



HEALTH CORRIDOR MASTERPLAN

Coeur d'Alene, Idaho

SEPTEMBER 30, 2019





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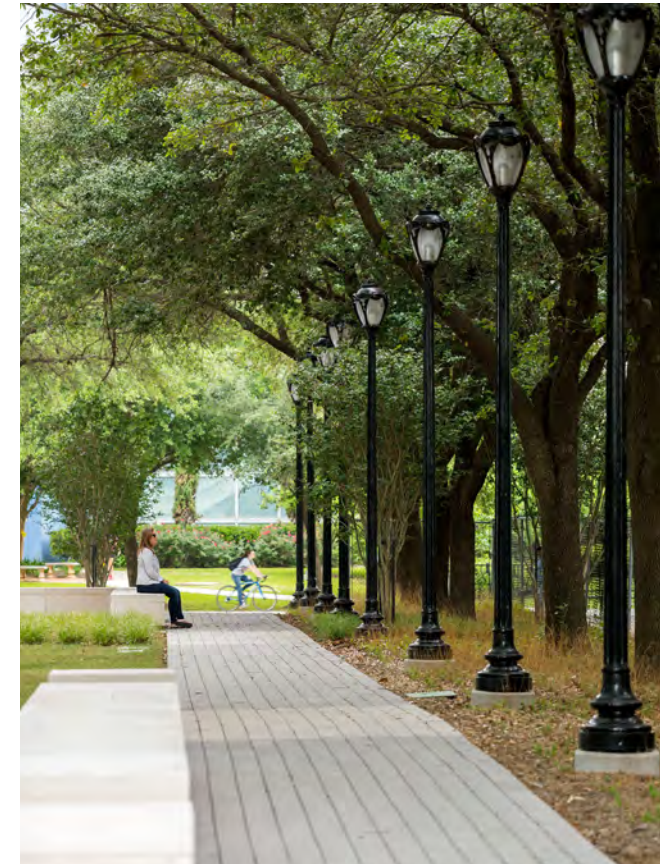
Executive Summary

Across the country, communities like Coeur d'Alene offer a highly desirable quality of life, including access to recreation and outdoors, small town character, good job opportunities and other features attractive to new residents and visitors. These qualities create both the benefits and challenges for managing change, growth and economic development. Challenges such as the need for transportation improvements, economic diversity, and affordable housing are not easy to solve but important to ensure the long-term vitality of Coeur d'Alene as a city and each of its unique neighborhoods.

This master plan, developed in parallel with a full market study and an economic feasibility study, creates a long-range vision and implementation plan for an important area within Coeur d'Alene named the Health Corridor. Building upon the community vision completed by cda 2030 in 2013, and the follow-up Technical Assistance Panel

by the Urban Land Institute (ULI) of Idaho study in 2017, an Urban Renewal Eligibility Report was prepared in 2018 to prove the area qualifies as an Urban Renewal Project. In 2019, ignite cda selected a multidisciplinary Design Team led by HDR in partnership with T-O Engineers, Leland Consulting, Valbridge Property Advisors and GEL Oregon, to help take the next step. Over the past 5 months, the design team has facilitated a process with three primary purposes:

1. Create a master plan for a vibrant health-based community.
2. Evaluate economic feasibility of an implementable Urban Renewal District (URD) that delivers community value.
3. Complete study by fall 2019 in order for the URD to be created by the end of 2019 and approved by City Council.





Anchored by one of North Idaho's strongest economic engines, Kootenai Health, the Health Corridor holds promise of evolving into a more urban mixed use neighborhood with a stable residential neighborhood along its southern edge. The master plan's intent is to allow for both Kootenai Health's campus expansion as well as complementary community development. Before a master plan solution could be created, the design team started by gathering insights, concerns, desired outcomes and ideas from community residents and stakeholders. In coordination with ignite cda, the team engaged community participants of various backgrounds, including residents of the neighborhood, business owners, property owners, health care providers, employees of Kootenai Health, and other healthcare providers, developers and community leaders. Feedback from stakeholder interviews, surveys and public meetings all

influenced the priorities and direction of the master plan.

Through a three-day-long charrette that included open public meetings, the design team developed concepts that focused on creating a true health-oriented district. The Corridor concepts not only incorporated health-focused amenities and development patterns, but also respected existing adjacent neighborhoods while enhancing the district's overall economic impact to the region. The final master plan is fully detailed in the Master Plan Chapter on page 49.

This Health Corridor master plan provides a long-range vision for development within the 259 acre boundary over the 20-year duration of the Urban Renewal District and likely beyond. The plan focuses on establishing a strong urban framework of publicly beneficial projects that are planned to be funded in part through the

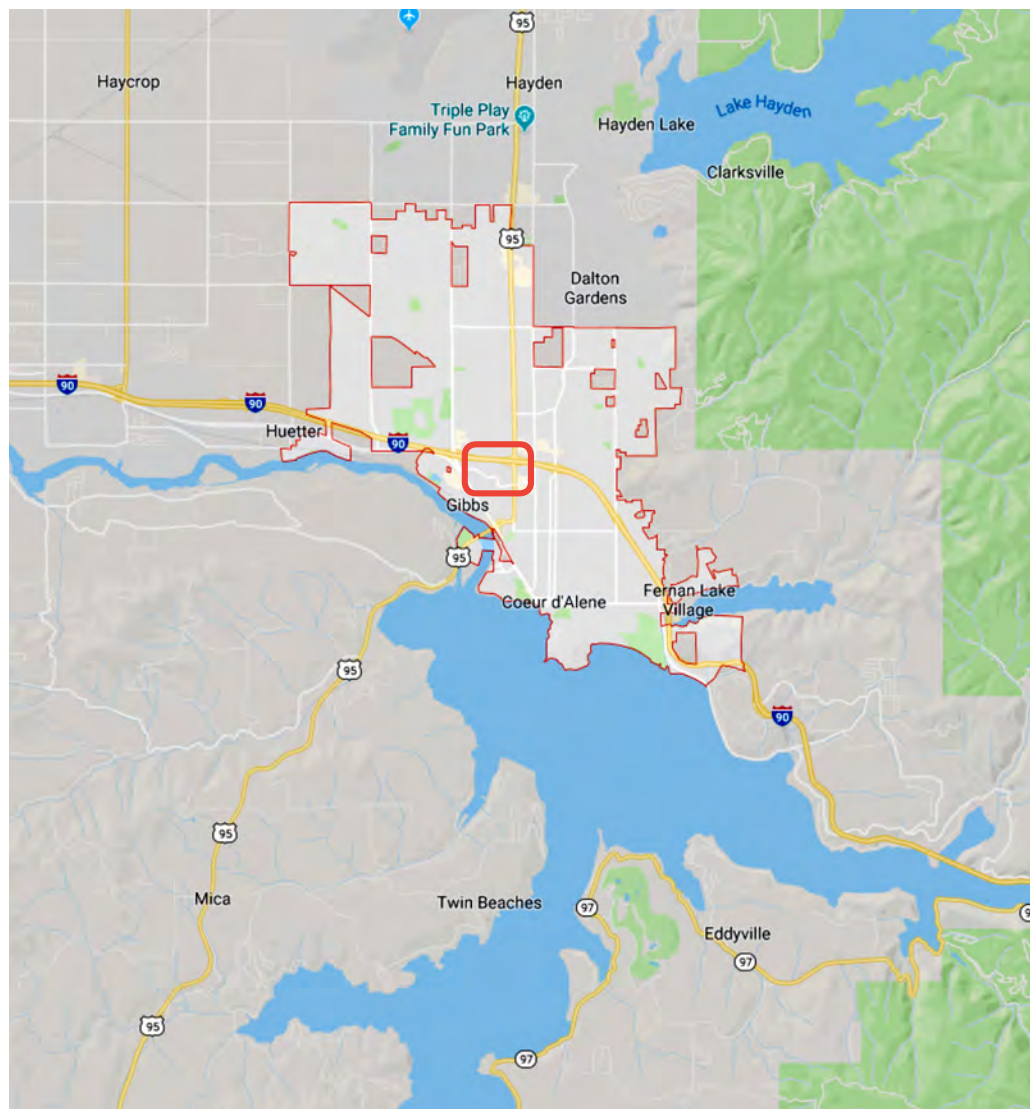
Tax Increment Financing (TIF) produced by the URD.

The master plan identifies the creation of long-term public benefit in four key areas:

1. Mobility Improvements
2. Redevelopment Nodes
3. Neighborhood Stabilization
4. Parks and Openspace Amenity Nodes

This master plan presents a vision for a bold redevelopment of the Health Corridor area. Though the plan is feasible and implementable, it is not guaranteed that the concepts established in this master plan will be built to completion. In order to ensure that the new vision for the Health Corridor is fully realized, the enthusiasm and effort of several critical stakeholders and participants – including Kootenai Health, ignite cda, the City, and private development partners – will have to be leveraged and their actions must be aligned in order to achieve the ambitions represented in this plan.

Health Corridor Location



The Health Corridor Urban Renewal District located within the City of Coeur d'Alene, Idaho.
Corridor area: 259 acres





An aerial photograph of a city neighborhood, showing a mix of residential houses, commercial buildings, and parking lots. A large teal rectangle is overlaid on the center of the image, containing the text "PROJECT BACKGROUND" in white, bold, sans-serif capital letters.

PROJECT BACKGROUND



Introduction

The city of Coeur d'Alene is fortunate to be the home of both natural beauty and civic pride. Benefits include the city's access to nature and recreation, affordability, availability of competitive wage jobs and small-town character and heritage. The proximity to Lake Coeur d'Alene creates not only a stunning backdrop but also a strong driver for economic success.

The ULI Idaho Report can be found online at: www.ignitecda.org

Across the country, communities like Coeur d'Alene are working to build upon their assets while also working through shared challenges. In North Idaho, regional challenges such as the need for transportation improvements, economic diversity, and affordable housing are not easy to solve but important to ensure the long-term vitality of this community.

To that end, cda 2030 was created in 2013 as a community-based effort "to develop a vision for a bright future for greater Coeur d'Alene, and a plan to get there." As a result of the cda 2030 visioning process, the

medical corridor from US-95 to Northwest Blvd. along Ironwood Drive was identified as a high priority action item to support needed expansion of medical services and associated medical business.

In October 2017, The Urban Land Institute (ULI) of Idaho, at the request of cda 2030 and sponsor partners Kootenai Health and Parkwood Business Properties, was invited to do a Technical Assistance Panel (TAP) for the Health Corridor. A TAP consists of ULI members, typically from several disciplines, who combine their individual expertise with the resources of ULI to provide advice on land use and real estate issues.



OUR OVERARCHING VISION

**IN 2030, GREATER
COEUR D'ALENE
IS THE VIBRANT HEART
OF NORTH IDAHO**

CDA 2030



Coeur d'Alene Health Corridor Urban Renewal District Boundary: 259 acres

“ A major initiative of ULI over the past several years has been in exploring improvements to the built environment that can support healthier lifestyles. One area of exploration has been in how to create healthier corridors along streets like US-95 and Ironwood Drive. The healthy corridors approach considers how the corridor contributes to the overall health of the surrounding community, including supplying opportunities to be physically active. It also considers safety, housing affordability, transportation options, environmental sustainability, social cohesion as well as modifications that would link residents to the corridor and improve connections to jobs and other parts of the community.”

– Vision for the Health Corridor, Coeur d'Alene, Idaho. Urban Land Institute Technical Assistance Panel, 2017

ULI Idaho TAP Report Recommendations included:

1. **Vision and Branding** – create a unified vision to prioritize opportunities including a healthy places approach which is how the corridor contributes to the overall health of the surrounding community
2. **Create a Comprehensive Transportation Strategy** which includes the following goals and actions: increase connectivity, reduce congestion, create a walkable campus and neighborhood, improve wayfinding, manage the health campus transportation demand
3. **Real Estate Opportunities and Strategies** – look for redevelopment and land assemblage opportunities, create transitional uses in adjacent areas, and create an outpatient services plan
4. **Explore Supportive Land Uses** – explore opportunities for medical retail, align with institutions that compliment Kootenai Health, provide a diversity of housing choices, hospitality, and encourage research and development, provide opportunities for placemaking
5. **Neighborhood Stabilization** – make preservation of in-town affordable housing a priority

6. **Implementation** – 12 Steps were recommended:

- Update hospital strategic plan
- Create a 20 year framework & facility master plan
- Develop a vision and master plan for the district using the guiding principles of a healthy corridor
- Create a brand
- Create leadership, champions, associations
- Adopt and implement a comprehensive transportation strategy plan
- Influence the current I-90 interchange scope of work to address the emergency, employee and patient access needs
- Update the City of Coeur d'Alene comprehensive plan and zoning regulations to implement the vision
- Revisit the pocket housing provisions
- Pursue funding sources such as the tax increment financing and local improvement districts
- Pursue land assembly
- Implement placemaking and programming

Following the ULI TAP an Urban Renewal Eligibility Feasibility Study was prepared by the Panhandle Area Council for cda 2030 in December 2018. The purpose of the report was to determine whether the Coeur d'Alene Health Corridor area qualifies as a deteriorated or deteriorating area pursuant to State Urban Renewal Law. The determination is required by State law to meet certain requirements for creating an Urban Renewal district. In summary, the report identified eight conditions that demonstrated that the district is a deteriorating area per the criteria established by Idaho State law.

The full report can be found on the ignite cda website: <http://www.ignitecda.org/>

In March of 2019, ignite cda Coeur d'Alene's urban renewal agency released a request for proposals (RFP) for the preparation of a Master Plan and Economic Feasibility Study for a potential new urban renewal district referred to as the "Health Corridor District." HDR, in partnership with T-O Engineers, Leland Consulting and sub-consultants Valbridge Property Advisors and GEL Oregon were selected for the project.

This following report is the culmination of the work done by all the partners listed above.

Details of the ULI Building Healthy Places Initiative can be found online at <https://americas.uli.org/research/centers-initiatives/building-healthy-places-initiative/>

Why Redevelopment?

Redevelopment is the process by which cities evolve, where new investment and jobs are created that respond to market conditions and community values. While much of a city is the result of private investment through housing, employment, and retail, such investment is made possible by the successful implementation of a community's vision for its city through infrastructure such as streets, utilities, and parks.

Through redevelopment planning, a community can take a proactive role in shaping its future, defining its values and vision for an area so that it can overcome the physical, financial, market, and regulatory barriers that often hinders new investment.

This master plan, coupled with the financing tool of urban renewal, will address many of these barriers that are present in the Health Corridor, including:

- Vacant and underutilized land;
- Obsolete buildings and infrastructure;
- Zoning that does not reflect modern land use needs;
- Inadequate transportation network to serve new development;
- Fractured property ownership that inhibits new investment; and
- Lack of public open space and amenities to serve residents and employees.





Urban renewal is a locally controlled funding tool authorized by Title 50, Chapter 20 (Urban Renewal Law) and Chapter 29 (Local Economic Development Act) of the Idaho State code that allows for the formation of urban renewal agencies and urban renewal districts to carry out projects that address these types of barriers. Through a mechanism called tax increment financing, the growth in property taxes in an area over time (through inflation and new private investment) is set aside to pay for projects that are defined in a community-driven urban renewal plan.

These projects may include capital investments such as:

- New or redeveloped street infrastructure;
- Parking facilities;
- Parks, open spaces, and trails;
- Land assembly and disposition;
- Utility infrastructure such as water and sewer; and
- Planning to carry out the above investments.



By directly funding these investments or leveraging urban renewal money with other public and private funding, a community can carry out catalytic projects that directly address barriers to investment to enable new jobs, private investment, and a growing tax base. This master plan defines that vision, identifies the projects that are necessary to carry it out, and presents an implementation strategy to guide the public and private investments and partnerships that will make it happen.

Health Oriented Development

One unique aspect of the Coeur d'Alene Health Corridor is that Kootenai Health is not only a key land owner but also a strong economic driver for the whole region of North Idaho.

If the Health Corridor can enable a shift from the traditional hospital model of an insulated health campus into a mutually supported role integrated into its community context, both will benefit. Also, a successful implementation of this new holistic approach may be a model for communities across the country.

As the largest employer in North Idaho, Kootenai Health is an economic engine for the region. It has more than 3,400 employees, a medical staff of over 350 physicians and advanced practitioners, 250+ volunteers located in the Coeur d'Alene campus, and 20+ clinic locations throughout the region.

According to the American Hospital Association (AHA), the ripple effect of hospital jobs nation-wide is estimated at a 1.8 multiplier, which would add another 270 jobs to the community. In addition, the medical campus expansion expected over the next 3-4 years is estimated to generate hundreds of new jobs.

Kootenai Health has evolved to a point in their development where they recognize they cannot successfully move ahead on their own. The once optimum location for the original 90-bed facility at the

intersection of I-90 and US-95 has become one of the busiest intersections in North Idaho. Traffic during several peak times of the day clog the main access on Ironwood Drive, to the Kootenai Health Campus.



Their property holdings are limited. Expansion is stymied by highways that are a barrier to expansion east and north, and the challenge of land assemblage to the west and south. While near term demands can be met, the future ability to serve at their current campus, particularly outpatient needs, is not clear. Solutions to guide their future will need the support, cooperation and partnership of others.

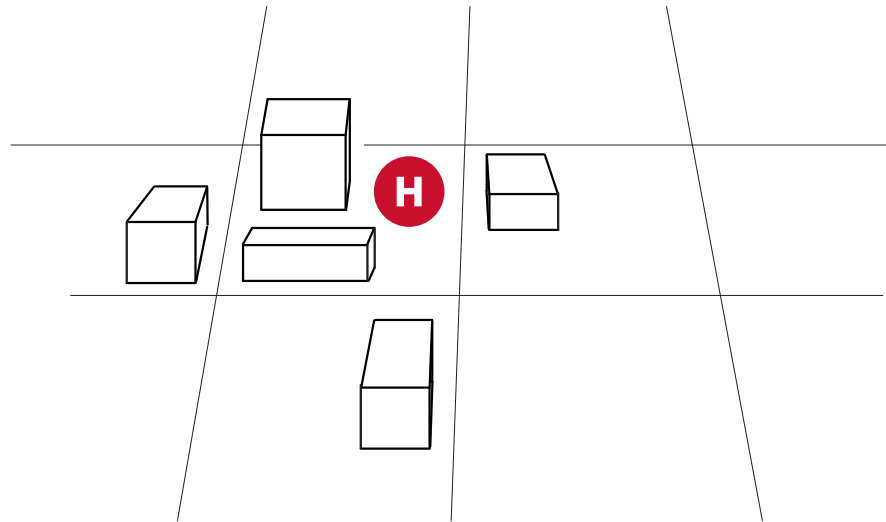
The land use context where the medical campus is located is a suburban scaled pattern of unplanned and somewhat obsolete development. Investment in the area is stymied by inadequacy of the transportation infrastructure to meet current needs, let alone for the future, and a lack of a clear, consensus-based vision on the future of this area.

In addition to the services provided by Kootenai Health, there is a growing need for ancillary medical service providers

to relocate to the area. Services such as mobility aids, audiology resources, durable medical equipment supplies, senior care centers, and other providers would benefit from development locations in the corridor.

The 2013 Facility master plan for the Kootenai health campus has facilitated investment of approximately \$114M into expanding the hospital's footprint and will soon house a 20-room hospital center, which exemplifies Kootenai's continued appetite for growth.



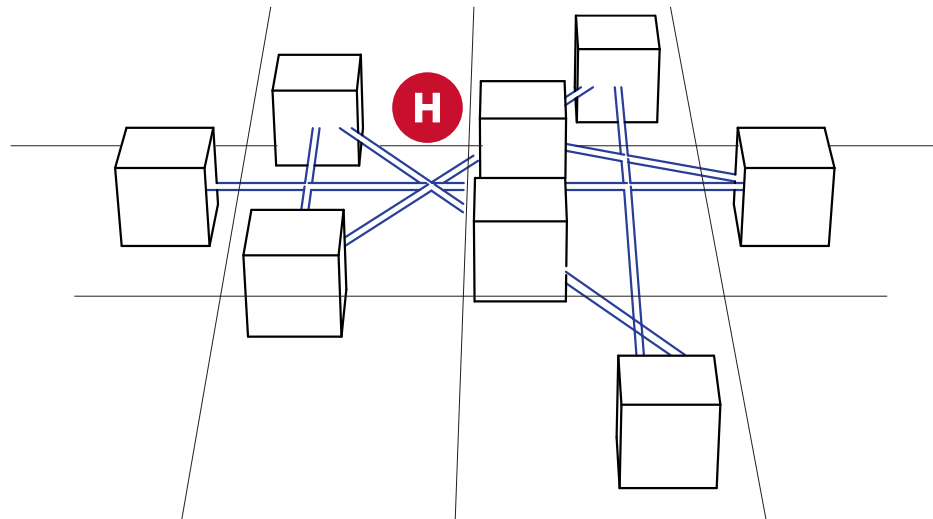


Traditional Hospital Campus

Isolated
health campus

Health Corridor Opportunity

Integrated into
community and
mutually supportive



Kootenai's current facility master plan is being updated to plan for the hospital's future growth and expansion needs. The plan will be completed in 2020, including coordination and influence from this Health Corridor Master Plan.

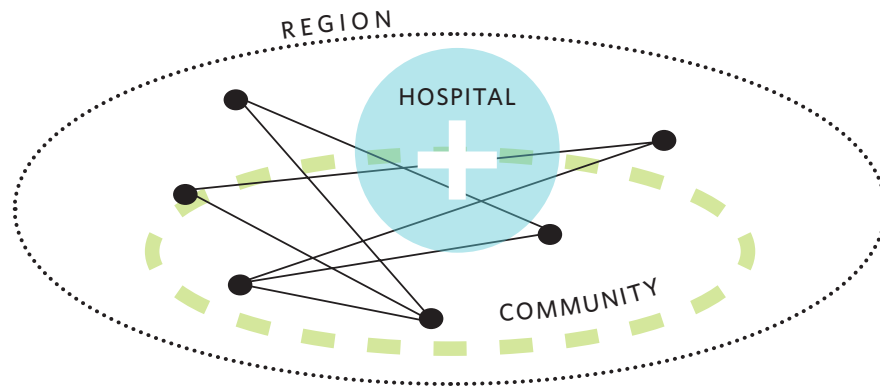
Kootenai Health is a strong asset to the region and anchor land owner within the Health Corridor. However the need for growth also includes challenges:

1. Funding for Public Realm Projects:

Currently as a non taxing entity, the hospital would not automatically contribute to the tax increment financing (TIF) mechanisms that are used through the urban renewal district to pay for public realm projects like street scapes improvements or parks. Kootenai's interest is to be a strong partner for the Health Corridor's future, and has also expressed interest in contributing in other ways, possibly supporting specific projects, especially those that mutually benefit the hospital and the community.

2. **Expansion and Density:** To make room for complementary adjacent development to occur, the hospital must consider a more compact growth model rather than continuing its low density pattern with sprawling surface parking.

3. **Transportation Congestion:** As the major anchor within the corridor, traffic to and from the hospital also contributes to the congestion concerns and pedestrian safety issues in the corridor.



What is a health-oriented development?

In a 'transit-oriented development (TOD),' a transit corridor becomes the enabler and catalyst for growth and vitality. In a health-oriented-development (HOD), a hospital becomes an enabler for growth and development of a district and its greater region.

As a large employment and economic driver, the hospital is an anchor that both stimulates and supports its surrounding community. One example of an HOD is the Mayo Clinic Hospital in downtown Rochester, Minnesota. Delivering not only world class healthcare, this hospital also drives employment, economic growth and development within the city. Northwestern

Medicine hospital in Chicago is another example of medical center integrated into its community context supporting the development of complementary services, both medical and non-medical, in the community context.

Key elements of mixed-use development; open space, identity and multi-modal access are cornerstones to making a successful TOD. Similarly, a major healthcare hub like Kootenai Health can be a vital catalyst for these type of healthy community elements in the public realm. Partnership between ignite cda, the development community and Kootenai Health means consideration of financial contribution, shared vision and selection of projects that are mutually beneficial.



Through the design charrette phase of this project, multiple stakeholders were involved, including developers, business owners, city officials and leaders from Kootenai Health. Additional health care providers and private medical groups were also contacted. The master plan provides opportunity for them all. This pattern of partnership is a foundation that bodes well for the future of the Health Corridor and creates the potential for this to be a model for new and evolving health-oriented communities across the country.

Corridor Analysis

Current Conditions

The existing Health Corridor is comprised of a mix of strong anchor businesses looking to expand and under-performing properties inhibiting the area's desired growth. Kootenai Health is the Corridor's primary property owner and job center. Much of the area's traffic is from staff, patients, and visitors to Kootenai Health's campus. Several other businesses, including Peak Health and Wellness Center, Qualfon, The Lake City Center and U-Haul Moving and Storage, and a number of medical service buildings are located within the study area west of US-95. These properties are suburban in nature, with confusing street access and parking lot layouts and a lack of pedestrian amenities. East of US-95, the Ironwood Square shopping center has few vacant storefronts. However, the majority of tenants are service-oriented, leaving little retail uses for patrons to use. The former Shopko building and parking lot currently sits vacant, occupying a large area of land in the middle of the Corridor.





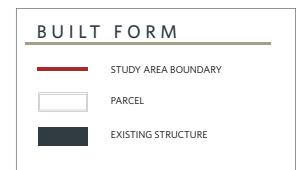
Existing Study Area

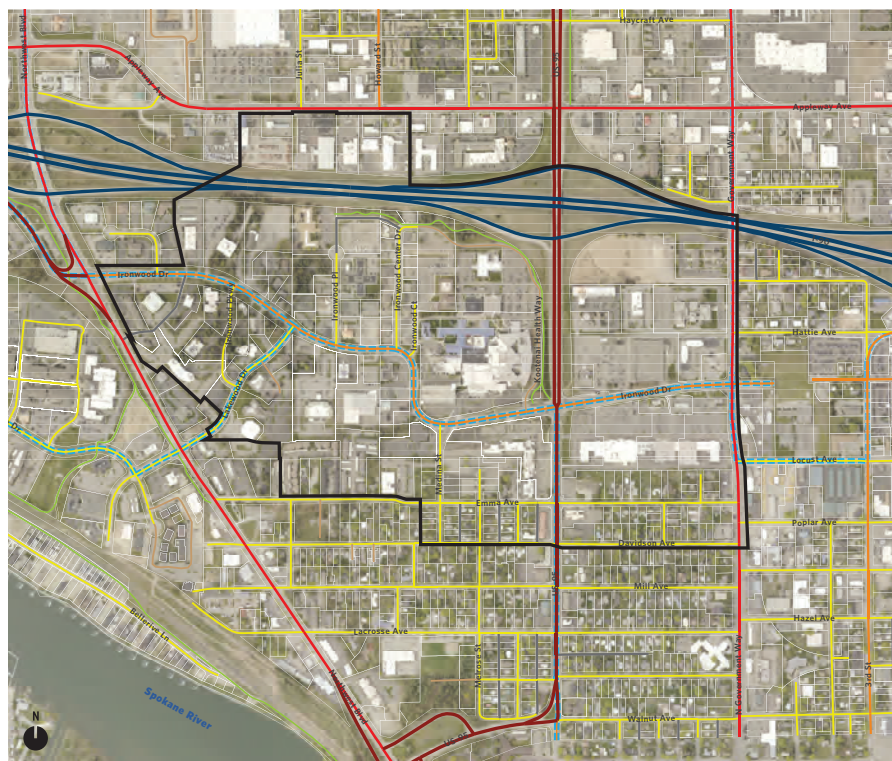
The Health Corridor lies centrally within the Coeur d'Alene metro area. The Northwest Boulevard and US-95 interchanges serve as major entry/exit points for the area. Just to the west across Northwest Boulevard lies the Riverstone development, a mixed-use district with a number of land uses and site elements envisioned for the redeveloped Corridor. The North Idaho Centennial Trail passes by the district along Northwest Boulevard on its way toward the Spokane River. An existing residential neighborhood borders the Corridor to the south while auto-oriented commercial development comprises the majority of the area's eastern half.



Built Form

The built form map above identifies the existing building footprints and parcel lines in the Corridor. General densities and structure sizes can be easily identified. The majority of the district was developed in a haphazard way, with little consideration given to urban form or how individual buildings relate to each other or the public realm (i.e. streets). Large commercial buildings can be seen around the Kootenai Health, and also on the east side of the Corridor. Residential properties can be seen along the southern border of the district.

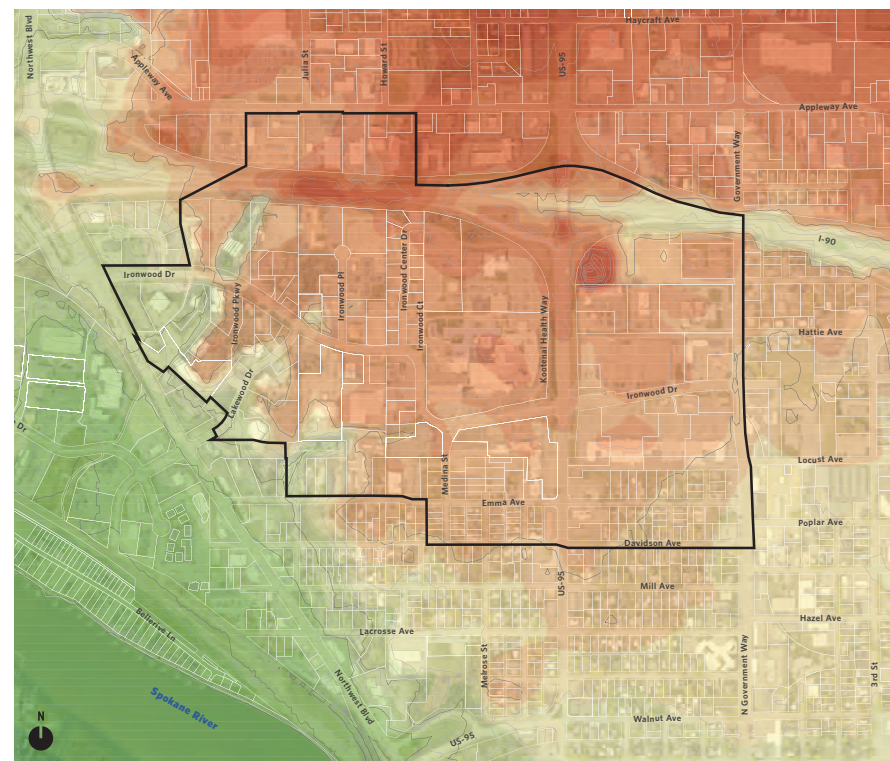
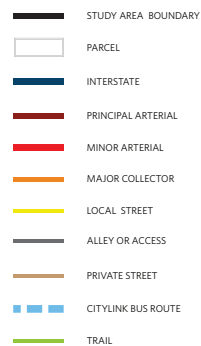




Mobility

The Corridor has great access to/from the region's main thoroughfares; I-90 to the north, Northwest Boulevard to the west, Government Way to the east, with US-95 and Ironwood bisecting the study area. Due to limited access points and high traffic volumes, the network is easily overwhelmed and regularly experiences significant congestion. Levels of service routinely hit failing levels at main perimeter intersections and interchanges. An internal street network and the re-alignment of Ironwood Drive will assist in improving mobility within the Corridor.

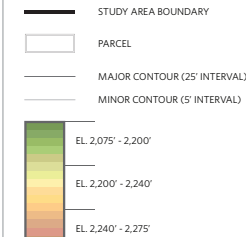
MOBILITY

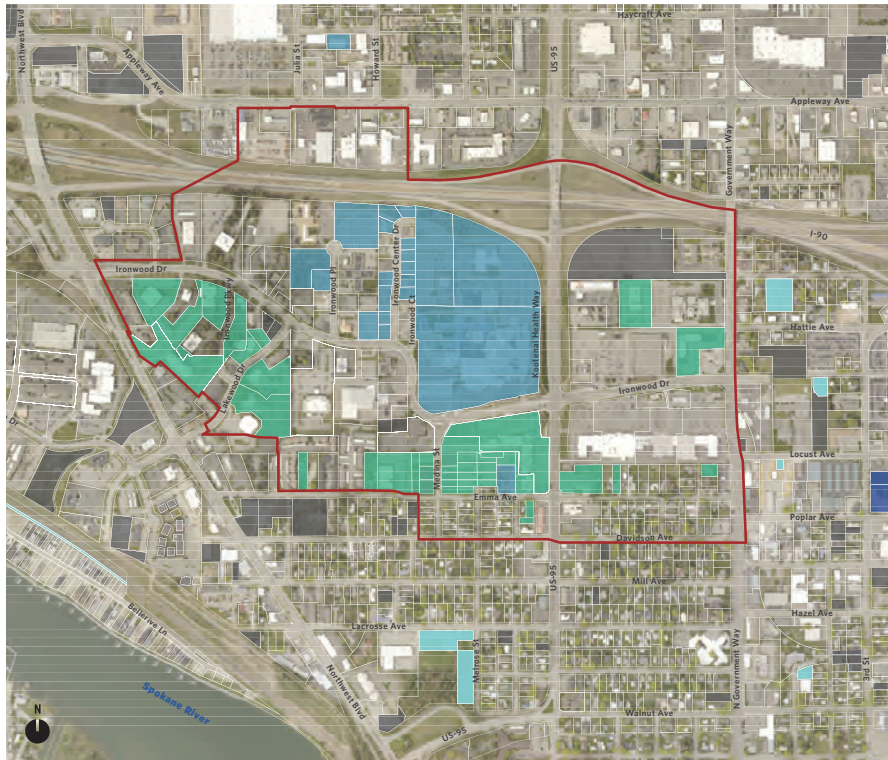


Topography

Corridor topography generally increases in elevation moving south to north and west to east. Small ridges and high point outcroppings exist within the area, generally focused north of Ironwood Drive near Northwest Boulevard and I-90. There is a prominent north-south gully on the western edge of the study area that is relatively steep. An east-west drainageway bisects the southern half of the study area near Lakewood Drive. The overall topography is relatively flat, making the Corridor's terrain conducive to development.

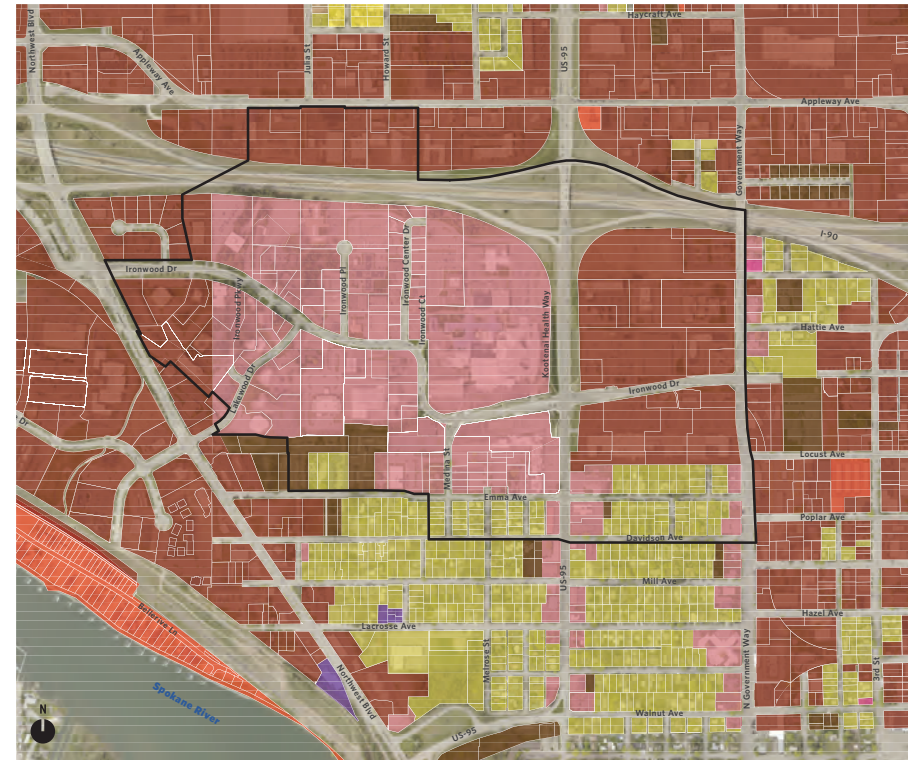
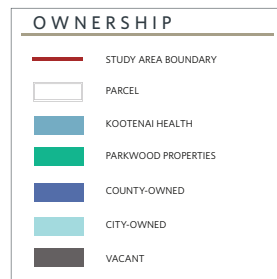
TOPOGRAPHY





Ownership

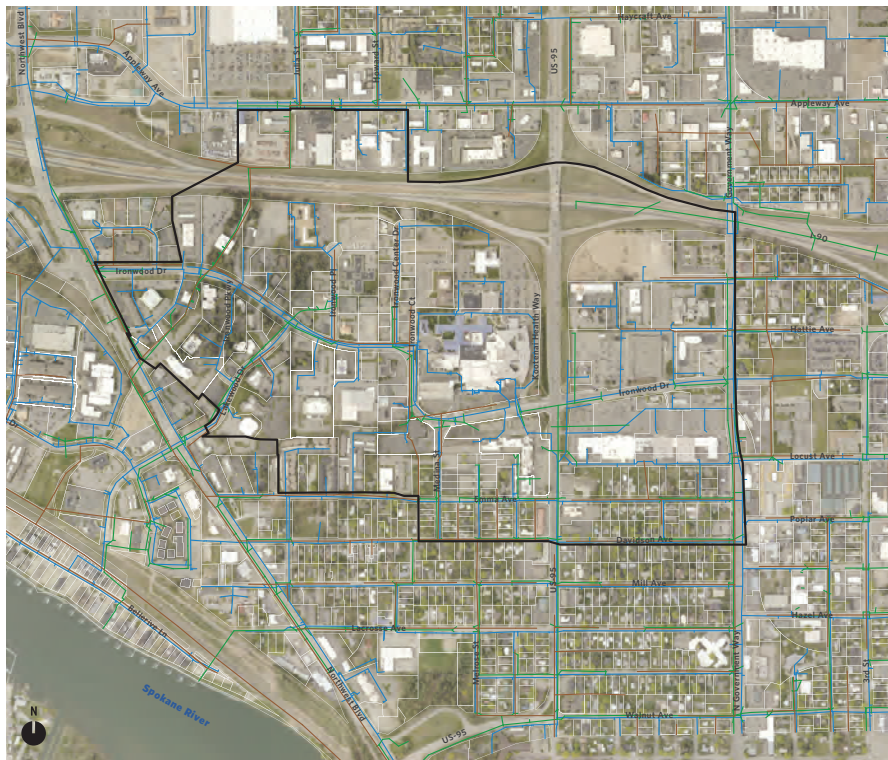
As shown in the map above, a significant number of parcels are owned by Kootenai Health. Kootenai Health will serve as an anchor for the proposed Corridor development, helping to spur redevelopment. Parkwood Properties is another large landowner, with commercial, office, and medical properties located throughout the area. Several vacant parcels exist within the Corridor and may promote short-term redevelopment on available land. Currently there are no publicly-owned (City or County-owned) parcels within the district.



Zoning

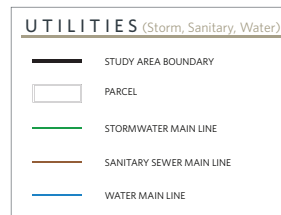
Commercial, limited commercial, medium/high density residential, and residential land uses all exist within the Corridor. This diversity will provide a good framework for future development and allow for each distinct area of the district to feed off adjacent growth. Limited commercial zoning includes properties owned by Kootenai Health. Residential zoning is generally located in the southern half of the Corridor, with commercial anchors zoned in the north-east quadrant. Upon redevelopment, the Corridor should be re-zoned to Mixed-use.





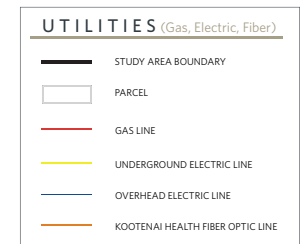
Utilities: Sewer & Water

The map above shows the existing sanitary sewer, stormwater, and main water systems servicing the Corridor. This existing infrastructure is critical for new urban-density development, with existing utilities well distributed throughout the study area. New streets or the realignment of the existing network will necessitate, though, construction of new sewer and water lines.



Utilities: Gas, Fiber, & Electric

The Utilities map above delineates the existing gas and electrical (both overhead and underground) line service of the Corridor, along with the coverage of Kootenai Health's fiber-optic network. Service is adequate throughout the study area. The gas and electrical lines will be realigned along with the proposed street network, while the fiber-optic system will be expanded along with Kootenai Health's campus development.







MARKET ANALYSIS

Market Analysis

A market analysis was prepared to provide baseline information about the commercial real estate market in Coeur d'Alene in order to arrive at an achievable "development program" for the Health Corridor. A development program is a quantitative summary of the types of land uses that could be realized in an area over time and is based on an analysis of current and forecasted real estate, economic, and demographic conditions. In the case of the Health Corridor, the program serves as a guide for the master planning effort, providing a development target from which public infrastructure, amenities, transportation, and other plan elements can be defined. This analysis also provides critical inputs to the economic feasibility study, which will inform the possible formation of an urban renewal district to help fund these infrastructure investments.

Challenges in the Health Corridor

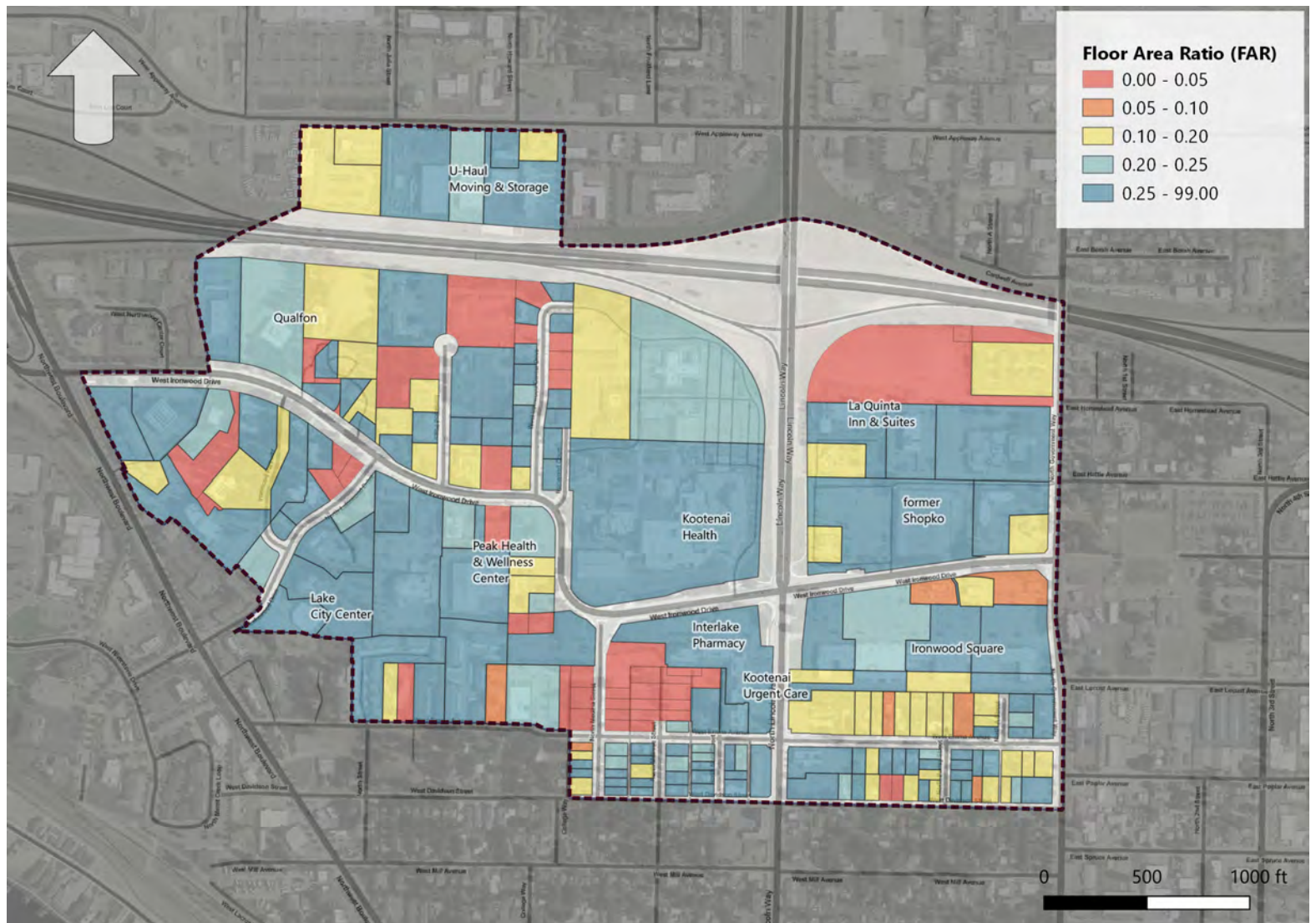
The Health Corridor today is the result of decades of incremental development by many different owners and businesses. This development has served the needs of its owners well during that time, but this scattered pattern of development has made it difficult for the Health Corridor to adapt to changing market conditions. Some of these conditions include:

- **Obsolete buildings:** Many of the medical buildings in the area are small and include sub-basements that make them difficult to meet the modern needs of the medical industry, where larger, consolidated clinics are the norm.
- **Parcelization:** The many different parcel sizes, shapes, and ownerships throughout the district make it difficult and expensive for owners or developers to consolidate parcels for redevelopment.
- **Limited road network:** The limited road network reduces visibility and access to many potentially redevelopable parcels.
- **Poor bicycle and pedestrian infrastructure:** Employee wellness and safety is an increasingly important

condition for attracting top talent for employers. A safe and accessible bicycle and pedestrian network is an important asset for both recreational as well as commuting purposes.

- **Lack of amenities:** Likewise, employees today increasingly seek out places to work that offer diverse amenities such as dining, shopping, and open space to access during and after work. The Health Corridor currently has few options, and even fewer that are conveniently accessible by foot.

These and other challenges prevent the district from living up to its market potential. A master plan that sets a vision for the future and methodically removes these barriers has the opportunity to respond to Coeur d'Alene's growing economy and attract investment. Without a strategy to address these barriers, it would be expected that these conditions will continue, and the Health Corridor will continue to stagnate as it struggles to overcome these barriers. This may result in the employment and services locating elsewhere in the region, increasing external costs to residents through increased traffic, longer commutes, and less diverse offerings.



Floor area ratio (FAR) is the measure of a property's building size relative to the parcel land area and is a useful measure of land utilization. Parcels with low FARs generally reflect underutilization and could be opportunities for new investment. Parcels with a high ratio are assumed to be highly utilized and more likely to remain unchanged.

Source: Leland Consulting Group, using data from Kootenai County Assessor

Urban renewal is an important local-driven tool to help address economic barriers to investment in Idaho communities. Riverstone is an excellent example of a vision-driven strategy to transform a former mill into a vibrant district with housing, employment, and shopping.

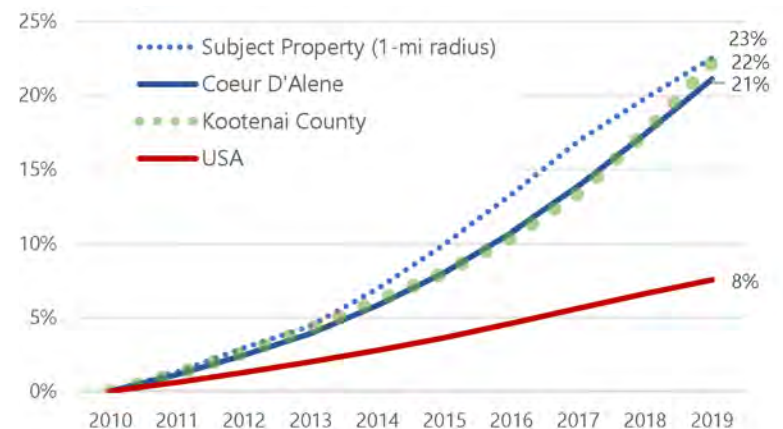
Market Opportunities

The market analysis evaluates existing and forecasted demographic, economic, and real estate conditions in the Health Corridor and the Coeur d'Alene region as a whole to determine opportunities for economic development that could be leveraged to drive revitalization in the Health Corridor. The market analysis found several key findings that are significant to the master planning effort:

- Coeur d'Alene, and all of Kootenai County, are among the nation's fastest growing regions, driving demand for housing of all types, jobs, retail, and medical services.
- This growth will drive demand for almost 17,000 housing units in the county over the next 10 years.

- The Health Corridor is well positioned to capture some of this housing growth, particularly for workers and seniors who desire proximity to the medical services present in the area.
- While Coeur d'Alene's office market is small overall, the Health Corridor will likely see significant development in medical offices as a result of continued regional population growth and growth at Kootenai Health.
- The retail industry is in turmoil as it adjusts to changing consumer preferences and technology such as ecommerce and same-day delivery. That said, there will still be demand for restaurants and retail services in the Health Corridor, driven by the needs of workers and residents.
- The Health Corridor has almost 34 acres of highly underutilized land, of which 50 to 75 percent would likely be redeveloped over the next 20 years. As shown on the map on the previous page.

Population Growth Since 2010



| | Subject (1 mile) | Coeur d'Alene | Kootenai County | USA |
|---|------------------|---------------|-----------------|------|
| 2010 Total Population | 7,958 | 44,160 | 138,494 | 309M |
| 2000-2010 Annual Growth Rate | 0.8% | 2.1% | 2.5% | 0.9% |
| 2019 Total Population | 9,792 | 53,531 | 169,771 | 332M |
| 2019 Population Density (per Square Mile) | 3,119.4 | 3,357.2 | 136.5 | 94.1 |

Source: U.S. Census, ESRI Business Analyst, and Leland Consulting Group

Coeur d'Alene Market Overview

Kootenai County, Idaho, is in the “Panhandle” of northern Idaho, immediately east across the Idaho/Washington border from Spokane County, Washington. Both are part of the larger Inland Northwest region, with a population of nearly 800,000. Spokane and Coeur d'Alene together make up this geographically massive region's primary economic, service, retail, and cultural center.

POPULATION

With nearly 170,000 residents, Kootenai County is Idaho's third most populous county. Coeur d'Alene (pop. 53,531) is the largest city in the county and the most populous city north of Boise. Both city and county have grown by over 20% since 2010 – more than 2.5-times the national rate. The immediate subject property area (defined here as a 1-mile radius around Kootenai Health, in central Coeur d'Alene), although primarily an employment and commercial area, has a population of nearly 10,000 and is growing even faster – adding 23% since 2010.

TRANSPORTATION

Access to and between the community is easy. Highway 95 extends north and south, while I-90 extends east and west, connecting Kootenai County to Washington State. Commercial air service for the area is provided by Spokane International Airport; additionally, Coeur d'Alene Airport is a county-owned, public-use airfield.

EMPLOYMENT

Service industries account for 46% of local employment. Major employers in this sector include Hagadone Corporation, Kootenai Health, Center Partners, Coeur d'Alene School District, and North Idaho College. The area's economy relies on tourism, particularly during the summer months. Retail Trade accounts for 13% of local employment. Once the foundation of the local economy, today Agriculture & Mining (including Forestry) account for only 2.3% of local employment.

REGIONAL DYNAMICS

Migration from larger markets spurred Kootenai County's economic growth from 2003 through 2006, driving demand for homes, recreational properties, and retail. The national “Great Recession” was evident in larger markets far before reaching Kootenai County and the Inland Northwest in early-to-mid 2008. Declines during the recession were steeper in markets such as Seattle, Portland, and Boise, but recovery in these markets has been stronger. The Spokane/Coeur d'Alene corridor still offers relatively inexpensive real estate and a well-trained labor force, making it fairly attractive to new businesses. Prospects for growth in the next decade are high relative to national comparisons and on par with other communities in the Pacific Northwest.

Residential Analysis

Kootenai County household growth outpaced the nation from 2010 to 2019, at 2.2% vs. 0.8% annually, and is expected to continue at a 2.1% pace over the next ten years. Holding the distribution of incomes and owner/renter proportions constant (a reasonable assumption based on some offsetting demographic trends) results in demand for nearly 17,000 new housing units over the coming decade.

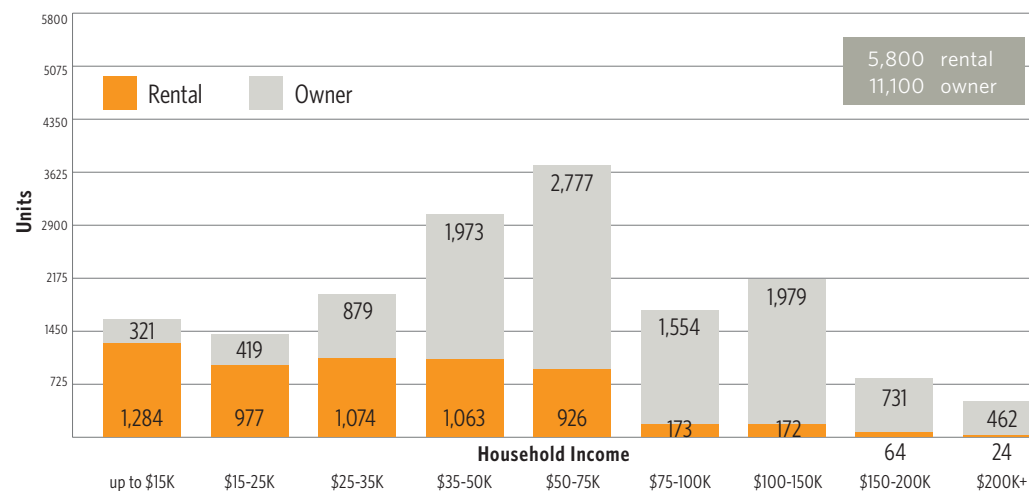
The Kootenai County apartment market includes a wide variety of apartment styles, sizes, ages, and locations. Garden-style apartments make up the bulk of the

apartment market. These are typically two-to three-story walk-up complexes built in the 1970s or 1980s. Older and smaller units are typically located near the CBD or on its direct periphery. These properties include single-family residences, motels converted to apartments, older projects built as apartments, and a few motels available for weekly or monthly occupancy.

Most of the recent development has been in suburban locations or on smaller infill sites. The immediate Coeur d'Alene market has a relatively small inventory of available land suitable for multifamily development;

some of the most recent development has been within existing planned unit developments (PUDs) on the city's fringe or on land recently annexed to provide necessary utilities.

Apartments in the Kootenai County market are primarily investor-owned, market rent, non-subsidized complexes; however, there are also a significant number of properties financed under the HUD 221(d)(3) or 236 Low Income Programs or employing Low Income Housing Tax Credits (LIHTC) that are targeted at low-income families or seniors.



10-Year Kootenai County Residential Demand by Income

Source: U.S. Census, ESRI Business Analyst, and Leland Consulting Group

There was significant condominium development throughout the Kootenai County market from 2005 through 2007. Those that were marketed at the lower end have a large number of unsold units that have been released to the rental market at the higher end of typical apartment rents.

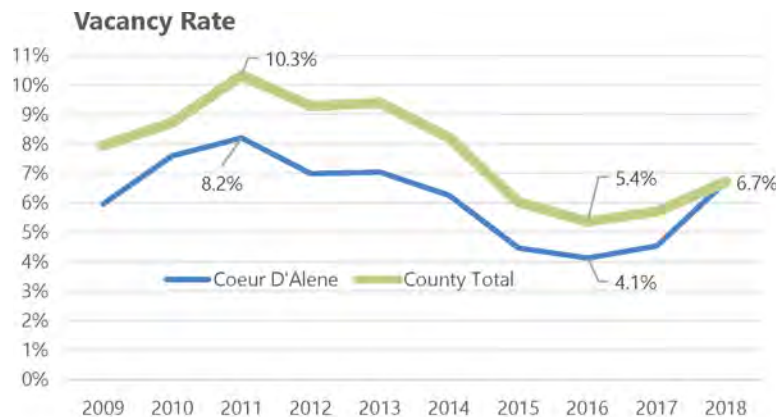
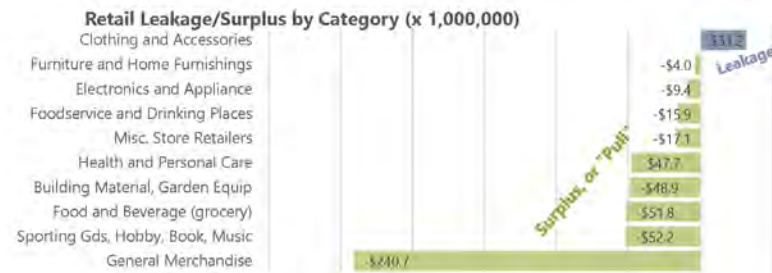
Market area (countywide) population growth over the coming five years will be especially skewed towards the senior population, experiencing a “double-whammy” of advancing Baby Boomer ages coupled with the region’s already strong attractiveness to retirees. As the Boomer generation enters their late 70s and early 80s (the oldest members of the cohort were born in 1946), their needs may shift from active senior housing towards assisted living. Correlation between age and housing need is highly variable, with some staying in the same homes at age 80 and beyond and others needing assisted living as early as age 60-65.

Due to its urban setting, the residential component of new housing in the Health Corridor is likely to include a mix of rental apartments and attached ownership units (condominiums or townhomes). Assuming the Health Corridor can capture between 5 and 7% of countywide apartment and attached ownership demand, the district could develop 440 to 620 apartment units plus 160 to 220 condo/townhome over the next 20 years.

Apartments targeted to active seniors are included in these totals and may represent up to one-third of total demand. Although capacity for new multifamily is somewhat limited within the subject district, “active senior” apartments could be a logical niche to target, especially if complemented with pedestrian-friendly district-wide amenities such as walk/bike trail connections and clear wayfinding between apartments and relevant healthcare providers.

Senior-oriented apartments are considered a subset of the standard multifamily market demand, not a separate product type. Assisted living demand is also an opportunity that would benefit from proximity to Kootenai Health and would be in addition to residential demand shown below.

Retail Analysis



Source: Valbridge Property Advisors | Inland Pacific Northwest and Coldwell Banker Schneidmiller

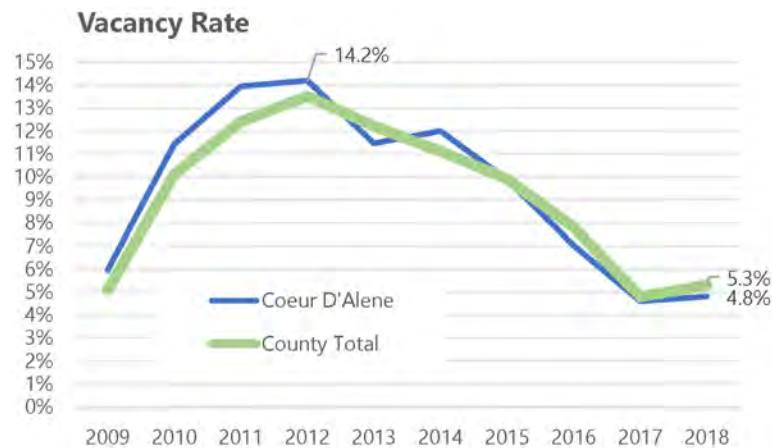
Kootenai County is currently a net importer of retail spending, with a “pull factor” of 1.4 – meaning that for every \$1 of retail spending potential from county households, it sees approximately \$1.40 in retail sales. This is likely a reflection of Kootenai County’s role as a service center for a much larger rural geography. Kootenai’s pull factor is largest for general merchandise stores and smallest for shopping goods where residents are more likely to make the drive to Spokane (with pull turning to “leakage” for clothing & accessories).

The retail vacancy rate in the Coeur d’Alene market has improved year over year since the peak in 2011, with a slight increase in 2018 over 2017. Current market vacancy is 6.7%, both in Coeur d’Alene and countywide – after dipping briefly into unusually “tight” territory in 2016. Rents are strongly correlated with date of construction, with several current projects reaching \$24/sf annually (adjusted to triple-net).

The Health Corridor is unlikely to compete for major retail center development due to the dominance of major retail elsewhere in the region. Retail growth in the Health Corridor will likely consist of categories likely to attract spending from district employment centers and lodging visitors. These uses will primarily be in the form of restaurants and bars, with miscellaneous demand in the form of commercial banks, storefront office, fitness, and clinic space, and perhaps a small, convenience grocer and drugstore.

Total retail demand in the Health Corridor is estimated to total 44,000 to 79,000 SF per decade.

Medical Office Analysis



Source: Valbridge Property Advisors | Inland Pacific Northwest and Coldwell Banker Schneidmiller

At just 5%, local office vacancy is very “tight” by national standards (rule-of-thumb “equilibrium” for office is closer to 10-15%). Both countywide and Coeur d’Alene vacancies have dropped steeply since the peak recession vacancy of 14% in 2012.

Employment in Northern Idaho (Region 1) is comprised largely of Kootenai County workers, with Coeur d’Alene alone accounting for the vast majority of office employment (primary industries shown in blue). Employment over the coming decade is expected to advance by 1.8% annually across all industries, but is growing considerably more briskly in office sectors (except Information, which is made up largely of newspaper publishing). Despite this growth and Coeur d’Alene’s dominance within northern Idaho, Spokane remains the epicenter of office development in the broader region. A growing exception to this may be for medical office – especially considering the expansion plans for Kootenai Health. As such, the analysis assumes that office growth within the Health Corridor will come almost exclusively from the medical sector.

Specifically, job growth within the subcategory of Ambulatory Health Care Services will drive new demand for medical office building (MOB) space in northern Idaho. Growth of 850 new employees at approximately 300 SF per worker equates to 255,000 SF of needed office/clinic space. The Health Corridor is well-positioned to capture 30 to 50% of this demand, or roughly 77,000 to 128,000 SF over the coming decade.

Medical office is generally viewed as a lower-risk development type, with somewhat recession-proof demand drivers related to the aging Baby Boomer cohort and longer lifespans in general. However, nationwide medical office building (MOB) development has been somewhat sluggish. The phenomenon is often explained as being driven by a disconnect across the spectrum of healthcare real estate investors. National hospital corporations, which tend to be large and well-capitalized, appear eager to secure development land (in shrinking supply) in advance of the coming surge in demand. Meanwhile, physicians, who will staff and operate most medical offices and clinics (and who are often smaller-scale real estate developers themselves), are proving less willing to pull the trigger on major investments – primarily due to uncertainty surrounding the national healthcare insurance environment. Perennial doctor shortages (with a shrinking pipeline in U.S. medical schools) and the rise of “tele-medicine” (relying on a combination of artificial intelligence improvements and remote broadband communication options, etc.) are other growing risk factors affecting physician investment decisions.

| EMPLOYMENT FORECAST BY SECTOR, KOOTENAI COUNTY, 2016-2026 | REGION 1 - NORTH | | NET GROWTH | GROWTH RATE |
|--|------------------|----------------|---------------|----------------|
| | 2016 | 2026 | | |
| Agriculture, Forestry, Fishing, & Hunting | 1,048 | 814 | -234 | -2.5% |
| Mining | 973 | 1,123 | 150 | 1.4% |
| Construction | 5,467 | 7,257 | 1,790 | 2.9% |
| Manufacturing | 8,247 | 10,539 | 2,292 | 2.5% |
| Utilities | 482 | 384 | -98 | -2.2% |
| Wholesale Trade | 1,904 | 2,471 | 566 | 2.6% |
| Retail Trade | 12,634 | 15,287 | 2,653 | 1.9% |
| Transportation and Warehousing | 1,665 | 2,208 | 543 | 2.9% |
| Information | 947 | 680 | -267 | -3.3% |
| Finance & Insurance | 2,712 | 3,682 | 970 | 3.1% |
| Real Estate & Rental Leasing | 981 | 1,298 | 318 | 2.8% |
| Professional, Scientific, and Technical Services | 3,053 | 4,342 | 1,290 | 3.6% |
| Management of Companies and Enterprises | 402 | 658 | 256 | 5.0% |
| Administrative and Support Services | 3,865 | 3,624 | -240 | -0.6% |
| Waste Management and Remediation Services | 297 | 226 | -71 | -2.7% |
| Educational Services | 5,632 | 6,001 | 370 | 0.6% |
| Health Care & Social Assistance | 13,201 | 15,978 | 2,778 | 1.9% |
| Arts, Entertainment, & Recreation | 2,585 | 2,944 | 359 | 1.3% |
| Accommodation & Food Service | 9,005 | 11,009 | 2,004 | 2.0% |
| Other Services | 1,981 | 2,462 | 481 | 2.2% |
| Public Administration | 7,829 | 8,025 | 196 | 0.2% |
| Total Employment | 84,906 | 101,012 | 16,106 | 1.8% |

Source: Leland Consulting Group, based on data from State of Idaho and CoStar

Development Program

A development program is a narrative and quantitative description of how a property or area is recommended for development. Such a program serves as a guide to the master planning team (architects, landscape architects, engineers, and others) who will work through the visioning and community engagement process to translate the

quantitative program into plans for physical land use, transportation, amenities, utilities, and more.

The table summarizes the quantitative demand for core land uses in the Health Corridor as a result of the market analysis. It presents a low and high range of

development that is reasonably achievable under known market conditions and growth forecasts. It reflects the existing conditions of the Health Corridor such as existing building stock, availability of land, and the catalytic role that Kootenai Health and other employers play in attracting further development.

This program serves two purposes in this master planning effort:

1. It provides guidance for the types of uses that are possible in the Health Corridor and the infrastructure and amenities that are needed to attract that investment. The conceptual development opportunities described in Section 8 *Development Opportunities* draw from this program to illustrate likely investment types at specific opportunity sites.
2. It identifies likely investment targets over the 20-year lifespan of the proposed urban renewal district, providing the critical financial inputs needed for the economic feasibility study.

20 -YEAR DEMAND BY CATEGORY

| | LOW | HIGH | |
|-----------------------|---------|---------|----------------|
| Medical Office | 154,000 | 256,000 | SF |
| Retail/Dining | 88,000 | 158,000 | SF |
| Ownership Multifamily | 150 | 200 | dwelling units |
| Rental Multifamily | 540 | 750 | dwelling units |
| Hotel | 200 | 260 | rooms |

DENSITY ASSUMPTIONS

| | LOW | HIGH | |
|-----------------------|--------|------|-------|
| Medical Office | 0.6 | 0.6 | FAR |
| Retail/Dining | 0.25 | 0.25 | FAR |
| Ownership Multifamily | 25 | 25 | DU/ac |
| Rental Multifamily | 35 | 35 | DU/ac |
| Public Administration | 196 | | 0.2% |
| Total Employment | 16,106 | | 1.8% |





COMMUNITY ENGAGEMENT

Overview Summary of Public Engagement

In coordination with ignite cda, the consultant team conducted community outreach as part of the planning process. The team engaged community participants of various backgrounds, including residents of the neighborhood, business owners, employees of Kootenai Health, developers and community leaders. Feedback from stakeholder interviews, surveys and public meetings all influenced the priorities and direction of the masterplan.



Invite to Stakeholder Interviews

Emailed to **124** people



Stakeholder Interviews

Interviewed **31** people

- Participants of various backgrounds including developers, business owners, EMS providers, community leaders, and residents of the neighborhood



Survey/Questionnaires

Received **105** Responses

- Given to stakeholders at interviews
- posted on ignitecda.org website



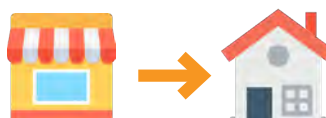
Visioning **33** Participants

- SWOT Analysis
- Prioritization with dots exercise
- Mapping Exercise



Design Workshops Invitation letter + email

Mailed to **165** addresses in the district boundary
Emailed to **131** addresses including those who attended Visioning



Door-to-door distribution of Design Workshop & Summary

Distributed **150** fliers & comment forms

- July 8 visits included Visioning Summary and invitation to workshops
- July 9 visits added a comment form and urged residents to view options online at ignitecda.org



Design Workshops/Charrette Final Options Presentation

27 attendees

- 5:00 to 8:00 p.m. at NIC, Student Union Building



Design Workshops/Charrettes

21 attendees

35 attendees

- 6:30 to 8:30 p.m. at NIC, Student Union Building

Pop-up Meeting at Kootenai Health

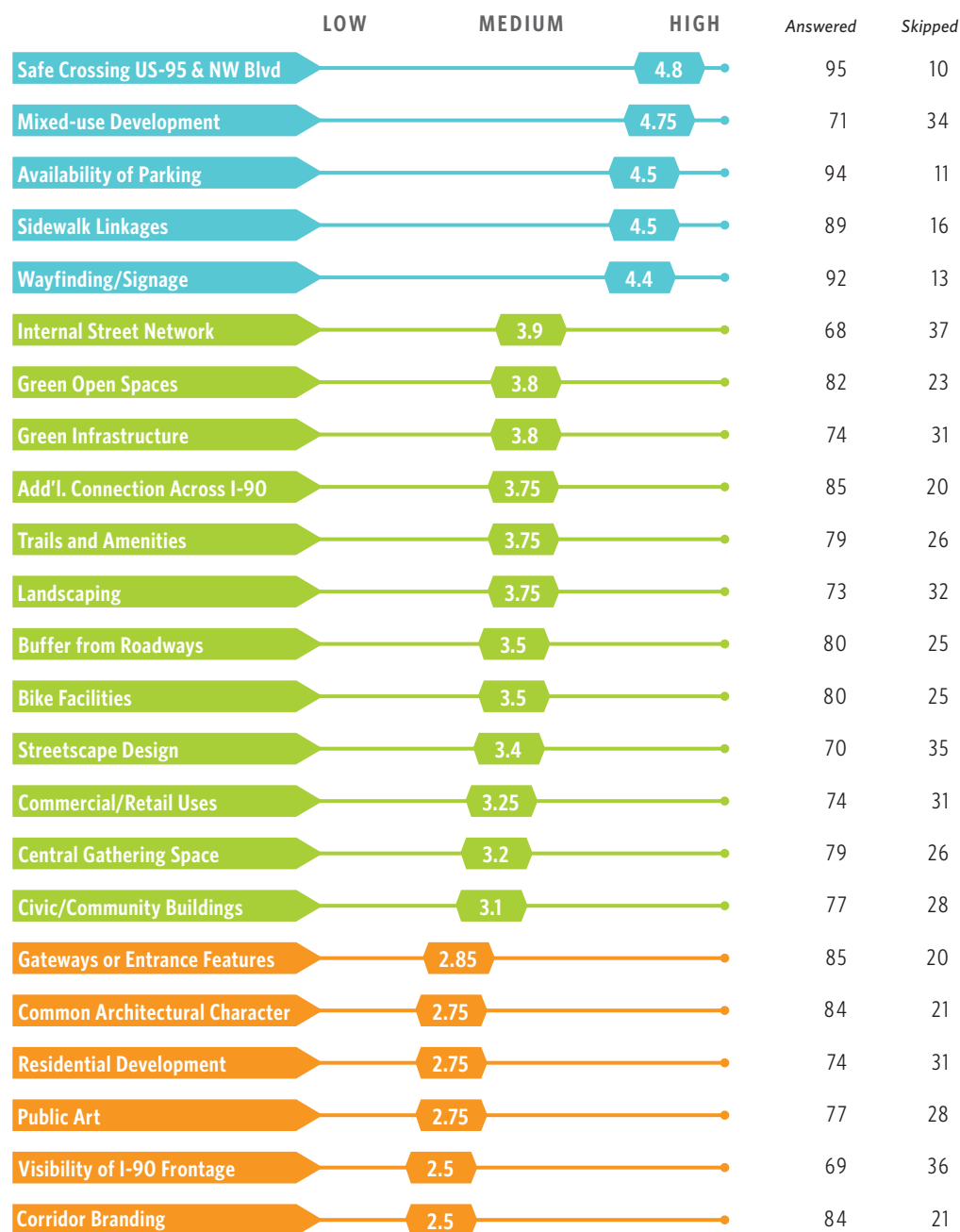
Distributed **50** fliers

- 9 a.m. to 12:00 p.m. at Kootenai Health in cafeteria near main entrance

Rate the importance of each in developing the Health Corridor Study Area

In parallel with the Visioning Workshop, an online survey was conducted to learn more about stakeholders and residents' priority concerns and desires for the future of the Health Corridor. Additional surveys were provided at the public meetings and during stakeholder interviews. In addition to questions about the greatest assets and liabilities of the Health Corridor, survey participants were asked to rate the importance of a variety of features to help define the goals and objectives guiding the implementation of the Master Plan. The results influenced the priority the design team placed on mobility, creating new opportunity for mixed-use development, consideration of parking, multi-modal linkages and clear wayfinding, in addition to other features.

In addition to the emails, surveys and invitations, the team sent press releases to local media, worked with ignite cda, Coeur d'Alene Chamber of Commerce and City of Coeur d'Alene to promote the visioning and charrette workshops on their social media platforms and websites.







VISIONING PROCESS

Visioning Workshop Overview

Summary

In order to create a strong master plan, it's important to have a clear vision of where we're headed, what kind of place we're trying to create and what challenges we must overcome. The Health Corridor Visioning process was primarily centered around a public workshop facilitated by the consultant team early in the design process. Coeur d'Alene residents, business owners and design professionals worked in small groups to outline a SWOT Analysis (Strengths, Weaknesses, Opportunities and Threats) of the current corridor, as well as a Geographic Mapping Exercise to locate new ideas, opportunities and concerns. Participants each ranked their top priority issues. The consultant team consolidated the feedback into a set of four Design Principals that would become the basis for initial masterplanning concepts. The intent is that the final master plan will reflect a long range vision for a place that embodies these principals.

Master Plan Design Principals

The Health Corridor should be a place that is:



Connected

- Mobility choices
- Efficient traffic flow
- Multi-modal safety



Livable

- Enhanced & accessible housing options
- Mixed-use and walkable
- Brings new job opportunities
- Build on existing neighborhood stability
- Human scale



Flexible

- Promotes development options
- Resilient planning and zoning
- Evolves through market changes



Vibrant

- Bold, unique identity
- Variety of amenities (food options, accessible, open space)
- Destinations with clear wayfinding
- Economically viable





A black and white photograph of a city street at night. On the left, a transit station entrance is visible with signs for "GOVERNMENT CENTER", "GREEN LINE - ALL TRAINS", and "BLUE LINE - ALL TRAINS". A person is walking through the station. The street is paved with bricks and has several trees. In the background, there are buildings and streetlights. A large teal rectangle is overlaid in the center of the image, containing the text "MASTER PLAN" in white, bold, sans-serif capital letters.

MASTER PLAN



Design Charrette

Multidisciplinary Approach

The centerpiece of the Health Corridor Master Plan process was a three-day Design Charrette held in Coeur d'Alene. The design team was comprised of landscape architects, planners, urban designers, site/civil engineers, architects, and market/real estate advisors, providing a multidisciplinary framework around which the design process evolved. The charrette process involved intensive conceptual planning sessions during which individual designers developed a number of general concepts. These designs were then presented to the entire team and advanced or refined based on the larger group's input.

The design team began developing concepts that focused on creating a true health-oriented district. The Corridor concepts needed to not only incorporate health-focused amenities and development patterns, but respect existing neighborhoods while enhancing the district's overall regional economic impact.

Each day ended with a pin-up presentation during which members of the design team presented conceptual drawings developed over the course of the day. Public participants were then given opportunities to provide comments on the plan, giving the Charrette a true iterative approach. The feedback received at the evening presentation informed the refinements made by the design team the following day. The Day One presentation included a summary of the master plan process to-date, including the analysis phase and Visioning Workshop, along with overviews of the public engagement process.

At the end of the charrette, the design team had developed a refined concept plan that had incorporated the feedback received by the public participants and client group. Specific areas of the plan, like proposed street sections, had advanced significantly. The team left Coeur d'Alene with general consensus having been achieved.



Day One

Day One of the Design Charrette began with the team developing four high-level concepts for the Corridor. Individual designers focused on a major design tenet around which their master plan concepts evolved. The concept plans emphasized the layout of new street networks, locations and sizes of public open spaces, and corresponding development patterns. The four concept plans did not dive too far into specific design details, but rather enlisted a macro-level approach to how the Corridor could redevelop.

The primary tenets/themes of the four concept plans were as follows: Green "Coeur," Double Gateway, Community Fabric, and Green Spine. Each concept proposed locations for a central community green space, street and block patterns for the redeveloped Corridor, and key opportunities for entrance features. Each stressed the importance of creating a plan unified throughout the Corridor by a cohesive development pattern, strategically-located public open spaces, and a multi-phased approach to implementation.

Along with the four plans, the team also developed framework diagrams that illustrated key elements of their approach. The diagrams and concept plans were presented during an evening pin-up presentation where members of the public could comment and vote on their preferred plan features.



Day One Presentation



Public Comments on Concepts



Pin-up Discussion with the Public



Green "Coeur" Concept



Double Gateway Concept



Community Fabric Concept



Green Spine Concept

Day Two

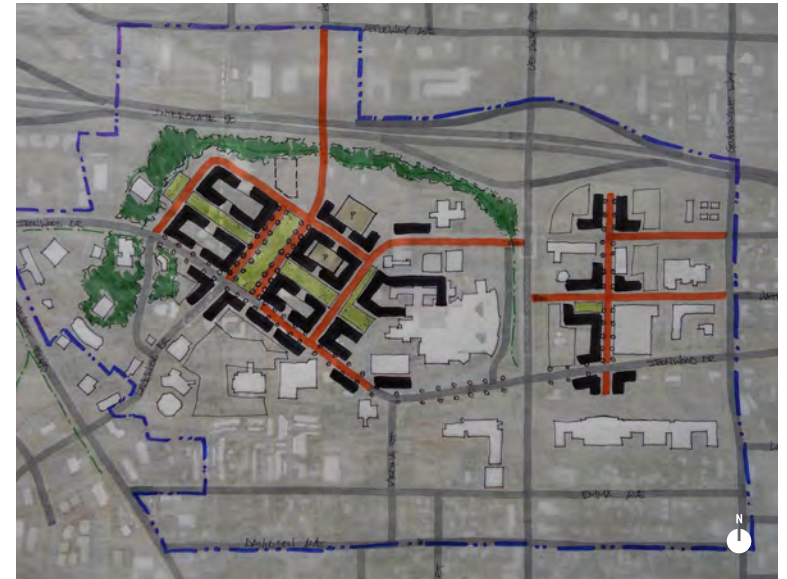
The design team condensed the preferred elements of the four Day One concepts into two refined plans. The primary diverging design elements between the two plans were: (1) the alignment/splitting of Ironwood Drive; (2) new street and block orientation west of US-95; (3) location of I-90 bridge overpass; (4) location and treatment of main street through former Shopko site and terminating in the Ironwood Square shopping center; and (5) size and location of central green space and community recreation center building. Both concepts provided additional design detail in terms of street hierarchy and bike/pedestrian circulation through the Corridor. The plans were again presented to the public that evening to elicit feedback and preferences toward the plan solutions. Several “big move” diagrams were also developed and presented by the design team.



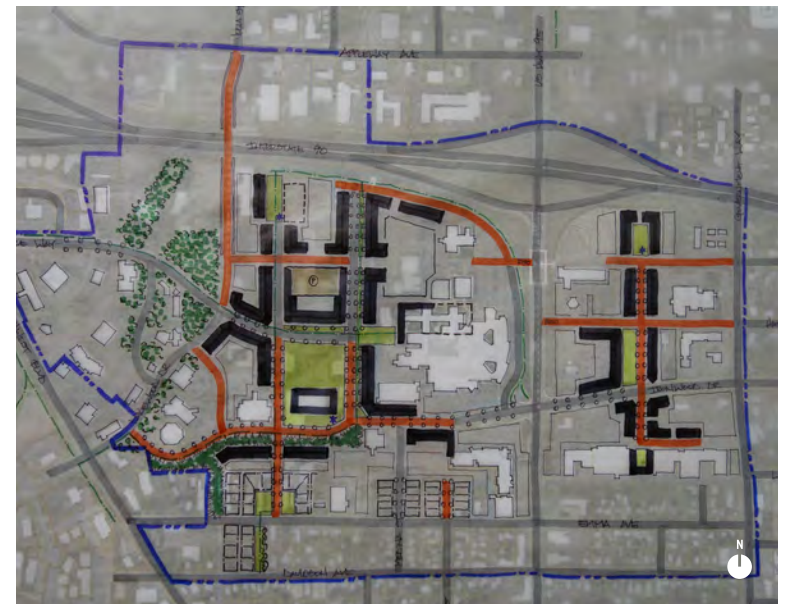
Day Two Presentation



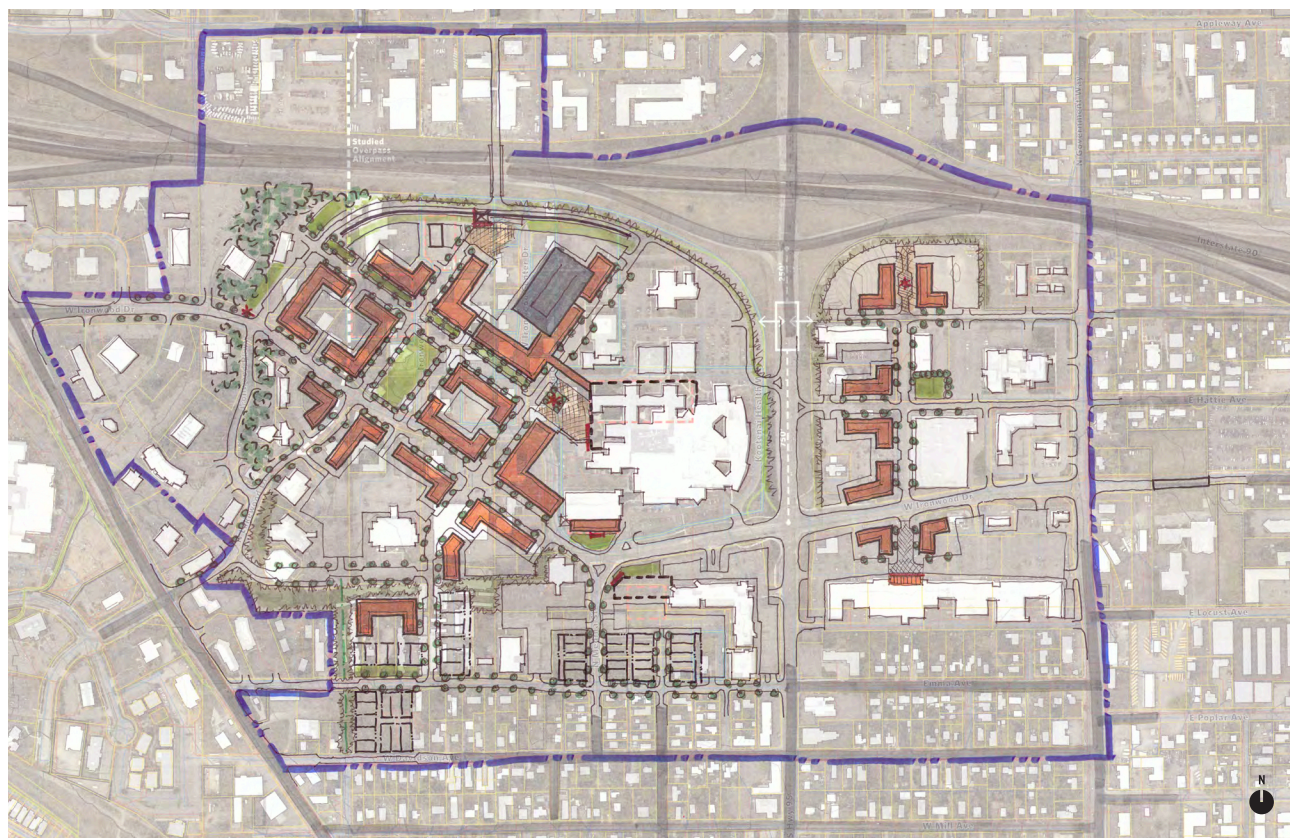
Pin-up Discussions with the Public



Refined Concept A



Refined Concept B



Final Refined Concept Plan

Day Three

The final day of the design charrette saw the team develop a single, comprehensive concept plan that incorporated feedback received on previous iterations. This final plan reflected not only preferences of the public participants, but detailed design direction provided by ignite cda and the project steering committee.

Specific uses were not assigned to individual buildings within the plan, with more emphasis given to the physical structure of the proposed developed Corridor. Public green spaces and significant architectural elements and public art opportunities were incorporated into the plan.

Detailed street sections for the district's primary mobility routes were created and presented along with the plan at a final public presentation. Precedent imagery of major design elements was also provided.



Day Three Presentation



Discussion of Plan's "Big Moves"

Note: The site boundary of the Health Corridor as shown on pages 51-55 is not current. Between the completion of the charrette and delivery of final master plan, the site boundary of the Health Corridor was revised to exclude parcels previously designated within the Lake District URD. The Plan shown on page 57, represents the current boundary of the 259-acre Health Corridor URD.



Julia St

Howard St

Appleway Ave

I-90

Government Way

20

Ironwood Dr

Northwest Blvd

Lakewood Dr

Health St

Hill St

Park St

Hospital St

Emma Ave

Medina St

Marrose St

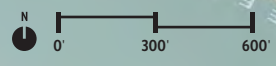
Davidson Ave

Shopko Dr

Hattie Ave

Ironwood Dr

3rd St



PLAN LEGEND

- 1 Overpass over I-90
 - 2 Right-In Right-Out off US-95
 - 3 Ironwood Drive Link with Pedestrian Hawk Signal
 - 4 Realigned Ironwood Drive
 - 5 Cycle Tracks along Ironwood
 - 6 Central Public Green Space
 - 7 Plaza Space at Hospitality Center / Ronald McDonald House
 - 8 Focal Stair/Elevator Tower
 - 9 District Greenway with Shared-use Path
 - 10 Trailhead Arts Plaza
 - 11 Auto Court / Entry Plaza
 - 12 Kootenai Health Campus Green
 - 13 Pocket Park
 - 14 "Shopko Drive" Main Street
 - 15 Enhanced Albertson's Facade
 - 16 Hotel Drop-off Plaza
 - 17 Traffic Calming Bump-outs at Intersections along Emma and Davidson Avenues
 - 18 Pedestrian Promenade
 - 19 Multi-use Trail
 - 20 Trail Tunnel Under Northwest Blvd; Connection to Centennial Trail
 - 21 Green Infrastructure / Native Landscaping
 - 22 Preserved Large Tree Canopy
-
- A Community Recreation Center
 - B Hospital Bed Tower
 - C Medical Office Building
 - D Multi-family (MF) Residential Building
 - E MF Residential / Senior Living
 - F Mixed-use Building
 - G Hotel
 - H Retail / Commercial
 - I Cottage Homes
 - J Townhomes
 - K Parking Structure

The Plan

Health Corridor Master Plan

The graphic to the left represents the full build-out of the Health Corridor Master Plan. Primary among the plan's design recommendations west of US-95 is the realigned section of Ironwood Drive adjacent to the Kootenai Health campus. The troublesome 'S-curve' is removed, and the street section re-envisioned with on-street parking stalls, dual cycle track lanes, and enhanced landscaping. Development blocks are oriented off this enhanced northwest-to-southeast orientation of Ironwood Drive. These blocks are urban in nature, with buildings moved up to front onto adjacent streets and surface parking lots or structures located behind the buildings.

The development north of Ironwood Drive centers on a central public green space at the Ironwood-Lakewood Drives intersection. A greenway runs along the north edge of this central park, connecting a proposed auto court/entrance plaza to the Kootenai

Health's's future bed tower on the east to a trailhead/arts plaza on the west. From the arts plaza, a multi-use trail will follow Ironwood Drive west to Northwest Boulevard, where it will connect to the Centennial Trail via a tunnel.

South of Ironwood Drive, a mix of housing typologies are proposed. A new north-south street and a pedestrian promenade will provide two dedicated routes connecting the main Corridor development areas to the existing neighborhood to the south. Two new parking structures are proposed to service medical office and service buildings to remain along with the new residential developments.

East of US-95, the new Shopko Drive will serve as a main street focal corridor onto which new residential, hotel, and commercial developments will front. The detailed streetscape will terminate on a hotel drop-off plaza on the north and the enhanced facade of the shopping center anchor on the south.





FRAMEWORK ELEMENTS



Key Initiatives

Planning for “Big Moves”

The framework for the Health Corridor Master Plan was developed based on a set of key initiatives. These initiatives represent the general development principles, stressed design decisions, and major development projects that drove the creation of the final plan. From these “big moves,” specific

design details were developed to help shape the various components of the proposed master plan. When implemented collectively, these framework elements will create the roadmap for a successful mixed-use, walkable, and health-oriented Corridor that would enhance the Coeur d'Alene area as a whole.

The Key Initiatives are as follows:

- Mobility Improvements
- Redevelopment Nodes
- Neighborhood Stabilization
- Parks & Open Space Amenity Zones





Mobility Improvements

Ironwood Drive Realignment

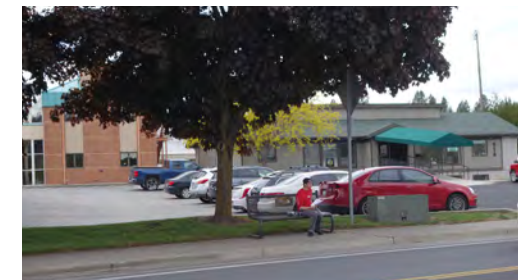
In order to establish a framework for future development and alleviate existing traffic concerns, the “straightening” of Ironwood Drive roughly mid-way between Northwest Boulevard and US-95 will prove vital. The realignment removes the troublesome ‘S-curve’ near Kootenai Health and

essentially straight-lines Ironwood Drive from Lakewood Drive to Medina Street. The realignment greatly improves vehicular, cyclist, and pedestrian safety. Ironwood Drive will continue to serve as the backbone for the Corridor, with the straight-lined section serving as the datum alignment off which the development blocks to the north and south are oriented. Perpendicular side

streets connect proposed development sites with existing buildings and the residential neighborhood. Placement of stop signs and signals along Ironwood Drive will need to be evaluated further after additional traffic analysis and discussion with stakeholders in order to determine the safest, most efficient, and cost-effective design for the Corridor.



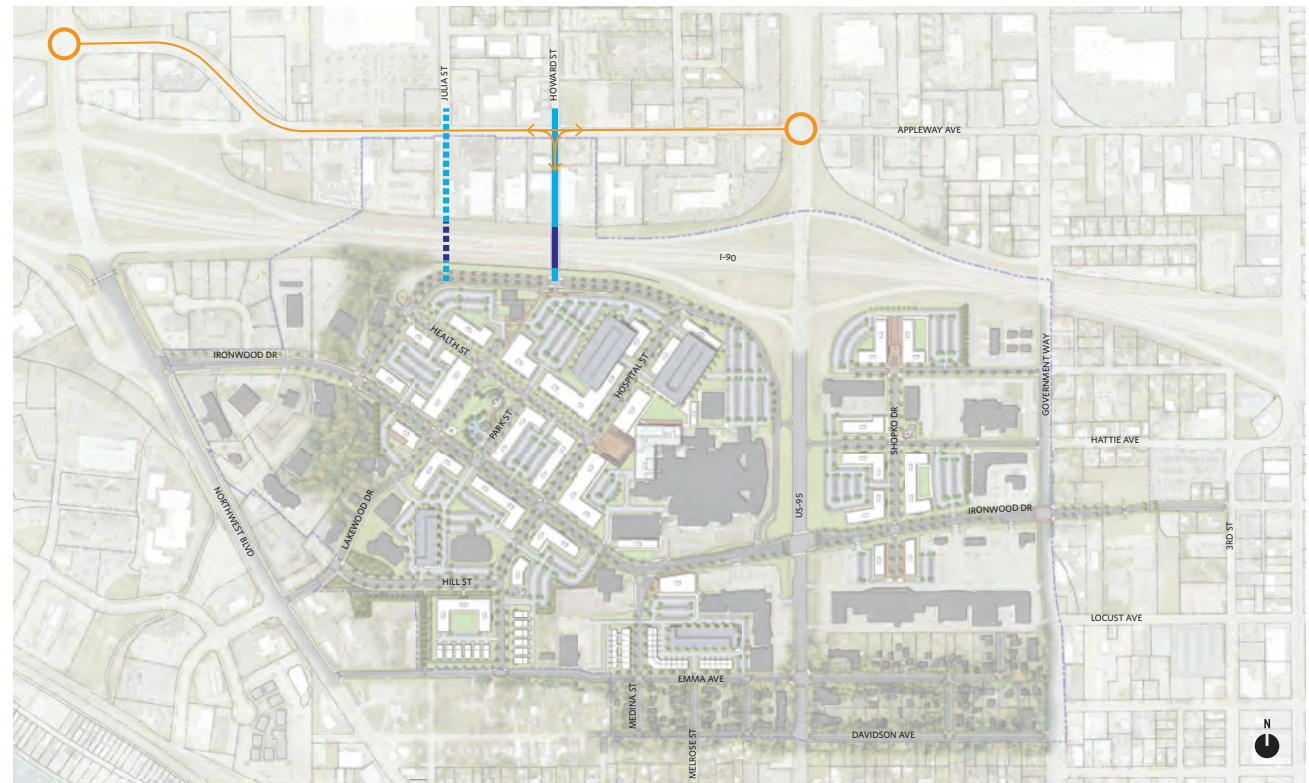
Existing 'S-curve' along Ironwood



Poor Facilities for Pedestrians, Transit Riders, and Cyclists

Traffic Flow Enhancers

In conjunction with the improvements to mobility on Ironwood Drive, the proposed master plan identified three important projects to enhance traffic movement into and out of the Corridor. These design recommendations seek to alleviate traffic congestion currently experienced on Northwest Boulevard and US-95. The emphasis of the three projects are to provide alternate routes into the Corridor other than these two primary thoroughfares. The set of enhancements were developed with the understanding that no “silver bullet” solution existed and to truly improve the traffic situation, a multi-faceted approach is warranted.



I-90 BRIDGE OVERPASS

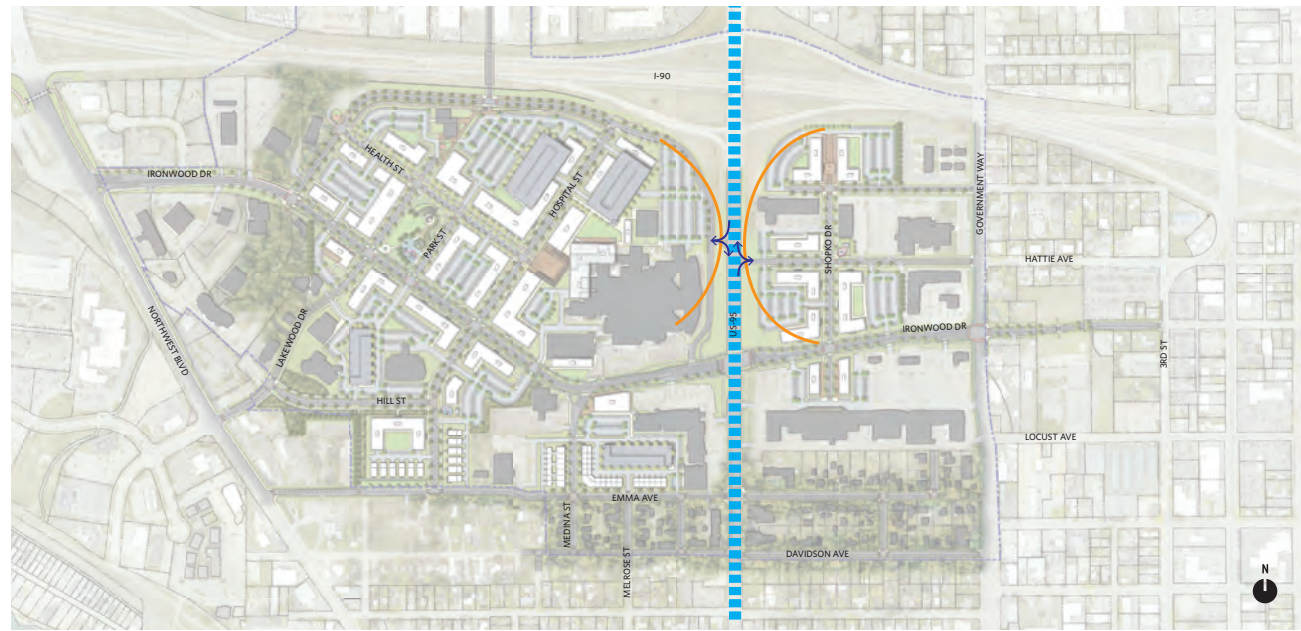
A new bridge overpass over I-90 would connect the Health Corridor directly to existing developments north of the interstate. This new overpass connection would be a “pressure relief” route to alleviate congestion along Northwest Boulevard and US-95. The bridge would connect to Appleway Avenue, a minor arterial, north of I-90 and align with either Howard Street (as shown in the final plan) or

Julia Street. Pedestrian and bicycle facilities would be provided on the bridge as well. The bridge, sitting at approximately 30 feet above the average elevation of Corridor development sites, would “T” into a frontage road that would “ramp down” to the development’s grade. The overpass bridge would need to be located outside of Idaho Transportation Department (ITD) right-of-way and require both state (ITD) and federal (FHWA) approval. There is potential to secure additional funding sources from

outside the district, such as Infra and BUILD grants. A preliminary geometric layout includes two travel lanes, barrier-protected sidewalks on both sides of the bridge, and a total bridge length of approximately 170 feet, which is capable of accommodating eight 12-foot travel lanes on I-90 below.

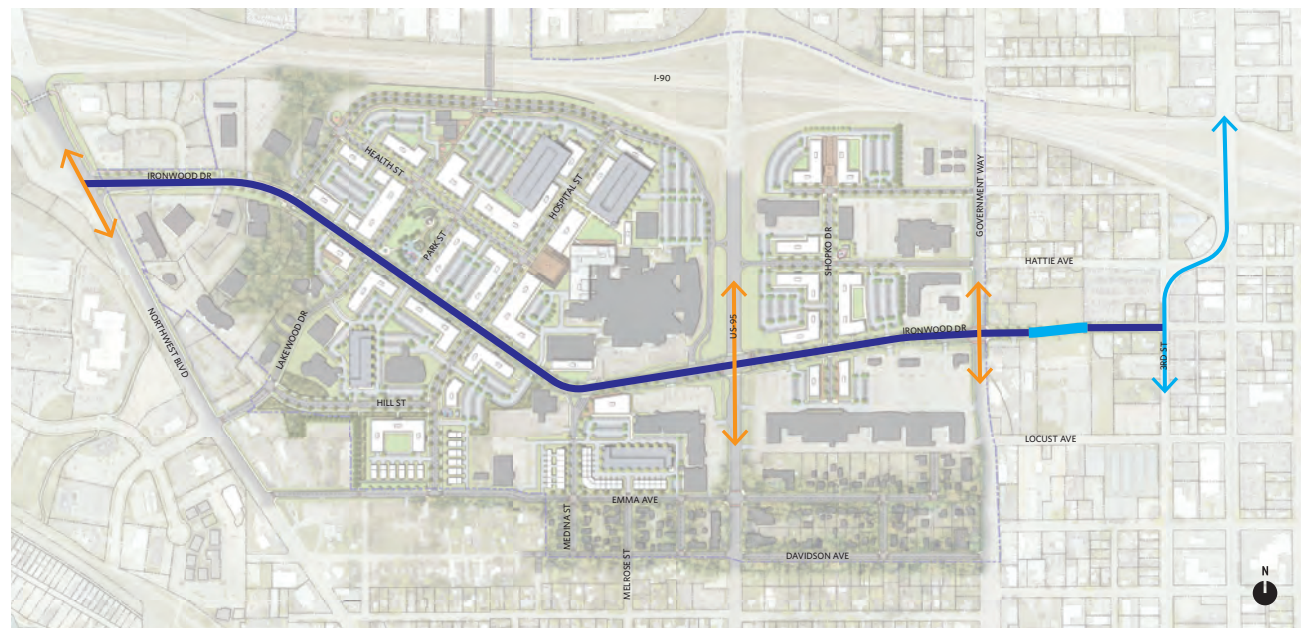
US-95 RIGHT-IN/RIGHT-OUTS

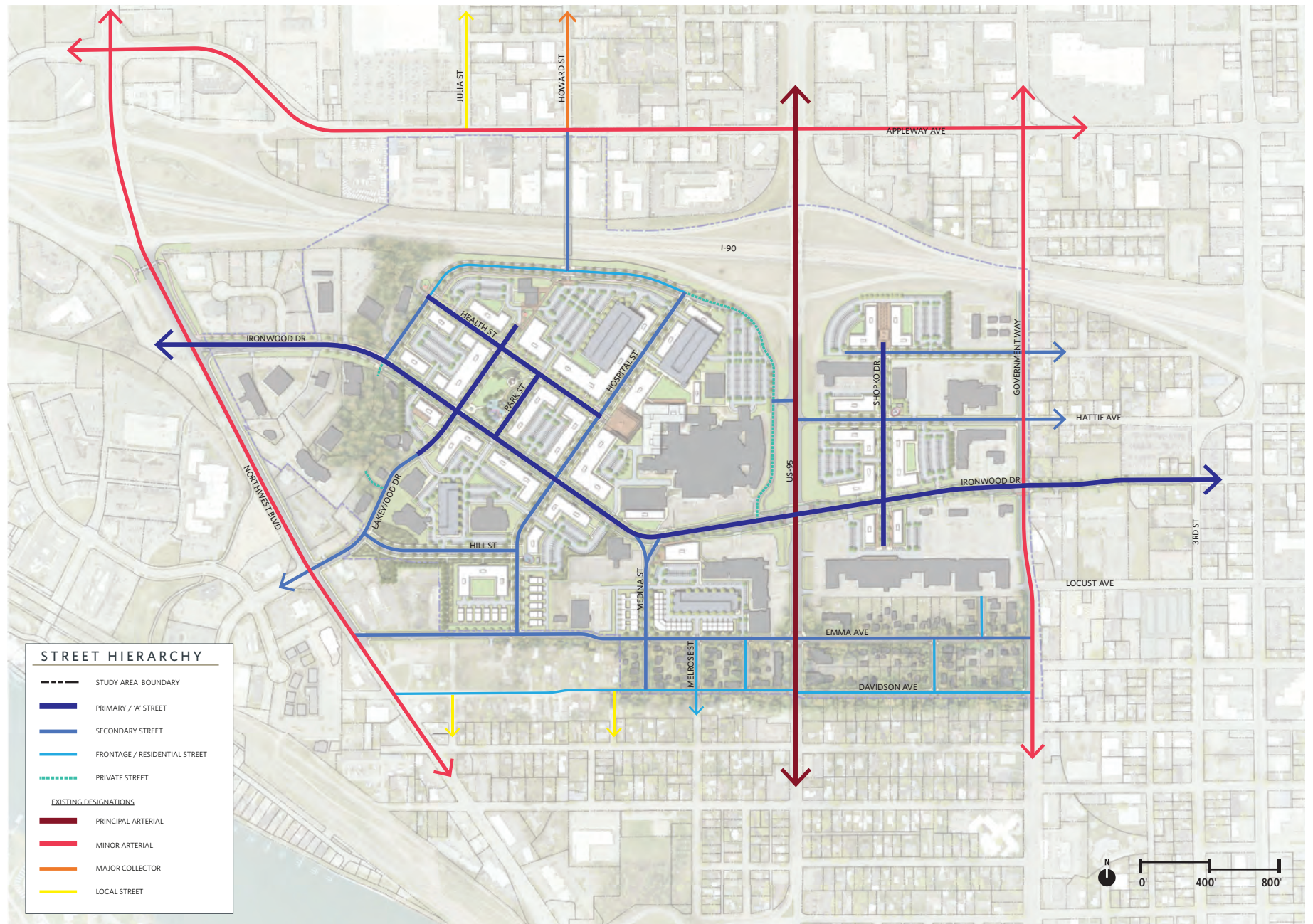
Providing a pair of right-in, right-out (RIRO) access drives from US-95 into the proposed development areas will pull highway traffic away from the Ironwood Drive-US-95 intersection, where levels of service are already failing during peak hours. For southbound vehicles on the highway, the RIRO would connect to the hospital's private loop street. The northbound RIRO would align with the planned extension of Hattie Avenue into the Shopko Drive district. ITD did not initially support the proposed RIRO's. Additional analysis is needed in order to provide insight to the benefit that these RIRO's would provide, in tandem with ITD's future plans for the interchange replacement at US-95.



IRONWOOD DRIVE LINK

Currently, there is a gap in Ironwood Drive between Government Way and 3rd Street, with the section of Right-of-Way (R.O.W.) having been vacated and incorporated into the adjacent privately-held parcel. Similar to the I-90 Overpass, this proposed 300-foot connection through to the 3rd-4th Street one-way pair would provide another "pressure relief" valve for mobility into and out of the Corridor. This addition would draw some vehicles on I-90 away from the US-95 interchange. To help alleviate impacts of bisecting the existing parcel, a HAWK signal and curb bulb-outs at the street crossing would be installed to provide a safe pedestrian crossing of Ironwood.







Primary 'A' Street

(left); Secondary Street
(middle); Frontage-type
Street (right)



Street Hierarchy

A number of “big move” initiatives will be focused on alleviating traffic congestion on routes into and out of the Corridor along with enhancements to Ironwood Drive. In conjunction with these improvements, it was vital to establish a hierarchy of streets to help focus development would be along the most important corridors.

Primary ‘A’ streets are those corridors with the densest development fronting onto them. These streets also service the major open spaces and civic/community buildings and typically include enhanced streetscapes and major bike/pedestrian facilities. Within the Health Corridor, Ironwood Drive, Health Street, Park Street, Lakewood Drive (north of Ironwood), and Shopko Drive are ‘A’ Streets.

Secondary streets service less dense development blocks and accommodate lower levels of vehicular use. Urban frontage along these streets is recommended, but not required. Within the Corridor, the proposed Hospital and Hill Streets fall into this category. So do redeveloped sections of existing streets, like Medina Street and Emma Avenue, that service the existing neighborhood as well as Hattie Avenue that intersects with Shopko Drive.

The frontage and residential streets delineated on the plan primarily function for service and access to development sites. The I-90 frontage road and Davidson Avenue, while important conduits into and through the Corridor, do not require the urban form and aesthetic treatments of the other streets.



Emma Avenue

Currently through the Corridor, Emma Avenue is a typical yield residential street, with on-street parking allowed, but not designated on both sides of the street. The on-street space accommodates resident and visitor parking for homes along the corridor. However, the widened curb-to-curb section continues through intersections, providing little in the way of friction to help slow fast-moving vehicles that are extremely common along Emma and dangerous to

pedestrians. To improve pedestrian safety along Emma, the master plan proposes curb bulb-outs at all intersections to shorten the length of crosswalks while also narrowing the travel lane approaches to intersections, slowing the speed of vehicles. The same intersection improvements can be made along Davidson Avenue.

In addition, the master plan proposes continuous sidewalks along Emma and Davidson through the entire Corridor as well as all perpendicular side streets.





Ironwood Drive (middle segment)

The proposed section of Ironwood Drive preserves the existing 90-ft-wide R.O.W. while enhancing the corridor with multi-modal facilities. The three-lane vehicular section remains, with two travel lanes and a continuous center-turn lane; however, on-street stalls are provided on the north side of the street to accommodate demand for the development blocks and users of the park and plazas north of Ironwood Drive.

The new section also includes dual cycle track lanes buffered from the street by wide, tree-lined parkway strips. The cycle track lanes help link the district's Centennial Trail connection to the bike lanes on Government Way that run south to downtown and north to the region's high-growth areas. Widened sidewalks allow more room for pedestrians to traverse the Corridor's primary east-west spine. The overall configuration changes at the US-95 intersection, but the cycle track lanes, widened sidewalks, and landscaping strips continue through unimpeded.

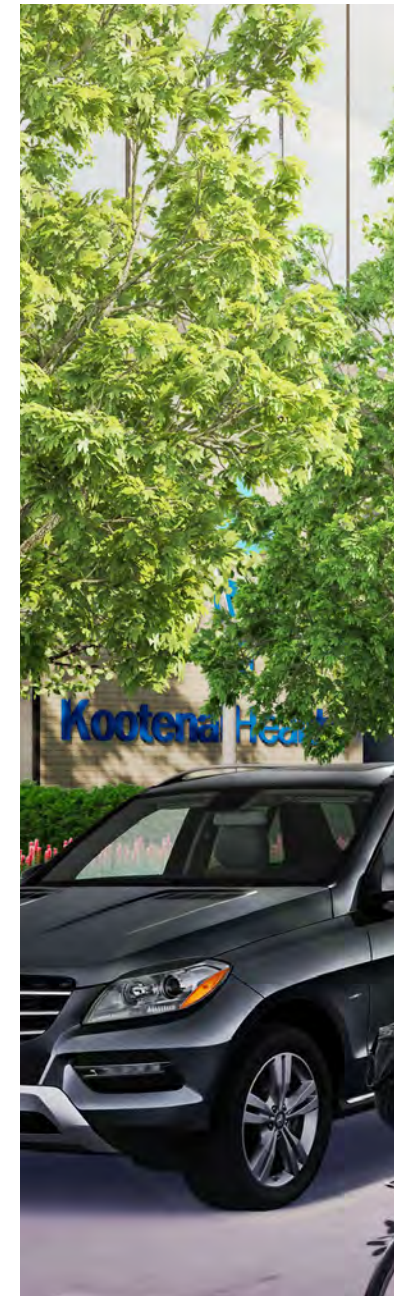




Health Street Greenway

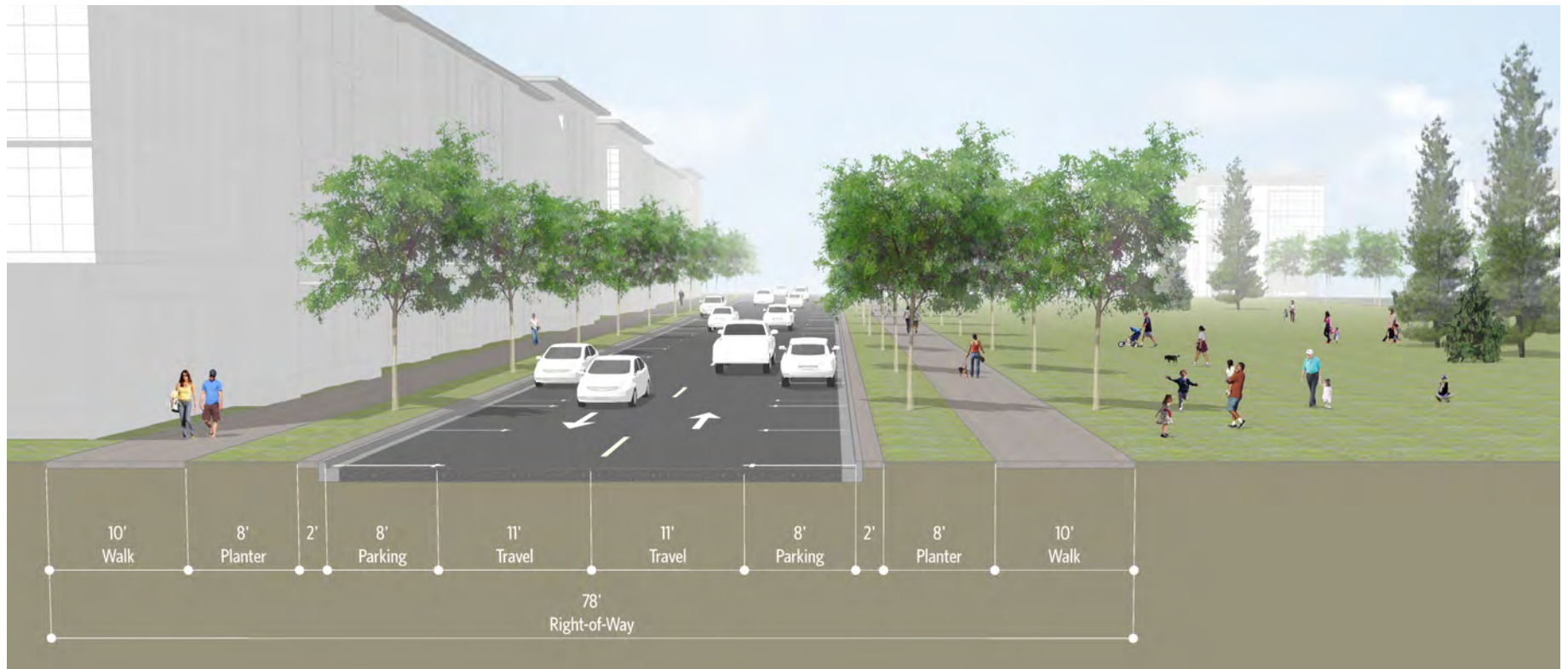
Health Street is a new street with a northwest-southeast orientation. The street connects the auto court drop-off plaza at the new Kootenai Health bed tower on the east to the Trailhead Arts Plaza on the west. This is a civically-important street as the corridor passes by both the central park and community rec center. Within the 100-ft R.O.W., a two-lane street with on-street parallel parking on both sides is accompanied by a greenway,

with a pedestrian promenade centered between rows of shade trees. The greenway runs on the north side of the street and would provide good solar exposure and proximity to the medical office buildings and community recreation center on that side of the street. On the south side of the street, a wide 10-ft sidewalk provides ample pedestrian space for the adjacent mixed-use and residential buildings along with the central park.





View along street toward future Kootenai Health hospital addition



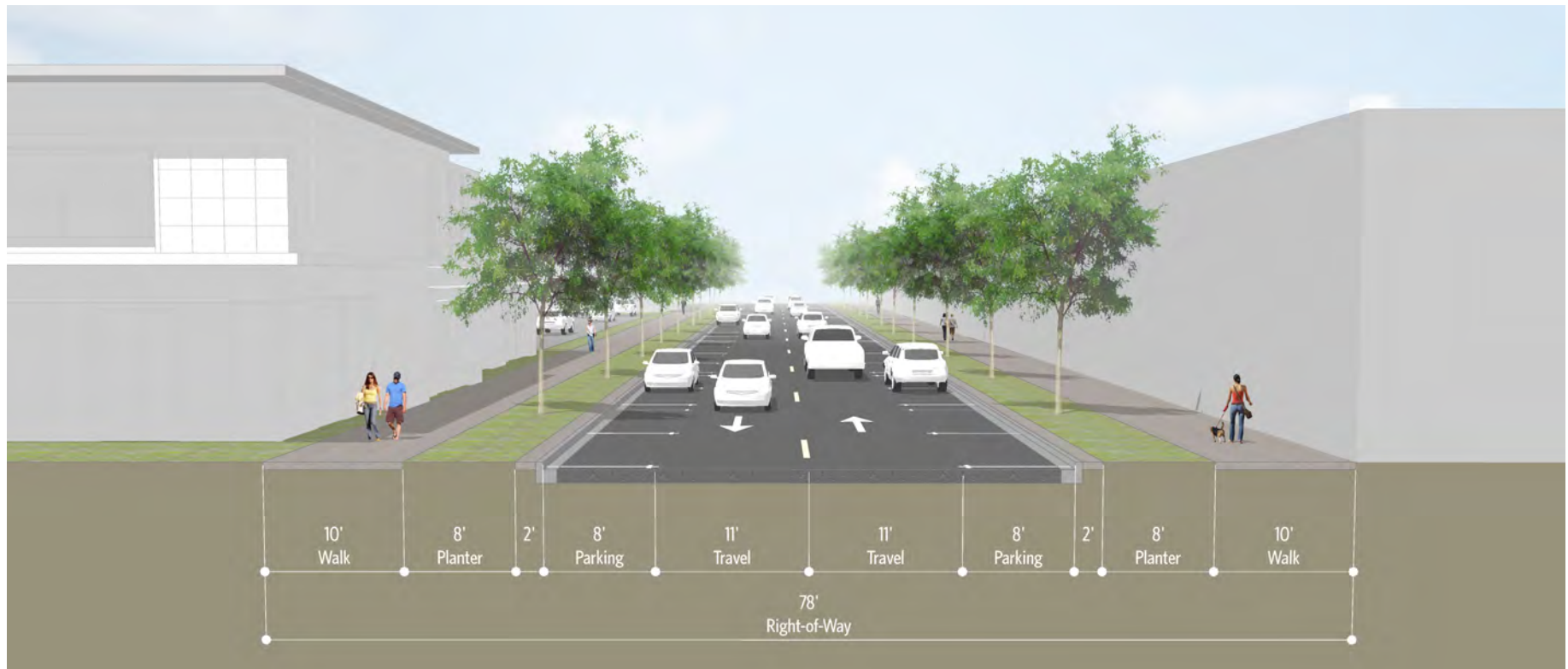
Lakewood Drive Extended: Parkside

The extension of Lakewood Drive north beyond its intersection with Ironwood Drive enabled the development of solid block structure and street network. The new segment of Lakewood passes along the west edge of the central park. A mixed-use building fronts the street on the west, with the east side opening onto the public open space.

Continuing north across Health Street, Lakewood terminates at the large plaza space fronting onto both the Ronald McDonald House and the new stair/elevator tower, which will provide access between the I-90 overpass and frontage street and the rest of the development.

The street itself has two travel lanes and on-street parking, large tree-lined parkway strips, and wide sidewalks on both sides of the street. The cross section within its 78-ft R.O.W. became the template for all new streets within the Corridor.



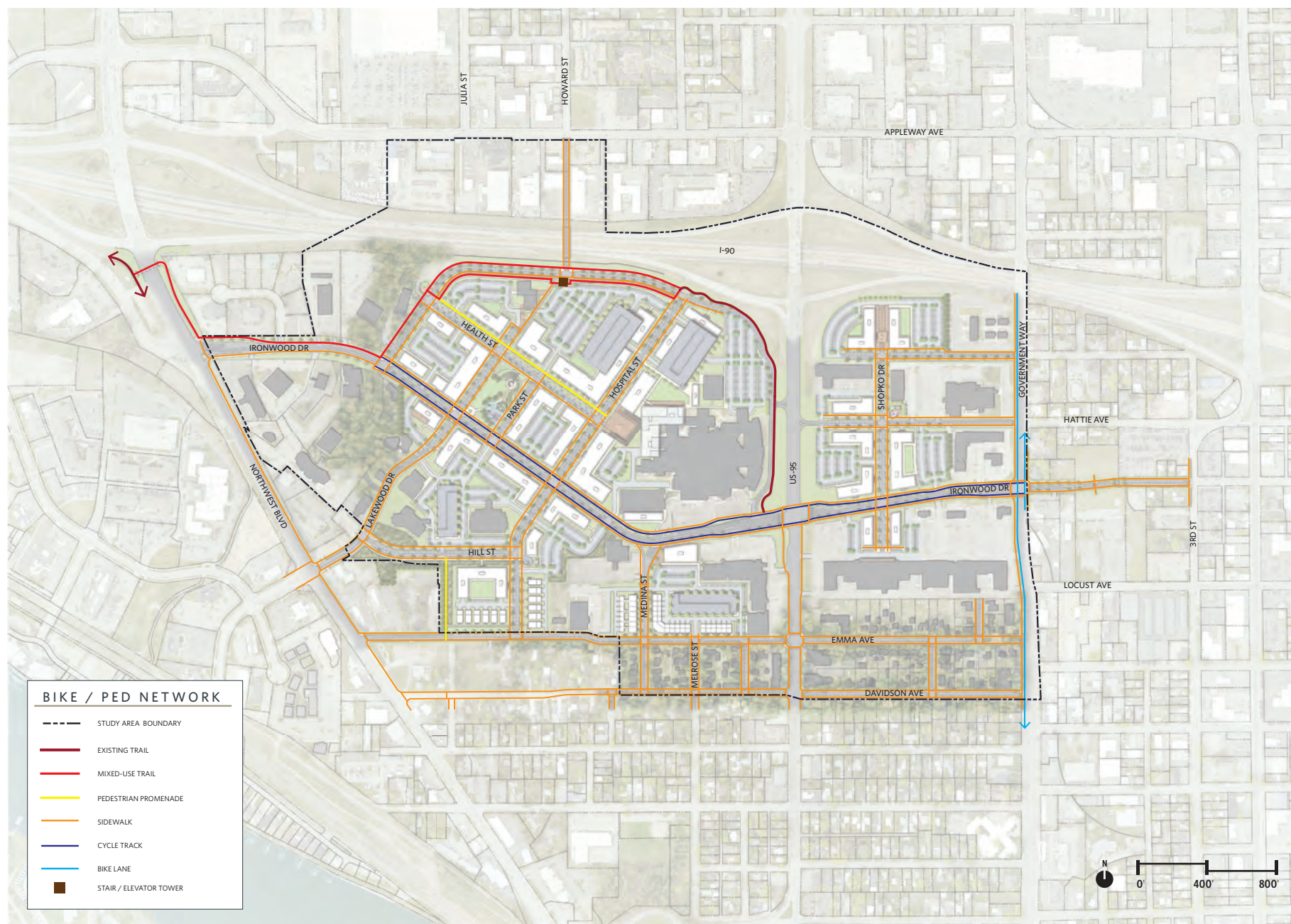


Shopko Drive "Main Street"

East of US-95, Shopko Drive is envisioned to have a "main street" type feel to its corridor. On its north end, the street terminates in a drop-off plaza between two proposed hotels. On the south end, the street ends at the Ironwood Square shopping center, aligning with an enhanced anchor tenant facade and flanked by two new retail buildings. Between these two nodes, 3-story residential buildings will front onto the detailed streetscape, creating a true mixed-use corridor.

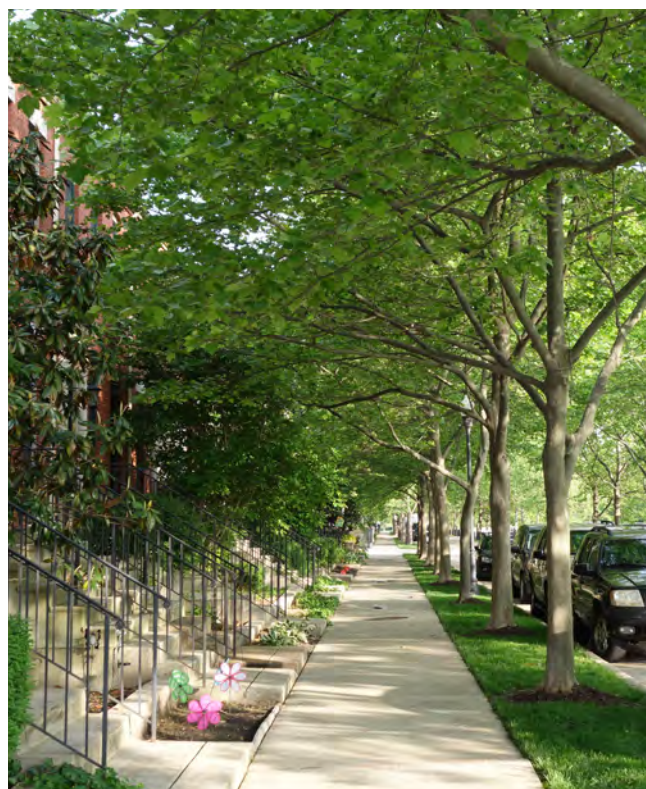
The street will accommodate two travel lanes and include on-street parallel parking on both sides of the street. Wide, tree-lined parkway strips and sidewalks will flank both sides of the street and be accentuated by decorative lighting and other streetscape enhancements.







Protected Cycle Track



Sidewalk along Residential Street



Off-street Multi-use Trail



Wide Pedestrian Path in Urban Setting

Bike / Pedestrian Network

At the most basic level, it is important for the Health Corridor Master Plan to provide pedestrian facilities, mainly sidewalks, along all new and existing streets within the study area. The Health Street greenway includes a 10' pedestrian promenade between rows of canopy trees. A second promenade connects Hills Street and Emma Avenue, allowing for pedestrian access into the core of the development from the residential neighborhood.

The master plan proposes an off-street trail that would connect the existing crushed-stone path around the Kootenai Health campus to the Centennial Trail to the northwest of the Corridor. Trail segments are proposed along both the frontage road, to accommodate users of the bridge overpass, and along the base of the retaining wall running past the Ronald McDonald House and plaza. The proposed trail connections would provide easy access to and from the regional route for residents, visitors, and workers within the Corridor, perhaps creating incentives that would help lower the number of users driving vehicles through the district.

The proposed section of Ironwood Drive includes widened sidewalks for pedestrians along with buffered cycle track lanes for cyclists. These lanes would continue along Ironwood Drive across US-95 and connect with the existing on-street bike lanes on Government Way.



Redevelopment Nodes

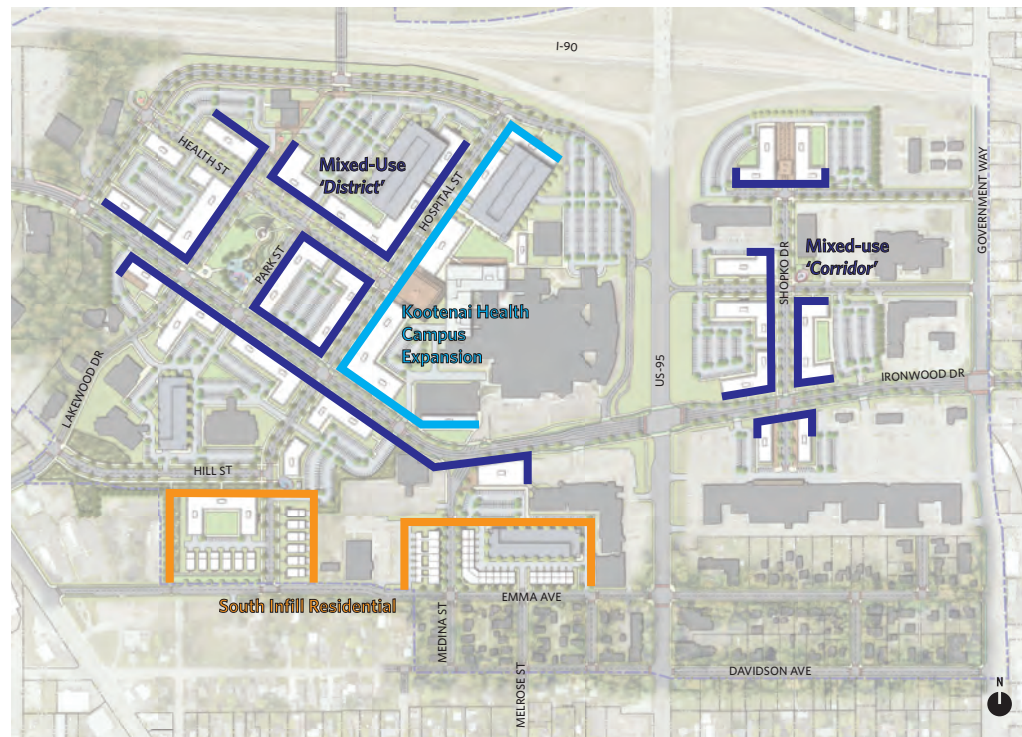
The expansion of the Kootenai Health campus serves as a primary node of redevelopment, with growth concentrated to the north and immediate west of existing facilities up to the proposed Hospital Street. The greenway running along Health Street connects the campus to the west end blocks primarily comprised of residential buildings.

Along the north side of the greenway, medical office buildings will be concentrated.

Residential development will occur along the south side of the realigned Ironwood Drive. These new structures will share a development block with the Chinook office building and two others along Lakewood.

Across from the Chinook building south of Hill Street, a concentration of mixed residential typologies will occur. The new office building to be attached to the Interlake building will spur the development of townhomes fronting onto Medina Street along with a parking structure internal to the block.

East of US-95, Shopko Drive will be aligned on two terminating nodes: a pair of hotels developed on the former water park site to the north; and an enhanced anchor tenant facade and small-scale retail buildings to the south.





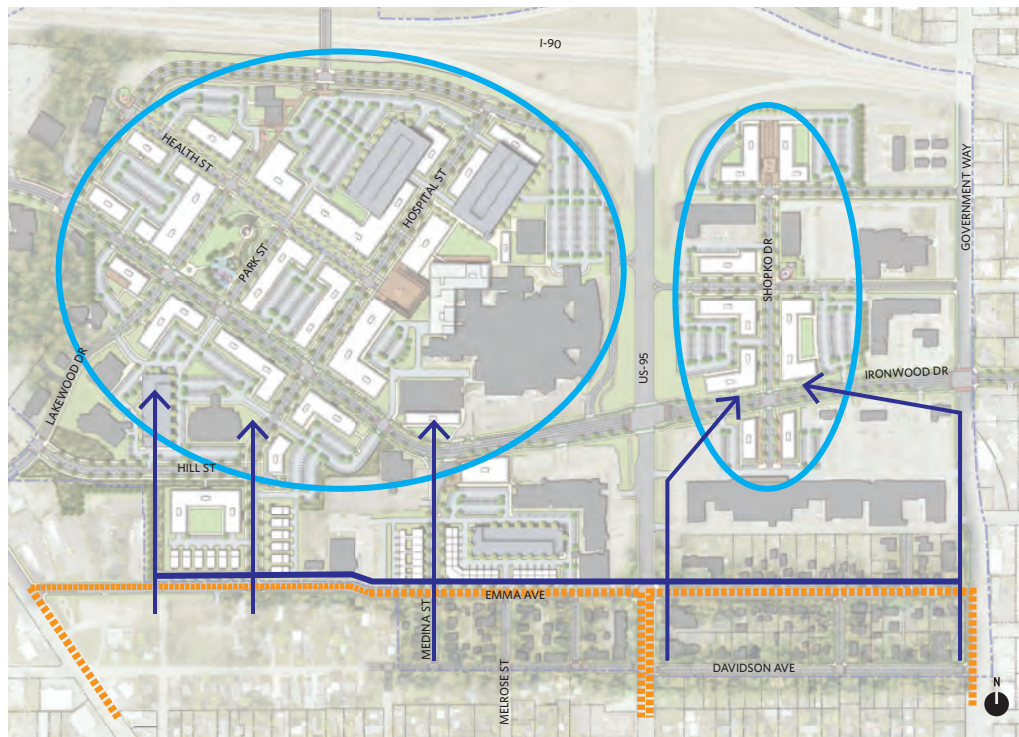
Neighborhood Stabilization

One of the strengths of the existing Health Corridor is the established residential neighborhood in its southern half. Almost all homes are occupied, with a number of properties seeing recent building renovations. A mix of housing typologies, from apartment complexes to townhomes, to single-family cottage homes front onto

Emma and Davidson Avenues. Despite a number of gaps in the neighborhood's sidewalk network, residents see the area as quite walkable.

The proposed master plan sought not to infringe upon the neighborhood, but to provide better connectivity for residents

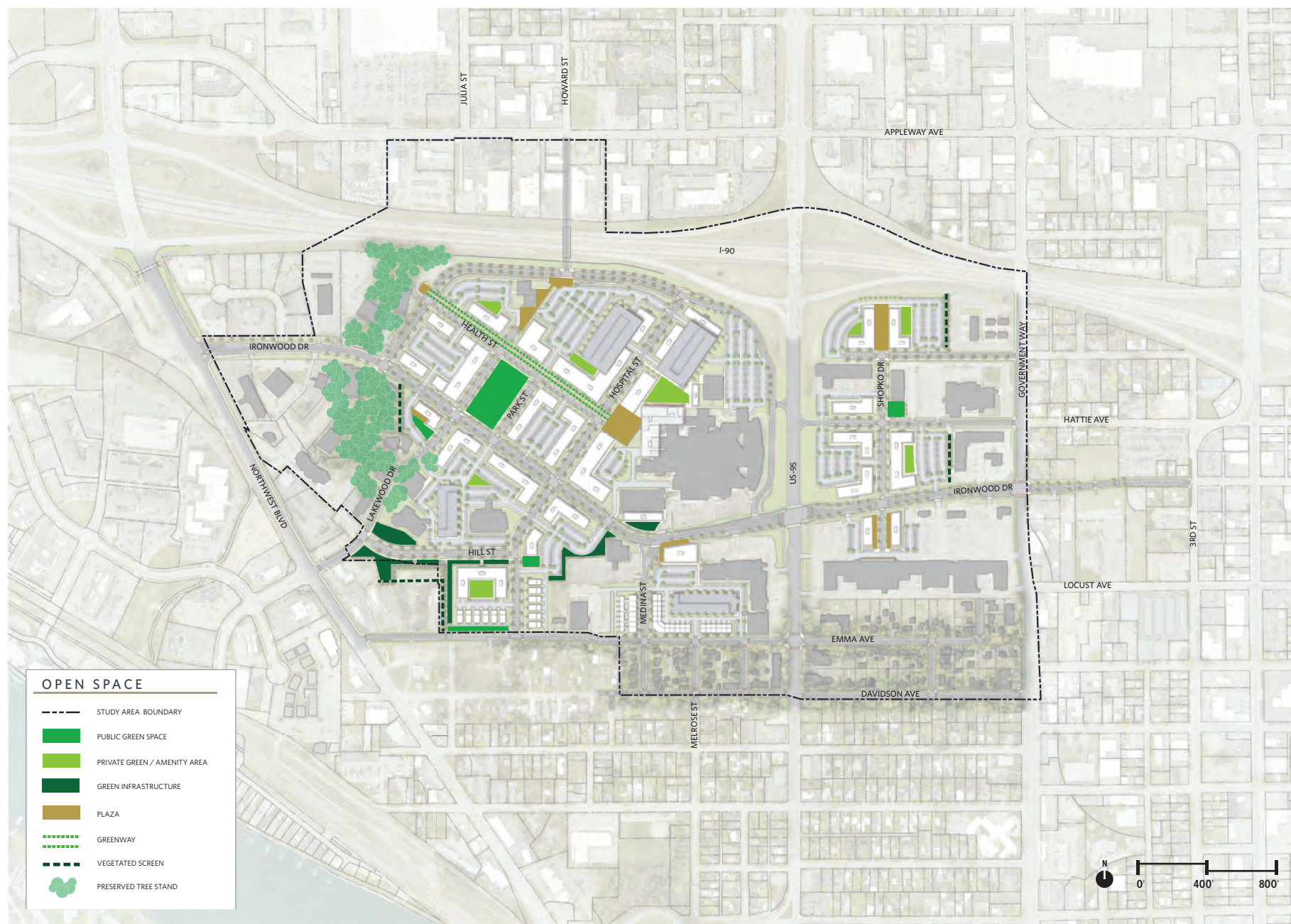
into the heart of the redeveloped Corridor. The Corridor's many amenities and public spaces are envisioned to serve the existing residents as much as to the workers and visitors of the medical facilities. The Corridor will reinforce the neighborhood, providing residents a mixed-use core to use and enjoy as their own.



Aged Apartment Complex on Emma Avenue



Gap in Existing Sidewalk along Emma Avenue



Park & Open Space Amenity Zones

Park & Open Space Network

Much like the master plan's proposed street hierarchy, the Corridor's open space network is envisioned to provide a set of outdoor public spaces that vary in terms of size, orientation, design treatment, and provided amenities. The primary public open space is the central park located in the center of the development area west of US-95. This space will accommodate larger events and include performance venues and activity areas. Three plazas, uniquely sized and programmed to their individual

contexts, are located near the park. Two of the plazas, the Kootenai Health auto court plaza and the Trailhead Arts Plaza, are connected via the Health Street greenway. The third plaza sits adjacent to the Ronald McDonald House and provides public access to the focal stair and elevator tower tied to the Corridor's trail network.

Multi-family developments throughout the Corridor are proposed to include private amenity areas as well. Vegetated screens will help enclose and/or buffer development sites at key locations. South of Ironwood Drive, a

series of pocket parks and native landscaping areas are linked by green infrastructure features that correspond to the study area's existing drainageway. A large portion of the existing stand of evergreen trees that spreads across the western sections of the Corridor is preserved.

East of US-95, the north and south ends of Shopko Drive are plaza spaces to be utilized by the accompanying hotel and retail buildings, respectively. A pocket park serves as public green space on the northeast corner of Shopko Drive and Hattie Avenue.



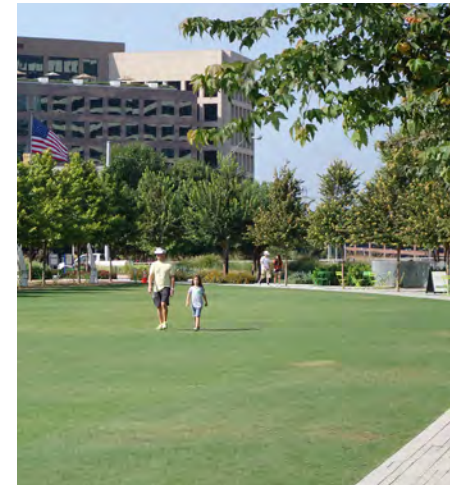
Interactive Water Feature



Urban Plaza



Large Play Feature



Flexible Green Space

Central Park

As the primary open space within the Corridor, the central park should be utilized for a wide range of activities, from large events and performances on a grand lawn to smaller gatherings or conversations in intimate seating areas. The park can also accommodate outdoor activities tied to the nearby community recreation center. Large, vibrant planting areas and stands of evergreen and deciduous shade trees should accent the open lawn spaces. Hardscaped areas with specialty paving, decorative lighting, site furnishings, and a focal water feature or public art installation should also be included within the park.



Right; Birdseye
Perspective Looking
North Above
Ironwood Avenue
Toward the Central
Park and Community
Recreation Center



Programmable Open Space

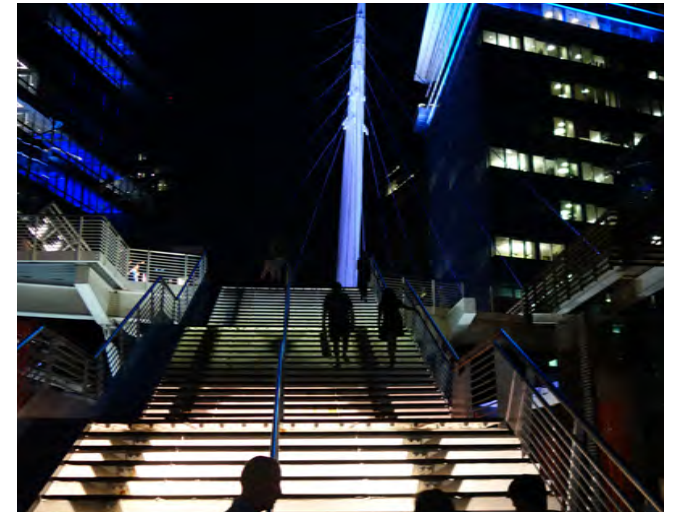


Tree-lined Event Lawn



Ronald McDonald House - Stair/Elevator Tower Plaza

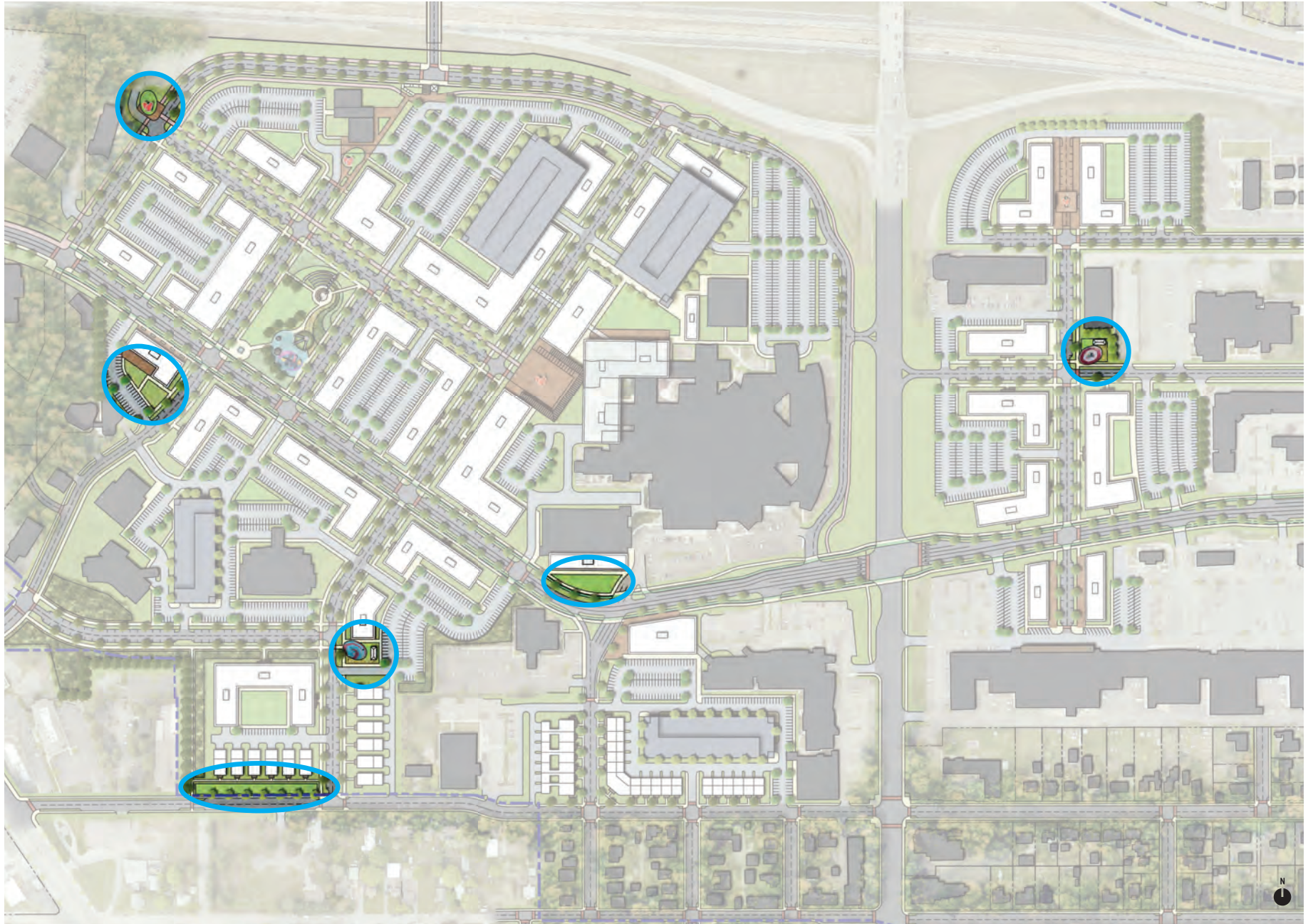
The newly-constructed Ronald McDonald House will be a stunning piece of architecture highlighted by a public plaza space at the north terminus of Lakewood Drive, just west of the proposed community recreation center. Both of these facilities will add civic importance to the hardscaped space. A large public art installation will be centrally located within the plaza, terminating the axial view up Lakewood. Several seating areas will be incorporated to allow for small gatherings and activities. Specialty paving and decorative lighting will accent the meeting spaces, along with well-landscaped planters. The plaza will also serve as a forecourt to the proposed stair/elevator tower, two focal structures that should be highlighted by the plaza's design.



Kootenai Health Auto Court/ Drop-off Plaza

The proposed master plan developed expansion areas for the Kootenai Health campus. Primary amongst the potential future buildings will be a bed tower addition on the west side of the existing hospital. The bed tower will necessitate a new front door for the campus, a space that could accommodate vehicle drop-off, short-term parking, and covered walkway connections between buildings. The master plan delineates such a space at the east terminus of the Health Street greenway. The plaza is envisioned as a zero-curb hardscape area of specialty paving, landscape planters, bollards, and a large public art installation aligned with the greenway's pedestrian promenade. Wrapping the south and east edges of the plaza would be a covered walkway feature, designed as a focal architectural element and help enclose the plaza.





Corridor Pocket Parks

A number of smaller green spaces are spread throughout the Health Corridor, located in areas removed from the larger green spaces. Among these secondary open spaces are the Trailhead Arts Plaza at the west end of the Health Street greenway, a lawn space on the west side of Lakewood Drive behind a proposed commercial building, a shared green space for the proposed cottage homes fronting onto Emma Avenue, and the small amenity space previously mentioned along the stormwater chain and Shopko Drive.

These pocket parks provide amenity areas to residents and visitors of nearby homes or businesses. Their smaller scale is meant to encourage different uses than the larger open spaces. Each is located adjacent to a street, providing good visibility to and from the public corridor. The pocket parks will have large planting beds, well-detailed seating areas, and activity features, like a natural playscape or water feature.



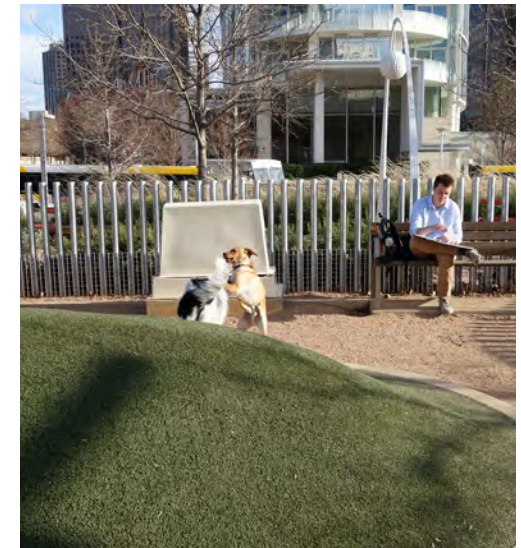
Children's Natural Playscape



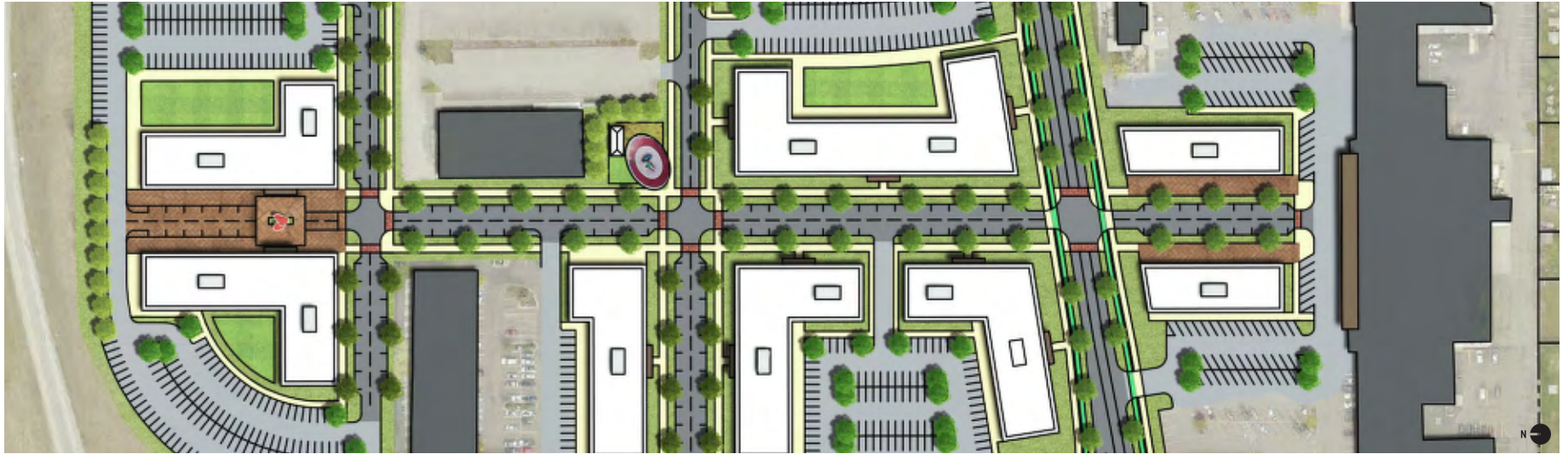
Simple Interactive Water Feature



Small Dog Park



Shaded Seating Area with Movable Furnishings

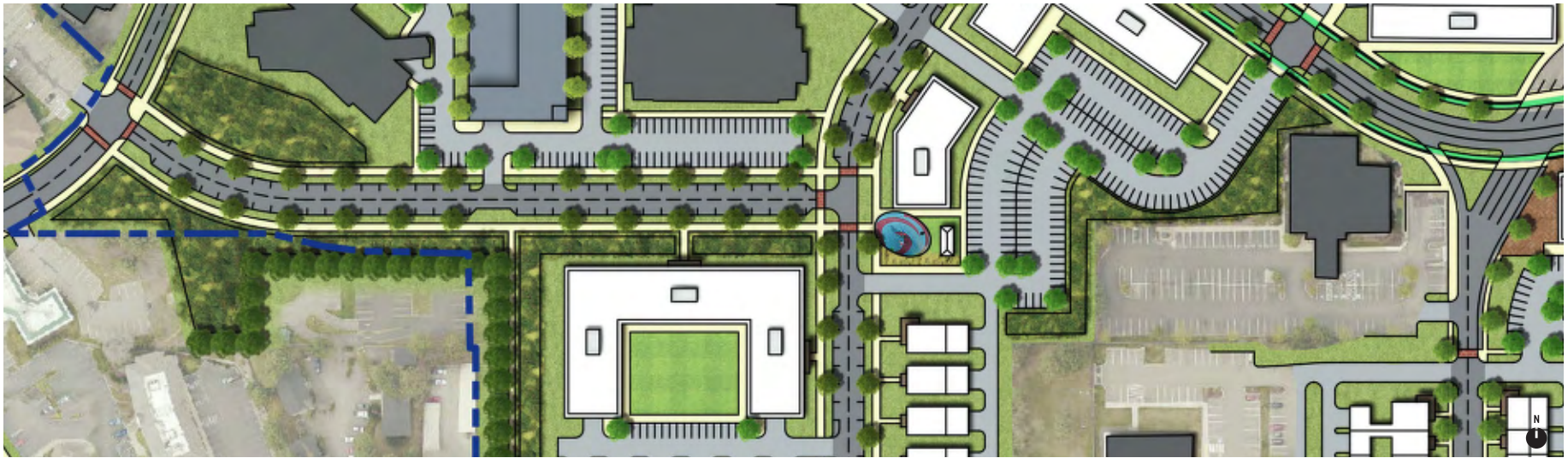


Shopko Drive Mixed-use Corridor

Running from north-to-south from the former water park site to the Ironwood Square shopping center, Shopko Drive will be an urban street, with consistent building frontages, a detailed streetscape, and strategically-located public amenity areas. The corridor is intended to be utilized as a linear public green space. At its north end, the corridor terminates on a drop-off plaza located between two proposed hotels. The plaza will allow for vehicular access, but can be closed off for special events. At its south end, the axial view down the corridor is terminated by an enhanced facade for the anchor shopping center tenant. South of Ironwood, two one-story retail buildings with space for outdoor seating areas and wide landscape planters will flank the drive and create a general shared space environment.



Outdoor Dining and Retail Area along Street Frontage



Native Landscaping and Stormwater Chain

The new Hill Street is proposed to run along the north edge of an existing drainageway/swale. The master plan envisions the swale being preserved and enhanced as a demonstration green infrastructure installation. The feature will be comprised of a series of stormwater detention basins, swales, and/or rain gardens that will capture runoff from Hill Street and adjacent development sites,

treat it, and let it naturally percolate into the soil. The stormwater chain will run from Lakewood Drive on the west through the proposed Hospital Street, continuing around a proposed surface parking lot west of the existing Ironwood Plaza building. Two pocket parks, one at the midpoint of Hospital Street, and one across Ironwood Drive, will provide outdoor public amenity space to nearby residential and office uses. The entire stormwater chain will consist of abundant swaths of native, water-tolerant plantings.



Enhanced Stormwater Basin and Pedestrian Path





DEVELOPMENT OPPORTUNITIES



Opportunity Sites

A Vision for the Corridor

The Health Corridor Master Plan developed as a walkable, mixed-use district. The physical plan was informed by a series of site and market factors, shaping different areas of the Corridor to accommodate varying land use types, programmed amenity spaces, and block compositions. While unified at the macro-level based on the framework elements detailed in the previous section, individual blocks and sub-areas were refined as unique development sites.

These opportunity sites will be implemented across multiple phases over a number of years, extending beyond the 20-year horizon of the proposed urban renewal district. On the following pages, the individual development opportunity nodes are diagrammed, with building types and specific amenity areas highlighted.

It bears emphasis that the opportunities identified and detailed on the following pages are conceptual in nature. The value here is to present a vision for general areas of the Corridor. While the overarching vision will maintain, specific details and ideas will change and evolve as projects are implemented.

Thus, this master plan is meant to be a flexible document, with implementation driven by market demand. Demand will in turn be impacted by the pace of funding made available for projects such as parks and streetscape improvements that will have direct community benefit. Long term, for the community to realize the full potential of the plan, public-private partnerships will have to be utilized.

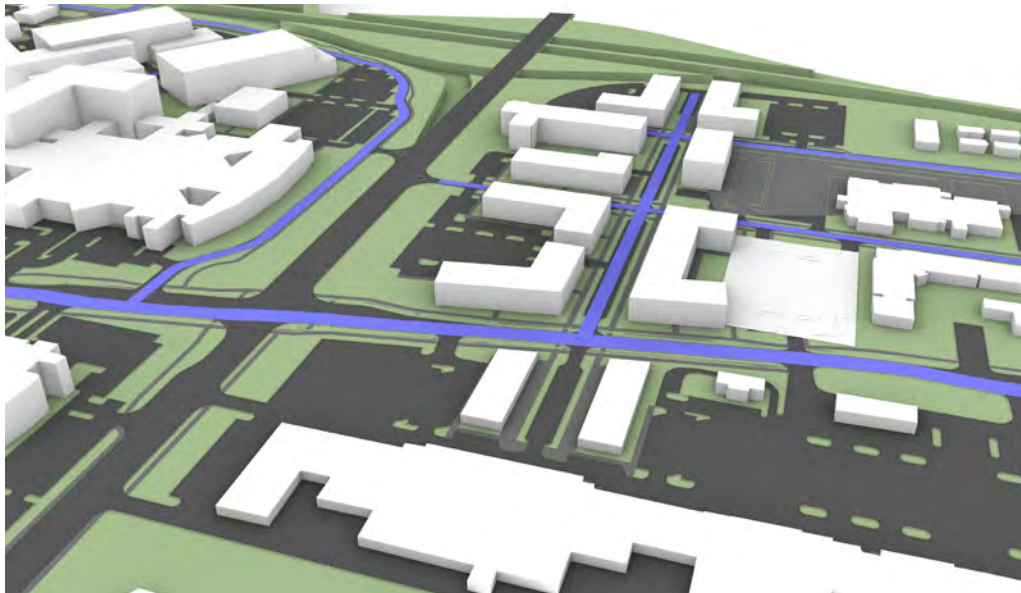


Image of 3D model of Corridor

Community Recreation Center & Medical Office Uses

With the central park providing a large green expanse to its south, the community recreation center is ideally located for a ceremonial approach and prominent visibility typical of a civic building. The highly-designed, actively-programmed facility will be focal structure within the Corridor. To its east, medical office buildings will front onto the Health Street greenway. The medical office uses will wrap the east side of the large development block as well,

transitioning to liner structures abutting the large parking structure. The structure, along with the adjacent surface parking lot, will be used by office users as well as patrons of the recreation center and central park. A skywalk is proposed across Hospital Street, connecting the medical office buildings with those opposite them as well as the future bed tower. The continuous protected walkway will help spread the parking demand for the proposed buildings across the two blocks.



Example of a Community Recreation Center

Western Area Redevelopment

Due to a concentration of vacant and under-performing properties, the area north of Ironwood and west of the proposed central park will most likely be redeveloped in an early phase of implementation. Removed from the Kootenai Health campus, the development blocks are ideal for residential uses. The building fronting onto Lakewood and the park is mixed-use, with ground-level retail or commercial space and medical office above, accommodating services needing to be relocated due to new street or

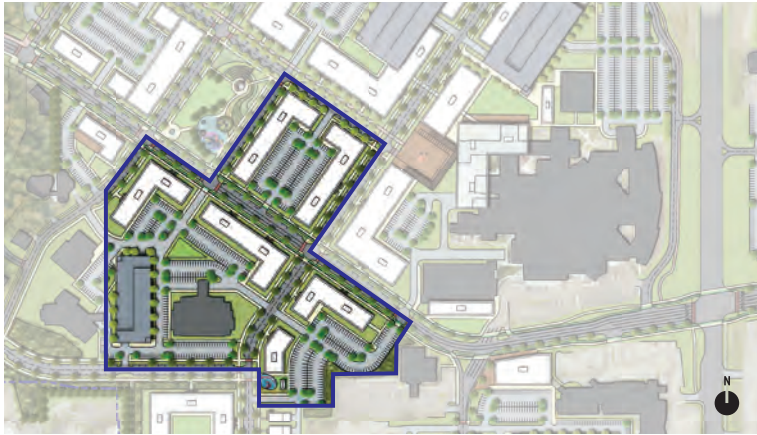
building construction. The other buildings are designed for multi-family residential uses. Tenant parking is provided by surface parking located interior to the blocks. The residential structures are flexible in their design, able to accommodate similar uses such as assisted care or senior housing. The residential building on the north side of Health Street includes a private amenity area for residents to use. Residents are able to live in close proximity to proposed trails, plaza spaces, and the central park, making the western blocks ideal mixed-use redevelopment sites.



Kootenai Health Campus Expansion

The Health Corridor Master Plan sought to guide expansion of the Kootenai Health campus. With Ironwood Drive and US-95 comprising the existing hospital's southern and eastern property edges, respectively, the master plan delineates expansion to the north and west. Two large medical office buildings line Hospital Street and flank the proposed auto court plaza, enclosing the space along with the future bed tower, the planned iconic structure within the whole Corridor. The southern building forms an L-shape, fronting onto Ironwood Drive as well. A liner office building is planned on the south side of the existing parking garage, providing a detailed facade that terminates the axial view up Medina Street. The north part of campus includes a parking structure lined with medical office building frontages. The structure helps encloses a central green space along with the bed tower and a small commercial building that provides open-air retail options for staff, patients, and visitors to the campus. The update to the Kootenai Health facility master plan will drive this area and provide more detail.





Ironwood Drive Residential

On the east side of the central park, a mixed-use building will front onto Park Street, providing ground-level retail uses and residential units above. The building is mirrored by a similar structure on the east side of the block. This building will accommodate multi-family residential units. A small surface parking lot is located internal to the block, tucked away from the streets behind the proposed buildings.



New Townhomes in Coeur d'Alene

Along the south side of the realigned Ironwood Drive, multi-family residential buildings are proposed, giving future residents easy access to the central park and the corridor's planned bike/ped facilities. The buildings will front Ironwood Drive, as well as wrap the corners of the block at the Lakewood Drive and Hospital Street intersections. Similar residential buildings will line the east side of Hospital Street south of Ironwood. Three existing office buildings, including the Chinook building, will remain and be serviced by a proposed shared parking structure. Street frontage will be provided to the Chinook building along the new Hill Street R.O.W.



Interlake Block Infill Development

With a planned addition of a medical office building adjacent to the existing Interlake building, the master plan proposes the new structure sit in the northwest corner of the block. There, the building would help define/enclose the Ironwood Drive-Medina Street intersection. A small entry plaza connects the building to the public corridors.

A parking structure is proposed to accommodate the future structure. The parking structure will be tucked back from the adjacent streets, shielded from view by alley-loaded townhomes fronting onto Medina Street and Emma Avenue. Townhomes are also proposed on the opposite side of Medina as well, on the existing vacant green space east of the VHA parking lot. These alley-loaded urban frontages (no private driveways) will help define this segment of Medina, an important link between the redeveloped Corridor and the existing residential neighborhood.

Hill Street - Emma Avenue Mixed Residential

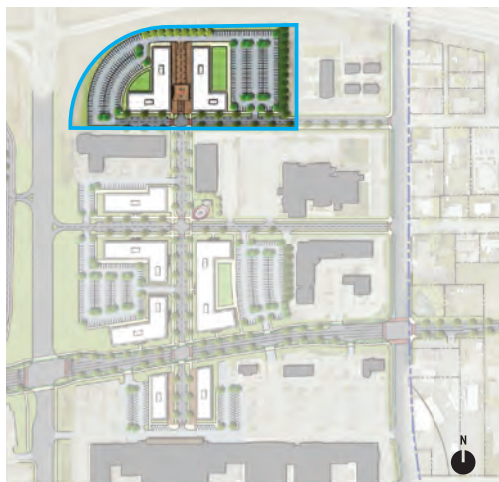
Two multi-family buildings will front onto the south side of Hill Street and the proposed stormwater chain. These buildings are podium-style structures, with enclosed private parking stalls provided within the ground level. The buildings will flank either side of a pedestrian promenade, yet another important link to the existing neighborhood.

On the south side of the block, cottage homes will front onto a common green space line the north side of Emma Avenue. These smaller single-family homes are ideal for a broad spectrum of potential residents, from young professionals to empty-nesters. Similar homes are proposed on the east side of Hospital Street. The cottage homes are alley-loaded, with their garage access located at the back of the lots. This keeps the public street frontage open, allowing for a continuous urban green space for residents to share.



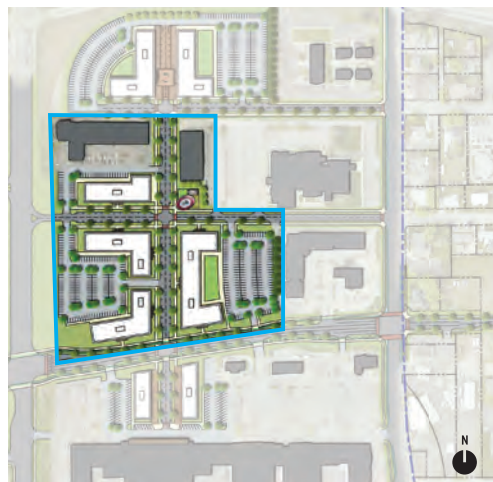
Cottage Homes fronting
Common Green





Water Park Site Hotels

East of US-95, the site of the former water park is redeveloped for a hospitality use. The development consists of two hotel buildings fronting onto a shared drop-off plaza. Large surface parking lots are connected and service guests of the hotels. Small private outdoor amenity areas are provided for each hotel. Access to the property occurs from Ironwood Drive via Shopko Drive as well as from Government Way via the property's existing panhandle-shaped east segment.



East Residential Infill

South of the hotels and north of Ironwood Drive, three-story multi-family buildings line Shopko Drive. The buildings are pushed up to the streets, providing consistent urban frontages to the blocks. The buildings are serviced by large surface parking lots located to the rear of the properties. The building on the east side of Shopko Drive includes a large shared private amenity area.



Ironwood Square Retail

South of Ironwood, two one-story retail buildings line on either side of Shopko Drive. The two buildings will replace several bays of surface parking stalls. The structures are envisioned to house shops and restaurants that would activate the detailed streetscape. Business patrons will be able to park behind the buildings in the shared surface lot. The enhanced facade of the anchor tenant of the existing shopping center will be visible not only from the Shopko Drive corridor, but also from US-95.



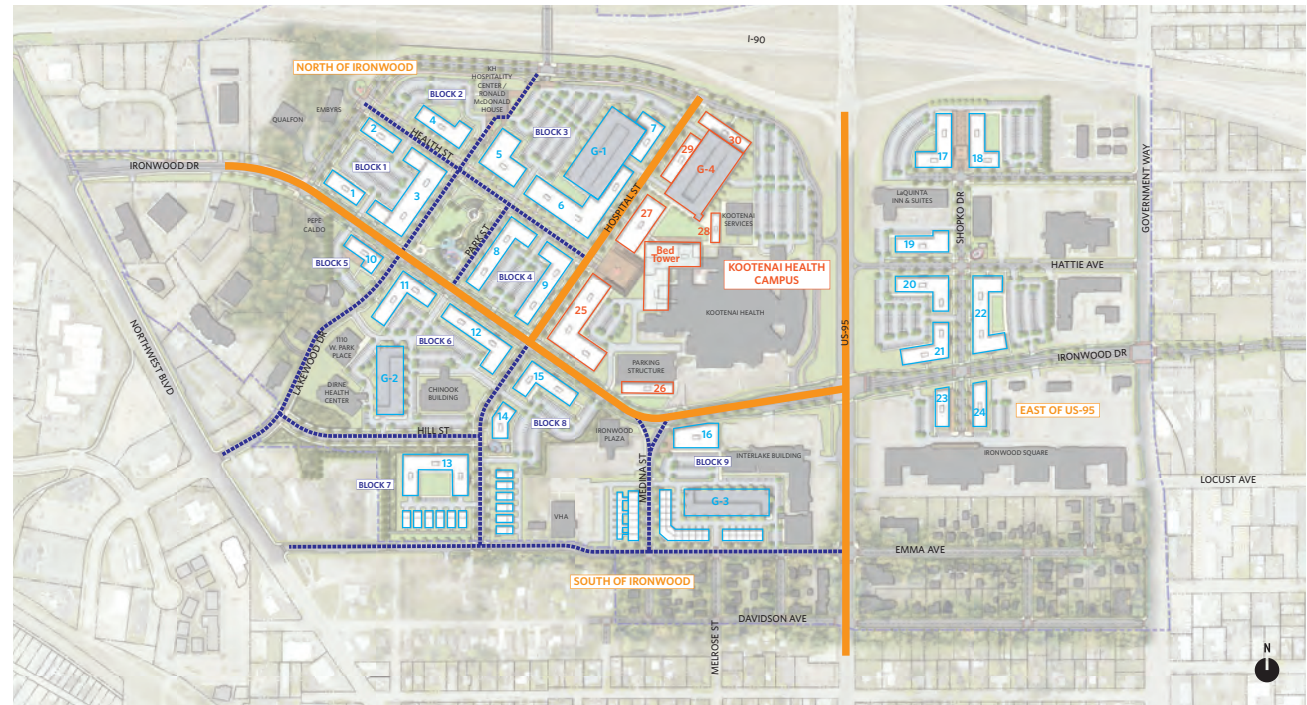
Active Retail Streetscape

Development Yield

Corridor Growth Potential

The table on the opposite page is a detailed summary of the development yield as illustrated in the Health Corridor Master Plan. The yield is broken down by block as referenced in the key map to the left. The development blocks are separated into three general areas based on location: North of Ironwood Drive, South of Ironwood Drive (both include areas west of US-95), and East of US-95. The summary figures (in the dark blue band within the table) show the overall square footages by uses and residential unit counts, along with associated parking demand, proposed within the plan. In addition, the table to the lower left on this page identifies the existing structures that will be relocated within the new buildings of the master plan.

Not included in the overall Corridor summary figures (dark blue band in table) are the development sites associated with the Kootenai Health campus expansion as shown. The expansion sites are included at the bottom of the table.



Building Replaced within New Development

| | | | |
|--------------------------------|--------|---|-------------------|
| Ivy Court Skilled Nursing | 45,000 | 1 | 45,000 |
| Rehabilitation Services | 25,270 | 1 | 25,270 |
| State Dept of Health & Welfare | 19,000 | 1 | 19,000 |
| North Idaho Crisis Center | 8,900 | 1 | 8,900 |
| Behavioral Services | 40,000 | 1 | 40,000 |
| Health Resource Center | 15,400 | 1 | 15,400 |
| | | | 153,570 SF |

CDA Yield Analysis

| Building ID | Bldg Type | Bldg Footprint | Stories | Square Footage | Civic/ Rec SF | Comm. SF | Mixed SF | Office SF | Hotel SF | Residential SF | Residential Units | Parking Demand | Parking Provided | Private | Pkg Lot | Pkg Gar | On Street | Notes |
|--------------------------|-------------------------------------|-----------------|---------|----------------|---------------|---------------|---------------|----------------|----------|----------------|-------------------|----------------|------------------|------------|-----------------|-----------------|------------|---------------------|
| NORTH OF IRONWOOD | | | | | | | | | | | | | | | | | | |
| Block 1 | 1 | Apts/Sr Living | 12,300 | 3 | 36,900 | 0 | 0 | 0 | 0 | 36,900 | 36 | 45 | 45 | 0 | 31 | 0 | 14 | |
| | 2 | Apts/Sr Living | 12,300 | 3 | 36,900 | 0 | 0 | 0 | 0 | 36,900 | 36 | 45 | 41 | 0 | 27 | 0 | 14 | |
| | 3 | Mixed | 48,100 | 3 | 144,300 | 0 | 0 | 24,850 | 70,100 | 0 | 37,800 | 36 | 381 | 200 | 0 | 122 | 0 | 78 |
| Block 2 | 4 | Apartments | 19,950 | 3 | 59,850 | 0 | 0 | 0 | 0 | 59,850 | 57 | 72 | 117 | 0 | 98 | 0 | 19 | |
| | Hospitality Center (w/ R McD House) | Short-term Stay | 9,000 | 2 | 18,000 | | | | | | | 20 | 20 | 0 | 20 | 0 | 0 | 20 rooms |
| Block 3 | 5 | Civic / Rec | 27,770 | 3 | 83,310 | 83,310 | 0 | 0 | 0 | 0 | 0 | 250 | 113 | 0 | 84 | 0 | 29 | |
| | 6 | Med Office | 53,010 | 5 | 265,050 | 0 | 0 | 0 | 265,050 | 0 | 0 | 927 | 196 | 0 | 165 | 0 | 31 | |
| | 7 | Med Office | 16,890 | 3 | 50,670 | 0 | 0 | 0 | 50,670 | 0 | 0 | 178 | 87 | 0 | 75 | 0 | 12 | |
| | G-1 | Parking Garage | - | 6 | - | - | - | - | - | - | - | - | 1,699 | 0 | 0 | 1,699 | 0 | 294/level |
| Block 4 | 8 | Mixed | 29,785 | 3 | 89,355 | 0 | 0 | 24,850 | 0 | 64,505 | 62 | 169 | 111 | 0 | 69 | 0 | 42 | |
| | 9 | Apartments | 29,785 | 3 | 89,355 | 0 | 0 | 0 | 0 | 89,355 | 86 | 108 | 96 | 0 | 69 | 0 | 27 | |
| SUBTOTALS | | | | | 83,310 | 0 | 49,700 | 385,820 | 0 | 325,310 | 313 | 2,195 | 2,725 | 0 | 760 | 1,699 | 266 | |
| | | | | | Civic/Rec SF | Comm. SF | Mixed SF | Office SF | Hotel SF | Residential SF | Residential Units | Pkg Demand | Parking Provided | Private | Pkg Lot Parking | Pkg Gar Numbers | On Street | |
| SOUTH OF IRONWOOD | | | | | | | | | | | | | | | | | | |
| Block 5 | 10 | Commercial | 12,300 | 1 | 12,300 | 0 | 12,300 | 0 | 0 | 0 | 0 | 50 | 63 | 0 | 55 | 0 | 8 | |
| Block 6 | 11 | Apartments | 25,270 | 3 | 75,810 | 0 | 0 | 0 | 0 | 75,810 | 73 | 92 | 57 | 0 | 46 | 0 | 11 | |
| | 12 | Apartments | 29,190 | 3 | 87,570 | 0 | 0 | 0 | 0 | 87,570 | 84 | 105 | 59 | 0 | 52 | 0 | 7 | |
| | G-2 | Parking Garage | - | 4 | - | - | - | - | - | - | - | - | 440 | 0 | 0 | 440 | 0 | 110/level |
| | Chinook Building | Med Office | 27,800 | 3 | 83,400 | | | | | | | 261 | 144 | 0 | 121 | 0 | 23 | 261 existing spaces |
| | 1110 W. Park Place | Med Office | 13,300 | 2 | 13,300 | | | | | | | 78 | 35 | 0 | 35 | 0 | 0 | 78 existing spaces |
| | Dirne Health Center | Med Office | 19,770 | 2 | 39,540 | | | | | | | 118 | 30 | 0 | 13 | 0 | 17 | 118 existing spaces |
| Block 7 | 13 | Apartments | 36,360 | 3 | 109,080 | 0 | 0 | 0 | 0 | 109,080 | 104 | 130 | 142 | 104 | 16 | 0 | 40 | Podium Parking |
| | Cottage Homes | | | | | | | | | | 6 | 12 | 17 | 12 | 0 | 0 | 5 | |
| Block 8 | 14 | Apartments | 10,970 | 3 | 32,910 | 0 | 0 | 0 | 0 | 32,910 | 32 | 40 | 81 | 0 | 75 | 0 | 6 | |
| | 15 | Apartments | 23,370 | 3 | 70,110 | 0 | 0 | 0 | 0 | 70,110 | 67 | 84 | 101 | 0 | 94 | 0 | 7 | |
| | Cottage Homes | | | | | | | | | | 6 | 12 | 26 | 12 | 0 | 0 | 14 | |
| | Townhomes | | | | | | | | | | 7 | 14 | 14 | 14 | 0 | 0 | 0 | |
| Block 9 | 16 | Med Office | 20,100 | 3 | 60,300 | 0 | 0 | 0 | 60,300 | 0 | 0 | 211 | 86 | 0 | 86 | 0 | 0 | |
| | G-3 | Parking Garage | - | 5 | - | - | - | - | - | - | - | - | 700 | 0 | 0 | 700 | 0 | 140/level |
| | Townhomes | | | | | | | | | | 17 | 34 | 34 | 34 | 0 | 0 | 0 | |
| | | | | 3.5 | 227,600 | | | | | | | 729 | 281 | 0 | 281 | 0 | 0 | 729 existing spaces |
| SUBTOTALS | | | | | 0 | 12,300 | 0 | 60,300 | 0 | 375,480 | 396 | 1,970 | 2,310 | 176 | 874 | 1,140 | 138 | |
| | | | | | Civic/Rec SF | Comm. SF | Mixed SF | Office SF | Hotel SF | Residential SF | Residential Units | Pkg Demand | Parking Provided | Private | Pkg Lot Parking | Pkg Gar Numbers | On Street | |

CDA Yield Analysis (Cont.)

| Building ID | Bldg Type | Bldg Footprint | Stories | Square Footage | Civic/ Rec SF | Comm. SF | Mixed SF | Office SF | Hotel SF | Residential SF | Residential Units | Parking Demand | Parking Provided | Private | Pkg Lot | Pkg Gar | On Street | Notes |
|-------------------------------|------------|----------------|---------|----------------|---------------|----------|----------|-----------|----------|----------------|-------------------|----------------|------------------|---------|-----------------|-----------------|-----------|--------------------------|
| EAST OF US-95 | | | | | | | | | | | | | | | | | | |
| 17 | Hotel | 23,270 | 3 | 69,810 | 0 | 0 | 0 | 0 | 69,810 | 0 | 0 | 140 | 142 | 0 | 129 | 0 | 13 | |
| 18 | Hotel | 21,170 | 3 | 63,510 | 0 | 0 | 0 | 0 | 63,510 | 0 | 0 | 128 | 187 | 0 | 169 | 0 | 18 | |
| 19 | Apartments | 18,340 | 3 | 55,020 | 0 | 0 | 0 | 0 | 0 | 55,020 | 53 | 67 | 76 | 0 | 41 | 0 | 35 | |
| 20 | Apartments | 22,680 | 3 | 68,040 | 0 | 0 | 0 | 0 | 0 | 68,040 | 65 | 82 | 105 | 0 | 78 | 0 | 27 | |
| 21 | Apartments | 21,425 | 3 | 64,275 | 0 | 0 | 0 | 0 | 0 | 64,275 | 62 | 78 | 99 | 0 | 85 | 0 | 14 | |
| 22 | Apartments | 28,620 | 3 | 85,860 | 0 | 0 | 0 | 0 | 0 | 85,860 | 82 | 103 | 178 | 0 | 162 | 0 | 16 | |
| 23 | Commercial | 13,045 | 1 | 10,270 | 0 | 10,270 | 0 | 0 | 0 | 0 | 0 | 42 | 29 | 0 | 21 | 0 | 8 | |
| 24 | Commercial | 14,600 | 1 | 11,860 | 0 | 11,860 | 0 | 0 | 0 | 0 | 0 | 48 | 26 | 0 | 18 | 0 | 8 | |
| Ironwood Square | | | | | | | | | | | | 168 | 0 | 0 | 0 | 0 | 0 | 168 existing spaces lost |
| SUBTOTALS | | | | | 0 | 22,130 | 0 | 0 | 133,320 | 273,195 | 262 | 856 | 842 | 0 | 703 | 0 | 139 | |
| | | | | | Civic/Rec SF | Comm. SF | Mixed SF | Office SF | Hotel SF | Residential SF | Residential Units | Pkg Demand | Parking Provided | Private | Pkg Lot Parking | Pkg Gar Numbers | On Street | |
| CDA CORRIDOR TOTALS | | | | | 83,310 | 56,429 | 49,700 | 446,120 | 133,320 | 973,985 | 971 | 5,021 | 5,935 | 176 | 2,377 | 2,839 | 543 | |
| | | | | | Civic/Rec SF | Comm. SF | Mixed SF | Office SF | Hotel SF | Residential SF | Residential Units | Pkg Demand | Parking Provided | Private | Pkg Lot Parking | Pkg Gar Numbers | On Street | |
| KOOTENAI HEALTH CAMPUS | | | | | | | | | | | | | | | | | | |
| 25 | Med Office | 50,890 | 5 | 254,450 | 0 | 0 | 0 | 254,450 | 0 | 0 | 0 | 890 | 88 | 0 | 60 | 0 | 28 | |
| 26 | Med Office | 11,500 | 3 | 34,500 | 0 | 0 | 0 | 34,500 | 0 | 0 | 0 | 121 | 0 | 0 | 0 | 0 | 0 | |
| KH Bed Tower | | Medical | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Parking Garage | | | 7.5 | | | | | | | | | - | 720 | 0 | 0 | 720 | 0 | |
| 27 | Med Office | 25,000 | 5 | 125,000 | 0 | 0 | 0 | 125,000 | 0 | 0 | 0 | 438 | 16 | 0 | 0 | 0 | 16 | |
| 28 | Commercial | 5,250 | 1 | 5,250 | 0 | 5,250 | 0 | 0 | 0 | 0 | 0 | 21 | 0 | 0 | 0 | 0 | 0 | |
| 29 | Med Office | 14,100 | 3 | 42,300 | 0 | 0 | 0 | 42,300 | 0 | 0 | 0 | 148 | 10 | 0 | 0 | 0 | 10 | |
| 30 | Med Office | 14,800 | 3 | 44,400 | 0 | 0 | 0 | 44,400 | 0 | 0 | 0 | 156 | 10 | 0 | 0 | 0 | 10 | |
| G-4 | | Parking Garage | - | 7 | - | - | - | - | - | - | - | - | 1,393 | 0 | 0 | 1,393 | 0 | 199/level |
| Kootenai Services | | | 15,975 | 3 | | | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | |
| Kootenai Health | | | 3 | | | | | | | | | 1,706 | 306 | 0 | 306 | 0 | 0 | 1706 existing spaces |
| SUBTOTALS | | | | | 0 | 5,250 | 0 | 500,650 | 0 | 0 | 0 | 3,480 | 2,543 | 0 | 366 | 2,113 | 64 | |
| | | | | | Civic/Rec SF | Comm. SF | Mixed SF | Office SF | Hotel SF | Residential SF | Residential Units | Pkg Demand | Parking Provided | Private | Pkg Lot Parking | Pkg Gar Numbers | On Street | |

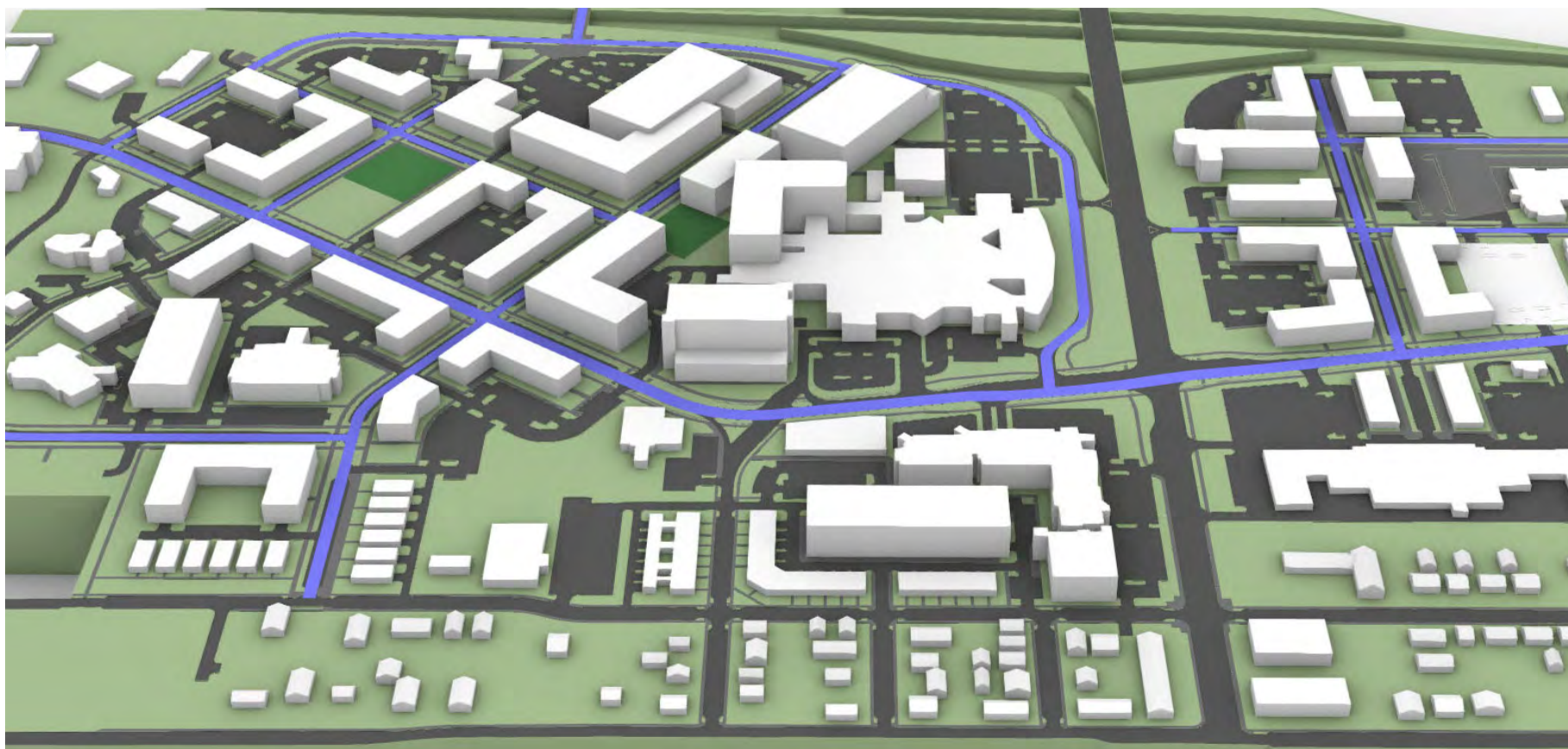


Image of 3D model showing potential full build-out of Health Corridor, including existing and proposed structures and streets.

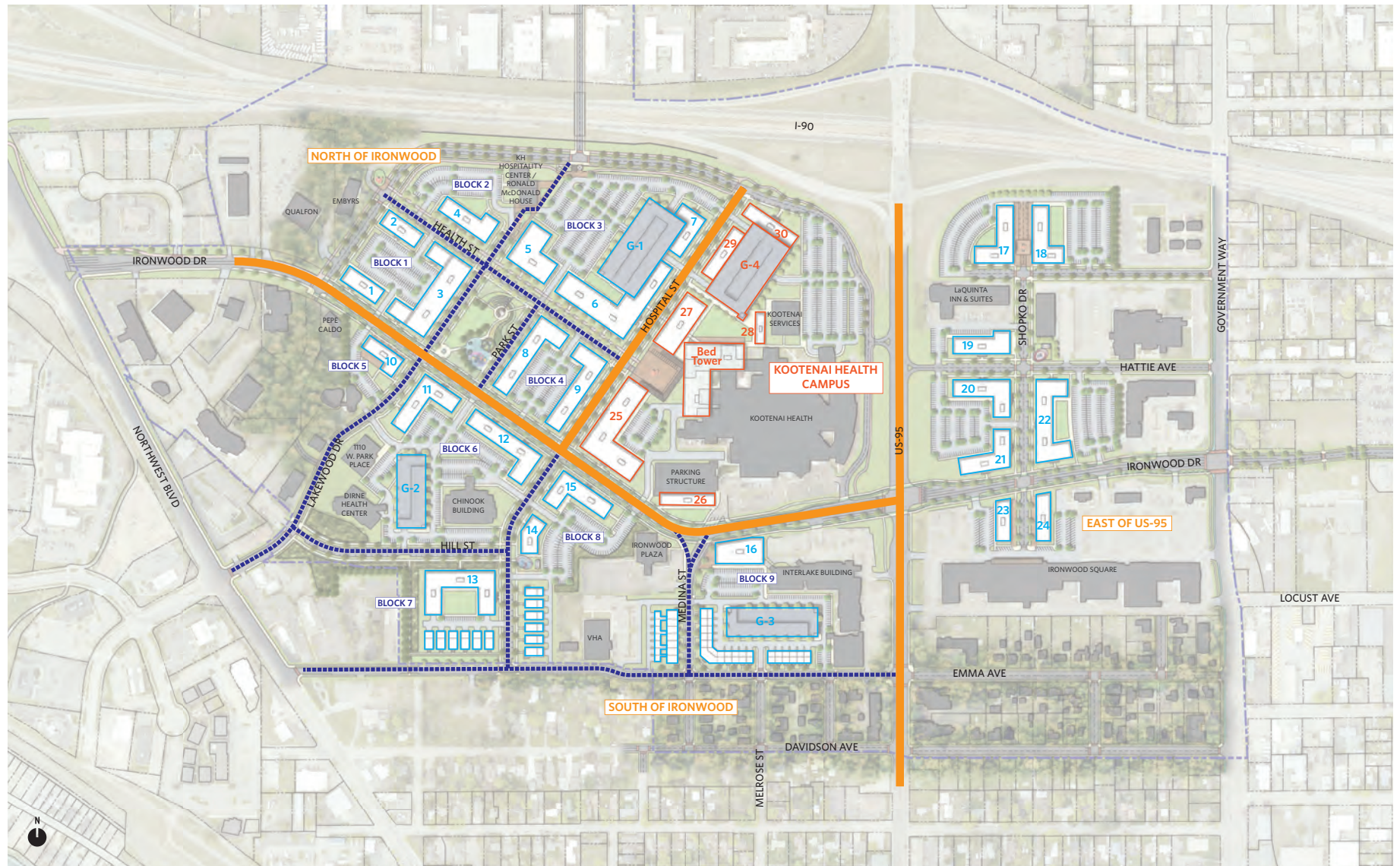
Note: Kootenai Health Facility Master Plan is currently in process. Image may not reflect actual future build-out.



An aerial photograph of a city, likely New York City, showing a mix of urban development. In the foreground, there are several large, multi-story buildings, some with flat roofs and others with more complex architectural features. A prominent curved building with multiple stories and a modern design is visible in the upper center. To the right, a multi-lane highway with several cars is visible, running parallel to a set of railroad tracks. The background shows a dense urban landscape with numerous smaller buildings and trees. A large, solid blue rectangle is overlaid in the center of the image, containing the word "IMPLEMENTATION" in white, bold, sans-serif capital letters.

IMPLEMENTATION

Master Plan Land Use Block Diagram

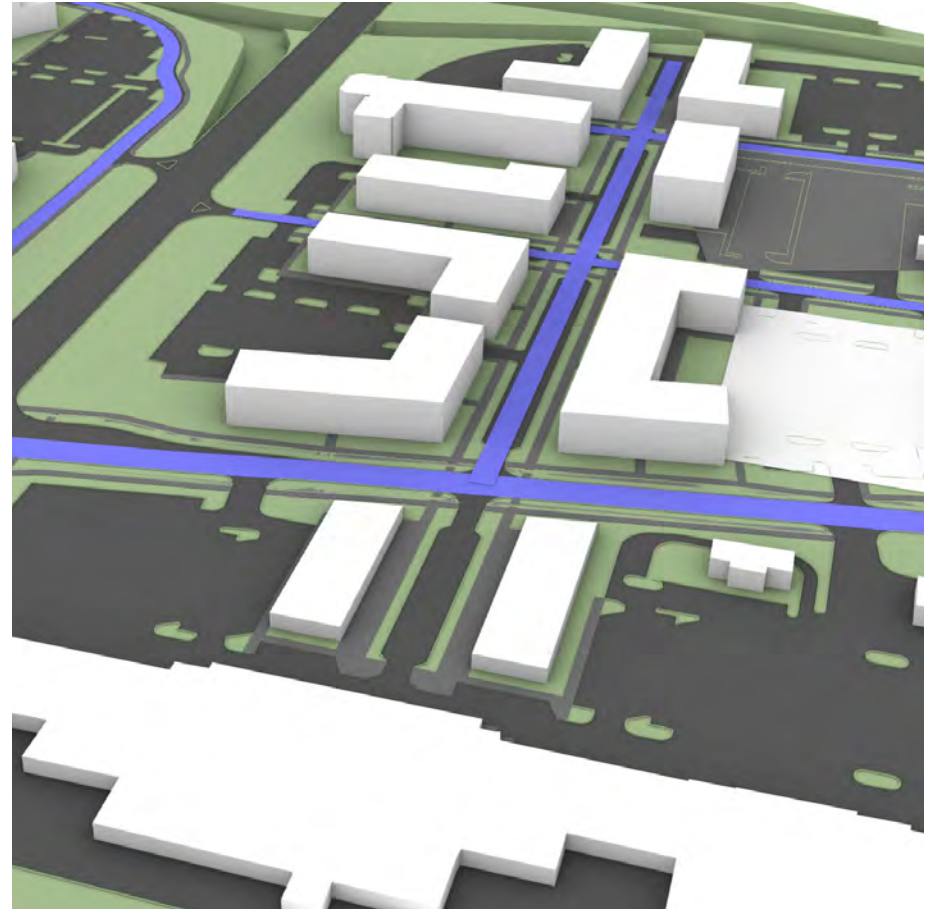


The four development scenarios explored in this chapter refer to block detail shown in the above Health Corridor master plan diagram. These yield calculations are for the full build out of the master plan vision and include development that is likely to occur beyond the 20-year horizon examined in the market analysis and economic feasibility study.

Development Scenarios

This document presents a vision for a bold redevelopment of the Health Corridor area. Though the plan is feasible and implementable, it is not guaranteed that the concepts established in this master plan will be built to completion. In order to ensure that the new vision for the Health Corridor is fully realized, the enthusiasm and effort of several critical stakeholders and participants – including Kootenai Health, ignite cda, the City, and private development partners – will have to be leveraged and their actions must be aligned in order to achieve the ambitions represented in this plan.

The development scenarios in this chapter explore potential outcomes that may arise if certain stakeholders or participants play a lead role in pursuing the goals of this plan while others play a more passive role or do not participate in the redevelopment. The final scenario presented, Full Partnership Approach, describes a coordinated approach that includes all key players. This scenario represents the preferred option and the only opportunity to fully realize the elements of this master plan.



Market-Based Private Development

ASSUMPTIONS

Enticed by the master plan vision, one or more private developers work to execute development projects. These developers are not in active partnership with ignite cda or Kootenai Health.

With this master plan as a guide, it is likely that the development community in North Idaho and, possibly, nationally will want to undertake development projects in the area. A market-based development approach may see multiple developers wanting to build vertical projects that are entitled (or can easily be entitled) for the density and form illustrated in the master plan. Because vertical developers want to efficiently build individual buildings, they will be inclined to select sites that have minimal infrastructural needs and, as a result, offsite costs they will need to incur to build a building.

Though this master plan depicts several sites that could be built with minimal infrastructural change, it is likely that this approach will lead to the development of the “low-hanging fruit” sites and will result in a fragmented development that will likely not achieve the full master plan build-out. Developers may aim to partner with ignite cda to finance smaller portions of the master plan infrastructure or assist in the assemblage of certain parcels.

SCENARIO OUTCOMES

North of Ironwood - Without the aid of strong city partnership, individual developers will struggle to finance large infrastructure. As a result, there are only a few parcels that would be likely to develop. The primary block open for near-term redevelopment is Block 1. This block requires relatively little parcel assembly and infrastructure. It is possible that Kootenai Health will build elements of their area. Individual developers are likely to build medical office buildings (MOB) and residential buildings.

South of Ironwood - There are more areas open for general development south of Ironwood. These include Block 7, building 17 on Block 9, and the residential uses along Emma Ave. Kootenai Health may expand their Interlake Building and build the associated parking garage.

East of US-95 - This area is the most likely to see significant development in this scenario. The larger parcels allow for easier assembly and development. This area would still require ignite cda and City participation to unlock the potential of proposed streets and infrastructure.

EVALUATION CRITERIA

| | |
|--------------------------------|----------|
| Catalyzes development | Somewhat |
| Delivers infrastructure | Somewhat |
| Creates sense of place | No |
| Achieves full build-out | No |



Kootenai Health Lead

ASSUMPTIONS

Kootenai Health is motivated to develop elements related to their core mission and uses and begin to execute the build out of the master plan. They are not in a working relationship with outside development partners.

Kootenai Health is in a greater position to achieve success than any other individual developer as a result of their existing land ownership, partnerships with ignite cda, and overall access to resources. Despite this, Kootenai Health is likely to only pursue development that directly relates to their central set of services and their ability to provide care. Though they may look to build associated medical office buildings, it is very unlikely they the hospital would work to build residential uses or other community assets. Because much of the master plan proposes uses that are not integral to the hospitals core services, it is likely that this scenario would leave much of the non-hospital uses undeveloped or left for others to undertake. Because there is no formal relationship between Kootenai Health and the development community in this scenario, it would create significant challenges in delivering the full build out of the master plan. Kootenai Health would not play a primary role in delivering infrastructure that is not directly adjacent to their core area so, the challenges associated with the previous developer-led scenario would be present here as well.

SCENARIO OUTCOMES

North of Ironwood - Kootenai Health's land and uses largely exist in this area. It is in their interest to undertake the development of garage G-1 and, potentially, the medical office buildings (MOB) that are attached to it. Beyond this, it is likely they will only invest in buildings 10 through 15 and the infrastructure that serves them as they are aligned in use and location with the existing hospital services.

South of Ironwood - The building extension to the Interlake Building and the associated garage is the most likely development to be undertaken by Kootenai Health without additional partners. Much of the remaining portion of this area is residential uses and the hospital may be unlikely to build this use.

East of US-95 - Kootenai Health is engaged in discussions to reuse the former Shopko building for ancillary uses. Outside of this project, it is unlikely that the development east of SH 95 would be undertaken in a hospital-led development scenario.

EVALUATION CRITERIA

| | |
|-------------------------|----------|
| Catalyzes development | Yes |
| Delivers infrastructure | Somewhat |
| Creates sense of place | Yes |
| Achieves full build-out | No |



No Investment or Vision Champion

ASSUMPTIONS

Cost of infrastructure and catalytic projects is seen as too great in the near term and execution on the master plan vision is postponed for the foreseeable future leaving future development to an ad hoc approach to growth and change.

If the vision presented in the master plan was seen as too challenging and requiring too great an investment to achieve in the near future, the plan could be set aside leaving the future of the Health Corridor beholden to the same market realities it faces today. Though Couer D’Alene as a whole has been successful in attracting growth, the Health Corridor district has seen only sporadic change over the course of the past several years as a result of the fragmented ownership, challenged access and mobility, and a lack of a desirable image and sense of place. Though Kootenai Health remains a strong economic engine, it will drive only minimal development and not of a mix of uses that serves the greater market demand seen in this area.

As the trends within the Health Corridor will remain the same, so will the trends beyond its borders. Areas within ignite cda’s Lake and River urban renewal districts will continue to grow and thrive as a result of the investment and attract some of the development that would have otherwise gone to the Health Corridor district.

More concerning, however, is the ripple effect of not investing in a cohesive district and health based environment critical to the future of Kootenai Health as a preeminent health destination. Like peer destinations – including the Mayo Clinic and its relationship to Rochester, Minnesota – Kootenai Health will see growing demand to be a part of a curative district with wrap-around care within a vibrant context that provides value and comfort for patients, employees, and visitors. Without this comprehensive environment, growth and change will likely focus on other locations, both across the country and within the region. Prominent amongst these locations is the Providence health campus within Spokane which benefits from a larger population center and greater access as a result of the airport and other elements.

Without investment and champions for change – especially ignite cda and Kootenai Health – the district will never achieve its full potential to be a national leader of innovation and care. Investment and a sense of ownership is critical to the future of the Health Corridor and to the region.

SCENARIO OUTCOMES

North of Ironwood - - Kootenai Health will continue to see a demand for growth of its services and, as a result, its built form. Without the investment in catalytic projects and infrastructure, Kootenai Health will continue to grow as it is able. This will likely take the form of developing within the boundaries of existing parcel configuration

and infrastructure. If this occurs, it is very likely that the vision within the master plan will never come to fruition. Though certain areas, like Block 1, may be able to be built, they will not connect to a great development outcome as a result of ad hoc development within the existing context.

South of Ironwood - Like the previously mentioned Market-Based Private Development scenario, certain projects may be able to be built, but with minimal market rate development north of Ironwood, the TIF generated within the corridor will likely not be sufficient to build the roadway connections and other amenities (like parking garages) that will allow this area to develop fully.

East of US-95 - This area is the most likely to see market driven development in this scenario. As a result of larger parcels and minimal assembly of real estate required, the development community may undertake certain projects, like the residential buildings just northeast of the US-95/Ironwood Drive intersection. The infrastructure to truly connect the area, however, will also suffer as a result of minimal TIF generation taking place elsewhere in the Health Corridor.

EVALUATION CRITERIA

| | |
|-------------------------|----------|
| Catalyzes development | Somewhat |
| Delivers infrastructure | No |
| Creates sense of place | No |
| Achieves full build-out | No |

Full Partnership Approach

ASSUMPTIONS

Kootenai Health partners with one or more master developer entities that can undertake a complex, multi-phase development. This development coalition works closely with the ignite cda and the City to coordinate private development and public investment projects.

While the previous three scenarios were intended to show the challenges associated with individual actors attempting to deliver a complex master plan build out, this scenario illustrates the power of a strategic partnership in delivering the vision behind the master plan. The Health Corridor area is challenged with having many smaller land owners along with the larger land holders, like Kootenai Health. The assemblage of parcels and the delivery of infrastructure is likely to be slow and require patience and capital. This ability to carry land over the time necessary to assemble all parcels within the master plan area will certainly exceed many smaller-scale developers' ability to direct this effort.

As a result of the time frame and resources necessary to deliver this project, a strategic partnership between Kootenai Health, ignite cda, and an experienced large-scale development partner (or partners) is critical. ignite cda may have to play a strong leadership role in guiding the parcel assembly and infrastructure delivery for the master plan development. Though ignite cda cannot be expected to hold the cost for all infrastructure and assembly efforts, their ability to be patient over the course of this process is unique and critical to the success of the project.

Beyond ignite cda, the developer partner or partners must be experienced and have the requisite access to resources to be able

to deliver a multi-phase development. In this, not all developer partners are equal. A "master" developer partner will be essential to take on the effort of building the infrastructure (in partnership with ignite cda) and make ready the land that will be developed into vertical buildings. The master developer may build these vertical buildings or may sell developable parcels to developers interested in individual buildings.

Kootenai Health is a critical partner in this coalition, as well. Not only is Kootenai Health the largest land owner in the Health Corridor, they are an integral partner in delivering the vision of the master plan. Kootenai Health may find that by including their land and resources in the development of the project, they are able to extract more value by being included in a district that provides better access to health care services and health-based amenities. Though their campus may densify, their ability to grow will be unhampered far into the future.

SCENARIO OUTCOMES

North of Ironwood - Kootenai Health may play a critical role in catalyzing development by partnering to build the garage G-1 and some of the adjacent infrastructure. Over time, the hospital will be able to grow in a contained campus setting that is connected to the larger network of health-based development.

A master developer partner may want to take on the remaining land in close partnership with ignite cda and Kootenai Health in order to deliver all remaining development. This will be executed in a balanced negotiation amongst the partners to deliver both development and infrastructure. The developer partner may build all uses themselves, but is more likely to sell parcels

of land to other developers to deliver specific buildings. All uses (MOB, residential, and others) can be undertaken by a master developer in partnership with ignite cda and Kootenai Health, including the open space and recreation/community center (and similar uses) that would be difficult to deliver in the other scenarios.

South of Ironwood - The area south of Ironwood benefits from being made up of fewer and larger parcels. A development partner will work with ignite cda to deliver the full master plan build out. This will include the street construction, garages, and several mostly-residential buildings.

Certain parcels of land, such as Block 9 and 11, may be able to be developed in more traditional ways as the market allows, though ignite cda will still have to play a role in delivery of infrastructure.

East of US-95 - This area does not present the same degree of complexity as the areas west of US-95. A master developer may have interest in taking on the entirety of the area, but more market-based, small scale development may also achieve the goals represented in the master plan. Critically, however, ignite cda will have to play a role in working with either existing land owners or future development partners to build the street infrastructure that will allow the area to develop per the master plan.

EVALUATION CRITERIA

| | |
|--------------------------------|-----|
| Catalyzes development | Yes |
| Delivers infrastructure | Yes |
| Creates sense of place | Yes |
| Achieves full build-out | Yes |



Phasing

This master plan vision will not get built overnight. The implementation of this plan will take several years and will require a careful balancing of investment in infrastructure, the development of buildings, and the materializing of uses to fully realize the plan's potential. This section illustrates a phased plan that will allow the plan to develop reasonably over time and allow public investment to keep pace with private development.

This phasing plan is broken down into four phases, with the first phase representing projects that are either already planned or can be early action items to catalyze change in the corridor. The time horizon for the full build-out of the plan is in excess of twenty years. Many projects within the plan are able to be undertaken or completed sooner, but require collaboration between the private sector, Kootenai Health, and ignite cda.



PRELIMINARY PHASE (1-3 YEARS)

This first “phase” represents projects that have been mostly proposed either prior to or not central to the discussion of ignite cda’s involvement and the availability of urban renewal resources. The exception to this is the inclusion of the proposed parking garage (G-1) adjacent to the Kootenai Health campus. This project represents an early action item, undertaken by the hospital, that can help spur growth and change with relatively minimal infrastructural upgrading or development.

Though the projects represented in this phase were not conceived within the context of this master plan, their inclusion in the corridor is very helpful in planting the seed of change and generating value as part of the TIF district. The development of these projects over the course of the next several years will kick-start the development of the overall masterplan and provide great visibility for the future of the Health Corridor.

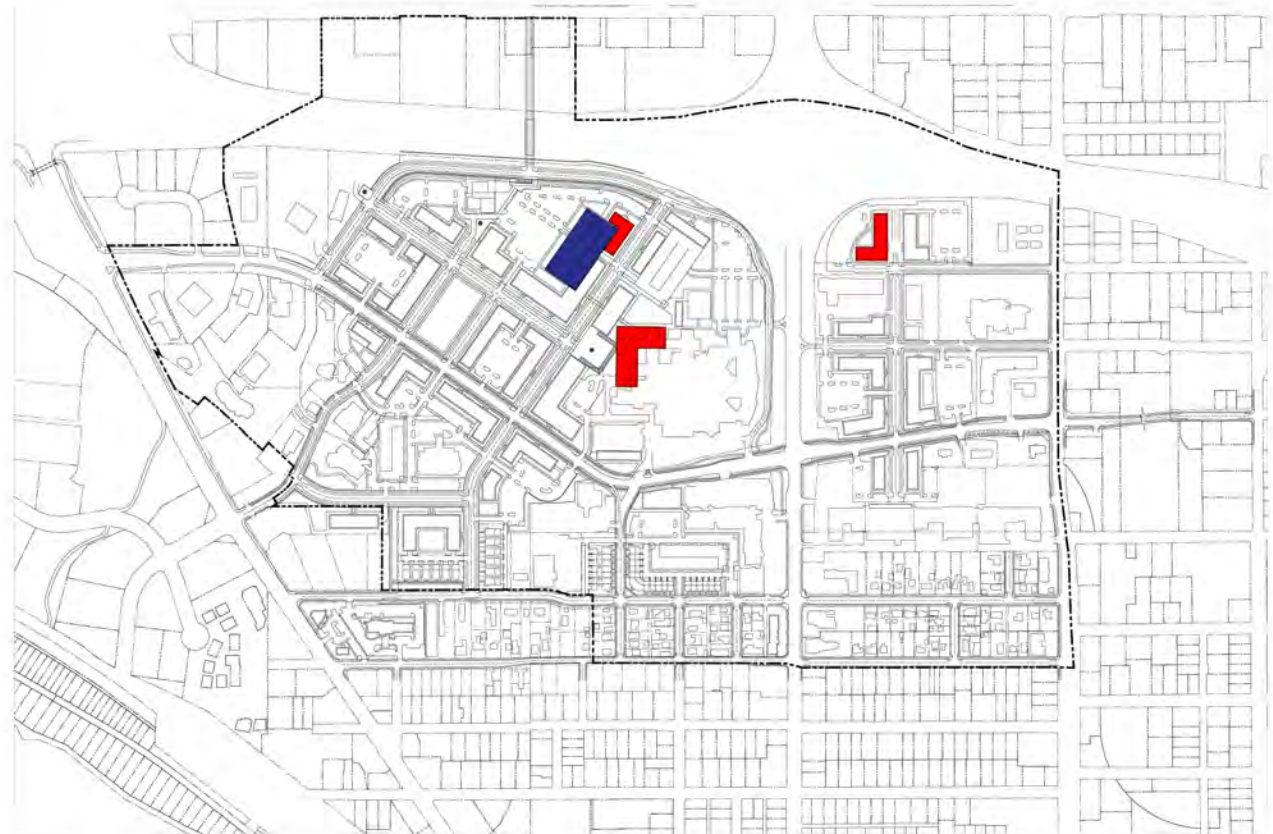


PRELIMINARY PHASE (1-3 YEARS)

USES

Kootenai Health is considering a new bed tower that will generate a lot of energy within the district. This bed tower will be within the hospital's expanded campus area and could be located in the northwestern corner of the hospital's primary building cluster. Additional parking will be needed for this and other uses sparking the need for garage G-1 on Block 3. This parking structure will have to be championed by Kootenai Health with possible partnership with Ignite cda. Attracting small MOB uses on this site adjacent to the garage can help offset the loss of several MOBs currently on site that will be demolished for the new development.

East of US-95, a hotel is currently planned for the former water park site (building 27). Discussions with the land owner should ensure that the planned building works with the master plan vision. The existing Shopko building can be repurposed for hospital support space or other uses prior to any future redevelopment.



LAND USE

- Study Area Boundary
- Proposed Building
- Proposed Parking Structure

PRELIMINARY PHASE (1-3 YEARS)

INFRASTRUCTURE

The infrastructural change in this phase is relatively minimal in consideration of the limited resources available to build them. The construction of a portion of Hospital Street will be necessary to serve the proposed garage. To ensure access, portions of Kootenai Health Way will have to be constructed or improved. A “right in – right out” intersection off of US-95 is very important in improving access to the district. This intersection will require discussions with and approval from the Idaho Transportation Department. An extension of Homestead Avenue is also necessary to access the proposed hotel. The construction of an underpass and extension connecting the Centennial Trail to the Health Corridor is an important early step in increasing access.

During this phase, it is recommended that ignite cda, along with Kootenai Health, the City and other stakeholders, undertakes a transportation and traffic study to fully understand the implications of the various elements recommended in this plan as well as other mobility solutions that could be implemented to ease congestion and make travel through the Health Corridor more efficient and pleasant.



IMPROVEMENTS

- Study Area Boundary
- New Street Construction
- Street Improvements
- Trail Construction
- New Parking Structures

Proposed Infrastructure - Preliminary Phase (1-3 years)

| Project | URD Resource Participation | City Resource Participation | Other Government Participation | KH Pilot | Size | Rounded Cost * |
|---|----------------------------|-----------------------------|--------------------------------|----------|--------------|----------------|
| Procure a consultant team to undertake a traffic and mobility study for the Health Corridor area. | Yes | Possibly | Yes IDT | Possibly | N/A | \$200,000 |
| Coordinate with Kootenai Health to design & construct shared district parking garage (G-1, Block 3 on yield ref map). | No | No | No | No | 1,633 Stalls | N/A* |
| Design & construct segment of Hospital Street adjacent to garage, tying in to existing Ironwood Court.* | Yes | Not likely | No | Possibly | 700 l.f. | \$840,000 |
| Design & construct new segment of Kootenai Health Way north of garage. Improve existing portions of Kootenai Health Way to match new portion. | Yes | Not likely | No | Possibly | 260 l.f. | \$310,000 |
| Design & construct Extension of Homestead Ave from Government Way to new hotel site. | Yes | Not likely | No | Possibly | 1,000 l.f. | \$1,200,000 |
| Design & construct RIRO off of US 95 into west development districts connecting to Kootenai Health Way. | Yes | Possibly | Possibly | Possibly | 1 unit | \$180,000 |
| Design & construct new trail from Lakewood-Ironwood intersection west along Ironwood to NW Blvd. The new trail then turns north and runs under NW Blvd via tunnel as proposed in City's Walking Audit report of the corridor. Tunnel provides connection to existing Centennial Trail. This cost includes associated storm drain needs. | Yes | Possibly | No | Possibly | 850 l.f. | \$1,730,000 |
| Total | | | | | | \$4,460,000 |
| Phase to Date Total | | | | | | \$4,460,000 |

*Typical for all new streets: included in this project are street surfacing, bike/ped facilities, streetscape features, landscaping, and infrastructure.

* Not adjusted for inflation or time.

* All parking structures will require capital contribution from other partners and are not included in these calculations. Funds will be available to build a structure the size of Garage G-4 with TIF and other sources. These funds can be used to construct G-4 or other parking needs as relevant at the time, such as the expansion of Garage G-1.

EARLY PHASE (4-7 YEARS)

The Early Phase represents the beginning of significant investment from both the private and public sectors. New streets will unlock the potential for the development of a mix of uses throughout the district. Certain larger infrastructure projects – such as the reconstruction of Ironwood Drive – will not be able to be completed in this phase's time frame. As a result, this phase focuses on projects and locations that can see change without the completion of these larger moves. Significant value and change can still be achieved with a limited amount of investment in infrastructure. This phase puts development on Ironwood Drive, among other high profile locations, allowing energy and enthusiasm to build for the eventual corridor build-out.



EARLY PHASE (4-7 YEARS)

USES

The most visible development area within this phase is Block 1 north of Ironwood drive as well as several projects to the south. These areas can be built without a full reconstruction of Ironwood Drive, making them great early phase projects. This area is a prime location to attract a mix of medical office building (MOB) space as well as a significant number of residential units, which can positively alter the experience within the corridor. The addition of MOB space – both on block 1 and adjacent to the garage G-1 – can further offset the loss of MOB space in existing buildings to be demolished and should be a priority for the area.

East of US-95, the first elements of major redevelopment begin to take shape. A focus on residential and other active uses can aid in making this area more of a mixed-use environment and drive customers to the existing commercial uses and provide housing for employees of both the hospital and commercial businesses.



LAND USE

- Study Area Boundary
- Proposed Building
- Proposed Parking Structure

EARLY PHASE (4-7 YEARS)

INFRASTRUCTURE

The internal street network that makes up the core of the district west of US-95 starts to take form in this phase. A strong connection is made with the construction of Health Street between the hospital campus and the other planned uses to the west. The extension of Lakewood Drive to the north provides additional connectivity.

Early phases of the central green space can be constructed as an amenity for the district. The entry plaza for the hospital may also take form at this stage and provide another element in the string of activity along Health Street.

At this stage, funds should be available for the traffic calming and pedestrian amenity improvements within the residential neighborhoods along Emma and Davidson Streets. These changes will provide greater connectivity within the neighborhoods and between there and the Health Corridor and beyond.

The construction of Shopko drive provides a spine for the development of a true mixed-use district east of US-95. The extension of Ironwood Drive or similar connections between Government Way and 3rd Street are important for accessing the Health Corridor and points beyond and should be further studied for available alternatives.



IMPROVEMENTS

- Study Area Boundary
- New Street Construction
- Street Improvements
- Trail Construction
- New Parking Structures

Proposed Infrastructure - Early Phase (4-7 years)

| Project | URD Resource Participation | City Resource Participation | Other Government Participation | KH Pilot | Size | Rounded Cost ^ |
|--|----------------------------|-----------------------------|--------------------------------|----------|------------|----------------|
| Provide traffic calming (bulbouts and other items) and sidewalk construction within residential neighborhoods along Emma and Davidson Streets. | Yes | No | No | No | N/A | \$690,000 |
| Design & construct Shopko Drive connecting Ironwood Square shopping center to the former water park site. | Yes | Not likely | No | Yes | 1,200 l.f. | \$1,440,000 |
| Design & construct Lakewood Drive extension to align with access to the Kootenai Health Hospitality Center & Ronald McDonald House. | Yes | Not likely | No | Yes | 600 l.f. | \$720,000 |
| Design & construct "Health Street" to connect between Kootenai Health campus and Kootenai Health Way to west. | Yes | Not likely | No | Yes | 1,200 l.f. | \$1,450,000 |
| Design & construct portion of Kootenai Health Way north of Ironwood Drive and as an extension to Ironwood Parkway to Health Street. | Yes | Not likely | No | Yes | 400 l.f. | \$480,000 |
| Design & construct additional segment of "Hospital Street" to connect to existing Ironwood Drive. | Yes | Not likely | No | Yes | 300 l.f. | \$360,000 |
| Design & construct missing segment of Ironwood Drive between Government Way and 3rd Street. | Yes | Possibly | No | Yes | 300 l.f. | \$360,000 |
| Acquire ROW for the realignment of Ironwood Drive and other connections. | Yes | Not Likely | No | Yes | N/A | \$6,500,000 |
| Design & construct northern half of the district's Central Green Space. | Yes | Possibly | No | Yes | 0.83 Acres | \$2,490,000 |
| Design & construct Kootenai Health entry court and plaza. | No | No | No | No | | N/A |
| Total | | | | | | \$14,490,000 |
| Phase to Date Total | | | | | | \$18,950,000 |

^ Not adjusted for inflation or time.

* All parking structures will require capital contribution from other partners and are not included in these calculations. Funds will be available to build a structure the size of Garage G-4 with TIF and other sources. These funds can be used to construct G-4 or other parking needs as relevant at the time, such as the expansion of Garage G-1.

MIDDLE PHASE (8-15 YEARS)

The Middle Phase represents the time period when the Health Corridor truly takes form. The reconstruction of Ironwood Drive east of US-95 is a major catalyst for the build-out of the primary core of the district. Though the following phase will see the implementation of critical projects, this phase expresses the aspirations of this master plan. The phase balances infrastructure, development, and significant placemaking that allows the Health Corridor to achieve the goals of a major health-based district redevelopment. This includes a more holistic mix of developed uses and the realization of the open space and public realm improvements. The infrastructural change should also allow for significantly improved access both east and west of US-95.



MIDDLE PHASE (8-15 YEARS)

USES

With the reconstruction of Ironwood Drive, significant new development may occur. This phase opens up the opportunity to attract a large number of residential units on both the north and south sides of Ironwood west of US-95 on Blocks 4, 8, and 10. A focus on residential can help enliven the district beyond working hours. Kootenai Health will see opportunities for major redevelopment or partnerships in the areas surrounding their campus especially on Blocks 5 and 6 which contains significant new office and healthcare development potential. The existing garage on this block can be expanded with retail or other active uses to activate the Ironwood Drive frontage.

East of US-95, the opportunity to attract additional residential and other mixed-use development may be catalyzed by the construction of the Shopko Drive corridor to the north of Ironwood Drive. Residential and job growth, in addition to the expansion of the retail area to the south of Ironwood will allow for the area to fully crystalize as a new and connected part of the Health Corridor and the greater neighborhood and City.



LAND USE

- Study Area Boundary
- Proposed Building
- Proposed Parking Structure

MIDDLE PHASE (8-15 YEARS)

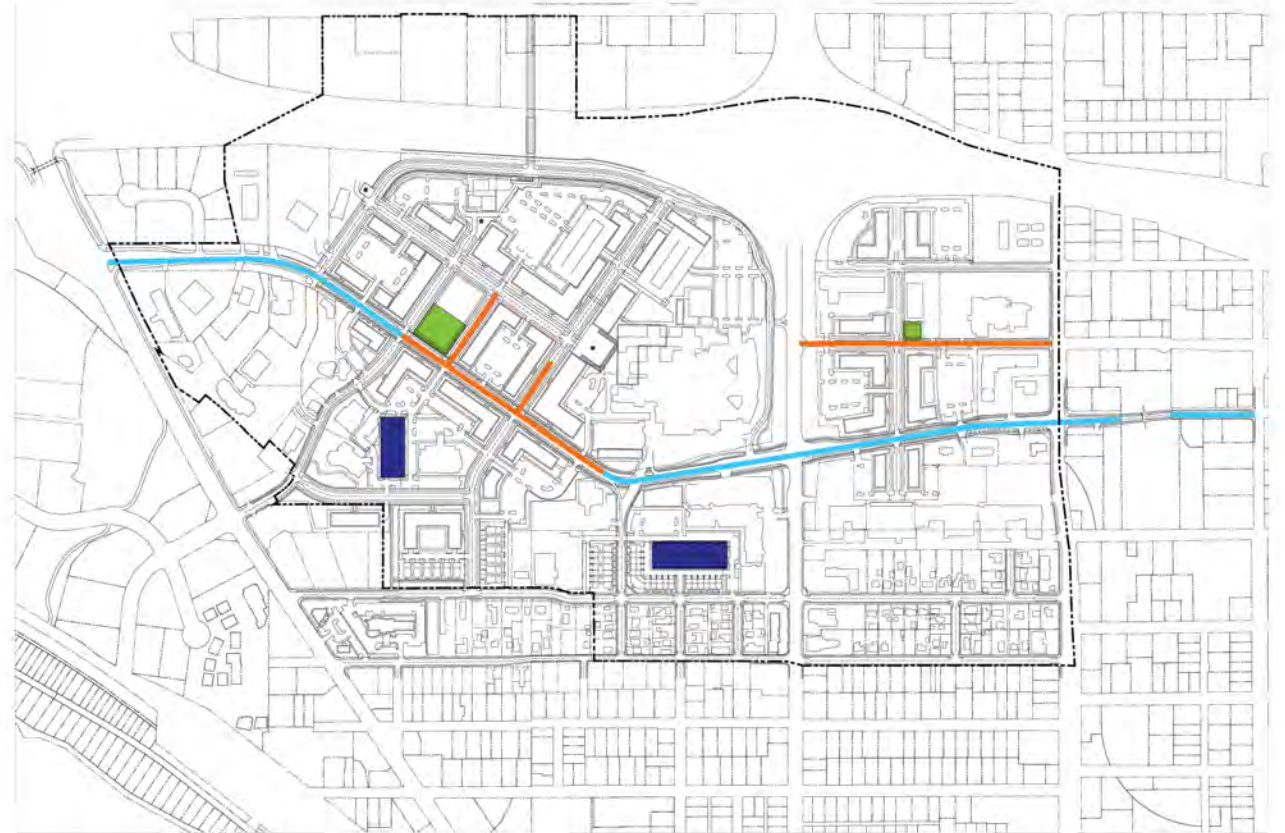
INFRASTRUCTURE

The big move within this phase is the construction of the new portion of Ironwood Drive. This allows for the remaining uses in the core of the district to be developed. The remaining streets that connect to Ironwood, including Park Street, provide the additional connectivity into the core of the district and provide more options for access. The new development south of Ironwood west of US 95 will trigger the need for garage G-3 that will be shared with new and existing uses, such as the Chinook Building.

Funds will be available during this phase to construct a garage with TIF funds. Though these funds can be used to construct garage G-4, they may also be used for portions of any of the other proposed parking structures.

The remaining portions of the central green space can be completed and connected to the realigned Ironwood drive. The recreation and community center may be built and will be highly visible along that corridor.

The extension of Hattie Avenue, east of US-95, will allow for a full connection between Government Way and US-95 with a right-in right-out intersection allowing access into and out of the area. An additional open space along this corridor will provide quality-of-life amenities to the area.



IMPROVEMENTS

- - - Study Area Boundary
- New Street Construction
- Street Improvements
- - - Trail Construction
- New Parking Structures

Proposed Infrastructure - Middle Phase (8-15 years)

| Project | URD Resource Participation | City Resource Participation | Other Government Participation | KH Pilot | Size | Rounded Cost |
|--|----------------------------|-----------------------------|--------------------------------|----------|------------|---------------------------|
| Coordinate with Parkwood and other property holders to design & construct shared district parking garage (potentially garage G-4) on a site designated for parking within the master plan. | Yes | No | No | Yes | 700 Stalls | \$15,750,000 ⁺ |
| Design & construct realigned portions of Ironwood Drive. Improve existing portions. | Yes | Possibly | No | Yes | 1,200 l.f. | \$5,590,000 |
| Design & construct Park Street. | Yes | Not likely | No | Yes | 450 l.f. | \$540,000 |
| Design & construct segment of Hospital Street between Health Street and realigned Ironwood Drive. | Yes | Not likely | No | Yes | 300 l.f. | \$360,000 |
| Design & construct southern half of the district's Central Green Space. | Yes | Possibly | No | Yes | 0.83 Acres | \$2,490,000 |
| Design & construct RIROs off of US 95 into east development districts. East of US 95 design & construct extension of Hattie Avenue to align with RIRO. | Yes | Possibly | Possibly | Yes | 1,300 l.f. | \$1,730,000 |
| Coordinate with Parkwood and other property holders to design & construct shared district parking garage G-3 adjacent to Chinook Building. | Yes | No | No | Yes | 440 Stalls | N/A ⁺ |
| Design & construct the east Green Space north of Shopko site. | Yes | Possibly | No | Yes | 0.21 Acres | \$630,000 |
| Total | | | | | | \$27,090,000 |
| Phase to Date Total [^] | | | | | | \$46,040,000 |

[^] Not adjusted for inflation or time.

⁺ All parking structures will require capital contribution from other partners and are not included in these calculations. Funds will be available to build a structure the size of Garage G-4 with TIF and other sources. These funds can be used to construct G-4 or other parking needs as relevant at the time, such as the expansion of Garage G-1.

LATE PHASE (16-20 YEARS)

This late phase is the culmination of the master plan vision. Though it brings significant new development to the Health Corridor, it is possible that its biggest achievement is in providing new connection to the community to the south and to the rest of the city to the north of Interstate 90. These connections are made possible by significant investment made possible by a growing district and the revenue it generates. The ability to connect to the larger community will allow the Health District to become a true neighborhood and a contributing element to the culture, health, and vibrancy of Coeur d'Alene.



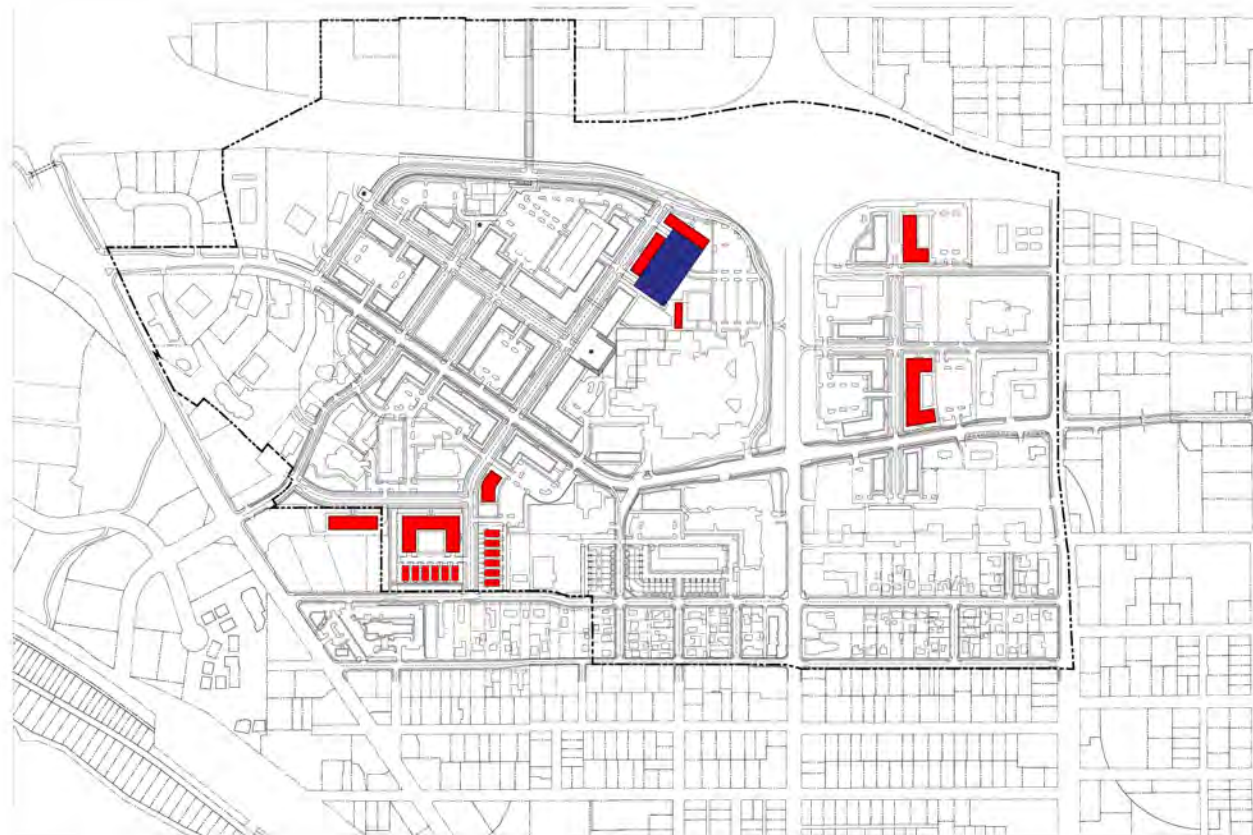
LATE PHASE (16-20 YEARS)

USES

As older multi-family housing stock south of Ironwood and along Emma Street moves towards redevelopment, new residential or other community-based uses can develop in the area allowing for the extension of Hospital and Hill Streets to the residential community and increasing connectivity. Additional parcels will become available north of Ironwood that are ideal for additional residential or MOB uses. The development of these parcels will lead to the full build-out of the area west of US-95.

North of the hospital campus, there is significant area of growth that will likely be an expansion of hospital uses as this area represents the last remaining areas within the hospitals campus for growth.

East of US-95, the Shopko building may be redeveloped into a residential building that will bring additional vitality to the area.



LAND USE

- Study Area Boundary
- Proposed Building
- Proposed Parking Structure

LATE PHASE (16-20 YEARS)

INFRASTRUCTURE

The biggest move within this phase is the bridge connection across Interstate 90. This bridge will connect to a slightly elevated Kootenai Health Way that will slope down to the east and west to meet the developable area.

The area north of the Hospital campus will be catalyzed by the construction of garage G-2. This garage will likely be a partnership with Kootenai Health.

With the redevelopment of the multi-family units along Emma Street, new street connections are made that will significantly improve connectivity with the surrounding area. Hill Street will connect to Lakewood Drive which will provide greatly improved mobility and connect to the Lakeside district. Hill Street will connect to the remaining segment of Hospital Street that will provide great connectivity between the residential community and the hospital and the Health Corridor on all modes.



IMPROVEMENTS

- - - Study Area Boundary
- New Street Construction
- Street Improvements
- Trail Construction
- New Parking Structures

Proposed Infrastructure - Late Phase (16-20 years)

| Project | URD Resource Participation | City Resource Participation | Other Government Participation | KH Pilot | Size | Rounded Cost |
|---|----------------------------|-----------------------------|--------------------------------|----------|----------|--------------|
| Design & construct I-90 bridge and overpass into district. Design & construct frontage road wings from overpass terminus down to grade of development at Health Street to west and Hospital Street to East. | Yes | Possibly | Yes | Possibly | 800 l.f. | \$12,980,000 |
| Acquire ROW for the construction of infrastructure within this phase. | Yes | Not Likely | No | Yes | N/A | \$3,000,000 |
| Design & construct Hospital Street south of Ironwood Drive to Emma Street. | Yes | Not likely | No | Yes | 950 l.f. | \$1,140,000 |
| Coordinate with Kootenai Health to design & construct shared district parking garage (G-2 Block 4 on yield ref map). | No | No | No | No | TBD | N/A+ |
| Design & construct Hill Street. | Yes | Not likely | No | Yes | 850 l.f. | \$1,020,000 |
| Total | | | | | | \$18,140,000 |
| Phase to Date Total ^ | | | | | | \$64,180,000 |

^ Not adjusted for inflation or time.

+ All parking structures will require capital contributions from other partners and are not included in these calculations. Funds will be available to build a structure the size of Garage G-4 with TIF and other sources. These funds can be used to construct G-4 or other parking needs as relevant at the time, such as the expansion of Garage G-1.





DESIGN STRATEGIES



Design Strategies

Principles for Future Reference











With the understanding that the Corridor Master Plan will be implemented over a number of years and construction phases, with projects varied between public improvements and private development, it is important to include general strategies to direct implementation. The following set of design strategies detail the high-level principles around which the master plan was refined. These strategies include emphasis on both the buildings of the plan (their intended use, heights, and setbacks from the street) and site layout standards, specifically parking & access facilities and special requirements for important features within the Corridor. Future projects, both publicly- and privately-led, should respond to these strategies, incorporating the standards into the final built work. This will ensure the individual developments evolve around the common, cohesive vision for the mixed-use Corridor as a whole.

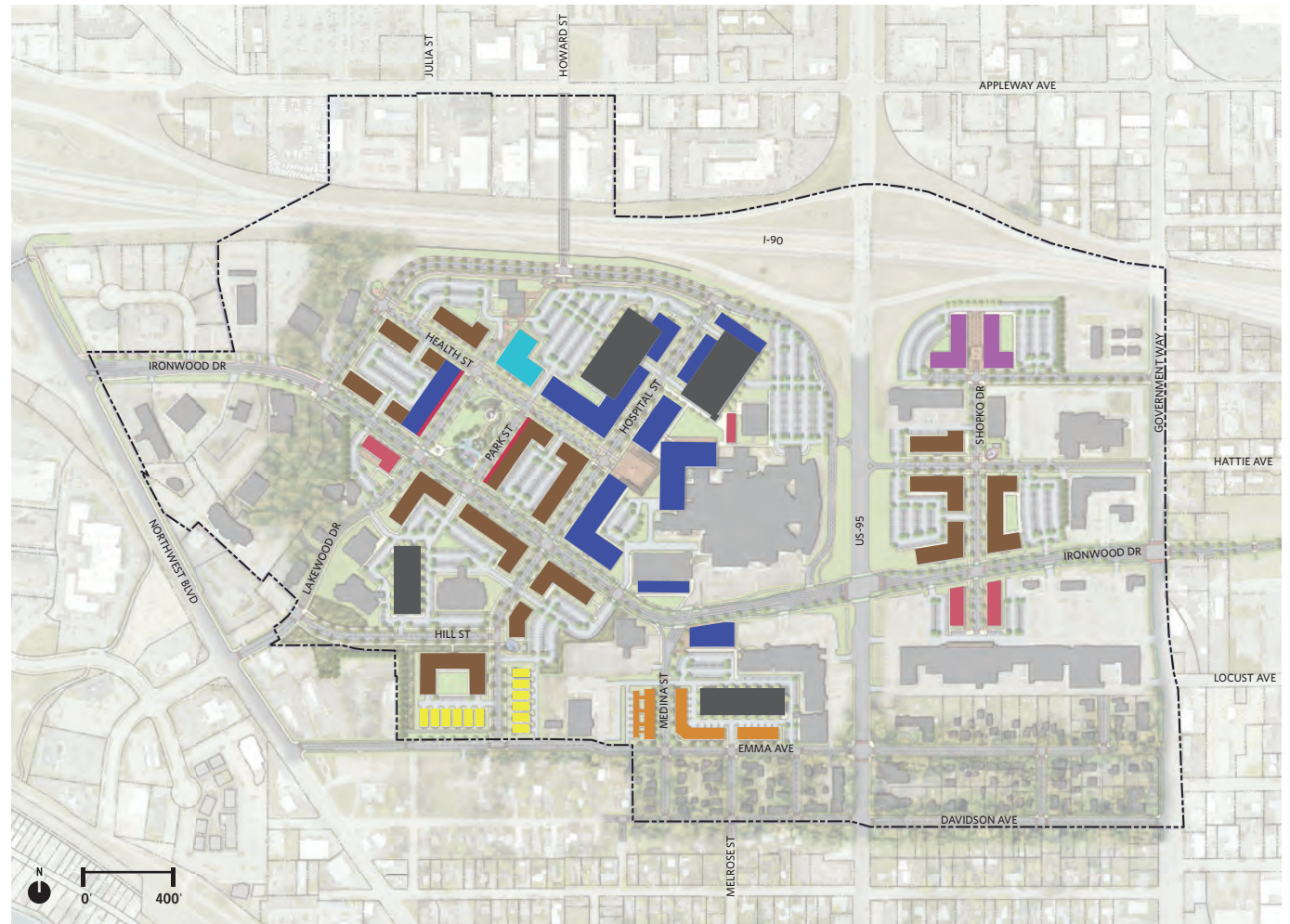


Land Use

West of US-95, the majority of proposed buildings are medical office or multi-family residential structures. The medical office buildings are concentrated near the Kootenai Health campus and on the blocks north of Health Street. The buildings on the west and east sides of the central park are mixed-use, with ground-level commercial uses proposed. The community rec center is located prominently on the north end of the park. Multi-family residential transitions to townhomes and cottage homes as the development moves south toward the existing neighborhood. Four parking structures are located across the Corridor.

East of US-95, multi-family residential buildings lie between hotel and retail/commercial uses along Shopko Drive.

| LAND USE | |
|---|---------------------------------|
|  | STUDY AREA BOUNDARY |
|  | COMMUNITY / REC CENTER |
|  | MEDICAL OFFICE |
|  | RETAIL / COMMERCIAL |
|  | MIXED-USE (GROUND-LEVEL RETAIL) |
|  | HOTEL |
|  | MULTI-FAMILY RESIDENTIAL |
|  | TOWNHOMES |
|  | COTTAGE HOMES |
|  | PARKING STRUCTURE |



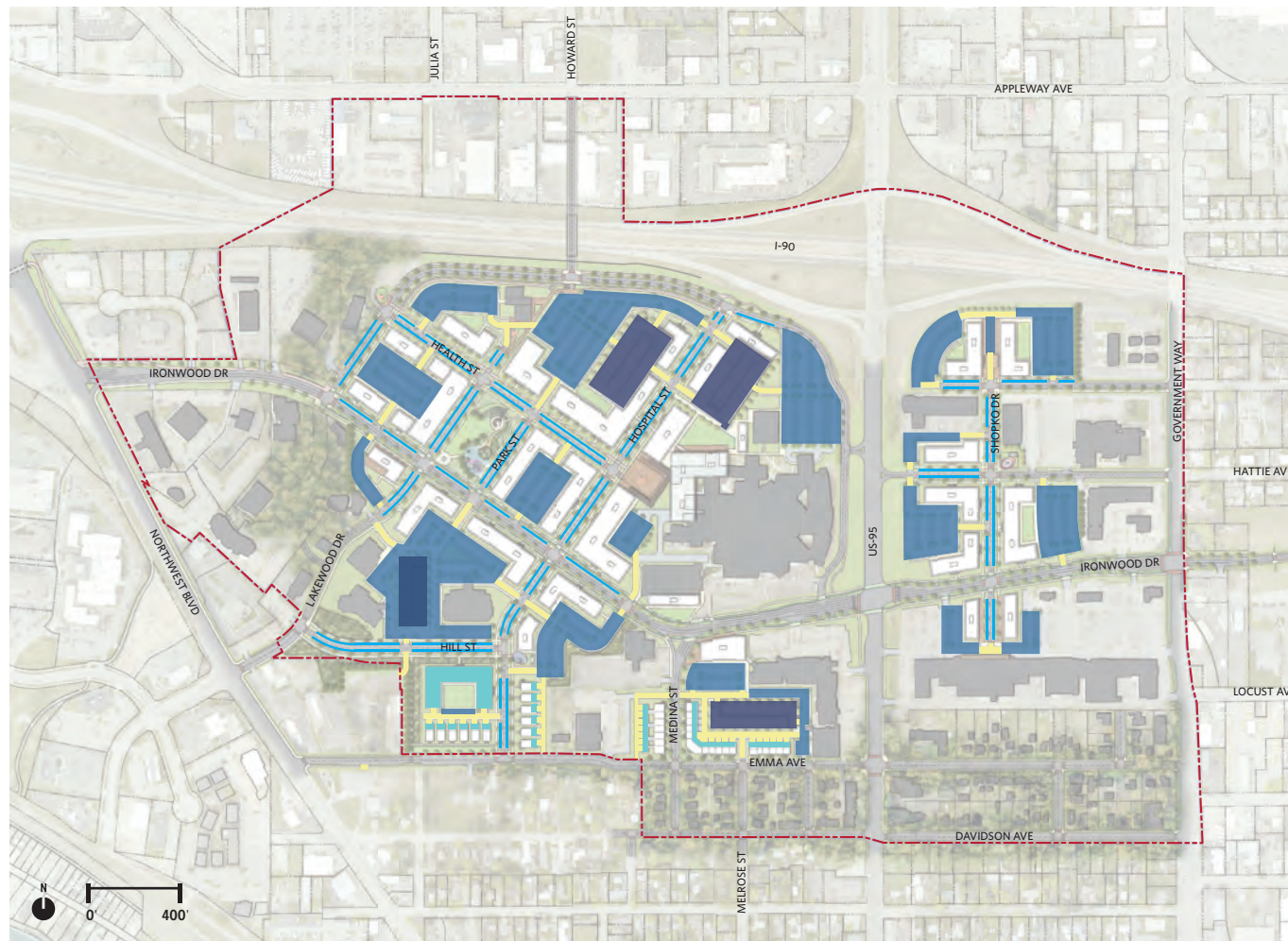
Urban Office Building



Urban Hotel



Cottage Homes



Parking & Access

Throughout the Corridor, all proposed parking structures and large surface lots are located internal to the development sites, lying behind the street-fronting buildings. Four parking structures are located within the Corridor, all occurring west of US-95 and each primarily serving new medical office buildings. At least two access drives are provided for each surface parking lot. The majority of surface lots are meant to meet demand for buildings located on the same block.

All townhomes and cottage homes are alley-loaded, with private parking spaces accessed at the rear of lots. With the exception of the frontage road along I-90, all new streets will include on-street parallel parking stalls.

PARKING & ACCESS

- STUDY AREA BOUNDARY
- STRUCTURE PARKING
- SURFACE PARKING
- ON-STREET PARKING
- ATTACHED PRIVATE PARKING
- ALLEY / ACCESS



On-street Parallel Parking



Parking Structure Internal to Block

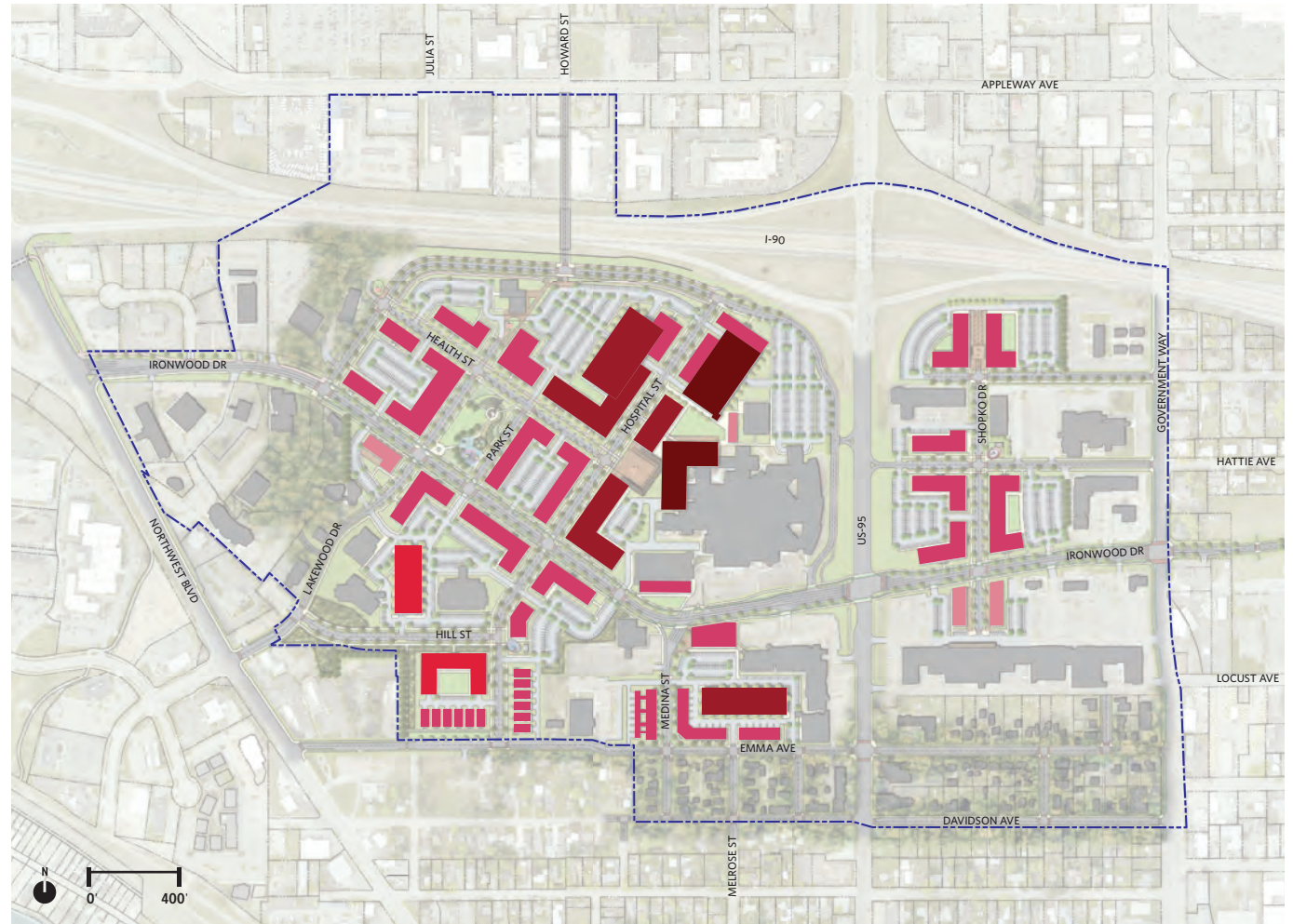
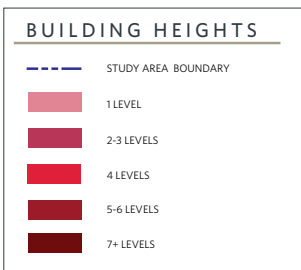


Alley with Rear-loaded Private Parking

Building Heights

The tallest structures within the Corridor are planned at the east terminus of the Health Street greenway around the proposed auto court plaza. The future hospital bed tower will be the tallest structure and will be flanked by 5-story medical office buildings lining the east side of Hospital Street. As the development moves west, buildings drop down to three stories generally. The exceptions are the parking structure near the Chinook building and the podium multi-family structures on the south side of Hill Street. The townhomes and cottage homes will be 2-3 stories in height, providing good enclosure to the Corridor's streets.

East of US-95, all proposed buildings are 3 stories with the exception of the two one-story retail buildings south of Ironwood Drive.



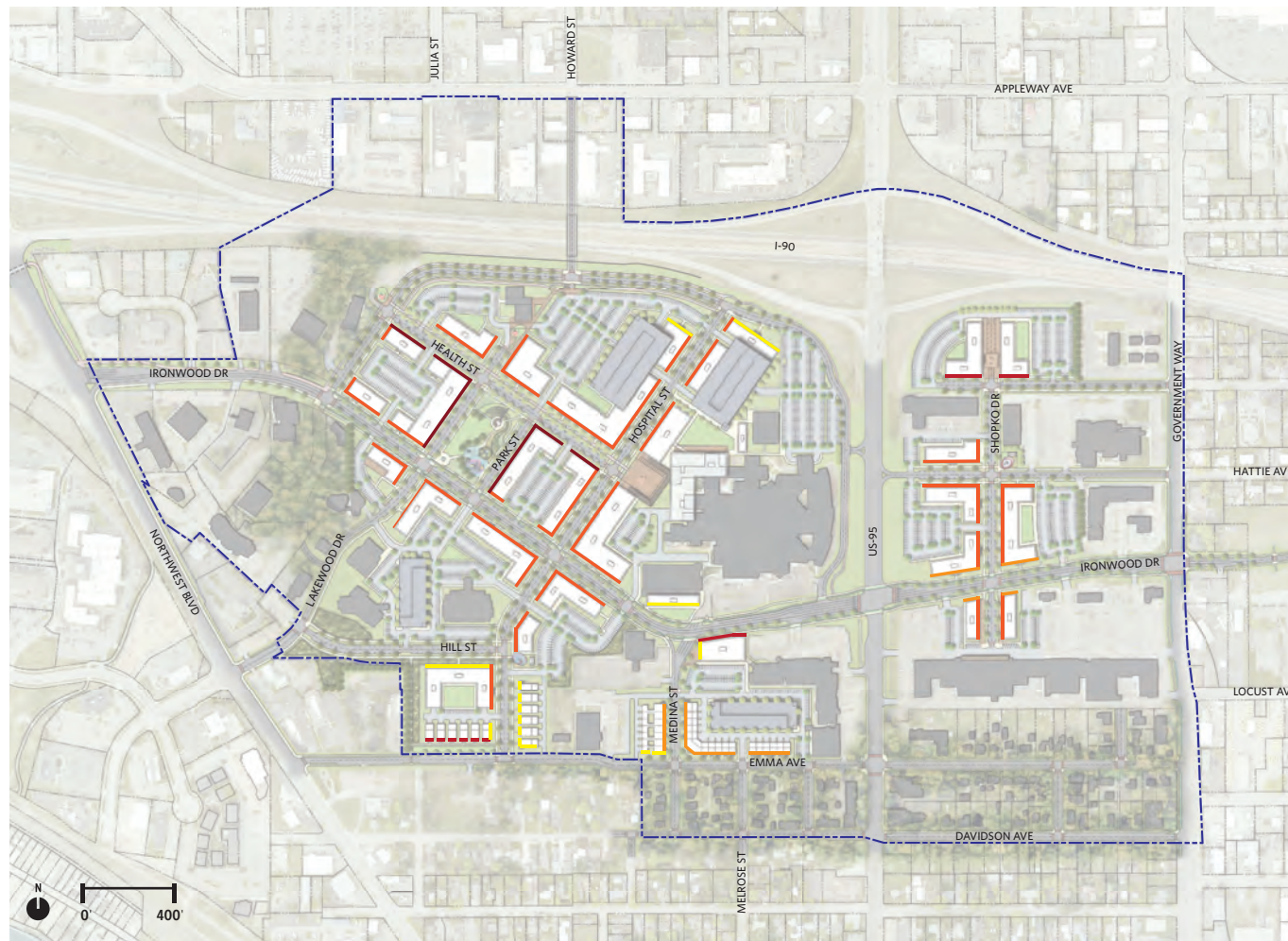
3-Story Mixed-use Building



3-Story Multi-family Residential Building



3-Story Townhomes

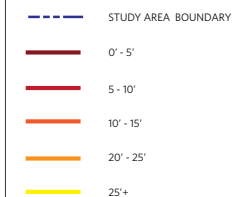


Building Setbacks

The master plan establishes an urban framework of buildings fronting onto adjacent streets. The narrowest setbacks within the Health Corridor occur at mixed-use buildings fronting onto the central park. The 0-5' setbacks continue to the north sides of these buildings and are replicated on the adjacent residential buildings fronting onto Health Street greenway. The water park site hotels, the Interlake building addition, and Emma Avenue cottage homes have slightly deeper urban setbacks.

The majority of other buildings have 10-15' setbacks. Several medical office buildings have 25'+ setbacks to accommodate deeper front yards for more ceremonial approaches.

BUILDING SETBACKS



Building with No Setback



Townhomes with 10-15' Setback



Cottage Homes with 25'+ Setbacks

Special Requirements

Most of the new streets within the Corridor will demand enhanced facades along their frontages. These detailed building fronts will add interest to the streetscape environment. Retail or mixed-use buildings will be required to provide storefronts along their frontages to provide services for patrons as well as to activate the adjoining streetscape with activity. Strategically-located public art installations will serve as terminated vistas for axial views down the Corridor's primary streets, including Health Street, Lakewood Avenue, and Shopko Drive. Vegetated screens will be required to buffer certain redeveloped properties around the perimeter of the Corridor from adjacent parcels.

SPECIAL REQUIREMENTS

STUDY AREA BOUNDARY

ENHANCED FACADE

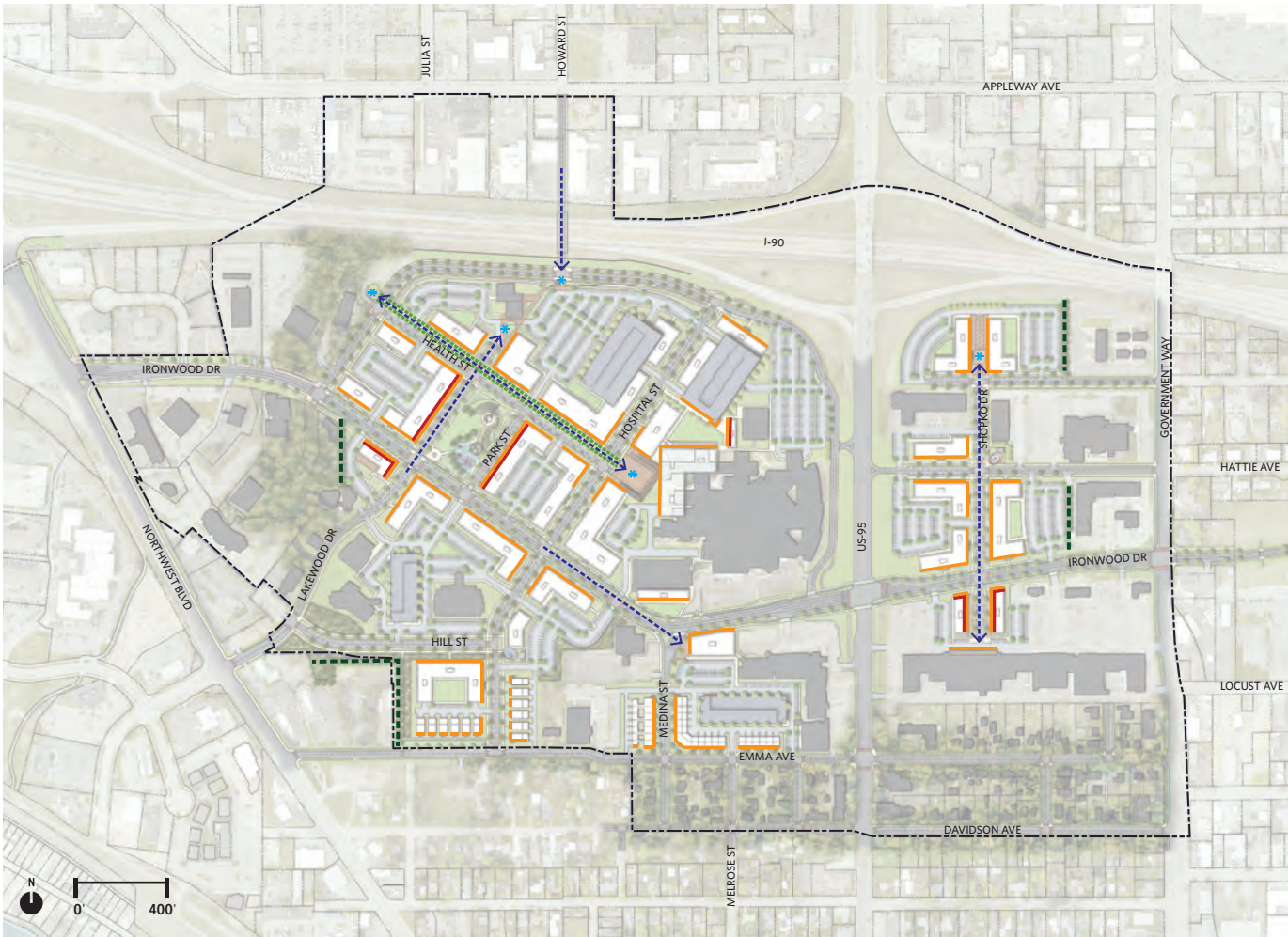
REQUIRED STOREFRONT

AXIAL VIEW

PUBLIC ART / TERMINATED VISTA

TREE ALLEE

VEGETATED SCREEN



Large Public Sculpture as Terminated Vista



Enhanced Facade



Required Storefronts







Acknowledgments

The creation of this Vision, Master Plan and Economic Feasibility Study was a collaborative effort, including contributions from stakeholders, community leaders and the HDR design team.

ignite cda Staff and Board Members

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