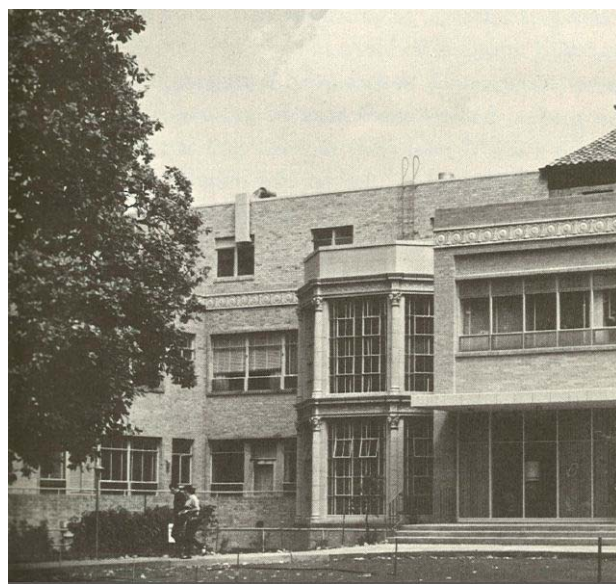


Figure 10: Shortly after the construction in 1963 of a new entrance lobby and broad stairs, a broad paved area is visible in front of the new stairs. Source: Murray Morgan, *The Hospital Women Built for Children*, Oakland, CA: Children's Hospital Medical Center, 1967.

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EVALUATION OF THE COURTYARD AND MAGNOLIA TREE AS CHARACTER-DEFINING SUPPORTIVE LANDSCAPE FEATURES OF THE A/B WING

Character-defining features of a historic building are those features that enable the property to convey its historic identity. Character-defining features may be the physical traits that commonly recur in property types and/or architectural styles, or they may be distinctive features of a unique property. A historically significant property will include sufficient character-defining features to be considered a true representative of a particular type, period, or method of construction, and these features must also retain a sufficient degree of integrity. Character-defining features can be expressed in terms such as form, proportion, structure, plan, style, or materials.

Character-defining features of the A/B Wing that have already been identified by Page & Turnbull and the City of Oakland in previous evaluations include:

- The building's footprint; its narrow linear form and its southern orientation reflect the era of the building's construction and its status when built as a modern hospital.
- The ratio of solid to void; the building's evenly spaced smaller windows are characteristic of the Northern Italian Renaissance style which it references.
- Brick and terra cotta cladding; this cladding is original to the building's design and construction, and is representative both of its Northern Italian Renaissance inspiration and the programmatic sanitation and fire-safety requirements of the Baby Hospital.
- Two two-story five-sided bays; these bays were used as solariums during an era when sunlight was believed to have healing qualities and are character defining for their programmatic use.
- Original windows of the primary type and surrounds: the building retains most of its original windows within original window surrounds—paired two-over-two, double-hung, wood-sash windows with multi-light awning transoms and brick lintels—which are representative of the building's era of construction.
- Ornamentation and architectural detail: the building is distinguished by its high level of design detail, including fluted columns with capitals that feature acanthus leaves, urns, fleur-de-lis, cherub's heads, and griffins, molded frieze depicting animal and bird motifs, bambino medallion, and a terra cotta balcony supported by ornamented brackets with floral and acanthus-leaf motifs.

A review of literature regarding hospital design indicates that courtyards and open spaces have been integral elements of hospital design for over one thousand years, and have appeared throughout time in both Asian and Western cultures.⁶ During the Middle Ages in Europe, monasteries created elaborate gardens to bring pleasant soothing distraction to the ill. European and American hospital design in the nineteenth century incorporated gardens for a variety of reasons. In her influential 1863 book *Notes on Hospitals*, Florence Nightingale recommended garden grounds for their ability to soothe patients, for exercise, and circulation of

⁶ Roger S. Ulrich, "Health Benefits of Gardens in Hospitals", a paper delivered at the International Exhibition Floriade, 2002. Accessed online, October 2013 at <http://www.greenplantsforgreenbuildings.org/attachments/contentmanagers/25/HealthSettingsUlrich.pdf>

air through hospital wards and around the hospital grounds. This circulation of outside air was critical in an era when hospital design was influenced by the dominant medical theory of “miasma,” which attributed disease to vapors in polluted or damp, still air. The design of the A/B Wing is a representative example of this era of hospital design, when long narrow wards with many windows, full sunlight exposure, and access to fresh air and circulation became known as “Nightingale wards.”

Gardens became less prevalent in hospital design in the first decades of the 1900s, when advances in medical science shifted design toward sterile buildings that were believed to reduce infection risk and serve as functional and efficient spaces for new medical technology. What hospital gardens remained were usually associated with facilities that treated patients with mental illness, or those in convalescent or rehabilitation centers. Through the middle decades of the twentieth century, courtyards largely disappeared from hospital design, although recent decades have seen a reemergence of their use for therapeutic or meditative uses on hospital campuses.

The courtyard space adjacent to the A/B Wing was formed by the need to orient the building in a way to maximize the exposure of its wards’ many windows to sunlight and fresh air. The inclusion at the south façade of a lobby, entrance, and colonnaded porch, and a driveway for vehicular access to this entry, implies that this courtyard was not intended for use as a private, therapeutic space. However, the placement of the through-driveway and the ambulance entrance at the north façade of the building means that the courtyard space remained somewhat sheltered from some of the more bustling daily activities of the hospital.

The magnolia tree, as the oldest extant landscape element on the site, may have contributed to the siting of the McElrath house that served as the original Baby Hospital (built between 1878 and 1900), because it shaded the front porch. The house still stood when the A/B Wing was constructed. Thus, the tree served in a tangential way as an element which may have shaped the siting of the courtyard and the A/B Wing itself. The Children’s Hospital’s women’s auxiliary fundraising group adopted the tree as a symbol and by the time the A/B Wing was constructed, had been calling itself the Branches, in reference to the magnolia tree, for approximately ten years.

The courtyard and the magnolia tree were components of the design of the historically significant A/B Wing, and can be considered character-defining supportive landscape features of the building. Thus two items should be added to the list of character-defining features of the A/B Wing:

- The spatial openness of the courtyard, which complements the long narrow L-shaped design and the siting of the A/B Wing.
- The magnolia tree, which may have contributed to the siting of the courtyard and hence the design and siting of the A/B Wing.

Integrity of the courtyard and magnolia as character-defining supportive landscape features of the A/B Wing is good; despite changes in the configuration and specific landscape and hardscape elements of the courtyard, its

spatially open qualities remain consistent since the construction of the A/B Wing. Aside from the magnolia tree, the historic value of the courtyard is *not* in the actual physical elements, such as the lawn, driveway, planting beds, or other landscape materials that have evolved over time, but rather the spatially open quality of the courtyard, the existence of which relates to the design and siting of the A/B Wing. The magnolia tree remains where it was planted, the site around which the courtyard and the Hospital buildings, starting with the McElrath house, then the A/B Wing, and finally the B/C Wing⁷, evolved.

CONCLUSION

The magnolia tree is not individually eligible for the California or the local register. Per state and national guidance as well as best practices, the tree is an element in a cultural landscape and not an individual separate historic resource.

The courtyard with the magnolia tree at Children's Hospital Oakland is not considered a cultural landscape. Specifically, the courtyard with the magnolia tree is not individually eligible for the California Register or local register listing as an individual historic site because research has not revealed a significant separate association with any historic event, activity, or person. It is not individually eligible as a historic designed landscape because research has not revealed that it was consciously designed or planned by a landscape architect, master gardener, architect or horticulturist according to design principles, or an amateur gardener working in a recognized style or tradition. Furthermore, the courtyard with the magnolia tree did not meet the basic criteria to be evaluated as a vernacular landscape or an ethnographic cultural landscape.

However, the courtyard and the magnolia tree at Children's Hospital Oakland have been identified as character-defining features of the A/B Wing. The magnolia tree likely tangentially influenced the siting of the hospital's buildings over time (the McElrath house, the A/B Wing, and the B/C Wing). The courtyard was created by the siting of the hospital's first purpose-built building, the L-shaped A/B Wing. The presence of the open space was integral to the design of the A/B Wing, which depended on sunlight, fresh air, and cross breeze as part of the healing intention of the hospital, considered medicinal at the time. This finding does not name the present individual physical elements of the courtyard as character defining; rather, it is the spatial presence of the courtyard and magnolia tree that are considered character-defining features. These findings are consistent with the OCHS evaluation of the A/B Wing and of the A/B Wing and the B/C Wing together, which identifies the magnolia tree as a supportive element.

A revised Evaluation Form for Landmark Eligibility for the A/B Wing of Children's Hospital (attached) addresses these findings under "1. Exterior/Design" and "5. Style/Type." The findings do not change the historical rating of the A/B Wing, which remains a 'B', which qualifies it as a historic resource for CEQA

⁷ Note: The B/C Wing, and the A/B Wing and the B/C Wing together, were determined by the LPAB on August 12, 2013 not to be eligible for listing in the California Register or the local register in the Historic Resource Evaluation due to lack of significance and compromised integrity, based on the HRE Part I, the OCHS, and Evaluation Forms for Landmark Eligibility.

purposes. Potential impacts to character-defining features of the A/B Wing will be discussed in the Proposed Project Analysis Addendum to the Historic Resource Evaluation.

APPENDIX: EXISTING EVALUATIVE FRAMEWORK AND CEQA SIGNIFICANCE THRESHOLDS

In Oakland, historic resources that meet the threshold of significance under CEQA include:

1. A resource listed in, or determined to be eligible for listing in, the California Register of Historical Resources;
2. A resource included in Oakland's Local Register of historical resources, unless the preponderance of evidence demonstrates that it is not historically or culturally significant;
3. A resource identified as significant (e.g., rated 1-5) in a historical resource survey recorded on Department of Parks and Recreation Form 523, unless the preponderance of evidence demonstrates that it is not historically or culturally significant;
4. Any object, building, structure, site, area, place, record, or manuscript which the Oakland City Council determines to be historically significant or significant in the architectural, engineering, scientific, economic, agricultural, educational, social, political, military, or cultural annals of California, provided the determination is supported by substantial evidence in light of the whole record. Generally, a resource is considered "historically significant" if it meets the criteria for listing on the California Register of Historical Resources (CEQA Guidelines section 15064.5); or
5. A resource that is determined by the City Council to be historically or culturally significant even though it does not meet the other four criteria listed here.

In March 1994, the Oakland City Council adopted a Historic Preservation Element of the General Plan (amended July 21, 1998) which sets out a graduated system of ratings and designations resulting from the Oakland Cultural Heritage Survey (OCHS) and Oakland Zoning Regulations. The Element provides Policy 3.8, "Definition of 'Local Register of Historical Resources' and Historic Preservation 'Significant Effects' for Environmental Review Purposes" related to identifying historic resources under CEQA:

For purposes of environmental review under the California Environmental Quality Act, the following properties will constitute the City of Oakland's Local Register of Historical Resources:

1. All Designated Historic Properties (Landmarks, Heritage Properties, Study List Properties, Preservation Districts, and S-7 and S-20 Preservation Combining Zone Properties); and

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2. Those Potential Designated Historic Properties that have an existing rating of “A” or “B” or are located within an Area of Primary Importance.

APPENDIX B3

Historic Resource Evaluation Part II

OAKLAND CHILDREN'S HOSPITAL AND RESEARCH CENTER

HISTORIC RESOURCE EVALUATION PART II: PROPOSED PROJECT ANALYSIS

OAKLAND, CALIFORNIA
[13019]

Prepared for
LSA ASSOCIATES, INC.



PAGE & TURNBULL

imagining change in historic environments through design, research, and technology

JULY 29, 2014

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I. INTRODUCTION

This Historic Resource Evaluation (HRE) Part II, containing the Proposed Project Analysis, has been prepared at the request of LSA Associates Inc. This report is part of ongoing historic preservation consultation services for Children's Hospital and Research Center in Oakland ("Children's Hospital" or "Hospital") to inform construction of a proposed project at the Children's Hospital campus and the area in the vicinity of Dover and 52nd streets.

An HRE Part I was completed in August 2013 which evaluated all buildings on the Children's Hospital campus for their potential status as historic or cultural resources. A California Department of Parks and Recreation (DPR) 523D (District Record) form was completed in December 2013 for the residential neighborhood to the north of Children's Hospital, known as the 55th and Dover Residential District, to determine the neighborhood's potential status as a historic or cultural resource. Based on the findings of the HRE Part I and the DPR 532D form, summarized below, this HRE Part II analyzes the impacts of construction proposed by Children's Hospital (hereafter referred to as Children's Hospital Project or proposed project) on any extant historic or cultural resources at the Hospital site or in the 55th and Dover Residential District. This analysis is required pursuant to the California Environmental Quality Act (CEQA).

This HRE Part II includes:

- A summary of the HRE Part I and DPR 523D form methodology and findings regarding the historic status of buildings at Children's Hospital and the 55th and Dover Residential District;
- A review of the historic context of the Children's Hospital site and the 55th and Dover Residential District;
- A review of the significance and the character defining features of determined historic resources at Children's Hospital and of the 55th and Dover Residential District;
- A review of CEQA regulations as they relate to the proposed project;
- A description of the proposed project;
- An evaluation of the proposed project using the *Secretary of the Interior's Standards for the Treatment of Historic Properties*;
- Analysis of the project-specific impacts of the proposed project on historic resources at Children's Hospital and in the 55th and Dover Residential District; and
- Recommendations that could be adopted to further minimize the identified less-than-significant impacts of the proposed project.

METHODOLOGY

This report is based on findings contained in the HRE Part I for Children's Hospital and the DPR 532D form completed for the 55th and Dover Residential District. Analysis of potential impacts of the proposed project was conducted under the provisions of the California Environmental Quality Act (CEQA) and the *Secretary of the Interior's Standards for the Treatment of Historic Properties with Guidelines for Preserving, Rehabilitating, Restoring and Reconstructing Historic Buildings*, and was completed by

professional staff that meet or exceed the Secretary of the Interior's Professional Qualification Standards in Architectural History.

II. SUMMARY OF HISTORIC STATUS

The HRE Part I included an intensive level survey of the Children's Hospital site, architectural descriptions of all buildings, and development of the historic context using archival research. All buildings 45 years old or older, as well as the Children's Hospital campus as a whole, were evaluated for their eligibility for inclusion in the California Register of Historical Resources. They were also evaluated for their potential status as City of Oakland Designated Historic Properties using City of Oakland Evaluation Sheets for Landmark Eligibility.

The findings determined that no buildings at Children's Hospital, nor the campus as a whole, are eligible for the California Register, and that only the A/B Wing of the Hospital is eligible for listing as a City of Oakland Designated Historic Property. Therefore, at the Children's Hospital site, only the A/B Wing qualifies as a historic resource under the California Environmental Quality Act (CEQA).¹

The Oakland Landmarks Preservation Advisory Board adopted the findings of the HRE Part I at their meeting on August 13, 2013. The full findings of the HRE are summarized in the following table:

Building	California Register Eligibility	Existing OCHS ² Rating	Page & Turnbull Rating (Using Oakland Evaluation Sheets)	CEQA Historic Resource
A/B Wing (Baby Hospital) (1926, 1962) ³	No	Cb+3	B	Yes
B/C Wing (1946, 1958, 1987)	No	N/A	C	No
A/B Wing and B/C Wing Together	No	N/A	C	No
Ford Diagnostic and Treatment Center (1962, 1974)	No	N/A	N/A	No
Central Plant/West Site Plant (1979)	N/A	N/A	N/A	No
Patient Tower (1982)	N/A	N/A	N/A	No
Cafeteria (1987)	N/A	N/A	N/A	No
Helistop (2000)	N/A	N/A	N/A	No
Bruce Lyon Memorial Research Center (1958, 1972)	No	N/A	C	No
Portable Buildings (Various dates)	N/A	N/A	N/A	No

¹ The Landmarks Preservation Advisory Board requested further analysis of the potential historic resource status of two landscape features at Children's Hospital: the magnolia tree and the courtyard, both located between the A/B Wing and the B/C Wing. This analysis was completed in November 2013, and neither of these two features was found individually eligible for listing as a state or local historic resource.

² Oakland Cultural Heritage Survey, 1996.

³ Dates of original construction and renovation.

Building	California Register Eligibility	Existing OCHS ² Rating	Page & Turnbull Rating (Using Oakland Evaluation Sheets)	CEQA Historic Resource
Outpatient Center (1993)	N/A	N/A	N/A	No
Parking Garage (1993)	N/A	N/A	N/A	No
Bruce Lyon Memorial Research Center Addition (1992)	N/A	N/A	N/A	No
Cardiac Catheterization Lab (1993)	N/A	N/A	N/A	No
Children's Hospital Complex as a potential historic district	No	N/A	N/A	No

After completion of the HRE Part I, in response to recommendations from the Oakland Heritage Alliance, the State of California Office of Historic Preservation, and the request of members of the public, LSA Associates Inc. requested the completion of a DPR 523D form for the 55th and Dover Residential District. The 55th and Dover Residential District was previously identified in the Oakland Cultural Heritage Survey (OCHS) on a DPR 523A (Primary Record) form in 1996 and was given a National Register Status Code of 7 ("Not Evaluated") and an OCHS rating as an Area of Secondary Importance (ASI).

Completion of the DPR 523D form included a reconnaissance survey of all properties within the boundaries of the district, a review of existing research and analysis of the district, additional research, the development of a historic context for the district, and evaluation of the district for significance and integrity. The DPR 523D form was completed in December 2013. Findings determined that the 55th and Dover Residential District is eligible for the California Register of Historical Resources under Criterion 1 (Events) as a strong representative example of a residential neighborhood that developed rapidly between 1906 and 1913 in response to a population increase in Oakland after the 1906 earthquake and the completion of the Key Route System's E Line in 1910, which ran along 55th Street. Of the 143 properties located within the boundaries of the 55th and Dover Residential District, 121 were constructed during the 1906-1913 period of significance. Despite façade alterations at some of these properties, 119 are considered contributing resources because they retain the character defining features that convey the district's significant period of development (further discussed below). The 55th and Dover Residential District qualifies as a historic resource under the California Environmental Quality Act (CEQA).

III. CHILDREN'S HOSPITAL: HISTORIC CONTEXT, SIGNIFICANCE, AND CHARACTER DEFINING FEATURES

HISTORIC CONTEXT

The following is a brief historic context drawn from Page & Turnbull's Children's Hospital HRE Part 1. The full historic context can be found in that document.

Children's Hospital is located at 747 52nd Street, between Martin Luther King Jr. Way and Shattuck Avenue in the Temescal neighborhood of Oakland. The historical development of the hospital began with Solomon Ellsworth Alden, a Connecticut native who purchased land west of present-day Telegraph Avenue in 1852 and constructed his family home on the site of what is now Children's Hospital.⁴ After Solomon Alden died in 1881, the Alden property passed into ownership of his daughter Elsie, who, with her husband John McElrath, built a large Queen Anne-style house at 51st and Dover streets.

In 1911, the Baby Hospital Association was formed by a group of Bay Area social workers and nurses to explore the establishment of a hospital specifically for infants and children under the age of five, regardless of creed, nationality, race, or family income. The Baby Hospital Association purchased the McElrath house in 1912 and spent two years renovating the home so that it could function as a hospital. The Baby Hospital, as it was known, was officially opened and dedicated in 1914.

In the 1920s, changes in building code necessitated the construction of a new fireproof masonry hospital building. The Baby Hospital Association secured loans for new construction, and in 1926 selected Oakland architect Edward W. Cannon to design the new hospital. Cannon designed a state-of-the-art steel frame and reinforced concrete L-shaped building in a Northern Italian Renaissance style that reflected the latest social and hygiene theory in hospital design. The new hospital building included two south-facing two-story solariums, as well as a south-facing terrace and a colonnaded porch at the entrance. The Baby Hospital (now known as the A/B Wing) was dedicated in 1928.

The population of the East Bay increased dramatically during World War II, and patient load at the Hospital rose accordingly; between 1940 and 1945, patient load grew from 10,000 visits a year to 24,500 visits a year. In 1945, the Hospital hired the architecture firm of Stone and Mulloy to design a master plan for hospital expansion.⁵ The firm specialized in hospital design, and the plan they developed reflected contemporary advances in the field of hospital design, including flexibility of construction schedule and interior spaces that facilitated department cooperation. Work began on the first portion of the proposed master plan, which necessitated the demolition of the outmoded McElrath house. A magnolia tree located directly east of the McElrath house that had been planted in 1860 by female members of the Alden family was preserved during this demolition. The new B/C Wing of the Hospital was dedicated on October 17, 1948.⁶

Between 1947 and 1957, the Hospital's board purchased almost all of the lots and houses surrounding the Hospital on Grove (Martin Luther King Jr. Way), 51st, 52nd, and Dover streets. Although some of these houses served as housing and administration buildings, eventually all were

⁴ Theodore Grover Wurm, "Our Northern Suburb of Temescal" (Oakland: s. n., 1991), 4; Judd, 4.

⁵ "The Children's Hospital of the East Bay: Douglas Dacre Stone and Louis B. Mulloy, Architects" (*Architect and Engineer*, December 1945), 16-17.

⁶ Agreement between Elmer J. Freethy and the Children's Hospital of the East Bay, August 6, 1946. [Children's Hospital Medical Center Collection, Box 4: Deeds & Legal Documents, Folder 4. Available at the Bancroft Library.]

demolished for hospital expansion. In 1959, the Bruce Lyon Memorial Research Laboratory, designed by Stone, Marraccini and Patterson, was constructed on the southern portion of the hospital property, and in 1962, the William H. and Helen C. Ford Diagnostic and Treatment Center, also designed by Stone, Marraccini and Patterson, was dedicated. The south-facing entrance and lobby of the A/B Wing were expanded and remodeled in 1962, and third story additions were built at the A/B Wing and the B/C Wing.⁷

The construction of the Grove-Shafter freeway in 1968-69 hemmed in any potential Hospital expansion to the east, altered circulation patterns around the Hospital complex, and limited visual access to the A/B Wing. In the 1970s, several additions were made to the hospital complex and approval for larger additions was granted. The West Site Plant, designed by Kaplan/McLaughlin, was constructed adjacent to the west façade of the B/C Wing in 1979.⁸ At this time, city approval was received for a new hospital building at the intersection of 52nd and Grove streets, which would adjoin the B/C Wing. The new five-story patient care facility, designed by KMD and known as the Patient Tower, opened on September 12, 1982.⁹ This addition reoriented the hospital complex so that it fronted north onto 52nd Street, and further reduced vehicular and visual access to the A/B Wing and the B/C Wing.

More recent construction at Children's Hospital includes the Cafeteria (1987), a one story build-out at the B/C Wing (1987), the Bruce Lyon Memorial Research Center Addition (1992), the Cardiac Catheterization Laboratory (1993), and the Outpatient Center and parking garage (1993). No major new construction has taken place at Children's Hospital since completion of these projects in 1993.¹⁰

HISTORIC SIGNIFICANCE AND PERIOD OF SIGNIFICANCE

Evaluation of Children's Hospital buildings for California Register eligibility determined that the A/B Wing of the Children's Hospital possesses historic significance under Criterion 1 (Events) as the earliest purpose-built hospital for children in the East Bay, and under Criterion 3 (Architecture) as a representative of a type and style with high artistic values, designed by a locally-known (though not master) architect. However, the A/B Wing was found to be ineligible for listing in the California Register due to compromised integrity. The building maintains integrity of location, workmanship, and association; a moderate degree of integrity of design and materials; and no longer retains integrity of setting or feeling from its period of significance (1926).

Evaluation of Children's Hospital Buildings for eligibility as City of Oakland Designated Historic Properties, using City of Oakland Evaluation Sheets for Landmark Eligibility, determined that the A/B Wing of Children's Hospital has a rating of B, indicating that it is a building of major importance that is not located in a historic district. Oakland Evaluation Sheets use 14 criteria to determine whether a property is eligible as a landmark. The B rating falls within the City of Oakland's significance threshold for eligibility as a City of Oakland Designated Historic Property. Therefore, the A/B Wing qualifies as a historical resource under CEQA.

According to the analysis conducted on the City of Oakland Evaluation Sheet for Landmark Eligibility, the A/B Wing derives its historic significance both from its architecture and its association

⁷ Rutherford & Chekene. SB 1953 Seismic Evaluation: Children's Hospital of Oakland, Vol. 1 of 3. Prepared for Office of Statewide Health Planning and Development, December 2000.

⁸ Rutherford & Chekene.

⁹ "Come Join Our Celebration," Special Commemorative Issue Celebrating Yesterday and Today (*Bambino: Children's Hospital Medical Center of Northern California*, September 1982).

¹⁰ For more detailed information about the architectural and cultural historic context of Children's Hospital, refer to Section IV [Historic Context] in the Historic Resource Evaluation, appended in this report.

with historic patterns significant to the history of Oakland. Its architectural significance is based on its very good quality of form, including elements of the Northern Italian Renaissance style. The A/B Wing's historic significance also comes from its history as the first children's hospital in the East Bay. The site is intimately connected to a benevolent organization that played a major role in the development of improving the health of the community of Oakland, and has remained in operation in this use since its construction. It also effectively illustrates a broad pattern of Oakland history, namely the establishment of care for the city's children.

Despite alterations, the A/B Wing retains sufficient integrity, according to the criteria laid out in the City of Oakland's Evaluation Sheets, to convey its historic significance.¹¹

The period of significance for the hospital is 1912-1926, which extends from the founding of the hospital to the year that the A/B Wing was completed; thus, the period of significance for the A/B Wing is essentially the year of its construction in 1926.

CHARACTER DEFINING FEATURES

For a property to be eligible for inclusion in any historic register, the essential physical features (or character-defining features) that enable the property to convey its historic identity from its period of significance must be evident. To be eligible, a property must clearly contain enough of those characteristics, and these features must also retain a sufficient degree of integrity. Characteristics can be expressed in terms such as form, proportion, structure, plan, style, or materials.

The character defining features of the A/B Wing are:

- The building's footprint; its narrow linear form and its southern orientation reflect the era of the building's construction and its status when built as a modern hospital.
- The ratio of solid to void; the building's evenly spaced smaller windows are characteristic of the Northern Italian Renaissance style which it references.
- Brick and terra cotta cladding; this cladding is original to the building's design and construction, and is representative both of its Northern Italian Renaissance inspiration and the programmatic sanitation and fire-safety requirements of the Baby Hospital.
- Two two-story five-sided bays; these bays were used as solariums during an era when sunlight was believed to have healing qualities and are character defining for their programmatic use.
- Original windows of the primary type and surrounds: the building retains most of its original windows within original window surrounds—paired two-over-two, double-hung, wood-sash windows with multi-light awning transoms and brick lintels—which are representative of the building's era of construction.
- Ornamentation and architectural detail: the building is distinguished by its high level of design detail, including fluted columns with capitals that feature acanthus leaves, urns, fleur-

¹¹ For more detailed information about the determinations of historic resources, please see the Historic Resource Evaluation Part I: Sections VI [Evaluation of Children's Hospital Buildings for California Register Eligibility], VII [Evaluation of Children's Hospital Buildings for Eligibility as a City of Oakland Designated Historic Property], VIII [Evaluation of the Children's Hospital Complex as a City of Oakland Local Historic District], IX [Status of Children's Hospital Buildings as Historical Resources Under CEQA], and XI [Residential/Commercial Properties Evaluation].

de-lis, cherub's heads, and griffins, molded frieze depicting animal and bird motifs, bambino medallion, and a terra cotta balcony supported by ornamented brackets with floral and acanthus-leaf motifs.

- The spatial openness of the courtyard, which complements the long narrow L-shaped design and the siting of the A/B Wing.
- The magnolia tree, which may have contributed to the siting of the courtyard and hence the design and siting of the A/B Wing.

IV. 55TH AND DOVER RESIDENTIAL DISTRICT: HISTORIC CONTEXT, SIGNIFICANCE, AND CHARACTER DEFINING FEATURES

The 55th and Dover Residential District is a collection of properties that together illustrate the rapid expansion of North Oakland after the turn of the twentieth century, in response to rapid population increase and improvements made to public transportation. The properties' method of sale and construction illustrates an era of physical development in which individual owners purchased lots from small and medium-scale land-holding companies and constructed their own homes or hired independent builders. The district's uniformity of building type (single family and a handful of multi-family houses) and tightly-bounded era of construction give the district a strong association with the period of significance dating 1906-1913.

HISTORIC CONTEXT

Below is a brief historic context for the district; the full historic context is included in the DPR 523D form.

Although the population in Oakland had increased after the Gold Rush, and again increased after the city became the terminus of the Central Pacific trans-continental rail line in 1869, residential settlement did not begin to extend north from Oakland's downtown core until after the establishment of a horse-drawn transit line along Telegraph Avenue in 1872, built to service the new Berkeley campus of the College of California (now University of California, Berkeley).¹² By 1891, steam powered rail service along Shattuck and electric rail service along Grove Street (now Martin Luther King Jr. Way) had the effect of increasing commercial, residential, and even light industrial construction in the unincorporated area between Oakland and Berkeley adjacent to the new transportation lines. Reflecting this increased development, the area of North Oakland which had been known variably as Alden and Temescal officially became part of Oakland by annexation in 1897.

Despite transportation improvements, the 55th and Dover area was largely undeveloped prior to the turn of the century. Although maps show the area platted as the Alpine Tract as early as 1878, the area was not mapped by the Sanborn Fire Insurance Company in 1903, indicating that physical development was sparse enough that it did not warrant inspection by the insurance industry. Orchards were still to be found at 51st and Grove streets, and a large vegetable garden was located at 52nd Street and Shattuck Avenue.

In 1906, the tract was purchased by E. A. Heron, partner in the real estate firm of Heron & Holcomb. Heron was also the vice president of the San Francisco, Oakland & San Jose Railway, an electric streetcar transportation system that was established in 1903 by Francis Marion "Borax" Smith. The San Francisco, Oakland & San Jose Railway, which later became known as the Key Route System, began operating their first streetcar line in October 1903 along Grove Street (now Martin Luther King Jr. Way) between downtown Berkeley and a ferry connection to San Francisco. The Key Route System was from its inception used by Smith as a way to increase revenue for his vast real estate holdings, which he held under the company name the Realty Syndicate. With the Realty Syndicate, Smith purchased large tracts of undeveloped land, and with the Key Route System, he created a way for buyers to reach this land. Although the area surrounding the 55th and Dover Residential District was never owned by the Realty Syndicate, its ownership by the Key Route's vice president, E. A. Heron, in 1906, indicates that it was part of the same development pattern that shaped much of Oakland in the years after the turn of the century.

¹² Architectural Resources Group, "City of Berkeley Historic Resources Reconnaissance Survey," January 2007, 59.

Construction of the Key Route System's E Line was completed in 1910, although partial service along the line may have begun a few years prior to 1910. Starting at the ferry pier, the route traveled east parallel to 40th Street, northeast parallel to Adeline Street, east along 55th Street, and northeast along Claremont Avenue to a terminus at the Claremont Hotel, which was constructed by the Realty Syndicate to increase ridership on the line. The Realty Syndicate also constructed Idora Park, an amusement park at 56th Street and Telegraph Avenue, which opened in 1903 and was easily accessible by the E Line. Overall, by 1910 the neighborhood was well connected to San Francisco and the rest of the East Bay by the Key Route System.

In addition to improvements in transportation, the drastic population increase in Oakland after the 1906 earthquake likely contributed to the rapid settlement of the 55th and Dover Residential District. Immediately after the earthquake, upwards of 200,000 refugees from San Francisco sought temporary shelter in Oakland. It is estimated that only 50,000 of these people moved back to San Francisco, while the bulk of the rest remained to start life anew in Oakland.¹³ A comparison between the Oakland Block Books of 1906 and 1910 shows that while a small proportion of the lots in the 55th and Dover area had been purchased by 1906, very few had been built upon. By 1910, however, the lots were nearly uniformly sold and most had been built upon.

Development was so rapid that by the time the Sanborn Fire Insurance Company returned to the area to complete their 1911 map, not only did they include the area that they had eight years ago skipped, their survey shows a residential neighborhood almost completely built out. In the area that is now bounded by the 55th and Dover Residential District, which today includes approximately 143 buildings, there were only 34 empty lots in 1911, 23 of which were along 55th Street, perhaps reflecting a slight reluctance to build directly along the Key System Route. Almost all of the buildings that were extant in 1911 are still extant today. The 1911 Sanborn Map also shows that residential development extended uniformly south to 52nd Street, in areas that have been replaced by contemporary construction by Children's Hospital (1960-1990s) and the construction of State Route 24 in the late 1960s. A combination of information from Block Books, Sanborn Maps, and building permit records reveals that the majority of construction in the 55th and Dover Residential District took place between 1906 and 1911, and a survey of the neighborhood conducted in November 2013 reveals that the majority of these buildings remain extant.

Development of the 55th and Dover Residential District appears to have followed a pattern described in James Borchert's essay, "Visual Landscapes of a Streetcar Suburb":

To sell their lots, developers advertised widely and attracted a fairly heterogeneous white, middleclass population. Availability, location, cost, and lot size were the major criteria for a family's site selection. [...] Some newcomers purchased lots from developers and either built their own homes, ordered kit houses from Sears, Roebuck, or hired contractors; others rented or purchased lots with homes already built speculatively by developers. Whatever the practice, most builders sited their homes to conform to the setbacks of neighboring ones....¹⁴

According to research in the *Polk-Hustead Oakland, Berkeley, and Alameda City Directory* and information in the Federal Census, owners of properties in the 55th and Dover Residential District were people much like Borchert describes. Some properties were constructed by their owners either for occupancy or for the rental market. Many were built by local contractors. Some contractors built

¹³ Kevin Fagan, "The Great Quake: 1906-2006—Quake Sparked Boom in East Bay", *The San Francisco Chronicle*, April 14, 2006.

¹⁴ James Borchert, "Visual Landscapes of a Streetcar Suburb", published in *Understanding Ordinary Landscapes*, ed. Paul E. Groth (Yale University Press, 1997) 38.

more than one home in the area, including the Legris Brothers, Fred A. Muller, W. J. Bermingham, Wilson Frank and Leander T. Cook. However, no one builder or property owner dominated the area. Architectural styles included the Classic Box and the one-and-a-half story bungalow, sometimes with Classical ornament.

After the Sanborn Fire Insurance Company mapped the area in 1911, construction quickly filled the remaining empty lots within the boundaries of the 55th and Dover Residential District. Sixteen properties were constructed in 1912 and 1913. After that, construction slowed, with only six properties constructed between 1914 and 1921. A building boom that took place across the entire Bay Area in the 1920s added ten additional properties to the area in 1922 and 1923. Eight additional properties were constructed after 1923; six between 1924 and 1935, and two much later, circa 1970. The 1950 Sanborn Fire Insurance Map shows near-complete build-out of the neighborhood.

The street pattern, lot layout, and residential pattern that was established between 1906 and 1913 has been largely persevered, despite changes to the area including the removal, after 1958, of the Key System Route E along 55th Street, the construction of State Route 24 in the 1960s, the construction of an elevated BART track above Martin Luther King Jr. Way in the 1970s, and the development of the Children's Hospital campus in the 1960s through the 1990s. The area also remains well served by public transportation; after the Key Route System ceased operation in 1958, the Alameda Contra Costa Transit District (AC Transit) continued to run bus lines along Martin Luther King Jr. Way, 55th Street, and Shattuck Avenue. In combination with BART, these busy routes continue to both connect the district to the broader Bay Area and bound the district in a way that reflects its historic pattern of development.

HISTORIC SIGNIFICANCE AND PERIOD OF SIGNIFICANCE

Evaluation of the 55th and Dover Residential District in the DPR 523D form determined that the district is eligible for listing in the California Register of Historical Resources under Criterion 1 (Events/Patterns) because it is "associated with events that have made a significant contribution to the broad patterns of our history."¹⁵ The District is a representative example of a residential neighborhood that developed rapidly in response to the population increase and the provision of improved public transportation. Between the earthquake in 1906 and the 1910 construction of the Key Route E Line, which ran along 55th Street between the Claremont Hotel and the ferry pier to San Francisco, the 55th and Dover Residential District area, which had been sparse enough not to warrant mapping by the Sanborn Fire Insurance Company in 1903, became a dense residential neighborhood, characterized almost uniformly by two-story Classic Box-style houses and one-and-a-half story bungalows constructed by individual builders. The connection between real estate subdivision and Key Route expansion that is illustrated in this neighborhood—specifically ownership of this land by E. A. Heron, vice-president of San Francisco, Oakland & San Jose Railway (Key Route System)—was an important development pattern in the City of Oakland in the first decade of the twentieth century.

By 1911, the neighborhood was more than 75 percent built out; houses of similar scale were built on remaining empty lots in the 1910s and 1920s. This uniformity of scale, style, and era of construction at one point stretched south to 51st Street and east to Shattuck Avenue; construction of State Route 24 in the 1960s and the development of Children's Hospital of Oakland in the 1960s-1990s has hemmed the district to its current boundaries. While the district is not significant for its architecture, the cohesiveness of style and scale of residences characterizes the short period in which the majority of the neighborhood developed.

¹⁵ "How to Apply the National Register Criteria for Evaluation", (National Register Bulletin 15, National Park Service, revised for the internet 2002, accessed online at <http://www.nps.gov/nr/publications/bulletins/nrb15/>, April 2013)

The 55th and Dover Residential District's period of significance spans from 1906, when the Earthquake caused a rapid population increase in Oakland, to 1913, when the boom of construction in the area slowed as the neighborhood became largely built-out. This period includes the years in which the E Line of the Key Route was constructed along 55th Street, bringing improved public transportation to the area. The 55th and Dover Residential District is significant at the local level because the two major impetus for its development—the 1906 earthquake and the development of the Key Route System—represent regional, rather than state or national, events.

Despite alterations to the facades of some of the buildings within the 55th and Dover Residential District, the district retains sufficient integrity to transmit its historic significance, according to the criteria laid out by the National Register Bulletin, "Historic Residential Suburbs: Guidelines for Evaluation and Documentation for the National Register of Historic Places."

CHARACTER DEFINING FEATURES

For a property to be eligible for inclusion in any historic register, the essential physical features (or character-defining features) that enable the property to convey its historic identity from its period of significance must be evident. To be eligible, a property must clearly contain enough of those characteristics, and these features must also retain a sufficient degree of integrity. Characteristics can be expressed in terms such as form, proportion, structure, plan, style, or materials.

The character defining features of the 55th and Dover Residential District are:

- Uniformity of residential building type;
- Pattern of building setbacks;
- Street grid and block pattern;
- Design elements of contributing properties that enable these properties to express their era of construction:
 - Footprint and massing as small one and one-and-a-half story buildings;
 - Architectural style, particularly represented by the Craftsman bungalow and Classic Box;
 - Extant historic materials, including windows, cladding, and ornament; and
 - General fenestration pattern at the primary façade.

V. PROPOSED PROJECT ANALYSIS

PROJECT DESCRIPTION

This project description is based on drawings by HDR and Taylor Architects dated November 2013. These drawings reflect changes to earlier drawings submitted in April 2013 to address comments received during Draft EIR scoping sessions.

The project is proposed to occur in two phases.

Phase 1 would:

- Demolish residence at 5404 Martin Luther King Jr. Way;
- Demolish rear additions at residential buildings at 707 and 715 53rd Street;
- Construct a six-story, 89,100 sq. ft. Outpatient Center at the northeast corner of Martin Luther King Jr. Way and 52nd Street (OPC2);
- Construct a two-story, 1,100 sq. ft. Central Utility Plant adjacent to the extant utility plant;
- Construct a new entrance at Martin Luther King Jr. Way to the existing parking garage;
- Construct a new driveway off Dover Street to access an existing maintenance area adjacent to the existing parking structure and Outpatient Center 1 (OPC1);
- Complete landscape and utility improvements; and
- Complete 95,550 sq. ft. of interior renovations to existing buildings.

Phase 1 construction is anticipated to take approximately 58 months.

Phase 2 would:

- Demolish a modular building at 665 53rd Street and relocate residential buildings at 682 and 688 52nd Street to this location;
- Demolish the rear portions of residential buildings at 671, 675, and 679 53rd Street and construct a two-story 14,500 sq. ft. family residence behind and attached to the retained facades;
- Demolish the residential building at 5212 Dover Street and construct a three-story 27,000 sq. ft. Clinical Support Services building at the northeast corner of 52nd and Dover streets (former site of 5212 Dover Street and 682 and 688 52nd Street);
- Demolish the B/C Wing of Children's Hospital and remove the magnolia tree;
- Demolish the helistop, the Bruce Lyon Memorial Research Building, and trailers;
- Construct a five-story, 43,500 sq. ft. Link Building with a helistop,
- Construct a five-story, 101,000 sq. ft. Patient Pavilion,
- Construct a two-story, 3,800 sq. ft. Central Utility Plant (expansion of the Plant constructed in Phase 1),
- Construct a four-story, 114,900 sq. ft. parking structure;
- Complete site improvements along 52nd Street to facilitate vehicular, pedestrian, and bicycle safety; and
- Complete 40,342 sq. ft. of interior renovations at existing buildings.

Construction of a cul-de-sac on Dover Street between 52nd and 53rd streets is being considered as a project alternative at build-out. Phase 2 construction is anticipated to take approximately 60 months.

Design elements of new buildings aim to unify the campus, reference materials of existing buildings, and provide visual interest and comfort to the Hospital's young patients. Grade and pedestrian levels

of the new buildings are clad primarily in light multi-shade brick, complimenting the existing texture and color at the A/B Wing and Outpatient Building. Upper floor windows and curtain walls incorporate colored glass and metal panels. Light-colored, neutral plaster walls are punctuated by windows in an ordered pattern, with some windows adding colored, bordered frames. The primary patient entrance to the Patient Pavilion and vehicular access to the new parking structure at the southernmost portion of the Hospital campus would open up the center of the campus to people and vehicles; a new circular driveway and extensive landscape improvements are planned for this area. Aluminum canopies signal pedestrian entrances at the existing Patient Tower, the OPC2 and the Patient Pavilion, and aluminum cut-away signage at the new parking structure and the Patient Pavilion assists with placemaking and wayfinding.

CALIFORNIA ENVIRONMENTAL QUALITY ACT

The California Environment Quality Act (CEQA) is state legislation (Pub. Res. Code §21000 et seq.), which provides for the development and maintenance of a high quality environment for the present-day and future through the identification of significant environmental effects.¹⁶ Cultural resources are considered an aspect of the environment. For the proposed project at Children's Hospital Oakland, the City of Oakland is the lead agency for preparing and certifying the Environmental Impact Report (EIR) for the project. This Historic Resource Evaluation report will be utilized as a technical report in support of the EIR for the proposed project.

Status of Subject property and district as Historic Resource under CEQA

In completing an analysis of a project under CEQA, it must first be determined if the project site possesses a historic resource. In the City of Oakland, an historical resource under CEQA is a resource that meets any of the following Thresholds of Significance:

- 1) A resource listed in, or determined to be eligible for listing in, the California Register of Historical Resources;
- 2) A resource included in Oakland's Local Register of historical resources, unless the preponderance of evidence demonstrates that it is not historically or culturally significant;
- 3) A resource identified as significant (e.g., rated 1-5) in a historical resource survey recorded on Department of Parks and Recreation Form 523, unless the preponderance of evidence demonstrates that it is not historically or culturally significant;
- 4) Any object, building, structure, site, area, place, record, or manuscript which the Oakland City Council determines to be historically significant or significant in the architectural, engineering, scientific, economic, agricultural, educational, social, political, military, or cultural annals of California, provided the determination is supported by substantial evidence in light of the whole record. Generally, a resource is considered "historically significant" if it meets the criteria for listing on the California Register of Historical Resources (CEQA Guidelines section 15064.5); or
- 5) A resource that is determined by the City Council to be historically or culturally significant even though it does not meet the other four criteria listed here.

¹⁶ State of California, California Environmental Quality Act, <http://ceres.ca.gov/topic/env Law/ceqa/summary.html>, accessed 31 August 2007.

A “local register of historical resources” means a list of properties officially designated or recognized as historically significant by a local government pursuant to a local ordinance or resolution, unless the preponderance of evidence demonstrates otherwise.

In March 1994, the Oakland City Council adopted a Historic Preservation Element of the General Plan (amended July 21, 1998). The Historic Preservation Element sets out a graduated system of ratings and designations resulting from the Oakland Cultural Heritage Survey (OCHS) and Oakland Zoning Regulations. The Element provides Policy 3.8: “Definition of ‘Local Register of Historical Resources’ and Historic Preservation ‘Significant Effects’ for Environmental Review Purposes” related to identifying historic resources under CEQA:

For purposes of environmental review under the California Environmental Quality Act, the following properties will constitute the City of Oakland’s Local Register of Historical Resources:

1. All Designated Historic Properties (Landmarks, Heritage Properties, Study List Properties, Preservation Districts, and S-7 and S-20 Preservation Combining Zone Properties); and
2. Those Potential Designated Historic Properties that have an existing rating of “A” or “B” or are located within an Area of Primary Importance.

The Local Register also includes properties within Areas of Primary Importance (API). An API is a district that appears eligible for the National Register of Historic Places.

According to the evaluation provided in Page & Turnbull’s Historic Resource Evaluation dated August 5, 2013, the A/B Wing possesses sufficient historic significance and integrity to qualify it as a historic resource eligible for listing as a City of Oakland Designated Historic Property. Therefore, the A/B Wing is considered a historic resource under CEQA.

According to the evaluation provided in Page & Turnbull’s California Department of Parks and Recreation (DPR) 523D (District Record) form dated December 20, 2013, the 55th and Dover Residential District possesses sufficient historic significance to qualify it as a historic resource eligible for listing in the California Register of Historical Resources. Therefore the 55th and Dover Residential District is considered a historic resource under CEQA.

SECRETARY OF THE INTERIOR’S STANDARDS FOR THE TREATMENT OF HISTORIC PROPERTIES

The *Secretary of the Interior’s Standards for the Treatment of Historic Properties* (*Secretary’s Standards*) provide guidance for working with historic resources. The *Secretary’s Standards* are used by Federal agencies and local government bodies across the country to evaluate proposed rehabilitative work on historic resources, and are intended to be applied to a wide variety of resource types, including buildings, sites, structures, objects, and districts. The *Secretary’s Standards* are a useful analytic tool for understanding and describing the potential impacts of substantial changes to historic resources. Compliance with the *Secretary’s Standards* does not determine that a project would not cause a substantial adverse change in the significance of an historic resource. Rather, projects that comply with the *Secretary’s Standards* benefit from a regulatory presumption under CEQA that they would have a less-than-significant adverse impact on a historic resource. Projects that do not comply with

the *Secretary's Standards* may or may not cause a substantial adverse change in the significance of a historic resource.

The *Secretary's Standards* offers four sets of standards to guide the treatment of historic properties: Preservation, Rehabilitation, Restoration, and Reconstruction. The four distinct treatments are defined as follows:

Preservation: The *Standards for Preservation* “require retention of the greatest amount of historic fabric, along with the building’s historic form, features, and detailing as they have evolved over time.”

Rehabilitation: The *Standards for Rehabilitation* “acknowledge the need to alter or add to a historic building to meet continuing new uses while retaining the building’s historic character.”

Restoration: The *Standards for Restoration* “allow for the depiction of a building at a particular time in its history by preserving materials from the period of significance and removing materials from other periods.”

Reconstruction: The *Standards for Reconstruction* “establish a limited framework for re-creating a vanished or non-surviving building with new materials, primarily for interpretive purposes.”¹⁷

Typically, one set of standards is chosen for a project based on the project scope. In this case, the proposed project includes new construction on the Children’s Hospital campus to meet the evolving use needs of the institution. New construction for the proposed project will take place directly adjacent to the A/B Wing, and will take place within the boundaries of the 55th and Dover Residential District. Therefore, the *Standards for Rehabilitation* will be applied to evaluate the potential impacts of the proposed project on both of these historic resources.

Standards for Rehabilitation-The A/B Wing of Children’s Hospital

The following analysis applies each of the *Standards for Rehabilitation* to the proposed project at Children’s Hospital in relation to the A/B Wing. This analysis is based upon a package of architectural plans submitted by HDR and Taylor Architects, dated November 1, 2013.

Rehabilitation Standard 1: *A property will be used as it was historically or be given a new use that requires minimal change to its distinctive materials, features, spaces and spatial relationships.*

The A/B Wing historically included large open-plan wards to allow nurses to maintain surveillance of the maximum number of patients at one time, and a solarium to provide sunlight to patients. These historic uses have long been supplanted, due to changing accepted medical practice; patients are housed in more recently constructed areas of the Hospital, and the A/B Wing has been subdivided into administrative offices and storage space. The proposed project retains office use in the A/B Wing, which represents minimal to no change and does not impact the building’s footprint, southern orientation, distinctive brick and terra cotta cladding, solariums, fenestration pattern and materials, or its ornamentation.

Therefore, as designed, the proposed project will be in compliance with Rehabilitation Standard 1.

¹⁷ Kay D. Weeks and Anne E. Grimmer, *The Secretary of the Interior's Standards for the Treatment of Historic Properties with Guidelines for Preserving, Rehabilitating, Restoring and Reconstructing Historic Buildings* (Washington, D.C.: U.S. Department of the Interior, 1995), 2.

Rehabilitation Standard 2: *The historic character of a property will be retained and preserved. The removal of distinctive materials or alteration of features, spaces, and spatial relationships that characterize the property will be avoided.*

The proposed project does not include the removal or alteration of any distinctive materials at the A/B Wing, nor does the proposed project include the alteration of any A/B Wing features such as footprint, southern orientation, distinctive brick and terra cotta cladding, solariums, fenestration pattern and materials, or ornamentation.

The proposed project includes the reconfiguration of the existing courtyard, which is located to the west of the A/B Wing. The openness of this courtyard is a spatial feature that characterizes the property. However, the proposed project includes the construction of a new courtyard, which is to be smaller than the existing courtyard, but still maintains the spatial openness that complements the narrow, L-shaped design of the A/B Wing. Therefore, the project will maintain the character-defining spatial openness at that location, and the loss of the existing courtyard will not affect the historic significance and overall integrity of the A/B Wing.

The proposed project includes the removal of the magnolia tree, which is located west of the A/B Wing and may have contributed to the siting of the courtyard and the A/B Wing. The magnolia tree has been identified as a supportive landscape feature that characterizes the A/B Wing, and therefore the removal of the magnolia tree does not comply with Standard 2.

Due to the loss of the magnolia tree, which has been identified as a character-defining supportive landscape feature of the A/B Wing, the proposed project will not be in compliance with Rehabilitation Standard 2.

Rehabilitation Standard 3: *Each property will be recognized as a physical record of its time, place, and use. Changes that create a false sense of historical development, such as adding conjectural features or elements from other historical properties, will not be undertaken.*

The proposed project will not create a false sense of history. New construction adjacent to the A/B Wing will be built using modern materials such as glazed curtain walls and metal spandrel panels. Materials that replicate the color and texture of the A/B Wing (brick facing) will be applied in a way that is referential rather than replicative. New construction will be recognized as a physical record of its time, place, and use. Thus, no conjectural features or elements from other historical properties will be introduced.

As designed, the proposed project will be in compliance with Rehabilitation Standard 3.

Rehabilitation Standard 4: *Changes to a property that have acquired significance in their own right will be retained and preserved.*

The A/B Wing was constructed in 1926 and was altered circa 1948 with a third story addition at the east end of the south façade. It was altered again in 1962 with a third story addition at the northeast corner of the building and replacement of the original arcade entrance with a two-story projecting entrance in the Modern style. None of these alterations have been identified as character-defining features of the A/B Wing, and they have not acquired significance in their own right. Additionally, the proposed project does not include any work that will impact these alterations.

As designed, the proposed project will be in compliance with Rehabilitation Standard 4.

Rehabilitation Standard 5: *Distinctive materials, features, finishes and construction techniques or examples of craftsmanship that characterize a property will be preserved.*

The extant distinctive historic materials, features, and finishes on the A/B Wing, including brick and terra cotta cladding, solariums, original windows, design detail including fluted columns, capitals with acanthus leaves, urns, fleur-de-lis, cherubs heads, griffins, molded frieze with animal motifs, bambino medallion, and floral brackets, will be retained.

As designed, the proposed project will be in compliance with Rehabilitation Standard 5.

Rehabilitation Standard 6: *Deteriorated historic features will be repaired rather than replaced. Where the severity of deterioration requires replacement of a distinctive feature, the new feature will match the old in design, color, texture, and, where possible, materials. Replacement of missing features will be substantiated by documentary and physical evidence.*

The proposed project does not include any work where deteriorated historic features will be repaired or replaced.

As designed, the proposed project will be in compliance with Rehabilitation Standard 6.

Rehabilitation Standard 7: *Chemical or physical treatments, if appropriate, will be undertaken using the gentlest means possible. Treatments that cause damage to historic materials will not be used.*

The proposed project does not include any work where chemical or physical treatments will be undertaken.

As designed, the proposed project will be in compliance with Rehabilitation Standard 7.

Rehabilitation Standard 8: *Archeological resources will be protected and preserved in place. If such resources must be disturbed, mitigation measure will be undertaken.*

The proposed project does include excavation work. If any archaeological material should be encountered during this project, construction should be halted and the City of Oakland's standard procedures for treatment of archeological materials should be adhered to.

If the proper procedure is undertaken, the proposed project will be in compliance with Rehabilitation Standard 8.

Rehabilitation Standard 9: *New additions, exterior alterations, or related new construction will not destroy historic materials, features, and spatial relationships that characterize the property. The new work shall be differentiated from the old and will be compatible with the historic materials, features, size, scale, proportion, and massing to protect the integrity of the property and environment.*

Phase 1 of the proposed project does not include new construction adjacent to or visible from the A/B Wing. Phase 2 includes the demolition of the B/C Wing, which is attached to the western terminus of the east/west portion of the A/B Wing, and the construction in its place of a five-story Link building with a helistop. The project also includes the demolition of the existing helistop, several portable buildings, and the Bruce Lyon Research Center and Addition, and the construction of a five-story Patient Pavilion west of the A/B Wing and a four-story parking structure south of the

A/B Wing. Lastly, the proposed project includes the removal of the magnolia tree located west of the A/B Wing.

The proposed project will not destroy any historic materials or features of the A/B Wing. Although the proposed project does include the demolition of the existing courtyard, which provides character-defining spatial openness to the A/B Wing, the project includes the construction of a new courtyard which will maintain a similar degree of spatial openness. Therefore the loss of the existing courtyard will not have an impact on the A/B Wing. The proposed project includes the removal of the magnolia tree, which has been identified as a character-defining supportive landscape feature of the A/B Wing. Therefore the removal of the magnolia tree does not comply with Standard 9. Demolition of the other features in the courtyard has no impact because these features are not considered of historic significance.

New construction adjacent to the A/B Wing will be differentiated from the A/B Wing in style, scale and some materials. New construction is modern in style, four and five stories tall, and includes materials such as glazed curtain walls, plaster, and painted aluminum panels. In reference to the historic brick cladding at the A/B Wing, new construction incorporates light colored brick cladding in its materials treatment. The brick is used primarily to frame the perimeters of facades at new buildings. At the Link Building, which will be constructed directly adjacent to the west terminus of the east-west portion of the A/B Wing, materials are simple glazing and light colored brick cladding. Generally, new construction is differentiated but compatible with the A/B Wing with regard to materials.

The proposed project includes the construction of the five-story Patient Pavilion, which is to be connected to the Link Building and located west of the A/B Wing. The Patient Pavilion will have a curved footprint, slightly concave around the north/south axis of the A/B Wing. The east façade of the Patient Pavilion includes a concentration of façade ornament, including projecting window boxes with painted aluminum frames, painted aluminum spandrel panels, aluminum entry canopy, and aluminum cut-away signage. This ornament is different in theme, scale, color, material, and dimensional representation (2-D at the Patient Pavilion versus 3-D at the A/B Wing) and competes with rather than works in concert with the character-defining ornament of the A/B Wing, a concentration of which is located at the solarium at the southern terminus of the north/south portion, physically close to and in clear visual conversation with the east façade of the Patient Pavilion. The concentration and style of decorative ornament of the Patient Pavilion façade, in close proximity to the southern terminus of the A/B Wing, is not compatible with the historic style, materials, and ornament that characterizes the A/B Wing. Thus, the design of the eastern façade of the Patient Pavilion does not comply with Standard 9.

The parking garage, which is also located south of the A/B Wing close to the solarium, does not represent an impact on the A/B Wing because it is further away, only four stories in height, and includes simple facade materials.

As designed, the proposed project will not be in compliance with Rehabilitation Standard 9.

Rehabilitation Standard 10: *New additions and adjacent or related new construction will be undertaken in such a manner that, if removed in the future, the essential form and integrity of the historic property and its environment would be unimpaired.*

All new construction will be undertaken in a way that if it is removed in the future, the essential form and integrity of the A/B Wing would be unimpaired. However, the removal of the magnolia tree can

not be undone, and therefore the essential integrity of the environment of the A/B Wing will be affected by the proposed plan.

As designed, the proposed project will not be in compliance with Rehabilitation Standard 10.

Summary of Standards Compliance in Relation to the A/B Wing: The proposed project is in compliance with Rehabilitation Standards 1, 3, 4, 5, 6, 7, and 8. The proposed project is not in compliance with Rehabilitation Standards 2, 9, and 10. Projects that do not fully comply with the *Secretary's Standards* may or may not cause a substantial adverse change in the significance of a historic resource. An analysis of the degree of project-specific impacts and suggested project improvement recommendations are included in a later section of this report.

Standards for Rehabilitation- 55th and Dover Residential District

The following analysis applies each of the *Standards for Rehabilitation* to the proposed project at Children's Hospital in relation to the 55th and Dover Residential District ("District"). This analysis is based upon district boundaries established in the California Department of Parks and Recreation (DPR) 523D (District Record) form completed in December 2013 and architectural plans submitted by HDR and Taylor Architects, dated October 2013.

Rehabilitation Standard 1: *A property (district) will be used as it was historically or be given a new use that requires minimal change to its distinctive materials, features, spaces and spatial relationships.*

The 55th and Dover Residential District has historically been used as a residential district. This use is expressed in the district's uniformity of building type and brief era of construction (1906-1913), its pattern of building setbacks, and its regular street grid and block patterns. The use is also expressed in the design elements of contributing properties that enable these properties to express their era of construction, including the footprint, massing, architectural style, extant historic materials, and general fenestration pattern at the primary façades.

The proposed project includes new construction within the boundaries of the district that retains the district's historic use and requires minimal change to the district's distinctive materials, features, spaces and spatial relationships. New construction within the boundaries of the district includes the demolition of rear additions of the residential buildings at 707 and 715 53rd Street and construction of a new driveway off Dover Street to access the existing maintenance area adjacent to the existing parking structure and OPC1. The project also includes demolition of the rear portions of residential buildings at 679 53rd Street (not a district contributor), 675 53rd Street, and 671 53rd Street and construction of a two-story family residence building at the rear of these three facades that connects the buildings. This new construction does not demolish the facades of any existing residential buildings in the district, nor does it change the residential use of any existing buildings that are currently in residential use. The proposed project does not affect the district's historic use.

Therefore, as designed, the proposed project will be in compliance with Rehabilitation Standard 1.

Rehabilitation Standard 2: *The historic character of a property (district) will be retained and preserved. The removal of distinctive materials or alteration of features, spaces, and spatial relationships that characterize the property will be avoided.*

The historic character of the 55th and Dover Residential District is conveyed by its uniformity of building type and brief period of construction (1906-1913), pattern of building setbacks, regular street grid and block patterns, and in the design elements of contributing properties.

The proposed project includes new construction within the boundaries of the district that retains the district's characteristic materials, features, spaces and spatial relationships. New construction within the boundaries of the district does not impact the setbacks or the primary facades of any contributing properties. Demolition of rear additions of the residential buildings at 707 and 715 53rd Street and the construction of a new driveway off Dover Street to access the existing maintenance area adjacent to the existing parking structure and OPC1 do not impact the historic character of these buildings. Demolition of the rear portions of the residential buildings at 679 53rd Street (not a District contributor), 675 53rd Street, and 671 53rd Street and construction of a connecting two-story family residence building at the rear of these three facades does not demolish the facades of any existing residential buildings. At two stories in height, the new construction does not rise above the historic massing of many of the residential buildings in the district. New construction within the boundaries of the district does not impact the district's historic character.

The EIR evaluates a project alternative that includes construction of a cul-de-sac on Dover Street between 52nd and 53rd streets. The street grid and regular block and lot pattern are character-defining features of the District. Reconfiguration of Dover Street between 52nd and 53rd streets to include a cul-de-sac would therefore affect the district's historic character and would not comply with Standard 2.

The proposed project will be in compliance with Rehabilitation Standard 2 if it does not implement the project alternative to create a cul-de-sac on Dover Street between 52nd and 53rd streets. However, if changes to the street grid are included in new construction, the proposed project will not be in compliance with Standard 2.

Rehabilitation Standard 3: *Each property (district) will be recognized as a physical record of its time, place, and use. Changes that create a false sense of historical development, such as adding conjectural features or elements from other historical properties, will not be undertaken.*

The proposed project includes the removal of the rear portion of three buildings on 53rd Street (671, 675, and 677-679 53rd Street) and the construction of a family housing structure that unifies these three facades. The family housing structure is designed such that the new portions of the building are substantially set back from the retained facades, which differentiates the new construction from the extant buildings and enables the three existing facades to retain their ability to express their era of construction. New portions of the family housing structure reference the existing structures in its stucco cladding and roof form, but uses massing and fenestration that clearly differentiate the new construction from the existing buildings. Overall, this part of the proposed project will not create a sense of false historical development in the district.

As designed, the proposed project will be in compliance with Rehabilitation Standard 3.

Rehabilitation Standard 4: *Changes to a property (district) that have acquired significance in their own right will be retained and preserved.*

The period of significance for the 55th and Dover Residential District is 1906, when the earthquake caused a rapid increase in population in Oakland, through 1913, when the area was largely built out and the rapid pace of residential construction began to wane. All character-defining features of the district (pattern of building setbacks, its regular street grid and block patterns, and in the design elements of contributing properties) were established during the period of significance, and no additional features have acquired significance since the close of that period. Thus, there are no changes to the district that have acquired significance in their own right that should be retained or preserved.

As designed, the proposed project will be in compliance with Rehabilitation Standard 4.

Rehabilitation Standard 5: *Distinctive materials, features, finishes and construction techniques or examples of craftsmanship that characterize a property (district) will be preserved.*

Demolition will occur at the rear of existing buildings at 707, 715, 671, 675, and 679 53rd Street and as such does not impact any distinctive materials, features, finishes, construction techniques, or examples of craftsmanship that characterize the district's public streetscape.

As designed, the proposed project will be in compliance with Rehabilitation Standard 5.

Rehabilitation Standard 6: *Deteriorated historic features will be repaired rather than replaced. Where the severity of deterioration requires replacement of a distinctive feature, the new feature will match the old in design, color, texture, and, where possible, materials. Replacement of missing features will be substantiated by documentary and physical evidence.*

The proposed project as described does not include any action which will affect deteriorated historic features of the district.

As designed, the proposed project will be in compliance with Rehabilitation Standard 6.

Rehabilitation Standard 7: *Chemical or physical treatments, if appropriate, will be undertaken using the gentlest means possible. Treatments that cause damage to historic materials will not be used.*

The proposed project does not include any action which will use chemical or physical treatments to historic materials in the District.

As designed, the proposed project will be in compliance with Rehabilitation Standard 7.

Rehabilitation Standard 8: *Archeological resources will be protected and preserved in place. If such resources must be disturbed, mitigation measure will be undertaken.*

The proposed project will include some excavation within the boundaries of the district, in advance of new construction of family housing on 53rd Street. If any archaeological material should be encountered during excavation, construction should be halted and the City of Oakland's standard procedures for treatment of archeological materials should be adhered to.

As designed, the proposed project will be in compliance with Rehabilitation Standard 8.

Rehabilitation Standard 9: *New additions, exterior alterations, or related new construction will not destroy historic materials, features, and spatial relationships that characterize the property (district). The new work shall be differentiated from the old and will be compatible with the historic materials, features, size, scale, proportion, and massing to protect the integrity of the property (district) and environment.*

As discussed in Standards 2 and 5, demolition and construction which is located within the boundaries of the 55th and Dover Residential District does not destroy historic materials, features, or the publically visible spatial relationships that characterize the district. As discussed in Standard 3, new construction within the district boundaries will be sufficiently differentiated from yet compatible in use, scale, and massing with the existing historic buildings. The integrity of the district will not be impacted by new construction within the boundaries.

The EIR evaluates a project alternative that includes construction of a cul-de-sac on Dover Street between 52nd and 53rd streets. The street grid and regular block and lot pattern are character-defining features of the district.

The proposed project will be in compliance with Rehabilitation Standard 9 if it does not implement the project alternative to create a cul-de-sac on Dover Street between 52nd and 53rd streets. However, if changes to the street grid are included in new construction, the proposed project would affect one of the district's character-defining features and would not be in compliance with Standard 9.

Rehabilitation Standard 10: *New additions and adjacent or related new construction will be undertaken in such a manner that, if removed in the future, the essential form and integrity of the historic property (district) and its environment would be unimpaired.*

The proposed project includes the removal of the rear portion of three buildings on 53rd Street (671, 675, and 677-679 53rd Street) and the construction of a family housing structure that unifies these three facades. If this unifying new construction were removed in the future, the essential publically visible form of the district as a whole would not be affected, particularly since the primary facades of the three buildings would remain in place.

As designed, the proposed project will be in compliance with Rehabilitation Standard 10.

Summary of Standards Compliance in Relation to the 55th and Dover Residential District:

The proposed project is in compliance with Rehabilitation Standards 1 through 10 if it does not include the reconfiguration of Dover Street with a cul-de-sac. The proposed project is not in compliance with Standards 2 and 9 if it does include a reconfiguration of Dover Street. Projects that do not fully comply with the *Secretary's Standards* may or may not cause a substantial adverse change in the significance of a historic resource. An analysis of the degree of project-specific impacts and suggested project improvement recommendations are included in a later section of this report

GUIDELINES FOR DETERMINATION OF SIGNIFICANT ADVERSE CHANGE UNDER CEQA

According to CEQA, a "project with an effect that may cause a substantial adverse change in the significance of a historic resource is a project that may have a significant effect on the environment."¹⁸ Substantial adverse change is defined as: "physical demolition, destruction, relocation, or alteration of the resource or its immediate surroundings such that the significance of a historic resource would be materially impaired."¹⁹ The significance of a historic resource is materially impaired when a project "demolishes or materially alters in an adverse manner those physical characteristics of a historic resource that convey its historical significance" and that justify its inclusion in, or eligibility for inclusion in, the California Register, or account for its inclusion in a local register.²⁰ However, a project may cause a substantial change in a historic resource but still not have a significant adverse effect on the environment as defined by CEQA as long as the change has an impact on the historic resource that is determined to be less-than-significant, negligible, neutral or even beneficial.

¹⁸ CEQA Guidelines subsection 15064.5(b).

¹⁹ CEQA Guidelines subsection 15064.5(b)(1).

²⁰ CEQA Guidelines subsection 15064.5(b)(2).

ANALYSIS OF PROJECT-SPECIFIC IMPACTS UNDER CEQA

Both the A/B Wing of Children's Hospital Oakland and the 55th and Dover Residential District are considered to be historic resources under CEQA, and therefore, the proposed project must be evaluated for potential impacts on the site. This section provides an analysis of the impacts of the proposed project, in order to determine if the project will cause a substantial adverse change to the A/B Wing and the 55th and Dover Residential District.

IMPACT 1.0

The proposed project would remove the magnolia tree, which has been identified as a character-defining supportive landscape element of the A/B Wing. (Less-Than-Significant)

Analysis of Impact

The magnolia tree is located west of the A/B Wing of Children's Hospital, and according to a plaque that is located at the base of the tree, was planted in 1860 by female members of the Alden family, original land owners of the site. The magnolia tree is therefore the oldest extant landscape feature at the Children's Hospital campus. The magnolia tree may have contributed to the siting of the McElrath (Alden family) house that served as the original Baby Hospital (built between 1878 and 1900), because it shaded the front porch of that house. The house was extant when the A/B Wing was constructed. Thus, the tree served in a tangential way as an element which may have shaped the siting of the courtyard and the A/B Wing itself. The Children's Hospital's women's auxiliary fundraising group adopted the tree as a symbol and by the time the A/B Wing was constructed in 1926, had been calling itself the Branches, in reference to the magnolia tree, for approximately ten years.

The removal of the magnolia tree in advance of new construction for the proposed plan removes the oldest landscape element from the site, and eliminates the supportive landscape element's ability to give context to the site of the A/B Wing. However, the removal of the magnolia tree does not render the A/B Wing unable to convey its historical significance, as the building retains the majority of its character-defining features, including its footprint, massing, fenestration material and pattern, cladding, ornament, and surrounding spatial openness. Therefore, the removal of the magnolia tree represents a less-than-significant CEQA impact on the A/B Wing. Two project improvement recommendations are included in the next section of this report that address the loss of one of the A/B Wing's character-defining features.

IMPACT 2.0

The proposed project would reconfigure the existing courtyard, which has been identified as a character-defining supportive landscape element of the A/B Wing, and replace it with a smaller courtyard. (Less-Than-Significant)

Analysis of Impact

The courtyard was created by the siting of the Hospital's first purpose-built building, the L-shaped A/B Wing. The presence of the open space was integral to the design of the A/B Wing, which depended on sunlight, fresh air, and cross breeze, which was considered medicinal at the time, as part of the healing intention of the hospital. It is the spatial openness of the courtyard, rather than the present individual physical elements of the courtyard, that is considered a character-defining

supporting landscape feature of the A/B Wing. This openness gives context to the programmatic design of the A/B Wing, and has the additional benefit of allowing exterior character defining features of the A/B Wing (cladding, solariums, fenestration, and ornament) to be seen.

Because the present individual physical elements of the courtyard are not character-defining, the removal of the existing courtyard and its replacement with a new courtyard does not represent a negative impact on the A/B Wing. The replacement of the existing courtyard with another courtyard, although slightly smaller than the existing courtyard, retains the spatial openness that complements the A/B Wing's L-shaped design and siting, which is what makes the courtyard a supportive character-defining feature of the A/B Wing. The removal of the existing courtyard and the installation of a slightly smaller courtyard represents a less-than-significant impact on the A/B Wing. One project improvement recommendation is included in the next section of this report that addresses the change to one of the A/B Wing's character defining features.

IMPACT 3.0

The proposed project includes a concentration of façade ornament at the eastern side of the Patient Pavilion that is not compatible in style, materials, or ornament with the character-defining façade ornament features that are concentrated at the southern end of the A/B Wing (Less-Than-Significant)

Analysis of Impact

The Patient Pavilion is a five-story building with a one-story mechanical penthouse that will be located west of the A/B Wing, at the site currently occupied by the B/C Wing. The footprint of the Patient Pavilion is curved in a convex shape that slightly wraps the southern portion of the A/B Wing. The east façade of the Patient Pavilion includes a concentration of ornament, including projecting window boxes with painted aluminum frames, painted aluminum spandrel panels, aluminum entry canopy, and aluminum cut-away signage. This ornament is different in theme, scale, color, material, and dimensional representation (2-D at the Patient Pavilion versus 3-D at the A/B Wing) from the character-defining ornament of the A/B Wing, a concentration of which is physically close to and in clear visual conversation with the east façade of the Patient Pavilion. The concentration and style of decorative ornament at the Patient Pavilion competes with and is not compatible with the historic style, materials, and ornament that characterizes the A/B Wing.

The impact of design incompatibility with the A/B Wing is less-than-significant for several reasons.

- It is understood that the design intent of the facade of the Patient Pavilion is to provide visual interest and comfort to young patients.
- It is understood that the façade of both the historic A/B Wing and the Patient Pavilion reflect the design intent of their respective eras; the A/B Wing design reflects the early 20th century understanding that light, fresh air, and sun contributed to health, while the Patient Pavilion design reflects the current practice of providing visual interest (playful design and color) to relax and comfort young patients.
- The overall design of the Patient Pavilion has the advantage of changing traffic circulation patterns at the Hospital campus and bringing the A/B Wing into sight of more people. The A/B Wing is currently only partially visible to the public from State Route 24. In this way, the design of the Patient Pavilion will provide the A/B Wing greater opportunity to convey its historic significance.
- The overall design of the Patient Pavilion has the advantage of relocating a primary entrance to the Hospital closer to its historic primary entrance at the south side of the east-west ell of the A/B Wing.
- The design of the Link Building, which is much more subdued than that of the Patient Pavilion, works to provide a visual “link” between the differing architectural styles of the Patient Pavilion and the A/B Wing.

- The presence of a driveway and courtyard space between the two buildings provides an adequate spatial buffer to allow each building to be viewed as an independent structure, thus reducing the potential for the Patient Pavilion to visually overshadow the A/B Wing.

The construction of the Patient Pavilion with its current façade design does not render the A/B Wing unable to convey its historical significance, as the building retains its character-defining features, including its footprint, massing, fenestration material and pattern, cladding, ornament, and surrounding spatial openness. Therefore, the construction of the Patient Pavilion with its current façade design represents a less-than-significant impact on the A/B Wing. One project improvement recommendation is included in the next section of this report that addresses the less-than-significant impact of the Patient Pavilion on the A/B Wing.

IMPACT 4.0

An alternative of the proposed project includes the reconfiguration of the block of Dover Street between 51st and 52nd with a cul-de-sac. The street grid and regular block pattern are character-defining features of the 55th and Dover Residential District and changes to the street grid and block pattern would affect this character-defining feature (Less-Than-Significant)

The proposed project considers a project alternative that includes the reconfiguration of Dover Street between 52nd and 53rd streets by installing a cul-de-sac. The street grid and regular block and lot pattern are character-defining features of the district, and the change to this character-defining feature represents an impact to the district. However, this change is contained to one block of street out of nine within the district, and would be located at the edge, rather than in the center of the district. Overall, the change of street grid at one block of street in the district does not render the district unable to convey its historic character. The district retains the vast majority of its character-defining features, including the uniformity of building types and design elements at these buildings, its pattern of building setbacks, and the street grid and block pattern at eight out of nine blocks of street in the District. One project improvement recommendation is included in the next section of this report that addresses the change to one of the District's character-defining features.

Summary of Impacts

The proposed project at Children's Hospital retains many of the character-defining features of the A/B Wing of the Hospital and the 55th and Dover Residential District. Some aspects of the proposed project, including opening traffic circulation to the south of the A/B Wing, will lead to an increase in the ability of that historic resource to express its significance to a broader audience of people. Evaluation of the proposed project revealed several less-than-significant project-specific impacts to the A/B Wing or the 55th and Dover Residential District, which are outlined above.

PROJECT IMPROVEMENT RECOMMENDATIONS

The proposed project's impacts to historic resources at the project site have been determined to be less-than-significant in this analysis. No mitigation measures are required for this project. However, while the proposed project as designed is in compliance with the majority of the *Secretary's Standards*, it is not in compliance with all of the *Standards*. To facilitate additional compliance, the following project improvement recommendations are provided to the design team. These project improvement recommendations should be carefully considered and incorporated into design revisions and alternatives where possible. However, even without the implementation of these project improvement recommendations, project impacts would be less-than-significant.

Project Improvement Recommendation 1.0 — Incorporate a new mature magnolia tree into the site plan of the proposed project, as close as possible to the historic location of the magnolia, within the constraints of the site plan.

According to a feasibility analysis provided by arborist Deanne Ecklund of HortScience Inc. to CLEO Construction Management regarding the relocation/transplantation of the magnolia tree (April 7, 2014), the magnolia tree "has a greater potential for decline than the likelihood it would survive and thrive for many years after relocation." Although the removal of the historic magnolia tree has a less-than-significant impact on the historic significance of the A/B Wing, its loss does remove some historic continuity from the site. The incorporation of a replacement magnolia tree should be considered for the site plan, in a location that is close to the site of the historic magnolia while still enabling the Hospital to reach all of its programmatic needs. The center of the planned traffic circle, south of the A/B Wing, may be a good place for the tree; caution should be taken, however, not to impact the visibility of the solarium at the southern portion of the A/B Wing, which is a character-defining feature of the A/B Wing.

Project Improvement Recommendation 1.1 — Install a permanent, high-quality plaque or simple interpretive panel near the magnolia tree which includes information about the magnolia tree, including its historic relation to the site and its influence on the naming of the Branches.

Similar to the plaque that is currently located under the magnolia tree, a new plaque or a simple interpretive panel which explains the no-longer-extant magnolia's historic relation to the site and its influence on the naming of the Branches, and will help visitors understand the reason the magnolia tree was a character-defining supportive landscape feature of the A/B Wing. This plaque or interpretive panel should clearly state that the tree is a new tree, in order to avoid potential false historicism.

Project Improvement Recommendation 2.0 — Plan and install a new courtyard which retains a level of spatial openness similar to the level of spatial openness at the extant courtyard.

A new courtyard should include landscape design that retains a sense of spatial openness, in order to allow the A/B Wing to continue to be able to express its historic programmatic design, which required spatial openness to allow for sunlight, fresh air, and cross breeze.

In order to minimize any potential impact on the A/B Wing, the design of the new courtyard should retain a level of spatial openness that is similar to the existing courtyard. The program of the courtyard should not include plants, trees or other elements that, through height, quantity, or density, obscure the A/B Wing or impede spatial openness.

Project Improvement Recommendation 3.0— A refinement of the design of the eastern portion of the Patient Pavilion should be given consideration by the design team. Assuming that changes to the façade design will have no negative effect on the programmatic needs of the Hospital, recommendations include refining the curtain wall façade of the Pavilion as it transitions into the Link Building and/or incorporating more direct design cues from the A/B Wing.

Project Improvement Recommendation 4.0—Project plans that do not include the reconfiguration of Dover Street between 52nd and 53rd Streets should be chosen over project plans that would include reconfiguration of this block.

As currently designed, the proposed project retains the existing street grid and block pattern at the 55th and Dover Residential District, which is one of the character-defining features of this district. Project alternatives include the construction of a cul-de-sac on Dover Street between 52nd and 53rd Street. Although a change to this one block of the district has been found to have a less-than-significant impact on the historic district, it is recommended that the project proceed without changes to the existing street grid and block configuration in the district.

VI. CONCLUSION

The A/B Wing of the Children's Hospital of Oakland and the 55th and Dover Residential District are both historic resources as defined by CEQA. As such, the proposed project at Children's Hospital was evaluated using the *Secretary of the Interior's Standards for the Treatment of Historic Properties* to identify potential impacts to these historic resources. Overall, the proposed project represents fairly few project specific impacts for a project of this size and complexity, all of which were found to be less-than-significant. Less-than-significant impacts are acceptable and will enable the Hospital to upgrade hospital infrastructure and systems while retaining the integrity of the historic resources on and adjacent to its site. Due to the identification of several less-than-significant project-specific impacts, recommended project improvement measures are included in this report that should be considered by the design team. However, as currently designed, the proposed project at Children's Hospital would not impact the eligibility of the A/B Wing for listing as a City of Oakland Designated Historic Property or the 55th and Dover Residential District for listing in the California Register of Historical Resources.

APPENDIX B4

55th and Dover Residential District DPR Form

State of California & The Resources Agency
DEPARTMENT OF PARKS AND RECREATION
DISTRICT RECORD

Primary # _____

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*NRHP Status Code 3CS

*Resource Name or # (Assigned by recorder)

55th and Dover Residential District

D1. Historic Name N/A

D2. Common Name: N/A

***D3. Detailed Description** (Discuss overall coherence of the district, its setting, visual characteristics, and minor features. List all elements of district.):

The 55th and Dover Residential District was previously identified in the Oakland Cultural Heritage Survey (OCHS) on a DPR 523A (Primary Record) form in 1996 and was given a National Register Status Code of 7 ("Not evaluated") and an OCHS rating as an Area of Secondary Importance (ASI). The buildings within the district were given OCHS ratings for local significance based on a windshield survey. This DPR523D form contains a historic context for the district and evaluates it for eligibility to the California Register of Historical Resources.

The 55th and Dover Residential District is located in North Oakland and includes 143 properties on eight blocks, with Dover Street bisecting the neighborhood in the north-south direction (see map on page 3). The street pattern is a regular grid characterized by 40' x 137' lots, and the terrain is flat. Properties within the district boundaries are solely residential in type, and have similar setbacks from the street. Buildings are all one, one-and-a-half, or two stories, and construction dates range from 1906 to 1930, with two lots featuring post-1950 construction. Approximately 85 percent of construction within the district boundaries took place in the eight-year range between 1906 and 1913. (Continued on page 2).

***D4. Boundary Description** (Describe limits of district and attach map showing boundary and district elements.):

The district is bounded on the north by 55th Street, and includes the residential properties located on the north side of 55th. The district is bounded on the east by both Shattuck Avenue (excluding commercial properties) and the State Route 24 overpass to the southeast. The district is bounded on the west side by Martin Luther King Jr. Way; however, all of the buildings facing west onto Martin Luther King Jr. Way are excluded. (Continued on page 2)

***D5. Boundary Justification:**

The district is bounded largely in relation to transportation thoroughfares. At the west, Martin Luther King Jr. Way was the historic location of a north-south transportation line that brought residential settlement to the area, and continues to be a busy thoroughfare with a raised BART track. The boundary excludes the buildings that face onto Martin Luther King Jr. Way because they are generally commercial buildings that were not constructed during the period of significance for the district. At the north, 55th Street was the location of the Key System Route E, which branched off from the north-south route and further encouraged residential settlement in the area. (Continued on page 2)

D6. Significance: Theme Residential Development, Transit **Area** North Oakland
Period of Significance 1906-1913 **Applicable Criteria** 1

(Discuss district's importance in terms of its historical context as defined by theme, period of significance, and geographic scope. Also address the integrity of the district as a whole.)

Historic Context

The 55th and Dover Residential District is a collection of properties that together illustrate the rapid expansion of North Oakland after the turn of the twentieth century, in response to rapid population increase and improvements made to public transportation. The properties' method of sale and construction illustrates an era of physical development in which individual owners purchased lots from small and medium-scale land-holding companies and constructed their own homes or hired independent builders. The district's uniformity of single family (and a handful of multi-family) residences, built during a tightly-bounded era of construction, give the district a strong association with the period of significance dating from 1906 to 1913. (Continued on page 2)

***D7. References** (Give full citations including the names and addresses of any informants, where possible.):
See page 36.

***D8. Evaluator:** Stacy Farr and Christina Dikas **Date:** May 5, 2014

Affiliation and Address Page & Turnbull, Inc.
1000 Sansome Street, Suite 200, San Francisco CA 94111

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☒ Continuation ☐ Update**D3. Detailed Description, Cont.**

Buildings are of wood-frame construction. The most common building and style type is the one-and-a-half story bungalow, characterized by an asymmetrical primary façade, entry porch, wood shingle or horizontal wood shiplap siding, hipped roof, and hipped or front-gable dormer. Also common in the district is the two-story Classic Box, characterized by an asymmetrical first story and symmetrical second story at the primary façade, rectangular massing, low pitched hipped roof, hipped dormer, and Classical decorative elements. Some Classic Boxes in the district were constructed as duplexes, while others have been converted to duplexes.

Later construction in the district in the 1920s includes small stucco-clad two-story apartment buildings with Classical or Mediterranean Revival design details and one-and-a-half story bungalows, similar in form to the earlier constructed bungalows but clad in stucco.

Some properties in the district feature design details such as clinker brick foundations and chimneys, leaded multi-lite clear and stained glass windows, shaped bargeboards, extended rafter beams and tails, egg and dart molding, dentil molding, modillions, columns with Corinthian capitals, and carved Classical molding. Properties were largely constructed by individual builders and contractors or by the property owner; only a handful of properties have identified architects, none of which were master builders.

Integrity of properties in the district ranges from excellent to fair. While the district retains overall integrity, common façade alterations at individual properties include the replacement of original windows with aluminum sliding sash or vinyl double-hung or casement windows; replacement of original cladding with contemporary composite shingle or vinyl siding; reconfiguration of original single entry to include two entries; partial enclosure of entry porches; and raising one-and-a-half story buildings to include full basements or at-grade or below-grade garages. Photographs, descriptions, and basic construction and ownership information about all properties within the boundaries of the district are included on the continuation sheets of this DPR 523D Form.

D4. Boundary Description, Cont.

The district is bounded irregularly at the south, where it meets the northern perimeter of the Children's Hospital and Research Center campus; the southern boundary of the district includes properties on the north side of 53rd Street, portions of the south side of 53rd Street, properties located on the west side of Dover Street between 53rd and 52nd streets, and two properties on the north side of 52nd Street.

D5. Boundary Justification, Cont.

At the east, Shattuck Avenue formed a natural traffic boundary to the area, a boundary which was further reinforced in the 1960s with the construction of State Route 24. The east side of Dover Street between 52nd and 53rd streets has been excluded from the boundary because nearly all of the buildings were constructed outside the established period of significance. The boundaries of the district as described in this record reflect the remaining intact residential areas at the district's southern border near Children's Hospital.

The boundary identified in this DPR 523D form is very similar to the boundary identified in the 1996 OCHS Survey (**Figures 1 and 2**). There are two differences. First is the exclusion of two buildings that face Martin Luther King Jr. Way: 5204 and 5442 Martin Luther King Jr. Way. Both were constructed outside of the identified period of significance and are therefore non-contributors to the district. They are also both surrounded by development that is outside the period of significance and does not relate to the significance of the district. The second is the exclusion of a portion on the east side of Dover Street between 52nd and 53rd streets. Of the six buildings located within the 1996 OCHS Survey's boundary, five were constructed outside the established period of significance and one has been altered such that it no longer conveys its period of construction. Thus, all would have been non-contributors to the district.

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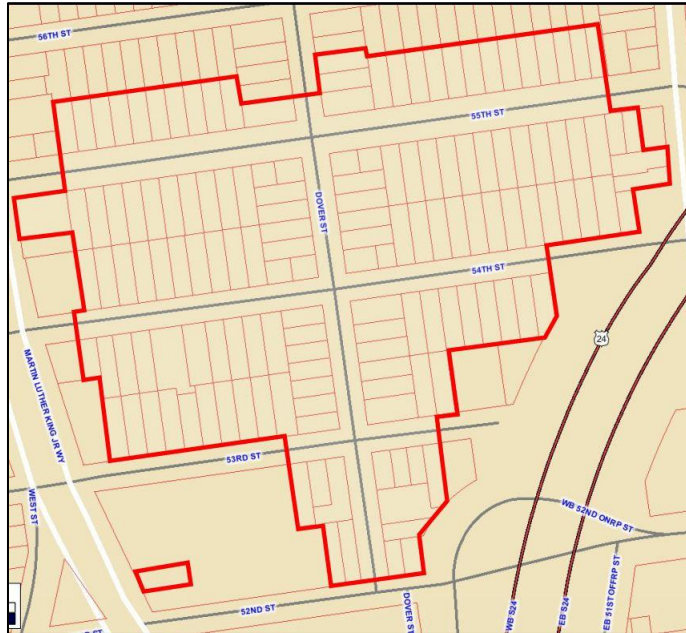


Figure 1. 55th and Dover Residential District boundaries, as identified in the 1996 OCHS Survey.

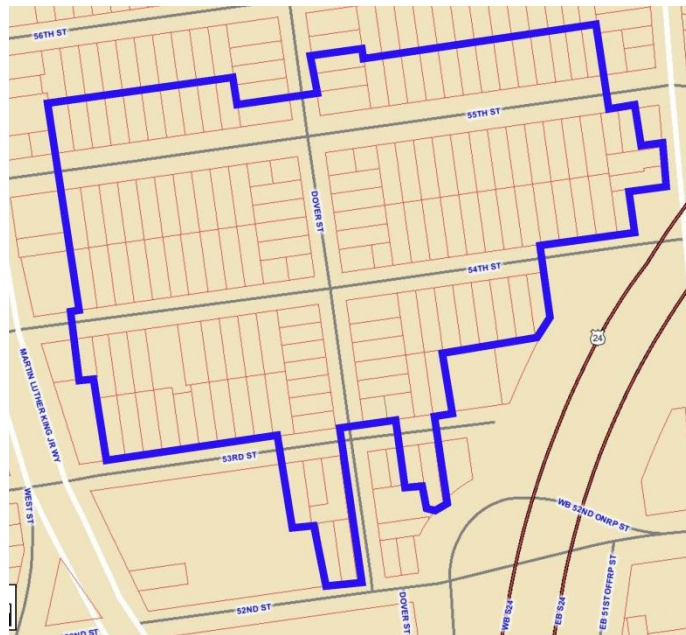


Figure 2. Updated 55th and Dover Residential District boundaries, Page & Turnbull, 2013.

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D6. Significance, Cont.

Historic Context, Cont.

Native American, Spanish, and Mexican Periods

The first residents of the area were members of the Huchiun Ohlone tribe, whose ancestral land spanned the East Bay as far north as current day Richmond. In North Oakland, Huchiun Ohlone people are believed to have settled along the banks of Temescal Creek, which travels east-west through North Oakland to San Francisco Bay. The Huchiun Ohlone built modest, dome-shaped shelters, hunted, fished, and gathered seeds and acorns. The tribe also constructed sweat lodges, known as *temescals*, a word that gives the area its contemporary name.¹

Vicente Peralta became the first person of European descent to settle in the area in 1836, when he constructed an adobe home adjacent to Temescal Creek on land that had been granted to his father by the Mexican government. Peralta eventually came to control land spanning from the Oakland waterfront to the border of Berkeley, which he used to plant orchards and graze massive herds of cattle.

Nineteenth Century Development

The population of Oakland, like all other Bay Area cities and towns, increased dramatically after the Gold Rush in 1849, and in the following decades, Peralta lost most of his land to sale or to squatters. By the 1860s, the area that is now the 55th and Dover Residential District was owned by Solomon E. Alden, a wealthy farmer who had arrived in California from Connecticut in the 1850s. Alden planted (or inherited from the Peralta era) extensive orchards, and was listed by the Oakland Assessor as the fourth wealthiest man in Oakland by the time of his death in 1881. Alden's daughter Elsie married Harvard-educated lawyer John McElrath, and they constructed a large home on Alden family land (**Figure 3**). This house was located on 51st Street just west of Dover Street, and later served as the first home of Children's Hospital of Oakland (established as the Baby Hospital in 1912). The area of North Oakland surrounding the Alden family's holdings was for some years called Alden.

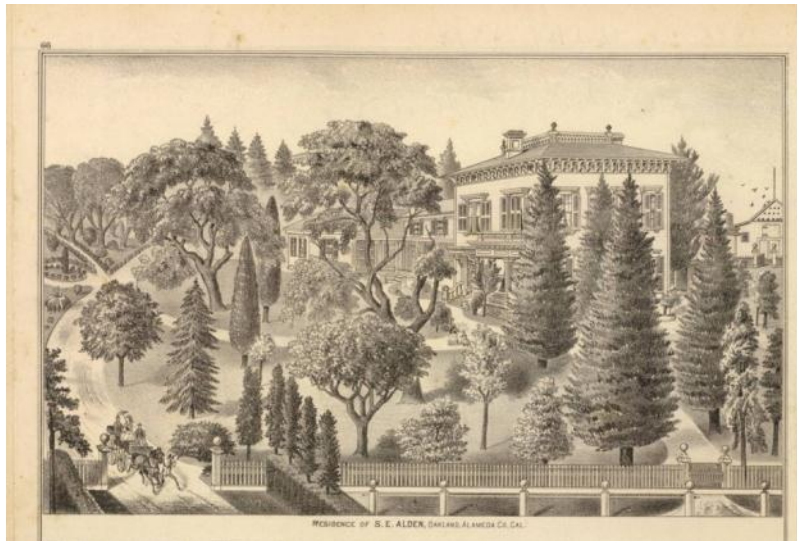


Figure 3: Residence of Solomon Alden, published in Thompson and West, Index Map of Oakland, 1878. Source: The David Rumsey Historical Map Collection.

Although the population in Oakland had increased after the Gold Rush and again increased after the city became the terminus of the Central Pacific trans-continental rail line in 1869, residential settlement during this time was

¹ Jeff Norman, "Original Residents: The Ohlone", the Friends of Temescal Creek Website, accessed November 2013, <http://www.temescalcreek.org/history.html>.

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concentrated close to the downtown core, east and west along the waterfront of the Alameda Estuary, and west into industrial areas that later became known as West Oakland. This concentration reflected the need for most people to live within walking distance of their employment and the lack of reliable public transit options at the time. Settlement began to extend north from Oakland's downtown core after the establishment of a horse-drawn transit line along Telegraph Avenue in 1872, built to service the new Berkeley campus of the College of California (now University of California, Berkeley).² By 1876, steam-powered rail service ran along Shattuck Avenue between Oakland and Berkeley, and electric rail service ran along Grove Street (now Martin Luther King Jr. Way) by 1891. These improvements had the effect of increasing commercial, residential, and even light industrial construction in the unincorporated area between Oakland and Berkeley adjacent to the new transportation lines. Reflecting this increased development, the area of North Oakland which had been known variably as Alden and Temescal officially became part of Oakland by annexation in 1897.

Despite the transportation improvements of the 1870s to 1890s, the area that is now the 55th and Dover Residential District was largely undeveloped prior to the turn of the twentieth century. Although maps show the area platted as the Alpine Tract as early as 1878, this platting was likely the result of early and overly-enthusiastic real estate prospecting, rather than the provision of land that was actually desired and needed for residential settlement.³ As late as 1903, the area was not mapped by the Sanborn Fire Insurance Company, indicating that physical development was sparse enough that it did not warrant inspection by the insurance industry. Adjacent blocks indicate that 51st Street was "not open" at the time, that orchards were still to be found at 51st and Grove streets, and a large vegetable garden was located at 52nd Street and Shattuck Avenue.

Development of Oakland's Streetcar Suburbs: The Key Route System

The Alden and the McElrath families subdivided and sold their land holdings north of Temescal Creek and east of Grove Street around 1900, although John and Elsie McElrath continued to live in their large home at 51st and Dover streets until John's death in 1907. The sales were possibly correlative to a rise in land value after the 1897 annexation and with it the potential for the extension of city services to previously unopened roads. Ownership of the area changed hands rapidly several times in the first decade of the twentieth century. According to Block Book records, owners included H. P. Bancroft; the real estate firm of Holcomb, Breed & Bancroft; and, in 1906, the real estate firm of Heron & Holcomb.

In 1906, E. A. Heron, partner in Heron & Holcomb, was also the vice president of the San Francisco, Oakland & San Jose Railway, an electric streetcar transportation system that was established in 1903 by Francis Marion "Borax" Smith. The San Francisco, Oakland & San Jose Railway, which later became known as the Key Route System, began operating their first streetcar line in October 1903 along Grove Street (now Martin Luther King Jr. Way) between downtown Berkeley and a ferry connection to San Francisco. The Key Route System was from its inception used by Smith as a way to increase revenue for his vast real estate holdings, which he held under the company name of the Realty Syndicate. With the Realty Syndicate, Smith purchased large tracts of undeveloped land, and with the Key Route System, he created a way for buyers to reach this land. Although the area surrounding the 55th and Dover Residential District was never owned by the Realty Syndicate, it was owned by the Key Route's vice president, E. A. Heron. The connection between real estate subdivision and Key Route expansion that is illustrated in this neighborhood—specifically ownership of this land by E. A. Heron, vice-president of San Francisco, Oakland & San Jose Railway (Key Route System)—is a representative example of an important development pattern that shaped much of Oakland in the first decade of the twentieth century.

Construction of the Key Route System's E Line was completed in 1910, although partial service along the line may have begun a few years prior to 1910. Starting at the ferry pier, the route traveled east parallel to 40th Street, northeast parallel to Adeline Street, east along 55th Street, and northeast along Claremont Avenue to a terminus at the Claremont Hotel, which was constructed by the Realty Syndicate to increase ridership on the line. The Realty

² Architectural Resources Group, "City of Berkeley Historic Resources Reconnaissance Survey", January 2007, 59.

³ John Beatty Dykstra, "A History of the Physical Development of the City of Oakland: The Formative Years, 1850-1930", thesis submitted in partial satisfaction of the requirement of the Master of City Planning, University of California, Berkeley, June 13, 1967. 126.

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Syndicate also constructed Idora Park, an amusement park at 56th Street and Telegraph Avenue, which opened in 1903. Idora Park was easily accessible by the E Line. Access to Berkeley was also easy from the 55th and Dover Residential District area. Three blocks west of Grove Street, one could transfer from the E Line to the F Line to Berkeley, or the H Line to North Berkeley via Sacramento Street (**Figures 4 & 5**).⁴ Thus, by 1910 the neighborhood was well connected to San Francisco and the rest of the East Bay by the Key Route System.

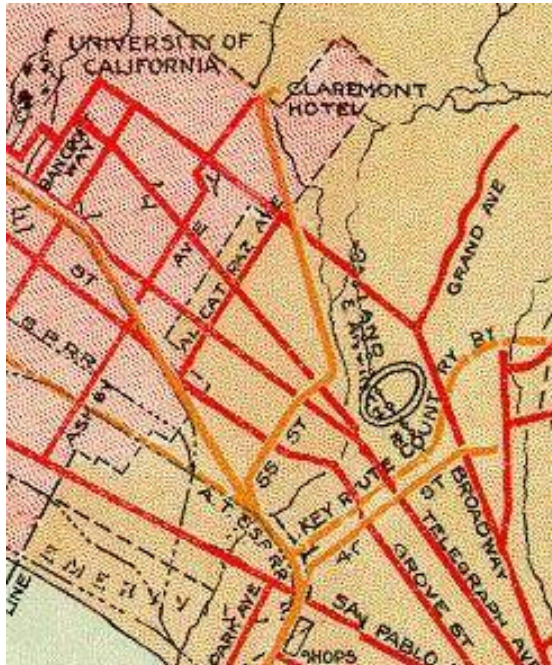


Figure 4: Detail of Key Route System Map, 1911. Source: OB & E Rail online, http://www.oberail.org/page/key_system/#e.



Figure 5: Key Route E Line at 55th Street and Shattuck Avenue, 1944. Source: OB & E Rail online, http://www.oberail.org/page/key_system/#e.

In addition to improvements in transportation, the drastic population increase in Oakland after the 1906 earthquake likely contributed to the rapid settlement of the 55th and Dover Residential District. Immediately after the earthquake, upwards of 200,000 refugees from San Francisco sought shelter in Oakland. It is estimated that only 50,000 of these people moved back to San Francisco, while the bulk of the rest remained to start life anew in Oakland.⁵ A comparison between the Oakland Block Books of 1906 and 1910 shows that while a small proportion of the lots in the 55th and Dover area had been purchased by 1906, very few had been built upon.

By 1910, however, the tract was owned by the real estate firm of Bowles & Fitzgerald and the lots were nearly uniformly sold. Most of the lots had been built upon. Development was so rapid that by the time the Sanborn Fire Insurance Company returned to the area to complete their 1911 map, not only did they include the area that they had eight years ago skipped, their survey shows a residential neighborhood almost completely built out. In the area that is now the 55th and Dover Residential District, which today includes 143 buildings, there were only 34 empty lots in 1911. Twenty-three of the undeveloped lots were along 55th Street, perhaps reflecting a slight reluctance to build directly along the Key System Route. Almost all of the buildings that were extant in 1911 are still extant today. The 1911 Sanborn Map also shows that residential development extended uniformly south to 52nd Street, in areas that have been replaced by contemporary construction by the Children's Hospital (1960-1990s) and the construction of State Route 24 in the late 1960s. A combination of information from Block Books, Sanborn Maps, and building permit records reveals that the majority of construction in the 55th and Dover Residential District took place between 1906

⁴ Daniel Levy, "The Key System", OB & E Rail online, http://www.oberail.org/page/key_system/#e.

⁵ Kevin Fagan, "The Great Quake: 1906-2006—Quake Sparked Boom in East Bay", *The San Francisco Chronicle*, April 14, 2006.

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and 1911, and a survey of the neighborhood conducted in November 2013 reveals that the majority of these buildings remain extant.

Development of the 55th and Dover Residential District appears to have followed a pattern described in James Borchert's essay, "Visual Landscapes of a Streetcar Suburb":

To sell their lots, developers advertised widely and attracted a fairly heterogeneous white, middle class population. Availability, location, cost, and lot size were the major criteria for a family's site selection. [...] Some newcomers purchased lots from developers and either built their own homes, ordered kit houses from Sears, Roebuck, or hired contractors; others rented or purchased lots with homes already built speculatively by developers. Whatever the practice, most builders sited their homes to conform to the setbacks of neighboring ones. [...] As pioneers in a landscape with few support systems, they quickly learned to rely on each other for help and social life.⁶

According to research in the *Polk-Hustead Oakland, Berkeley, and Alameda City Directory* and information in the Federal Census, owners of properties in the 55th and Dover Residential District were people much like Borchert describes. Some properties were constructed by their owners, both for occupancy and for the rental market. Many were built by local contractors. Some contractors built more than one home in the area, including the Legris Brothers, Fred A. Muller, W. J. Bermingham, Wilson Frank and Leander T. Cook; however, no one builder or property owner dominated the area. Architectural styles included the Classic Box and the one-and-a-half story bungalow, sometimes with Classical ornament. Some owners lived in their homes while others used the properties as rental income.

Representative occupations for residents of the area included musician, machinist, bank cashier, molder, partner in a livery firm, helper at a carriage construction firm, manager, and wireworker. A representative sample of residents in the area were all listed as white in the 1910 Federal Census. According to an article in the *San Francisco Call*, in 1911, the Santa Fe [Tract] Improvement Club, which was described as including homeowners and residents of the area from Temescal Creek to the Berkeley town line, and from Telegraph Avenue to Adeline Avenue, represented the largest neighborhood booster group in Oakland, topped only in size by the City's official Chamber of Commerce (Figures 6 & 7).⁷

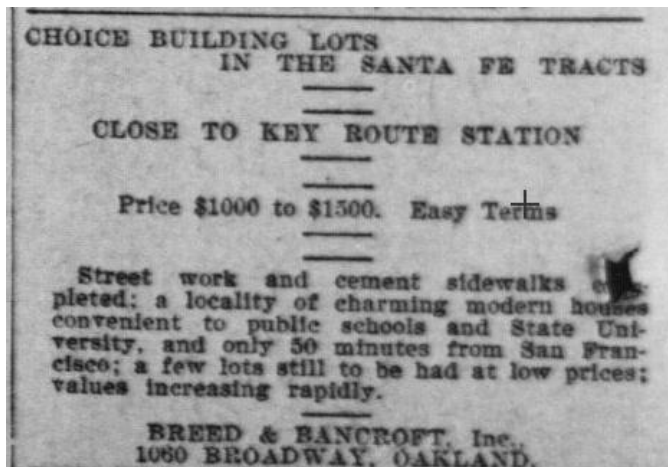


Figure 6: Advertisement for lots in the Santa Fe Tracts, 1907. Source: *San Francisco Call*, February 17, 1907.



Figure 7: Announcement of a theater party, given by the Santa Fe Improvement Club, 1911. Source: *San Francisco Call*, March 11, 1911.

⁶ James Borchert, "Visual Landscapes of a Streetcar Suburb", published in *Understanding Ordinary Landscapes*, ed. Paul E. Groth (Yale University Press, 1997) 38.

⁷ "Improvement Club to Give Theater Party", *San Francisco Call*, March 8, 1911.

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After the Sanborn Fire Insurance Company mapped the area in 1911, construction quickly infilled the remaining empty lots within the boundaries of the 55th and Dover Residential District. Sixteen properties were constructed in 1912 and 1913. After that, construction slowed, with only six properties constructed between 1914 and 1921. A building boom that took place across the entire Bay Area in the 1920s added ten additional properties to the area in 1922 and 1923. Eight additional properties were constructed after 1923; six between 1924 and 1935, and two much later, circa 1970. The 1950 Sanborn Fire Insurance Map shows near complete build-out of the neighborhood.

The street pattern, lot layout, and residential pattern that was established between 1906 and 1913 has largely persevered, despite changes to the area that include the removal of the Key System Route E along 55th Street after 1958, the construction of State Route 24 in the 1960s, the construction of an elevated BART track at Martin Luther King Jr. Way in the 1970s, and the expansion of the Children's Hospital and Research Center from the 1960s through the 1990s. The area also remains well served by public transportation; after the Key Route System ceased operation in 1958, the Alameda Contra Costa Transit District (AC Transit) continued to run bus lines along Martin Luther King Jr. Way, 55th Street, and Shattuck Avenue. In combination with BART, these busy routes continue to connect the district to the broader Bay Area and bound the district in a way that reflects its historic pattern of development.

Evaluation of Significance/California Register Eligibility

The California Register of Historical Resources is an inventory of significant architectural, archeological, and historical resources in the State of California. State Historical Landmarks and National Register-listed properties are automatically listed in the California Register. Evaluation of significance for listing in the California Register is done using four Criteria; Criterion 1 (Events), Criterion 2 (Persons), Criterion 3 (Architecture) and Criterion 4 (Information Potential).

Criterion 1

The 55th & Dover Residential District appears eligible for the California Register of Historical Resources under Criterion 1 (Patterns/Events) as a district that is "associated with events that have made a significant contribution to the broad patterns of our history."⁸ The District is a representative example with integrity of a residential neighborhood that developed rapidly in response to the population increase that followed the 1906 earthquake and the provision of improved streetcar service by the San Francisco, Oakland & San Jose Railway (Key Route System). Between the earthquake in 1906 and the 1910 completion of the Key Route E Line, which ran along 55th Street between the Claremont Hotel and the ferry pier to San Francisco, the 55th and Dover Residential District area developed as a dense residential neighborhood. The connection between real estate subdivision and Key Route expansion that is illustrated in this neighborhood —specifically ownership of this land by E. A. Heron, vice-president of San Francisco, Oakland & San Jose Railway (Key Route System)— was an important development pattern in the City of Oakland in the first decade of the twentieth century. The district was characterized almost uniformly by two-story Classic Box-style houses and one-and-a-half story bungalows constructed by individual builders, rarely under the direction of an architect. By 1911, the neighborhood was more than 75 percent built out; houses of similar scale were built on remaining empty lots in the 1910s and 1920s. This uniformity of scale, style, and era of construction at one point stretched south to 51st Street and east to Shattuck Avenue; construction of State Route 24 in the 1960s and the development of Children's Hospital of Oakland from the 1960s to 1990s has hemmed the District to its current boundaries. While the district is not significant for its architecture (see Criterion 3), the cohesiveness of style and scale of residences characterizes the short period in which the majority of the neighborhood developed.

The period of significance for the 55th and Dover Residential District begins in 1906, the year in which the earthquake caused a rapid population increase in Oakland and also the year that the tract was bought by the Key Route's vice president, E. A. Heron. The period of significance ends in 1913, when the boom of construction in the area slowed as the neighborhood became largely built-out. This period includes the years in which the E Line of the Key Route was constructed along 55th Street, bringing improved public transportation to the area. The 55th and Dover Residential District is significant at the local level, because the two major impetus for its development—the 1906 earthquake and

⁸ "How to Apply the National Register Criteria for Evaluation", (National Register Bulletin 15, National Park Service, revised for the internet 2002, accessed online at <http://www.nps.gov/nr/publications/bulletins/nrb15/>, April 2013)

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the development of the Key Route System—represent regional, rather than state or national, events.

Criterion 2

The 55th and Dover Residential District does not appear eligible for listing in the California Register of Historical Resources under Criterion 2 (Persons). In the course of research, no lives or careers of any individuals (land owners, residents, or builders) who have made important contributions to the history of the city, region, or state were identified in association with the district.

Criterion 3

The 55th and Dover Residential District does not appear eligible for listing in the California Register of Historical Resources under Criterion 3 (Architecture) because the properties in the district do not display exceptional design or especially high artistic values, nor are any of the properties works of master architects or builders.

Criterion 4

The 55th and Dover Residential District also does not appear to be eligible for the California Register of Historical Resources under Criterion 4 (Information Potential), which is related to the potential existence of archeological resources and is beyond the scope of this analysis.

Evaluation of Integrity⁹

The 55th and Dover Residential District retains integrity sufficient to convey its historic significance. As described earlier, construction dates in the district are tightly bounded, with approximately 127 out of 143 extant properties (89%) constructed within the 1906-1913 period of significance. The district retains integrity of location, as the street grid and lot layout have not changed, and the contributing properties have not been moved. Integrity of design is intact because the composition of elements comprising the form, plan, and spatial organization of the district (streets, lots, setbacks, and yards) has not changed since the district's period of significance. Integrity of setting is also largely intact; despite more recent construction surrounding the district, such as State Highway 24, the raised BART tracks on Martin Luther King Jr. Way and Children's Hospital buildings, the physical environment of the district has remained largely the same as it was during its period of significance. The district also retains integrity of feeling, as the original street pattern, lot sizes, transportation patterns, and mixture of housing styles that characterized the district during its period of significance are still present. Integrity of association is also intact, as the district retains its use as a residential district that is both served and bounded by the transportation routes that encouraged its settlement.

The majority of the properties in the district retain sufficient integrity of materials and workmanship to convey the district's historic context and significance. A number of the buildings have undergone façade updates that have altered the original materials. However, these properties tend to display a mixture of original and updated materials such that a sense of their historic appearance is still expressed. For example, buildings may have a mixture of original and updated windows, contemporary composite shingle siding with original windows, or horizontal vinyl siding with original window sills and moldings. Despite some loss of materials and workmanship integrity, the district retains enough fair to excellent examples of construction from the period of significance that integrity of materials and workmanship is intact overall.

Contributing and Non-Contributing Properties

Out of a total of 143 properties within the district boundaries, contributors include the 119 properties that were constructed during the period of significance **and** retain sufficient material integrity to convey their historic significance despite façade alterations, as discussed above (**Figure 8**). These 119 properties receive a California Historic Resource Status Code 3CD ("Appears eligible for CR as a contributor to a CR eligible district through a survey evaluation").

⁹ Evaluation of integrity follows guidelines laid out in the National Register Bulletin, "Historic Residential Suburbs: Guidelines for Evaluation and Documentation for the National Register of Historic Places", (National Register Bulletin, U. S. Department of the Interior, September 2002) 106.

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Non-contributors to the district include the 22 properties constructed outside of the period of significance, as well as two properties (5305-09 Dover and 638-640 55th Street) that were constructed within the period of significance but have undergone such drastic alterations that they no longer convey their era of construction. The non-contributing properties are given California Historic Resource Status Codes of 6Z ("Found ineligible for NR, CR, or Local designation through survey evaluation"). Despite the overarching status code, please note that non-contributing properties constructed outside the established period of significance for the district may be potentially eligible within a different context or reason for significance.

Information about each property and its assigned status codes is listed in property list, which begins on the next page. Information in the property list was collected from the City of Oakland Building Permit records, City of Oakland Tax Assessor's Block Books, Sanborn Fire Insurance Maps, and Husted's (and Polk-Husted's) City Directories for Oakland, Berkeley, and Alameda

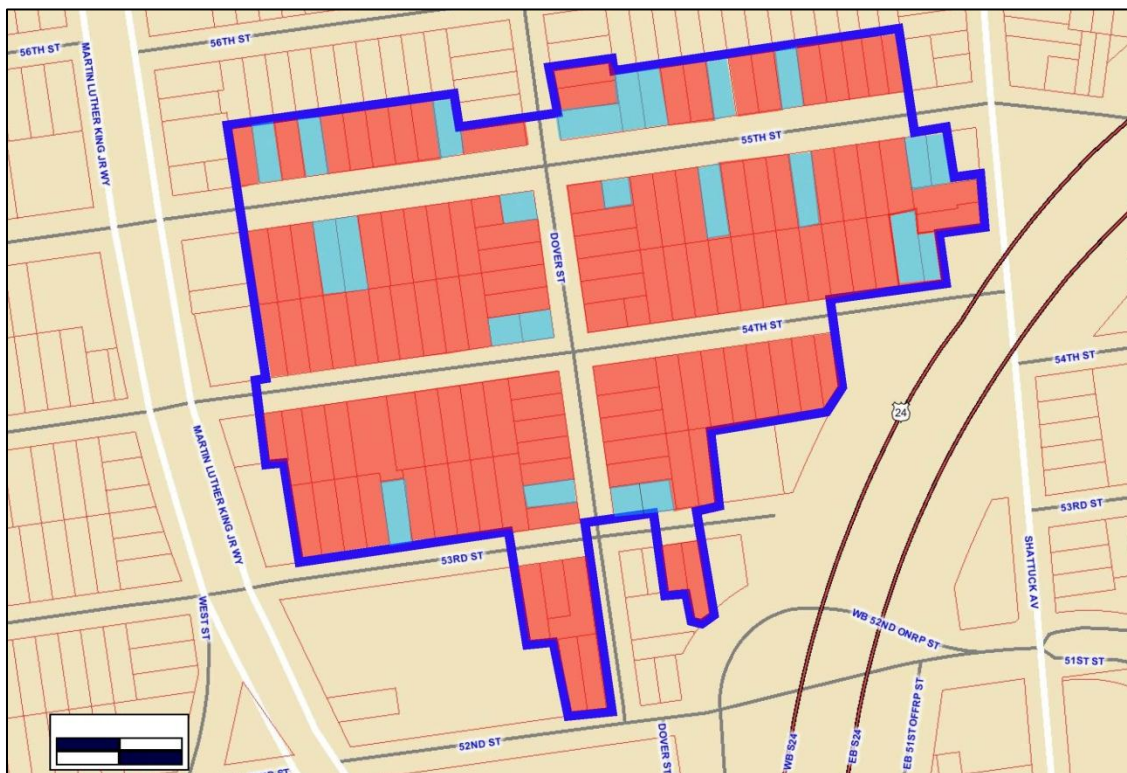


Figure 8. 55th and Dover Residential District, Contributor (red) and Non-Contributor (blue) Map. Page & Turnbull, 2013.

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CONTRIBUTING RESOURCES

Photo and Address	Description	Built Date	Owner/Builder	OCHS Code (1996)	CHRS Code (2013)
 5203 Dover Street	Horizontal wood siding, aluminum windows with original dormer and leaded glass window on Dover Street, enclosed porch at rear.	Between 1906 and 1909 (Block Book)	Owner (1909): J. B. Rudolph, wireworker. Builder: Unknown	D2+	3CD
 5225 Dover Street	Contemporary composite shingle and wood shingle, aluminum and wood sash windows.	November 1908 (original building permit 14339)	Owner: H. M. Swalley (contractor) r. elsewhere Builder: Owner	Not evaluated	3CD
 5301-5303 Dover Street	Horizontal wood siding, Classical pilasters at corners, aluminum sash windows, duplex.	Between 1906 and 1910 (Block Book)	Owner (1910): Nellie S. David Builder: unknown	D2+	3CD
 5310 Dover Street	Horizontal wood siding, vinyl windows, corner bay with peaked roof, lifted with garage at front.	April 1910 (original building permit 19321)	Owner: C. A. Morgan Builder: owner	C2+	3CD
 5311 Dover Street	Horizontal wood siding, wood sash windows, brick chimney and stair, Classical columns and molding details.	Between 1906 and 1910 (Block Book)	Owner (1910): Irving W. Button, contractor, r. 5948 Telegraph. Builder: Unknown (likely owner)	Dc2+	3CD

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 5314-5316 Dover Street	Wood shingle siding, aluminum windows, flared eaves, duplex, reconfigured.	Between 1906 and 1910 (Block Books)	Owner (1910): Ellie F. Damuth Builder: Unknown	Dc2*	3CD
 5315 Dover Street	Horizontal wood siding, aluminum windows, Corinthian columns support broad porch, modillions at eave overhang.	Between 1906 and 1910 (Block Book)	Owner (1910): Edward K. Collins et al., carpenter, r. 825 57th Street Builder: unknown (likely owner)	C2+	3CD
 5318 Dover Street	Horizontal wood siding, wood shingle at gable front, wood sash double hung and diamond multi-lite, corner bay, ornamented bargeboard and simple brackets, multiple side gables.	November 1906 (original building permit 5825)	Owner: O. D. Jacoby Builder: E. R. Jones	C2+	3CD
 5319 Dover Street	Wood shingle at gambrel gable, horizontal wood siding at first story, double hung wood sash windows, bargeboard and large brackets.	March 1908 (original building permit 11758)	Owner: Mrs. Victoria Gensler Builder: R. W. Ryder Architect: H. F. Ryder	C2+	3CD
 5323 Dover Street	Scalloped wood shingles at second story gable, horizontal wood siding at first story, double hung wood sash and aluminum windows. Broad porch supported by wood posts.	April 1907 (original building permit 8246)	Owner: Mrs. Lavinia Hughes Builder: S. S. Kirkham	Dc2+	3CD

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	Horizontal wood siding, vinyl windows at Dover Street, double hung wood sash at 54th Street, Classical ornament including corner pilasters and dentil molding.	1911 (not in 1910 Block Book, is on the 1911 Sanborn)	Owner (1910, no building): Bowles & Fitzgerald. Builder: unknown	Dc2+	3CD
	Wood shingle siding, vinyl casement windows, broad porch supported by columns, flared eaves, brick exposed basement.	October 1906 (original building permit 5257)	Owner: K. L. Watson Builder: J. W. White	C2+	3CD
	Horizontal wood siding, wood sash windows, under scaffolding.	March 1907 (original building permit 7675)	Owner: H. M. Swalley Builder: A. Walker & Son 1910 Owner: H. M. Swalley	Dc2+	3CD
	Horizontal wood siding, double hung wood sash windows, two entrances, clinker brick chimney stack at front.	July 1910 (original building permit 16430)	Owner: E. J. McGurdy Builder: Walker & Bradhoff	C2+	3CD
	Horizontal wood and wood shingle siding, wood windows, dentil molding.	January 1906 (original building permit 1870)	Owner: J. S. Burpee Builder: Frank Wilson 1910 Owner: Theresa Stamper	C2+	3CD
	Stucco cladding, vinyl windows, raised with two contemporary garage doors at front.	April 1908 (original building permit 12130)	Owner: H. W. Neumann Builder: Owner	Dc2*	3CD

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 5420 Dover Street	Horizontal wood siding, vinyl windows, vented front gable.	Between 1909 and 1910 (Block Book)	Owner (1910): G. H. Chappel, molder Builder: Unknown	Dc2+	3CD
 5423 Dover Street	Horizontal wood siding, aluminum windows at first story (reconfigured bay), multi-lite wood sash windows at second story, modillions, entry porch supported by columns.	January 1906 (original building permit 1867)	Owner: J. S. Burpee Builder: Frank Wilson 1910 Owner: H. A. Zeckendorf	Dc2+	3CD
 5424 Dover Street	Horizontal wood siding, aluminum sliding windows, original dormer window, windows reconfigured into bays.	Between 1909 and 1910 (Block Book)	Owner (1910): Amanda Anderson, widow of James Builder: Unknown	Dc2+	3CD
 5425 Dover Street	Contemporary large shingle cladding, wood fixed and multi-lite casement windows, flared eaves, square corner bay, side entrance.	Between 1906 and 1910 (Block Book)	Owner (1910): J. W. Byers Builder: unknown	D2+	3CD
 5430 Dover Street	Contemporary shingle siding, wood sash double hung and casement windows.	Estimated 1912-1913 (not on 1911 Sanborn)	Owner: Unknown (no land owner on 1910 Block Book) Builder: Unknown	Dc2+	3CD
 5501 Dover Street	Shingle cladding at large gable front, horizontal wood siding elsewhere, vinyl windows, dentil molding at windows, flared eaves, curved bay at side façade.	August 1912 (original building permit 28512)	Owner: S. A. Miller Builder: M. F. Mortensen	C2+	3CD

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	Horizontal wood siding, vinyl window at front, wood double hung windows at sides, flared eaves, entry porch with double columns.	April 1907 (original building permit 7991)	Owner: E. D. Roach Builder: M. F. Mortensen	D2+	3CD
	Wood shingle siding, arched wood sash windows with diamond lites at door sidelights and gable, gable peak screen, brackets, extended rafter tails, entrance reconfigured for garage insertion.	November 1909 (original building permit 17674)	Owner: H. M. Swalley Builder: owner	C2+	3CD
	Former religious building, contemporary composite shingle, exposed rafters and carved brackets.	Estimated 1911 (Block Book, Sanborn Map)	Owner (1910, no improvements): Wardens and Vestrymen, Trinity Parish Builder: unknown	Dc2+	3CD
	Contemporary composite shingle, double hung wood sash windows, entry porch with exposed rafter tails, clinker brick chimney.	Estimated 1912 to 1913 (not on 1911 Sanborn)	Owner (1910, no improvements): Wardens and Vestrymen, Trinity Parish Builder: unknown	Dc2+	3CD
	Horizontal wood siding, vinyl windows, original multi-lite dormer window, side entry porch.	December 1906 (original building permit 6385)	Owner: William H. Keifer, vice-president, Oakland Builder's Supply. Builder: Owner Architect: T. D. Newsom	D2+	3CD
	Wood shingle siding, aluminum sash windows, clinker brick porch posts, broad porch.	May 1909 (original building permit 16041)	Owner: George B. Genereaux, r. at this address, 1910. Builder: G. J. Anloff, Manager, Mercer-Hodgson Improvement Co., Oakland Architect: same	C2+	3CD

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 671 53 rd Street	Wood shingle cladding, wood sash windows, aluminum at dormer, side entry porch.	August 1906 (original building permit 4474)	Owner: Edw. David Builder: C. F. Kreischer	C2+	3CD
 674 53 rd Street	Permastone siding, aluminum sash windows, flared eaves, enclosed porch.	June 1909 (original building permit 16109)	Owner: Jno. Storer Builder: Keating Bradford Co. (William Keating, emp. Oakland Realty Inv. Co.)	Fc2+	3CD
 675 53 rd Street	Stucco cladding, multi-lite casement windows at a reconfigured bay, original dormer window, side entry, and contemporary stone stairs.	June 1908 (original building permit 12783)	Owner: L. B. Hanson Builder: E. K. Collins	Dc2+	3CD
 707 53 rd Street	Wood shingle siding, wood casement windows with multi-lite transoms, flared eaves and dormers.	April 1907 (original building permit 8077)	Owner: Anna Walker Builder: A. Walker & Sons (in 1910 known as Walker & Bradhoff, with P. Frank Bradhoff) Architect: W. A. Walker	C2+	3CD
 714 53 rd Street	Wood shingle siding, double hung wood sash windows, corner bay, sunken roof, side entry porch.	Between 1906 and 1909 (Block Book)	Owner (1909): C. E. Wood or Ward Builder: unknown	C2+	3CD
 715 53 rd Street	Contemporary composite shingle siding, vinyl windows, flared eaves, dormer, and barge boards, contemporary porch rails.	Between 1906 and 1909 (Block Book)	Owner (1909): J. V. Galindo, manager. Builder: Unknown	Dc2+	3CD

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 720 53 rd Street	Contemporary composite shingle siding, aluminum sash windows, double entry.	Between 1906 and 1909 (Block Book)	Owner (1909): Peter Olson Builder: Unknown	Fd2+	3CD
 726 53 rd Street	Wood shingle cladding, aluminum sash windows, corner bay, side entry porch.	Between 1906 and 1909 (Block Book)	Owner (1909): Evelyn Webster Builder: Unknown	D2+	3CD
 732 53 rd Street	Horizontal wood siding, aluminum sash windows, side entry porch.	Between 1906 and 1909 (Block Book)	Owner (1909): Margaret Paul Builder: unknown	D2+	3CD
 738 53 rd Street	Contemporary composite shingle siding, aluminum sash windows, flared eaves, corner bay, side entry porch.	July 1906 (original building permit 3600)	Owner: A. R. Babcock Builder: C. S. Barnard	D2+	3CD
 748 53 rd Street	Stucco cladding, vinyl windows, original dormer window, flared eaves.	March 1907 (original building permit 7580)	Owner: Margaret Duveneck Builder: Matthews & Epply	D2+	3CD
 754 53 rd Street	Stucco cladding, shingle at dormer, double hung wood sash windows, exposed rafter tails, side entry porch	Between 1909 and 1910 (Block Book)	Owner (1910): A. J. Snyder, real estate broker. Builder: Unknown	Dc2+	3CD

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	Contemporary composite shingle cladding, aluminum sash windows, flared front gable roof with vent and scalloped shingles, flared eaves.	December 1906 (original building permit 6413)	Owner: G. H. Pinkerton, helper, Oakland Carriage Works. Builder: Owner	Dc2+	3CD
	Contemporary composite shingle cladding, wood sash double hung windows, diamond sash multi-lite window at dormer, brick chimney.	December 1906 (original building permit 6184)	Owner: F. S. Morsman, partner in Cook & Morsman, livery, resides elsewhere. Builder: Owner Architect: J. W. Bagley, Jr.	Dc2+	3CD
	Horizontal wood siding, multi-lite over single double hung windows, multi-lite dormer window, entry porch with extended rafter tails.	March 1907 (original building permit 7760)	Owner: Guy A. Dunn Builder: A. F. Nordman Architect: A. H. Peterson	Dc2+	3CD
	Horizontal wood siding, reconfigured front window arrangement, aluminum windows at front, wood windows at sides and dormer.	April 1910 (original building permit 19387)	Owner: D. Magee Builder: Legris Brothers	C2+	3CD
	Wood shingle siding, aluminum sash sliding windows at front and sides, side entry, vented gable.	August 1907 (original building permit 9559)	Owner: Mrs. K. L. Cousins Builder: R. H. Van Sant Architect: J. H. Thomas	D2+	3CD
	Wood shingle siding, vinyl windows at first story, original dormer windows, broad porch, brick chimney.	August 1907 (original building permit 9797)	Owner: Mary M. Buswell Builder: owner	Dc2+	3CD

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 631 54th Street	Horizontal wood siding at first story, some original multi-lite windows, aluminum sliding windows, original window at dormer.	January 1907 (original building permit 6429)	Owner: Ed. Lamb Builder: owner	Dc2+	3CD
 634 54th Street	Horizontal wood siding, wood double hung windows, Classical detailing including engaged corner pilasters with Corinthian capitals.	September 1908 (original building permit 13796)	Owner: G. W. Farwell Builder: Alex C. Wieben	D2+	3CD
 635 54th Street	Horizontal wood siding, aluminum sliding windows, matches 639 54th Street.	April 1907 (original building permit 7941)	Owner: G. L. Brownell Builder: W. J. Bermingham	D2+	3CD
 638 54th Street	Horizontal wood siding, wood sash windows, some vinyl sash windows, wide porch supported by Classical columns with Corinthian columns.	Between 1906 and 1910 (Block Book)	Owner (1910): G. W. Farwell Builder: unknown	C2+	3CD
 639 54th Street	Horizontal wood siding, aluminum sliding windows, matches 635 54th Street.	Estimated 1910 (Block Book)	Owner (1910): Emily A. McInerney Builder: unknown	D2+	3CD
 642 54th Street	Contemporary composite shingle siding, double hung wood windows at the first story, aluminum at second story, exposed rafter tails.	April 1909 (original building permit 15633)	Owners: Mr. & Mrs. J. Todd Builder: H. D. Koch Architect: S. P. Koch	D2+	3CD

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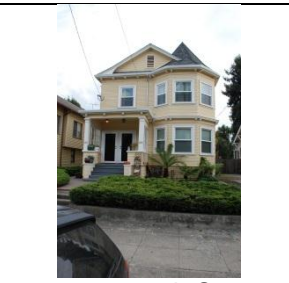
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 <p>643 54th Street</p>	<p>Horizontal wood siding, contemporary second story addition, raised, wood sash windows at first story, broad porch supported by Corinthian columns, dentil molding.</p>	<p>August 1907 (original building permit 13245)</p>	<p>Owner: W. C. Webster Builder: Bond & Sullivan</p>	<p>C2+</p>	<p>3CD</p>
 <p>646 54th Street</p>	<p>Contemporary composite shingle siding, vinyl windows, exposed rafter ends and extended tails.</p>	<p>Between 1909 and 1910 (Block Book)</p>	<p>Owner (1910): Agnes Feudner Builder: Unknown</p>	<p>Dc2+</p>	<p>3CD</p>
 <p>647 54th Street</p>	<p>Horizontal vinyl siding, aluminum sliding windows, clinker brick chimney at front, brackets, side entry porch.</p>	<p>May 1908 (original building permit 12444)</p>	<p>Owner: A. Tregoning Builder: O. A. Schroeder</p>	<p>Dc2+</p>	<p>3CD</p>
 <p>650-652 54th Street</p>	<p>Horizontal wood siding, aluminum windows with original wood sills. Garage at exposed basement.</p>	<p>Estimated 1909 (Block Book)</p>	<p>Owner (1910): E. W. Condon et al Builder: Unknown</p>	<p>Dc2+</p>	<p>3CD</p>
 <p>653-655 54th Street</p>	<p>Wood shingle at gable front, horizontal wood siding elsewhere, vinyl windows, curved bargeboard, flared peak roof at tower.</p>	<p>October 1906 (original building permit 4983)</p>	<p>Owner: J. H. Merguire Builder: W. J. Bermingham</p>	<p>C2+</p>	<p>3CD</p>

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	Horizontal wood siding, vinyl windows, original Classical ornament, entry porch supported by wood columns.	Estimated 1909 (Block Book)	Owner (1910): W. P. Rohde Builder: Unknown	C2+	3CD
	Wood shingle and horizontal wood siding, wood casement and multi-lite windows, entry porch supported by compound beam and joist columns.	October 1908 (original building permit 13981)	Owner: E. E. Barnickol Builder: Fred Darnall & Co. Architect: J. Cather. Newsom, 1668 O'Farrell, San Francisco.	B2+	3CD
	Stucco cladding at front, horizontal wood siding at sides, vinyl windows with wood sash sidelights, reconfigured entrance.	August 1908 (original building permit 13495)	Owner: Hans Larsen Builder: H. Franberg	D2+	3CD
	Stucco cladding, wood casement and fixed windows at front and sides, duplex, exposed rafter tails.	Estimated 1911 (Block Book, Sanborn Map), reconfigured with new second story, 1920s.	Owner: unknown Builder: unknown	D2+	3CD
	Vinyl siding and vinyl windows, reconfigured entrance.	March 1907 (original building permit 7484)	Owner: C. A. Murdock Builder: R. F. Hughes	D2+	3CD
	Stucco cladding, aluminum sash windows, flared eaves, corner bay.	1910 (shows up on Block Book between 1909 and 1910)	Owner: E. I. Hatch Builder: Unknown	Dc2+	3CD

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 711-713 54th Street	Horizontal wood siding, primarily wood windows (some multi-lite fishscale) with some vinyl, arched windows at second story, Classical ornament including dentil molding and floral swags.	Estimated between 1906 and 1909 (Block Book)	Owner (1909): Emma Tilgner Builder: Unknown	B2+	3CD
 717 54th Street	Stucco clad, wood double hung multi-lite windows, bargeboard, brackets, extended rafter tails.	September 1913 (original building permit 32712)	Owner: Col. C. M. Gasso or Grasso Builder: D. W. Stanage or Strange	C2+	3CD
 719 54th Street	Horizontal wood siding, aluminum windows with leaded sidelights, reconfigured entrances.	August 1906 (original building permit 3928)	Owner: J. W. Byers Builder: Owner	Dc2+	3CD
 722 54th Street	Horizontal wood siding, double hung wood sash windows, diamond pane sidelights, wide porch, original dormer window.	May 1909 (original building permit 16001)	Owner: P. P. Phamet Builder: C. F. Legris	C2+	3CD
 725 54th Street	Horizontal wood siding, vinyl windows, partially enclosed porch, dentil molding, original dormer window.	June 1909 (original building permit 16141)	Owner: L. J. Waldiat Builder: C. F. Legris	D2+	3CD
 726 54th Street	Wood shingle siding, some wood double hung windows, original dormer multi-lite window, exposed rafter ends.	January 1907 (original building permit 6938)	Owner: A. McClelland Builder: Owner	C2+	3CD

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 730 54th Street	Horizontal wood siding, wood sash windows, prominent new garage, low pitch front gable over wide porch.	May 1907 (original building permit 8695)	Owner: A. M. Emerson Builder: owner	D2+	3CD
 736 54th Street	Vinyl siding, vinyl and aluminum windows, original dormer window, reconfigured primary façade.	November 1906 (original building permit 5880)	Owner: Harry Williams Builder: owner	Dc2+	3CD
 737 54th Street	Stucco siding, aluminum windows, some wood windows at second story.	January 1909 (original building permit 1899)	Owner: Harry Butler Builder: Durham and Tarbox	Dc2+	3CD
 740 54th Street	Horizontal wood siding, double hung wood windows at first story, aluminum windows at second story, shed roof belt course, exposed rafter ends.	October 1906 (original building permit 4738)	Owner: George A. Gordon Builder: Owner	C2+	3CD
 747 54th Street	Stucco cladding, mix of wood casement, wood double hung, and aluminum windows, original doors, flared eaves, two hipped dormers, U-shaped footprint.	August 1906 (original building permit 4449)	Owner: Maxine E. Butler Builder: E. Hoffman Architect: C. M. Cook	C2+	3CD
 750 54th Street	Vinyl siding, aluminum and vinyl windows, shaped bargeboards, reconfigured primary façade.	February 1908 (original building permit 11574)	Owner: Emily and Eva and Ben McInerney Builder: Chase & Florian	C2+	3CD

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 752 54th Street	Wood shingle siding, wood sash double hung windows, diamond multi-lite dormer window, wide porch.	1903 (Oakland Parcel Map)	Owner (1910): Ann Young Builder: Unknown	C2+	3CD
 755 54th Street	Horizontal wood siding, wood double hung multi-lite windows, porch supported by double posts.	Between 1909 and 1910 (Block Book)	Owner (1910): George Nickerson Builder: Unknown	C2+	3CD
 758 54th Street	Wood shingle siding, vinyl siding, enclosed porch with multi-lite wood windows, wide porch supported by shingled posts.	October 1907 (original building permit 10741)	Owner: Edwin C. Hatch Builder: W. J. Bermingham Architect: Thomas Bermingham	C2+	3CD
 761 54th Street	Horizontal wood siding, vinyl windows, raised with garage at front façade.	July 1908 (original building permit 13091)	Owner: Thomas McClean Builder: Thomas Kerss	D2+	3CD
 764 54th Street	Horizontal wood siding, vinyl windows, raised with windows at exposed basement, enclosed porch.	Estimated between 1906 and 1910 (Block Book)	Owner (1910): Ada B. Metcalf Builder: Unknown	D2+	3CD
 767 54th Street	Horizontal wood siding, wood sash windows, flared eaves, exposed rafter ends.	November 1907 (original building permit 10924)	Owner: George Shrider Builder: Owner	C2+	3CD

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 768 54th Street	Wood shingle cladding, aluminum windows, bargeboards and exposed rafter ends and brackets.	December 1906 (original building permit 6566)	Owner: W. G. Metcalf Builder: W. J. Bermingham	Dc2+	3CD
 771 54th Street	Horizontal wood siding at first story, shingle at second story, vinyl windows, altered entry.	Between 1909 and 1910 (Block Book)	Owner (1910): H. Wegener Builder: Unknown	C2+	3CD
 614 55 th Street	Stucco and horizontal wood siding, vinyl windows, reconfigured façade, side entrance, brackets and bargeboards.	June 1909 (original building permit 16105)	Owner: Norris English, mining executive, resided in San Francisco. Builder: Leander T. Cook, contractor, Oakland.	C2+	3CD
 617 55 th Street	Horizontal wood siding, lifted to insert at-grade basement, wood ogee lug windows at the first story, original dormer window, vinyl windows at the basement.	January 1912 (original building permit 26284)	Owner: Edw Leitner (sic), contractor, Leiter & Sons, resides elsewhere, 1915. Builder: Benjamin. R. Dexter, contractor.	C2+	3CD
 618 55 th Street	Horizontal and shingle wood siding, front bay with brick hearth, wood windows, some multi-lite.	June 1909 (original building permit 16106)	Owner: Norris English, mining executive, resides in San Francisco. Builder: Leander. T. Cook, contractor, Oakland.	C2+	3CD
 621-623 55 th Street	Horizontal wood siding, wood sash ogee lug windows, original ornament.	August 1907 (original building permit 13230)	Owner: J. E. and Gracie J. Van Hoosian Builder: Edw Larmer, contractor.	C2+	3CD

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 622 55th Street	Horizontal wood siding, aluminum windows, reconfigured door and porch.	September 1910 (original building permit 20992)	Owner: George Slissman, musician. Builder: C. A. Salter, unlisted.	D2+	3CD
 627-631 55 th Street	Stucco cladding, aluminum sash windows at first story, wood sash with diamond lite upper panes at second story, corner bays, exposed rafter ends and extended tails.	July 1908 (original building permit 13092)	Owner: H. D. and Annie E. Webster Builder: J. E. Loomer	Dc2+	3CD
 628 55 th Street	Stucco siding, vinyl windows, stone porch, brick stair, extended rafter tails.	Estimated 1912-1913 (not on 1911 Sanborn)	Land owned in 1910 by Matilda Leonard, no improvements. Builder: unknown	Dc2+	3CD
 633 55 th Street	Horizontal wood siding, mix of wood sash fixed and vinyl sash double hung windows, entry porch with columns, upper story façade reconfigured.	Between 1906 and 1910 (Block Book)	Owner (1910): J. N. Spencer Builder: unknown	D2+	3CD
 636 55 th Street	Lifted to include at-grade basement, horizontal wood siding, vinyl windows with original dills and original dormer window, columns at porch,	March 1910 (original building permit 18829)	Owner: Fred A. Muller, contractor, Morris & Muller. Builder: Fred A. Muller	D2+	3CD
 643 55 th Street	Wood shingle siding, double hung wood sash windows at the first story, aluminum sash windows at the second story, brick chimney at primary façade, leaded stained glass windows at side facades.	Between 1906 and 1910 (Block Book)	Owner (1910): Kate T. Cousins Builder: Unknown	D2+	3CD

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 644 55 th Street	Stucco siding, aluminum windows at front, original wood windows at gable and sides, flared eaves.	June 1910 (original building permit 20016)	Owner: Mrs. Carrie L. Rowell Builder: Owner	C2+	3CD
 647 55 th Street	Stucco siding, wood sash fixed and double hung windows with ogee lugs, Classical ornament, entry porch with columns.	Between 1906 and 1910 (Block Book)	Owner (1910): John B. Coe Builder: Unknown	Dc2+	3CD
 648-650 55 th Street	Horizontal wood siding, aluminum sash windows, original wood dormer window.	Between 1906 and 1910 (Block Book)	Owner (1910): Jonathan McKay Builder: Unknown	Dc2+	3CD
 653 55 th Street	Wood shingle cladding, double hung wood sash windows with diamond lites, side entry porch.	May 1908 (original building permit 12470)	Owner: O. E. Moors Builder: Charles Burrell	C2+	3CD
 656 55 th Street	Stucco cladding, aluminum sash windows at front, leaded stained glass and wood sash windows at sides, exposed rafter tails, porch with tapered posts.	August 1913 (original building permit 32557)	Owner: James Young, contractor, living on Aileen Street. Builder: Owner	D2+	3CD
 659 55 th Street	Wood shingle siding, wood sash fixed and double hung windows, brick basement and chimney, brackets and bargeboard.	January 1908 (original building permit 11384)	Owner: Mrs. W. R. Hayford Builder: O. A. Schroeder	Dc2+	3CD

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 660 55 th Street	Horizontal vinyl siding, vinyl windows at front and sides, original dormer window. Detached garage.	Between 1906 and 1910 (Block Book)	Owner (1910): Florence R. O'Brien Builder: Unknown	Dc2+	3CD
 665 55 th Street	Horizontal wood siding, wood sash windows with ogee lugs, cornice ornament, modillions, glazed wood leaf garage doors.	May 1910 (original building permit 19523)	Owner: A. Morgensen Builder: Owner	C2+	3CD
 671 55 th Street	Wood shingle cladding, wood multi-lite casement windows, wood stair and porch.	March 1909 (original building permit 15277)	Owner: T. D. Courtright Builder: Owner	C2+	3CD
 721 55 th Street	Horizontal wood siding, vinyl siding, central entry porch with posts, overhanging eaves.	December 1913 (original building permit 33775)	Owner: George W. Nunes Builder: Owner	D2+	3CD
 722 55 th Street	Wood shingle cladding, vinyl windows, two angled bays at primary façade.	Between 1906 and 1910 (Block Book)	Owner (1910): A. I. Goodfriend Builder: unknown	D2+	3CD
 725 55 th Street	Horizontal wood siding, wood double sash windows, full width porch supported with columns and carved balusters. Possibly lifted; wood window at exposed basement.	August 1910 (original building permit 20517)	Owner: George Schrider Builder: C. O. Bradhoff	C2+	3CD

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 726 55 th Street	Wood shingle cladding, brick basement, vinyl windows at primary façade, wood multi-lite at dormer and door sidelights. Stone chimney.	Estimated 1912-1913 (not on 1911 Sanborn)	Owner: unknown Builder: unknown	Dc2+	3CD
 729 55 th Street	Horizontal wood siding, double hung wood sash windows, full width porch with double posts, lifted, glazed wood leaf garage doors at exposed basement.	December 1909 (original building permit 18049)	Owner: L. H. Legris Builder: owner	D2+	3CD
 731 55 th Street	Horizontal wood siding, wood and vinyl windows at first story, wood windows at exposed basement and dormer, wood stair to entry porch.	November 1909 (original building permit 17838)	Owner: L. H. Legris Builder: owner	D2+	3CD
 732 55 th Street	Horizontal wood siding, vinyl casement at first story, wood multi-lite dormer window. Full width porch with wrought iron posts.	Between 1906 and 1910 (Block Book)	Owner (1910): Ida and August O. Nussbaum Builder: unknown	Dc2+	3CD
 735 55 th Street	Horizontal wood siding, double hung wood sash windows, engaged pilasters, contemporary stair.	1911 (on Sanborn, not in 1910 Block Book)	Owner (1910 Block Book, unimproved): Bessie Westerich Builder: unknown	D2+	3CD
 736 55 th Street	Horizontal wood siding, aluminum windows at first story, wood multi-lite dormer window, entry porch with columns.	Estimated 1912-1913 (not on 1911 Sanborn)	Owner (1910): Fred. A. Miller (no improvements) Builder: unknown	Dc2+	3CD

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	Horizontal wood siding, aluminum windows, shallow bay, brick side porch.	March 1908 (original building permit 11718)	Owner: George Schrider Builder: Schrider & Hart Architect: E. G. Hart	D2+	3CD
	Stucco and contemporary horizontal siding, aluminum sash casement and fixed windows, front-gable entry porch, brackets and bargeboards.	Estimated 1912-1913 (not on 1911 Sanborn)	Owner (1910): A. M. Foster (no improvements) Builder: unknown	Dc2+	3CD
	Horizontal wood siding, wood multi-lite sash windows, brick chimney, full width porch with posts, raised with wood garage door.	Estimated 1912-1913 (not on 1911 Sanborn)	Owner (1910): George Schrider (no improvements) Builder: unknown	Dc2+	3CD
	Horizontal wood siding, vinyl windows at first story, original dormer window, modillion details, entry porch with columns.	January 1910 (original building permit 18226)	Owner: Fred A. Muller Builder: owner	C2+	3CD
	Stucco cladding, wood sash multi-lite windows at front and sides, brackets and bargeboard, reconfigured shed-roof porch.	Estimated 1912-1913 (not on 1911 Sanborn)	Owner: unknown Builder: unknown	Dc2+	3CD
	Horizontal and wood shingle siding, vinyl windows at first story, wood multi-lite casement windows at side and dormer, extended rafter posts at dormer. Side entry porch.	Estimated 1912-1913 (not on 1911 Sanborn)	Owner: unknown Builder: unknown	Dc2+	3CD

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767 55th Street

Stucco at basement, wood shingle cladding at first story. Wood fixed and double hung windows, vent at gable front. Brackets and bargeboard. Shed-roof porch with posts.

January 1913
(original
building permit
30246)

Owner: A. C. Pfrang
Builder: owner

D2+

3CD

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NON-CONTRIBUTING PROPERTIES

Photo and Address	Description	Built Date	Owner	OCHS Code (1996)	CHRS Code (2013)
 5305-5309 Dover Street	Stucco cladding, vinyl windows, reconfigured primary façade, duplex, visible hipped roof behind parapet.	October 1906 (original building permit 5005)	Owner: W. A. Cross Builder: J. W. White Architect: Christopher M. Cook, Bank Building, Oakland.	Dc2+	6Z
 678 53 rd Street	Stucco cladding, wood sash casement windows, brick stair to porch.	Estimated 1930s.	Owner: unknown Builder: unknown	Not evaluated	6Z
 682 53 rd Street	Stucco cladding, vinyl windows, brick stair to entry porch.	Estimated 1930s.	Owner: unknown Builder: unknown	D2-	6Z
 744 53 rd Street	Contemporary construction	No info	No info	Not evaluated	6Z
 608 54th Street	Stucco siding, wood sash fixed and casement windows at front, aluminum sash windows at side, brick chimney.	April 1920 (original building permit 55740)	Owner: George W. Anderson Builder: William Simms	D2+	6Z

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 <p>612 54th Street</p>	<p>Stucco siding, wood multi-lite fixed and casement windows, wood garage doors, multi-unit building.</p>	<p>March 1925 (original building permit A2110)</p>	<p>Owner: L. Jorgensen Builder: John Lehman</p>	<p>D2+</p>	<p>6Z</p>
 <p>700 54th Street</p>	<p>Stucco cladding, double hung multi-lite wood sash windows (few vinyl replacements), exposed rafters and tails, deep eaves, cross gable.</p>	<p>Estimated 1930s (not on 1911 Sanborn)</p>	<p>Owner (1910): Bowles & Fitzgerald (unimproved land) Builder: unknown</p>	<p>D2+</p>	<p>6Z</p>
 <p>712 54th Street</p>	<p>Stucco cladding, wood sash windows, entry porch enclosed with security gate.</p>	<p>March 1915 (original building permit 32712)</p>	<p>Owner: C. B. Coit Builder: Roger Coit</p>	<p>D2+</p>	<p>6Z</p>
 <p>607 55th Street</p>	<p>Stucco cladding, aluminum windows at the primary façade wood sash windows at sides, garage reconfigured.</p>	<p>August 1923 (original building permit 81660)</p>	<p>Owner: J. O. O'Conner, Builder: F. A. Anderson</p>	<p>D2+</p>	<p>6Z</p>
 <p>611 55th Street</p>	<p>Stucco cladding, wood sash windows, flush garage.</p>	<p>August 1923 (original building permit 81661)</p>	<p>Owner: J. O. O'Conner, Builder: F. A. Anderson</p>	<p>D2+</p>	<p>6Z</p>

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 637 55 th Street	Stucco cladding, mix of original casement and vinyl double sash windows at front façade, exposed rafter beams, entry porch with columns.	October 1922 (original building permit 73464)	Owner: S. H. Wade Builder: C. T. Moore	D2+	6Z
 638-640 55 th Street	Reconfigured primary façade, wood shingle siding, vinyl windows.	August 1909 (original building permit 16786)	Owner: Minnie M. Estay Builder: Charles. A. Doss, contractor.	D2+	6Z
 652-654 55 th Street	Stucco siding, wood sash fixed and multi-lite windows, original garage doors.	June 1923 (original building permit 80002)	Owner: Miss Ivers Builder: Owner	D2+	6Z
 655 55 th Street	Stucco cladding, vinyl windows, side entrance porch with columns, exposed rafter beams.	October 1924 (original building permit 97761)	Owner: J. M. Bandy Builder: owner	Dc2+	6Z
 670 55 th Street	Stucco siding, vinyl windows at front, wood and vinyl at sides. Brackets at gable, arched entry porch.	March 1924 (original building permit 89422)	Owner: N. Nyman Builder: E. Lundberg, cementworker living in Oakland.	D2+	6Z
 676 55 th Street	Horizontal wood siding, aluminum fixed and casement windows at front, brick chimney, entry porch with stucco columns.	Estimated 1920s (not on 1911 Sanborn)	Owner: Unknown Builder: Unknown	D2+	6Z
 680 55 th Street	Contemporary construction, multi-unit building, stucco cladding, flat roof	After 1950 (not on 1950 Sanborn)	Owner: Unknown Builder: Unknown	F2-	6Z

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 681 55 th Street	Horizontal wood siding, vinyl windows, brick chimney, second story addition.	February 1914 (original building permit 34141)	Owner: R. C. Jensen Builder: Owner	D 2+	6Z
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APPENDIX B5

City of Oakland Rating Forms



Oakland Cultural Heritage Survey
Oakland City Planning Department

EVALUATION SHEET

ES

Common (and Historic) Name(s) Children's Hospital A/B wing (C), Baby Hospital (H)
Address/Location 747 52nd Street

A. VISUAL QUALITY/DESIGN

1. Exterior L-plan with prominent solarium bays, arcade, terra cotta frieze E ☒ VG ☐ G ☐ FP
2. Interior (list best spaces first) multiple rooflines + tower E ☐ VG ☐ G ☐ FP
- Space 1 sunny rooms + double-loaded corridors - no public access, N/A E ☐ VG ☐ G ☐ FP
- Space 2 E ☐ VG ☐ G ☐ FP
- Other Spaces E ☐ VG ☐ G ☐ FP
3. Construction pressed brick on RC, TC roof tile, extensive glazing E ☐ VG ☐ G ☐ FP
4. Designer/Builder EW Cannon E ☐ VG ☐ G ☐ FP
5. Type/Style 1920s Mediterranean institutional bldg, fine/mans E ☐ VG ☐ G ☐ FP
6. Supportive Elements magnolia tree, compatible 1940s addition, retains original occupant E ☐ VG ☐ G ☐ FP

B. HISTORY/ASSOCIATION

7. Person/Organization Children's Hospital, women's welfare organization T-K E ☐ VG ☐ G ☐ FP
8. Event E ☐ VG ☐ G ☐ FP
9. Patterns Progressive-era public health/social welfare organizations E ☐ VG ☐ G ☐ FP
10. Age 1926 dev't of specialized med. for children E ☐ VG ☐ G ☐ FP

C. CONTEXT

11. Continuity part of Chil. Hosp. complex, not considered a district E ☐ VG ☐ G ☐ FP
12. Familiarity front concealed by newer bldgs. from street view, but brick roofs + towers prominent from Hwy, "billboard" for Ch. Hsp E ☐ VG ☐ G ☐ FP

D. INTEGRITY

13. Condition well maintained, upgraded for current uses E ☐ VG ☐ G ☐ FP
14. Exterior Alterations 1946-48 addition - compatible modern add. but eliminates entry arcade - overall character remains E ☐ VG ☐ G ☐ FP
15. Interior Alterations reconfigured + resurfaced - not public areas, N/A E ☐ VG ☐ G ☐ FP
- Space 1 E ☐ VG ☐ G ☐ FP
- Space 2 E ☐ VG ☐ G ☐ FP
- Other Spaces E ☐ VG ☐ G ☐ FP
16. Structural Removals E ☐ VG ☐ G ☐ FP
17. Site E ☐ VG ☐ G ☐ FP

E. REVERSIBILITY

18. Exterior Alterations "2/3 or more appears to exist" though reconstr. of arcade unlikely E ☐ VG ☐ G ☐ FP
19. Interior Alterations E ☐ VG ☐ G ☐ FP
- Space 1 N/A E ☐ VG ☐ G ☐ FP
- Other Spaces E ☐ VG ☐ G ☐ FP

Evaluated by Betty Marvin Date 7/30/13

Reviewed by Janet Carline Date 7/30/13 ☐ Approved ☐ See Comment Sheet

Reviewed by Date ☐ Approved ☐ See Comment Sheet

Reviewed by Date ☐ Approved ☐ See Comment Sheet

Reviewed by Date ☐ Approved ☐ See Comment Sheet

Reviewed by Date ☐ Approved ☐ See Comment Sheet

STATUS/RATING

Rating: Present status: ☐ A ☐ B ☐ C ☐ D ☐ E ☐ Not rated

Contingency status: ☐ a ☐ b ☐ c ☐ d ☐ e ☐ Not rated ☐ Not applicable

Contingency factor: ☐ (1) ☐ (2) ☐ (3) ☐ Site of opportunity

National Register (Individual): ☐ Listed (1) ☐ Determined eligible (2) ☐ Appears eligible (3) ☐ Potential if restored (4b) ☐ Potential when over 50 years old (4d) ☐ None of the above (6)

NR (as part of group or district only): ☐ Listed (1D) ☐ Determined eligible (2D) ☐ Appears eligible (3D) ☐ Potential if restored (4Db) ☐ Potential when over 50 (4Dd) ☐ ASI (5D) ☐ None of the above (6) ☐ Other

SHRI: ☐ Primary resource (NR # 1, 2, or 3) ☐ Contingency Primary (NR #4...) ☐ District Contributor (NR #3D) ☐ Contingency Contributor (NR #4D...) ☐ ASI (NR #5D) ☐ Noncontributor (NR #6) ☐ Ineligible (NR #6)

City Landmark: ☐ Listed ☐ In S-7 Zone ☐ On Study List ☐ None of the above

This form has been adapted from the San Francisco Downtown Inventory, prepared for the Foundation for San Francisco's Architectural Heritage by Charles Bell Page and Associates, and Harold Kalmer's The Evaluation of Historic Buildings.
Rev. 5/88

Oakland Cultural Heritage Survey
Oakland City Planning DepartmentEVALUATION
TALLY SHEET

ET

Address 747 52nd St., A/B Wing

		Column I	Column II
		Survey Rating	National Register Eligibility
16	8 4 0		
8	4 2 0		
4	2 1 0		
2	1 1 0		
10	5 3 0		
6	3 2 0		
10	5 3 0		
8	4 2 0		
A. VISUAL QUALITY/DESIGN TOTAL (40 Maximum)		22	
20	10 5 0		
20	10 5 0		
12	6 3 0		
8	4 2 0		
B. HISTORY/ASSOCIATION TOTAL (40 Maximum)		13	
8	4 2 0		
20	10 5 0		
C. CONTEXT TOTAL (20 Maximum)		5	
PRELIMINARY TOTAL (Sum of A, B, and C: 100 Maximum)		40	
13	-3% -5% -10%		
14	-20% -40% -80%		
15	-10% -20% -40%		
16	-20% -40% -80%		
17	-20% -40% -80%		
18	-40% -60% -80%		
19	-25% -38% -50%		
20	-25% -38% -50%		
D. INTEGRITY DEDUCTIONS		6.7	
ADJUSTED TOTAL (Preliminary Total minus Integrity Deductions)		33.3	
(3)	(3) (2) (2)		
(3)	(3) (2) (2)		
(3)	(3) (2) (2)		
(3)	(3) (2) (2)		

RATING (FROM COLUMN I TOTALS):

Present Status (Adjusted Total): ☐ A (41+) ☒ B (28-40) ☐ C (18-27) ☐ D (11-17) ☐ E (0-10)

Contingency Status (Preliminary Total plus higher ratings for certain items):

☐ A (41+) ☒ B (28-40) ☐ C (18-27) ☐ D (11-17) ☐ E (0-10) ☐ Not applicableContingency Factors: ☐ (1) More significant information is learned about the property's history, design, or development (specify evaluation criteria and contingency score for each criterion: _____).☒ (2) Existing (exterior) (interior) alterations are reversed; feasibility doubtful or unknown (line 18 or 19 rated "F" or "P") ☐ (3) Existing (exterior) (interior) alterations are reversed; feasibility appears good (line 18 or 19 rated "E" or "G").

ELIGIBILITY (FROM COLUMN II TOTALS):

National Register (individual): ☐ Listed (check Federal Register) ☐ Determined Eligible (check Federal Register) ☐ Appears eligible (Adjusted Total 28+ except *) ☐ Potential if restored (Preliminary total 28+ and line 14 is "F" or "P" except *) ☐ Potential when over 50 years old (Preliminary Total 28+ and property is less than 50 years old except *) ☐ None of the aboveNational Register (as part of Group or District only): ☐ Listed (check Federal Register) ☐ Determined eligible (check Federal Register) ☐ Appears eligible (line 11 is "E" or "VG" except *) ☐ Appears eligible if restored (line 11 if "E" or "VG" and line 14 is "F" except *) ☐ Appears eligible when more than 50 years old (line 11 is "E" or "VG" and property is less than 50 years old except *) ☐ None of the aboveCity Landmark: ☐ Listed (per LM list dated ____/____/____) ☐ In S-7 Zone ☐ On Study List (per SL list dated ____/____/____) ☐ None of the above.

*The National Register generally excludes properties that are less than 50 years old (line 10), have been severely altered (line 15, 16), or have been moved (line 17) unless a moved property is significant primarily for architectural value or as the most important surviving structure associated with a person or event.

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Rev. 6/88



Oakland Cultural Heritage Survey
Oakland City Planning Department

EVALUATION SHEET

ES

Common (and Historic) Name(s) Children's Hospital, B/C wing (C), 1946-48 addition
Address/Location 747 52nd St.

A. VISUAL QUALITY/DESIGN

1. Exterior streamlined int'l interp. of 1926 bldg materials + motifs E VG G FP
2. Interior (list best spaces first) with matching bay + frieze + low, sleek molding E VG G FP
- Space 1 NIA E VG G FP
- Space 2 _____ E VG G FP
- Other Spaces _____ E VG G FP
3. Construction RC + brick, probably generic/retro for 1946 E VG G FP
4. Designer/Builder Stone & Muller E VG G FP
5. Type/Style Medit./int'l hybrid, compatible add. to 1926 bldg. modern E VG G FP
6. Supportive Elements facility in semi-revival E VG G FP

B. HISTORY/ASSOCIATION

7. Person/Organization Children's Hospital, continuing occupant - T-LC E VG G FP
8. Event _____ E VG G FP
9. Patterns growing clientele, technology, + formality of medical instit. E VG G FP
10. Age 1946-48 in mid-20th c E VG G FP

C. CONTEXT

11. Continuity ensemble with 1926 bldg, not considered a district E VG G FP
12. Familiarity subordinate to 1926 bldg, not well known individually E VG G FP

D. INTEGRITY

13. Condition well maintained, upgraded for modern uses E G F P
14. Exterior Alterations addition along E side in courtyard E G F P
15. Interior Alterations _____ E G F P
- Space 1 _____ E G F P
- Space 2 _____ E G F P
- Other Spaces _____ E G F P
16. Structural Removals _____ E G F P
17. Site _____ E G F P

E. REVERSIBILITY

18. Exterior Alterations unlikely E G F P
19. Interior Alterations _____ E G F P
- Space 1 _____ E G F P
- Other Spaces _____ E G F P

Evaluated by Beth Marvin Date 7/30/13

Reviewed by James Perkins Date 7/30/13 ☐ Approved ☐ See Comment Sheet

Reviewed by _____ Date _____ ☐ Approved ☐ See Comment Sheet

Reviewed by _____ Date _____ ☐ Approved ☐ See Comment Sheet

Reviewed by _____ Date _____ ☐ Approved ☐ See Comment Sheet

Reviewed by _____ Date _____ ☐ Approved ☐ See Comment Sheet

STATUS/RATING

Rating: Present status: ☐ A ☐ B ☐ C ☐ D ☐ E ☐ Not rated

Contingency status: ☐ a ☐ b ☐ c ☐ d ☐ e ☐ Not rated ☐ Not applicable

Contingency factor: ☐ (1) ☐ (2) ☐ (3) ☐ Site of opportunity

Composite rating

National Register (Individual): ☐ Listed (1) ☐ Determined eligible (2) ☐ Appears eligible (3) ☐ Potential

if restored (4b) ☐ Potential when over 50 years old (4d) ☐ None of the above (6)

NR (as part of group or district only): ☐ Listed (1D) ☐ Determined eligible (2D)

☐ Appears eligible (3D) ☐ Potential if restored (4Db) ☐ Potential when over 50 (4Dd)

☐ ASI (5D) ☐ None of the above (6) ☐ Other

Composite eligibility

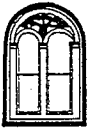
SRI: ☐ Primary resource (NR # 1, 2, or 3) ☐ Contingency Primary (NR #4...) ☐ District Contributor (NR #3D)

☐ Contingency Contributor (NR #4D...) ☐ ASI (NR #5D) ☐ Noncontributor (NR #6) ☐ Ineligible (NR #6)

City Landmark: ☐ Listed ☐ In S-7 Zone ☐ On Study List ☐ None of the above

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Rev. 6/88

Oakland Cultural Heritage Survey
Oakland City Planning DepartmentEVALUATION
TALLY SHEET

ET

Address 747 52nd St, B/C Wing

16	8	4	0	1. Exterior	Column I	Column II
				2. Interior	Survey Rating	National Register Eligibility
				(a) Space 1		
				(b) Space 2		
				(c) Other Spaces		
				3. Construction		
				4. Designer/Builder		
				5. Type/Style		
				6. Supportive Elements		
A. VISUAL QUALITY/DESIGN TOTAL (40 Maximum)					19	
20	10	5	0	7. Person/Organization		
20	10	5	0	8. Event		
12	6	3	0	9. Patterns		
8	4	2	0	10. Age *		
B. HISTORY/ASSOCIATION TOTAL (40 Maximum)					3	
8	4	2	0	11. Continuity		
20	10	5	0	12. Familiarity		
C. CONTEXT TOTAL (20 Maximum)						
PRELIMINARY TOTAL (Sum of A, B, and C: 100 Maximum)					22	
	-3%	-5%	-10%	13. Condition (From A, B, and C total)		
	-20%	-40%	-80%	14. Exterior Alterations *	-3.8	
	-10%	-20%	-40%	(a) From A and C total (excl. 2)		
				(b) From B total	- .3	
	-20%	-40%	-80%	15. Interior Alterations *		
	-20%	-40%	-80%	(a) Space 1		
	-20%	-40%	-80%	(b) Space 2		
	-20%	-40%	-80%	(c) Other Spaces		
	-40%	-60%	-80%	16. Structural Removals *		
	-25%	-38%	-50%	(a) From A and C total		
	-25%	-38%	-50%	(b) From B total		
	-25%	-38%	-50%	17. Site * (from B total)		
D. INTEGRITY DEDUCTIONS					-4.1	
ADJUSTED TOTAL (Preliminary Total minus Integrity Deductions)					17.9	
(3)	(3)	(2)	(2)	18. Reversability of Item 14 (Exterior)		
(3)	(3)	(2)	(2)	19. Reversability of Item 15 (Interior)		
(3)	(3)	(2)	(2)	(a) Space 1		
(3)	(3)	(2)	(2)	(b) Space 2		
(3)	(3)	(2)	(2)	(c) Other Spaces		

RATING (FROM COLUMN I TOTALS):

Present Status (Adjusted Total): ☐ A (41+) ☐ B (28-40) ☒ C (18-27) ☐ D (11-17) ☐ E (0-10)

Contingency Status (Preliminary Total plus higher ratings for certain items):

☐ A (41+) ☐ B (28-40) ☒ C (18-27) ☐ D (11-17) ☐ E (0-10) ☐ Not applicableContingency Factors: ☐ (1) More significant information is learned about the property's history, design, or development (specify evaluation criteria and contingency score for each criterion: _____).☒ (2) Existing (exterior) (interior) alterations are reversed; feasibility doubtful or unknown (line 18 or 19 rated "F" or "P") ☐ (3) Existing (exterior) (interior) alterations are reversed; feasibility appears good (line 18 or 19 rated "E" or "G").

ELIGIBILITY (FROM COLUMN II TOTALS):

National Register (individual): ☐ Listed (check Federal Register) ☐ Determined Eligible (check Federal Register) ☐ Appears eligible (Adjusted Total 28+ except *) ☐ Potential if restored (Preliminary total 28+ and line 14 is "F" or "P" except *) ☐ Potential when over 50 years old (Preliminary Total 28+ and property is less than 50 years old except *) ☐ None of the aboveNational Register (as part of Group or District only): ☐ Listed (check Federal Register) ☐ Determined eligible (check Federal Register) ☐ Appears eligible (line 11 is "E" or "VG" except *) ☐ Appears eligible if restored (line 11 is "E" or "VG" and line 14 is "P" except *) ☐ Appears eligible when more than 50 years old (line 11 is "E" or "VG" and property is less than 50 years old except *) ☐ None of the aboveCity Landmark: ☐ Listed (per LM list dated ____/____/____) ☐ In S-7 Zone ☐ On Study List (per SL list dated ____/____/____) ☐ None of the above.

*The National Register generally excludes properties that are less than 50 years old (110), have been severely altered, (114, 15, 4, 16), or have been moved (117) unless a moved property is significant primarily for architectural value or as the most important surviving structure associated with a person or event.

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Rev. 6/88



Oakland Cultural Heritage Survey
Oakland City Planning Department

EVALUATION SHEET

ES

Common (and Historic) Name(s) Children's Hospital, A/B + B/C wings (U-shaped courtyard group)
Address/Location 747 52nd St.

A. VISUAL QUALITY/DESIGN

1. Exterior Medit. orig. bldg plus compatible '40s modern addition - E VG G FP
2. Interior (list best spaces first) prominent bays, TC + pressed brick - addition E VG G FP
completes U-shaped ensemble/courtyard
- Space 1 _____ E VG G FP
- Space 2 _____ E VG G FP
- Other Spaces _____ E VG G FP
3. Construction RC + brick, fine materials, prob. generic structure E VG G FP
4. Designer/Builder EW Cannon (1926, G), Stone + Melloz (1946, V) E VG G FP
5. Type/Style Medit. orig. bldg w modern add that reinterprets orig. elements E VG G FP
6. Supportive Elements magnolia tree; retains orig. occupant E VG G FP

B. HISTORY/ASSOCIATION

7. Person/Organization Children's Hospital - early 20c women's ph. hth. org., T-1C E VG G FP
8. Event still prominent Bay Area medical inst. E VG G FP
9. Patterns hth. social inst. in Progressive era, evolution through WW 2 E VG G FP
10. Age 1926 add, 1946-48 era; recog. of children as special population E VG G FP

C. CONTEXT

11. Continuity Chil. Hosp. complex, not considered a district E VG G FP
12. Familiarity prominent view from freeway, through hidden from E VG G FP
street by subsequent hospital construction

D. INTEGRITY

13. Condition well maintained, upgraded for modern uses E G F P
14. Exterior Alterations add's to rear, west, + on E side of '40s bldg E G F P
15. Interior Alterations _____ E G F P
- Space 1 _____ E G F P
- Space 2 _____ E G F P
- Other Spaces _____ E G F P
16. Structural Removals _____ E G F P
17. Site _____ E G F P

E. REVERSIBILITY

18. Exterior Alterations unlikely E G F P
19. Interior Alterations _____ E G F P
- Space 1 _____ E G F P
- Other Spaces _____ E G F P

Evaluated by Scott Mann Date 7/30/13

Reviewed by John Parker Date 7/30/13 ☐ Approved ☐ See Comment Sheet

Reviewed by _____ Date _____ ☐ Approved ☐ See Comment Sheet

Reviewed by _____ Date _____ ☐ Approved ☐ See Comment Sheet

Reviewed by _____ Date _____ ☐ Approved ☐ See Comment Sheet

Reviewed by _____ Date _____ ☐ Approved ☐ See Comment Sheet

STATUS/RATING

Rating: Present status: ☐ A ☐ B ☐ C ☐ D ☐ Z ☐ Not rated _____

Contingency status: ☐ a ☐ b ☐ c ☐ d ☐ e ☐ Not rated ☐ Not applicable _____

Contingency factor: ☐ (1) ☐ (2) ☐ (3) ☐ Site of opportunity _____ Composite rating _____

National Register (Individual): ☐ Listed (1) ☐ Determined eligible (2) ☐ Appears eligible (3) ☐ Potential

if restored (4b) ☐ Potential when over 50 years old (4d) ☐ None of the above (6)

NR (as part of group or district only): ☐ Listed (1D) ☐ Determined eligible (2D)

☐ Appears eligible (3D) ☐ Potential if restored (4Db) ☐ Potential when over 50 (4Dd)

☐ ASI (5D) ☐ None of the above (6) ☐ Other _____ Composite eligibility _____

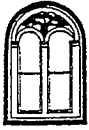
SERI: ☐ Primary resource (NR # 1, 2, or 3) ☐ Contingency Primary (NR #4...) ☐ District Contributor (NR #3D)

☐ Contingency Contributor (NR #4D...) ☐ ASI (NR #5D) ☐ Noncontributor (NR #6) ☐ Ineligible (NR #6)

City Landmark: ☐ Listed ☐ In S-7 Zone ☐ On Study List ☐ None of the above

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Rev. 6/88

Oakland Cultural Heritage Survey
Oakland City Planning DepartmentEVALUATION
TALLY SHEET

ET

Address: 747 52nd St, A/B plus B/C wings

16	8	4	0	1. Exterior	Column I	Column II
8	4	2	0	2. Interior	Survey Rating	National Register Eligibility
4	2	1	0	(a) Space 1		
2	1	1	0	(b) Space 2		
10	5	3	0	(c) Other Spaces		
6	3	2	0	3. Construction		
10	5	3	0	4. Designer/Builder		
8	4	2	0	5. Type/Style		
				6. Supportive Elements		
A. VISUAL QUALITY/DESIGN TOTAL (40 Maximum)					21	
20	10	5	0	7. Person/Organization		
20	10	5	0	8. Event		
12	6	3	0	9. Patterns		
8	4	2	0	10. Age *		
B. HISTORY/ASSOCIATION TOTAL (40 Maximum)					13	
8	4	2	0	11. Continuity		
20	10	5	0	12. Familiarity		
C. CONTEXT TOTAL (20 Maximum)					1.25	
PRELIMINARY TOTAL (Sum of A, B, and C: 100 Maximum)					35.25	
0	-3%	-5%	-10%	13. Condition (From A, B, and C total)		
-20%	-40%	-80%		14. Exterior Alterations *		
-10%	-20%	-40%		(a) From A and C total (excl. 2)	7.65	
				(b) From B total	1.3	
-20%	-40%	-80%		15. Interior Alterations *		
-20%	-40%	-80%		(a) Space 1		
-20%	-40%	-80%		(b) Space 2		
-20%	-40%	-80%		(c) Other Spaces		
-40%	-60%	-80%		16. Structural Removals *		
-25%	-38%	-50%		(a) From A and C total		
-25%	-38%	-50%		(b) From B total		
				17. Site * (from B total)		
D. INTEGRITY DEDUCTIONS					8.35	
ADJUSTED TOTAL (Preliminary Total minus Integrity Deductions)					26.90	
(3)	(3)	(2)	(2)	18. Reversability of Item 14 (Exterior)		
(3)	(3)	(2)	(2)	19. Reversability of Item 15 (Interior)		
(3)	(3)	(2)	(2)	(a) Space 1		
(3)	(3)	(2)	(2)	(b) Space 2		
(3)	(3)	(2)	(2)	(c) Other Spaces		

RATING (FROM COLUMN I TOTALS):

Present Status (Adjusted Total): ☐ A (41+) ☐ B (28-40) ☒ C (18-27) ☐ D (11-17) ☐ E (0-10)

Contingency Status (Preliminary Total plus higher ratings for certain items):

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ELIGIBILITY (FROM COLUMN II TOTALS):

National Register (individual): ☐ Listed (check Federal Register) ☐ Determined Eligible (check Federal Register) ☐ Appears eligible (Adjusted Total 28+ except *) ☐ Potential if restored (Preliminary total 28+ and line 14 is "F" or "P" except *) ☐ Potential when over 50 years old (Preliminary Total 28+ and property is less than 50 years old except *) ☐ None of the aboveNational Register (as part of Group or District only): ☐ Listed (check Federal Register) ☐ Determined eligible (check Federal Register) ☐ Appears eligible (line 11 is "E" or "VG" except *) ☐ Appears eligible if restored (line 11 if "E" or "VG" and line 14 is "P" except *) ☐ Appears eligible when more than 50 years old (line 11 is "E" or "VG" and property is less than 50 years old except *) ☐ None of the aboveCity Landmark: ☐ Listed (per LM list dated ____/____/____) ☐ In S-7 Zone ☐ On Study List (per SL list dated ____/____/____) ☐ None of the above.

*The National Register generally excludes properties that are less than 50 years old (#10), have been severely altered, (#14, 15, & 16), or have been moved (#17) unless a moved property is significant primarily for architectural value or as the most important surviving structure associated with a person or event.

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