

**BEFORE THE BOARD OF APPEALS
FOR MONTGOMERY COUNTY, MARYLAND**

IN RE:

*Appeal of Washington Adventist ACC, Board
of Council of Unit Owners*

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Docket No. A-6938

Hearing Date: December 17, 2025

PRE-HEARING SUBMISSION OF MONTGOMERY COUNTY

Pursuant to § 2A-7(a) of the Administrative Procedures Act, Montgomery County Code, the Appellee, Montgomery County, Maryland, by and through its undersigned attorneys, submits the following information for the hearing scheduled for December 17, 2025, at 9:30 a.m.

A. Supporting Documents – the County may introduce one or more of the following documents at the hearing:

1. Commercial Building Permit Application No. 1116230.
2. Building Permit No. 1116230.
3. Site Plan - Overall.
4. Opinion of the Board; Case No. S-807.
5. Resolution to Revoke Special Exception, Case No. S-238.
6. Montgomery County Zoning Ordinance Sec. 6.4.3.
7. Condominium Plat No. 3300.
8. MCATLAS Photo.
9. Aerial Photos (Google Map).
10. Street View Photos (Google Map).
11. Any document identified by Appellant.
12. Any document identified by Intervenor.

The County reserves the right to produce relevant provisions of the Montgomery County

Code and/or Zoning Ordinance as demonstrative exhibits, as necessary. The County also reserves the right to introduce rebuttal and impeachment documents, as necessary.

B. Witnesses – the County may call one or more of the following witnesses at the hearing:

1. Patricia Wolford, Manager, Zoning Section, Department of Permitting Services, 2425 Reedie Drive, 7th Floor, Wheaton, Maryland 20902, will testify that Building Permit No. 1116230 was issued properly and the permit condition relating to the temporary construction fence was appropriate.

2. Any witness identified by Appellant.

3. Any witness identified by Intervenor.

The County reserves the right to call rebuttal and impeachment witnesses, as necessary, after the Appellant fully explains the bases for this appeal.

C. Persons to be Summoned

None.

D. Estimate of Time to Present Case

Montgomery County estimates that it will require approximately one (1) hour to present its case.

JOHN P. MARKOVS
COUNTY ATTORNEY

/s/ Elana M. Robison

Elana M. Robison
Assistant County Attorney
Elana.Robison@montgomerycountymd.gov

Attorneys for Appellee,
Montgomery County, Maryland
101 Monroe Street, Third Floor

Rockville, Maryland 20850
(240) 777-6700

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this 28th day of November, 2025, a copy of the foregoing Pre-Hearing Submission of Montgomery County was sent by electronic mail and regular mail, first-class, postage prepaid, to:

Soo Lee-Cho, Esq.
Bregman, Berbert, Schwartz & Gilday, LLC
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Counsel for Appellant

Patrick L. O'Neil, Esq.
Lerch, Early & Brewer, Chartered
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Counsel for Intervenor

/s/ Elana M. Robison

Elana M. Robison



DEPARTMENT OF PERMITTING SERVICES

Marc Elrich
County Executive

Rabbiah Sabbakhan
Director

COMMERCIAL BUILDING PERMIT APPLICATION

Application Date: 5/8/2025

Application No: 1116230
AP Type: COMBUILD
Customer No: 1524617

Affidavit Acknowledgement

Primary Applicant Information

Address 7600 Carroll AVE
takoma park, MD 20912
Othercontact Rodgers Consulting
Homeowner Morgan
Contractor Edmondson (Primary)

Commercial Building Permit Details

Height Feet: 6
Owners Land: Y
Scope of Work: An approx. 3400 feet long site security fence is proposed around construction
Use Code: COMISC



DEPARTMENT OF PERMITTING SERVICES

Wesley E. Elch
County Executive

Rabbiah Sabbethan
Director

BUILDING PERMIT

Issue Date: 08/11/2025

Permit No: 1116230
AP Type: COMMERCIAL
Expires: 08/12/2026
Y Ref:
Rev No:
ID: 1524617

THIS IS TO CERTIFY THAT Terry Edmondson
145 West Osmond Street
Suite 110
BALTIMORE, MD 21230

HAS PERMISSION TO CONSTRUCT COMMERCIAL MISCELLANEOUS STRUCTURE

PERMIT CONDITIONS A 1.66-acre, 3400 foot long site security fence is proposed around construction. Special Exception

MODEL NAME

PREMISE ADDRESS 7600 CARROLL AVE, TAKOMA PARK, MD 20912

LOT # BLOCK N/A - PS1 ZONE R-60 ELECTION DISTRICT 13

BOND NO BOND TYPE PS NUMBER

PERMIT FEE \$1,532.63 SUBDIVISION TAKOMA PARK

The permit fees calculated based on the approved Executive Regulations as outlined by the Enterprise Fund Stabilization Factor for the current fiscal year.

TRANSPORTATION IMPACT TAX DUE: \$0.00
SCHOOLS IMPACT TAX DUE: \$0.00
UTILIZATION PREMIUM PAYMENT DUE: \$0.00

Impact taxes must be paid before a final inspection of your project can be performed. Impact tax rates are subject to change. The rate of the tax or Payment due is the rate in effect when the tax or Payment is paid.

MUST BE KEPT AT JOB SITE

ANY APPROVED FINAL INSPECTION IS REQUIRED PRIOR TO USE OR OCCUPANCY

Every new one or two-family dwelling, every detached and any attached accessory structure must be equipped with a fire sprinkler system. A separate sprinkler permit is required for the installation of the fire sprinkler system.

Many subdivisions and neighborhoods within Montgomery County have private deed restrictions and covenants regulating building construction. Obtaining a building permit does not relieve the property owner of responsibility for complying with applicable covenants.

NOTICE

THIS APPROVAL DOES NOT
INCLUDE PLUMBING, GAS PIPING
OR ELECTRICAL OR
CONSTRUCTION IN ANY
DEDICATED RIGHT-OF-WAY

NOTE

THIS PERMIT DOES NOT INCLUDE
APPROVAL FOR ANY ELECTRICAL
WORK. YOU MUST HAVE A SEPARATE
ELECTRICAL PERMIT FOR ANY
ELECTRICAL WORK.

Director, Department of Permitting Services



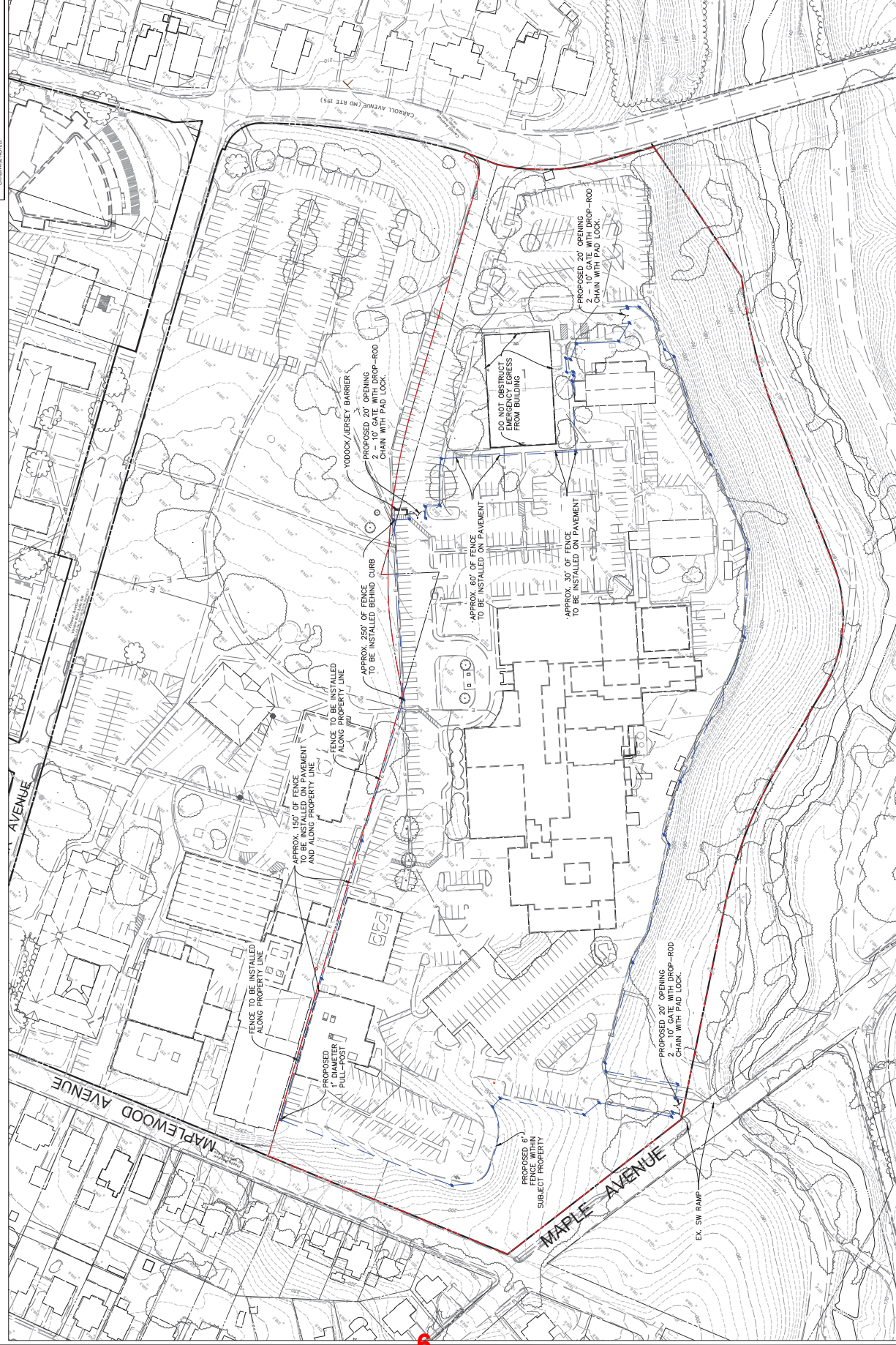
APPROVED
Department of Permitting Services
Permit # COMBUILD-116230
Date 8/1/2025

CONSTRUCTION TAKE-OFFS

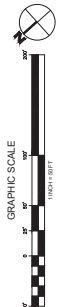
- APPROX. SHEET OF FENCING
- APPROX. 10' GATE WITH BROADWAY DRIVE AND PAD LOCK

SHEET NOTES

1. REFER TO PERMITS STANDARD NO. 10-000000 AND 10-000001 FOR FENCE DETAILS
2. ALL FENCES ARE TO HAVE TOP AND BOTTOM TENSION Wires
3. UNLESS OTHERWISE NOTED, ALL GATES ARE TO HAVE 20' OPENINGS WITH 1" - 10' GATES
4. UNLESS OTHERWISE NOTED, ALL FENCES SHALL BE ASSESSED AT ALL HORIZONTAL, VERTICAL AND 15 DEGREE, ABUTTED GRADE CHANGES AND ON SPACED A MAXIMUM OF 30'
5. ALL FENCE LINES ARE TO BE KEPT THE SAME
6. ALL FENCE LINES ARE TO BE KEPT THE SAME
7. FENCE LINES ARE TO BE KEPT THE SAME
8. FENCE LINES ARE TO BE KEPT THE SAME



Adventist HealthCare
SITE SECURITY FENCING
Takoma, Montgomery County, Maryland - 4th Election District



CS-103
SITE PLAN-OVERALL
DATE: JUNE 2025
DRAWN BY: [Name]
CHECKED BY: [Name]

COUNTY BOARD OF APPEALS
FOR
MONTGOMERY COUNTY

COUNTY OFFICE BUILDING
ROCKVILLE, MARYLAND 20850

Case No. S-807

Telephone
Area Code 301
279-1226

PETITION OF WASHINGTON ADVENTIST HOSPITAL, INC.
(Hearing held April 22, 1982)

OPINION OF THE BOARD

This is a petition filed for a special exception pursuant to Section 59-G-2.31 of the Zoning Ordinance (Chap. 59, Mont. Co. Code 1977, as amended) to permit construction of an addition for an ambulatory care center. The subject property is Block 51, B. F. Gilberts Addition to Takoma Park, at 7600 Carroll Avenue, Takoma Park, Maryland, in an R-60 Zone. (Previous Case Nos. S-238 and S-591 were granted.)

Decision of the Board: Special exception granted, subject to conditions enumerated herein.

Petitioner and spokesmen for the petitioner appeared and agreed to be bound by their testimony and evidence of record, as follows:

This special exception modification was submitted to the Board by Washington Adventist Hospital through its attorney. The purposes of the proposed modification, as amended, are to construct a new hospital ambulatory care center and to make several changes to the site with regard to surface parking, landscaping and lighting. An introductory statement entered into the record as Exhibit No. 15, describes the area surrounding the applicant's site, the project and the methods of operation. A letter from Robert G. Brewer, Jr., Esq., dated April 2, 1982, was entered in the record as Exhibit No. 14. A revised site plan and revised traffic analysis as well as the introductory statement were also submitted at that time and entered into the record.

Background of Amendment

This application for modification was originally filed in October 1981. It proposed the construction of the ambulatory care center and a large parking garage on the west (northwest) side of the hospital, and expressed the intention of the hospital to preserve the sanitarium building and utilize portions of it for physician examination areas. Subsequent to the filing of the application, considerable community concern was expressed regarding the proposed size of the ambulatory care center and parking garage, the locations of the proposed ambulatory care center and parking garage, the possible resulting concentration of traffic on the west side of the hospital, the use of the parking lot adjacent to Maple Avenue, and the hospital's lack of programs to encourage the use of car pooling

EXHIBIT C

for employees to reduce the need for on-site parking. In addition to these major concerns, many less significant concerns were also expressed.

In response to the community's request, the hospital obtained a postponement of the Board's hearing to permit continued community discussions and possible revision of the hospital's plan. Numerous meetings between interested community members and representatives of the hospital occurred during the past few months, in an effort to reach a plan for development which is mutually satisfactory to all. The amended proposal is a joint product of this effort. Petitioner has now deleted the parking garage and proposes a smaller ambulatory care center on the east side of the hospital. It proposes the elimination of an existing parking lot near several neighbors on Maple Avenue, the reduction of some lighting, the addition of more landscaping, the alteration of the facing of an existing retaining wall, and the promotion of a hospital car pooling program.

Requests by interested citizens and the City of Takoma Park to defer the instant hearing in order to have more time to study the revised proposal were denied by the Board on the ground that a lengthy continuance had already been granted. The Board kept the record open for four weeks to receive additional comments from the City of Takoma Park and interested citizens.

Description of Site and Area

The hospital occupies approximately 16.2 acres, which is almost half of Block 51 in Takoma Park. The balance of the block is occupied by the hospital's sister institution, Columbia Union College. The surrounding area is predominately residential. The hospital's southeastern boundary is Carroll Avenue, which is a busy thoroughfare between Langley Park and downtown Takoma Park. Sligo Creek Parkway and Maple Avenue constitute the southwestern and western boundaries, respectively. The eastern boundary of the hospital is the campus of Columbia Union College. Immediately across Carroll Avenue are several residences owned by the hospital or occupied by persons connected with the college or the hospital. The northern boundary is Maplewood Avenue. The commercial centers of Langley Park, Takoma Park and Silver Spring are located within one or two miles, and the surrounding medium density residential area contains numerous other uses, such as extended care facilities, educational institutions, multiple-dwelling buildings and churches. The various applicable master plans advocate the continuation of a hospital in this location as a special exception use.

Description of the Hospital

The hospital currently is a 320 bed acute care facility located in Takoma Park, Maryland. It has been serving the health needs of

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Montgomery County for over 75 years. As a general community hospital, the hospital provides a full range of major clinical services, including out-patient care as needed by the community. Through the years several additions increased the size of the hospital and the growth of its programs serving the community. An addition was completed in 1973 (by way of special exception modification) and brought the hospital to a size of 366 beds in facilities that were constructed in 1907, 1940, 1950 and 1973. In December 1977, the Board approved another special exception modification for the addition of the 4th and 5th floors to the 1973 building, the construction of a two-story addition (only one floor above ground) adjacent to the 1973 building, the renovation of the 1950 building, the demolition of the sanitarium building, and the reduction in the number of the hospital beds from 366 to 300. The new construction is virtually completed and renovations to the 1950 building have commenced.

Since the initial development of the hospital in the community, the scope of the medical and related services it has offered has greatly expanded. The hospital provides not only medical, surgical, obstetrical and psychiatric services found in most community hospitals, but also has achieved an unusual degree of excellence in some specialty areas. The Departments of Cardiology, Pulmonary Medicine, Radiological Services, Radiation Therapy, and the Community Mental Health Center, the Family Health Center, the Ultrasound Unit, and the Detoxication Center, offer a high degree of sophistication and have gained community and state-wide recognition for excellence. The hospital continues to believe that it must place primary emphasis on satisfying the health care needs of the community, as long as any required new development to achieve that objective is not inconsistent with the land-use objectives of the community.

Ambulatory Care Center

The principal proposal of the hospital is to construct a new ambulatory care center. For several years, members of the medical staff of the hospital have complained of their inability to examine patients at facilities near the hospital. The physicians need facilities near the hospital since outpatient services offered by the hospital, including radiology, cardiology and laboratory services, are essential to the needs of diagnosis and patient care. Increased utilization of the hospital's ancillary services will help to make these services more economically self-sustaining. In addition, the availability of examination areas for the medical staff physicians next to the hospital will assure continued viability and utilization of other hospital facilities by members of the medical staff.

The ambulatory care center concept is a relatively new concept in the delivery of health care services by hospitals. Such centers have developed rapidly in other hospitals elsewhere in the United

States in the past few years. The closest such center in this area is the ambulatory care building constructed adjacent to the Shady Grove Adventist Hospital in the Montgomery County Medical Center. Ambulatory care centers differ from traditional medical office buildings in that the functional services provided are more diverse and dependent upon the support of hospital facilities than traditional medical office buildings. Whereas medical office buildings are used by physicians who have all types of medical practices, ambulatory care centers are used by physicians who regularly admit patients to the hospital. Ambulatory care centers offer greater patient services than traditional medical office buildings and integrate their service capabilities with the existing hospital facilities. Furthermore, the right to utilize the ambulatory care center will generally be limited by the hospital to physicians who maintain staff privileges at the hospital.

The hospital contends that the ambulatory care center clearly is a "hospital" within the meaning of the Montgomery County Zoning Ordinance, for the following reasons:

The ambulatory care center functions to follow out-patients to the rest of the hospital facilities for treatment as inpatients, just as the existing emergency department and out-patient clinic of the hospital do. It is inherently a part of the hospital, particularly a modern hospital, just as much as any other hospital department. Whether or not it is physically attached to the hospital buildings or separated by a few feet is logically and legally irrelevant. It certainly satisfies the medical care components of the definition of a hospital. The ambulatory care center is not a "medical clinic" primarily because of the inpatient services involved and the relationship to the hospital. In this case, however, there is no practical significance in the distinction, since all requirements associated with a medical clinic have been complied with.

The ambulatory care center is needed by the hospital to maintain its ability to serve the health care needs of the community. In recent years, as a result of the relative inability of physicians to be located near the hospital, the hospital has been unable to satisfy all the community's needs. To maintain a viable health care facility, the hospital must encourage active physicians to utilize the hospital, and the ambulatory care center will help to achieve this objective. The hospital has no present plans to add other hospital facilities in the near future. While its long-range (5 to 10 years) plans envision some modest new construction of replacement facilities adjacent to the existing hospital on the east side, there are no commitments to any definite plans. The ambulatory care center should satisfy the hospital's building needs for at least several years.

The ambulatory care center will be situated between the main hospital building and the Carroll Avenue entrance and constructed

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as a detached building on the east side of the hospital, adjacent to an existing parking lot along Carroll Avenue. The ambulatory care center will be 4 floors in height (3 above grade with a partially exposed lower level); the total height will be less than the aggregate height of the existing hospital buildings. Initially, it will contain only approximately 48,000 square feet of space, which represents a reduction of 1/5th of the originally-proposed size. Access points will exist on the east and west sides of the building. The ambulatory care center was relocated to the east side to minimize visual intrusions upon the community and the possible alteration of internal traffic distribution within the site. It will displace very little existing parking and will be adjacent to ample-sized parking areas. The architectural style of the ambulatory care center will be consistent with the style of other hospital buildings. Construction may commence as early as late fall 1982.

The hospital anticipates that as many as 25-40 physicians will utilize the ambulatory care center. The center, like all other hospital facilities, will be available for use 24 hours a day, as necessary, but the primary hours of operation will be from 8:00 a.m. to 5:00 p.m., Monday thru Friday, with occasional operating hours on weekends. The number of employees will be based upon the staff needs of the physicians utilizing the services in the ambulatory care center.

The hospital does not anticipate that any special equipment will be utilized. Some physicians may utilize portable medical equipment to supplement facilities maintained or services available to the other hospital buildings; in all such cases, appropriate safeguards to protect the safety of the persons affected will be established. The hospital may establish a small auxiliary pharmacy on the first floor for patient use, but it will use no exterior signs or advertising. No food service facilities, except for vending machines, will be installed in this building. Customary security will be provided. The ambulatory care center may be constructed and managed by a private entity in accordance with the terms of a written agreement with the hospital. For tax and financing purposes, the building (but not the grounds) may be owned by the private entity; the ground will always be owned by the hospital and may be leased to the entity.

Additional testimony reveals that the ambulatory care center has a dependent relationship with the hospital. Principally staff physicians would use the center and it would augment diagnostic service, serve to strengthen medical staff, and the hospital will continue to offer the good services that it now does. Ambulatory surgery is now being practiced at the hospital.

The proposed center would be operated largely by surgeons and specialists who spend much of their time at the hospital. It would offer more accute and tertiary type care.

Parking

The hospital's prior proposal to construct a parking garage for use by its employees, patients and visitors has been eliminated at the request of the community. It originally was opposed on the grounds that it would have been too big, would have caused excessive glare and fumes, and would have resulted in a shift in the distribution of traffic. Since the construction of a parking garage also is extremely expensive, it would have required the hospital to consider a paid parking system; the elimination of the present garage proposal will not require any paid parking at the present time.

In place of a parking garage, the hospital has attempted to resolve its parking needs by the use of surface parking. The hospital apparently has sufficient parking to satisfy the requirements of the Zoning Ordinance.* To satisfy the additional needs for the ambulatory care center, the hospital is proposing a modest increase in parking areas as shown on the architectural site plan. Upon completion of the proposed plan a total of 839 parking spaces will be provided, exceeding the requirement by 59 spaces. However, the hospital is not proposing to add more than is necessary and intends to reduce the present parking needs by encouraging carpooling and the use of public transit. Although the hospital has had a carpooling system for several years which offers preferential parking to employees who car pool, it is in the process of increasing the incentives to utilize the program by providing better parking areas and lowering the eligibility requirement for the program. Some existing surface parking areas will be expanded, but they will be bermed and landscaped to avoid any detrimental consequences. The landscaping will be of varying sizes and types (deciduous and non-deciduous). While the hospital may wish, in the future, to add various parking decks over existing surface lots and perhaps even construct a parking garage, it has no immediate plans to do so, and would of course be required to return to the Board with any such proposal.

* Based on parking criteria of the Zoning Ordinance, using building square footage, number of resident and existing doctors, and employees on the major shift, and using a total building area of 368,817 square feet (discounting the 71,000 square foot sanitarium proposed for demolition) with 17 resident doctors, 140 existing staff doctors and 760 employees on the major shift, the required parking spaces equals 780 spaces.

The site plan (Exhibit No. 16), shows removal of the Sanitarium building, presently located south of the parking area, between the main hospital building and the proposed ambulatory care center. Upon completing the demolition, the present parking area will be extended southward, with a landscaped perimeter just north of the Lisner building. Additional modifications to parking areas as proposed by the applicant include: (1) the elimination of a parking area located near the intersection of Maple and Maplewood Avenues, to be replaced by a landscaped area and (2) the leasing of a 104-space existing parking area from the adjoining college facilities. This paved parking area is located at the hospital's Carroll Avenue entrance and is less than 100 feet from the proposed ambulatory care center across from the primary access drive.

The existing and proposed lighting on the site is an attempt to reduce what some persons believe is excessive light on parking areas and roadways near residential areas. Modifications of the existing lighting include reduction in height and the change in fixtures from seven 25-foot high poles to 10 to 12-foot poles and the addition of 20 new lights at these reduced heights. The petitioner intends to add more landscaping at various points in response to community suggestions regarding the need to improve the appearance of some large expanses of macadam areas. As recommended by the Maryland-National Capital Park and Planning Commission (M-NCPPC), the petitioner will consider additional landscaping in the large parking lots and the use of landscaping material to help delineate pedestrian walks between the new building and the hospital. Testimony reveals that the petitioner intends to alter the exterior appearance of the facing of the retaining wall on the west side of the hospital to make it more aesthetically attractive to the community and its visitors.

The hospital intends to stage construction so as to minimize interruption of hospital activities and to maximize the opportunity to make some improvements prior to the construction of the ambulatory care center. No problems are anticipated for accommodating the construction vehicles during the construction process or in the provision of adequate parking during construction.

Storm-water runoff will be contained on the subject property and will be handled before it gets to Sligo Creek. The amended proposal represents a 3 to 5% increase in impervious area over the previous proposal. In answer to a Board question in regard to types of pervious surfaces available, the Board received a letter dated May 18, 1982 (Exhibit No. 24), which stated "... based upon the review by our engineers, we do not believe that porous paving would be feasible at this time. In addition to the significantly increased cost, the engineers believe that the uncertain effectiveness of the system does not warrant its use at this time. However, the Hospital remains receptive to installing such a system if it is determined to be feasible at the time of construction." The above

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mentioned letter also addresses the matter of storm-water management. It states "... the Hospital is located along Sligo Creek. Based upon current policy by the Montgomery County Department of Environmental Protection, it is likely that a contribution to an off-site system will be required in lieu of construction of a large on-site system. However, according to Lew Williams of the Department of Environmental Protection, the Hospital will be required to construct adequate transmission and holding facilities from the parking area to Sligo Creek. Our engineer advises that this will consist of several catch basins in the parking area, with pipes down to the creekbed of Sligo Creek. Where the pipes exit to Sligo Creek, an appropriate outfall with velocity diminishing material will be constructed. This system will be adequate to handle all storm water generated by the proposed new construction."

A traffic study entered into the Record as Exhibit No. 17 and the testimony of an expert traffic planner and engineer concluded new parking areas would function in a safe and efficient manner. The new site layout locates only about 30-35% of the total parking in direct proximity to the Maple Avenue access and the expanded parking layout will not result in a shift to that location. In addition, the overall internal design of the hospital roadways and parking facilities will provide for safe and efficient movement of traffic throughout the site.

An impact study conducted for the hospital in 1977 when the bed capacity was scheduled to be reduced from 366 beds to 300 beds estimated that the evening peak-hour traffic associated with the 300 bed facility would be approximately 20% lower than that which existed in 1977. Carpooling arrangements have also reduced peak-hour traffic associated with the hospital. Adjacent roadway intersections will continue to operate within acceptable levels of service 'A' and 'B', the distribution of traffic will be more even and not concentrated at the Maple Avenue access and there should be no significant increase in traffic volume.

The intersection of Flower Avenue/Carroll Avenue is scheduled to be signalized in 1984 by the State Highway Administration, replacing 4-way stop signs. It will be easy for vehicles to pass through the location once it is signalized, and may even encourage vehicles to exit on the south of the hospital rather than use Maple Avenue and Maplewood Avenue. The signal installation should not have an adverse effect on the local street system which currently operates at acceptable levels of service.

Additional testimony revealed that the proposed special exception would be in conformity with the Takoma/Langley Park Master Plan; the very recently adopted Takoma/Langley Master Plan still designates the subject property in the R-60 zone; the use would exceed the setback requirements and the ambulatory care center would be lower than the maximum height permitted. The materials used for the proposed building (off-white split face brick and earth tones) would blend with existing buildings, trees,

etc.; all parking areas would provide handicapped parking spaces and ramps; that the proposed use would not be a nuisance or a redundant use, and would be compatible with the existing facility and would be aesthetically pleasing and should enhance the value of property. In addition, there would be no burning on site; the only noise that would be bothersome would be the noise of construction for approximately ten months, with none after that.

Two residents living at the corner of Maplewood and Maple Avenues across from the hospital parking lot on Maplewood asked the petitioner questions regarding plans for future expansion and the design and style of the ambulatory care center. Petitioner replied that they have made no commitment to future hospital expansion. However, it added that any planned future expansion would be consistent with what is now being proposed. It was also petitioner's opinion that the proposed building is compatible with the existing hospital building. The residents asked if the parking lot on Maple Avenue could be converted to green space in the summer of 1982 and petitioner replied that consistent with good horticultural practice, this could be done in September or October. In regard to light replacement, especially on the maintenance building lot, petitioner replied that this could be done this summer. In addition, petitioner stated that the lower lot could immediately be closed off from Maple Avenue. The two residents stated that they felt that the proposed changes to the hospital would not enhance their neighborhood but would not be detrimental either.

Aside from the testimony from the two nearby residents who were not opposed but only wanted to express their concern, no opposition evidence was adduced at the hearing.

Report of the Technical Staff of
the Maryland National Capital Park
and Planning Commission

In recommending conditional approval of the subject petition, the Technical Staff report (Exhibit No. 20) stated that the subject special exception "... has been reviewed in terms of its relationship to the final draft of the Takoma Park Master Plan." In this regard, the "...special exception use is in conformance with the master plan's land use recommendations in that the location is identified as being utilized for institutional purposes."

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In addition, the Technical Staff concluded that the revised plans conform with requirements of the special exception regarding building coverage, height limit, setbacks and parking.

The question whether the ambulatory care center constitutes an addition to the Hospital or is a medical clinic was addressed. The Staff, after reviewing the applicant's submitted statements and discussion of same with the County attorney's office, concludes that the proposal is, in fact, an addition to the Hospital.

The Montgomery County Planning Board recommended approval of the special exception with the conditions cited in its staff report (Exhibit No. 20).

The petitioner expressed willingness to accept the conditions recommended by the Technical Staff of the M-NCPPC.

Opposition

The Board kept the record of the hearing open for four weeks to receive comments from the City of Takoma Park. A letter from the City was received by the Board and entered in the record as Exhibit No. 26. It states that due to the fact that the amended site plan which encompasses significant changes in the proposal was introduced so abruptly, the City did not have the minimum time to adequately consider the full impact of the ambulatory care center on the community. The change in the location of the ambulatory care center poses such problems as increased traffic on Carroll Avenue, greater traffic impact at the intersection of Carroll and Flower Avenues due to this increased traffic, diminution of trees and green space, and the proposed demolition of the historic Washington Sanitarium. Absent the opportunity of the Mayor and Council to get together with the Hospital to negotiate these matters, the Mayor and Council felt they had no other alternative but to request denial of the proposed special exception.

A letter to the Board from the Long Branch-Sligo Citizens' Association was entered in the record as Exhibit No. 25. The letter states that the Citizens' Association is opposed to relocating the ambulatory care center from the west side of the property to the east side as long as significant issues arising from the amended proposal remained unaddressed or inadequately addressed. These issues are:

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(1) Utilization of the building. The Citizens' Association stated that a market study was not produced that conclusively demonstrated that an ambulatory care facility was needed in the Takoma Park area.

(2) The overall effects on traffic. The Association contends that the plans would result in increased traffic. In addition, ingress and egress to and from the Hospital property are already difficult and sometimes hazardous because of the street and Hospital layouts. The intersection of Carroll and Flower Avenues, they said, is one of the most heavily traveled intersections in the area. The proposed plans would create new traffic problems and exacerbate existing problems.

(3) The environmental damage resulting from construction of the proposed building on the east side of the hospital. The only landscaped area on the Hospital grounds is on the east or Carroll Avenue building side. In addition, construction will necessitate destruction of approximately 20 to 25 trees. An expanded parking lot will eliminate the little green space left.

(4) Financing of the project. The Association states that until such time as a developer has been retained and financial arrangements secured, the petitioner's application for a special exception is inappropriate.

The Association letter states the abrupt change of location of the ambulatory care center from the west to the east side of the Hospital by the petitioner and the reasons given are unpersuasive. The Association therefore remains unconvinced of the merits of the Hospital's application for the special exception and the Citizens' Association is opposed.

Rebuttal

A letter in reply to Long Branch-Sligo Citizens' Association from the attorney for the petitioner was received by the Board and entered into the record as Exhibit No. 27. It states that all of the issues raised by the Citizens' Association were fully addressed at a public hearing held by the City; that the petitioner demonstrated the need for the Hospital to establish the Ambulatory Care Center (although the Zoning Ordinance does not require a finding of need), and that testimony of a traffic expert demonstrated the lack of traffic impact. Allegations that the "only landscaped area on the Hospital

grounds will be destroyed" are refuted by the fact that the Hospital has ample green space, including four to five acres which exist as an easement for Sligo Creek Parkway. Lastly, the letter states the Hospital's financial considerations are not relevant to the special exception process.

In addition, the letter states that the Hospital's decision to move the Ambulatory Care Center to the east side of the property was neither abrupt nor unjustified. The change, which represents a total compromise by the Hospital for the benefit of its immediate neighbors, came as the result of months of meetings with the Citizens' Association and is supported by sound planning considerations. All interested persons were given copies of the revised site plan nearly a month prior to the Board's hearing, which was adequate time for review and comment. The comments in the Citizens' Association letter were received nearly a month after the Board's hearing and nearly two months after the plan was filed. (An attached letter to Mr. Messenger of the Long Branch-Sligo Citizens' Association outlined the chronology of events leading up to the special exception modification as proposed and attests to the fairness of the process.)

Findings of the Board

After considering all testimony, evidence and exhibits in the record, including testimony and exhibits binding upon the petitioner, the Board finds that the proposed use, as conditioned herein, meets all pertinent requirements of the Zoning Ordinance, including the general standards for the grant of the special exception (Section 59-G-1.21), the particular requirements for a hospital (Section 59-G-2.31), and the requirements of the R-60 Zone and parking requirements in Section 59-E-7.6.

The Board notes that the hospital use has long been established on this site and that the proposed Ambulatory Care Center will meet all building height, coverage and setback requirements of Section 59-G-2.31.

The Board is convinced by evidence in the record that the proposed use is consistent with the adopted area Master Plan, that existing facilities are adequate to serve the proposed use and that the proposed addition would have no adverse effect on adjacent or surrounding properties and would be in harmony with the Hospital, which is in harmony with the neighborhood.

EXHIBIT C

In addition, the Board is convinced that the Ambulatory Care Center constitutes an addition to the Hospital, rather than a medical clinic; that the proposed use would not generate a detrimental traffic impact; that the proposed facility is needed and would be operated mostly by doctors who presently use the Hospital; that the proposed plans meet the green space requirements and exceed the parking space requirements of the Zoning Ordinance. In regard to the Sanitarium building being an historic site, the Board is mindful of numerous unsuccessful attempts to have the building declared as an historic structure. Evidence in the record reveals that in Case No. S-591 granted in 1977, it was the Hospital's intention to demolish the Sanitarium building as a result of its inability to meet building and fire codes. This decision was sustained when, on February 18, 1982, the Hospital decided to retain its existing approval to demolish the Sanitarium building; in its judgment there is no use for the building which is consistent with the health care needs and objectives of the Hospital and its patients.

The Board is of the opinion that all parties to the proceedings were given more than ample time to review and comment on the amended plans for the Ambulatory Care Center. In fact, it is apparent that the petitioner went to great lengths to alleviate and resolve community concerns.

In regard to future expansion of the Hospital, the Board notes that any future modifications must be brought before the Board for approval.

Accordingly, the proposed special exception is granted, subject to the following conditions:

1. Construction shall be according to the revised site plan entered into the record as Exhibit No. 16 and according to architectural plans (Exhibit No. 18(b)).
2. The applicant shall, in consultation with the Technical Staff of M-NCPPC, institute a program encouraging employee use of public transit and carpool.
3. The applicant shall maintain the required number of parking spaces throughout the demolition of the buildings and construction of the Ambulatory Care Center.

EXHIBIT C

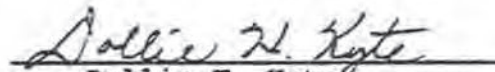
4. The entire special exception shall be subject to review by the Board annually until all phases of the Hospital development have reached completion.
5. The applicant shall submit a revised landscape and lighting plan addressing both on and off site effects. This plan shall be subject to the review and approval of the Technical Staff of the Maryland-National Capital Park and Planning Commission.

The Board adopted the following Resolution:

"BE IT RESOLVED by the County Board of Appeals for Montgomery County, Maryland, that the opinion stated above be adopted as the Resolution required by law as its decision on the above-entitled appeal."

The foregoing Resolution was proposed by Doris Lipschitz and concurred in by Joseph E. O'Brien, Jr., Chairman, Rita A. Morgan, Harry M. Leet and Wallace I. Babcock.

I do hereby certify that the foregoing Minutes were officially entered in the Minute Book of the County Board of Appeals this 28th day of July, 1982.


Dollie H. Kyte
Clerk to the Board

NOTE: See Section 59-A-4.53 of the Zoning Ordinance regarding the twelve-months' period within which the right granted by the Board must be exercised.

See Section 59-A-3.2 of the Zoning Ordinance regarding use and occupancy permit.

Any decision by the County Board of Appeals may, within thirty (30) days after the decision is rendered, be appealed by any person aggrieved by the decision of the Board and a party to the proceeding before it, to the Circuit Court for Montgomery County in accordance with the Maryland Rules of Procedure.

EXHIBIT C

BOARD OF APPEALS
for
MONTGOMERY COUNTY

Stella B. Werner Council Office Building
100 Maryland Avenue, Room 217
Rockville, Maryland 20850
240-777-6600

<https://montgomerycountymd.gov/boa/>

Case No. S-238 [S-238-A, S-591, S-807, S-807-B]

PETITION OF WASHINGTON ADVENTIST HOSPITAL

RESOLUTION TO REVOKE SPECIAL EXCEPTION

(Resolution Adopted September 11, 2024)

(Effective Date of Resolution: September 26, 2024)

The Board of Appeals has received correspondence dated August 29, 2024, from Geoff Morgan, Vice President, Chief Facilities & Real Estate Officer, Adventist HealthCare, informing the Board of the following:


This letter will serve as Adventist HealthCare's request to withdraw Conditional Use Permit S238 for the former Washington Adventist Hospital in Takoma Park, Maryland. Adventist HealthCare has opened their replacement Hospital in White Oak and has closed all operations at the former Takoma Park location. The former Hospital has been permanently closed, decommissioned, and secured. Adventist HealthCare is now working on plans to demolish all existing buildings and structures.

The subject property is Parcel N360, Block P51, B F G Subdivision, located at 7600 Carroll Avenue, Takoma Park, Maryland, in the R-60 Zone.

The Board of Appeals considered Mr. Morgan's letter at its Worksession held on September 11, 2024. The Board notes that this special exception has been abandoned and should be revoked. On a motion by John H. Pentecost, Chair, seconded by Caryn Hines, with Richard Melnick, Vice Chair, Alan Sternstein and Amit Sharma in agreement:

BE IT RESOLVED by the Board of Appeals for Montgomery County, Maryland that the record in Case No. S-238 [S-238-A, S-591, S-807, S-807-B], Washington Adventist Hospital, is re-opened to receive Mr. Morgan's letter of August 29, 2024; and

BE IT FURTHER RESOLVED by the Board of Appeals for Montgomery County, Maryland that Case No. S-238 [S-238-A, S-591, S-807, S-807-B], Washington Adventist Hospital, is revoked as abandoned.


John H. Pentecost
Chair, Montgomery County Board of Appeals

Entered in the Opinion Book
of the Board of Appeals for
Montgomery County, Maryland
this 26th day of September 2024.


Barbara Jay
Executive Director

NOTE:

Any request for rehearing or reconsideration must be filed within fifteen (15) days after the date the Opinion is mailed and entered in the Opinion Book. Please see the Board's Rules of Procedure for specific instructions for requesting reconsideration.

Any decision by the County Board of Appeals may, within thirty (30) days after the decision is rendered, be appealed by any person aggrieved by the decision of the Board and a party to the proceeding before it, to the Circuit Court for Montgomery County, in accordance with the Maryland Rules of Procedure. It is each party's responsibility to participate in the Circuit Court action to protect their respective interests. In short, as a party you have a right to protect your interests in this matter by participating in the Circuit Court proceedings, and this right is unaffected by any participation by the County.



820 West Diamond Avenue
Gaithersburg, MD 20878
AdventistHealthCare.com



August 29, 2024

Montgomery County Board of Appeals
Stella B Warner Council Office Building
100 Maryland Avenue, 6th Floor
Rockville, MD 20850

RE: Conditional Use Permit No. S238
Adventist HealthCare

To whom it may concern:

This letter will serve as Adventist HealthCare's request to withdraw Conditional Use Permit S238 for the former Washington Adventist Hospital in Takoma Park, Maryland. Adventist HealthCare has opened their replacement Hospital in White Oak and has closed all operations at the former Takoma Park location. The former Hospital has been permanently closed, decommissioned, and secured. Adventist HealthCare is now working on plans to demolish all existing buildings and structures.

Please let us know if you require any further information in order to process the termination of the Conditional Use.

If you have any questions, please contact me at 301-315-3374 or GMorgan@AdventistHealthCare.com.

Thank you for your help in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read 'Geoff Morgan', written over a circular stamp.

Geoff Morgan
Vice President, Chief Facilities & Real Estate Officer



Section 6.4.3. General Landscaping Requirements

A. General

1. DPS must not issue a final certificate of occupancy until all trees and plant material have been installed and satisfy Division 6.4.
2. DPS may issue a temporary certificate of occupancy for a period of up to 6 months if planting of the site is impractical, or until the proper planting season to complete the landscaping requirements occurs.
3. Landscaping and lighting must satisfy any applicable design guidelines or streetscape standards.
4. To satisfy Section 6.2.9, Division 6.3, and Division 6.5, a property owner must not place plant material in any utility, stormwater management, or other easement that may result in removal of the plantings, except as allowed under Section 6.2.9, Division 6.3, and Division 6.5.
5. All landscape plans and related documentation must be prepared by a licensed landscape architect.
6. Species included on the Maryland Invasive Species Council's list of invasive aquatic or terrestrial plants must not be used for landscaping.

B. Landscaping Elements

1. Plant Material

- a. Any landscaping must be installed under the accepted standards of the American Standard for Nursery Stock, latest edition, as published by the American Association of Nurserymen.
- b. Plant material must be true to name, variety, and size and must satisfy all applicable provisions of the American Standards for Nursery Stock, latest edition.
- c. Mature plant size is based on the Manual of Woody Landscape Plants, Stipes Publishing, latest edition.

2. Canopy Trees

a. Defined

A canopy tree is a large deciduous tree, typically 40 to 70 feet tall at maturity, with a minimum spread (canopy) of 30 feet. A canopy tree typically has only a single trunk.

b. Size at Time of Planting

Any canopy tree within an open space area, screening area, or surface parking lot must have a minimum caliper of 2 inches or a minimum height of 14 feet when planted.

3. Understory Trees

a. Defined

An understory tree is a small deciduous tree, typically less than 30 feet tall at maturity. Many understory trees have multiple trunks.

b. Size at Time of Planting

- i. Any single trunk understory tree located in an open space area, screening area, or surface parking lot must have a minimum caliper of 1.5 inches or a minimum height of 10 feet when planted.
- ii. Any multi-trunk understory tree located in an open space area, screening area, or surface parking lot must have a minimum of 3 main stems, each with a minimum caliper of 1.5 inches per stem, or a minimum height of 10 feet, when planted.

4. Evergreen Trees

a. Defined

An evergreen tree (conifer), typically more than 40 feet tall at maturity.

b. Size at Time of Planting

Any evergreen tree located in an open space area, screening area, or surface parking lot must be a minimum of 8 feet in height when planted, measured from the top of the root ball to the tip of the highest branch.

5. Shrubs

a. Defined

- i. A large shrub must be of a species that is expected to grow to a minimum height of 8 feet.
- ii. A medium shrub must be of a species that is expected to grow to a minimum height of 4 feet.
- iii. A small shrub must be of a species that is expected to grow to a minimum height of 2 feet.

b. Size at Time of Planting

- i. A large shrub located in an open space area, screening area, or surface parking lot must be in a container with a minimum volume of 5 gallons or be balled and burlapped.
- ii. A medium shrub located in an open space area, screening area, or surface parking lot must be in a container with a minimum volume of 3 gallons or be balled and burlapped.
- iii. A small shrub located in an open space area, screening area, or surface parking lot must be in a container with a minimum volume of one gallon.

C. Fences and Walls

1. Measurement of Height

Fence or wall height is measured from the lowest level of the grade under the fence or abutting a wall.

2. Height and Placement

- a. A fence, wall other than retaining wall, terrace, structure, shrubbery, planting, or other visual obstruction on a corner lot in a Residential zone can be a maximum height of 3 feet above the curb level for a distance of 15 feet from the intersection of the front and side street lines.
- b. A deer fence on a corner lot in a Residential zone must not be located closer to the street than the face of the building.
- c. A wall or fence must not be located within any required drainage, utility or similar easement, unless approved by the agency with jurisdiction over the easement.

3. Exemptions from Building Line and Setbacks

Building line and setback requirements do not apply to:

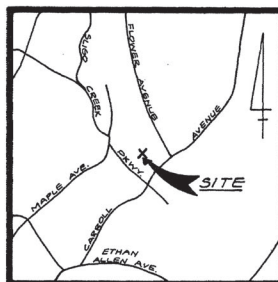
- a. deer fencing:
 - i. in an Agricultural or Rural Residential zone; or
 - ii. behind the front building line for property in a non-Agricultural or non-Rural Residential zone unless the property adjoins a national historical park;
- b. a retaining wall where changes in street grade, width, or alignment have made such structures necessary;
- c. any other wall or fence that is not on a property abutting a national historic park and is:
 - i. 6.5 feet or less in height when not abutting a Commercial/Residential, Employment, or Industrial zone; or
 - ii. 8 feet or less in height when the fence abuts:
 - (A) a Commercial/Residential, Employment, or Industrial zone; or
 - (B) a master planned right-of-way for a rail line; or
 - (C) any service road that provides access to a master planned right-of-way for a rail line;
- d. a rustic fence on a property abutting a national historical park;
- e. any boundary fence behind the front building line, if the property is located within 100 feet of a parking lot in a national historical park; and
- f. deer fencing and any other fence that is 8 feet or less in height, if the property is farmed and agriculturally assessed.

D. Failure to Maintain Landscaping

- 1. If the owner of a landscaped area fails to maintain the area according to the standards of Section 6.4.3, the County may issue a notice of violation to the property owner, allowing the property owner 90 days to correct the deficiency. Refer to Division 7.8, Violations, Penalties, and Enforcement for additional procedures.
- 2. The County may recover the cost of enforcement from the property owner, including reasonable attorney's fees. The County may also, following reasonable notice and a demand that deficiency of maintenance be corrected, enter the landscaped area to maintain the area. The party with primary responsibility for maintenance of the landscaped area must reimburse the County for the work.

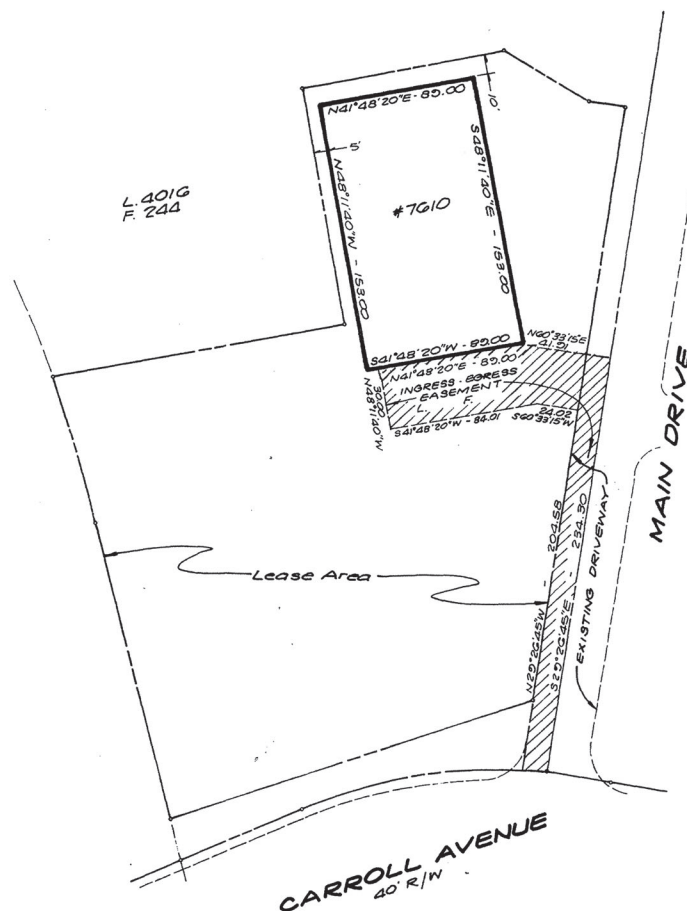
(Legislative History: Ord. No. 18-08, § 22; Ord. No. 18-37, § 1; Ord. No. 19-01, § 1.)

MONTGOMERY COUNTY CIRCUIT COURT (Condominium Plats; MO) Plat 3600, MSA 512653952, Date Available 1984/06/28, Printed 2019/19/2025
 Maryland State Archives



VICINITY MAP
SCALE: 1" = 2000'

PLAT No. 3600



Note:
Lease Area and Ingress and
Egress Easement area are not
a part of this Condominium.

SURVEYOR'S CERTIFICATE

I certify that this plan of Condominium consisting of 5 pages is all of the land conveyed by the Washington Adventist Hospital Incorporated to Nu Dev Con, Inc. a Maryland Corporation by deed dated May 31, 1983 and recorded in Liber G127 Folio 830 among the Land Records of Montgomery County, Maryland.

I further certify that the position of all existing improvements have been established by accepted field practices and unless otherwise shown, there are no encroachments either way across the property line, and that these plats and plans together with the applicable wording of the Washington Adventist Ambulatory Care Center, a Condominium declaration is a correct representation of the Condominium described and identification and location of each unit and common elements as constructed can be determined from them.

Date: May 19, 1984

Rodney L. Hanson
Rodney L. Hanson
Reg. Land Surveyor, Md. #3084

*as amended by Confirmatory Deed dated April 12, 1984 and recorded in L.G401 F.G26

OWNER'S DEDICATION

We, NUDEVCON, Inc., a Maryland Corporation by Boyd O. Bower, President, and Cornelius Davies, Secretary, owners of the property shown and described hereon hereby adopt this plan of Condominium Subdivision pursuant to the provisions and requirements of Title II, Real Property Article, Sections 11-101 et seq. of the Annotated Code of Maryland as amended.

June 20, 1984

NUDEVCON, INC.

Attest: Cornelius Davies By: Boyd O. Bower
Cornelius Davies
Secretary Boyd O. Bower
President

FILED

JUN. 28 1984

CONDOMINIUM PLAT WASHINGTON ADVENTIST AMBULATORY CARE CENTER A CONDOMINIUM (NON-RESIDENTIAL)

13th ELECTION DISTRICT

MONTGOMERY COUNTY, MARYLAND
Scale: 1" = 50' Date: May, 1984

HANSON & DEN OUTER, LTD.



CIVIL ENGINEERS & LAND SURVEYORS
LAND PLANNING CONSULTANTS
172 ROLLINS AVE., ROCKVILLE, MD 20852
(301) 881-6770

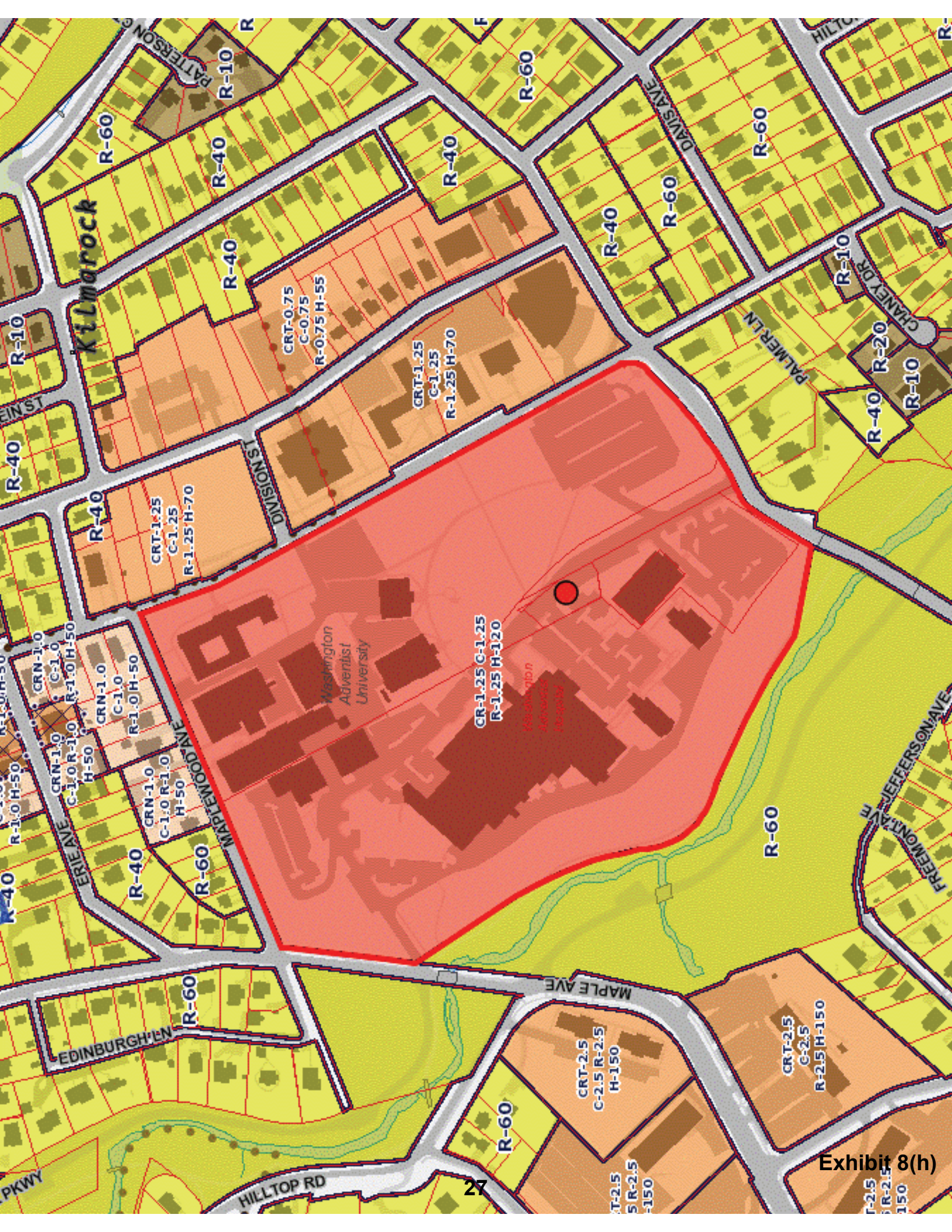


Exhibit 8(h)



Exhibit 8(i)



7600 Carroll Ave
Jamie Putterman, RD

Denita Brown Beauty

Paramount Dental Care

Image Landsat / Copernicus





