86-2-XA

# PETITION FOR SPECIAL EXCEPTION

TO THE ZONING COMMISSIONER OF BALTIMORE COUNTY:

The undersigned, legal owner(s) of the property situate in Baltimore County and which is described in the description and plat attached hereto and made a part hereof, hereby petition for a Special Exception under the Zoning Law and Zoning Regulations of Baltimore County, to use the herein described property for 31 comprehensive care beds and 14 domicilliary care beds on the first floor of the main building. (Convalescent home)

Property is to be posted and advertised as prescribed by Zoning Regulations.

I, or we, agree to pay expenses of above Special Exception advertising, posting, etc., upon filing of this petition, and further agree to and are to be bound by the zoning regulations and restrictions of Baltimore County adopted pursuant to the Zoning Law for Baltimore County.

I/We do solemnly declare and affirm, under the penalties of perjury, that I/we are the legal owner(s) of the property which is the subject of this Petition.

Contract Purchaser:

North Oaks Partnership
(Type or Print Name)

Signature

By: Thomas F. Mullan, III

15 Charles Plaza, Suite 400
Address

Baltimore, Maryland 21201
City and State

Attorney for Petitioner:

John B. Howard, Esquire
(Type or Print Name)

Signature

210 Allegheny Ave., P.O. Box 5517
Address

Towson, Maryland 21204
City and State

Attorney's Telephone No.: 823-411

Legal Owner(s):

State of Maryland
(Type or Print Name)

Signature

By: Adele Wilzack, Secretary, Dept. of Health & Mental Hygiene
(Type or Print Name)

Signature

201 W. Preston Street
Address

Phone No.

Baltimore, Maryland 21201
City and State

Name, address and phone number of legal owner, contract purchaser or representative to be contacted

John B. Howard, Esquire
Name

210 Allegheny Ave., P.O. Box 5517
Address

Towson, Maryland 21204 823-4111
Phone No.

ORDERED By The Zoning Commissioner of Baltimore County, this 28th day of May, 1985, that the subject matter of this petition be advertised, as required by the Zoning Law of Baltimore County, in two newspapers of general circulation throughout Baltimore County, that property be posted, and that the public hearing be had before the Zoning Commissioner of Baltimore County in Room 106, County Office Building in Towson, Baltimore County, on the 1st day of July, 1985, at 10:30 o'clock

Zoning Commissioner of Baltimore County.

(over)

ORDER RECEIVED FOR FILING
DATE July 1, 1985
BY

86-2-XA
#211

86-2-XA

# PETITION FOR ZONING VARIANCE

TO THE ZONING COMMISSIONER OF BALTIMORE COUNTY:

The undersigned, legal owner(s) of the property situate in Baltimore County and which is described in the description and plat attached hereto and made a part hereof, hereby petition for a Variance from Section 1B01.2.B.2 to permit a building length of 475 feet in lieu of the maximum allowed 300 feet and from Section 1B01.2.C.6 (V.B.3.a) to permit a building height of 130 feet in lieu of the maximum allowed 50 feet.

of the Zoning Regulations of Baltimore County, to the Zoning Law of Baltimore County; for the following reasons: (indicate hardship or practical difficulty)

The life care facility proposed for this site combines existing structures with new construction in an effort to preserve pre-existing buildings located on this site. Meeting the area requirements in this zone would defeat this purposes and would create undue hardship and practical difficulty for the developer.

Property is to be posted and advertised as prescribed by Zoning Regulations.

I, or we, agree to pay expenses of above Variance advertising, posting, etc., upon filing of this petition, and further agree to and are to be bound by the zoning regulations and restrictions of Baltimore County adopted pursuant to the Zoning Law For Baltimore County.

I/We do solemnly declare and affirm, under the penalties of perjury, that I/we are the legal owner(s) of the property which is the subject of this Petition.

MAP 2C
NW 6-4
ELECTION DISTRICT 2
C.T.A. 2/12
TYPE B
ZONE
ITEM #211
BY

Contract Purchaser:

North Oaks Partnership
(Type or Print Name)

Signature

By: Thomas F. Mullan, III

Address 15 Charles Plaza, Suite 400

Baltimore, Maryland 21201
City and State

Attorney for Petitioner:

John B. Howard, Esquire
(Type or Print Name)

Signature

210 Allegheny Avenue, P.O. Box 5517
Address

Towson, Maryland 21204
City and State

Name, address and phone number of legal owner, contract purchaser or representative to be contacted

Legal Owner(s):

State of Maryland
(Type or Print Name)

Signature

By: Adele Wilzack, Secretary, Department of Health & Hygiene
(Type or Print Name)

Signature

201 W. Preston Street
Address

Baltimore, Maryland 21201
City and State

Phone No.

John B. Howard, Esquire
Name

210 Allegheny Ave., P.O. Box 5517
Address

Towson, Maryland 21204 823-4111
Phone No.

Attorney's Telephone No.: 823-4111

ORDERED By The Zoning Commissioner of Baltimore County, this 28th day of May, 1985, that the subject matter of this petition be advertised, as required by the Zoning Law of Baltimore County, in two newspapers of general circulation throughout Baltimore County, that property be posted, and that the public hearing be had before the Zoning Commissioner of Baltimore County in Room 106, County Office Building in Towson, Baltimore County, on the 1st day of July, 1985, at 10:30 o'clock

Zoning Commissioner of Baltimore County.

(over)

ORDER RECEIVED FOR FILING
DATE July 1, 1985
BY

86-2-XA

BALTIMORE COUNTY OFFICE OF PLANNING & ZONING

County Office Building
111 W. Chesapeake Avenue
Towson, Maryland 21204

Your petition has been received and accepted for filing this 24th day of May, 1985.

ARNOLD JABLON
Zoning Commissioner

Petitioner State of Maryland
Petitioner's Attorney John B. Howard, Esquire

Received by: Nicholas B. Commodari
Chairman, Zoning Plans Advisory Committee

BALTIMORE COUNTY ZONING PLANS ADVISORY COMMITTEE

June 14, 1985

COUNTY OFFICE BLDG.
111 W. Chesapeake Ave.
Towson, Maryland 21204

000

Nicholas B. Commodari
Chairman

MEMBERS
Bureau of Engineering
Department of Traffic Engineering
State Roads Commission
Bureau of Fire Prevention
Health Department
Project Planning
Building Department
Board of Education
Zoning Administration
Industrial Development

John B. Howard, Esquire
210 Allegheny Avenue
P.O. Box 5517
Towson, Maryland 21204

RE: Item No. 211 - Case No. 86-2-XA
Petitioner - State of Maryland
Special Exception and Variance Petitions

The Zoning Plans Advisory Committee and the County Review Group (CRG) have both reviewed the plans submitted with the above referenced petition. The following comments from the CRG have been substituted for those of the Zoning Plans Advisory Committee. They are not intended to indicate the appropriateness of the zoning action requested, but to assure that all parties are made aware of plans or problems with regard to the development plans that may have a bearing on this case. The Director of Planning may file a written report with the Zoning Commissioner with recommendations as to the suitability of the requested zoning.

This petition was accepted for filing on the date of the enclosed filing certificate and a hearing scheduled accordingly.

Very truly yours,

NICHOLAS B. COMMODARI
Zoning Plans Advisory Committee

NBC:bsc

Enclosures

*COUNTY REVIEW GROUP MEETING MINUTES*

Tuesday, March 19, 1985

*NORTH OAKS*

*District 2 C2*

II-329

*COUNTY REVIEW GROUP-THOSE PRESENT**

Catherine Warfield, Chairman - Dept. of Public Works
Norman Gerber, Co-Chairman - Office of Planning

*Agency Representatives*

| | |
|---|---|
| George Wittman | - State Highway Administration |
| Gregory M. Jones | - Traffic Engineering |
| Paul Koch | - Developers Engineering Division |
| Susan Carrell | - Planning |

*Developer and/or Representatives*

| | |
|---|---|
| Ed Haile | - Daft-McCune-Walker, Inc. |
| Stacy Fisher | - Daft-McCune-Walker, INc. |
| Rob Hoffman | - 210 Allegheny Avenue |
| Bud Hard | - LifeCare Services, Corp. |
| Tom Slaughter | - North Oaks Partnership |

*Interested Citizens - Johnny Wright, Pilot House, Inc., 742 Mt. Wilson Lane, Pikesville, MD. 21208

Robin Sandsmark, 3 Hurston Court, Pikesville, MD. 21208

Jerome H. Kaddon, New Israel Rubbined College 400 Mt. Wilson Lane, Baltimore, MD. 21208

Mrs. Warfield opened the meeting at 9:00 a.m., introduced the staff, and explained the purpose of the meeting.

Mr. Haile presented a revised plan and addressed outstanding issues from the previous meeting for this project held January 3, 1985. The revised plan shows a layout for the remainder of allowable density.

M's. Carrell summarized the staff comments submitted from the Developer's Engineering Division, State Highway Administration, Fire Prevention, Planning, Traffic Engineering, and Zoning. These comments have been made a part of these minutes, and a copy was also given to the developer and developer's engineer.

Verbal comments were given as authorized by Recreation & Parks which are that the plan may be approved as presented with a solution to the status of the Stream Valley Park to be determined to the satisfaction of Baltimore County Recreation & Parks.

It has been determined by County agencies that a public road shall be established through this project from Winands Road to a point in Olde Mill Estates and that the existing Mt. Wilson Lane shall remain private from the end of state maintenance to the public road.

*NORTH OAKS* -2- March 19, 1985

*District 2 C2*

1) Traffic Engineering - stated that improvements to the road are not required until sufficient volume of traffic is generated which will be after completion of Phase I. The developer shall provide an irrevocable offer of dedication for the public right-of-way. No deposit for improvements is required with Phase I. He shall be responsible for the total cost of a 30' paving section when the traffic generated by future development requires construction of the road.

Mr. Haile questioned the Traffic Engineer's statement that protection for the railroad grade crossing will be needed as it is not certain that this is the case; therefore, the comment is revised to say that protection for the grade crossing may be needed. This revision is with approval of the Baltimore County Traffic Engineer, Mr. Jones. The developer remains responsible for the cost of the protective measures if required by increased traffic in the future.

2) Office of Planning - Mr. Gerber stated he prefers that Mt. Wilson Lane be a public road relocated through the site; but the county solicitor has advised that since it will remain a private road, Baltimore County has no authority to close it. Planning approves the proposal of a private road reluctantly. Planning also advises provision of warning measures in the flood plain area on the existing private road and safe guards at the railroad crossing as traffic increases.

Citizens present were incited to comment, but none had comments to offer.

The plan was revised to comply with all zoning comments and the Northwest Expressway alignment was shown on the plan. The plan is satisfactory with regard to all other regulations and comments; therefore the plan was approved.

The meeting was adjourned at 9:50 a.m.

CW

BALTIMORE COUNTY
DEPARTMENT OF PUBLIC WORKS
TOWSON, MARYLAND 21204

HARRY J. PISTEL, P.E.
DIRECTOR

March 19, 1985

Mr. Arnold Jablon
Zoning Commissioner
County Office Building
Towson, Maryland 21204

Re: Item #211 (1984-1985)
Property Owner: State of Maryland
N/S Winands Rd. 2627' N/E from centerline Rouen Rd.
Acres: 4.50
District: 2nd

Dear Mr. Jablon:

The following comments are furnished regard to the subject zoning item.

General Comments:

No plan was received for this item; however, this site is being processed as a County Review Group project known as North Oaks, Project No. 84290. Comments prepared for the County Review Group, dated January 2, 1985 and March 19, 1985 are applicable to this item.

Very truly yours,

JAMES A. MARKLE, P.E., Chief
Bureau of Public Services

JAM:EAN:REC:ss

cc: File

BALTIMORE COUNTY
DEPARTMENT OF TRAFFIC ENGINEERING
TOWSON, MARYLAND 21204
494-3550

STEPHEN E. COLLINS
DIRECTOR

February 28, 1985

Mr. Arnold Jablon
Zoning Commissioner
County Office Building
Towson, Maryland 21204

Item No. 211 -ZAC- Meetingoof February 5, 1985
Property Owner: State of Maryland
Location: N/S Winands Road 2627' N/E from c/l Rouen Road
Existing Zoning: D.R. 1 (CRG)
Proposed Zoning: Special exception for 31 comprehensive care beds and 14 domicilliary care beds on the first floor of the main building (Convalescent Home) and Variance to permit a building length of 475' in lieu of the required maximum 300' and to permit a building height of 130' in lieu of the required maximum 50'.

Acres: 4.50
District: 2nd

Dear Mr. Jablon:

ITEM # 211 IS A C.R.G. ITEM.

Michael S. Flanigan
Traffic Engineering Assoc. II

MSF/ccm

RECEIVED
JAN 13 1986

Table 18. ESTIMATED COSTS TO STATE MEDICAL ASSISTANCE GRANT PROGRAM FOR CHRONIC CARE AT MT. WILSON

| | |
|---|---|
| Number of Chronic Beds | 100 |
| Annual Patient Days (no. of beds x 365 days x .90 occupancy) | 32,850 |
| Total Annual Reimbursement ($103 per patient/day) | $3,383,550 |
| Medicaid Reimbursement Cost (70% of total annual reimbursement) | $2,368,485 |
| Maryland Medical Assistance Grant Cost (50% of total Medicaid costs) | $1,184,242 |

Source : Maryland Health Systems Cost Review Commission and Praful Shah & Associates, Inc.

Other Impacts

Other impacts of developing a chronic care facility at the Mt. Wilson Hospital Center are shown below :

- Chronic care, comprehensive nursing and domiciliary nursing beds would require certification of need and licensing for operation prior to the development of this option. Presently, the State has determined there is no additional need for comprehensive nursing beds and would review future requests for certification of need on that basis. This would most likely require extensive time delays for potential providers.
- Site access and roads would be impacted by new employee trips generated by this option. Depending upon work hours, these trips may occur before or after typical A.M. and P.M. peak hours, thereby lowering the overall impact of this option.



Section IV. ANALYSIS OF PRIVATE NON-MEDICAL REUSE POTENTIALS

This section examines the private reuse potential for three non-medical related uses at Mt. Wilson. Specifically, this section presents and evaluates the potential of three private reuse options -- 1)rehabilitation and conversion of existing buildings to residential uses, 2)development of available land and construction of new residential dwellings and, finally, 3)rehabilitation and conversion of the main hospital building into commercial office space. Each option is analyzed in terms of : market support and potential competition; suitability of the site and the main building for reuse; estimated conversion/ construction costs; and economic impacts.

The first part of this section presents an overview of the housing market in the Baltimore Region, Baltimore County, and the Mt. Wilson Area, relying on information presented in Section II. The housing market overview provides the key market parameters used to evaluate Options C and D -- conversion of the main building and new residential construction. Finally, in the last part of this section, the three private non-medical options described above are evaluated.

Housing Market Overview

At present, the housing markets in Baltimore County and elsewhere have come to a virtual halt. Record high mortgage interest rates have drastically slowed sales except where the owner is willing to provide financing at reasonable rates. This analysis assumes that interest rates will eventually decline to where housing is affordable and normal housing supply and demand



Table 19. TRENDS IN TOTAL HOUSING STOCK AND OCCUPIED UNITS BY HOUSEHOLD TENURE, METROPOLITAN BALTIMORE, BALTIMORE COUNTY AND THE MOUNT WILSON AREA, 1970-1980

| | Occupied Units Owner | Occupied Units Renter | Vacant Units | Total Units |
|---|---|---|---|---|
| Mt. Wilson Area | | | | |
| 1970 | 25,213 | 10,913 | 1,204 | 37,348 |
| 1980 | 29,706 | 20,922 | 1,663 | 52,291 |
| Change, 1970-80 | | | | |
| Number | 4,493 | 9,991 | 459 | 14,943 |
| Percent | 17.8% | 91.4% | 38.1% | 40.0% |
| Baltimore County | | | | |
| 1970 | 129,531 | 55,359 | 5,049 | 189,939 |
| 1980 | 152,289 | 85,082 | 5,879 | 243,250 |
| Change, 1970-80 | | | | |
| Number | 22,758 | 29,723 | 830 | 53,311 |
| Percent | 17.6% | 53.7% | 16.4% | 28.1% |
| Metropolitan Baltimore | | | | |
| 1970 | 363,081 | 260,787 | 28,874 | 652,742 |
| 1980 | 454,263 | 302,717 | 39,341 | 796,321 |
| Change, 1970-80 | | | | |
| Number | 91,182 | 41,930 | 10,467 | 143,579 |
| Percent | 25.1% | 16.0% | 36.3% | 22.0% |
| Mt. Wilson as a % of Baltimore County | | | | |
| 1970 | 19.5% | 19.7% | 23.8% | 19.7% |
| 1980 | 19.5% | 24.6% | 28.3% | 21.5% |
| Change, 1970-80 | 19.7% | 33.6% | 55.3% | 28.0% |
| Baltimore County as a % of SMSA | | | | |
| 1970 | 35.7% | 21.2% | 17.5% | 29.1% |
| 1980 | 33.5% | 28.1% | 14.9% | 30.5% |
| Change, 1970-80 | 25.0% | 70.9% | 7.9% | 37.1% |

Source : U.S. Census of Population and Housing, 1970 and 1980, Regional Planning Council and Praful Shah & Associates, Inc.



Table 20. HOUSING UNIT VALUES AND MONTHLY RENT LEVELS, MT. WILSON AREA, BALTIMORE COUNTY, BALTIMORE REGION, 1980

| | Mt. Wilson Area Number | Baltimore County Number | Baltimore Region Number | Percent Distribution Mt.Wilson Area | Balt. County | Balt. Region |
|---|---|---|---|---|---|---|
| Owner Occupied Units | | | | | | |
| Under $24,999 | 469 | 5,811 | 56,391 | 1.8% | 4.4% | 14.6% |
| $ 25,000-$ 49,999 | 6,802 | 47,939 | 127,764 | 26.5 | 36.0 | 33.2 |
| $ 50,000-$ 79,599 | 14,139 | 57,247 | 133,165 | 55.1 | 43.0 | 34.6 |
| $ 80,000-$ 99,999 | 11,731 | 11,166 | 33,683 | 6.8 | 8.4 | 8.7 |
| $100,600-$149,999 | 1,441 | 7,617 | 25,301 | 5.6 | 5.7 | 6.6 |
| $150,000+ | 1,080 | 3,364 | 8,768 | 4.2 | 2.5 | 2.3 |
| Total | 25,662 | 133,144 | 385,012 | 100.0% | 100.0% | 100.0% |
| Mean Value | $67,738 | $ 61,484 | $ 57,207 | - | - | - |
| Renter Occupied Units | | | | | | |
| $ 0-$100 | 366 | 2,080 | 30,115 | 1.9% | 2.7% | 10.9% |
| $100-$200 | 2,509 | 21,580 | 119,536 | 12.7 | 27.5 | 43.1 |
| $200-$300 | 13,164 | 42,483 | 94,906 | 66.7 | 54.2 | 34.2 |
| $300-$400 | 3,184 | 10,309 | 25,710 | 16.2 | 13.2 | 9.3 |
| $400+ | 479 | 1,944 | 6,805 | 2.5 | 2.4 | 2.5 |
| Total | 19,762 | 78,396 | 277,172 | 100.0% | 100.0% | 100.0% |
| Mean Contract Rent | $ 233 | $ 235 | $ 200 | - | - | - |

Source : U.S. Census of Population and Housing and Regional Planning Council

Income Trends and Projections

The market for housing units at the Mt. Wilson site will be strongly influenced by future household income levels, which indicate the prices that households can afford to pay for housing. Income levels in the Baltimore area and across the country have been growing rapidly over the past 10 years. For the Baltimore SMSA, median household income increased from $9,260 in 1970 to $18,710 in 1980, as shown in Table 21. However, inflation has also been increasing over this period, resulting in little change in real household incomes between 1970 and 1980.



than Baltimore County as a whole according to income analysis for small areas made by RPC. In constant 1982 dollars, median household incomes in the County are projected to increase from $23,430 in 1982 to $24,870 in 1987 and $27,250 in 1992. These projections assume that periods of inflation and recession will be less severe than those experienced during the last 10-12 years.

Projected Housing Demand

In general, demand for new housing units is predicated largely on anticipated population growth. Even more important in recent years, however, has been growth in households. For the last decade, the household growth rate has exceeded the rate of population growth, due primarily to a shift to smaller household sizes. Reasons for this shift include longer life expectancy and a greater number of "empty-nesters", more single parent households, and a greater proportion of singles living alone.

Future housing requirements will be generated in much the same manner. Projections of population and household levels in the Baltimore Region, Baltimore County and Mt. Wilson Area for 1987 and 1992 are shown in Table 7 in Section II. While the projected percentage increases are expected to decline from previous high rates, numerical changes are expected to be large. As Table 7 shows, between 1980 and 1992, Baltimore County's population is expected to increase by 30,416 persons with 36,219 households added over the same period. In the Mt. Wilson Area, population growth is expected to add 10,873 persons into the area between 1980 and 1992, while 9,446 households will be added over the same period.

Housing demand, fueled by projected increases in new households, will continue on an upward trend once interest rates decline. Table 22 illustrates projected housing demand for the Baltimore Region, Baltimore County and Mt.



Table 23 shows projected demand for different types of housing units in the Mt. Wilson area over the next twelve years. The projected distribution of units is based on building permits issued in 1979, which have been adjusted to reflect the trend towards townhouse, duplex and multi-family construction . As shown in Table 23, demand for single family attached units (townhouses) in the Mt. Wilson area is projected to be 3,471 units between 1980 and 1992, while demand for multi-family units in high-rise construction in the Mt. Wilson area is anticipated to be 308 total units over the same period. At the County level, demand for these units between 1980 and 1992 is expected to be 12,213 units and 1,270 units, respectively.



Existing Competitive Residential Developments

A number of new townhouse, semi-detached, and garden community condominium developments in and around the Mt. Wilson area are currently under construction or recently completed and still being marketed. In general, new speculative townhouse construction is being built in very small phases to keep inventories low. Recently developed units have been of a smaller size to try to appeal to smaller households and keep prices low. A recent trend is to not build speculative housing but rather to market and sell contracts for lots that include a choice of housing models to be built upon sale. The following paragraphs describe the key features of four competitive developments in the Mt. Wilson area.

- Olde Mill Estates is located adjacent to the Mt. Wilson property off Winands Road in Randallstown. This project, which opened in 1980, includes 129 townhouse units and 254 single-family units. Townhouse units, which have sold faster than single family units, range in price from $62,000 for a 2-bedroom unit ($48 per square foot) to $72,000 for a 4-bedroom deluxe unit ($48 per square foot). Prices have recently been lowered to move existing larger units. To date, 92 townhouse units have been sold for a yearly absorption of 42 units.
- Garrison Ridge Townhomes are located off of Reisterstown Road in Owings Mills near the site of the proposed Owings Mills MTA Station. This project includes 103 two and three bedroom townhomes for sale between $53,500 ($36 per square foot) and $58,000 ($33 per square foot). The project originally opened in 1978 and has sold 84 units to date. Recent sales have been slow and prices have been lowered to attract additional buyers. The project has attracted single professionals and smaller families.



units surveyed show a great deal of variation in price, ranging from $35,000-$50,000 for low-end units appealing to singles and young couples to as much as $110,000-$140,000 per unit for luxury units appealing to older professionals.

Absorption rates have ranged between 25 and 50 units annually depending on an individual project's pricing structure, location, quality and amenity package. Smaller, less expensive units have moved quite rapidly as evidenced by the 175 unit/year absorption rate experienced in the Chestnut Hill condominium project since it opened in September 1981. Projects open for two or more years initially experienced high absorption rates, which have dropped off during the last 12-16 months.

Buyers in the Mt. Wilson area are generally younger families with or without children who are first-time home buyers. Townhouse and semi-detached home buyers usually have moved from apartment complexes in the area from other parts of the Baltimore region. Single family home buyers are usually moving up from apartment rentals or smaller townhouse units and have the necessary benefit of two incomes.

In summary, the Reisterstown/Owings Mills corridor, which includes the Mt. Wilson area, has been one of Baltimore County's fastest-growing areas. Population, households and new housing units have all been growing at a faster rate than either the County or the Baltimore Region. In addition, housing values and incomes are higher in this area, substantiating the perception of the corridor as a prestigious suburban location. Over the next 5-10 years, the Reisterstown/Owings Mills corridor and the Mt. Wilson area should continue to experience above-average growth trends, with strong demand for additional housing. Substantial transportation improvements, including the Northwest



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DATE

factors come into play. Under this assumption, the trends of the past year or so are not considered indicative of the area's housing market.

The following paragraphs evaluate the key market parameters which will affect residential development potentials at the Mt. Wilson site, including : housing supply and price trends; income trends and projections; projected housing demand; and existing competitive residential developments.

Housing Supply and Price Trends

Recent trends in housing units are indicative of an area's desirability and its capacity to absorb new growth. The Mt. Wilson area, because of its attractive setting and vacant land, experienced more rapid growth over the 1970-1980 period than did Baltimore County or the Baltimore SMSA as a whole. As shown in Table 19 on the following page, between 1970 and 1980, total housing units increased by 40.0 percent in the Mt. Wilson area, or by 14,943 units. Over the same period, total housing units increased by 28.1 percent in Baltimore County and 22.0 percent in the region as a whole.

In the Mt. Wilson area and in Baltimore County, rental units accounted for the majority of the increase. As Table 19 shows, between 1970 and 1980, the number of rental units increased by 9,991 in the Mt. Wilson area and by 29,723 in Baltimore County, equivalent to increases of 91.4 and 53.7 percent, respectively. Over that period, Baltimore County accounted for 70.9 percent of the total increase in rental housing units in the Baltimore Area.



An important sector of the housing market which has implications for future reuse potentials at Mt. Wilson is the market for condominiums. While condominium development has become increasingly common throughout the nation, the Baltimore area market has been slower to accept this type of housing than have other metropolitan areas. For example, in 1980, condominium units accounted for 1-2% of the total housing stock in the Baltimore region, while condominiums comprised 8-10% of the total housing stock in the Washington, D.C. region.

In addition to more rapid growth, the Mt. Wilson area also has higher average housing values and rent levels than in the County or the region. As data presented in Table 20 show, mean housing values in 1980 were $67,738 in the Mt. Wilson area, $61,484 in Baltimore County, and $57,207 in the metropolitan Baltimore area. Mean contract rent levels were also higher in the Mt. Wilson area. As shown in Table 20, mean monthly rent levels in 1980 were $253 in the Mt. Wilson area, $235 in Baltimore County and $200 in the Baltimore SMSA.



Table 21. HOUSEHOLD INCOME DISTRIBUTIONS, HISTORICAL AND PROJECTED, BALTIMORE SMSA AND BALTIMORE COUNTY, 1970 - 1980

| | Current $ | | | Constant $1982 | |
|---|---|---|---|---|---|
| | 1970 | 1980 | 1982* | 1987 | 1992 |
| **Baltimore SMSA** | | | | | |
| Under $10,000 | 54.0% | 25.6% | 18.5% | 13.0% | 8.5% |
| $10,000-$14,999 | 25.3 | 14.2 | 12.0 | 10.0 | 8.5 |
| $15,000-$19,999 | 10.1 | 13.5 | 16.0 | 18.0 | 16.5 |
| $20,000-$24,999 | 6.3 | 13.0 | 16.5 | 20.0 | 23.5 |
| $25,000-$44,999 | 3.5 | 28.9 | 32.0 | 33.0 | 35.0 |
| $50,000 and over | 0.8 | 4.8 | 5.0 | 6.0 | 8.0 |
| Total | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% |
| Median Household Income | $ 9,260 | $18,710 | $21,060 | $22,250 | $23,510 |
| **Baltimore County** | | | | | |
| Under $10,000 | 34.7% | 16.0% | 12.0% | 9.0% | 5.0% |
| $10,000-$14,999 | 33.3 | 13.5 | 9.0 | 7.5 | 6.0 |
| $15,000-$19,999 | 16.5 | 14.8 | 17.0 | 15.5 | 14.0 |
| $20,000-$24,999 | 9.0 | 15.6 | 17.5 | 19.0 | 21.0 |
| $25,000-$49,999 | 5.5 | 34.6 | 38.5 | 41.5 | 44.5 |
| $50,000 and over | 1.0 | 5.5 | 6.0 | 7.5 | 9.5 |
| Total | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% |
| Median Household Income | $12,300 | $21,827 | $23,430 | $24,870 | $27,250 |

* : As of April 1982.

Source : U.S. Census of Population and Housing, Regional Planning Council and Praful Shah & Associates, Inc.

Table 21 also shows median household income and the distribution of incomes for Baltimore County, which have historically been higher than in the Baltimore region as a whole. In 1980, median household income was $21,827 in Baltimore County, approximately 17.0 percent higher than in the Baltimore SMSA. The Mt. Wilson area is believed to have higher average household incomes



Wilson area. Total housing demand is composed of growth in new households and a normal supply of vacant units to allow residential mobility and adequate choice of housing for residents. Although not quantified in Table 22, a moderate number of units are also required to replace existing units lost to fire, deterioration and other natural causes.

Table 22. PROJECTED HOUSING DEMAND, MT. WILSON AREA, BALTIMORE COUNTY AND METROPOLITAN BALTIMORE, 1980-1992

| | 1980-1987 | | | 1987-1992 | | |
|---|---|---|---|---|---|---|
| | Mt.Wilson Area | Baltimore County | Baltimore SMSA | Mt.Wilson Area | Baltimore County | Baltimore SMSA |
| Household Growth | 4,990 | 20,420 | 75,610 | 4,960 | 15,600 | 54,000 |
| Vacancy Factor | 130 | 560 | 2,080 | 130 | 430 | 1,490 |
| Total Demand | 5,120 | 20,980 | 77,690 | 5,090 | 16,030 | 55,490 |
| Average Annual Demand | 731 | 2,997 | 11,098 | 1,018 | 3,206 | 11,098 |

Source : Praful Shah & Associates, Inc.

The Mt. Wilson area, based upon its share of regional and County population and household growth, is expected to require 5,120 new housing units between 1980 and 1987 and an additional 5,090 housing units between 1987 and 1992. Average annual demand will amount to 731 new units in the seven year period between 1980 and 1987 and rise to 1,018 new units between 1987 and 1992.

Historically, single family detached units have met most of the demand for new housing units in suburban areas such as Baltimore County. However, with the large changes in prices, energy costs, and household sizes during the 1970s the typical housing unit has also changed. Townhouses and duplexes have become increasingly common in both Baltimore County and the Mt. Wilson area.



Table 23. PROJECTED CHANGES IN HOUSEHOLDS BY HOUSING TYPE MT. WILSON AREA, BALTIMORE COUNTY AND METROPOLITAN BALTIMORE, 1980-1987, 1987-1992

| | 1980-1987 Number | 1987-1992 Number | Percent Distribution 1980-87 | 1987-1992 |
|---|---|---|---|---|
| **Mt. Wilson Area** | | | | |
| Single Family | | | | |
| Detached | 1,740 | 1,629 | 34.0% | 32.0% |
| Attached | 1,740 | 1,731 | 34.0 | 34.0 |
| Subtotal | ( 3,480) | ( 3,360) | ( 68.0%) | ( 66.0%) |
| Multifamily | | | | |
| Garden | 1,229 | 1,272 | 24.0% | 25.0% |
| Mid-rise | 256 | 305 | 5.0 | 6.0 |
| Hi-rise | 155 | 153 | 3.0 | 3.0 |
| Subtotal | ( 1,640) | ( 1,730) | ( 32.0%) | ( 34.0%) |
| Total | 5,120 | 5,090 | 100.0% | 100.0% |
| **Baltimore County** | | | | |
| Single Family | | | | |
| Detached | 7,343 | 5,290 | 35.0% | 33.0% |
| Attached | 6,923 | 5,290 | 33.0 | 33.0 |
| Subtotal | (14,266) | (10,580) | ( 68.0%) | ( 66.0%) |
| Multifamily | | | | |
| Garden | 5,246 | 4,008 | 25.0% | 25.0% |
| Mid-rise | 839 | 801 | 4.0 | 5.0 |
| Hi-rise | 629 | 641 | 3.0 | 4.0 |
| Subtotal | ( 6,713) | ( 5,450) | ( 32.0%) | ( 34.0%) |
| Total | 20,980 | 16,030 | 100.0% | 100.0% |
| **Baltimore Region** | | | | |
| Single Family | | | | |
| Detached | 39,622 | 22,196 | 51.0% | 40.0% |
| Attached | 18,646 | 16,647 | 24.0 | 30.0 |
| Subtotal | (58,268) | (38,843) | ( 75.0%) | ( 70.0%) |
| Multifamily | | | | |
| Garden | 14,760 | 12,763 | 19.0 | 23.0 |
| Mid-rise | 1,554 | 1,664 | 2.0 | 3.0 |
| Hi-rise | 3,108 | 2,220 | 4.0 | 4.0 |
| Subtotal | (19,420) | (16,647) | ( 25.0%) | ( 30.0%) |
| Total | 77,690 | 55,490 | 100.0% | 100.0% |

1) : Construction types defined as follows : Garden - three-story clustered structure; Mid-rise - four to six-story freestanding structure; High-rise - seven or more story free standing structure.

Source : Praful Shah & Associates, Inc. based on analysis of RPC residential building completions.



- Chestnut Hill Condominiums located in Reisterstown, is a condominium conversion of the Chestnut Hill Garden Apartments. The project has been extremely successful, opening in September 1981 and selling 116 units of the total 183 units (175 units per year absorption). Prices range from $34,900 for an 800 square foot 1 bedroom unit ($44 per square foot) to $44,800 for a 1,200 square foot 3 bedroom unit ($42 per square foot). A monthly condominium fee of $42-$62 is included. 75 percent of the units are one and two bedrooms. The project has attracted many single professionals and first-time buyers who are attracted by the low unit prices.

- Annen Woods Community located in the Fishtown section of the Green Spring Valley is a 270-unit new construction garden apartment condominium community. Originally opened as a condominium community in 1974 the project is currently selling 72 units in Phase III which will be ready for delivery by July 1982. Yearly absorption has been 33 units since 1977, with very little marketing, although recent sales are way down. Two-thirds of the units are two-bedrooms and the remainder are one bedroom. Prices range from $106,000 for a one bedroom unit ($66 per square foot) to $140,000 for a two-bedroom deluxe unit. ($80 per square foot). A monthly condominium fee of $150 is charged. Most buyers are older "empty nesters" with a preponderance of retired residents. Buyers generally had previous residences in the Green Spring Valley area or in northwest Baltimore City.

Sales prices for available townhouse and semi-detached units range between $50,000 and $72,000 with recently constructed projects usually falling into the upper end of this range. Discussions with developers and realtors indicate that prices have recently been reduced by as much as 10.0 percent in order to attract a wider range of buyers and sell existing units. Condominium



Expressway and the Metro, and designation by the County as a growth area, will add to the area's attractiveness. The implications of these factors for the future residential reuse of the Mt. Wilson Hospital Center are discussed in the following two parts of this section.

Residential Rehabilitation/Conversion Potentials -- Option C.

The first non-medical use evaluated for the Mt. Wilson Hospital Center involves the rehabilitation and conversion of the main hospital building into condominium apartments. Our analysis of the main hospital structure indicates that the building could be converted into 125 independent living units of varying sizes. Because this scale of development is well below that allowed under current zoning, 235 additional low-rise units are included as a second phase of development under this option. The following paragraphs briefly evaluate the market support available for high-rise condominium living and low-rise single family (mostly townhouse) units, the indicated development program, rehabilitation/conversion costs as well as estimates of new unit costs and the economic impacts associated with this option.

Market Support

The key determinants of the feasibility of Option C hinges upon the market support available for high-rise condominium conversion and the costs at which a converted unit can be delivered at the Mt. Wilson site. This is so because this option is contingent upon first converting the main hospital building to new residential units with appropriate amenities built up front. Once these rehabilitated units are built and marketed, then a second phase of new construction could ensue on available land at the site.



As was discussed in the preceeding pages of this section, the Metropolitan Baltimore market has not sought and the developers have not built many high-rise condominium units. The Metropolitan Baltimore housing market, particularly the suburban market, is significantly different than the one which exists in the nearby Metropolitan Washington area.

As noted earlier, the anticipated demand for high-rise multifamily units in the Mt. Wilson area for the period between 1980 and 1992 is projected to amount to only 308 units. Although, the site and the existing main hospital building offer a desirable environmental setting and vistas -- an important factor for marketing the project -- the relatively low level of demand for high-rise living in the suburbs generally and in the Mt. Wilson area in particular, make the conversion option a risky undertaking for the private sector.

A second important point which makes the conversion portion of Option C risky is the cost at which an average size unit in the main hospital building could be offered. Our conversion cost analyses, which are discussed later, indicate that the average unit cost, in the main building, exclusive of land costs, fees and developer profit, will amount to in excess of $50,000. At the present time, the few condominium conversions (mostly low to mid-rise) in the Owings Mills area have been offered between $35,000 and $50,000. These units generally appeal to young professionals and smaller families who are first-time buyers. The converted units at the Mt. Wilson complex, in the competitive context, will be priced out of the market.

In summary, there is an untested market in Baltimore County for conversion of non-residential buildings to high-rise residential projects. As of yet, no such project has been built in Baltimore County outside the Beltway. The availability of low-priced residentially zoned and serviced land has not created the economic incentives that encourage developers to



JUAN 13 1988

Pursuant to the advertisement, posting of property, and public hearing on the Petition and it appearing that by reason of the requirements of Section 502.1 of the Baltimore County Zoning Regulations

IT IS ORDERED by the Zoning Commissioner of Baltimore County, this _____ day of _____, 19____, that the herein Petition for Special Exception

Pursuant to the advertisement, posting of property, and public hearing on the Petition and it appearing that strict compliance with the Baltimore County Zoning Regulations would/would not result in practical difficulty and unreasonable hardship upon the Petitioner(s) and the granting of the variance(s) requested will/will not adversely affect the health, safety, and general welfare of the community, the variance(s) should /should not be granted.

Therefore, IT IS ORDERED by the Zoning Commissioner of Baltimore County, this _____ day of _____, 19____, that the herein Petition for Variance(s) to permit

## BALTIMORE COUNTY, MARYLAND

### INTER-OFFICE CORRESPONDENCE

TO: Norman E. Gerber, Director of Planning and Zoning  Date: March 15, 1985

FROM: Eugene A. Bober, Chief, Current Plann inc and Development

SUBJECT: North Oaks Housing for the Elderly (formerly Mt. Wilson State Hospital)

North Oaks Limited Partnership is the contract purchaser of the Mt. Wilson State Hospital Property. The main hospital building will be converted into 204 dwelling units for the elderly. Additional development is dependent upon the success of Phase I. The property contains approximately 205 acres. Zoning will allow approximately 700 units. A County Review Group meeting was held on January 3, 1985 to consider the North Oak proposal. The plan was not approved. Two broad concerns were articulated: (1) road safety and (2) the provisions of local open space and public access along the stream valley. I have attached copies of the comments of the Office of Planning and Zoning which were prepared for the January 3rd meeting, and the minutes of that meeting.

The original plan proposed no local open space. The developer subsequently agreed to provide the required local open space. The Department of Recreation and Parks has agreed to the location.

The Gwynns Falls traverses the eastern boundary of the site. The County's Master Plan identified 15 acres of this site as part of the Gwynns Falls Stream Valley Park. The developer initially refused to allow public access to the stream valley via Mt. Wilson property, contending that such use would be incompatible with housing for the elderly. The State envisioned that the developer would dedicate the stream valley at no cost to the County. The developer has declined to do so. The developer has agreed to provide at least a 75' wide public easement along the entire length of the stream. this satisfies the requirement for the Stream Valley Park. Therefore, the potential conflict with the Master Plan has been resolved.

The road safety issues remain unresolved. The major concern is the insistence by the developer that the primary entrance to the site be via Mt. Wilson Lane from Reisterstown Road. the developer contends that successful marketing of this project depends upon attracting customers directly from Reisterstown Road rather than Liberty Road corridor. However, use of Mt. Wilson Lane between Reisterstown Road and the main hospital buildings presents several safety issues. They are: (1) several accidents occur annually at the intersection of Reisterstown and Mt. Wilson Lane; (2) Mt. Wilson Lane itself is narrow (below County standards). (3) Mt. Wilson Lane crosses the main line of the Western Maryland Railroad at-grade. (4) Mt. Wilson Lane bridge crosses the Gwynns Falls approximately 6 feet below the level of the 100-year flood. A suitable alternate entrance is available using Mt. Wilson Lane via Winands Road. Approval of this project as now proposed would ignore the clear and present danger presented by floods and/or trains. Baltimore County Code, Title 22 Section 37(a) states in part, "Land should be developed so that it can be used safely without danger to health or peril from flood...or other menace." Section 37(b) states "...These regulations are designed and intended to ensure the safety, adequacy and convenience proposed provisions for the following: (1) circulation of motor vehicles, bicycles and pedestrians including appropriateness of proposed locations... . Section 22-81 says "The proposed street system must provide safe and convenient vehicular circulation, both within the tract and between it and the neighboring properties or particular traffic generators. Section 22-82 says in part "...No proposed street may be designed so as to intersect at grade with any railroad except sidings."

Norman E. Gerber
North Oaks Housing for the Elderly
continued page 2

I have suggested a safety feature which would permit use of Mt. Wilson Lane east of the hospital (toward Reisterstown Road). A warning system should be placed at the top of the hill on the hospital grounds and on the eastern side of the railroad crossing to warn of both, on-coming trains and rising flood water. the developer has responded that such devices are not possible because of expense. The developer also contends that the Secretary of the Maryland Department of Transportation must approve any rail crossing signal, and therefore we are preempted from requesting the safety device. The developer further contends that the prohibition in Title 22 against grade crossing of railroads is for new roads and does not apply to Mt. Wilson Lane. Mt. Wilson Lane is a private road controlled solely by the developer. The road has not been in use for some time. The developer also contends that the traffic from this development will be less than the traffic generated when Mt. Wilson Hospital was in full operation.

The developer has not presented any evidence to support a finding that the proposed entrance is safe. I believe that a solution must be found before this plan can be approved. this is particularly true since many people using the road will be elderly residents. If safety devices are not available or are too costly, the County should insist that the developer make use of the suitable alternate route.

The next road issue is whether Mt. Wilson Lane be a public throughfare. Senator Steinberg and Delegate Hollinger have written and requested that Mt. Wilson Lane be reopened to the public. You will recall that the developer closed Mt. Wilson Lane as one of his conditions of purchase from the State. The consensus among the County staff is that, while the road is a convenient short-cut, the safety difficulties and the cost of upgrading this road to public standards ($4,000,000) out weigh the convenience. The developer's decision to close Mt. Wilson Lane to the public is acceptable.

A second means of access must be provided because the development proposes more than 100 units. The developer must either secure a waiver or make use of Mt. Wilson Lane in both directions or propose another solution. A waiver would be suitable for the first 200 units however, this leaves unresolved the issue of additional units. Therefore, Mt. Wilson Lane is the key to the puzzle and should be resolved now.

The last road issue is the requirements for the connection to the Olde Mill Estates subdivision. Olde Mill Estates is located immediately north of this site and was approved in 1978. A condition of the Olde Mill Estates approval was that the developer provide a connector road to the Mt. Wilson Hospital at such time that the hospital might be redeveloped. The North Oaks developer objected initially to providing the road and now requests that the road be completed later during Phase III. The traffic engineer suggests that the connection will be needed later. Our view is that the requirement for this connection is reasonable and routine and not dependent solely on number of trips. Please refer again to Title 22 Sections 37, 38 81 and 82.

Eugene A. Bober
Chief, Current Planning & Development

BALTIMORE COUNTY, MARYLAND

SUBJECT: COUNTY REVIEW GROUP COMMENTS
FROM: OFFICE OF PLANNING AND ZONING  DATE: January 3, 1985

PROJECT NAME: North Oaks  PLAN: XXXXXXXXXXXXXXXXX
COUNCIL & ELECTION DISTRICT: II-329  PLAN EXTENSION:
January 3, 1985  REVISED PLAN:
PLAT:

Several issues must be resolved before this plan can be approved.

A. Road access

1. The status of Mt. Wilson Lane must be determined. Does the developer intend to close or open Mt. Wilson Lane presently or in the future?
2. This development proposes 204 units which is in excess of the 100 dwelling units permitted with one means of access.
3. This site has considerable potential for future development; therefore, two points of access and future road pattern must be studied. Several issues must be incorporated into this study. They include the bridge across the Gwynns Falls floodplain, the prohibition against new development on at grade railroad crossings, the intersection of Mt. Wilson Lane and Reisterstown Road and the connection with Olde Mill Estates which was previously planned.

B. The future development phases and road pattern must be shown.

C. This property is defined as a cluster subdivision. Therefore, it must be processed and be heard before the Planning Board under the provisions of Section 22-59(A)(5) and Section 22-60.

D. Stream Valley - The Baltimore County Master Plan has designated approximately 65 acres of this site for Stream Valley Park. This must be dedicated or otherwise assured for public use.

E. The floodplain as shown is incorrect.

F. The adjacent development of Olde Mill Estates should be shown.

Susan Carnell
S. Carrell

BALTIMORE COUNTY, MARYLAND

SUBJECT: COUNTY REVIEW GROUP COMMENTS  DATE: December 31, 1984
FROM: ZONING OFFICE

PROJECT NAME: North Oaks  PLAN: January 3, 1985
LOCATION: N/S Winans Road  DEVELOPMENT PLAN:
DISTRICT: 2nd Election District  PLAT:

These comments were written on the CRG plan dated "revised 12/12/84".

A special exception hearing is required for the 31 comprehensive care beds and 14 domiciliary care beds. A variance is also needed for the length of the building of 440 ft. in lieu of the required 300 ft. If the height of the existing buildings exceeds 50 ft., a variance would also be required. Depending upon the proposed use of the historic buildings to remain, a variance may be required for the required distance between buildings. If CRG approval occurs, it will be contingent upon the outcome of the hearings.

The following revisions must occur on the plan prior to CRG approval:

a. If there are any residential transition areas created by any vacant lots of less than 2 acres in area in Olde Mill Estates, they must be shown on the plan. It appears that all buildings and parking areas are out of transition and the driveway may be in transition which is acceptable provided there is no parking upon it.

b. Indicate all proposed uses of the buildings to remain, particularly the historic buildings and four single family dwellings.

c. Parking may be required for the historic buildings depending upon the proposed use.

d. If the single family dwellings are for sale, individual lots must be established for them. All height and area requirements must be met for building setbacks.

e. Baltimore County coordinate tics must be used on the plan.

f. Parking may be required for the historic buildings depending upon their proposed use.

Diana Itter
DIANA ITTER
Zoning Associate III

DI:aj

BALTIMORE COUNTY, MARYLAND

SUBJECT: COUNTY REVIEW GROUP COMMENTS
FROM: OFFICE OF PLANNING AND ZONING  DATE: March 19, 1985 9:00

PROJECT NAME: North Oaks  PLAN: XXXXXXXXXXXXXXXXX
COUNCIL & ELECTION DISTRICT: II-329  PLAN EXTENSION:
REVISED PLAN:
PLAT:

The Office of Planning and Zoning has reviewed the subject plan dated February 28, 1985 and has the following comments:

The zoning on this property was changed on the 1984 Comprehensive Zoning Maps. The correct zoning must be shown on the CRG plan. The areas shown on this plan for development as Phase I, Phase II and Phase III are now zoned D.R. 3.5. Therefore, Item C in previous comments dated January 2, 1985 is no longer applicable.

As stated in previous comments, the layout of the adjacent Olde Mill Estates development must be shown.

Refer to the attached memorandum for additional comments.

Susan Carnell
Susan Carrell

BALTIMORE COUNTY, MARYLAND

SUBJECT: COUNTY REVIEW GROUP COMMENTS  DATE: 3/20/85
FROM: ZONING OFFICE

PROJECT NAME: North Oaks  PLAN: (con't meeting)
LOCATION: n/s Winans Rd.  DEVELOPMENT PLAN:
DISTRICT: 2nd Election District  PLAT:

These comments were written on the CRG plan dated revised 2/28/85.

The previous comment dated Dec. 31, 1984 with regard to the need for a Special Exception and Variance hearing for the 31 comprehensive care and 14 domiciliary care beds is still applicable.

The following revisions most of which were indicated in the previous comments must occur on the plan prior to CRG approval.

a. If there are any residential transition areas created by vacant lots of less than 2 acres in area in Olde Mill Estates, they must be shown on the plan. If there are none indicate the acreage of that deed.
b. Indicate all proposed uses of the buildings to remain particularly the historic buildings and four single family dwellings.
c. Parking may be required for the historic buildings depending upon the proposed use.
d. If the single family dwellings are for sale individual lots must be established for them. All height and area requirements must be met for building setbacks. If they are not for sale, a note concerning their use must be added to the general notes.
e. Baltimore County Co-ordinate tics instead of assumed datum must be used on the plan. It appears that the zoning changed on the 1985 zoning maps which became effective after the 1st CRG meeting. There appears to be a substantial increase in the amount of D. R. 3.5 zoning; refer to the 200 scale zoning maps NW 8G and NW 8H to check these boundaries.

Diana Itter
DIANA ITTER
Zoning Associate III

DI/s:

JAN 13 1986

undertake such projects. Although successful conversions of existing high-rise apartment buildings to condominiums have occurred in the County, conversion of a non-residential high-rise structure still remains untried. It is not impossible for such a conversion to take place; however, the first project of this type would have to be a "loss leader" requiring longer than normal absorption periods until buyers become accustomed to this type of product.

From the standpoint of the market, conversion of the main hospital building to residential condominium units is quite risky. The conversion costs also make the project economically weak for reuse as high-rise multifamily rental property.

Support for New Residential Units. The market support analysis for the development of low-rise townhouse and other single family units is presented as part of the discussion of Option D. The findings show that there exists and will continue to exist strong market support for new residential units in the Mt. Wilson area over the next 10 years.

Although Option C with rehabilitation and conversion of the main hospital building into residential condominium units is not regarded as a viable option, for eventual comparison of this option with other options considered, a brief discussion relating to Option C's potential development program, costs and economic impacts is provided in the paragraphs which follow.

Development Program

The proposed development program for this option includes 125 residential units in the rehabilitated main hospital building and 235 units of newly constructed townhouse units elsewhere on the site, as shown in Table 24 on the following page. As shown in that Table, development of this



option would also include a health club, tennis courts, a swimming pool, and jogging trail. Parking for 720 cars (2 spaces per unit) would be provided on existing and new surface lots.

This development program is flexible to allow development to occur in phases, beginning with rehabilitation of the main hospital, as demand requires.

Table 24. DEVELOPMENT PROGRAM FOR RESIDENTIAL REUSE DEVELOPMENT

Main Hospital Building

125 private residential units

a) 6 efficiencies
b) 69 one-bedroom units
c) 50 two-bedroom units
d) Health Club
e) Manager's Apartment
f) Tenant Storage

New Residential Construction

235 low-rise residential units

a) 60 two-bedroom units
b) 140 three-bedroom units
c) 35 four-bedroom units

Amenities

Parking - 720 spaces
Health Club
Swimming Pool
Tennis Courts
Jogging/Walking Trail

Source : Praful Shah & Associates, Inc.



Table 25. CONSTRUCTION COSTS FOR A RESIDENTIAL REUSE OPTION
(1982 dollars)

| | Rehabilitation Costs | New Construction Costs | Total Costs |
|---|---|---|---|
| Main Hospital Building<br>125 residential units | $4,986,000 | | $ 4,986,000 |
| New Residential Units<br>235 low-rise units | | $10,037,000 | 10,037,000 |
| Site Improvements 1) | 892,000 | 1,678,000 | 2,570,000 |
| Demolition | 135,000 | 253,000 | 388,000 |
| Storm Water Retention Ponds | | 50,000 | 50,000 |
| Amenities 2) | 288,000 | | 288,000 |
| Total Costs | $6,301,000 | $12,018,000 | $18,319,000 |

1) : Site improvements include 720 parking spaces, service roadways, sidewalks, landscaping and provision of utilities for new units.
2) : Amenities include outdoor swimming pool, tennis courts and jogging/walking trail.

Source : RTKL Associates, Inc. and Praful Shah & Associates, Inc.

The average cost of delivering rehabilitated units is comparable to the costs for new units, even though new units at 1,279 square feet average are larger than rehabilitated units of 912 average square feet. This is true for two reasons. First, the main hospital building has an unusual amount of space that is unusable for apartments that must be rehabilitated anyway. Second, the upfront costs including amenities, site improvements and demolition that are required in the first phase to create an image raise the costs of new units in this phase.



Other Impacts

Other impacts of a residential reuse option at Mt. Wilson include :

- Traffic impacts from development of the first portion of 125 residential units may not require improvements to the existing road network. However, full build-out of 360 residential units may require widening Mt. Wilson Lane and improving the key intersection at Mt. Wilson Lane and Reisterstown Road.
- Because Mt. Wilson is already serviced by sewer and water and because proposed residential reuse comprises low-density development at the site, this would be compatible with the County's present policy of development in fringe development areas. This option is also compatible with the County's future policies for encouraging growth in the Owings Mills Town Center area.
- The community's concern over the development of "tract" housing and low and moderate income subsidized housing may make this option less appealing to the area residents.
- The County can be expected to incur additional costs to service the new residents.
- Under the present market conditions, property disposition by the State may not be easy. Also, an untested market for high-rise condominium conversion in the area would make disposition of the site and structures difficult and financially unattractive.



unit including land, developer's profits, fees and contingencies can be delivered at the Mt. Wilson site for $70,000-$75,000 in 1982 dollars. This cost is at the high end of sales prices for existing units, which are currently underpriced to move inventory, but is still well within the range for comparable townhouse units in the Mt. Wilson area.

During the twelve year period between 1980 and 1992, it is estimated that about 34.0 percent of all new construction in the Mt. Wilson area will occur as single-family attached units, including townhouses. Total demand for such units should amount to 3,471 during this period.

Development of 360 units of townhouses as proposed at the Mt. Wilson Hospital Center represents 10.0 percent capture of total townhouse demand in the Mt. Wilson area over the 1980-92 period and 3.0 percent of total townhouse demand in Baltimore County, which are very achievable capture rates for this site. In addition, the proposed development would capture some region-wide demand, based on its excellent location.

Absorption of the proposed 360 units cannot be determined based on recent performance of comparable projects. Sales at those projects have slowed drastically over the past year as interest rates have remained high. In spite of a weak housing market, sales at the competitive projects discussed above have been about 25 to 50 units per year, indicating the underlying strength of the Mt. Wilson area housing market.

A reasonable absorption rate for the proposed development at the Mt. Wilson site, assuming interest rates return to normal levels, would be 90 to 120 units per year. Under such circumstances 360 residential units could be developed in phased increments of 100-120 units and sold over a 3 to 4 year period, a reasonable marketing period for such a development. In



Construction Costs

Total construction costs for this option have been estimated at $20,200,000 or $56,111 per unit excluding land costs, fees, financing and developer's profit. These costs are presented in Table 27. This cost estimate includes site improvement costs (720 parking spaces, sidewalks, roads, landscaping and utilities) estimated at $10,000 per unit, storm water management retention ponds, demolition of all buildings and provision of all amenities.

Table 27. CONSTRUCTION COSTS FOR NEW RESIDENTIAL DEVELOPMENT
(1982 dollars)

| | New Construction Costs |
|---|---|
| New Residential Units<br>360 low-rise units | $15,397,000 |
| Site Improvements 1) | 3,600,000 |
| Demolition | 865,000 |
| Storm Water Retention Ponds | 50,000 |
| Amenities 2) | 288,000 |
| Total Costs | $20,200,000 |

1) : Site improvements include 720 parking spaces, service roadways, sidewalks, landscaping and provision of utilities to new units.
2) : Amenities include swimming, tennis courts and jogging/walking trail.

Source : RTKL Associates, Inc. and Praful Shah & Associates, Inc.



Other Impacts

Following is a list of other impacts resulting from development of new residential units at Mt. Wilson.

- Traffic impacts from the development of 360 residential units will most likely require improvements on Mt. Wilson Lane, including widening that roadway. Improvements to key intersections including Mt. Wilson lane and Reisterstown Road may also be required, particularly resignalling this intersection. If residential development is undertaken in phases the overall impacts of this development will be lessened and extended over time so that overall required improvements may be limited.
- Low density residential development is compatible with land uses already existing in the area.
- Because Mt. Wilson is already serviced by sewer and water this option is compatible with present County policies regarding growth in fringe development areas. This option is also compatible with future plans to encourage development of the Owings Mills Town Center area.
- Community preferences most likely do not encourage demolition of the existing main hospital structure for new residential construction.
- The Mt. Wilson property could be easily disposed of by the State by selling the property outright to a private interest. The cost of demolition would have to be borne by a private developer and this may lower the overall sale price of the property.



Table 28. OFFICE SPACE INVENTORY AND STATUS FOR SELECTED JURISDICTIONS IN BALTIMORE REGION, APRIL, 1982

| | Existing Space | | | Under Construction | | |
|---|---|---|---|---|---|---|
| | Total (sq.ft.) | Vacant (sq.ft.) | Vacancy Rate | Total (sq.ft.) | Vacant (sq.ft.) | Vacancy Rate |
| I-695/West County | | | | | | |
| Pikesville/Owings Mills | 421,000 | 61,000 | 14.5% | 78,000 | 19,000 | 24.4% |
| Catonsville/Woodlawn | 1,076,300 | 125,200 | 11.6 | 56,000 | 56,000 | 100.0 |
| Subtotal | 1,497,300 | 186,200 | 12.4 | 134,000 | 75,000 | 56.6 |
| I-83/North County | | | | | | |
| Cockeysville/Timonium | 861,500 | 30,600 | 3.6 | 207,000 | 207,000 | 100.0 |
| Towson/Lutherville | 2,452,000 | 298,000 | 12.2 | 30,000 | 5,000 | 16.7 |
| Subtotal | 3,313,500 | 328,600 | 9.9 | 237,000 | 212,000 | 89.5 |
| Rest of Baltimore County | 148,600 | 13,000 | 7.3 | - | - | - |
| Total Baltimore County | 4,959,400 | 514,800 | 10.4% | 371,000 | 287,000 | 77.4% |
| Baltimore City | 7,055,000 | 241,000 | 3.4 | 155,000 | 30,000 | 19.4 |
| Anne Arundel County | 1,239,000 | 191,963 | 15.5 | 91,000 | 91,000 | 100.0 |
| Howard County | 1,710,300 | 184,000 | 10.7 | 433,400 | 310,000 | 71.5 |
| Total Area | 14,963,700 | 1,317,700 | 7.6% | 1,050,400 | 718,000 | 68.4% |

Source : Praful Shah & Associates, Inc., Based on Black's Office Space Guide and Field Surveys.



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Construction Costs

Total construction costs for this option, as shown in Table 25, have been estimated to amount to $18,319,000 or $50,900 per unit exclusive of land costs, fees, financing and developer's profit. As shown in that Table, for the first phase of rehabilitation of 125 residential units in the main hospital building, construction is estimated at $6,301,000 or $50,400 per unit. Building rehabilitation costs include modification of all mechanical and electrical systems in the building and separate utility metering for individual apartment units. Due to the internal configuration of the main hospital building, major mechanical systems, long corridors and other spaces unsuitable for rehabilitation, residential units are small at 912 square feet on average and the overall building efficiency is low at approximately 72.0 percent. Provision of a full range of project amenities, necessary site improvements and demolition are included in the cost estimates for this phase because these items will be required to adequately market a new residential development.

Total construction costs for the second phase of development of 235 new new residential units equal $12,018,000 or $51,100 per unit. These costs include site improvements, storm water retention ponds, and demolition of all buildings except the main hospital building and power plant.



Economic Impacts

Total County and State taxes, permanent employment and new permanent residents expected to be generated from residential reuse have been estimated and the results are included in Table 33 on page 105 following the discussion of the office reuse option. Those benefits have been compared to jobs, residents and assessed value generated by the hospital complex when it was operated as a State hospital to determine the net impact of operating a new facility. Following is a summary of economic impacts likely to occur from residential reuse of the main hospital building.

- Residential reuse and new construction built at Mt. Wilson is likely to generate a net tax benefit of $263,120 annually in 1982 dollars on an estimated full cash value of $17,931,000.
- New permanent employment is expected to be minimal, amounting to no more than 20 full-time employees. This figure includes maintenance, administration, groundskeeping, security and health club employees and is based upon typical employment levels for residential development of this size.
- Approximately 800 new permanent residents will be generated from residential reuse development at Mt. Wilson.
- The new residential population at Mt. Wilson will generate additional impacts for area businesses including increased retail and personal service sales, greater demand for restaurants, entertainment and recreation activities. This impact will, in turn, increase the overall retail sales tax base of the State and the County.



Option D - New Residential Construction

The fourth reuse option evaluated for the Mt. Wilson property is the demolition of existing buildings at the hospital center, including the main hospital building and the power plant, and the subsequent construction of new residential units. This is the only option that involves demolition of the main hospital building, and may therefore be considered as a "last-resort" option. Some 360 low-density townhouse units, as allowed under current zoning, would be developed in two or more phases under this option. The following paragraphs evaluate the market support, development program, construction costs and economic impact associated with this option.

Market Support

Analysis of the residential market for newly constructed townhouse units at Mt. Wilson indicates a strong future market for such housing types. Although historically most new residential construction in the Mt. Wilson area has been primarily single-family detached houses, townhouse development has been increasing as a percentage of all new residential construction in the area. The move to less expensive housing alternatives that are affordable to a larger percentage of the home buying population has led to more townhouse development. Discussions with realtors and developers indicate that, left with a choice, more home buyers have recently selected smaller, less expensive townhouse units over larger more costly single-family homes.

This has important implications for Mt. Wilson. In order to be competitive with projects in other locations it is necessary to deliver units that are price competitive with existing units on a square footage/price basis. As will be discussed later, it is anticipated that a fully finished



conclusion, the Mt. Wilson site offers good potential to develop and sell 360 units of market rate townhouses within a standard marketing time frame.

Development Program

Table 26 below presents the development program for new residential construction. Under this option, 360 new low-density townhouses would be constructed at the Mt. Wilson Hospital Center, with a unit mix of 90 two-bedroom units, 215-three bedroom units, and 55 four-bedroom units. The proposed development program is based on a preliminary assessment of the site and could change due to detailed site evaluations. As mentioned above, this option would require demolition of all existing buildings on the site. To compete with similar residential developments, a swimming pool, tennis courts, and walking/jogging trails are included in the development program. In addition, the majority of the site remains in open space and wooded. Finally, 720 existing and new parking spaces are provided to serve the residential units.

Table 26. DEVELOPMENT PROGRAM FOR NEW RESIDENTIAL CONSTRUCTION

New Residential Construction

360 low-rise townhouse units

a) 90 2-bedroom units
b) 215 3-bedroom units
c) 55 4-bedroom units

Amenities

Parking - 720 spaces
Swimming Pool
Tennis Courts
Jogging/Walking Trail

Source : Praful Shah & Associates, Inc.



Economic Impacts

Total County and State taxes, permanent employment and new permanent residents expected to be generated from new construction of residential units at Mt. Wilson have been estimated and the results are included in Table 33 on page 105, following discussion of the office reuse option. Benefits from new residential construction have been compared to jobs, taxes and residents generated by the hospital complex when it was operated as a State hospital to determine the net impact of new construction.

Following is a summary of economic impacts likely to occur from new construction of residential units at the Mt. Wilson Hospital Center.

- New residential construction at the Mt. Wilson Hospital Center will generate a net tax benefit of $283,723 annually in 1982 dollars on an estimated full cash value of $19,335,000. This is the highest net tax benefit of any of the evaluated options.
- New permanent employment is expected to be minimal, amounting to no more than 15 full-time employees. This figure is based on typical employment levels for a project of this size and includes maintenance, administration, groundskeeping and security staff.
- Approximately 950 new residents will be generated from new residential construction at Mt. Wilson.
- This new residential population will generate additional impacts for area businesses including increased retail sales and personal services and a greater demand for restaurants, entertainment and recreation activities. This impact will, in turn, increase the overall retail sales tax base for the State and County.



FEASIBILITY FOR PRIVATE OFFICE REHABILITATION - OPTION E

The final option evaluated for the Mt. Wilson Hospital Center is the reuse of the main hospital building for private office uses. This is the only option not presently allowed by existing zoning at the site and, consequently, would require rezoning to an appropriate office zone.

Office Market Overview

An analysis of the private speculative office market has been undertaken to determine the market parameters affecting reuse of the site for office space. Following is a discussion of the existing office supply, future projects, projected office demand, anticipated capture and other factors which affect the future office potential at Mt. Wilson.

Existing Supply

The Pikesville/Owings Mills corridor has experienced small but steady new construction of office space during the last five years. Table 28 on the following page, presents an inventory of office space for Baltimore County and selected jurisdictions in the Baltimore Region. This corridor accounts for 8.5 percent of existing office space in the County. Smaller projects (20-40,000 square feet) currently under construction in the corridor account for 78,000 square feet of new office space, representing 21.0 percent of all projects currently under construction in the County.

Planned Office Projects. Future projects planned for the corridor are limited and highly speculative with no definite commitments, time frame or occupancy dates. Two projects bear mentioning, however. The first project is the Hooks Lane mixed-use project under development by McKinzie and Associates at Hooks Lane and Reisterstown Road. The project, which has been approved by the County and is awaiting final project financing, includes approximately 125,000 square feet of office and 25,000 square feet of retail



and restaurant space. Construction should begin later in 1982 and the building should be available for occupancy by the summer of 1984. Rent levels are anticipated to be in the $15-$17 per square foot range.

A second major office project has been proposed by the Rouse Company as part of the proposed Owings Mills Town Center project. As currently planned, between 800,000 and 1 million square feet of office space would be built in conjunction with a major regional shopping center and a 200-300-room hotel. Office space development is scheduled to begin after 1986 and would be built in 60,000-80,000 square feet phases annually or as the market requires. Rental rates have yet to be determined for the first phase.

Projected Office Demand

Table 29 below presents our estimates of office related employment and office space needs in Baltimore County to 1992. Based on forecasted employment growth in Baltimore County for major office using employment sectors (finance, insurance and real estate; services and government), it is anticipated that Baltimore County will require 4,127,500 square feet of new office space between 1980 and 1992. Average annual demand for office space during this time period will be 344,000 square feet.

Table 29. FORECAST OF OFFICE SPACE DEMAND BALTIMORE COUNTY, 1980-1992

| | 1980-1987 | 1987-1992 | Total 1980-1992 |
|---|---|---|---|
| Office Related Employment | | | |
| Finance, Insurance and Real Estate @ 90% | 2,580 | 1,260 | 3,840 |
| Services @ 50% | 5,870 | 3,450 | 9,320 |
| Government @ 50% | 90 | 1,600 | 1,690 |
| Other @ 20% 1) | 1,040 | 620 | 1,660 |
| Total | 9,580 | 6,930 | 16,510 |
| Office Space Demand | | | |
| @ 250 sq.ft./employee | 2,395,000 | 1,732,500 | 4,127,500 |
| Average Annual Space Demand | 342,100 | 346,500 | 344,000 |

1) : Includes Manufacturing, Construction and Transportation, Communication, and public Utilities.
Source : Praful Shah & Associates, Inc.



Table 30 presents forecasts of future office space capture in the Owings Mills/Pikesville corridor. This corridor, which includes the Mt. Wilson Hospital, is expected to capture in the order of 611,400 square feet of new office space between 1980 and 1992. This represents 15 percent of the County's total office space demand during this time period.

Table 30. POTENTIAL OFFICE SPACE CAPTURE PIKESVILLE/OWINGS MILLS CORRIDOR 1980-1992

| | Potential Capture of Total Baltimore County Office Demand | Total Capture (sq.ft.) | Average Annual Capture (sq.ft.) |
|---|---|---|---|
| 1980-1987 | 12% | 299,400 | 42,800 |
| 1987-1992 | 18% | 312,000 | 62,000 |
| Total : 1980-1992 | 15% | 611,400 | 51,000 |

Source : Praful Shah & Associates, Inc.

This capture rate for new additional office space in the corridor considers past absorption of office space in the corridor, availability of zoned and serviced sites for office development and the perceived image of this corridor as a location for future office space. Forecasted capture rates have been adjusted upwards to reflect the corridor's increasingly positive image as an office location based on the following factors :

- Improved accessibility to the corridor due to completion of the Northwest Expressway and MTA Rapid Transit System to Owings Mills.
- Availability of suitable office sites in the corridor which are properly zoned and serviced by utilities, roads and other infrastructure.



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- Decreasing amounts of available land in other office corridors (i.e., Cockeysville/ Timonium, Towson) for office development requiring new locations for the County's future office development needs.

- Location of the corridor in the northwestern portion of the County where future office activity is expected to be concentrated.

- Proximity of the area to I-695, I-95 and I-70 which allows convenient access to other portions of the Baltimore/Washington corridor.

In summary, the following factors affect demand for new office space at the Mt. Wilson Hospital site :

- The demand for new private speculative office space in the Owings Mills/Pikesville corridor will become stronger in the future as transportation projects and other County projects designed to encourage growth at the Owings Mills Town Center are built.

- Planned office projects will absorb the vast percentage of the corridor's total capture of all County office space between 1980 and 1992, consequently limiting the number of new projects that can be developed.

- Within this corridor, the Mt. Wilson site lacks sufficient access and the proper location to compete effectively with other sites suitable for office development.

- Consequently, it is expected that any new private office development at Mt. Wilson would not be feasible until after 1985 and would then require a minimum of 3 years to lease up, based on expected annual capture during that period.



Development Program

Table 31 below illustrates the development program for office reuse at the Mt. Wilson site. This option requires demolition of all buildings at the center with the exception of the main hospital building and the power plant. The main hospital building is converted to 188,850 square feet of general occupancy space, suitable for offices and support services for 686 staff members. Parking for 400 automobiles, as required by zoning, is provided on existing and newly constructed surface lots. Tennis courts and a jogging/walking trail are provided on-site as amenities for the office population.

Table 31. DEVELOPMENT PROGRAM FOR OFFICE REUSE

Main Hospital Building

188,850 square feet of office space
for 686 employees

Amenities

400 parking spaces
Tennis Courts
Jogging/Walking Trail

Source : Praful Shah & Associates, Inc.

Construction Costs

The cost for converting the main hospital building to office space is estimated at $6,321,000 and $33 per square foot exclusive of land, financing, fees and profits as shown in Table 32 on the following page. This cost estimate assumes that existing mechanical systems in the main hospital building could be utilized with updating and adjustment to make them suitable for office occupancy. Major costs associated with this option include the renovation of



Economic Impacts

New net tax benefits and new employment generated from conversion of Mt. Wilson to office uses, has been calculated and are included in Table 33 on the following page. Following is a summary of these benefits:

- Conversion of Mt. Wilson to a private office facility would generate approximately $78,257 of new net tax benefit annually. This is based on a full cash value estimated at $5,333,000 for office uses.

- Employment generated by an office facility at Mt. Wilson would equal approximately 700 new permanent employees. This is substantially greater than the 400 employees who worked at the hospital when it was in full operation.

- New employees at Mt. Wilson will generate additional impacts for area businesses including increased sales of retail goods, personal services and a greater demand for restaurants, entertainment and recreation activities. This impact will, in turn, increase the overall retail sales tax base of the State and County.



Other Impacts

Other impacts of reusing Mt. Wilson for office space include :

- Traffic impacts from the development of new office space will be substantial and will require substantial improvements to the surrounding road network. These improvements will include widening Mt. Wilson Lane and improving the intersection at Mt. Wilson Lane and Reisterstown Road. Other road improvements that may be required include new turning lanes for Reisterstown Road and improvements to Winands Road.

- Office development at the Mt. Wilson Hospital site is not compatible with the existing residential/institutional land uses in the surrounding area.

- Office development at the Mt. Wilson Hospital Center is not consistent with County development policies for that site and the general area surrounding the site.

- Private office development at the Mt. Wilson Hospital site is not allowed under existing zoning at the site and would require rezoning to a suitable office development zone.

- Community preferences would most likely not favor office development at the Mt. Wilson Hospital Center because of the significant traffic impacts that this use can be expected to impose on the surrounding neighborhood.

- Property disposition by the State would be difficult unless the site was suitably zoned for office uses.



Section V. RECOMMENDATIONS AND SITE DISPOSITION STRATEGY

Section V. RECOMMENDATIONS AND SITE DISPOSITION STRATEGY

Based on the information and analysis presented in the previous four sections, the recommended reuse option for the Mt. Wilson Hospital Center is Option A - a Life Care Community. This recommendation is based upon an in-depth evaluation of each option in terms of market supply and demand factors, development costs, fiscal/budgetary and tax base impacts, new employment generated and other economic impacts, impact on local roads, services, and the community, and time required for disposition. A reuse option evaluation matrix used to make this determination is shown in Table 34 on the following page. The Life Care Community is recommended for the following reasons :

- The existing and future market for a Life Care Community is strong, due to a shortage of existing facilities and anticipated rapid growth in the area's elderly population.

- A hypothetical Life Care Community would utilize the main hospital building. Adaptive reuse conversion costs are estimated at $5.6 million in 1982 dollars, exclusive of land, fees, and financing costs, and could be built in phases.

- The Life Care Community option would require little or no state or federal operating or capital subsidies and would generate over $146,000 annually in State and local taxes when fully built.

- Approximately 150 new jobs will be created if Option A is developed, which is more than the two residential reuse options but less than the chronic care and office options.



- Of all the options evaluated, the Life Care Community would be least disruptive to the existing infrastructure and road system, although Mt. Wilson Lane may need minor improvements.

- The local community, as indicated in public meetings seemed to prefer that the reuse of the Mt. Wilson Hospital Center be institutional or low density housing, have little impact on existing roads, and maintain the site's natural features. The Life Care Community would meet these criteria.

- Although approval by the Maryland Department of Health and Mental Hygiene would be required for the comprehensive and domiciliary nursing components, this part of the facility represents a minor part of the entire community and approval should be relatively easy to obtain.

- Finally, a Life Care Community would have the shortest development/regulatory approval period, placing the currently underutilized Mt. Wilson Hospital Center in productive use and eliminating expensive maintenance costs currently borne by the State.

In summary, a Life Care Community is a feasible permanent use which would allow the main hospital building to be reused relatively quickly. This option has the least impact on the existing road system and appears to meet community goals. Although new job creation and tax base increases are not the highest of all the options evaluated, they are nevertheless substantial.

If no private or non-profit life care sponsor can be found for the Mt. Wilson site, the State should consider the Chronic Care/Nursing Facility - Option B. This option is recommended for consideration as a fallback option because it would result in the reuse of the main hospital building, would generate a substantial amount of new employment, would have a moderate impact on local roads, and should be accepted by the local community. On the other



Disposition Strategy/Next Steps

Outright sale of the property by the State is the preferred method of disposition. Sale of the property, rather than lease, is preferred because it allows the State to receive full payment for the property at the time of disposition. Furthermore, outright sale does not involve substantial future financial commitments by the State to upgrade the property or make other leasehold improvements.

A long-term lease of the property would only be appropriate for the chronic care or life care options. However, long-term leasing would require substantial upfront costs to be borne by the State to upgrade the property. Furthermore, leasing by the State would forego any tax benefits that would normally occur from private ownership. A lease agreement is not appropriate if the hospital complex is to be converted to private non-medical office and/or residential uses. If these options are selected then the State should sell the property outright to a private party at a negotiated price.

The next step involved in disposing of the property would require the Department of State Planning to make an internal determination of whether a certificate of need for the nursing component of a life care community at Mt. Wilson could be acquired by a private user. Actual application for a certificate of need would be the responsibility of a private provider, but the State should make this determination in order to guide interested parties. Once this determination has been made the State should identify interested and qualified life care community providers and nationally advertise the State's intention to use the property for life care. Directories of existing life care community providers are available from organizations such as Kendal-Crosslands in Kennett Square, Pennsylvania.



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the main hospital building ($4.646,000), demolition ($388,000) and additional costs for parking, site improvements (sidewalks, landscaping and site utilities), storm water retention ponds, tennis courts, jogging trails and new roadway shoulders for Mt. Wilson Lane. Improvements to Mt. Wilson Lane do not include acquisition of additional land for right-of-way or any interchange improvements which may be required at the intersection of Reisterstown Road and Mt. Wilson Lane. Parking costs may be higher if private developers choose to construct more spaces than are required by zoning.

Table 32. CONSTRUCTION COSTS FOR OFFICE REUSE
(1982 dollars)

| | Total Rehabilitation Costs |
|---|---|
| Main Hospital Building<br>188,85 square feet of offices | $4,646,000 |
| Site Improvements 1) | 560,000 |
| Demolition | 388,000 |
| Storm Water Retention Ponds | 50,000 |
| Improvements to Mt. Wilson Lane | 600,000 |
| Amenities 2) | 77,000 |
| Total Costs | $6,321,000 |

1) : Site improvements include 400 parking spaces, sidewalks, landscaping and upgrading of utilities at the main hospital building.
2) : Amenities include tennis courts and jogging/walking trails.

Source : RTKL Associates, Inc and Praful Shah & Associates, Inc.



Table 33. MT. WILSON HOSPITAL REUSE ANALYSIS TAX BASE IMPACTS/ JOBS CREATED PRIVATE NON-MEDICAL USES-OPTIONS C,D, & E
(1982 dollars)

| | Fully Operational State Hospital | Option C Residential Reuse | Option D Residential New Construction | Option E Private Office Reuse |
|---|---|---|---|---|
| Tax Base Impacts | | | | |
| 1) Full Cash Value | $13,287,140 | $17,931,000[1] | $19,335,000[1] | $5,333,000[1] |
| 2) Tax Assessment @ 46% of F.C.V. | 6,112,084 | 8,248,260 | 8,894,100 | 2,453,200 |
| 3) County Taxes @ $2.98 per $100 of Assessed Value | 0[2] | 245,800 | 265,045 | 73,105 |
| 4) State Taxes @ $.21 per $100 of Assessed Value | 0[2] | 17,320 | 18,678 | 5,152 |
| 5) Total Taxes | 0[2] | 263,120 | 283,723 | 78,257 |
| Number of Permanent Employees | 400 | 20 | 15 | 700 |
| Number of Permanent Residents | 100 | 800 | 950 | 0 |

1) : Full cash value based on construction costs only. Does not include land value, demolition costs and road improvement costs.
2) : Hospital was exempt from taxes because it was a State-owned medical facility. Medical facilities are exempt from Baltimore County taxes.

Source : Praful Shah & Associates, Inc.



Educational Research/Laboratory Uses

The structures at the Mt. Wilson Hospital Center are architecturally and structurally suitable for conversion into educational and/or laboratory research uses. For this reason, these uses were investigated to determine whether any potential exists for converting buildings at the hospital center into these uses.

Discussions with Baltimore County School officials, officials at Towson State College as well as with officials representing several private institutions including McDonogh School indicated no interest in using Mt. Wilson as an educational facility. This is so because school enrollments are declining and most local institutions presently have enough room for expansion at their present facilities.

Laboratory and reseach facilities are highly specialized one-time uses that are specifically required and designed for particular user groups. For this reason, it was concluded that it was not possible to determine the feasibility of reusing Mt. Wilson for such private uses. The existing laboratory in the main hospital building could be converted for basic research functions if a private user were identified who would be willing to locate there.



Table 34. REUSE OPTION EVALUATION MATRIX MT. WILSON HOSPITAL CENTER

| | Previous Use | Options A-Life Care | B-Chronic Care | C-Residential Reuse | D-New Residential Development | E-Private Offices |
|---|---|---|---|---|---|---|
| Market Demand - Short-Term | N.A. | Good | Questionable | Poor | Fair | Poor |
| Market Demand - Long-Term | N.A. | Good | Questionable | Poor | Good | Poor |
| Rehabilitation Costs | N.A. | $3,616,000 | $4,613,000 | $6,301,000 | N.A. | $6,321,100 |
| Fiscal Budgetary Impacts to State | High | Minimum | High | None | None | None |
| Tax Base Impacts - State and Local | None | $146,828 | $52,840 | $263,120 | $283,723 | $78,257 |
| New Employment Generated | 400 | 150 | 700 | 20 | 15 | 700 |
| Traffic Impacts | Moderate | Low | Modrtly.High | Mirtly.High | Mirtly.High | High |
| Impact on Local Roads | Moderate | Low | Moderate | Moderate | Moderate | High |
| Compatibility with Existing Zoning | Yes | Yes | Yes | Yes | Yes | No |
| Time to put into Use | N.A. | 1-2 years | 3-5 years | 3-5 years | 2-4 years | 3-5 years |
| Compatibility with Community | Yes | Yes | Yes | Yes | Yes | No |
| Parking Required (spaces) | 130 | More | More | More | More | More |

Source : Praful Shah & Associates, Inc.



hand, there is likely to be a time delay in obtaining certification from the Department of Health and Mental Hygiene and a new chronic care facility would result in $1.2 million annually of additional State costs under the Maryland Medical Assistance Grant Program.

The other three options - condominium conversion with new construction, demolition of main building and new construction, and conversion of main building to office uses - were evaluated and found to have the following problems :

- The market for high-rise multifamily units in the Mt. Wilson area is expected to be weak over the next 10-12 years. In addition, the market for residential buildings converted from non-residential uses is untested in Baltimore County.
- The interior layout and existing features of the main hospital building will result in small units and relatively expensive per square foot prices.
- In sum, the conversion of the Mt. Wilson's main hospital building to residential uses would be a risky undertaking and one not likely to attract a private developer.
- Although townhouse units could be economically built and marketed on the site (Option D), this option would require the demolition of the main hospital building.
- The market for speculative office space (Option E) at the Mt. Wilson site is currently and is projected to be weak. In addition, development of this option would cause the most adverse impact on the local road system.



Life care providers interested in Mt. Wilson should be invited to submit detailed proposals outlining how they would develop such a community, what features it would contain and other relevant information. The State should select the best proposal and enter into negotiations for sale of the property.



EXIBIT B

STAFF ANALYSIS

THOMAS WILSON CENTER
REUSE INVESTIGATION

MARYLAND DEPARTMENT OF STATE PLANNING
July 16, 1982

STAFF ANALYSIS
THOMAS WILSON CENTER REUSE INVESTIGATION

LOCATION

The Thomas Wilson Center is located in northwestern Baltimore County, approximately one and one-half miles west of the Baltimore Beltway between Reisterstown and Liberty Roads. Although surrounded by existing and planned urban development and near regional transportation facilities, the site itself is relatively isolated. It is part of a low-density institutional and open space corridor along the Gwynns Falls.

The area in the general vicinity of the Center is predominantly institutional, residential, vacant, and farmland. Nearby institutional uses include the Ner Israel Rabbinical College, the Woodholme Country Club, and the McDonogh School. Residential development consists mainly of single-family or two-family units on quarter acre lots or low density, single-family residences. Recent construction includes a large number of townhouses along Reisterstown Road and single family and townhouse development in the Olde Mill Estates subdivision that adjoins the property.

Retail, service, and office development is scattered along Reisterstown and Liberty Roads. Industrial activity is concentrated in the vicinity of Reisterstown Road and Owings Mills.

Approximately one third of the land in the vicinity of the center is vacant or in agricultural use. Much of the vacant land is held in large parcels susceptible to development pressure.

SITE FEATURES

Soils-Topography

The property is 183 acres in size. Contiguous unused Northwest Expressway right-of-way acquired from the hospital in 1962 totals nearly 70 additional acres. Disposition of this right-of-way is expected when construction contracts in the area are completed.

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Much of the site has severe development constraints posed by steep slopes, high water table, and floodplain. Only 27 acres of the property are clearly suited for urban development. Another 61 acres have moderate constraints although most of this land is in a floodplain where development is prohibited or is heavily wooded.

The site's natural features include impressive views and vistas, attractive woodland, and a stream that now supports a variety of life including some 15-20 species of fish.

Buildings

The hosptial complex includes the 8 story hospital structure built in 1952, the Ritchie Building constructed in 1928, and more than 30 other buildings including staff apartment buildings, single-family residences, office buildings, and miscellaneous garages, storage buildings, and maintenance shops (see attached site plan and building inventory, pp. 26-27). Most of the buildings on the property are structurally sound. The main building's design, construction, and recent improvements make it a likely candidate for public or private sector reuse.

The Ritchie Building is not suitable for medically related residential/nursing uses because of the costs and difficulties involved in refitting the building to meet modern code standards. With extensive improvements, the building could be used as a support facility or general office space. The Maryland Historical Trust believes the building has historic value and may be eligible for listing in the National Register of Historic Places.

Late nineteenth and early twentieth century buildings on the property, although architecturally interesting, are not in sound structural condition. In addition, they occupy a key location on the site that may be more appropriately used for new construction. Four of these buildings (#3, 4, 5, and 12) may be eligible for listing in the National Register as well. The unused right-of-way acquired from the Hospital includes three buildings (#32, 33, and a corn crib) that may also be eligible for Register listing.



The office and staff housing buildings located across from the hospital are well maintained. However, because of these buildings' strategic location on scarce developable land, some or all may not be compatible with some reuse plans.

INFRASTRUCTURE

Water

Water service is reliable for the Thomas Wilson property. According to County planning staff, it is adequate for any proposed new development. The property is served by a 12-inch pipe connected to a 16-inch main on Winands Road.

Sewer

Sewerage service is provided through an 8-inch collector that connects to the Gwynn's Falls Interceptor crossing the property. Hookups to the system are restricted to no more than 30,000 gallons of daily flow per month until the supplementary interceptor in Baltimore City is completed in late 1983. So far, however, requests for connections have not exceeded the maximum allocation. Thus, sewer service is expected to be adequate to meet reuse requirements.

Electric and Gas

According to Baltimore Gas and Electric, electric and gas service is adequate and additional service can easily be provided to future development. The entire complex, with the exception of some single-family residences, is heated by a central gas-fired power plant.

Transportation - Regional Access

Reisterstown and Liberty Roads, the Beltway, Northwest Expressway, and the proposed rail rapid transit extension to Owings Mills provide or will provid regional access for the Thomas Wilson Center area. The regional system experiences significant congestion.



Transportation - Immediate Access

Mount Wilson Lane (Md. 400) links the Thomas Wilson Center with Reisterstown Road. It is a two-lane facility carrying an ADT of 2,100 vehicles. Mount Wilson Lane is reasonably adequate for low volume use except at its intersection with Reisterstown Road. Route 400 is not adequate to handle major traffic volume increases. Problems with the road include:

a. Back to back curves with steep grades from the railroad crossing to Ner Israel Rabbinical College;

b. Inadequate roadway shoulders with utility poles very close to the pavement; and

c. Poor sight distance for vehicles on Reisterstown Road approaching the intersection from the north due to a steep downgrade.

The closest transit service to the property is more than a mile away either on Reisterstown Road or near Old Court and Scotts Level Roads. The nearest rapid transit stations will be at the lines' terminus in Owings Mills or at Old Court Road and the Beltway, both more than two miles away.

Mount Wilson Road, beginning at Winands Road and extending to the Western Maryland Railway crossing, is technically a "private" (State) service road for the Thomas Wilson Center property.

Like Mount Wilson Lane, the road is reasonably adequate for low intensity uses. The road is not adequate to safely handle major increases in traffic volume, particularly on the section from Winands Road to the central building complex. Problems with the road include:

a. Inadequate sight distance at the Winands intersection for vehicles turning left from the property;

b. Narrow pavement (19.5 feet), inadequate shoulders, sharp curves, steep grades, and generally inadequate horizontal and vertical alignment; and



property. "This area is mostly floodplain and steep slopes with extensive tree cover. The anticipated usage would be a tot-lot, picnicking, biking, and hiking."

County - Zoning

The site is zoned DR-1 (1.0 dwelling unit per acre) and DR 3.5 (3.5 dwelling units per acre). Uses permitted by right include dwellings of any type, hospitals, and schools. Uses permitted by special exception include convalescent homes and community care centers for alcoholics or physically or mentally handicapped. Private sector convalescent homes, community care facilities, and housing units for the elderly are subject to the density regulations. Approximately 340 dwelling units are permitted on the site. This increases to 360 units if the unused right-of-way is included to compute the maximum density allowed.

Baltimore County regulations do not specify the type of dwellings units permitted (single-family, townhouse, apartment), just the maximum allowable density. The number of units allowed on a parcel that is divided into different DR zones may be distributed over the tract as if it were in a single zone.

State - Policies

The State's Executive Order, "Policies to Guide State Actions for the Physical and Economic Development of Maryland," contains the following policies considered most applicable to the Thomas Wilson Center study:

a. A1 Promote future physical growth and economic development in existing communities and local governments' planned growth areas.

b. A2 Direct location and retention of State and other governmental facilities in existing communities, particularly in older urban centers.

c. A8 Enhance the availability of housing through new construction and through rehabilitation of existing buildings.



The life care community option combines two medical uses, comprehensive care (skilled nursing) and domiciliary care (personal care), with a large number of specially designed independent living units to provide a complete community that helps to serve the specific and distinct health and housing needs of the elderly in a private, non-institutional setting. A development program at the Thomas Wilson Center, based on zoning and an analysis of the structure of existing life care communities modified to reflect adaptive reuse considerations for the main hospital building, could include: 171 nursing and residential units in the main hospital building and 189 new independent living units in low rise buildings.

The chronic care/nursing home option includes the following medical uses: chronic care, comprehensive nursing care, domiciliary care, rehabilitation services, and alcohol/drug treatment. A development program for the site could include 100 chronic care beds, 110 skilled and personal care beds, 10 hospice care beds, 50 alcoholic rehabilitation beds, and 16 independent living units in the main hospital building. Seventy-nine additional independent living units could also be constructed on the site.

Non-health related use options were screened using location and site constraints. Removed from further consideration were such uses as warehousing, manufacturing, and retail commercial. Preliminary investigations indicated limited space demands for institutional uses. Detailed analysis focused on three potential private non-health reuse options:

a. Building conversion to residential use;

b. Site clearance and construction of new residential units; and

c. Conversion to private speculative office space.

Added to the five private health and non-health reuse options were two State options - a veterans home and State general offices.



Costs to convert the main hospital building into 171 units with support and administrative functions is estimated to be $32,850 per unit exclusive of land. Conversion costs per unit are significantly less than recent new construction.

Market Demand - Chronic Care/Nursing Home

No population based demand analysis exists or is in use to determine future need for chronic hospital beds. Recent justification for certifying new chronic care beds has been based primarily upon the fact that the overall long-term care delivery system is not supporting timely patient discharge from acute care general hospitals. The Professional Standards Review Organization estimates that patients in acute care general hospitals awaiting placement in other long-term care facilities amount to 224 on any given day. As of October, 1981, chronic care facilities had a 95 percent overall occupancy rate and an average patient waiting list of approximately one month. PSRO estimates that at least 15 percent of the patients in chronic beds were inappropriately placed and could have been placed in lower care facilities.

The recent approval for 80 additional chronic care beds fills the short-term additional need for chronic facilities in the region according to the Maryland Health Planning and Development Agency. Therefore, the possibility of obtaining State certification of need for additional chronic beds is limited until these 80 beds are constructed and licensed. Cost considerations may further impact new certificates of need because between 30-35 percent of the total reimbursement costs for medical centers with chronic facilities are paid for by the Maryland Medical Assistance Grant Program.

On the positive side, during the course of the study two major medical and social service consortiums expressed possible interest in using Thomas Wilson Center for a multi-disciplinary medical facility to serve the needs of the community's geriatric population. A third proposal included a geriatric center component of a comprehensive behavioral service center. Long-term prospects for additional chronic care facilities will increase in response to the region's rapidly growing elderly population.



duplexes have become increasingly common in both Baltimore County and the Thomas Wilson area. Demand for townhouses is projected to be over 3,400 units in the area between 1980 and 1992.

Demand for multi-family units in highrise construction is anticipated to be 300 units over the same period. Although the site and hospital building offer a desirable environmental setting, the relatively low level of demand for high rise multi-family units makes the conversion a risky undertaking for the private sector. Also, average units cost exclusive of land would amount to in excess of $50,000 and, therefore, may be priced out of the market.

In contrast, a strong future market for newly constructed townhouse units is expected. Although unit cost would be at the high end of sale prices, it would be well within the range for comparable townhouses in the area.

Market Demand - Office

Office space demand in Baltimore County between 1980 and 1992 is projected to be 344,000 square feet annually. The Owings Mills/Pikesville corridor is expected to capture 15 percent (600,000 plus square feet) of the County's total office space demand during the period. Most of this growth will occur later in the time period as transportation facilities and other County projects designed to encourage growth at the Owings Mills Town Center are built. Office development already planned will absorb the vast percentage of the corridor's office space, thus limiting the number of new projects that can be developed. Access problems for the hospital property reduce its ability to compete effectively with other sites suitable for office development.

State office space inventories and demand projections have been developed by the Department. In the Baltimore Metropolitan Area the State owns 1,613,796 square feet of headquarters space and leases 695,479 square feet. Additional space required by 1995 may be as much as 81,000 square feet. The Thomas Wilson Center, if converted, could accommodate 20 percent of the space needs now in leased quarters.



of a chronic care facility). Only minimal State costs are estimated for a life care community because all residents are expected to be private patients who pay fully for their costs. Over time, some residents may require medical subsidy, however.

The Department of General Services, in preliminary studies, indicates that capital and operating costs will be reduced by recycling the Thomas Wilson Center for a State office building. Expenditures in the area of $6 million "would preclude the necessity for constructing SB-5 within the State Office Complex which [is estimated to cost] $30 million." This would also permit shifts of agencies from leased space "with a resultant savings in the operating budget." However, DGS has set FY'83 maintenance and operating costs per usable square foot at $8.06 for Federal and special fund supported agencies located in Baltimore State buildings. In contrast, a Department of Public Safety and Correctional Services headquarters lease renewal has been negotiated at an effective annual rate of $5.53 per square foot. It is also understood that the move of the State Highway Administration from State-owned space to private leased quarters will reduce the agency's costs. Overall comparisons should also consider capital costs and property tax impacts.

Economic Impact

Estimated new permanent employment for reuse options are:

| | |
|---|---|
| Life care community | - 150 employees |
| Chronic Care | - 700 employees |
| Residential Reuse | - 20 employees |
| New Residential Development | - 15 employees |
| Private Office | - 700 employees |
| Veterans Home | - 150 employees |

Note: Thomas Wilson employed approximately 400 people in 1975.



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Nearby intersections with service levels D, E, and F include:

a. Reisterstown Road and the Beltway;

b. Reisterstown Road and Mt. Wilson Lane;

c. Liberty Road and Washington Avenue;

d. Liberty Road and McDonogh Road;

e. Milford Mill Road and Scotts Level Road; and

f. Old Court Road and Scotts Level Road.

A portion of the Center is in a County designated transportation deficiency area and the property adjoins another. In these areas, additional private development that would generate enough traffic to reduce the level of service at intersections to Levels E or F is prohibited.

State transportation plans for the general area of the site include:

a. Signalizing the intersection of Hooks Lane and Reisterstown Road (immediate);

b. Adding a lane to Reisterstown Road between the Beltway and McDonogh Road (long range);

c. Completing the Northwest Expressway to Owings Mills (April, 1985 to January, 1986); and

d. Extending rail rapid transit to Owings Mills (1987 or beyond).

The Northwest Expressway and rapid transit extension are expected to provide only temporary relief for the traffic congestion in the area. The Final Environmental Statement for the Northwest Expressway and Phase I Rapid Transit estimates that 1995 traffic volume at Reisterstown Road and the Beltway will be 25 percent greater than 1974 volume even with the Northwest Expressway in operation.



c. Substandard stop controlled intersection near the hospital buildings.

County transportation plans in the vicinity involve Winands Road. By the end of FY'83, the road widening recently completed between McDonogh Road and Rouen Road will be extended to Scotts Level Road. This widening will produce a better roadway alignment near the Winands Road entrance to the Center. Ultimate plans call for the roadway to be a major collector extending from Old Court Road to Deer Park Road.

## PHYSICAL AND ECONOMIC DEVELOPMENT PLANS AND POLICIES

### County - Plans

The Baltimore County Master Plan 1979-1990 identifies the Thomas Wilson Center and vicinity as a "fringe development area" requiring a moderation of the trend growth rate. Fringe development areas are those areas in which public services and utilities are to be provided but not assigned as high a priority relative to other types of growth areas. Goals for such an area are to:

a. Assure that the pace of development does not exceed the schedule of provision of community services and transportation systems;

b. Assure that the form of development is compatible with the character of existing development; and

c. Maintain relatively low densities.

Natural resource protection, including protection of stream valleys and flo prone areas is a priority concern county-wide. The plan recommends that th County proceed with the program for acquisition of stream valleys for publi open space. A County report, Stream Valley Park System, c. 1978, proposes continuous stream valley park from the Glyndon Area to the Beltway along t Gwynns Falls. The section of the proposed park near Mt. Wilson Road is de scribed as consisting of 139 acres including 63.97 acres of the hospital



d. A12 Reduce the impact of flooding on existing communities.

e. B4 Continue to acquire and develop or reserve land for open space and recreation, while considering the interests of the local government involved.

f. C1 Assist local governments and the private sector in encouraging industrial and business development.

g. E5 Encourage alternatives to single occupancy automobile use, such as mass transit, ride sharing and the use of bicycles, and promote more efficient use of existing transportation facilities.

h. F1 Promote density and compact development where the infrastructure and environmental capacity can sustain it.

i. F6 Encourage the maximum use of the existing infrastructure in the State.

## REUSE SCREENING

Key reuse factors - demand, supply, architectural/structural compatibility, costs and benefits - associated with conversion of the Center to private health and non-health related uses were analyzed as part of the study. Over 15 health related uses were evaluated. Preliminary review screened out six medical uses (trauma care, acute general, acute psychiatric, and specialized hospitals as well as health maintenance organization/group practice and out-patient services) because of lack of demand, an adequate number of existing facilities in the region, proximity to similar facilities, inconvenient access, or excessive conversion costs. The nine remaining uses were further analyzed to determine current and future need, optimal space range for each use, functional linkages, and compatibility with the existing mechanical, structural, and interior layouts of the buildings. These evaluations led to the development of two distinct health related reuse options for further detailed analysis - a life care community and a chronic care/nursing facility.



## REUSE OPTIONS EVALUATIONS

### Market Demand - Life Care Community

Based on the number of residential and nursing units in existing life care communities (670) and the waiting lists for these facilities (550) applied to the elderly population in the region in 1980 (219,467), there is a market penetration rate of 0.6 percent for life care communities in the Baltimore region. This rate is expected to increase to 0.8 percent of 65+ population by 1987, and 1.0 percent by 1992. The overall demand for life care units should reach 2,100 by 1987 and climb to 2,900 by 1992.

POTENTIAL DEMAND FOR LIFE CARE COMMUNITY UNITS, METROPOLITAN BALTIMORE, 1980-1992

| | 1980 | 1987 | 1992 |
|---|---|---|---|
| **Basic Demand Calculation** | | | |
| Population 65 Years and Over | 219,467 | 261,759 | 290,468 |
| Potential Penetration 1) | 0.6% | 0.8% | 1.0% |
| Potential Demand 2) | 1,250 | 2,100 | 2,900 |
| Less Existing Supply | 670 | ( 670) | ( 1,770) |
| Planned/Approved Units | - | ( 1,100) | - |
| Net Demand | 580 | 330 | 1,130 |

1) : Based on existing units and waiting list and reflects anticipated future desire factors as well as the ability to pay.

2) : Includes current unmet need of 550 units (waiting list), units presently occupied, as well as life care residents originating from outside the region.

Source: Praful Shah & Associates, Inc.

Net demand (total demand less existing and approved/planned units) will require 330 additional units by 1987 and 1,130 new units by 1992.



### Market Demand - Residential

The housing markets in Baltimore County and elsewhere have come to a virtual halt. The residential demand analysis for the Thomas Wilson Center area assumes that eventually, normal housing supply and demand factors will return.

The Thomas Wilson Center area experienced more rapid growth over the 1970-80 period than did Baltimore County or the Baltimore SMSA as a whole. Total housing units increased by 40 percent (14,943 units). Over the same period, total housing units increased by 28.1 percent in the County and 22 percent in the SMSA.

In addition to more rapid growth, the area also has higher average housing values and rent levels than in the County or the region. Mean housing values in 1980 were $67,738 and contract rents $253.

An important sector of the housing market which has implications for future reuse potentials at the site is the market for condominiums. While condominium development is increasingly common throughout the nation, the Baltimore area market has been slower to accept this type of housing than have other metropolitan areas. For example, in 1980, condominium units accounted for 1-2 percent of the total housing stock in the Baltimore region, while condominiums comprised 8-10 percent of the total housing stock in the Washington, D. C. region.

Assuming that the economy and housing industry revives fairly soon, the Center area, based upon its share of regional and County population and household growth, is expected to need over 10,000 more housing units by 1992 with average annual demand increasing from 700 units to over 1,000 units after 1987.

Historically, single-family detached dwellings have met most of the demand for new housing units in suburban areas such as Baltimore County. However, with the large changes in prices, energy costs, and household sizes during the 1970's, the typical housing unit has also changed. Townhouses and



### Fiscal Impact

The following table summarizes County and State taxes estimated to be generated by the alternative uses for the property.

| | Life Care | Chronic | Residential Reuse | New Residential Development | Private Offices |
|---|---|---|---|---|---|
| Full Cash Value | $10,006,000 1) | $3,601,000 1) | $17,931,000 1) | $19,335,000 1) | $5,333,000 |
| Tax Assessment @ 46 percent of F.C.V. | 4,602,760 | 1,656,460 | 8,248,260 | 8,894,100 | 2,453,20 |
| County Taxes @ $2.98 per $100 of Assessed Value | 137,162 | 49,362 | 245,800 | 265,045 | 73,10 |
| State Taxes @ $.21 per $100 of Assessed Value | 9,666 | 3,478 | 17,320 | 18,678 | 5,1 |
| Total Taxes | 146,828 | 52,840 | 263,120 | 283,723 | 7*,2 |

1) Full cash value based on construction costs for non-medical uses. Does not include land value.

Note: Previous use as a State hospital, potential uses as State offices or a veterans home are tax exempt.

Source: Praful Shah & Associates, Inc.

Tax benefits range from $284,000 for new residential construction to no revenue, of course, for State uses which are tax exempt. Public service costs affect the overall fiscal impact, however. Residential construction requires the most County services - schools, police and fire protection, trash collection and the like.

County service costs for a private office reuse would be considerably less. However, costs to improve the State road system to accommodate the traffic generated would be substantial.

A chronic care use would have limited County service costs but could require major State subsidies (depending on the patient characteristics, the annual medical subsidy could be $1.1 million for a 100-bed nursing home component



A State office center could house more than 900 employees on the property. This employment would involve a shift of jobs rather than generation of significant new employment.

Impacts on area businesses and, thus, the retail sales tax base, are a function of the number of employees and residential population generated. The access problems may discourage major off-site impacts from employees, however. Most significant impacts of this type would be produced by life care and other residential use options.

### Community Attitudes

The report, A Proposed Land Use Plan for the Southwest Task Force, 1978, clearly expresses the perceptions and positions of the community to pending change. This was confirmed in the community meetings arranged to discuss potential reuse for Thomas Wilson.

The community wants to retain the character of the neighborhood and absorb change in the least disruptive manner. Plan recommendations and comments include:

a. "Institutional land uses are a major asset of the planning area ... they provide the core of the Greenbelt image that many wish to retain. It is equally obvious that portions of these lands will be subjected to future development pressures."

b. Certain portions of institutional holdings may be suited for future developments. An overall master plan for the institution should be prepared prior to any development of any portion of the property.

c. Stream valleys and valley walls should be retained and development prohibited. Baltimore County is encouraged to acquire major stream valleys for parks.

d. Forested areas should be retained to the maximum extent possible.



e. Thomas Wilson should remain as an institutional use.

f. Mount Wilson Lane should continue as a low volume "scenic by-way."

Community perceptions regarding specific reuse options are:

a. Life care community - acceptable, particularly if the hospital building can be used for a large number of the units in the project.

b. Chronic care/nursing home - closest to previous State Hospital use and, therefore, preferred.

c. Residential - some concern that conversion could be for subsidized housing which is not wanted. Would be acceptable if expensive, low density residential development could be guaranteed.

d. Private offices - concern over traffic impact and compatibility with the neighborhood unless development could be restricted to existing buildings.

e. State offices - traffic impact of great concern. Also very negative to a facility identified with the Department of Public Safety and Correctional Services.

f. Veterans Home - similar to previous State Hospital use.

The community would also be receptive to an educational or research institute or foundation reuse. A corporate training/conference facility involving minimum traffic generation could receive a positive reaction as well.



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Development Impact

The following table evaluates reuse options in terms of County and State development policies.

| Option | County-Moderated Growth Strategy and Goals | Zoning | Executive Order |
|---|---|---|---|
| Life Care | Consistent | Permitted | Consisten |
| Chronic Care | Consistent | Permitted | Consisten |
| Residential Reuse | (Consistent if pace of development does not exceed transportation system capacity | Permitted | Consisten |
| New Residential | | Permitted | Consisten |
| Private Offices | Inconsistent | Not Permitted | Inconsist in part |
| State Offices | Inconsistent | Not subject to zoning | Inconsist in part |
| Veterans Home | Consistent | Permitted | Consisten |

Office space options could have the greatest development impact on the character of and transportation facilities in the community. The property's location is not in a planned growth area where office and other intensive uses are targeted.

Timing

Maintaining the Thomas Wilson Center, even in an essentially shutdown condition, is costly. The timing to put the various use options in place is estimated below.

Life Care Community - Certification of need for the comprehensive and domiciliary nursing components of a life care community will be required from the Department of Health and Mental Hygiene. Because these beds represent a small portion of the entire community, the regulatory approval process required for certification should be relatively rapid. Time to put at least the first phase of a life care community into use is estimated at one to two years.



Chronic Care - Chronic care, comprehensive nursing, and domiciliary nursing beds would require certification of need and licensing for operation prior to the development of this option. The State has determined there is no current need for additional comprehensive nursing beds and would review future requests for certification of need on that basis. This would most likely mean extensive time delays for potential providers. Time necessary to put a chronic care facility into operation could be as long as three to five years.

Residential Reuse and New Residential Development - It seems unlikely, with current economic conditions, that private interests could or would proceed quickly to redevelop the property. Development timing for residential use may range from two to five years.

Private Offices - Private office development is not allowed under existing zoning at the site. The comprehensive rezoning process in Baltimore County will not result in amended zoning maps until October of 1984. Property disposition would be difficult unless the site is suitably zoned for office use. Timing to put the property to private office use ranges from three to five years.

State Offices - With very tight scheduling, it is possible to present a program for office development of the Center to the General Assembly in January, 1983. If approved, a late fall, 1983 construction start and an 18 and 24 month completion scheduled may be feasible. Estimated occupancy could be 1985 or early 1986.

Veterans Home - Federal funding could not be expected at a new location in the State until FY'87 at best. Construction could take two years or occupancy in FY'89.



Development of the Center as a life care community, chronic care facility, or veterans home would have the least impact on Reisterstown Road. The chronic care and veterans home uses would probably have the least effect of any of the alternatives since the traffic generated would be low and occur at a time when traffic volumes on Reisterstown Road are not at their peak.

Impact Measure Matrix

The private and public reuse options considered realistic for the Thomas Wilson Center property are summarized on the following page by impact measures. Life care and chronic care options clearly stand out in overall favorable measures.

PUBLIC AND PRIVATE REUSE INTEREST

The tables on pages 23-25 list proposals by public agencies responding to the State Clearinghouse survey as well as a summary of private user expressions of interest in the property.



Public Agency Response to
Thomas Wilson Center Excess Property Survey

a. Department of General Services - convert the property to general purpose office facilities to accommodate agencies in leased or overcrowded space (e.g., Department of Public Safety and Correctional Services, District Court, State Lottery);

b. Department of Public Safety and Correctional Services - convert the property to a headquarters office for DPSCS and the State Police Crime lab;

c. Metropolitan Transit Authority - continue use of a portion of the main hospital building seventh floor and roof for receiver transmitters and antennae (need one year's notice if required to relocate); and

d. Baltimore County - acquire 64 acres of the property as a part of the Gwynns Falls Valley Park system (Department of Recreation and Parks) and continue and expand the Pilot House alcoholism residential rehabilitation program (Department of Health).



United Cerebral Palsy of Central Maryland, Inc. -

"Day and community based residential programs for children and adults"; for day services Building #1 - Main Hospital, 1st and 2nd floors and Building #2 - Ritchie - 1st floor; for community based residential programs - Buildings #17, 18, 21, 43 or 44.

Glass Mental Health Center, Inc. -

Acquire entire complex for the development of a comprehensive behavioral service center with four components: an education and research center; geriatric center, adolescent center; and medical complex.

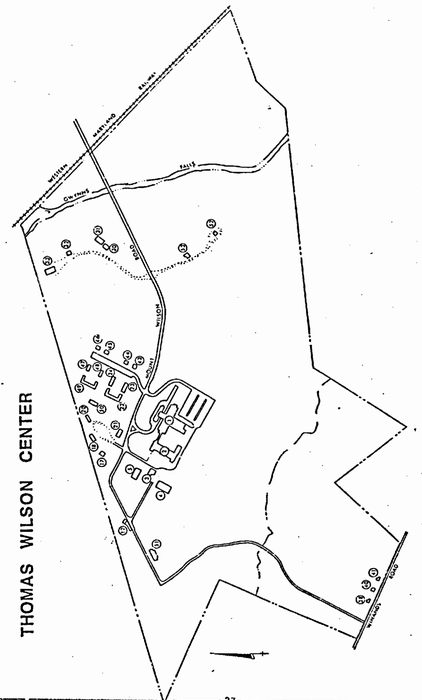
Dr. Robert L. Lewis -

Convert complex to a prep school for delinquent boys in the Greater Baltimore area.

Paula Hollinger -

Center for the study of violence and extremism in the United States. Could serve as a clearinghouse for research and technical assistance, a training center for officials and personnel, and possibly an office location for agencies addressing this problem.






Information Update

Staff Analysis, Thomas Wilson Center Reuse Investigation.
Department of State Planning, July, 1982.

Page 1 -- Site is approximately 181 acres. Contiguous unused Northwest Expressway right-of-way that is potentially surplus totals 18 acres.

Page 3 -- The area served by the Gwynn's Falls Interceptor is currently under a sewer moratorium. The moratorium is expected to be lifted in May, 1984 when a supplementary interceptor is completed in Baltimore City.

Page 7 -- A second general approximation of the number of dwelling units permitted on the property was made following revisions to the total acreage figures. Despite the lower total acreage figure, new estimates indicate 340 plus dwelling units are permitted under current zoning. The unused right-of-way acreage increases the total by 18 units.

DBA/dpc 10184:68094 06/05/84 02470

Final

EXHIBIT 1.3

PETITIONER'S EXHIBIT 3

AGREEMENT OF SALE

BY AND BETWEEN

STATE OF MARYLAND

SELLER

AND

MT. WILSON LIMITED PARTNERSHIP

BUYER

Sewerage service is provided through an 8 inch collector sewer connected to the Gwynns Falls Interceptor which crosses the property. Treatment is provided at the Patapsco Water Treatment Plant in Baltimore City which has recently been expanded to a capacity of 700 million gallons per day. New hook-ups in the Gwynns Falls System will remain restricted to 30,000 gallons of daily flow per month until the Baltimore City portion of the system is completed in late 1983. To date no request for connections has exceeded this capacity allocation.

Electric and gas service is adequate for existing uses. According to the Baltimore Gas & Electric Company, additional service could be easily provided to future development located on the site.

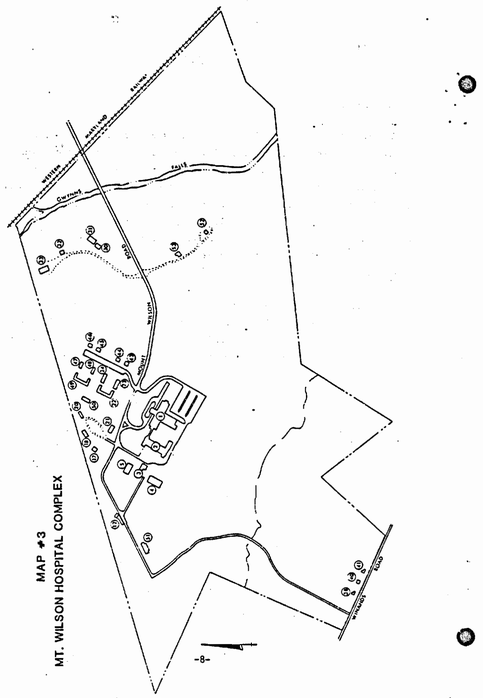
Site Access

Access to the site is directly from Mt. Wilson Lane. Mt. Wilson Lane is two-lane facility with an average daily traffic volume of 2,100 vehicles that connects the Center with Reisterstown Road. The roadway is narrow with inadequate or nonexistent roadway shoulders, poor sight distances, back-to-back curves and steep downgrades in a number of locations. In addition, the road crosses at-grade the Western Maryland railroad tracks in the vicinity of the Northwest Expressway overpass. If traffic volumes on the roadway are substantially increased, this crossing may be considered unsafe. At present, there are no improvements scheduled for Mt. Wilson Lane.

Zoning

The property is currently zoned DR-1 and DR-3.5 which allows for low density housing as well as convalescent homes, community buildings and other institutional uses. Approximately 340 residential units can be developed on the site under existing zoning. The State Highway Administration property can support an additional 20 units under existing zoning.








- Floor 6 comprised the medical/surgical suites.

An extensive series of improvements made before the hospital was closed kept both buildings up-to-date structurally and mechanically. In 1976, the fourth and fifth floors of the main hospital building were completely renovated and the building was fully air conditioned. Other improvements recently made include :

- A new roof on the Ritchie Building
- New Fireproof doors
- Window reglazing
- New emergency generators

Both buildings are heated by the central power plant which was recently converted to burn natural gas and has a 20,000 gallon oil storage back-up capacity.

Since being vacated in 1981, the main building and grounds have been well maintained. During the past winter the heating system was operated at 55 degrees to prevent damage to the pipes. Despite these and other efforts made to maintain the buildings, the main building shows signs of disuse including some water damage to the lower floors, broken windows and other minor acts of vandalism that typically occur in a vacant building.

The main building's design, construction, recent improvements and ongoing maintenance make it a likely candidate for medical or other private sector reuses. However, the internal space configuration of the building, including large areas set aside for elevator service, dumb waiters, load bearing walls and columns and unusable lobby space, limit the overall



The Pilot House, a residential alcoholic treatment center, occupies one dormitory building; Gambler's Anonymous occupies a detached house and the Department of Health & Mental Hygiene Staff Development Program occupies a converted dormitory building. All of these buildings have been well maintained and could be easily converted to residential or office uses. However, because of these buildings' strategic location on scarce developable land near the main hospital building, it may be more suitable to reuse the land for new carefully designed structures that maximize the available developable land. If these buildings are removed, the uses presently existing in these buildings will be required to find new locations.

Two houses, several farm buildings and a storage building are located in the low-lying area near the Gwynns Falls flood plain. These buildings are presently occupied and are in good to fair condition. Three houses along Winands Road on the south end of the property are occupied, well maintained but again occupy valuable developable land that may be used more efficiently by new construction.

Characteristics of the Surrounding Area

The area in the general vicinity of the Center is predominantly institutional, residential or vacant/farm land. The Woodholme Country Club is located immediately east of the property but is separated from the property by the Western Maryland railroad tracts. Ner Israel Rabbinical College is located one-half mile northeast of the Center along Mt. Wilson Lane. The McDonogh School, a 700+ acre private secondary school, is located just north of the site along McDonogh Road. The Imperial Gardens, Stoneybrook North, Olde Mill Estates and Oakland Park residential



Approximately one-third of the land southwest of the Thomas Wilson Center site is vacant or agricultural. Much of the land is held in large parcels and used for grazing, crop production or as part of large estates. Many of these parcels are susceptible to intense development.

Transportation Network

Access both to the site and within the surrounding area is a critical determinant of future uses at the Mt. Wilson Center. Improvements to existing roadways and future projects under construction and planned will be critical to assure appropriate access to the site. Existing roadways and future projects are discussed in the following paragraphs.

Reisterstown Road & Liberty Road provide the primary access into the area from the Baltimore Beltway. Both roads have major service problems, especially during morning and evening peak hours. Improved signalization at key intersections and addition of a turning lane are being considered for Reisterstown Road. There are no known plans to improve Liberty Road in the near future.

Winands Road serves the southern portion of the hospital site and is a two-lane collector road for the surrounding residential community. Current plans call for Winands Road to be widened to four lanes by the end of FY 1983. This would also include removing a sharp curve in the vicinity of the Mt. Wilson Center.

McDonogh Road is a two-lane facility extending from Liberty Road to Reisterstown Road. McDonogh Road experiences service problems at its extremities and at other problem intersections during A.M. and P.M. peak hours. McDonogh Road is intended to be replaced as the main thoroughfare



by a widened Brenbrook Road that will extend between Liberty Road and Reisterstown Road. Other roads scheduled by the County for widening and timed to be constructed shortly after the completion of the Northwest Expressway include Lyons Mill Road, Brenbrook Road and Owings Mills Road. These projects will improve access between Reisterstown and Liberty Roads in the vicinity of the planned Owings Mills Town Center.

Mt. Wilson Lane, unlike other local roads in the area, is not scheduled for any future improvements. As mentioned earlier, Mt. Wilson Lane's design and at-grade railroad crossing may limit the amount of additional traffic it can handle safely. Therefore, any new development at the Mt. Wilson Hospital may require improvements to Mt. Wilson Lane, possibly including acquisition of additional right-of-way if the density of future development is significant.

Northwest Expressway Construction. The Northwest Expressway, presently under construction, will be a six-lane expressway with a capacity of 90,000 vehicles per day. The Expressway will also contain within its right-of-way the tracks of the MTA rapid rail transit. This is part of the first leg of Baltimore's "Metro" from downtown Baltimore to Owings Mills. The Expressway right-of-way travels just north of the Western Maryland railroad track near the northeast edge of the Mt. Wilson Center site. An Expressway interchange and transit stop is planned in the vicinity of Painter's Mill Road and Dolfield Road, approximately 2½ miles from the site. No highway interchange or transit station is planned for either Mt. Wilson Lane or McDonogh Road. Construction of an overpass at Mt. Wilson Lane and clearance of the Expressway right-of-way is presently underway. Completion of the Expressway is scheduled for 1985-86. The Metro is expected to be



space, 800,000-1 million square feet of office space and a 200-300 room hotel scheduled to open in phases starting in 1986. Total build-up is projected to continue for approximately 15 years to the year 2000. No residential component is presently planned by the Rouse Company for the Town Center.

Adequacy of Public Facilities

As part of a County-wide strategy to control the location and timing of future growth, the County has identified rural and agricultural areas which are intended to be "holding zones" with little or no growth. Fringe development areas have also been designated where growth is moderated by "maintaining" lower permitted densities and by making provision of public services to these areas a low priority. The Thomas Wilson Center is located within a fringe development area. Proposed development projects will be approved based upon their ability to either demonstrate or provide "adequate public facilities" including sewer, water, and roads.

Discussions with County planning staff have indicated that under the County's Adequate Public Facilities Ordinance, road and highway access and adequate traffic capacities at key intersections are the most significant public facilities that would need to be provided to accommodate higher densities at the Mt. Wilson site. Although sewerage is presently a problem, the scheduled completion of the Gwynns Falls interceptor in 1983 should resolve that problem. Other facilities, including water, fire and police services are adequately provided for at the site.



Recommendations directly applicable to the Mt. Wilson Center include :

- Maintain the Mt. Wilson Center as an institutional use.
- Designate Mt. Wilson Lane as a "scenic by-way."
- Realign Mt. Wilson Lane at Reisterstown Road to form a future intersection with a frontage road.

The level of local planning effort and community involvement, as indicated in the Wiles' report, is a major factor in the area. The community is legitimately concerned about development pressures which threaten to change the area's "status quo" image of low density, rural/suburban and residential. In the past, proposed development projects have been modified or cancelled in response to community pressures.

Summary

The Mt. Wilson Hospital Center is an attractive property strategically located in the Owings Mills area of Baltimore County. This area has been designated by County officials to accommodate a major portion of the County's overall population and employment growth over the next 15-20 years.

Most of the Center's existing structures, including the main hospital building, are in good structural condition and are suitable for conversion to a variety of potential uses. The Ritchie Building, although not suitable for medical uses, could be used for administrative purposes,



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Traffic Impact

Estimated traffic generation during the morning and afternoon traffic peak hours for reuse options are:

| | A.M. | P.M. |
|---|---|---|
| Life Care Community | 126 | 147 |
| Chronic Care | 87 | 133 |
| Residential Reuse | 216 | 216 |
| New Residential Development | 216 | 216 |
| Private Offices | 417 | 308 |
| State Offices | 452 | 341 |
| Veterans Homes | 50 | 90 |

The peak traffic hour is assumed to occur between 7-9 A.M. for the morning and between 4-6 P.M. for the afternoon peak. The chronic care and veterans home facilities would be the only exceptions. The peak hour for traffic generation would occur between 6-8 A.M. and 2-4 P.M. Reisterstown Road would bear the major impact from any reuse of the Center. At present, it carries a very heavy volume of traffic throughout the day, as well as during the peak traffic hours.

The reuse of the Center for either private or State offices with the significant increase of traffic generated by each, could easily affect the ability of Reisterstown Road to carry traffic at even a somewhat tolerable level.

The reuse of the Center for residential development would not have as significant an impact on Reisterstown Road as either of the office facility alternatives. It would, however, still have a noticeable effect on the already existing traffic problems on Reisterstown Road.



REUSE OPTION EVALUATION SUMMARY

| Impact Measures | Former Use | Private Options: Life Care | Private Options: Chronic Care | Private Options: Residential Reuse | Private Options: New Residential Development | Private Options: Private Offices | Public Options: State Offices | Public Options: Veterans Home |
|---|---|---|---|---|---|---|---|---|
| Market Demand | N.A. | Good | Questionable - Good (Long term) | Poor | Fair (Short term) Good (Long term) | Poor | Good | Good |
| Fiscal Impacts to State - Capital | High | None | None | None | None | None | $1,000,000 | $4,500,000 |
| - Operating | High | Minimum | High | High | Moderate | Moderate | High | High |
| Compatible with Development Policies and Zoning | Yes | Yes | Yes | Yes | Yes | No | No | Yes |
| Community Attitude | Positive | Positive | Positive | Cautious | Cautious | Negative | Negative | Positive |
| Traffic Generation (Peak) | Low | Low-Mod. | Low | Mod'ly. High | Mod'ly. High | High | High | Low-Mod. |
| Impact on Local Roads | Moderate | Low-Mod. | Moderate | Moderate | Moderate | High | High | Moderate |
| Time to put into use | N.A. | 1-2 Years | 3-5 years | 3-5 years | 2-4 years | 3-5 years | 3 years | 6 years |
| Tax Base Impact | None | Low | Low | Low | High | Medium | None | None |
| Employment Generated | 400 | 150 | Medium | 20 | 15 | 700 | 900 (Transferred) | 150 |

Favorable Measure
* Could be considered favorable measured against $30 million cost estimate for 1983 as originally proposed.



Private User Expressions of Interest

Thomas Wilson Center

Associated Jewish Charities and Welfare Fund in conjunction with Sinai Hospital and the Lewindale Hebrew Geriatric Center and Hospital -

Studying feasibility of a variety of different program locations for various health and housing activities. Interested in all of property.

Baltimore Family Life Center, Inc. -

Family centered treatment of alcholism. Building #22 or #49.

MSC Corporation -

"Major supplier of long-term health care service to the elderly;" Retirement community - consisting of independent living apartments, domiciliary care units, a small nursing component and free-standing cottages.

Maryland Health Care System, Inc.
(Baltimore County General Hospital, John L. Deaton Medical Center, and other members -

Comprehensive Diagnostic Treatment, Training and Research Center to meet the needs of the geriatric population. Examples of services may include chronic, comprehensive, and domiciliary care, inpatient and outpatient psychiatric care, hospice, adult day care and day treatment, personal care, home care, clinical education and training.

Methodist Board of Child Care -

Emergency shelter care facility for adolescent girls (capacity of ten). Four single bedroom apartments, two on each level, of Building #22 or #49.

Pikesville Lion's Club -

Clubhouse to serve people of Pikesville area. Possibly use Building #4 but prefer two acres of land to build own building.

Pilot House, Inc. -

Convert present Pilot House (Building #50) into a halfway house for recovering alcholics; use Buildings #22 and #49 for 28-day treatment program, aftercare, and family services.



THOMAS WILSON CENTER

| BUILDING NUMBER | |
|---|---|
| 1 | Main Hospital |
| 2 | Ritchie Building |
| 3 | Original Administration Building |
| 4 | Men's Ward |
| 5 | Women's Ward |
| 12 | Garage and Shop |
| 17 | Dwelling (Gamblers Anonymous) |
| 18 | Dwelling |
| 20 | Garage |
| 21 | Nurses Home - Administration Building |
| 22 | Staff Apartments |
| 23 | Staff Dormitory |
| 24 | Staff Dormitory (Manpower Development Center) |
| 30 | Old Power Plant |
| 31 | Power Plant |
| 32 | Dwelling |
| 33 | Barn |
| 38 | Dwelling |
| 40 | Dwelling |
| 41 | Dwelling |
| 43 | Dwelling |
| 44 | Dwelling |
| 45 | Dwelling |
| 46 | Dwelling |
| 47 | Staff Apartments |
| 48 | Staff Apartments |
| 49 | Staff Apartments |
| 50 | Staff Residence (Pilot House) |
| 51 | Shop |
| 52 | Storage |
| 53 | Dwelling |



AGREEMENT OF SALE

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EXHIBITS


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AGREEMENT OF SALE

THIS AGREEMENT OF SALE, dated June 29, 1984, by and between State of Maryland acting by and through the Board of Public Works and Adele Wilzack, Secretary, Department of Health and Mental Hygiene (hereinafter referred to as "Seller") and Mt. Wilson Limited Partnership, a Maryland Limited Partnership, (hereinafter referred to as "Buyer").

W I T N E S S E T H:

1. Property. The Seller hereby sells to the Buyer, and the Buyer purchases from the Seller, at the price, and upon the terms and conditions hereinafter set forth, that tract of land (the "Land"), consisting of approximately 200 acres, together with the buildings and improvements located thereon (the "Improvements"), and all appurtenances thereunto belonging, situated in Baltimore County, Maryland, and known as the Mount Wilson State Hospital, being more fully described on Exhibit A attached hereto as a part hereof. The Land and the Improvements, together with all appliances and other items of personal property that are owned by the Seller and are located in the Improvements and used in connection with the operation thereof, are hereinafter collectively referred to as the "Property." The Land is outlined in red on the plat attached hereto as a part hereof and labelled Exhibit B. The Land includes approximately 23 acres of land outlined in blue on Exhibit B (the "Highway Land") currently owned and under the jurisdiction of the Maryland State Highway Administration, which Highway Land Seller covenants will be transferred between State agencies by Closing (as hereinafter defined) hereunder in such manner as will permit its sale to Buyer pursuant to the terms of this Agreement. Similarly, Seller covenants that any easements of the State Highway Administration over any portion of the remainder of the Land will be extinguished prior to Closing.

Notwithstanding the foregoing two sentences, the obligations of Seller set forth therein shall not include that property (being approximately 3.5 acres) and easements granted by Deed dated July 28, 1982 from the Department of Health and Mental Hygiene to the State Highway Administration and recorded in the Land Records of Baltimore County at Liber 64-43, Folio 762; Buyer shall have a right of first refusal to acquire such property and easements should at any time Seller decides to dispose of such property and easements, such right of first refusal to survive Closing. Buyer acknowledges that it has inspected the Improvements and agrees to purchase the same in an "As Is" condition, subject however to the provisions of Section 11 hereof.

2. Purchase Price. The purchase price for the Property (the "Purchase Price") is Three Million Five Hundred Forty Thousand Dollars ($3,540,000) plus Eighty Thousand Dollars ($80,000) for the Highway Property. The Purchase Price shall be payable by certified check or cashier's check at Closing hereunder. Buyer and Seller agree that the Purchase Price shall be allocated as set forth in Exhibit C hereto.

3. Deposit. Upon the execution of this Agreement, the Buyer shall post with Seller an irrevocable letter of credit payable to the Seller in the amount of Two Hundred Fifty Thousand Dollars ($250,000) as security for its obligations under this Agreement (the "Deposit"). The letter of credit must be issued by a financial institution approved by Seller and be in form and content acceptable to Seller, such as the form of Exhibit D hereto. In the event Buyer terminates this Agreement as provided for herein, or satisfies all of its obligations to close as hereinafter provided, the letter of credit constituting the Deposit shall be returned to Buyer. If Buyer fails to close at the time set forth herein, the conditions thereof having been met, the Deposit shall be paid to Seller.





4. Proposed Use. Seller's agreement to sell the Property to the Buyer is upon the express representation that Buyer will use the Property as a "life care facility." As used herein, the term "life care facility" shall mean a residential community that offers medical and nursing services in specialized facilities on the premises. The parties contemplate that the development of the Property for use as a life care facility will involve the renovation and rehabilitation of the existing buildings in the manner described in Exhibit E hereto and a sample of the range of services to be provided in such facilities are set forth in Exhibit F hereto. It is understood, however, that the material set forth on Exhibits E and F hereto is intended as a guide only and Buyer will have the right to make reasonable alterations, modifications and changes with respect thereto. All designs and plans for the development of the Property as a life care facility shall be prepared by Buyer, at its sole expense. Notwithstanding the foregoing, it is understood that Buyer, in its discretion, may sell certain houses located on the Property (those designated as building numbers 38, 39, 40, 41, and 42 on Exhibit H) should Buyer determine that it is unnecessary or undesirable to retain them for the purposes set forth above. At any time prior to or upon completion of the facilities described in Exhibit E, upon the request of the Buyer the Seller shall deliver to such party as the Buyer may designate a written statement indicating that the Buyer is then in compliance with this paragraph (or will be upon completion of the planned improvements) or setting forth in reasonable detail the nature of any non-compliance.

5. Representations of Seller. The Seller makes the following representations and warranties to the Buyer, which shall survive the Closing and the delivery of the deed and bill





of sale for the Property to the Buyer, except for the representations in paragraph (f) and in paragraph (h) below in as far as paragraph (h) covers encumbrances of record, which paragraph (f) and provisions of paragraph (h) will not survive the Closing and with respect to which provisions of paragraph (h) Buyer shall rely on its title insurance.

(a) Seller has no knowledge of any unrecorded easement, lease, claim, restriction, covenant or encumbrance affecting all or any portion of the Property to be conveyed except as set forth on Exhibit G hereto. The road described on Exhibit G hereto (the "Private Road") (i) is a private road, (ii) has not been dedicated to public use, (iii) was not completed until approximately 1970 when the portion of the Private Road intersecting Winands Road and consisting of approximately 750 feet of roadway was constructed, and (iv) is not subject to any right of way or similar easement held by any private party except as may be reflected in item 2 of Exhibit G.

(b) To the best of Seller's knowledge, information and belief, there are no actions, suits or proceedings which have been instituted or threatened against or affecting the Property, at law or in equity, or before any federal, state or municipal governmental commission, board, bureau, agency or instrumentality which may affect the value, occupancy, use or operation of the Property. The Seller will give the Buyer prompt written notice of any such action, suit or proceeding of which it obtains knowledge or which arises subsequent to the date hereof and prior to the Closing Date to the extent Seller acquires knowledge thereof.

(c) The Seller is not a party to any contract affecting the management, use, and operation of the Property which cannot be cancelled at Buyer's option either by Seller





prior to Closing (at no cost to Buyer) or by Buyer, after Closing, without cost to Buyer, on not more than sixty (60) days notice. It is understood by the parties hereto that the Standard Elevator Company contract expires on September 1, 1984.

(d) The Seller has duly and validly authorized, executed and delivered this Agreement, and neither the execution and delivery of this Agreement nor its performance are restricted by or violate any contractual or other obligation of the Seller.

(e) There are no assessments for public improvements against the Property which remain unpaid, including, without limitation, those for construction of sewer or water lines or mains, streets, sidewalks and/or curbs.

(f) Seller will cooperate with the Buyer in obtaining any and all variances, special exceptions, and amendments required by Buyer under zoning or subdivision regulations in order to develop the Property as a life care facility.

(g) Seller has made no commitments (either oral or written) to any association, organization or governmental body to dedicate any portion of the Property for parklands or improvements of a public or private nature; it being understood, however, that Buyer will, at the request of Baltimore County, Maryland, dedicate or convey to Baltimore County a portion of the Highway Land to be mutually agreed upon by Baltimore County and Buyer which lies in the Gwynns Falls flood plain for part of the Gwynns Falls Valley Park System so long as the Buyer is able to retain the right to include the dedicated or conveyed portion of the Land as part of the Property retained by the Buyer for zoning density unit allocation purposes.





(h) Seller has good and merchantable fee simple title to the Property. Such liens, claims, encumbrances, easements, restrictions or covenants affecting the Property and such leases, licenses or occupancy arrangements, either written or oral, with respect to any portion of the Property as exist are set forth in Exhibit G. In addition it is agreed that title to the Property may be subject to such usual utility easements as will not in the reasonable judgment of the Buyer materially adversely affect the value of the Property or Buyer's ability to use and develop the Property for the purposes set forth herein. There are no other liens, claims, encumbrances, easements, restrictions, covenants, leases, licenses, or occupancy arrangements.

(i) Access to the Property is not obtained from adjoining public roads by means of easements, rights of way or licenses across lands or premises not included within the Property.

(j) To the best of the knowledge of the Seller, the improvements on the Property consist of the Improvements described on Exhibit H hereto and are of the approximate ages described on Exhibit H.

(k) Except for any items waived pursuant to Paragraph 8(d), the representations and warranties made by Seller in Section 5 above shall be true and correct on and as of the Closing Date with the same force and affect as though such representations and warranties had been made on and as of such date.

Except for Paragraphs 5(h) and 5(g) (to the extent indicated therein), the foregoing representations shall not apply to the Highway Land.





6. Delivery of Certain Materials to Buyer. Promptly, but in no event later than thirty (30) days ((ten (10) days with respect to item (a) below)) following the date hereof, the Seller shall deliver to the Buyer the following to any extent not delivered prior to the date hereof:

(a) A complete copy of all owner's policies of title insurance, if any, previously obtained by the Seller with respect to the Property.

(b) All surveys and engineering or similar reports in the Seller's possession relating to the Property.

(c) The names and addresses of any contractors who have performed maintenance or repair work or have made studies or estimates with respect to the maintenance, repair or restoration of the Property subsequent to January 1, 1982, together with copies of all studies, estimates, plans and specifications in the Seller's possession for such maintenance, repair, and restoration.

(d) Copies of all original building plans and specifications for the Property which are in the Seller's possession.

(e) Copies of all contracts and leases affecting the management, operation or use of the Property listed on Exhibit G.

7. Additional Undertakings of the Seller.

(a) The Seller shall give the Buyer and its agents, engineers, and other representatives, full access to the Property during the period prior to the Closing Date. During such period the Seller shall furnish to the Buyer all information concerning the Property which the Buyer may reasonably request. The Buyer may, at its sole expense, make or obtain such engineering, title, topographical, utility, survey,





soil, financial, economic or other costs, studies or investigations or other reports of the Property prior to the Closing Date as it may deem necessary. Buyer agrees to indemnify and hold Seller harmless against, of and from any and all reasonable costs to restore the Property and reasonable attorneys' fees incurred by Seller in defending suits arising out of or in connection with any such studies, investigations, or other reports as may be sought or obtained by Buyer pursuant to this Section 7(a) except to any extent that Seller may be insured against any such liability (except any such suit arising out of Seller's own negligence). The parties understand and agree that the Buyer shall maintain its own liability insurance with respect to the obligations it incurs as a result of the investigations made by Buyer pursuant to this Paragraph.

(b) Immediately upon the execution of this Agreement, Seller shall take (or permit Buyer to take) such steps as Buyer may reasonably determine to close the Private Road to traffic and in connection therewith to post appropriate signs. Buyer agrees to pay the cost of any chains, etc. (except for the signs described in the following sentence) required to effectuate the closing of the Private Road. At Buyer's request, Seller agrees to post at Seller's cost and expense appropriate signs indicating that the Property is owned by the State and trespassing is strictly prohibited. It is understood that the Private Road will be closed in such manner as to prevent through traffic to and from Winands Road.

(c) The Seller agrees that, from the date of this Agreement to the Closing Date, it will not, without the prior written consent of the Buyer, (i) enter into any lease or other agreement concerning the use of the Property by a third party or (ii) become a party to any service contract or similar





agreement with respect to or affecting the Property or (iii) create any other encumbrance on the Property.

(d) At least seventy (70) days prior to Closing, Buyer shall notify Seller with respect to which of such contracts, licenses, and leases described in Section 6(e) Seller must cancel as of or prior to Closing. Seller agrees to cancel within the required time period any such contracts, licenses, and leases; provided, however, that Seller shall not be responsible for any wrongful "holding over" by any Tenant. Seller will cooperate with Buyer in resolving any such wrongful "holding over".

8. Purchase Contingencies. The obligation of the Buyer to purchase the Property for use as a life care facility pursuant to the provisions of this Agreement is contingent upon the following:

(a) Buyer shall have obtained a Certificate of Need from the Maryland Health Resources Planning Commission and a Certificate of Compliance from the Office of Aging Matters (which are necessary in order for Buyer to operate the Property as a life care facility), such other governmental approvals, licenses and permits as are listed on Exhibit I hereto, and any other governmental approval, license or permit necessitated by a change in the law after the date of this Agreement in order for Buyer to operate the Property as a life care facility. Buyer agrees to apply for a Certificate of Need from the Maryland Health Resources Planning Commission within forty-five (45) days after the execution of this Agreement of Sale by the parties listed herein. Buyer agrees to apply for a Certificate of Compliance from the Office of Aging Matters within six (6) months of Buyer's application for the Certificate of Need. Buyer also agrees to request the approval of the Department of

Health and Mental Hygiene of its plans for the health care component of the life care community within fourteen (14) months of the issuance of the Certificate of Need. Seller will cooperate with Buyer in its efforts to obtain the above designated approvals.

(b) Buyer shall have obtained financing in an amount sufficient to permit Buyer to develop the Property in accordance with Buyer's development plans and on terms and conditions that are (i) satisfactory to Buyer and (ii) will permit the Buyer to operate the project profitably; provided however, that such financing shall be a condition to Buyer's obligations hereunder only if Buyer shall have used its best efforts to obtain such financing.

(c) Buyer shall have obtained adequate assurances, in Buyer's sole and absolute judgment, of the pre-lease of at least 70% of the residential life care units to be developed by Buyer, each of the aforesaid pre-leased units secured by appropriate deposits of approximately 10% of the entrance fee.

(d) Buyer shall have obtained a title report, at its expense, covering the Property from a licensed title insurance company selected by Buyer, agreeing to insure good and merchantable fee simple title to the Property in the amount of the Purchase Price at standard rates and subject to no exceptions except as permitted by Section 5(h) above. Buyer agrees to obtain a title report within 75 days from the date of this Agreement. In the event that Buyer's title report discloses any liens, claims, encumbrances, easements, restrictions, leases, or other defects in Seller's title that is not permitted under the terms hereof, Buyer shall so notify Seller within thirty (30) days from the receipt of such report or





reasonable judgment of Buyer to be received as an award with respect to any such taking provided such threatened taking does not materially interfere with Buyer's ability to use the Property, then the Buyer shall be required to proceed to Closing but, with respect to any loss of or damage to the Property, shall be entitled to a reduction in the Purchase Price to the extent of any such insurance proceeds or condemnation proceeds, received by Seller. Otherwise, the Buyer shall have the right to terminate this Agreement by giving written notice thereof to the Seller on or before the expiration of thirty (30) days following the giving of written notice by the Seller to the Buyer of such damage or threatened taking.

(b) if this Agreement is not terminated by the Buyer when permitted pursuant to the provisions of paragraph (a) above, then this Agreement shall remain in full force and effect, and at Closing the Seller shall assign all its right, title and interest in and to the insurance proceeds (or reduce the Purchase Price by the amount of any such insurance proceeds theretofore received by Seller) and condemnation awards (or reduce the Purchase Price by the amount of any such condemnation awards) to the Buyer. Seller warrants and represents that the Buildings listed on Exhibit H are fully insured by Seller subject to a $100,000 deductible per occurrence.

12. Indemnity. Seller agrees to indemnify and hold Buyer harmless against:

(a) all claims, liabilities, losses, deficiencies and damages, against or incurred by Buyer, by reason of or resulting from any material breach under this Agreement by Seller or from any material misrepresentation in this Agreement by Seller,





shall be deemed to have waived such defect, and Seller shall promptly, at its cost and expense, remedy such defect within ninety (90) days of any such notification. If Seller shall fail or refuse to remedy any defect in its title when required to do so as aforesaid, Buyer may elect to immediately terminate this Agreement in which event Buyer shall be entitled to receive the return of its deposit and the parties shall have no further rights or obligations hereunder at law or in equity. Should the Buyer not elect to terminate this Agreement, Buyer shall not be deemed to have waived any such title defect and Seller shall be required to convey the Property to the Buyer at Closing pursuant to Section 13, subject to no exceptions except as permitted by Section 5(h) above or as have been waived by failure to provide the thirty day notice referred to above.

(e) Subsequent to the date of this Agreement, there shall have been (i) no actual or threatened and imminent change in law, statute, ordinance, building or use restriction or zoning regulation or in any height, coverage, density or setback requirement with respect to the Property which would prohibit or constitute as nonconforming, in whole or in part, any of the uses contemplated by Seller as described in Section 4 and (ii) no sewerage moratorium, hook up limitation or restriction or other materially adverse change to the availability of sufficient and adequate utilities (including water, sewer, gas, electricity and telephone) to the Property in such manner as to preclude the full use, occupancy and enjoyment of the Property by the Buyer for the establishment of a life care facility as set forth in Section 4.

If, in Buyer's reasonable judgment, the conditions set forth in Sections 8(a), (b), (c) and (e) cannot be satisfied within the time specified for Closing hereunder, or are not





(b) any default on the part of Seller (or event which, with the giving of notice, would constitute such default) under any agreement (other than this Agreement) affecting the Property, to which the Seller is a party or by which it is bound;

(c) any claim, litigation, investigation, legal action, or other proceeding relating to the Property which to the knowledge of Seller was pending on the date of Closing, or to the knowledge of Seller threatened prior to the date of Closing, before any court, commission, administrative body, or other governmental authority; and

(d) the failure of Seller to have complied with applicable law, rule, regulation, order, judgment, or decree of any federal, or other governmental authority with respect to the Property.

It is a condition of the indemnities contained in this Section 12 that Buyer shall give written notice to Seller of the existence of any act or action which would give rise to a claim for indemnity under the provisions of this Section 12, within a reasonable time after the act or action and the significance thereof becomes known to Buyer, whereupon Seller shall promptly institute and pursue all appropriate action to discharge its obligations hereunder.

13. Closing. The Buyer and Seller agree that the successful development of the Property as a life care facility of the type and scope planned for the Property by the Buyer requires a considerable amount of time and, therefore, the parties agree that Buyer shall select the time of Closing hereunder, provided, however, that Closing shall occur on or before the expiration of sixteen (16) months from the date that Buyer is granted a Certificate of Need by the Maryland Health





waived in writing by Buyer, then the Buyer shall have the right to terminate this Agreement by written notice to the Seller, such notice to be given no later than fifteen (15) days prior to the last date for Closing hereunder. If Buyer exercises its right to terminate pursuant to this provision of Section 8, the Deposit shall thereupon be returned to Buyer, the Buyer shall assign to Seller all of Buyer's rights (to the extent assignable) in and to any work product obtained by or for Buyer pursuant to Section 7(a) above (such assignment to be made without any cost or expense to Seller) and upon such return of the Deposit and assignment of work product, this Agreement shall, except for the indemnification provisions contained in Section 7(a), Section 12 and Section 25, become null and void and the parties shall have no further rights or obligations hereunder at law or in equity.

9. Maintenance and Close Down. As additional consideration for the Seller's undertakings under this Agreement, Buyer agrees to maintain the Property from the date of completion of the close down procedures referred to below until the Closing Date to the extent, but only to the extent, described in Exhibit J hereto and shall have no other obligations whatsoever with respect to the maintenance of the property. It is understood by the parties hereto, that on or about June 30, 1984 Seller will take at its sole cost and expense such reasonable and safe actions as Seller and Buyer agree may be necessary to close down and secure the Property (i.e., cut off electricity, drain water pipes, etc.).

10. Miscellaneous Adjustments and Prorations. The following adjustments and prorations shall be made between the parties on the Closing Date.





(a) All utilities shall be adjusted and apportioned as of the Closing Date (except to the extent already paid by or chargeable to Buyer).

(b) Except to the extent that Seller is exempt, all taxes, general or special, and all other public or governmental charges or assessments against the premises, if any, which are or may be payable on an annual basis (including Metropolitan District, or other benefit charges, assessments, liens or encumbrances for sewer, water, drainage or other public improvements completed or commenced on or prior to the date hereof, or subsequent thereto), shall be adjusted and apportioned as of the Closing Date and shall be assumed and paid thereafter by the Buyer, whether assessments have been levied or not as of the Closing Date.

11. Damage to or Taking of Property Prior to Closing Date. The risk of any loss of or damage to the Property or the taking of the Property or any part thereof by eminent domain prior to the Closing Date shall be borne by Seller, notwithstanding the obligations assumed by Buyer under Section 9. In the event that the Property or any portion thereof is damaged or destroyed prior to the Closing Date by fire or other casualty or there is a threatened taking of any portion thereof by eminent domain, Seller shall give written notice thereof to Buyer and,

(a) if in the reasonable judgment of the Buyer (i) the damage, or destruction will not increase Buyer's development costs by more than 110% of the sum of (a) the amount received by Seller as insurance proceeds with respect to such damage and (b) one hundred thousand dollars ($100,000), or (ii) the threatened taking will not increase Buyer's development costs by more than 110% of the amount anticipated in the





Resources Planning Commission, except that, subject to the provisions of Section 8(d), which shall be controlling with respect to any title defect, either party may by written notice to the other given between thirty (30) and sixty (60) days prior to the expiration of such sixteen (16) month period extend such time period by an additional six (6) months so long as in the reasonable judgment of the party giving the notice, there are conditions to Closing hereunder that have not theretofore been met and such conditions can be met within such additional time period. Closing shall be held at a location in Baltimore City or Baltimore County selected by Buyer. Buyer shall notify Seller of the time and place of Closing (the "Closing Date") at least thirty (30) days before the Closing Date by written notice to Seller. At Closing, the Seller shall deliver, or cause to be delivered, to the Buyer, upon payment by Buyer to Seller of the Purchase Price, the following, (copies of which shall be delivered to Buyer in a reasonable period of time prior to the Closing Date):

(a) A deed (or, deeds, as designated by Buyer under Section 19 below and/or with respect to certain houses on the premises that Buyer may wish to sell after Closing) to the Land and Improvements, containing covenants of special warranty and further assurances, which shall (collectively) convey to Buyer a good and merchantable fee simple title to the Land and the Improvements free and clear of all liens and encumbrances except as permitted under Section 5(h) above.

(b) A bill (or bills) of sale conveying the personal property on the Property to the Buyer, excluding any property owned by tenants. Such bill (or bills) of sale will include a warranty of title with respect to personal property located in Buildings 1 and 2 on Exhibit H.





(c) Any other documentation reasonably required to consummate the Buyer's purchase of the Property.

The events specified in this Section 13 are collectively referred to as "Closing" herein.

14. Closing Costs. Buyer shall pay all closing costs, including documentary stamps, recordation and transfer taxes, and recording costs. Buyer shall pay title search expenses and title insurance premiums.

15. Possession. Possession of the Property shall be given to Buyer at the time of Closing.

16. Seller's Exclusive Remedy. In the event of default by the Buyer in the consummation of the purchase of the Property in accordance with the terms of this Agreement, Seller's sole remedy shall be the Deposit referred to in Section 3, which shall be paid over to the Seller as liquidated damages and not as a penalty. It is agreed that in such event damages would be difficult or impossible to ascertain and that the deposit is a fair estimate of the damages.

17. Buyer's Remedies. In the event the Seller should be in default in any material respect of any obligation on its part to be performed under Sections 1, 6, 7, 8(d), 9 and 13 hereof, or in the event any representation or warranty of Seller should be false in any material respect, then, in addition to any other right or remedy available at law or in equity, the Buyer shall be entitled to terminate this Agreement and to receive the immediate return of the Deposit referred to in Section 3. With respect to any other default by Seller hereunder, Buyer's shall not be entitled to terminate this Agreement but shall be entitled to any other right or remedy at law or in equity

Maryland Department of Transportation
State Highway Administration

William K. Hellmann
Secretary
Hal Kassoff
Administrator

II-331

March 1, 1985

Mrs. Catherine Warfield
Baltimore County
Bureau of Public Services
County Office Building
Towson, Md. 21204

Re: C.R.G. Meeting
Arco Mini Market
Liberty Rd., Route 26
@ Deer Park Road

Dear Mrs. Warfield:

Subsequent to the C.R.G. Meeting of 2-14-85, the State Highway Administration made inspections at the site on five occasions at approximately 5:00 P.M. and the following was revealed:

There was some minor traffic congestion but no more than could be expected at any gas station in this area during the evening peak hour. At no time was there any stacking in the entrances or on the highway. We trust that this serves to clarify the situation.

Very truly yours,

Charles Lee, J.B.
Charles Lee, Chief
Bureau of Engineering
Accesa Permits

By: John Meyers

CL:JM:maw

cc: Mr. E. Bober
Mr. N. Flanagan
Mr. G. Wittman

My telephone number is (301) 659-1350
Teletypewriter for Impaired Hearing or Speech
383-7555 Baltimore Metro — 565-0451 D.C. Metro — 1-800-492-5062 Statewide Toll Free
P.O. Box 717 / 707 North Calvert St., Baltimore, Maryland 21203 - 0717

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BALTIMORE COUNTY, MARYLAND

SUBJECT: COUNTY REVIEW GROUP COMMENTS
FROM: OFFICE OF PLANNING AND ZONING

DATE: January 14, 1985

PROJECT NAME: NORTH OAKS

COUNCIL & ELECTION DISTRICT II-329

PLAN
PLAN EXTENSION
REVISED PLAN
PLAT

A portion of the North Oaks project (approximately 65 acres) has been designated as a Stream Valley Park on the Baltimore County Master Plan.

The Baltimore County Planning Board will be notified of the potential conflict at its January 17, 1985 meeting and the reservation process will be initiated in accordance with Section 22-18 of the Baltimore County Code.

Pamela Budesheim
Pamela Budesheim

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BALTIMORE COUNTY, MARYLAND

INTER-OFFICE CORRESPONDENCE

TO: EUGENE A. BOBER, Chief
Current Planning and Development Div.
Office of Planning and Zoning

Date: 20 MARCH 85

FROM: Comprehensive Planning Division
Office of Planning and Zoning

SUBJECT: CRG Comments on NORTH OAKS

GENERAL COMMENTS:

HISTORICAL COMMENTS:
The Maryland Historical Trust has not responded to our inquiry about whether the State was going to require the restoration of the Elias Livezy Horse Farm dwelling and stable near the railroad and Gwynns Falls. These buildings once deemed historic by the MHT have been neglected for several years and are inside the flood plain. The LPC would naturally support preservation of the other buildings on high ground mentioned in Note 9.--J. McGrain

ENVIRONMENTAL COMMENTS:

LOS COMMENTS:

TRANSPORTATION COMMENTS:
MT. WILSON LANE SHOULD BE A PUBLIC ROAD; AT A MINIMUM THE CONNECTION BETWEEN OLDE MILL ESTATES & WINANDS RD. SHOULD BE PUBLIC

COASTAL CRITICAL AREA COMMENTS:

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BALTIMORE COUNTY
FIRE DEPARTMENT
TOWSON, MARYLAND 21204-2586
494-4500

PAUL H. REINCKE
CHIEF

February 11, 1985

Mr. Arnold Jablon
Zoning Commissioner
Office of Planning and Zoning
Baltimore County Office Building
Towson, MD 21204

Attention: Nick Commodari, Chairman
Zoning Plans Advisory Committee

RE: Property Owner: State of Maryland

Location: N/S Winands Road 2627' N/E from c/l Rouen Road

Item No.: 211 Zoning Agenda: Meeting of 2/5/85

Gentlemen:

Pursuant to your request, the referenced property has been surveyed by this Bureau and the comments below marked with an "X" are applicable and required to be corrected or incorporated into the final plans for the property.

(X) 1. Fire hydrants for the referenced property are required and shall be located at intervals or 300 feet along an approved road in accordance with Baltimore County Standards as published by the Department of Public Works.

( ) 2. A second means of vehicle access is required for the site.

( ) 3. The vehicle dead end condition shown at _____

EXCEEDS the maximum allowed by the Fire Department.

(X) 4. The site shall be made to comply with all applicable parts of the Fire Prevention Code prior to occupancy or beginning of operation.
Fire flow test shall be required to determined feasibility of new construction.

(X) 5. The buildings and structures existing or proposed on the site shall comply with all applicable requirements of the National Fire Protection Association Standard No. 101 "Life Safety Code", 1976 Edition prior to occupancy. If building is State owned, Md. State Fire Marshall shall review.

( ) 6. Site plans are approved, as drawn.

( ) 7. The Fire Prevention Bureau has no comments, at this time.

REVIEWER: Planning Group Special Inspection Division — Noted and Approved: Roy W. Kemmer, Fire Prevention Bureau

/mb

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BALTIMORE COUNTY
DEPARTMENT OF PERMITS & LICENSES
TOWSON, MARYLAND 21204
494-3610

February 26, 1985

TED ZALESKI, JR.
DIRECTOR

Mr. Arnold Jablon, Zoning Commissioner
Office of Planning and Zoning
County Office Building
Towson, Maryland 21204

Dear Mr. Jablon:

Comments on Item # 211 Zoning Advisory Committee Meeting are as follows:

Property Owner: State of Maryland
Location: N/S winands Road 2627' N/E from c/l Rouen Road
Existing Zoning: D.R. 1 (CRG)
Proposed Zoning: Special exception for 31 comprehensive care beds and 14 domicilliary care beds on the first floor of the main building, e
Acres: 4.50
District: 2nd.

The items checked below are applicable:

A. All structures shall conform to the Baltimore County Building Code 1981/Council Bill 4-82 State of Maryland Code for the Handicapped and Aged; and other applicable Codes.

B. A building/ permit shall be required before beginning construction.

C. Residential: Three sets of construction drawings are required to file a permit application. Architect/Engineer seal is/is not required. Non-reproduced seals and signatures are required on Plans and Technical Data.

D. Commercial: Three sets of construction drawings with a Maryland Registered Architect or Engineer shall be required to file a permit application.

E. An exterior wall erected within 6'0 for Comercial uses or 3'0 for One & Two Family use group of an adjacent lot line shall be of one hour fire resistive construction, no openings permitted within 3'0 of lot lines. A firewall is required if construction is on the lot line, see Table 401, line 2, Section 1407 and Table 1402, also Section 503.2.

F. Requested variance appears to conflict with the Baltimore County Building Code, Section/s _____

G. A change of occupancy shall be applied for, along with an alteration permit application, and three required sets of drawings indicating how the structure will meet the Code requirements for the proposed change. Drawings may require a professional seal.

SPECIAL NOTE: (H.) Before this office can comment on the above structure, please have the owner, thru the services of a Registered in Maryland Architect or Engineer certify to this office, that, the structure for which a proposed change in use is proposed can comply with the height/area requirements of Table 505 and the required construction classification of Table 401.

(I.) Comments - No comments can be made until these questions have been resolved, as the structure is directly controlled by setbacks from property lines and buildings on the same lot. All construction plans shall be sealed and signed by a professional in his field of expertise. NOTE: If these structure are owned by the State, the local jurisdiction of building code is not applicable.

NOTE: These comments reflect only on the information provided by the drawings submitted to the office of Planning and Zoning and are not intended to be construed as the full extent of any permit. If desired, additional information may be obtained by visiting Room 122 (Plans Review) at 111 W. Chesapeake Ave., Towson.

Very truly yours,

Charles E. Burnham
Charles E. Burnham, Chief
Plans Review

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IN RE: PETITION SPECIAL EXCEPTION AND VARIANCES
N/S of Winands Road, 2,077' E of the centerline of Rouen Road - 2nd and 3rd Election Districts
State of Maryland,
Petitioner

* BEFORE THE
* ZONING COMMISSIONER
* OF BALTIMORE COUNTY
* Case No. 86-2-XA

* * * * * * * * * * * * *

FINDINGS OF FACT AND CONCLUSIONS OF LAW

The Petitioner herein requests a special exception for a convalescent home and variances to permit a building length of 475 feet instead of the maximum permitted 300 feet and a building height of 130 feet instead of the maximum permitted 50 feet, as more particularly described on Petitioner's Exhibit 1.

The Petitioner, by its Contract Purchaser, North Oaks Partnership, appeared and was represented by Counsel. Wes Guckert, an expert traffic engineer; George E. Gavrelis, an expert planner; Edmund F. Haile, an expert engineer; Bud Ward, Project Development Manager for Life Care Services, which is involved in the proposed use of this site; and Thomas F. Muller, III, a partner in North Oaks, also appeared on behalf of the Petitioner. There were no Protestants.

Testimony indicated that the subject property, zoned D.R.1 and D.R.3.5, is located in northwest Baltimore County between Reisterstown Road and Winands Road and consists of an 183-acre complex of land and buildings. Originally established in 1881 as the Thomas Wilson Sanitarium for Children, the property was sold to the State of Maryland in 1924 and operated as a State hospital, known as the Thomas Wilson Center, until the Maryland Department of Health and Mental Hygiene closed it in June, 1981, at which time they declared the property excess to their needs. The majority of the existing buildings, including the 188,850 square foot eight-story main hospital building, were built in the early 1950's

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BY

for the treatment of tuberculosis patients. Besides the main hospital building, the complex contains more than 30 other buildings, e.g., staff apartment buildings, staff employees' single-family residences, office buildings and garages, storage buildings, and maintenance shops.

After its closing, the State determined that a health-related use would be preferred, and after an analysis by the State Department of Planning for possible reuse, it was recommended that the property be utilized as a life care community. This recommendation was based upon economic, fiscal, traffic, environmental, and other impact analyses by staff as well as input from the representatives of community associations, neighboring institutional uses, citizens, elected and appointed officials, and an economic consultant. See Petitioner's Exhibits 2 and 4.

After soliciting prospective developers, the Contract Purchaser was selected and an Agreement of Sale entered into and executed which limits the use of the property to a life care community. See Petitioner's Exhibit 3, p. 19. As part of the Agreement, the Contract Purchaser must rehabilitate the main building, raze the adjacent Ritchie Building, and construct a new high-rise building the same height as the existing main hospital building, i.e., approximately 130 feet, to be attached by a breezeway. The length of the two buildings will be approximately 475 feet.

The County Review Group (CRG) approved the plan on March 19, 1985.

It is significant to note that this property may not be subdivided further and must remain as a life care community. Indeed, in order to operate, the Contract Purchaser will be required to receive a Certificate of Need from the Maryland Health Resources Planning Commissioner and a Certificate of Compliance from the Office of Aging Matters as well as other State issued licenses.

The Contract Purchaser proposes to provide a health center comprised of approximately 45 beds, 31 of which will be comprehensive beds and 14 of which will

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BY



be domiciliary care beds, on the first floor of the main hospital building. A dining room, activity area, and day rooms for use by residents, as well as an out-patient clinic with attendant and accessory uses, will be located on the first floor also. The second floor will be the main entry point for the entire facility and contain a lobby, dining room, kitchen, storage areas, lounges, etc. The upper six floors will contain 110 life-care apartments, each with complete kitchen facilities and other accoutrements. The proposed adjacent eight-story building will have 90 life-care units. For a further description of the proposed services, see Petitioner's Exhibit 3.

All of the expert witnesses agreed that the conditions precedent in Sections 502.1 and 307, Baltimore County Zoning Regulations (BCZR) will be satisfied. All agreed with the State's assessment that the proposed use is appropriate and would be a welcome addition to this community.

The Petitioner seeks relief from Section 1B01.1.C.5, BCZR, pursuant to Section 502.1, and from Sections 1B01.2.B.2 and 1B01.2.C.6 (Section V.B.3.a, Comprehensive Manual of Development Policies (CMDP)), BCZR, pursuant to Section 307.

It is clear that the BCZR permits the use requested by the Petitioner in D.R.1 and D.R.3.5 Zones by special exception. It is equally clear that the proposed use would not be detrimental to the primary uses in the vicinity. Therefore, it must be determined whether the conditions as delineated by Section 502.1 are satisfied by the Petitioner.

After reviewing all of the testimony and evidence presented, it appears that the special exception should be granted with certain restrictions, as more fully described below.

The Petitioner had the burden of adducing testimony and evidence which would show that the proposed use met the prescribed standards and requirements set forth in Section 502.1. In fact, the Petitioner has shown that the proposed

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DATE 1/29/86
BY



JAN 13 1986

18. Notice. Any notice to be given to a party under this Agreement shall be deemed to be given on the date hand delivered to the party, or on the second business day following the date when deposited in the United States mail, postage prepaid, certified mail, return receipt requested, addressed to the Seller at:

Wm. Raymond Bosley
Director, Division of Real Estate
Office of Facilities Acquisition and Management
Department of General Services
301 W. Preston St.,
Baltimore, Maryland 21201

with copy to:

Secretary, Department of State Planning
301 W. Preston Street
Baltimore, Maryland 21201

addressed to the Buyer at:

Mt. Wilson Limited Partnership
c/o Thomas F. Mullan, III
15 Charles Plaza - Suite 400
Baltimore, Maryland 21201

with copy to:

John B. Howard, Esquire
Cook, Howard, Downes & Tracy
209 Allegheny Avenue
Towson, Maryland 21204

19. Assignment; Subdivision. This Agreement of Sale may not be assigned by the Seller, but is assignable by the Buyer, with timely written notice to the Seller as follows: Without the consent of the Seller, Buyer may freely assign its interest hereunder to one or more partnerships in which Life Care Services Corporation or Elmer Hoffman, M.D. or Thomas F. Mullan, III or affiliates of one or more of them is/are general partners. Otherwise, Buyer's rights hereunder may only be assigned with the consent of the Seller, which consent will not be unreasonably withheld. It is understood that for financing reasons Buyer may require Seller to subdivide the Property





either by multiple deeds to various partnerships or by utilizing multiple deeds in its conveyance to Buyer itself.

20. Life Care Facility. Buyer and Seller agree that the deed conveying the Land and Improvements to Buyer shall contain the following restrictive covenant:

> The Property hereby conveyed and the buildings and improvements thereon shall be used primarily for the operation of a life care facility which for the purposes hereof shall mean a residential community that offers medical and nursing services in specialized facilities on the premises and the furnishing of services relating thereto or advantageous in connection with the ownership or operation of a life care facility, or for such other uses as may be approved by the Board of Public Works of the State of Maryland, or its successors and assigns, as aforesaid.
>
> The foregoing restriction shall terminate and be of no further force and effect thirty-seven years from the date hereof, provided, however, that the Board of Public Works of the State of Maryland, or its successors or assigns may at any time, or from time to time, terminate, modify, or release the aforesaid restriction with respect to some or all of the Property if it deems such termination, modification, or release to be in the public interest.
>
> Notwithstanding anything herein contained, Grantee may from time to time establish and convey such public roads, sidewalks, ways and appurtenances thereto, and such easements for drainage and public utilities as it may deem desirable or necessary for the development of the Property free and clear of the aforementioned restriction.

It is understood that as described in Section 19 above subdivision of the Property may be necessary, in which event the deeds delivered at Closing will collectively effect the aforesaid restrictive covenant in such manner as the parties hereto may mutually agree, neither party to unreasonably withhold consent thereto. It is also understood that any deeds with respect to the houses mentioned in Section 4 are not subject to this provision.





21. Survival. The provisions of Section 5 of this Agreement to the extent indicated therein, and the provisions of Sections 4, 7(a), 7(d), 12, 25, 26 and 27 of this Agreement shall survive Closing hereunder and shall not be deemed to have been lost, extinguished or merged with the deed(s), bill of sale or other instrument to be executed and delivered at Closing.

22. Captions. The captions of this Agreement are inserted only for the purpose of convenient reference and in no way define, limit or prescribe the scope or intent of this Agreement or any part thereof.

23. Further Assurances. Seller agrees to do, execute, acknowledge and deliver, upon request by Buyer, all and every additional act, deed, conveyance, assignment, transfer and assurance, required or deemed necessary from time to time, for the better assuring, conveying, assigning, transferring and confirming unto Buyer the Property and rights intended to be conveyed or assigned to Buyer under the terms and provisions of this Agreement.

24. Maryland Law. This Agreement shall be construed and enforced according to the laws of the State of Maryland, without regard to principles of conflict of laws.

25. Brokerage. Both parties hereto warrant unto the other that they have not introduced into the transactions provided for in or contemplated by this Agreement any broker, finder or agent who would be entitled to a commission, fee or payment upon the execution hereof and/or the consummation of the transactions contemplated hereby. Each party hereto shall indemnify and hold harmless the other for any cost and/or expense, including reasonable attorneys' fees, paid or incurred as a result of a breach of the aforegoing warranty.



26. Third Party Beneficiary. The obligations of the parties set forth herein shall be enforceable solely by the parties hereto, their successors and assigns, and nothing herein contained shall be interpreted so as to confer upon any other party any rights as third party beneficiary or otherwise.

27. MTA Antenna. It is understood that the Mass Transit Administration will be entitled to maintain the antenna and radio equipment currently located in Building 1 on Exhibit H, or reasonable substitutes therefore, so long as such Building remains standing (or otherwise at a reasonable substitute location) for an annual rental which will be determinad at Closing and from time to time thereafter to reflect market rental value for such facilities should the Mass Transit Administration wish to retain such facilities. It is also understood that during the development of the Property the use of the equipment may need to be interrupted.

28. Leases. It is understood and agreed that with respect to the leases referred to in Exhibit G, Seller will amend said leases so that (i) the tenants will be responsible for all maintenance and repairs with respect to their leased premises, and (ii) the Buyer shall receive the rent payable thereunder during the term of this Agreement; Buyer shall be entitled to retain such rent and use it for such purposes as it may deem appropriate.

IN WITNESS WHEREOF, the parties hereto have hereunder set their hands and seals as of the day and year first above written.





ATTEST:

Sandra K. Reynold, Secretary

STATE OF MARYLAND (SELLER)

By: Harry Hughes, Governor

Sandra K. Reynold, Secretary — By: Louis L. Goldstein, Comptroller

Sandra K. Reynold, Secretary — By: William S. James, Treasurer

Constituting the Board of Public Works

Maureen Doyle — By: Adele Wilzack, Secretary, Department of Health and Mental Hygiene

WITNESS:

MT. WILSON LIMITED PARTNERSHIP (BUYER)

By: Thomas F. Mullan, III, General Partner

By: Elmer Hoffman, M.D. General Partner

Approved as to form and legal sufficiency this 15th day of June, 1984.

Assistant Attorney General

STATE OF MARYLAND:
County OF Baltimore SS:

I HEREBY CERTIFY that, before me, a Notary Public of the State of Maryland, personally appeared Harry Hughes, Louis L. Goldstein, and William S. James, constituting the Board of Public Works, known to me to be the persons whose names are





subscribed to the foregoing instrument, who acknowledge that they have executed the foregoing instrument for the purposes therein set forth, and made oath in due form of law that the foregoing Agreement of Sale is the act and deed of the State of Maryland.

AS WITNESS my hand and Notarial Seal this 19 day of June, 1984.

Notary Public
My Commission Expires: July 1, 1986

STATE OF MARYLAND, County OF BALTIMORE, to wit:

I HEREBY CERTIFY, that on this 15th day of June, 1984, before me, the subscriber, a Notary Public of the State and County aforesaid, personally appeared ADELE WILZACK, Secretary, State Department of Health and Mental Hygiene, known to me to be the person whose name is subscribed to the within instrument as Secretary, and she acknowledged that she has executed the same for the purposes therein contained.

AS WITNESS my hand and Notarial Seal.

ARLINE B. JOHANSEN NOTARY PUBLIC Balto. Co., Md.

Notary Public
My Commission Expires: 7/1/86

STATE OF MARYLAND:
: SS:
OF :

I HEREBY CERTIFY that, before me, a Notary Public of the State of Maryland, personally appeared Thomas F. Mullan, III and acknowledged that he is a General Partner of Mt. Wilson





Limited Partnership and on behalf of Mt. Wilson Limited Partnership, further acknowledged the foregoing Agreement of Sale to be the act and deed of such Partnership.

AS WITNESS my hand and Notarial Seal this 13th day of June, 1984.

Notary Public
My Commission Expires: 7-1-86

NOTARY PUBLIC Baltimore Co. Md.

STATE OF MARYLAND:
County : SS:
OF :
Baltimore

I HEREBY CERTIFY that, before me, a Notary Public of the State of Maryland, personally appeared Elmer Hoffman, M.D., and acknowledged that he is a General Partner of Mt. Wilson Limited Partnership and on behalf of Mt. Wilson Limited Partnership further acknowledged the foregoing Agreement of Sale to be the act and deed of such Partnership.

AS WITNESS my hand and Notarial Seal this 12 day of June, 1984.

HELEN M. McGINNES NOTARY PUBLIC BALTIMORE CO., MD.

My Commission Expires: 7/1/86



STATE REGISTRATION

VERNON C. LUTZ

SURVEYOR AND CIVIL ENGINEER
*Town, Street and Roadway Supervision • Topographical Work • Surveying and Mapping*

*City Planning • Building Operations*
4200 ELSRODE AVENUE
TELEPHONE, HAMILTON 2144
BALTIMORE 14, MARYLAND

EXHIBIT A

Description of Mount Wilson State Hospital

BEGINNING for the same at a stone now known as No.37 and shown on the Sheet No. 9 of Mount Wilson State Hospital, said stone also being known as Stone D at the beginning of the land described in deed dated August 12, 1924 and recorded among the Land Records of Baltimore County in Liber W.P.C. No. 596, folio 437 which was conveyed by The Thomas Wilson Sanitarium for Children of Baltimore City to the Maryland Tuberculosis Sanitarium and thence leaving said place of beginning and binding along the first line of the above mentioned deed as now surveyed and also along the southernmost outline of the property now owned by William Tolland and recorded among said Land Records in Liber W.P.C. No. 516, folio 321, referring all courses to the Maryland State Grid, South 73 degrees 03 minutes 45 seconds West 3848.98 feet to a stone No. 36 and to the northernmost outline of the property now owned by Eugene J. Ostendorf and wife and recorded among said Land Records in Liber R.J.S. No. 1301, folio 45 and also the northernmost outline of the property now owned by H. M. Myers and recorded among said Land Records in Liber L.M.L.M. No. 856 folio 49, South 66 degrees 10 minutes 51 seconds East 1103.60 feet to Stone No. 35 at the northeast corner of the last mentioned deed and to the east outline of the last mentioned deed; thence binding thereon and also on the east outline of the property now owned by R. R. Myers and recorded among said Land Records in Liber R.J.S. No. 1489, folio 180, as now surveyed, South 22 degrees 18 minutes 11 seconds West 1187.92 feet to Stone No. 34 planted on the northeast side of Winans Road; thence binding on said Winans Road, South 65 degrees 49 minutes 32 seconds East 916.52 feet

STATE REGISTRATION

# VERNON C. LUTZ

SURVEYOR AND CIVIL ENGINEER

*Town, Street and Roadway Supervision • Topographical Work • Surveying and Mapping*

*City Planning • Building Operations*

4200 ELSRODE AVENUE
TELEPHONE, HAMILTON 2144
BALTIMORE 14, MARYLAND



to Stone No. 33 and to the northwestern outline of the property owned by Joseph E. Exxoe and recorded among the said Land Records in Liber J.W.S. No. 184, folio 70, the two following courses and distances, North 42 degrees 25 minutes 20 seconds East 150.15 feet to a concrete monument marked MSE 32, and North 41 degrees 25 minutes 20 seconds East 558.97 feet to a concrete monument marked MSE 31; thence binding along the northeast outline of the last mentioned deed and the property now owned by Minnie C. Breckenridge and recorded among said Land Records in Liber W.P.C. No. 588, folio 521 and passing through Stone No. 30 and continuing the same course in all, South 38 degrees 03 minutes East 740.79 feet to a stone No. 29 and to the northwest outline of the property owned by Dr. James S. Julian and wife and recorded among the Land Records aforesaid in Liber R.J.S. No. 1313, folio 141; thence binding on the northwest and northernmost boundary of said deed and also on the northernmost boundary of the property now owned by Alberta Dupont Thompson and recorded among said Land Records in Liber C.W.B.Jr. No. 1103, folio 393, the two following courses and distances, North 31 degrees 13 minutes 30 seconds East 881.06 feet to a stone No. 28, and North 83 degrees 29 minutes 52 seconds East passing through a concrete monument marked MSE No. 7 and MSE No. 27 and continuing the same course in all, 2086.84 feet to a stone No. 26; thence still binding on the outlines of the last mentioned deed, the two following courses and distances, North 41 degrees 18 minutes 30 seconds East 323.46 feet to stone No. 25 and formerly marked No. 45, and North 69 degrees 49 minutes 45 seconds East 610.41 feet to a concrete

STATE REGISTRATION

# VERNON C. LUTZ

SURVEYOR AND CIVIL ENGINEER

*Town, Street and Roadway Supervision • Topographical Work • Surveying and Mapping*

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4200 ELSRODE AVENUE
TELEPHONE, HAMILTON 2144
BALTIMORE 14, MARYLAND



monument marked MSE No. 24 and to the southwest right-of-way line of the Western Maryland Railway which is more fully described in deed recorded in Liber W.P.C. No. 311, folio 77; thence binding along the Southwest right-of-way line as now surveyed by a curve to the right with a radius of 1950 feet in a northwesterly direction for a distance of 120.71 feet, the arc of which is subtended by a chord bearing North 48 degrees 22 minutes 10 seconds West 120.69 feet to a concrete monument marked MSE No. 23; thence still binding along the said right-of-way, North 46 degrees 36 minutes 45 seconds West 1498.06 feet to a concrete monument marked MSE No. 10 which is planted in the center of Mount Wilson Road, and to an angle in said right-of-way line; thence North 63 degrees 05 minutes 15 seconds East .08 feet to another angle in said line and to the southwest outline of the right of-way which is more fully described in deed recorded among said Land Records in Liber J.B. No. 83, folio 432; thence binding along said right-of-way as now surveyed North 46 degrees 36 minutes 45 seconds West 813.14 feet to a concrete monument marked MSE No. 21 and to the southernmost outline of the property herein secondly mentioned; thence binding thereon, South 43 degrees 23 minutes 15 seconds West 27.70 feet to the place of beginning.

Containing 203.1455 acres of land.

EXHIBIT C

ALLOCATION OF PURCHASE PRICE

| Description | Value |
|---|---|
| Building No. 1 (Main Hospital) | $2,075,184.00 |
| Other Buildings | 733,650.00 |
| Land | 731,166.00 |

BANK

Date:

IRREVOCABLE LETTER OF CREDIT

State of Maryland
Address

NUMBER:
EXPIRATION:

Gentlemen:

We hereby authorize you to draw on _____ Bank for account of _____ Limited Partnership up to the aggregate amount of $250,000.00 (Two Hundred Fifty Thousand Dollars)

Available by your draft at Sight

Accompanied by the following:

1. A certification signed by an authorized officer of the State of Maryland duly notarized stating that _____ Limited Partnership has improperly failed to close in the manner and within the time required by the Agreement of Sale (the "Agreement of Sale") dated _____ between the State of Maryland and _____ Limited Partnership.

2. Original Letter of Credit.

It is a condition of this Letter of Credit that it shall be deemed automatically extended without amendment for one year from the present or any future expiration date, unless at least 60 days prior to such expiration date, we shall notify you to the contrary by registered letter.

We hereby agree with you that all drafts drawn under and in compliance with the terms of this credit will be duly honored upon presentation to the drawee.

This letter of Credit is not transferable or assignable without written consent of _____ Bank.

Each draft drawn must state "Drawn under _____ Bank Letter of Credit No. _____, dated _____."

_____ Bank

By: _____

_____

Except as otherwise expressly stated herein, this credit is subject to the "Uniform Customs and Practice for Documentary Credits (1974 Revision) International Chamber of Commerce Brochure No. 290."

EXHIBIT E

Building Development Plans

It is presently anticipated that the Hospital Building located on the Land will be completely rehabilitated. The brick exterior of the Hospital Building will be cleaned.

The first floor of this building will be the health center. It is anticipated that some 45 beds will be located in the health center, 31 will be comprehensive beds and 14 will be domiciliary care beds. A dining room, an activity area and day rooms for use by patients will also be provided in the health center. An outpatient clinic area with an examination and treatment room and a physical therapy area will also be located in the health center, but will be shared by both patients and apartment residents. The health center will be convenient to the common areas providing easy access by both ambulatory and wheelchair patients to the other amenities of the life-care community.

The second floor of this building will be the main entry point for the entire facility. This floor will consist of a lobby, a dining room, a kitchen facility, storage areas, lounges, a lockerroom with showers, a commissary, a beauty shop, a mailroom, an automatic bank machine, a craft room, an exercise room, two guest rooms, four life-care units similar to those on the upper six floors, an auditorium/meeting room, and two conference rooms.

The upper six floors of this eight story building will contain one hundred ten (110) completely refurbished life-care apartments. These units will consist of a mix of alcove, one bedroom, one bedroom "deluxe," and two bedroom units. Every apartment will have complete kitchen facilities with major appliances, central air, carpet and other amenities.

In close proximity to the main Hospital Building, there will be constructed a new building of an architectural design compatible with the Hospital Building. It is anticipated that this new building will be eight stories tall and will have a brick exterior. This building will contain ninety (90) life-care units consisting of a combination of alcove, one bedroom, one bedroom "deluxe" and two bedroom units. The lobby of this building will be on the same level with, and adjacent to, the second floor of the renovated Hospital Building.

At this time, the plans with respect to the Ritchie Building and the small outlying buildings are not fully resolved; however, it is possible that the Ritchie Building will be torn down. It is also possible that a further cost analysis will dictate demolition of the Hospital Building and its replacement with an entirely new building, in which case facilities similar to those described above would be incorporated in the new building.



EXHIBIT F

Description of the Proposed/Services

The project proposes the renovation of the existing and currently unoccupied Thomas Wilson Hospital into a 200-apartment unit life-care community with a 31 comprehensive care and 14 domiciliary bed health center. Residents will be provided with an apartment unit and a continuum-of-care, including unlimited comprehensive care in the health center, under a contractual arrangement requiring both an entry fee and a monthly fee.

The 31 comprehensive care beds will be erected on the same campus as the apartment units and will share laundry, dietary, maintenance and certain administrative functions with the apartment complex. The 31 beds will meet or exceed all state licensing criteria for comprehensive care.

The 31 comprehensive care beds will be distributed in 15 semi-private rooms with two beds each and one private isolation room. In addition to the comprehensive care beds, 14 domiciliary care units will also be located adjacent to the health center. Dining rooms, an activity area and day rooms for use by patients will also be provided in the health center. An outpatient clinic area with examination and treatment rooms and a physical therapy area will also be located in the health



center but will be shared by both patients and apartment residents. The health center will be convenient to the commons areas providing easy access by both ambulatory and wheelchair patients to barber and beauty shops as well as the recreational and social activities of the life care community.

The 14 domiciliary beds will be located in private studio apartment units in a separate wing of the building but on the same floor as the health center. Each unit will have a private bath and a combination living/sleeping area. Domiciliary residents will be provided with all meals in a central dining area or tray service if medically required. In addition to 24-hour supervision by health center staff, residents will receive standard Assistance-in-Living services and have an emergency call pull cord in both the living room and bath of each unit.

Residents of the facility are also provided with a complete range of health services tailored to their individual needs with the ultimate goal where possible to rehabilitation to independent living. While the licensed comprehensive care facility is provided for either temporary convalescence or long term care, it also serves residents as a health center providing a variety of health and wellness services such as outpatient physical therapy, routine monitoring of blood pressure, blood sugar, etc.

16220

The apartments will consist of a mixture of 40 alcove, 120 one-bedroom and 40 two-bedroom units. Every apartment will have complete kitchen facilities with major appliances, central air, carpet and other amenities. Apartments are designed with special consideration for the elderly, including those with limited mobility. Grab bars are provided in all bathrooms, doors and cabinets are accessable to persons in wheelchairs and each bedroom and bathroom is equipped with an emergency call pull cord linked to the health center.

Common areas include a common dining room, craft areas, a library, open large areas and a convocation center. These facilities will be provided for use by all residents and health center patients. All common areas will be accessable to the physically handicapped and will be equipped with handrails, ramps and other special equipment as needed to assure barrier-free access.

The apartment units and the health center will share kitchen, laundry, groundskeeping, maintenance services. In addition to the apartments, residents are furnished with meals of their choice in a community dining area, housekeeping services, scheduled transportation service to local shopping areas, special events and churches or synagogues, weekly flat laundry service, apartment repairs, groundskeeping and security. The life-care community also provides residents a variety of recreational and cultural activities including crafts such as ceramics and woodworking, special event parties,



16220

a library, lecture and convocation series, garden spaces and organized activities such as trips to local concerts, plays, places of interest, etc.



EXHIBIT G

UNRECORDED ENCUMBRANCES

1. Leases

| Lessor | Tenant | Description of Demised Premises (See Drawing Attached) |
|---|---|---|
| a. Rosewood Center | Ray Baumgardner | Mt. Wilson Staff House #32 |
| b. Rosewood Center | Robert Bepp | Mt. Wilson Staff House #38 |
| c. Rosewood Center | Darla Watson | Mt. Wilson Staff House #40 |
| d. Rosewood Center | Betty L. Reese | Mt. Wilson Staff House #41 |
| e. Rosewood Center | Dr. Sylvan Caplan | Mt. Wilson Staff House #43 |
| f. Rosewood Center | Ramesh S. Verma | Mt. Wilson Staff House #46 |
| g. Rosewood Center | Pearl Cozart | Mt. Wilson Building 47, Apt. 1 |
| h. Rosewood Center | Lydia P. Uplinger | Mt. Wilson Building 47, Apt. 2 |
| i. Rosewood Center | Lydia P. Uplinger | Mt. Wilson Building 47, Apt. 3 |
| j. Rosewood Center | Edna Dancy | Mt. Wilson Building 48, Apt. 2 |
| k. Rosewood Center | Freddie Howard | Mt. Wilson Building 48, Apt. 4 |
| l. Rosewood Center | Gail Sten | Mt. Wilson Staff House #53 |
| m. Rosewood Center | Jodi McPherson | Mt. Wilson Bldg. 18, Units 1 & 2 (Bldg. 52) |
| n. Rosewood Center | Gail Sten | Mt. Wilson Garage, Units 6 & 7 (Bldg. 52) |
| o. Rosewood Center | Jodi McPherson | Mt. Wilson Garage, Units 4 & 5 (Bldg. 52) |
| p. Rosewood Center | Jack Hutchinson | Mt. Wilson Garage, Units 1, 2, 2s & 3 (Bldg. 52) |
| q. State of Maryland for the use of the Dept. of Health & Mental Hygiene | Pilot House, Inc. | Mt. Wilson Buildings 50, 22 & 49 plus parking areas see Exhibit 1 of attached Lease |
| r. State Highway Administration (Per 8-28-83 letter, rents collected by D.E.M.H.) | Alvin Rosenberg | Fenced area on D.E.M.H.'s property in front of Bldgs. 30 & 31 for grazing of horses; Bldg. 33 located on S.H.A.'s property rented for storage. Rent for lease on Bldg. 33 not subject to transfer until transfer & settlement of S.H.A. property to buyer. |

2. Any rights of Alberta duPont Thompson and George W. Thompson, her husband, their heirs, Personal Representatives and assigns to use Mt. Wilson Lane as means of ingress and egress to their property.

3. Verbal Licenses for Tactical Training of the following:

a. Baltimore County Police Department; SWAT team and K-9 Corps Buildings 1 & 2; contacts:

(1) Lt. Roland Broadfoot, Commander of K-9 Corps (494-2320)

(2) Lt. Wayne Kellem, Commander of Baltimore County Police Tactical Squad (668-3507)

b. State Police - SWAT training - Buildings 1 & 2; contact

Lt. John E. Glorioso, Commander Hostage Recovery Team Maryland State Police (859-7040)

4. Service Agreements

a. Standard Elevator Company - maintenance service on two (2) automatic passenger elevators, No. St. 1043 and St. 1046 located in Building #1 (runs to 9/1/84; Copy attached)

b. B & K Pest Control - to prevent, destroy, repel and mitigate any and all pests and rodents. (Copies of "Request for Approval of Solicitation/Contract For Services or Data Processing Services and Supplies" dated 10/1/82; and 3/30/84 Invoice & Payment Voucher; extended on a month to month basis.)

c. Liberty Security Service, Inc. - supply uniformed security guards on 24 hr. basis for Building #1; provided on a month to month basis at $4.85 an hour. (See copies of "Standard Service Contract; memo regarding sale of Liberty Security Services, Inc. and Payment Voucher for 4/10/84.)

5. Western Maryland Railway Siding as shown on a "Topography & Boundary Map of Mount Wilson State Hospital" prepared by Vernon C. Lietz, Civil Engineer & Land Surveyor, a copy of which Plat is attached hereto.

6. Agreement dated 5/10/51 between State of Maryland and County Commissioners of Baltimore County in reference to sewer service. (Copy of Agreement attached; Agreement shall not be assignable to Buyer)

EXHIBIT H

EXISTING STRUCTURES

| Location (See Attached Chart) | Structure Description | Approximate Construction Date |
|---|---|---|
| 1. Bldg. No. 1 | Main Hospital | 1952 |
| 2. Bldg. No. 2 | Ritchie Building | 1928 |
| 3. Bldg. No. 3 | Old Administration Building | 1924 |
| 4. Bldg. No. 4 | Individual Frame Building (currently used for storage) | 1924 |
| 5. Bldg. No. 5 | Individual Frame Building (currently used for storage) | 1924 |
| 6. Bldg. No. 11 | Staff Cottage (Not in Use) | 1890 |
| 7. Bldg. No. 12 | Garages | 1930 |
| 8. Bldg. No. 16 | Storage Shed (Blanket) | 1950 |
| 9. Bldg. No. 17 | Individual Dwelling (Formerly Medical Director's Dwelling) | 1924 |
| 10. Bldg. No. 18 | Dwelling Converted to Two Apartments (Formerly a Physician's Cottage) | 1946 |
| 11. Bldg. No. 20 | Open Block Shed | 1935 |
| 12. Bldg. No. 21 | Brick Nurses Home (Offices) | 1940 |
| 13. Bldg. No. 22 | Apartment Building (currently occupied by Pilot House) | 1954 |
| 14. Bldg. No. 23 | Individual Structure (Individual Rooms) | 1954 |
| 15. Bldg. No. 24 | Individual Structure (Individual Rooms currently occupied by Staff Training & Development, D.E.M.H.) | 1954 |
| 16. Bldg. No. 29 | Brick meter house | 1950 |
| 17. Bldg. No. 30 | Old Power House | 1935 |
| 18. Bldg. No. 31 | Maint. Bldg., Power House | 1950 |
| 19. Bldg. No. 32 | Farmer's Dwelling and Smoke House | 1890 |
| 20. Bldg. No. 33 | Barn and Stables | 1890 |
| 21. Bldg. No. 35 | Implement Shed | 1890 |
| 22. Bldg. No. 36 | Corn Crib | 1890 |
| 23. Bldg. No. 37 | Pig Pens | 1890 |
| 24. Bldg. No. 38 | Individual Frame Dwelling | 1930 |
| 25. Bldg. No. 39 | Small Tool Shed | 1965 |
| 26. Bldg. No. 40 | Individual Frame Dwelling | 1930 |
| 27. Bldg. No. 41 | Individual Frame Dwelling | 1937 |
| 28. Bldg. No. 42 | One Car Garage | 1935 |
| 25. Bldg. No. 43 | Individual Dwelling | 1952 |
| 26. Bldg. No. 44 | Individual Dwelling | 1952 |
| 27. Bldg. No. 45 | Individual Dwelling | 1952 |
| 28. Bldg. No. 46 | Individual Dwelling | 1952 |
| 29. Bldg. No. 47 | Apartment Building | 1952 |
| 30. Bldg. No. 48 | Apartment Building | 1952 |
| 31. Bldg. No. 49 | Apartment Building (Currently occupied by Pilot House) | 1955 |
| 32. Bldg. No. 50 | Individual Structure (occupied by Pilot House) | 1950 |
| 33. Bldg. No. 51 | Maintenance Shop | 1955 |
| 34. Bldg. No. 52 | Pig Pen (Storage) | 1964 |
| 35. Bldg. No. 53 | Individual Dwelling | 1962 |

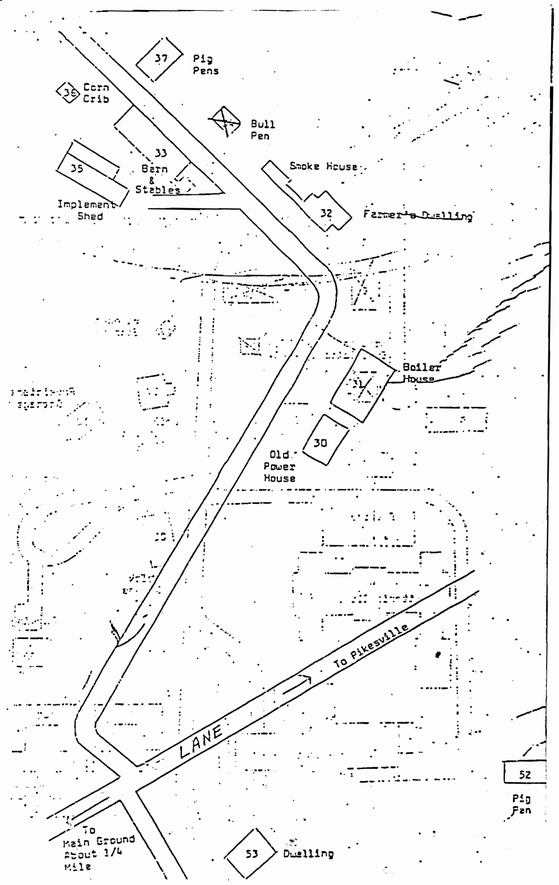



EXHIBIT I

GOVERNMENTAL APPROVALS

| Name | Issuing Entity |
|---|---|
| Certificate of Need | Maryland Health Resources Planning Commission |
| Certificate of Registration | Office on Aging |
| Approval of plans for health care component of life care community | Department of Health and Mental Hygiene |

908
DATE

EXHIBIT J

MAINTENANCE PROCEDURES

The maintenance obligations assumed by Buyer under the terms of this Agreement of Sale are as follows:

1. Maintain current level of guard service provided by Liberty Security Service, Inc.;

2. Following the Seller's cutting of the grass on or after the date of execution of this Agreement of Sale, Buyer shall cut grass on a regular basis in those areas specifically set forth on the attachment hereto and in such other areas as in Buyer's reasonable judgment may be appropriate;

3. Except as may be the responsibility of Seller's tenants, Buyer shall pay costs of maintaining minimal electrical, gas, and water service to the Property;

4. At its election, keep the elevator(s) operating or close down the elevator(s) as part of the Close Down procedures;

5. Remove snow from Property roadways as indicated on attached Plat (indicated areas around hospital to left of main road hospital fire land only).

6. Remove tenant generated trash.


THOMAS F. MULLAN, III
PRESIDENT

Mullan Enterprises / Builders / Developers / Property Management
15 Charles Plaza, Suite 400 / Baltimore, Maryland 21201 / 727-6300

DAFT-McCUNE-WALKER, INC.
Land Planning Consultants
Landscape Architects
Engineers & Surveyors

230 East Pennsylvania Avenue
Towson, Maryland 21204
(301)296-3333

George E. Gavrelis
Vice President

LIFE CARE SERVICES CORPORATION

Bud Ward
Project Development Manager

800 Second Avenue
Des Moines, IA 50309
(515) 245-7713

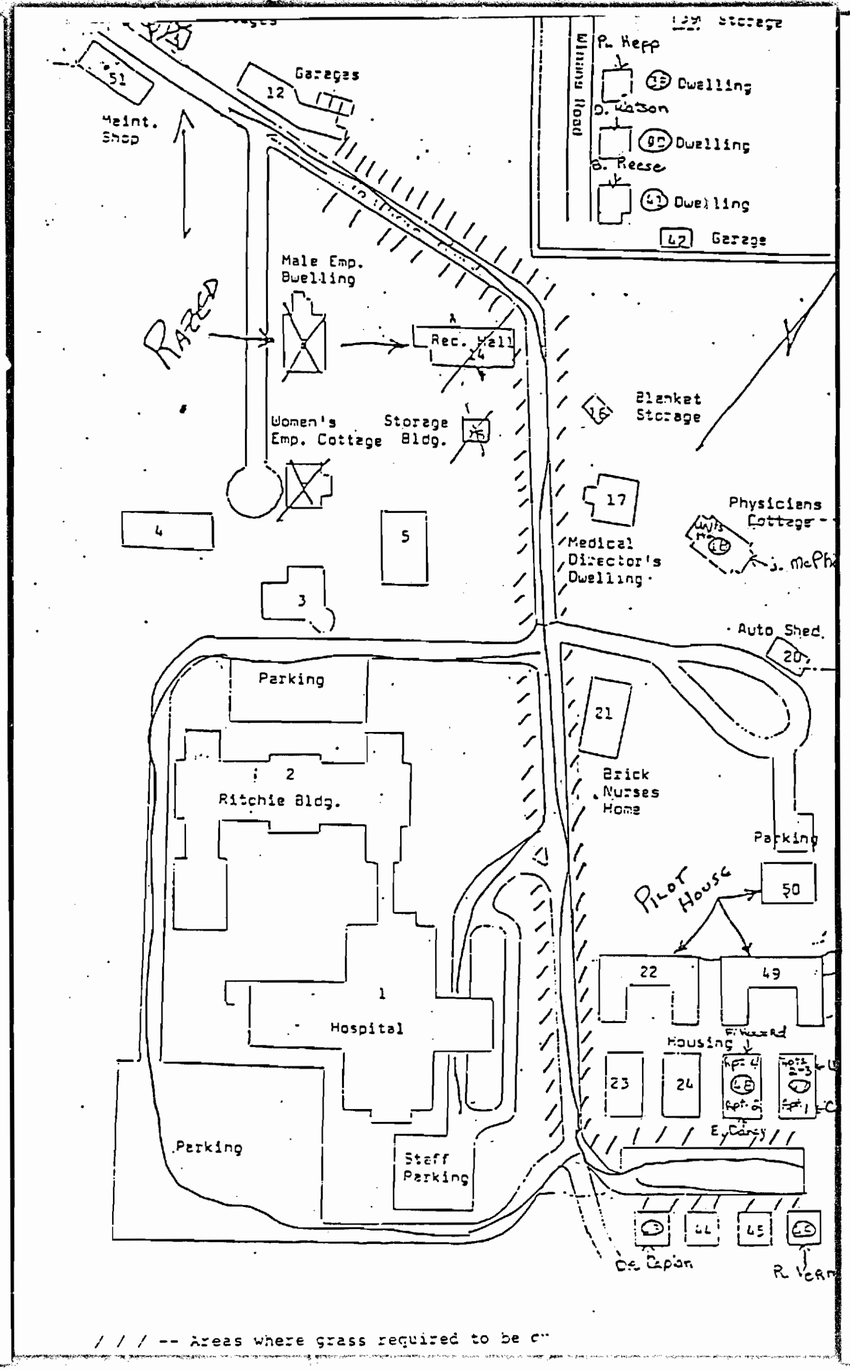
DAFT-McCUNE-WALKER, INC.
Land Planning Consultants
Landscape Architects
Engineers & Surveyors

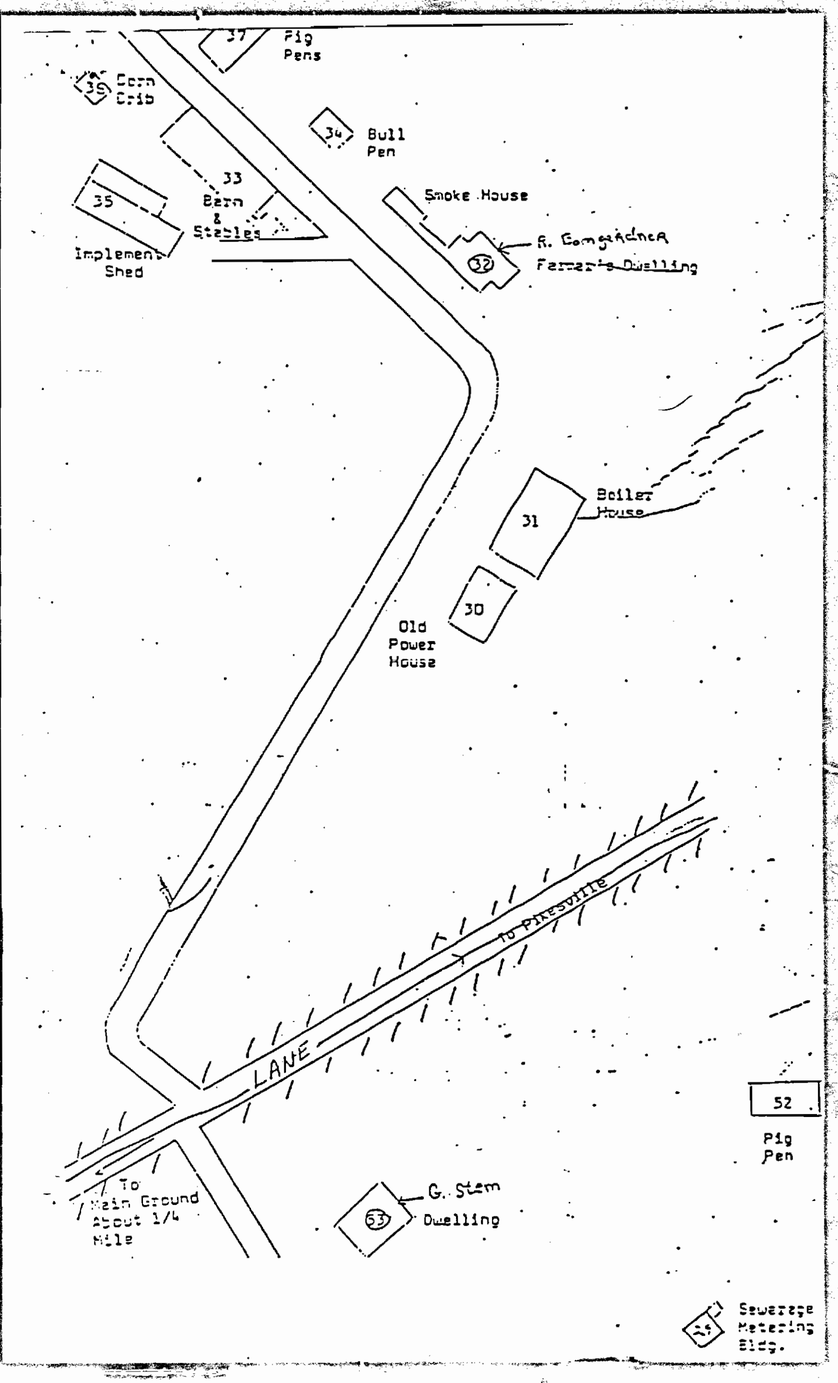
200 East Pennsylvania Avenue
Towson, Maryland 21204
(301)296-3333

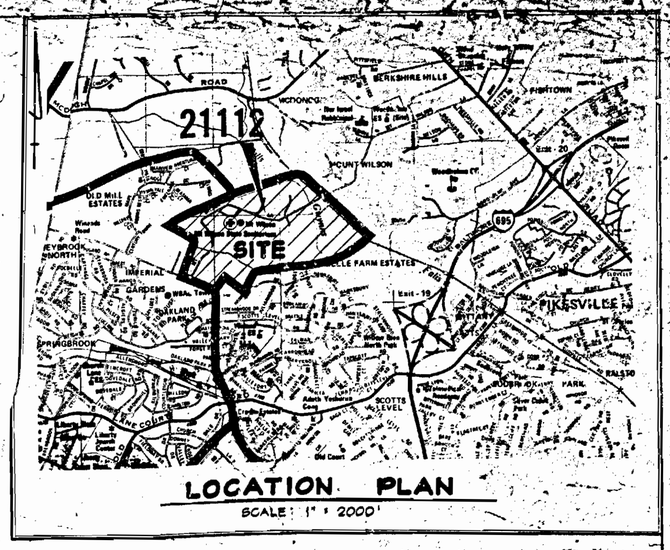
Edmund F. Halle, P.E., L.S.
Partner

THE TRAFFIC GROUP, INC.
Suite 220, Greensprings Station
2350 W. Joppa Road
Lutherville, Maryland 21093
Telephone 301-583-8405

WES GUCKERT
President




LOCATION PLAN

SCALE: 1" = 2000'

MARYLAND GRID

E 547000

N 865000

DR-2

DR-1

DR-3.5

CU

WESTERN MARYLAND RAILWAY

S 43° 23' 35" E 2750'

N 23° 08' 45" E 813.14'

GUNNS PLAIN

100 YEAR FLOOD PLAIN

ZONE A FLOOD PLAIN

ZONE A FLOOD AREA

FLOOD AREA

MT. WILSON LANE

PEQUOT COURT

WILLOW GLEN NORTH ADDITION SECTION III
PLAT REF. EHK Jr. 47/112

PLOOD PLAIN RESERVATION AND LOCAL OPEN SPACE

N 83° 20' 52" E

N 31,000

W 33,500

N 46° 36' 45" W

CHESSIE SYSTEM

R = 1850.00' L = 120.71'
CHD. N 48° 22' 20" W 120.69'

N 60° 40' 45" E 610.41'

525.46'

N 44° 18' 30" E

MOUNT WILSON JOINT VENTURE
DTB. 5243/371

NORTHWEST EXPRESSWAY

WILLOW GLEN NORTH ADDITION

LOT LINES ARE NOT BEING ESTABLISHED AT NORTH OAKS. ACCORDINGLY, THE TRACT HAS BEEN DESCRIBED AND SHOWN AS AN ENTIRETY.

THE REQUESTED SPECIAL EXCEPTION AND VARIANCES ARE INTENDED, IF GRANTED, TO APPLY ONLY TO THE EXISTING MULTI-STORIED BUILDING AND ITS PROPOSED ADDITION.

LEGEND

BUILDINGS TO BE DEMOLISHED

NEW CONSTRUCTION

PRINTED
JUN 26 1985
DAFT-McCUNE-WALKER, INC.

PETITIONER'S EXHIBIT 1

General Notes

1. Applicant/Developer: NORTH OAKS PARTNERSHIP
c/o Hellen Enterprises
15 Shelton Pline, Suite 600
Baltimore, Maryland 21201
(301) 727-6300
2. Election District 1; Councilmanic District 2-3; CENSUS TRACT 5026.1
3. Watershed 28; Subwatershed 63.
4. Site Acreage: Net - 202.99 Acres +/-
Gross - 248.28 (Includes 15 feet of Steams Road Right-of-Way)
Open Space: Required - 384 Units @ 250 S.F./Unit = 132,000 S.F.
= 3.03 Acres +/-
Proposed - 30 Acres +/-
Open space will be maintained by the Owner.
Parking: Required - 288 Apartment Units for the Elderly @ .5 Space/Unit = 144
31 Comprehensive Care @ 2.1/Unit = 3.1
14 Domiciliary Care @ 2.1/Unit = 1.4
4 Single Family @ 2.0/Unit = 8
Total 112.5 Spaces
Proposed - 331 Spaces + 8 H.C. Spaces = 339 Spaces
Current Zoning and Density: Allowable - 46.25 Acres +/- @ D.R. 1 = 46 Units
156.03 Acres +/- @ D.R. 2 = 313 Units
Total 359 Units
Proposed - Apartment Units for the Elderly = 288 Units
Domiciliary Care Units = 96 Units
Total = 384 Units
In addition to total number of proposed dwelling units, there will be 31 comprehensive care beds and 14 domiciliary care beds in the first floor of the main building.
All apartment units will be housing for the elderly and will be leased.

5. Landscape Planting Quantity:
Required - 906.53 Feet Frontage @ 1 Tree/40 L.F. = 22.7 Trees
384 Dwelling Units @ 1 Tree/Dwelling Unit = 384 Trees
Total 406.7 Trees
A modification of standards will be requested AS EXISTING & ADEQUATELY LANDSCAPED TREES PLANTING WILL BE INSTALLED IN PARKING AREAS.
6. There are no known well or septic areas in use on the site. Private sanitary sewer and water are provided.
7. Soils:

| Series | With Basements | Without Basements | Roads and Streets |
|---|---|---|---|
| | Limitations | | |
| Codorus (Co) | Flooding Hazard | Flooding Hazard | Flooding Hazard |
| Baltimore (BaB) | Moderate: Moderately High Water Table | Slight | Moderate: Moderately High Water Table; Slope |
| Elioak (ElB2) | Slight | Slight | Moderate: Slope |
| Glenelg (GcB2) (GcC2) (GcD2) | Slight Moderate: Slope Severe: Slope | Slight Moderate: Slope Severe: Slope | Moderate: Slope Severe: slope Severe: Slope |
| Glenville (GnB) | Severe: High Water Table | Moderate: High Water Table | Severe: High Water Table |
| Manor (MaC2) (MaD2) (MaE2) (MaE) | Severe: Slope Moderate: Slope Severe: Slope Severe: Slope | Severe: Slope Moderate: Slope Severe: Slope Severe: Slope | Severe: Slope Severe: Slope Severe: Slope Severe: Slope |
| Whiteh (Wh) | Severe: High Water Table; Poor Natural Drainage | Severe: High Water Table; Poor Natural Drainage | Severe: High Water Table; Poor Natural Drainage |

8. Existing wooded areas will remain.
9. There existing buildings are historically significant and will remain. (They are shownlisted on the plan.)
10. Current Ownership: STATE OF MARYLAND: DEPT. OF HEALTH & MENTAL HYGIENE, STATE HIGHWAY ADMINISTRATION OF DEPT. OF TRANSPORTATION
Deed Reference: Liber 5965 Folio 0407; Liber 3901 Folio 20
Property Number: 03-13-720230
11. Estimated Average Daily Usage: 384 Units @ 2.3 = 883.2 ADT's
12. A waiver of conventional treatment has been requested since there will be less than a 10% increase in the E.Y. predevelopment peak discharge rate.
13. No limit of variable permissibility variation with the bindex of the -ds (Baltimore soils). There are no known archeological sites, archaeological sites, unmapped cemetery burials, or knowledge available on the site.
14. ALL ROADS & UTILITIES ON SITE ARE PRIVATE, WITH THE EXCEPTION OF THE GUNNS PLAIN INTERCEPTOR SEWER.

PLAT TO ACCOMPANY PETITIONS FOR VARIANCE AND SPECIAL EXCEPTION

# NORTH OAKS

DAFT · McCUNE · WALKER INC.
LAND PLANNING CONSULTANTS
LANDSCAPE ARCHITECTS
ENGINEERS
539 E. JOPPA ROAD
TOWSON, MD. 21204
TELEPHONE: (301) 296-3333

SCALE: 1"=100'

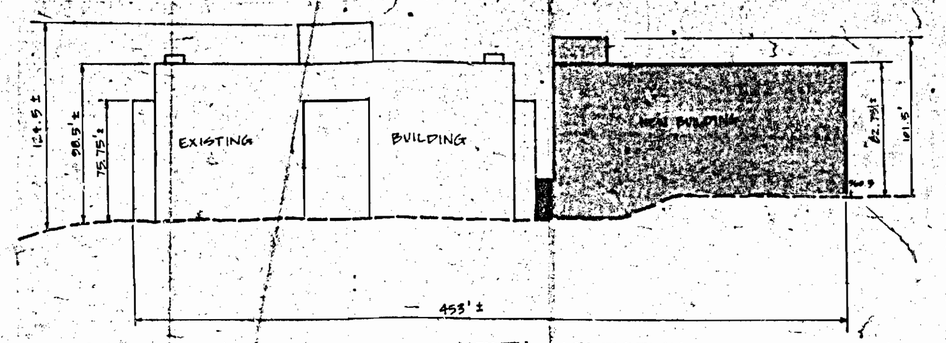
DATE: JAN. 4, 1985

J.O.# 84142

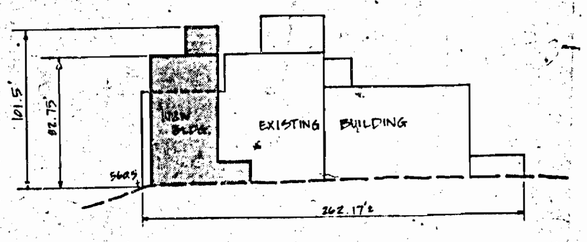
REVISED: MAY 15, 1985
MAY 22, 1985

STATE OF MARYLAND STACY HESSE FISHER LANDSCAPE ARCHITECT NO. 829

STATE OF MARYLAND MICHAEL JOSEPH McCUNE PROPERTY LINE SURVEYOR NO. 271




NORTH ELEVATION
NOT TO SCALE




WEST ELEVATION
NOT TO SCALE

MARYLAND GRID
E 847000
N 563000

OLDE MILL ESTATES, INC.
EHK Jr. 6048/449

GEORGE E. DOVIS & GRACE CRANDELL
EHK Jr. 347/287

GEORGE E. & MARIE S. ALBIKER
EHK Jr. 3792/742

JOHN EDWARD & RAYMOND T. MYERS
EHK Jr. 6954/271

HARRY E. & CARRIE E. DILLON
OTG 5086/209

DANIEL E. PATRICK, Sr. & JANET L. PATRICK
EHK Jr. 5906/79

LUTHER B. & MURIEL A. JACKSON
EHK Jr. 3240/424

MARY ELIZABETH BRECKENRIDGE
EHK Jr. 5894/428

HISTORIC BLDG. TO REMAIN

PROP. 3 STORY BUILDING

EX. BUILDING

POINT OF BEGINNING

S 79° 09' 45" W

S 22° 48' E

S 65° 45' 32" E

N 42° 15' 20" E

S 35° 07' 40" E

S 36° 03' 40" E

207.72' TO E ROUEN ROAD

WINANDS ROAD

HAWKSBURY ROAD

PEQUOT

WILLOW GLEN NORTH PLAT REF.

PLAT TWO SECTION TWO
WILLOW GLEN NORTH ADDITION
PLAT REF. EHK Jr. 41/140

PLOOD PLAIN RESERVATION AND LOCAL OPEN SPACE

MARYLAND GRID
E 847000
N 562000

General Notes

1. Applicant/Developer: NORTH [illegible]
c/o Olde Enterprises
15 Shelton Plaza, Suite 400
Baltimore, Maryland 21201
(301) 727-6300

2. Election District 2; Councilmanic District [illegible]

3. Tax-mapped 28; Subwatershed 65.

4. Site Acreage: Net = 202.93 Acres +/-
Gross = 205.28 (Excludes 15 Feet of Road Right-Of-Way)

Open Space: Required = 204 Units @ 650 S.F./Unit = 3.04 Acres +/-
Proposed = 30 Acres +/-
Open space will be maintained by the Ow[illegible]

Parking: Required = 300 apartment Units for the Elderly @ 1.5 Spaces/Unit
31 Comprehensive Care @ 0.1/Bed
16 Domiciliary Care @ 0.1/Bed
4 Single Family @ 2.0/Unit
Total
Proposed = 531 Spaces + 5 H.C. Spaces

Current Zoning and Density: Allocable 45.25 Acres +/- @ R.D. 1
156.03 Acres +/- @ R.D. 3.5
Total

Proposed = Apartment Units for the Elderly
Existing Single Family Units to Remain
Total

In addition to total number of proposed [illegible] there will be 31 comprehensive care beds and 16 domiciliary care beds in the first floor of the main [illegible]

45 apartment units will be housing for [illegible] will be housed.

completed by 1987, depending upon funding. These major transportaion projects will significantly effect the scale and timing of future residential, commercial, office and industrial development in the Owings Mills area.

County Growth Policies and Community Planning Efforts

As previously mentioned, the Owings Mills area has been designated by County officials in the Baltimore County Master Plan 1979-1990 as a Town Center and is planned to support 18,000-20,000 additional residents by the year 2000. County staging of accelerated growth at the Town Center is intended to occur after 1986 with the opening of the Northwest Expressway/MTA route. Major County projects intended to encourage development at Owings Mills include area road improvements, upzoning of low density residential "holding areas," lifting of sewer restrictions and provision of improved services to existing developments and appropriately zoned land.

Owings Mills Town Center

The County's Office of Planning and Zoning has recently completed existing public facilities and existing land use studies as background information for the Owings Mills Town Center Plan. The Town Center Plan is scheduled to be completed by the County's planners in 1983 at which time appropriate rezoning and public facility plans will be implemented by the County Council to encourage development in the area.

Presently, the Rouse Comapny is in the preliminary planning stages of a proposed Owings Mills Town Center regional retail project. Initial plans include 1 to 1.4 million square feet of regional shopping center



Community Planning Efforts

The local community considers the Mt. Wilson Center to be a key property within the area and, since its closing, there has been significant community involvement. The community's interest has focused on finding appropriate and compatible new uses for the property.

In 1978, intensified development pressures and concern for the quality and type of future development that would potentially occur in the area led a group of major property owners, including the Ner Israel Rabbinical College, McDonogh School, the Blaustein Family, the McDonogh Field Association and the Valleys Planning Council to form the Southwest Area Task Force. The Task Force commissioned Tony Wiles & Associates to "consider the best possible method of retaining the character of the neighborhood" and "develop means by which the pending change can be absorbed in the least disruptive manner." The consultant's recommendations, which have been generally accepted by the Task Force members, include :

- Maintaining private institutional uses as open space preserves whenever possible.
- Protect stream valleys, valley walls and forested areas.
- Preserve natural features of any site planned for development.
- Prohibit development in the floodplain.
- Encourage Baltimore County to acquire stream valleys for park uses.
- Encourage cluster development.



Recommendations directly applicable to the Mt. Wilson Center include :

- Maintain the Mt. Wilson Center as an institutional use.
- Designate Mt. Wilson Lane as a "scenic by-way."
- Realign Mt. Wilson Lane at Reisterstown Road to form a future intersection with a frontage road.

The level of local planning effort and community involvement, as indicated in the Wiles' report, is a major factor in the area. The community is legitimately concerned about development pressures which threaten to change the area's "status quo" image of low density, rural/suburban and residential. In the past, proposed development projects have been modified or cancelled in response to community pressures.

Summary

The Mt. Wilson Hospital Center is an attractive property strategically located in the Owings Mills area of Baltimore County. This area has been designated by County officials to accommodate a major portion of the County's overall population and employment growth over the next 15-20 years.

Most of the Center's existing structures, including the main hospital building, are in good structural condition and are suitable for conversion to a variety of potential uses. The Ritchie Building, although not suitable for medical uses, could be used for administrative purposes,



## Section II. ECONOMIC FRAMEWORK FOR MARKET EVALUATIONS

This section of the report reviews and analyzes the key indicators of employment, population, households and elderly residents in the Region, County and the Mt. Wilson area. It presents a broad but brief economic framework for the Metropolitan Baltimore and Baltimore County economies, examines the anticipated performance of both economies to the year 1992 and develops a profile of the Owings Mills corridor within which Mt. Wilson is located. The outputs of this economic assessment are then used in Sections III and IV to estimate overall medical, housing and office space demand in the Baltimore area and to determine the likely private market support available at the Mt. Wilson Hospital Center.

This section is organized into three subsections. First, recent and anticipated employment trends are analyzed, providing a basis for subsequent office demand identification. The second subsection evaluates population and housing trends in the Region, the County and the Mt. Wilson area. Increases in population and households will drive future housing demand in the area. Finally, recent trends in and projections for the size of the elderly population, a key determinant of demand for certain medical related uses, are presented and evaluated in the third subsection.

Economic Trends and Projections

Over the past two decades, Baltimore County has assumed an increasingly important role in the Metropolitan Baltimore economy. With a population of 655,615 and employment of 265,188, Baltimore County, in 1980, accounted for 30.2



percent of the region's population and 28.6 percent of the region's employment base. Since 1960, Baltimore County has attracted 53.0 percent of the Region's growth in employment and 44.1 percent of the Region's growth in population.

The strong performance of the County economy, as indicated in data presented in Table 2 on the preceeding page, can be attributed to a combination of factors including the County's strategic location. Surrounding Baltimore City, the County has been the logical recipient of much of the outward expansion from the City. The County's growth also reflects the basic strength of the regional economy.

The economy of Metropolitan Baltimore is highly diversified. The strength of its diversified economic base is deeply rooted in the region's strategic location within the urban northeast corridor and its central seaboard location. The Port of Baltimore is the fourth largest foreign tonnage port in the United States. Although manufacturing is still a dominant feature of the economy, the regional economy over the past decade has shifted towards non-manufacturing and service activities. Baltimore is a major medical center and is a center of government activity. The strength of the regional economy and the recent shifts in the structure of the regional economy clearly reflect: 1) its strategic location in the midst of a large industrial and consumer market and; 2) the basic shifts which have and which continue to occur in the larger national economy.

Recent Employment Trends

As noted before, the structure of the employment base in the Baltimore region, including Baltimore County, has changed significantly over the past several years. In part, these changes, particularly those taking



As of 1980, as shown in Table 3, the largest number of jobs in the region were in government followed by the services and manufacturing sectors. As in the case of the regional economy, government was also the largest employer in Baltimore County. However, unlike in the region, manufacturing and retail trade were the second and third largest employment sectors in the County in 1980. The significant shifts occurring over the 1970-80 period included the following :

- Government, including the state, local and federal sectors, registered the largest numerical gains, growing by 66,778 jobs in the region and by 20,738 jobs in Baltimore County. These increases represent 54 and 31 percent, respectively, of net employment gains between 1970 and 1980.
- The services sector also showed significant numerical and percentage increases. Employment in this sector increased by 47,944 jobs or 35.5 percent in the Baltimore SMSA, and by 20,400 jobs or 75.5 percent in the County.
- Manufacturing employment declined in both the region and Baltimore County during the last decade. As shown in Table 3, the Baltimore SMSA lost some 36,172 jobs or 18.5 percent in this sector, while Baltimore County experienced a decline of 9,711 jobs, or 15.5 percent. Although manufacturing employment has declined recently, it still accounted for 17.2 percent of the region's total employment in 1980, and 19.9 percent of Baltimore County's employment.
- Employment growth in other sectors of the regional and County economies -- finance, insurance and real estate; retail and wholesale trade; and construction -- has occurred in response to the growth in the primary sectors, as well as in response to population growth.



Table 4. NON-FARM EMPLOYMENT PROJECTIONS, BALTIMORE SMSA 1980 and PROJECTED 1987, 1992

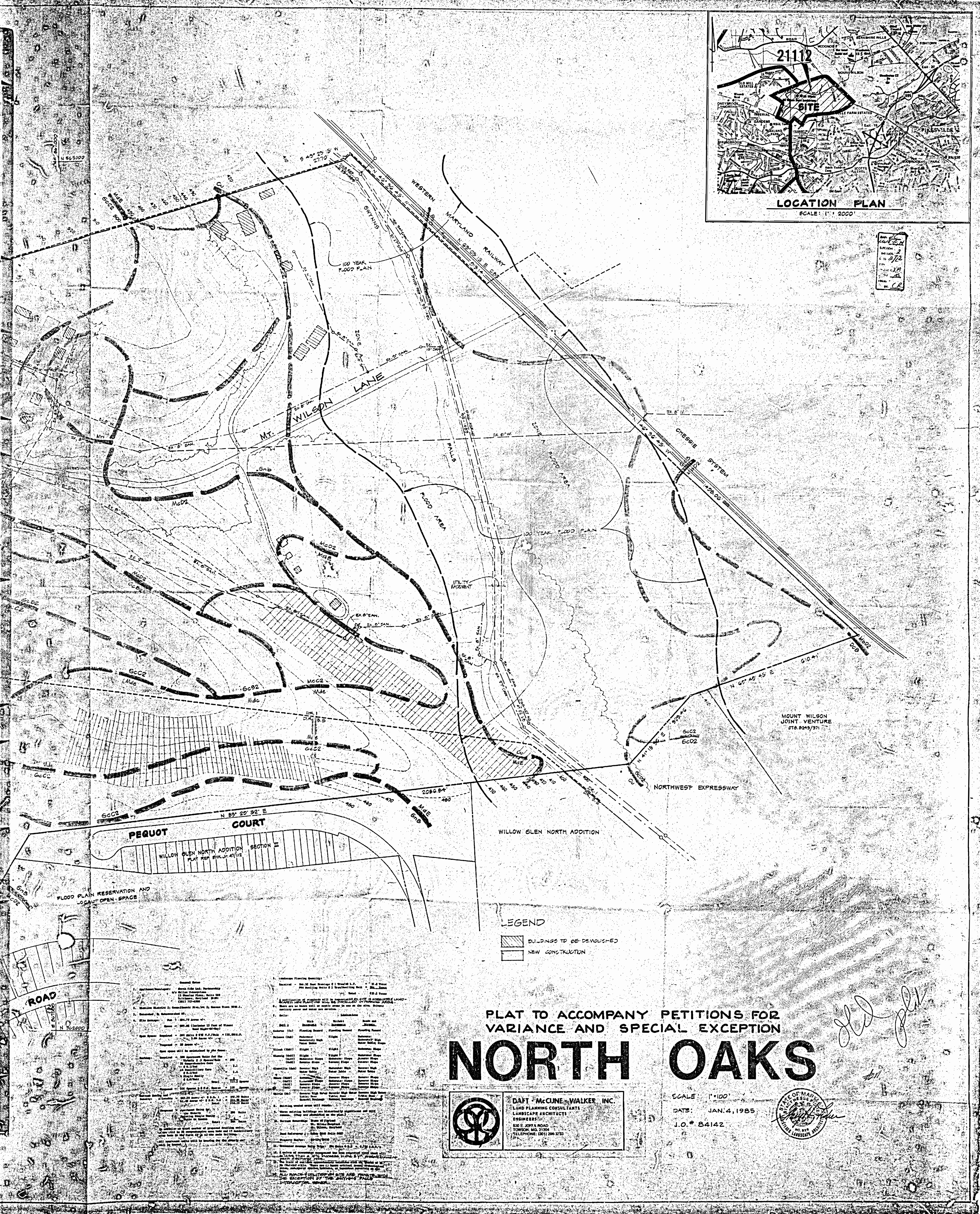
| | 1980 | Projections 1987 | 1992 | Projected Change 1980 - 1992 | |
|---|---|---|---|---|---|
| | Number | Number | Number | Number | Percent |
| Manufacturing | 159,628 | 152,700 | 154,800 | - 4,828 | - 3.0% |
| Construction | 47,676 | 50,200 | 52,100 | 4,424 | 9.3 |
| Wholesale Trade | 5,127 | 57,500 | 59,800 | 8,673 | 17.0 |
| Retail Trade | 158,640 | 175,300 | 185,800 | 27,160 | 17.2 |
| T.C.U. 1) | 50,378 | 54,200 | 57,800 | 7,422 | 14.7 |
| F.I.R.E. 2) | 55,336 | 63,300 | 66,600 | 11,264 | 20.4 |
| Services 3) | 182,944 | 219,300 | 235,700 | 52,756 | 28.8 |
| Government | 222,178 | 222,100 | 235,200 | 13,072 | 5.9 |
| Total | 927,907 | 999,600 | 1,047,800 | 119,893 | 12.9% |

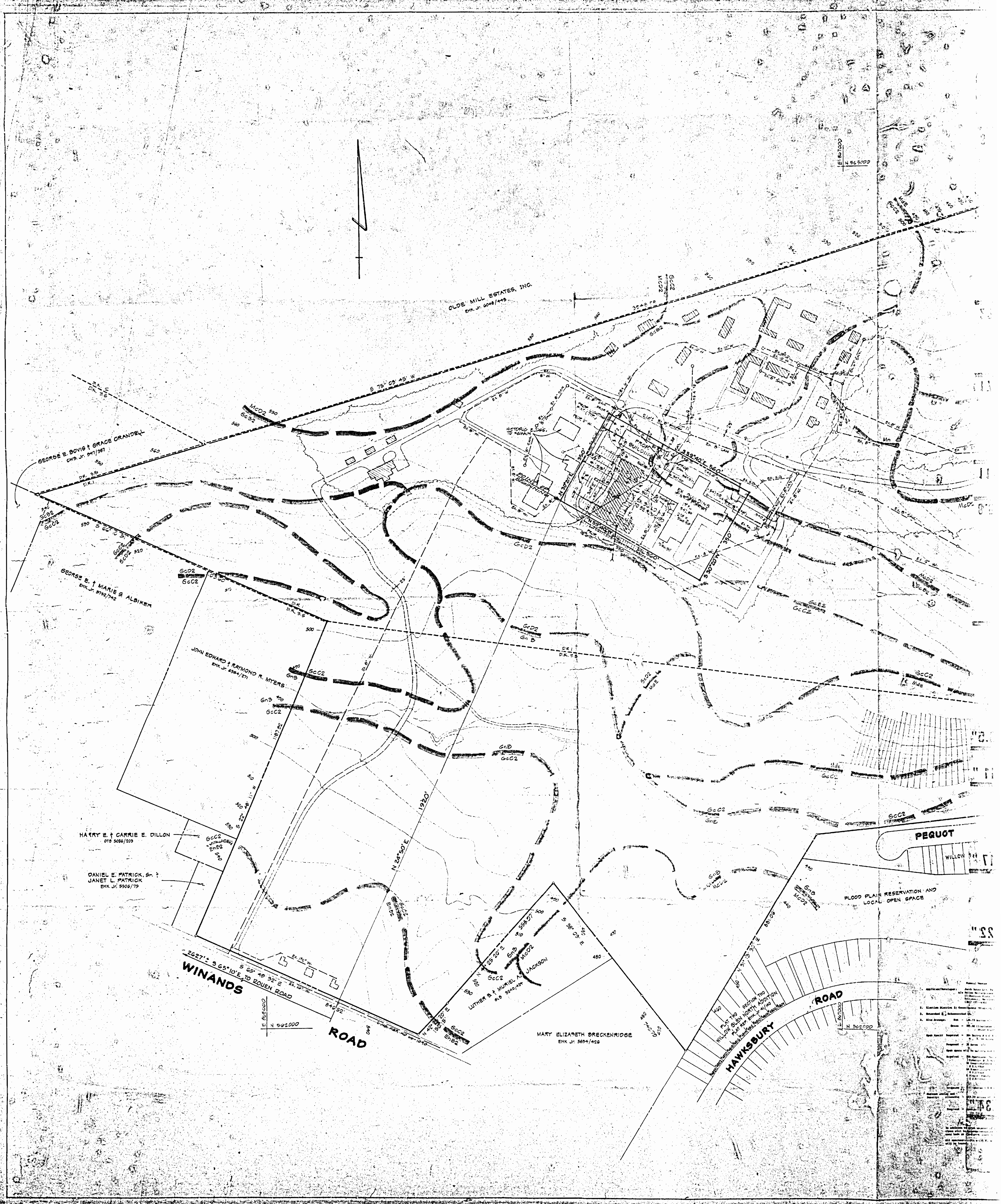
1) : Transportaion, Communications and Utilities
2) : Finance, Insurance and Real Estate
3) : Includes Mining

Source : Praful Shah & Associates, Inc. based on Maryland Department of Human Resources; Regional Planning Council; and U.S. Bureau of Economic Analysis.

Baltimore County. The record of past performance and the size and diversity of economic activities clearly indicates that Baltimore County is approaching a "mature suburb" status. Because of this, it is expected that the rapid employment expansion which the County has enjoyed over the last twenty years will gradually subside. The County is expected to continue to serve as a convenient location for firms that are oriented to suburban Baltimore locations, but it will have to share this status with Howard County, Anne Arundel County and other attractive locations that are aggressively seeking new industries.

The County's appeal should be helped by construction of the MTA Rapid Rail Transit System, the Northwest Expressway and other transportaion


LOCATION PLAN
SCALE: 1" = 2000'
21112
SITE
MCDONOGH
ROAD
BERKSHIRE HILLS
FISHTOWN
MOUNT WILSON
OLD MILL ESTATES
IMPERIAL GARDENS
OAKLAND PARK
SPRINGBROOK
PIKESVILLE
SCOTTS LEVEL
Exit - 20
Exit - 19
695
WESTERN MARYLAND RAILWAY
CHESSIE SYSTEM
S 43° 23' 15" W 27.70'
N 46° 36' 45" W
N 63° 05' 15" E
1498.06'
100 YEAR FLOOD PLAIN
GWYNNS
FALLS
ZONE A FLOOD AREA
FLOOD AREA
MT. WILSON LANE
EX. 8" SAN.
EX. 8" W.
UTILITY EASEMENT
N 60° 40' 45" E
610.41'
N 41° 18' 30" E
MOUNT WILSON JOINT VENTURE
NORTHWEST EXPRESSWAY
2086.84'
N 83° 20' 52" E
PEQUOT COURT
WILLOW GLEN NORTH ADDITION SECTION II
PLAT REF. EHK Jr. 47/112
WILLOW GLEN NORTH ADDITION
FLOOD PLAIN RESERVATION AND LOCAL OPEN SPACE
ROAD
N 565000
N 562000
LEGEND
BUILDINGS TO BE DEMOLISHED
NEW CONSTRUCTION
PLAT TO ACCOMPANY PETITIONS FOR VARIANCE AND SPECIAL EXCEPTION
NORTH OAKS
DAFT · McCUNE · WALKER INC.
LAND PLANNING CONSULTANTS
LANDSCAPE ARCHITECTS
ENGINEERS
530 E. JOPPA ROAD
TOWSON, MD. 21204
TELEPHONE: (301) 296-3333
SCALE: 1" = 100'
DATE: JAN. 4, 1985
J.O.# 84142
General Notes
ALL ROADS & UTILITIES ON SITE ARE PRIVATE WITH THE EXCEPTION OF THE GWYNNS FALLS INTERCEPTOR SEWER.


OLDE MILL ESTATES, INC.
EHK. Jr. 6048/443
S 75° 03' 45" W
3548.70
GEORGE E. BOVIS † GRACE CRANDELL
CWB. Jr. 547/387
GEORGE E. † MARIE S. ALBIKER
EHK. Jr. 5732/742
S 66° 10' 3"
103.00
JOHN EDWARD † RAYMOND R. MYERS
EHK. Jr. 6384/271
1187.92
S 22° 48' 11" W
HARRY E. † CARRIE E. DILLON
OTB 5086/203
DANIEL E. PATRICK, Sr. †
JANET L. PATRICK
EHK. Jr. 5306/79
N 24°50' E
1920'
HISTORIC BLDGS. TO REMAIN
POINT OF BEGINNING
N 30°20' E
350'
S 59°40' E 560'
PROP. BUILDING
EX. BUILDINGS
N 59°40' W 560'
S 30°20' W
350'
2627' ± S 65°10' E TO ROUEN ROAD
WINANDS
ROAD
S 65° 49' 32" E
846.52'
E 862000
N 562000
LUTHER B. † MURIEL A. JACKSON
OLB 3240/424
N 42° 25' 20" E
558.97
S 38° 03' E
MARY ELIZABETH BRECKENRIDGE
EHK Jr. 5834/426
740.79
881.06
N 31° 13' 30" E
PLAT TWO SECTION TWO
WILLOW GLEN NORTH ADDITION
PLAT REF. EHK. Jr. 41/140
HAWKSBURY
ROAD
PEQUOT
WILLOW
FLOOD PLAIN RESERVATION AND
LOCAL OPEN SPACE
E 867000
N 565000
N 562000
GcC2
McD2
GcB2
GnB
GcD2
EhB2
MdE
GcE2
Mn

use would be conducted without real detriment to the neighborhood and would not adversely affect the public interest. The facts and circumstances do not show that the proposed use at the particular location described by Petitioner's Exhibit 1 would have any adverse impact above and beyond that inherently associated with such a special exception use irrespective of its location within the zone. Schultz v. Pritts, 432 A.2d 1319 (1981).

The proposed use will not be detrimental to the health, safety, or general welfare of the locality, nor tend to create congestion in roads, streets, or alleys therein, nor be inconsistent with the purposes of the property's zoning classification, nor in any other way inconsistent with the spirit and intent of the BCZR.

An area variance may be granted where strict application of the zoning regulation would cause practical difficulty to the petitioner and his property. McLean v. Soley, 270 Md. 208 (1973). To prove practical difficulty for an area variance, the petitioner must meet the following:

1. whether strict compliance with requirement would unreasonably prevent the use of the property for a permitted purpose or render conformance unnecessarily burdensome;
2. whether the grant would do substantial injustice to applicant as well as other property owners in the district or whether a lesser relaxation than that applied for would give substantial relief; and
3. whether relief can be granted in such fashion that the spirit of the ordinance will be observed and public safety and welfare secured.

Anderson v. Bd. of Appeals, Town of Chesapeake Beach, 22 Md. App. 28 (1974).

It is clear from the testimony that if the variances were granted, such use as proposed would not be contrary to the spirit of the BCZR and would not result in substantial detriment to the public good.

In addition, Section 1B01.2.B.2 requires that any variance to the maximum width of a building be in accordance with the conditions precedent in Section

ORDER RECEIVED FOR FILING
DATE July 10, 1985
BY Arnold Jablon, Secretary



502, BCZR, and in accordance with the standards adopted in the CMDP. Based on the testimony and evidence presented, it is obvious that the greater width requested would be in compliance with the conditions and standards required. The existing hospital building and Ritchie Building, proposed to be razed, have not in any way created a problem and have as a matter of history been compatible with the site and surrounding community. Certainly, the use would satisfy the Schultz, supra, dictum, and the height and width in excess of what is ordinarily permitted for the buildings would in no way be extraordinary or even unusual.

After due consideration of the testimony and evidence presented, it is clear that a practical difficulty or unreasonable hardship would result if the instant variances were not granted. It has been established that the requirement from which the Petitioner seeks relief would unduly restrict the use of the land due to the special conditions unique to this particular parcel. In addition, the variances requested will not be detrimental to the public health, safety, and general welfare.

Pursuant to the advertisement, posting of property, and public hearing held, and it appearing that by reason of the requirements of Section 502.1 having been met and the health, safety, and general welfare of the community not being adversely affected, the special exception and variances should be granted.

Therefore, IT IS ORDERED by the Zoning Commissioner of Baltimore County, this 10th day of July, 1985, that the Petition for Special Exception for a convalescent home and, additionally, the Petition for Zoning Variances to permit a building length of 475 feet instead of the maximum permitted 300 feet and a building height of 130 feet instead of the maximum permitted 50 feet be and are hereby GRANTED, from and after the date of this Order, subject, however, to the following restrictions which are conditions precedent to the relief herein granted:

ORDER RECEIVED FOR FILING
DATE July 10, 1985
BY Arnold Jablon, Secretary



1. The Petitioner may apply for its building permit and be granted same upon receipt of this Order; however, Petitioner is hereby made aware that proceeding at this time is at its own risk until such time as the applicable appellate process from this Order has expired. If, for whatever reason, this Order is reversed, the Petitioner would be required to return, and be responsible for returning, said property to its original condition.
2. The Agreement of Sale entered into and executed by and between the State of Maryland and the Petitioner, dated June 15, 1984, shall be incorporated into and made a part of this Order in its entirety.
3. The special exception and variance to Section 1B01.2.B.2 shall be utilized within five years from the date of this Order.

Zoning Commissioner of
Baltimore County

AJ/srl

cc: John B. Howard, Esquire
Robert A. Hoffman, Esquire
People's Counsel

ORDER RECEIVED FOR FILING
DATE July 10, 1985
BY Arnold Jablon, Secretary



PETITIONS FOR SPECIAL EXCEPTION AND VARIANCE

2nd and 3rd Election Districts

LOCATION: North side of Winands Road; 2,077 feet east of the centerline of Rouen Road.

DATE AND TIME: Monday, July 1, 1985 at 10:30 A.M.

PUBLIC HEARING: Room 106, County Office Building, 111 W. Chesapeake Avenue, Towson, Maryland

The Zoning Commissioner of Baltimore County, by authority of the Zoning Act and Regulations of Baltimore County, will hold a public hearing:

Petition for a Special Exception under the Zoning Law and Zoning Regulations of Baltimore County, to use the herein property for 31 comprehensive care beds and 14 domiciliary care beds on the first floor of the main building (Convalescent Home); and a Variance from Section 1B01.2.B.2 to permit a building length of 475 feet in lieu of the maximum allowed 300 feet and from Section 1B01.2.C.6 (V.B.3.a) to permit a building height of 130 feet in lieu of the maximum allowed 50 feet.

Being the property of STATE OF MARYLAND, as shown on plat plan filed with the Zoning Office.

In the event that these Petitions are granted, a building permit may be issued within the thirty (30) day appeal period. The Zoning Commissioner will, however, entertain any request for a stay of the issuance of said permit during this period for good cause shown. Such request must be received in writing by the date of the hearing set above or made at the hearing.

BY ORDER OF
ARNOLD JABLON
ZONING COMMISSIONER
OF BALTIMORE COUNTY

**Description**

Description to Accompany Petition for Variance Request

North Oaks

Second Election District, Baltimore County, Maryland.

Beginning for the same at the end of the second of the two following courses and distances measured from the point formed by the intersection of the centerline of Winands Road with the centerline of Rouen Road, (1) binding on said centerline of Winands Road South 65 degrees 10 minutes East 2627 feet, more or less, and (2) running at right angles to Winands Road North 24 degrees 50 minutes East 1920 feet, more or less to the place of beginning, thence leaving said place of beginning and running the four following courses and distances, viz; (1) North 30 degrees 20 minutes East 350 feet, thence (2) South 59 degrees 40 minutes East 560 feet, thence (3) South 30 degrees 20 minutes West 350 feet, and thence (4) North 59 degrees 40 minutes West 560 feet to the place of beginning.

Containing 4.50 Acres of land more or less.

NOTE: THIS DESCRIPTION HAS BEEN PREPARED FOR ZONING PURPOSES ONLY AND IS NOT INTENDED TO BE USED FOR CONVEYANCE.

Our Job No. 84142

December 12, 1984



BALTI-McCUNE-WALKER INC.
209 East Pennsylvania Avenue
Towson, Maryland 21204
Telephone: 301—296-3333
Land Planning Consultants
Landscape Architects
Engineers & Surveyors

DESCRIPTION TO ACCOMPANY PETITION FOR
VARIANCE AND SPECIAL EXCEPTIONS

Second and Third Election Districts
Baltimore County, Maryland

Beginning for the same at a point on the North side of Winands Road, said place of beginning being distant 2,077 feet, more or less, measured on said North side of Winands Road, East from its intersection with the centerline of Rouen Road, thence leaving said place of beginning and running and binding on said North side of Winands Road, (1) South 65 degrees 49 minutes 32 seconds East 846.52 feet, thence leaving said North side of Winands Road and running the 15 following courses and distances, viz: (2) North 42 degrees 25 minutes 20 seconds East 150.15 feet, thence (3) North 41 degrees 25 minutes 20 seconds East 558.97 feet, thence (4) South 38 degrees 03 minutes East 740.79 feet, thence (5) North 31 degrees 13 minutes 30 seconds East 881.06 feet, thence (6) North 83 degrees 29 minutes 52 seconds East 2,086.84 feet, thence (7) North 41 degrees 18 minutes 30 seconds East 323.45 feet, thence (8) North 69 degrees 49 minutes 45 seconds East 610.41 feet, thence (9) Northwesterly by a line curving to the right with a radius of 1,850 feet, for a distance of 120.71 feet (the arc of said curve being subtended by a chord bearing North 49 degrees 22 minutes 20 seconds West 120.60 feet), thence (10) North 46 degrees 36 minutes 45 seconds West 1,498.06 feet, thence (11) North 63 degrees 06 minutes 45 seconds East 0.80 feet, thence (12) North 46 degrees 36 minutes 45 seconds West 813.14 feet, thence (13) South 43 degrees 23 minutes 15 seconds West 27.70 feet, thence (14) South 73 degrees 03 minutes 45 seconds West 3,948.98 feet, thence (15) South 66 degrees 10 minutes 51 seconds East 1,103.60 feet and thence (16) South 22 degrees 48 minutes 11 seconds West 1,187.92 feet to the place of beginning.

Containing 202.99 acres of land, more or less.

NOTE: THIS DESCRIPTION HAS BEEN PREPARED FOR ZONING PURPOSES ONLY AND IS NOT INTENDED TO BE USED FOR CONVEYANCE.

Our Job No: 84142

May 17, 1985

Revised 5/24/85





RE: PETITION FOR SPECIAL EXCEPTION : BEFORE THE ZONING COMMISSIONER
PETITION FOR VARIANCES
N/S of Winands Rd.; 2,077' E of the Centerline of Rouen Rd. : OF BALTIMORE COUNTY
2nd & 3rd Districts :

STATE OF MARYLAND, Petitioner : Case No. 86-2-XA

ENTRY OF APPEARANCE

Please enter the appearance of the People's Counsel in the above-captioned matter. Notices should be sent of any hearing dates or other proceedings in this matter and of the passage of any preliminary or final Order.

Phyllis Cole Friedman
People's Counsel for Baltimore County

Peter Max Zimmerman
Deputy People's Counsel
Rm. 223, Court House
Towson, MD 21204
494-2188

I HEREBY CERTIFY that on this 7th day of June, 1985, a copy of the foregoing Entry of Appearance was mailed to John B. Howard, Esquire, 210 Allegheny Ave., P. O. Box 5517, Towson, MD 21204, Attorney for Petitioner.

Peter Max Zimmerman
Peter Max Zimmerman

JAN 13 1986

BALTIMORE COUNTY
OFFICE OF PLANNING & ZONING
TOWSON, MARYLAND 21204
494-3353

ARNOLD JABLON
ZONING COMMISSIONER

June 25, 1985

John B. Howard, Esquire
210 Allegheny Avenue
P. O. Box 5517
Towson, Maryland 21204

RE: Petitions for Special Hearing and Variance
N/S of Winands Road,
2,077' E of the centerline of
Rouen Road
State of Maryland
Case No. 86-2-XA

Dear Mr. Howard:

This is to advise you that $68.25 is due for advertising and posting of the above property.

This fee must be paid and our zoning sign and post returned on the day of the hearing before an Order is issued. Do not remove sign until day of hearing.

Please make the check payable to Baltimore County, Maryland, and remit to Mrs. Arlene January, Zoning Office, Room 113, County Office Building, Towson, Maryland 21204, before the hearing.

Sincerely,

ARNOLD JABLON
Zoning Commissioner

BALTIMORE COUNTY, MARYLAND
OFFICE OF FINANCE - REVENUE DIVISION
MISCELLANEOUS CASH RECEIPT
No. 007357

DATE 7/1/85 ACCOUNT R-01-615-000
AMOUNT $ 68.25
RECEIVED FROM John B. Howard, Esquire
FOR Advertising and Posting Case 86-2-XA
B B004*****5625A 5388F
VALIDATION OR SIGNATURE OF CASHIER

John B. Howard, Esquire
210 Allegheny Avenue
P. O. Box 5517
Towson, Maryland 21204

NOTICE OF HEARING

RE: Petitions for Special Hearing and Variance
N/S of Winands Road,
2,077' E of the centerline of
Rouen Road
State of Maryland
Case No. 86-2-XA

TIME: 10:30 A.M.

DATE: Monday, July 1, 1985

PLACE: Room 106, County Office Building, 111 West Chesapeake Avenue, Towson, Maryland

Zoning Commissioner
of Baltimore County

BALTIMORE COUNTY, MARYLAND
OFFICE OF FINANCE - REVENUE DIVISION
MISCELLANEOUS CASH RECEIPT
No. 003199

DATE 12385 ACCOUNT R-01-615-000
AMOUNT $ 200.00
RECEIVED FROM [illegible]
FOR Filing fee for item 211
B B012*****2000:0a 5238F
VALIDATION OR SIGNATURE OF CASHIER

86-2-XA

CERTIFICATE OF PUBLICATION
65863

Pikesville, Md., June 12 19 85

THIS IS TO CERTIFY, that the annexed advertisment was published in the NORTHWEST STAR, a weekly newspaper published in Pikesville, Baltimore County, Maryland before the 1st day of July 1985 the first publication appearing on the 12th day of June ,19 85 the second publication appearing on the _____day of_____,19_____ the third publication appearing on the _____day of_____,19_____

THE NORTHWEST STAR

Manager

Cost of Advertisement $28.00

LEGAL NOTICE
PETITION FOR SPECIAL EXCEPTION and VARIANCE
2nd and 3rd Election Districts
LOCATION: North side of Winands Road, 2,077 feet east of the intersection of Rouen Road
DAY AND TIME: Monday, July 1, 1985 at 10:30 A.M.
PUBLIC HEARING: Room 106, County Office Building, 111 W. Chesapeake Avenue, Towson, Maryland
The Zoning Commissioner of Baltimore County, by authority of the Zoning Act and Regulations of Baltimore County, will hold a public hearing:
Petition for a Special Exception under the Zoning Law and Zoning Regulations of Baltimore County, to use the herein property for 31 comprehensive care beds and 14 domiciliary care beds on the first floor of the main building (Convenient Home), and a Variance from Section (B01.2.B.2 to permit a building height of 475 feet in lieu of the maximum allowed 300 feet and from Section (B01.2.C.6 (V.B.1.a) to permit a building height of 180 feet in lieu of the maximum allowed 50 feet.
Being the property of STATE OF MARYLAND, as shown on plat plan filed with the Zoning Office.
In the event that this Petition is granted, a building permit may be issued within the thirty (30) day appeal period. The Zoning Commissioner will, however, entertain any request for a stay of the issuance of said permit during this period for good cause shown. Such request must be received in writing by the date of the hearing set above or made at the hearing.
By Order Of
ARNOLD JABLON,
Zoning Commissioner
of Baltimore County
June 13.

86-2-XA

CERTIFICATE OF POSTING
ZONING DEPARTMENT OF BALTIMORE COUNTY
Towson, Maryland

District 2nd and 3rd Date of Posting 6-14-85
Posted for: Special Exception and Variances
Petitioner: State of Md.
Location of property: N/Side of Winands Rd. 2,077'E of the centerline of Rouen Rd.
Location of Signs: N/Side of Winands Rd. Approx 2100'E of Rouen Rd.
Remarks:
Posted by L. J. Arata Signature Date of return: 6-21-85
Number of Signs: 3

86-2-XA

CERTIFICATE OF PUBLICATION

TOWSON, MD., June 13 19 85

THIS IS TO CERTIFY, that the annexed advertisement was published in THE JEFFERSONIAN, a weekly newspaper printed and published in Towson, Baltimore County, Md., appearing on June 13 19 85

THE JEFFERSONIAN,

Publisher

Cost of Advertising
30.25

BALTIMORE COUNTY, MARYLAND

INTER-OFFICE CORRESPONDENCE

TO Arnold Jablon
Zoning Commissioner
Date June 11, 1985

FROM Norman E. Gerber, Director
Office of Planning and Zoning

SUBJECT Zoning Petition No. 86-2-XA

The plan was approved by the CRG on March 20, 1985. This office is in favor of the granting of the subject request.

Norman E. Gerber, Director
Office of Planning and Zoning

NEG:JGH:slm

MARYLAND
DEPARTMENT OF STATE PLANNING
301 W. PRESTON STREET
BALTIMORE, MARYLAND 21201-2365

HARRY HUGHES
GOVERNOR

CONSTANCE LIEDER
SECRETARY

June 28, 1985

Mr. Arnold Jablon
Zoning Commissioner for
Baltimore County
County Office Building
Towson, Maryland 21204

Dear Mr. Jablon:

ST. OF MARYLAND

This letter is submitted to support granting of a special exception to permit a nursing home facility as part of a life care community and variances to permit full utilization of the main hospital building with new construction at the former Thomas Wilson Hospital Center (Case 86-2-XA).

Following the Center's closing, sensitive to community concerns and the property's previous use, the State immediately determind that a health-related reuse would be preferred. The Department of State Planning analyzed development opportunities for the property and recommended a life care community reuse option preference. This recommendation was based upon economic, fiscal, traffic, environmental and other impact analysis by staff as well as input from the representatives of community associations and neighboring institutional uses, citizens, elected and appointed officials and an economic consultant (See enclosed reports: Thomas Wilson Center Reuse Investigation - Staff Analysis, July, 1983 and Mount Wilson Hospital Center - Private Reuse Potential, May, 1983).

The State solicited prospective developers and selected a developer for the property on the basis of that use preference (See "Request for Expressions of Interest", September, 1983). The Agreement of Sale executed by the State and contract purchaser limits the buyer's use of the property to a life care community. Further, the Agreement specifies building development plans that include rehabilitation of the main hospital building and construction of an adjoining high-rise building.

TELEPHONE: (301) 225-4550
TTY for Deaf (301) 383-7555
OFFICE OF COMPREHENSIVE POLICY PLANNING

JAN 13 1988

Mr. Arnold Jablon
June 28, 1985
page 2

The variances will ensure retention of the hospital building. A critical component of the life care community is nursing care beds. Approval of this special exception and the dimensional variances will be an important step toward development of a key parcel of land with a use responsive to community concerns, consistent with County plans, and sympathetic to the history of the property.

Sincerely,

Scribner H. Sheafor
Assistant Director

Enclosures

SHS:bes

REQUEST FOR
EXPRESSIONS OF INTEREST

THOMAS WILSON HOSPITAL CENTER
BALTIMORE COUNTY, MARYLAND

Department of State Planning
Department of General Services
301 West Preston Street
Baltimore, Md. 21201

September, 1983

GENERAL DESCRIPTION

The State is seeking expressions of interest describing general proposals for the private development of surplus property known as the Thomas Wilson Hospital Center, Baltimore County, Maryland.

The Department of State Planning previously conducted a study of reuse options for the property. This study included input from representatives of community associations and neighboring institutional uses, citizens, and elected and appointed officials. The study identified reuse option preferences reflecting community response, as well as economic, fiscal, traffic, and other impacts. The order of preference that the State has established for reuse is:

1. A life care community;
2. A private chronic care/nursing facility;
3. Residential development.

The State has determined to dispose of the property by a two-step process. During the first step, the State will solicit and evaluate general development proposals; during the second step, the State will conduct transfer negotiations with the selected developer or developers. Also during the second step, the selected developer or developers will be required to submit detailed reuse plans and financing packages; innovative and complex financing may be necessary.

SITE AND BUILDING DESCRIPTION

Detailed site and building descriptions may be found in the attached reports: Mount Wilson Hospital Center - Private Reuse Potentials, Praful Shah & Associates, Inc. and RTKL Associates, Inc., May, 1982 (Exhibit A), and Thomas Wilson Center Reuse Investigation - Staff Analysis, Department of State Planning, July, 1982 (Exhibit B).



SPECIAL DEVELOPMENT GUIDELINES

The following guidelines apply to development proposals for the property:

1. The developer should give serious consideration to the reuse option order of preference stated on page 1.
2. The developer should consider reserving a portion of the property, in cooperation with Baltimore County, for the proposed Gwynns Falls Valley Park system (see Exhibits C and D).
3. The developer should consider maintaining or providing adequate time for relocation of the Pilot House alcoholic rehabilitation program currently operated on the property (see Exhibit E).
4. The developer should consider maintaining or providing adequate time for relocation of the Mass Transit Administration's communications equipment currently located on the property (see Exhibit F).
5. The developer should consider possible use of a portion of the property for the proposed National Institute on Violence and Extremism, if that use is compatible with the developer's reuse and development proposal (see Exhibit G).
6. The developer should consider the historic value of buildings on the property and the possibility of establishing an historic easement, if that possibility is compatible with the developer's reuse and development proposal (see Exhibit H).
7. The developer should consider the possibility of acquiring 18± additional acres, for a previous alignment of the Northwest Expressway, should it be determined that the State Highway Administration will not need this land (see Exhibit I).



CONTENT OF EXPRESSIONS OF INTEREST

Each expression of interest shall contain the following:

1. A statement of qualifications for the developer and any consultants (such as attorneys, architects, engineers, contractors, and real estate management firms), to include the following information:
   a. Experience and range of expertise,
   b. Organization and legal structure,
   c. Financial responsibility, and
   d. Previous achievements in developing similar projects.
2. A general statement outlining how the proposal would be financed, including source and amount of equity investment and source and amount of other funds;
3. A statement describing the proposal in terms of the Special Development Guidelines listed above;
4. A statement describing the developer's proposed use or uses for the property, and, as appropriate, the clients served by each proposed use;
5. A general description of physical development plans for the property, including the estimated value of the development;
6. A statement of the approximate amount the developer proposes to pay the State for the property and the proposed terms of conveyance;
7. A statement describing the probable State and local fiscal, economic (including projected employment), and community impact of the proposal;



8. A statement identifying any and all conditions necessary for the proposed development, including but not limited to zoning approvals, permits, certificates of need, and financing;
9. The projected schedule for completing the property transfer, including, if appropriate, the schedule for obtaining any necessary certificates of need, zoning approvals, and other State and local approvals; and
10. Any additional information pertinent to the proposal.

EVALUATION AND SELECTION PROCEDURES

1. Evaluation Committee

   Expressions of interest will be reviewed by an Evaluation Committee comprised of staff members of the Departments of State Planning and General Services.

2. Conformity to Request

   Expressions of interest will first be reviewed for completeness and conformity to the Request. They must be clearly organized. An incomplete or non-conforming submission will not receive further consideration.

3. Evaluation Criteria

   Conforming Expressions of Interest will be evaluated by the Evaluation Committee which will consider the content of the proposals and select the one or ones which in its judgement best utilize the site in accordance with goals for its reuse. Consideration will be given to:

   - The proposed physical development of the property and its use,
   - The financial consideration accruing to the State,
   - The fiscal and economic impact of the proposed development on the State and county,



   - The practicality and feasibility of the proposed development,
   - The social and community impacts of the proposed development,
   - The ability of the developer to perform,
   - The time required to conclude dispostion and development,
   - The response to the Special Development Guidelines.

4. Board of Public Works Review

   Proposals will be reviewed with the Board of Public Works.

5. Negotiations with Developer or Developers

   Following Board review, the Departments of State Planning and General Services will attempt to negotiate a property transfer agreement with the preferred developer. Competitive negotiations may be conducted with more than one developer if initial proposals and evaluations warrant it. If an agreement is reached, it will be submitted to the Board for approval. If an agreement acceptable to the Departments and the Board is not reached within 90 days, then the Departments of State Planning and General Services may, with the approval of the Board, terminate the negotiations and attempt in the same manner to negotiate a property transfer agreement with another developer. The Departments of State Planning and General Services may also extend the negotiating period if both agencies find that negotiations are proceeding satisfactorily.

   The Departments of State Planning and General Services will proceed until they are able to negotiate an agreement satisfactory to the Board.

PROPOSAL SUBMISSION INFORMATION

The deadline for submission of expressions of interest is October 31, 1983 at 2:00 p.m. Four copies of the written proposal should be submitted to Mr. C. Allen Miles, Room 1101, 301 W. Preston Street, Baltimore, Maryland 21201. No telephone or telegraph proposals will be accepted.



A pre-submission conference will be held on September 30, 1983 at 10:00 A.M. in Room 1105, 301 W. Preston Street. The Departments of State Planning and General Services will discuss this Request for Expressions of Interest and answer questions. Attendance is not mandatory, but information presented may be useful, and prospective developers are encouraged to attend.

For additional information or to arrange a tour of the property, prospective developers may contact Mr. Scribner Sheafor at (301) 383-5680.

MISCELLANEOUS

1. Public Information Act

   Developers should clearly identify any portions of their expressions of interest that they deem to contain confidential or proprietary information or trade secrets and should provide justification why such materials should not be disclosed by the State, on request, under the Maryland Public Information Act, Article 76A, §§1 through 5A of the Annotated Code of Maryland.

2. Cost of Preparing Expressions of Interest

   Neither the State of Maryland nor any State agency is responsible for costs incurred in preparing expressions of interest.

3. Cancellation of Request; Rejection of Expressions of Interest

   This Request may be cancelled at any time, and any expression of interest may be rejected, when cancellation or rejection is in the best interest of the State.



JAN 13 1988

PRIVATE REUSE POTENTIALS

# MOUNT WILSON HOSPITAL CENTER

## BALTIMORE COUNTY, MARYLAND.

PETITIONER'S EXHIBIT 2

PRAFUL SHAH & ASSOCIATES, INC.
RTKL ASSOCIATES INC.

PRIVATE REUSE POTENTIALS
MOUNT WILSON HOSPITAL CENTER
BALTIMORE COUNTY, MARYLAND

Prepared For :

MARYLAND DEPARTMENT OF STATE PLANNING

May 1982

Prepared By :

Praful Shah & Associates, Inc.
5525 Twin Knolls Road, Suite 322
Columbia, Maryland 21045

301/730-3937 301/596-4332

and

RTKL Associates Inc.
Village of Cross Keys
Baltimore, Maryland 21210

301/435-6000

Praful Shah & Associates, Inc. 5525 Twin Knolls Road Suite 322 Columbia, Maryland 21045 301/596-4332 301/730-3937

May 21, 1982

Ms. Constance Lieder
Secretary
Maryland Department of State Planning
301 West Preston Street
Baltimore, Maryland 21201

Dear Secretary Lieder :

This will transmit our report documenting the findings of an evaluation concerning private reuse potentials for the State-owned Mount Wilson Hospital Property. The Center consists of a 183-acre complex of land and buildings located in the midst of the designated Owings Mills-Randallstown-Pikesville growth corridor in northwest Baltimore County.

Background Overview

Originally established in 1881 as the Thomas Wilson Sanitarium for Children, the property was sold to the State of Maryland in 1924. The majority of existing structures, including the 188,850 square feet 8-story main hospital building, were built in the early 1950s for the treatment of tuberculosis patients. The Center was closed in June 1981 by the Maryland Department of Health and Mental Hygiene and the property was subsequently declared excess to the needs of the Department.

Structures. An extensive series of improvements made before the hospital was closed kept both the main hospital building and the Ritchie Building up-to-date structurally and mechanically. In 1976, the fourth and the fifth floors of the main hospital building were completely renovated and the building was fully air conditioned. Other improvements recently made include : 1) a new roof on the Ritchie Building; 2) new fireproof doors; 3) window glazing; and 4) placement of new emergency generators. Both buildings are heated by the central power plant which was recently converted to burn natural gas and has a 20,000 gallon oil storage back-up capacity.





The complex contains more than 30 other buildings including staff apartment buildings, staff/employee single-family residences, office buildings and miscellaneous garages, storage buildings and maintenance shops. These buildings are generally a mixture of 2-story masonry construction and include 16 single dormitory rooms, 24 one-bedroom apartments and 10 detached houses. The entire complex, with the exception of the single-family residences, is heated by a central gas-fired powar plant.

Key Site Attributes. The topography of the 182-acre property consists of both gently rolling or level land to steep slopes with elevation variations in excess of 150 feet. Approximately 116 acres (63.0 percent of the site) are unsuitable for development because of steep slopes and/or flood potential. The site's natural features include impressive views and vistas, especially from the high ground where the main hospital building is located, attractive wooded land and several streambanks. These features provide an attractive setting for future private reuses.

Transportation Network/Site Access. Adequacy of transportation facilities and access both to the site and within the surrounding area are key factors affecting future uses at the Mt. Wilson Center.

- Reisterstown Road and Liberty Road provide the primary access into the area from the Baltimore Beltway. Both roads have major service problems, especially during the peak traffic hours.
- Winands Road and McDonogh Road are two-lane collector roads serving the residential community surrounding the site. Winands Road serves the southern portion of the site and is planned to be widened to a four-lane facility by the end of 1983. McDonogh Road is intended to be replaced by a widened Brenbrook Road that will extend between Liberty Road and Reisterstown Road.
- Mt. Wilson Lane provides direct access to the site. It is a two-lane facility with a current average daily traffic volume of approximately 2100 vehicles. The roadway is narrow with inadequate or non-existent roadway shoulders, poor sight distances, back-to-back curves and steep downgrades in a number of locations. At present, there are no improvements scheduled for Mt. Wilson Lane.



- The completion of the Northwest Expressway by 1986 and the completion of the MTA rapid rail transit by 1987 should reduce traffic burdens on the major arterials -- Liberty Road and Reisterstown Road -- serving the general area. However, no highway interchange or transit station is planned for either Mt. Wilson Lane or McDonogh Road. The closest expressway interchange and transit stop will be approximately 2½ miles from the site.

Area Characteristics. The area in the general vicinity of the Center is predominantly institutional, residential or vacant/farm land. McDonogh School, Ner Israel Rabbinical College, Woodholme Country Coub, Grey Rock Monastery and Foxleigh Nursing Home are all located close to the Mt. Wilson Center. Residential development consists mainly of single-family or two-family units on one-quarter acre lots or lower density single-family units. In 1980, the mean value of owner occupied housing in the general vicinity of the Center was above $68,000.

Zoning. The property is currently zoned DR-1 and DR-3.5 which allows for low density housing as well as convalescent homes, community buildings and other institutional uses. Approximately 360 residential units can be developed on the site under existing zoning. Office uses are not permitted under current zoning. Research and development/laboratory uses are permitted, however.

Growth Policies. The Owings Mills area has been designated by County officials in the Baltimore County Master Plan, 1979-1980 as a Town Center and is planned to support 18,000 to 20,000 additional residents by the year 2000. Major County projects intended to encourage development at Owings Mills include area road improvements, upzoning of low density residential "holding areas", lifting of sewer restrictions and provision of improved services to existing developments and appropriately zoned land. The Mt. Wilson Center is located within a "Fringe Development Area." Proposed development projects will be approved based on their ability to either demonstrate or provide "adequate public facilities" including sewer, water, and roads.

The Assignment

The consultant team was charged to analyze the key factors -- demand, supply, architectural/structural compatibility, costs and benefits -- associated with the conversion of the Mt. Wilson Hospital Center to private health and



non-health related uses. The study focused heavily on the medical reuse potentials of the Center because of the nature of the special-purpose hospital buildings existing on-site, particularly the well maintained and structurally sound main hospital building.

Over 15 health related uses were studied. Our preliminary review screened out six medical uses considered inappropriate for the Mt. Wilson Center.

- Four facilities -- trauma care, acute general hospital, specialized hospital, and acute and long-term psychiatric hospital -- were eliminated from further detailed evaluations because of lack of demand, number of existing facilities in the region, location of Mt. Wilson in relation to similar existing facilities, inadequate road network serving the site and suitability, including the costs involved of converting the existing Mt. Wilson Hospital structures for such uses.
- Two other potential uses -- health maintenance organization/group practice and out-patient services -- were eliminated primarily because of the site's inconvenient access and its interior location away from the primary road network.

The nine remaining uses were further analyzed to determine current and future need, optimal space range for each use, their functional linkages and their compatibility with the existing mechanical, structural and interior layouts of the hospital buildings. These evaluations resulted in the development of two distinct health-related reuse options for the Mt. Wilson Center as follows :

- Option A - Life Care Community
- Option B - Chronic Care/Nursing Facility

In addition to health related reuse evaluations, private non-health related reuse options were also evaluated. Uses evaluated included : 1) Residential; 2) Office; and 3) Institutional. Preliminary investigations indicated limited demand for space for institutional uses. As a result, institutional reuse possibilities were removed from further consideration. Private non-health reuse evaluations for the residential and office uses resulted in the development of three options as follows :



- Option C - Conversion of the Main Hospital Building to Residential Condominium Use and the Development of Low to Moderate Density New Housing on the Site.
- Option D - Demolition of All Existing Structures and the Development of 360 New Low to Moderate Density Residential Units -- Townhouses.
- Option E - Conversion of the Main Hospital Building to Private Speculative Office Space.

Key Findings and Recommendations

Detailed market, conversion costs and economic impact evaluations for each of the two major health related and three non-health related private reuse options were undertaken.

1. Our detailed evaluations indicate that the development of a Life Care Community on the Mt. Wilson Center site will result in the best use of existing structures and site from nearly all aspects considered. This recommendation is based on the following considerations.
   - The existing and future market for a Life Care Community is strong, due to a shortage of existing facilities and anticipated rapid growth in the area's elderly population.
   - A hypothetical Life Care Community would utilize the main hospital building. Adaptive reuse conversion costs are estimated to amount to $5.6 million in 1982 dollars, exclusive of land, fees, and financing costs. The project could be built in phases.
   - The Life Care Community option would require little or no State or Federal operating or capital subsidies and would generate over $146,000 annually in State and local taxes when fully built.
   - Approximately 150 new jobs will be created if Option A is developed, which is more than the two residential reuse options but less than the chronic care and office options.



- Of all the options evaluated, the Life Care Community would be least disruptive to the existing infrastructure and road system, although Mt. Wilson Lane may need minor improvements.
- The local community, as indicated in public meetings, seemed to prefer that the reuse of the Mt. Wilson Hospital Center be institutional or low density housing, have little impact on existing roads, and maintain the site's natural features. The Life Care Community would meet these criteria.
- Although approval by the Maryland Department of Health and Mental Hygiene would be required for the comprehensive and domiciliary nursing components, this part of the facility represents a minor part of the entire community and approval should be relatively easy to obtain.
- The project can be entirely undertaken and funded by the private sector. There already exists a significant interest from the private sector to develop such a community at the Mt. Wilson Center site.
- Finally, a Life Care Community would have the shortest development/regulatory approval period, placing the currently underutilized Mt. Wilson Hospital Center in productive use and eliminating expensive maintenance costs currently borne by the state.

2. If no private or non-profit life care sponsor can be found for the Mt. Wilson site, the State should consider the Chronic Care/Nursing Facility -- Option B -- as a long-term fallback option.
   - This is suggested only because it would result in the reuse of the main hospital and other appropriate structures on the site, would generate more new permanent jobs, would have a moderate impact on local roads, and should be accepted by the local community.

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- On the other hand, our findings indicate that the demand for such a facility in the region, at least in the short and mid-term is questionable. As a result, there is likely to be a significant time delay in obtaining a certificate of need from the State Department of Health and Mental Hygiene.

- A new Chronic Care Facility would result in $1.2 million annually in additional State costs under the Maryland Medical Assistance Grant Program.

3. Our findings with respect to the Reuse of the Property as a Speculative Office Space are negative.

- The Mt. Wilson site is away from the main Office corridor. There are a number of competitive office projects planned for development in the Owings Mills area which are better located for office uses than is the Mt. Wilson site.

- Office use on the site would generate nearly 700 jobs resulting in substantial adverse effect on the limited road network serving the site.

- The development of private speculative office space on the site would require a change in the existing zoning.

- Adequate public facilities requirements by the County would significantly delay the implementation of private office use on the site.

4. The other two options - Condominium Conversion with New Construction and Demolition of All Buildings and New Residential Construction were evaluated and found to have the following problems :

- The market for high-rise multifamily units in the Mt. Wilson area is expected to be weak over the next 10-12 years. In addition,



the market for residential buildings converted from non-residential uses is untested in Baltimore County.

- The interior layout and existing features of the main hospital building will result in small units and relatively expensive per square foot prices.

- In sum, the conversion of the Mt. Wilson's main hospital building to residential uses would be a risky undertaking and one not likely to attract a private developer.

- Although townhouse units could be economically built and marketed on the site (Option D), this option would require the demolition of the main hospital building, which, we believe not to be a prudent course of action at this time.

In summary, a Life Care Community is the most appropriate feasible permanent use which would allow the main hospital building to be reused relatively quickly. This option has the least impact on the existing road system and appears to meet community goals. Although new job creation and tax base increases are not the highest of all the options evaluated, they are nevertheless substantial.

Disposition Strategy/Next Steps

Outright sale of the property by the State is the preferred method of disposition. Sale of the property, rather than lease, is preferred because it allows the State to receive full payment for the property at the time of disposition. Furthermore, outright sale does not involve substantial future financial commitments by the State to upgrade the property or make other leasehold improvements.

A long-term lease of the property would only be appropriate for the Chronic Care or Life Care options. However, long-term leasing would require substantial upfront costs to be borne by the State to upgrade the property. Furthermore, leasing by the State could possibly forego any tax benefits that would normally occur from private ownership. A lease agreement is not appropriate if the hospital complex is to be converted to private non-medical office and /or residential uses. If these options are selected then the State should sell the property outright to a private party at a negotiated price.



The next step involved in disposing of the property would require the Department of State Planning to make an internal determination of whether a certificate of need for the nursing component of a Life Care Community at Mt. Wilson could be acquired by a private user. Actual application for a certificate of need would be the responsibility of a private provider, but the State should make this determination in order to guide interested parties. Once this determination has been made the State should identify interested and qualified life care community providers and nationally advertise the State's intention to use the property for life care. Directories of existing life care community providers are available from organizations such as Kendal-Crosslands in Kennett Square, Pennsylvania.

Life care providers interested in Mt. Wilson should be invited to submit detailed proposals outlining how they would develop such a community, what features it would contain and other relevant information. The State should select the best proposal and enter into negotiations for sale of the property.

Many individuals have provided valuable inputs and time during the course of this study. Thanks are extended to all. Special thanks and appreciation are extended to the firm of RTKL Associates Inc. who contributed much to the study by undertaking detailed evaluations of the structures and by preparing conversion/development cost estimates for all reuse options considered.

It has been our privilege to undertake this most challenging assignment for your agency. If we can be of any further service, please do not hesitate to call on us.

With kind regards.

Sincerely,

Praful B. Shah
President

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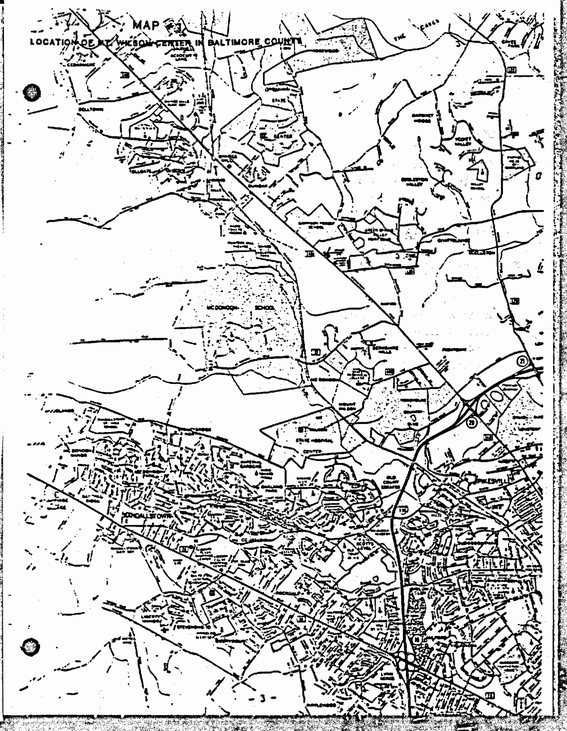
Section I. DESCRIPTION OF THE MT. WILSON HOSPITAL CENTER AND THE SURROUNDING AREA

The Mt. Wilson Hospital Center consists of a 183-acre complex of land and buildings located in the vicinity of Owings Mills in northwest Baltimore County. Originally established in 1881 as the Thomas Wilson Sanitarium For Children, the property was sold to the State of Maryland in 1924. The majority of existing structures, including the main hospital building, were built in the early 1950's for the treatment of tuberculosis patients. When fully operational, the Center provided living, dining and treatment for 377 patients.

The advent of new non-surgical medical treatment of tuberculosis and the general decline of tuberculosis cases rendered obsolete the hospital's then sophisticated surgical facilities. The Center was gradually converted to a facility for hard-to-care-for patients with chronic obstructed pulmonary diseases and other multiple diseases. The Center also provided treatment and training for mildly retarded patients and was used as a nursing home and convalescent center for patients released from other State hospitals. A census of patients conducted in April 1980 counted 261 patients including 119 comprehensive nursing residents, 81 pulmonary disease patients and 61 mentally retarded patients.

The Center was closed in June 1981 by the Maryland Department of Health and Mental Hygiene to save $2.5 million. At the time of closing, the hospital was reportedly treating 186 patients. Presently, three

MAP #1
LOCATION OF MT. WILSON CENTER IN BALTIMORE COUNTY



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programs still operate at the Center: 1) The Pilot House Alcoholic Rehabilitation Program; 2) Gambler's Anonymous; and 3) a Training Center for State Health Department Staff. The main hospital building is vacant.

## Key Site Features

The Center consists of approximately 183 acres of land that has been declared excess to the needs of the Department of Health & Mental Hygiene. The State Highway Administration owns an additional 19.88 acre parcel originally planned to be used for the Northwest Expressway which is located on the eastern portion of the site, adjacent to the right-of-way of the Expressway.

## Location

The Mt. Wilson Hospital Center is strategically located in northwestern Baltimore County approximately one and one-half miles west of the Baltimore Beltway between Reisterstown Road and Liberty Road. Map # 1 identifies the site's setting in this location. Located on Mt. Wilson Lane, the property is approximately two miles away from Baltimore County General Hospital and three miles from Rosewood State Hospital.

The Center occupies a central location within the Owings Mills/ Randallstown/Pikesville Growth Area which has been designated by the County to accommodate approximately 18,000 more residents by the year 2000. Within this area, however, the site is relatively isolated, lacks adequate access for high intensity uses and is located between the urban areas of Pikesville, Randallstown and the proposed Owings Mills Town Center.



## Topography

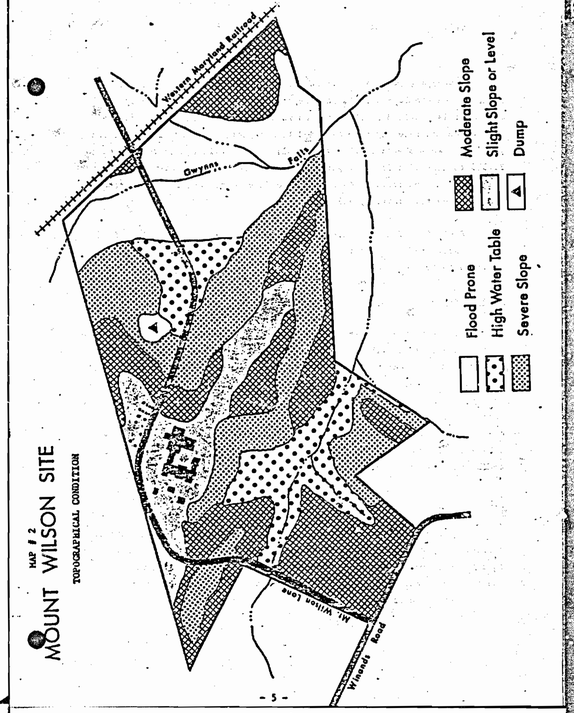
The site's topography includes both gently sloping or level land and steep slopes with elevation changes in excess of 150 feet. Map # 2 illustrates the site's topographical conditions. Approximately 116 acres are unsuitable for development because of steep slopes and/or flood potential. The major portion of developable land lies along the ridgeline where the main hospital complex is located. Other developable areas are located in the southern portion of the site along Mt. Wilson Lane and Winands Road.

Approximately 40 acres of floodplain or floodprone land is located in the vicinity of the Gwynns Falls, which crosses the eastern portion of the site. Additional land with high water table is found along a creekbed crossing Mt. Wilson Lane in the southern portion of the site. Most of the undeveloped portion of the site is heavily wooded.

The site's natural features include impressive views and vistas, especially from the high ground where the main hospital building is located, attractive wooded land and a multitude of streambanks. These features provide an attractive setting for the hospital complex.

## Utilities

Water and sewer service to the property is considered adequate for existing development. Water service is provided by means of a 12 inch pipe connected to a 16 inch main on Winands Road. Water service is reliable in the zone in which the property is located and, according to County planning staff, is adequate for any proposed new development.




MAP # 2
MOUNT WILSON SITE
TOPOGRAPHICAL CONDITION



## Existing Structures

The hospital complex includes the 8-story main hospital structure originally constructed in 1952 (188,850 square feet), the Ritchie Building constructed in 1928 (48,020 square feet) and more than 30 other buildings including staff apartment buildings, staff/employee single-family residences, office buildings and miscellaneous garages, storage buildings and maintenance shops. Map # 3 on the following page shows the location of the various buildings on the site. Th entire hospital complex, with the exception of the single-family residences, is heated by a central gas-fired power plant.

Based on walk-through property evaluations by the consultant team, discussions with the hospital's maintenance supervisor and review of maps and drawings and other relevant data and inputs about the Center, individual buildings were reviewed for their structural condition, floor layouts, interior improvements, mechanical systems and other features relevant to prospective reuses.

The Main Hospital & Ritchie Building. Generally, the properties can be classified into two distinct groups. The first group includes the main hospital building as well as the Ritchie Building which is attached to the main building by a first floor walkway. Both of these buildings are structurally sound and in good condition. During operation as a hospital the main hospital floors were organized as follows :

- Floors 1 & 2 housed administrative, support services, housekeeping and miscellaneous activities.
- Floors 3, 4, 5, 7 & 8 housed patient care rooms including psychiatric, nursing care and tuberculosis patients.



MAP #3 KEY
THOMAS WILSON CENTER

| BUILDING NUMBER | |
|---|---|
| 1 | Main Hospital |
| 2 | Ritchie Building |
| 3 | Original Administration Building |
| 4 | Men's Ward |
| 5 | Women's Ward |
| 12 | Garage and Shop |
| 17 | Dwelling (Gamblers Anonymous) |
| 18 | Dwelling |
| 20 | Garage |
| 21 | Nurses Home - Administration Building |
| 22 | Staff Apartments |
| 23 | Staff Dormitory |
| 24 | Staff Dormitory (Manpower Development Center) |
| 30 | Old Power Plant |
| 31 | Power Plant |
| 32 | Dwelling |
| 33 | Barn |
| 38 | Dwelling |
| 40 | Dwelling |
| 41 | Dwelling |
| 43 | Dwelling |
| 44 | Dwelling |
| 45 | Dwelling |
| 46 | Dwelling |
| 47 | Staff Apartments |
| 48 | Staff Apartments |
| 49 | Staff Apartments |
| 50 | Staff Residence (Pilot House) |
| 51 | Shop |
| 52 | Storage |
| 53 | Dwelling |



efficiency of the interior space.

The Ritchie Building, on the other hand, is not suitable for most medical reuses because of the costs and difficulties involved in refitting the building to meet modern life-safety code standards. Because of inadequate elevator service and poor interior circulation, as well as an inefficient configuration of space and room size, meeting code standards and making the building attractive to private users would require extensive improvements. The building, however, could be used for administrative purposes, passive recreation and other similar uses with minor modifications.

Offices and Staff Residences. The second group of buildings includes the offices and staff residences surrounding the main hospital building. The 7,000 square foot stone and frame construction original administration building, the original hospital wards, and the maintenance shop and garages were built in the late-nineteenth and early-twentieth century. Although architecturally and historically interesting, these buildings have been used recently for storage only and are not in sound structural condition. In addition, they occupy a key location on the site that may be more appropriately used for new construction.

The offices and staff housing located across the hospital complex, except for the "new administration building" originally used as nurses housing, were built in the 1950's during or shortly after the construction of the main hospital building. These buildings are generally a mixture of 2-story masonry construction and include 16 single dormitory rooms, 24 one-bedroom apartments, 8 two-bedroom and 1 three-bedroom apartments in six buildings as well as five detached houses. With the exception of four detached houses, all buildings in this area are heated by the central power plant.



neighborhoods are located immediately south of the site along Winands Road. These neighborhoods consist primarily of single-family tract housing.

Reisterstown Road and Liberty Road include a heavy concentration of retail and commercial development extending for miles beyond the Beltway. Industrial activity is concentrated in the vicinity of Reisterstown Road and Painters Mill Road and includes Maryland Cup Company and others. Office activity is limited to small concentrations on Reisterstown Road in Owings Mills, on Liberty Road at Old Court Road and in town center offices at Pikesville. Baltimore County General Hospital, a major area employer, is located at Liberty and Old Court Roads.

A substantial number of institutions exist in the vicinity of Mt. Wilson. The following Table 1 lists the major area institutions.

Table 1. INSTITUTIONAL LAND USES

| Institution | Use | Acres |
|---|---|---|
| McDonogh School | Private School | 760.38 |
| Ner Israel | Rabbinical College | 66.04 |
| Woodholme Country Club | Golf Course-Country Club | 204.78 |
| Grey Rock | Monastery | 93.79 |
| Foxleigh | Nursing Home | 13.90 |

Source : "Proposed Land Use Plan for the Southwest Area Task Force," by Tony Wiles & Associates.

Residential development consists mainly of single-family or two-family units on one-quarter acre lots or in lower density single family residences. A concentration of three and four-story apartment complexes are located along Liberty Road, Old Court Road and Milford Mill Road. Recent new construction has included a large number of townhouses, especially along Reisterstown Road and in the Olde Mill Estate subdivision.



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Table 2. COMPARISON OF NON-FARM EMPLOYMENT AND POPULATION GROWTH METROPOLITAN BALTIMORE AND BALTIMORE COUNTY, 1960-1980

| | Metropolitan Baltimore | | Baltimore County | | County as a % of SMSA | |
|---|---|---|---|---|---|---|
| | Jobs | Population | Jobs | Population | Jobs | Population |
| 1960 | 704,800 | 1,803,747 | 147,000 | 492,426 | 20.9% | 27.3% |
| 1970 | 805,700 | 2,070,670 | 217,400 | 621,077 | 27.0% | 30.0% |
| 1980 | 927,907 | 2,174,023 | 265,188 | 655,615 | 28.6% | 30.2% |
| Change, 1960-70 Number | 100,900 | 266,925 | 70,400 | 128,651 | 69.8% | 48.2% |
| Percent | 14.3% | 14.8% | 47.9% | 26.1% | - | - |
| Change, 1970-80 Number | 122,207 | 103,353 | 47,788 | 34,538 | 39.1% | 33.4% |
| Percent | 15.2% | 5.0% | 22.0% | 5.6% | - | - |
| Change, 1960-80 Number | 223,607 | 370,278 | 118,188 | 163,189 | 53.0% | 44.1% |
| Percent | 31.7% | 20.5% | 80.4% | 33.1% | - | - |

Source : U.S. Bureau of Labor Statistics; Maryland Department of Human Resources; U.S. Census of Population and Housing; and Praful Shah & Associates, Inc.



Consistent with trends in the metropolitan area, the bulk of the projected increase in employment in the County will occur in the services sector -- the major office space using sector. Employment in the services sector is projected to increase by 11,734 jobs between 1980 and 1987 and by 6,900 jobs between 1987 and 1992. Significant growth should also occur in retail trade (17,090 jobs), finance, insurance and real estate (4,269 jobs) and manufacturing (4,111 jobs) during this twelve year period.

Population and Household Trends and Projections

As employment levels in the region and Baltimore County increase, population and number of households will also grow, resulting in increased demand for new housing units, another option being considered for the Mt. Wilson area. This subsection presents information on recent trends and likely future increases in population and household levels for three areas : the Mt. Wilson Area, Baltimore County, and the Baltimore Region.

Recent Trends

Table 6 on the following page shows recent trends in population, number of households, and average household size for the three areas identified above. These trends are evaluated in the following paragraphs.

Mt. Wilson Area. The Mount Wilson Area is defined to include five Regional Planning Districts in the Owings Mills/Pikesville corridor within which the Mt. Wilson Hospital Center is located. Regional Planning Districts are geographical areas delineated by the Baltimore Regional Planning Council. The Mt. Wilson Area includes the following RPD's : Reisterstown-Owings Mills, Harrisonville, Randallstown, Pikesville, and Lochearn. This area includes much of the near northwest suburbs of Baltimore County located along the I-695 corridor, west of I-83/Route 25 and north of I-70.



place since 1970, reflect the effects of major national economic cycles. Throughout the 1970's, the national economy has been riddled by double-digit inflation, historically high interest and unemployment rates and periodic major recessionary downturns. In spite of these disturbing events, the regional economy added over 122,200 jobs over the ten-year period between 1970 and 1980. The economy of Baltimore County during the same period expanded by nearly 66,500 jobs.

Table 3 below shows recent non-farm employment trends by broad industrial sectors for Metropolitan Baltimore as well as for Baltimore County.

Table 3. NON FARM EMPLOYMENT TRENDS, BALTIMORE SMSA AND BALTIMORE COUNTY, 1970-1980

| | Baltimore SMSA | | | Baltimore County | | |
|---|---|---|---|---|---|---|
| | 1980 | Change, 1970-1980 | | 1980 | Change, 1970-1980 | |
| | Number | Number | Percent | Number | Number | Percent |
| Manufacturing | 159,628 | - 36,172 | -18.5% | 52,889 | - 9,711 | - 15.5% |
| Construction | 97,676 | 3,976 | 9.1% | 16,660 | 5,200 | 45.6% |
| Wholesale Trade | 51,127 | 7,527 | 17.3% | 14,429 | 6,929 | 92.4% |
| Retail Trade | 138,641 | 26,940 | 20.5% | 50,310 | 18,310 | 57.2% |
| T.C.U. 1) | 50,378 | - 6,772 | -11.8% | 7,225 | - 675 | - 8.5% |
| F.I.R.E. 2) | 55,336 | 11,936 | 27.5% | 10,331 | 5,231 | 102.6% |
| Services 3) | 182,944 | 47,944 | 35.5% | 47,556 | 20,466 | 75.5% |
| Government | 222,178 | 66,778 | 42.9% | 65,638 | 20,738 | 46.0% |
| Total | 927,907 | 122,207 | 15.2% | 265,188 | 66,988 | 33.5% |

1) : Transportation, Communications and Utilities
2) : Finance, Insurance and Real Estate
3) : Includes Mining

Source : Maryland State Department of Human Resources; Employment Security Administration.



Likewise, households in the Mt. Wilson Area grew at a faster rate than in the County as a whole, adding 13,676 new households from 36,952 households in 1970 to 50,628 households in 1980. Average household size declined by 16.3 percent during this period, falling from 3.31 persons per household in 1970 to 2.77 persons per household in 1980.

The gains in population and households in this area reflect an increase in smaller households occurring because of in-migration of younger families and single professionals, an "empty nester" phenomenon in some older neighborhoods and a preference for smaller housing units caused by increased housing costs and spiraling inflation in the decade of the 1970's.

Baltimore Region. The Baltimore Region experienced steady population and household growth between 1970 and 1980. As shown in Table 6, the region's population increased by 103,353 persons or 5.0 percent during this period growing from 2,070,670 persons in 1970 to 2,174,023 persons in 1980. During this same period the region's average household size declined by 13.6 percent from 3.32 persons per household in 1970 to 2.87 persons per household in 1980. The region's declining household size combined with population growth during this period added 133,457 new households, an increase of 21.4 percent. The total number of households increased from 623,523 households in 1970 to 756,980 in 1980.

Baltimore County. As Table 6 illustrates, Baltimore County reflects many of the same demographic trends that have been occurring in the region. Total population in the County increased by 34,538 persons or 5.6 percent between 1970 and 1980. Average household size in the County declined 17.9 percent between 1970 and 1980 from 3.36 persons per household in 1970 to 2.76 persons per household in 1980. Households in the County grew by 28.4 percent during this period, with total households increasing from 189,850 in in 1970 to 237,371 in 1980.



Projections of Future Employment

In the framework of this study, projections of future employment levels are essential determinants of the likely demand for new office space, one of the potential reuse options being considered for the Mt. Wilson Hospital. Employment projections for the Baltimore Metropolitan Area and Baltimore County are presented in the following paragraphs.

Baltimore Metropolitan Area. As discussed above, the Baltimore regional economy has shown a significant amount of diversification in recent years, with major employment increases in the government, services and trade sectors of the economy. This diverse base should allow the Baltimore regional economy to continue to expand over the next ten years.

Our detailed analysis indicates that non-farm employment in the Baltimore region will grow, as shown in Table 4 on the following page, from 927,907 jobs in 1980 to 999,600 jobs in 1987 and to 1,047,800 jobs by the year 1992. These employment projections indicate a net increase of 71,693 jobs over the 1980-87 period and 48,200 jobs over the 1987-1992 period.

Table 4 also shows the services sector -- the major office using sector -- is expected to be the fastest growing sector in the Baltimore regional economy. Jobs in the services sector are projected to increase by 52,756 workers between 1980 and 1992. The other major office space using sector -- finance, insurance and real estate -- is projected to grow by over 11,000 workers during the twelve year period.

Government will grow by only 13,022 workers in the twelve-year period and will become the second largest employment sector by 1982, only slightly behind the services sector.



Table 7. FORECAST OF POPULATION, HOUSEHOLDS AND AVERAGE HOUSEHOLD SIZE, BALTIMORE SMSA, BALTIMORE COUNTY AND THE Mt.WILSON AREA, 1980, 1987 and 1992

| | 1980 Number | 1987 Number | 1992 Number | Numerical Change 1980-87 | Numerical Change 1987-92 |
|---|---|---|---|---|---|
| **Population** | | | | | |
| Mt. Wilson Area | 140,027 | 144,369 | 150,900 | 4,342 | 6,531 |
| Remainder of Baltimore Co. | 515,588 | 525,998 | 535,131 | 10,410 | 9,133 |
| Baltimore Co. Total | 655,615 | 670,367 | 686,031 | 14,752 | 15,664 |
| Remainder of Baltimore SMSA | 1,518,408 | 1,625,770 | 1,675,501 | 107,362 | 49,731 |
| Baltimore SMSA Total | 2,174,023 | 2,296,137 | 2,361,532 | 122,114 | 65,395 |
| **Households** | | | | | |
| Mt. Wilson Area | 50,628 | 55,618 | 60,574 | 4,990 | 4,956 |
| Remainder of Baltimore Co. | 186,743 | 202,173 | 213,016 | 15,430 | 10,843 |
| Baltimore Co. Total | 237,371 | 257,791 | 273,590 | 20,420 | 15,799 |
| Remainder of Baltimore SMSA | 519,609 | 574,803 | 613,006 | 55,194 | 38,203 |
| Baltimore SMSA Total | 756,980 | 832,594 | 886,596 | 75,614 | 54,002 |
| **Average Household Size** | | | | | |
| Mt. Wilson Area | 2.77 | 2.60 | 2.49 | -0.17 | -0.11 |
| Remainder of Baltimore Co. | 2.76 | 2.60 | 2.51 | -0.16 | -0.09 |
| Baltimore Co. Total | 2.76 | 2.60 | 2.51 | -0.16 | -0.09 |
| Remainder of Baltimore SMSA | 2.92 | 2.83 | 2.73 | -0.09 | -0.09 |
| Baltimore SMSA Total | 2.87 | 2.76 | 2.66 | -0.11 | -0.10 |

Source : Praful Shah & Associates, Inc. based on Maryland Department of Human Resources; Regional Planning Council & Baltimore County Office of Planning and Zoning Round 2 Population & Housing Projections.

Baltimore Region. As shown in Table 7 above, the Baltimore Region will grow by 122,114 new residents during the 1980-87 period and 65,395 residents between 1987 and 1992. The Region is expected to add 75,614 new households between 1980 and 1987 and an additional 54,002 households in the five-year period between 1987 and 1992. Household size will continue



improvements. Although Baltimore City stands to receive the greatest benefit from transit improvements and will pose strong competition for rapid rail oriented uses, the Owings Mills Station area offers a large variety of attractive sites suitably zoned and serviced for future new development.

Our analysis indicates that non-farm employment in Baltimore County will grow, as shown in Table 5 below, from 265,188 jobs in 1980 to 315,100 jobs in 1992, an increase of 49,912 jobs or 18.8 percent over the 1980-1992 period.

Table 5. NON-FARM EMPLOYMENT PROJECTIONS, BALTIMORE COUNTY 1980, 1987 and 1992

| | 1980 Number | 1987 Number | 1992 Number | Projected Change 1980 - 1992 Number | Projected Change 1980 - 1992 Percent |
|---|---|---|---|---|---|
| Manufacturing | 52,889 | 55,300 | 57,000 | 4,111 | 7.8% |
| Construction | 16,600 | 18,700 | 19,700 | 3,100 | 18.7 |
| Wholesale Trade | 14,429 | 16,500 | 17,400 | 2,971 | 20.6 |
| Retail Trade | 50,310 | 57,100 | 62,400 | 12,090 | 24.0 |
| T.C.U. 1) | 7,225 | 7,900 | 8,300 | 1,075 | 14.9 |
| F.I.R.E. 2) | 10,331 | 13,200 | 14,600 | 4,269 | 41.3 |
| Services 3) | 47,566 | 59,300 | 66,200 | 18,634 | 39.2 |
| Government | 65,838 | 66,300 | 69,500 | 3,662 | 5.6 |
| Total | 265,188 | 294,300 | 315,100 | 49,912 | 18.8% |

1) : Transportation, Communications and Utilities
2) : Finance, Insurance and Real Estate
3) : Includes Mining

Source : Praful Shah & Associates, Inc. based on Maryland Department of Human Resources; Regional Planning Council Estimates.



residents in 1980. Those residents 65 years and older accounted for 10.1 percent of the County's total population in 1980, up from 8.4 percent in 1970.

Table 8. TRENDS IN POPULATION AGED 65 YEARS AND OVER BALTIMORE COUNTY, BALTIMORE SMSA 1970, 1980

| | 1970 Number | 1980 Number | Change, 1970-1980 Number | Change, 1970-1980 Percent |
|---|---|---|---|---|
| **Baltimore SMSA** | | | | |
| Population 65 years and over | 173,919 | 219,467 | 45,548 | 26.2 |
| Total Population | 2,070,670 | 2,174,023 | 103,353 | 5.6 |
| Percent of Total Population | 8.4 | 10.1 | 44.1 | - |
| **Baltimore County** | | | | |
| Population 65 years and over | 45,698 | 69,364 | 23,666 | 51.8 |
| Total Population | 621,077 | 655,615 | 34,538 | 5.6 |
| Percent of Total Population | 7.4 | 10.6 | 68.5 | - |
| **Mt. Wilson Area** | | | | |
| Population 65 years and over | 9,064 | 13,589 | 4,525 | 49.9 |
| Total Population | 122,398 | 140,027 | 17,629 | 14.4 |
| Percent of Total Population | 7.4 | 9.7 | 25.7 | - |

Source : U.S. Census of Population and Housing.

Forecasts of Elderly Population

Based on RPC Scenario II Estimates of the Distribution of the Population by Age and Sex, the elderly population is expected to increase numerically and as a percentage of the total population both in the region and in Baltimore County. The expected growth in this age group has major implications for future health facilities, as discussed in the next section. Table 9 on the following page shows projected elderly population for these two areas.



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Table 6. TRENDS IN POPULATION, HOUSEHOLDS AND AVERAGE HOUSEHOLD SIZE METROPOLITAN BALTIMORE, BALTIMORE COUNTY & MT. WILSON AREA

| | 1970 Number | 1980 Number | Change, 1970-80 Number | Change, 1970-80 Percent |
|---|---|---|---|---|
| **Population** | | | | |
| Mt. Wilson Area | 122,398 | 140,027 | 17,629 | 14.4% |
| Remainder of Baltimore Co. | 498,679 | 515,588 | 16,909 | 3.4% |
| Baltimore Co. Total | 621,077 | 655,615 | 34,538 | 5.6% |
| Remainder of Baltimore SMSA | 1,449,593 | 1,518,408 | 68,815 | 4.8% |
| Baltimore SMSA Total | 2,070,670 | 2,174,023 | 103,353 | 5.0% |
| **Households** | | | | |
| Mt. Wilson Area | 36,952 | 50,628 | 13,676 | 37.0% |
| Remainder of Baltimore Co. | 147,888 | 186,743 | 38,845 | 26.3% |
| Baltimore Co. Total | 184,850 | 237,371 | 52,521 | 28.4% |
| Remainder of Baltimore SMSA | 438,673 | 519,609 | 80,936 | 18.5% |
| Baltimore SMSA Total | 623,523 | 756,980 | 133,457 | 21.4% |
| **Average Household Size** | | | | |
| Mt. Wilson Area | 3.31 | 2.77 | -0.54 | -16.3% |
| Remainder of Baltimore Co. | 3.37 | 2.76 | -0.61 | -18.1% |
| Baltimore Co. Total | 3.36 | 2.76 | -0.60 | -17.9% |
| Remainder of Baltimore SMSA | 3.30 | 2.92 | -0.38 | -11.5% |
| Baltimore SMSA Total | 3.32 | 2.87 | -0.45 | -13.6% |

Source : U.S. Census of Population and Housing; RPC and Baltimore County Office of Planning and Zoning Round 2 Population Projections.

As shown in the above Table, between 1970 and 1980 the Mt. Wilson Area experienced greater overall population and household growth than did the County or the region. Population in the Mt. Wilson Area grew from 122,398 persons in 1970 to 140,027 persons in 1980 for a total of 17,629 new residents, more than half the County's total growth for this period. This new growth represents a 14.4 percent growth rate over the period, more than 2.5 times the County's growth rate.



Forecast of Population and Households

The Mt. Wilson Area, Baltimore County, and the Baltimore Region should show moderate increases in population and number of households over the next 10-12 years, with the first two areas likely to have slower growth rates than experienced over the previous decade. Population and household projections, shown in Table 7 on the following page, are based on estimates made by the Regional Planning Council. Projections for individual areas are described in the following paragraphs.

Mt. Wilson Area. This area should benefit from the County's policies and programs to encourage growth in the Owings Mills area. Analysis of the growth forecasts for the RPDs which make up the Mt. Wilson Area indicate that the area's population should increase by 4,342 new residents and 4,990 households between 1980 and 1987. Between 1987 and 1992, after the completion of the Northwest Expressway and the MTA Rapid Rail System, population should increase by 6,531 individuals while households will expand by 4,956. It should be noted that these growth forecasts represent a gradual increase in the area's share of total Baltimore County households and population. It is expected that in 195 the Mt. Wilson Area will account for 22.0 percent of the County's total population and 22.1 percent of County's total households.

Baltimore County. Population and household growth in Baltimore County will moderate slightly from previous decades. The County's controlled growth policies, less available developable land and competition from other jurisdictions will moderate the County's population and household growth rates, although actual population increases will remain large. Between 1980 and 1987, population growth in the County is expected to total 14,752 new persons with 20,420 new households added over the same period. Between 1987 and 1992 population will expand by 15,664 persons while new households should increase by 15,799.



to decrease, although overall decline will be less dramatic than in the previous ten-year period. Average household size in the region should decline from 2.87 persons per household in 1980 to 2.66 persons per household in 1992.

Trends and Projections in the Elderly Population

The elderly population -- those residents 65 years and older -- represent a growing and significant portion of the nation's and the region's population. This age group requires specialized housing, health and other social, financial and legal services now and in the future. Census data and projections of the distribution of the population by age prepared by the Maryland Department of State Planning and the Baltimore Regional Planning Council have been used to analyze the past trends and future characteristics of this segment of the population.

Recent Trends in Elderly Population

Table 8 on the following page, illustrates the trends in elderly population in the Baltimore region and in Baltimore County between 1970 and 1980. Elderly residents over 65 years of age accounted for 173,919 residents or 8.4 percent of the total regional population in 1970. Between 1970 and 1980 this age group grew by 45,548 residents or 26.2 percent to 219,467 total residents. In 1980, the elderly represented 10.1 percent of the total regional population.

Growth in the elderly population in Baltimore County accounted for slightly over 50.0 percent of the total regional growth in this age group between 1970 and 1980. Elderly residents in Baltimore County grew by approximately 23,666 residents or 51.8 percent from 45,698 in 1970 to 69,364



Table 9. PROJECTION OF POPULATION AGED 65 YEARS AND OVER BALTIMORE SMSA, BALTIMORE COUNTY 1980, 1987 and 1992

| | 1980 Number | 1987 Number | 1992 Number | Numerical Change 1980-87 | Numerical Change 1987-92 |
|---|---|---|---|---|---|
| **Baltimore County** | | | | | |
| Population 65 years and over | 69,364 | 84,466 | 95,358 | 15,102 | 10,892 |
| Total Population | 655,615 | 670,367 | 686,031 | 15,022 | 15,664 |
| Percent of Total Population | 10.6% | 12.6% | 13.9% | 2.0% | 1.3% |
| **Baltimore SMSA** | | | | | |
| Population 65 years and over | 219,467 | 261,759 | 290,468 | 42,292 | 28,709 |
| Total Population | 2,174,023 | 2,296,137 | 2,361,532 | 122,114 | 65,395 |
| Percent of Total Population | 10.1% | 11.4% | 12.3% | 1.3% | 0.9% |

Source : Praful Shah & Associates based on U.S. Census of Population and RPC Scenario II Estimates of Distribution of the Population by Age and Sex.

As shown in Table 9, the Baltimore region is expected to add 42,292 additional elderly residents between 1980 and 1987, growing from 219,467 residents in 1980 to 261,759 residents in 1987. This age group will represent 11.4 percent of the population in 1987. The next five-year period will continue these trends with elderly residents 65 years and older growing by 28,709 to 290,768 total residents, representing 12.3 percent of the population.

Baltimore County will experience similar growth in elderly population. Table 9 illustrates that between 1980 and 1987, it is expected that the number of residents 65 years and older will grow by 15,102 persons from 67,364 in 1980 to 95,358 in 1992. In 1987 elderly residents will represent 12.6 percent of the total population in the County. In the five-year period between 1987 and 1992 elderly residents will increase by 10,892 residents to 95,358 representing 13.9 percent of the County's total population.



Section III. ANALYSIS OF PRIVATE MEDICAL RELATED REUSE POTENTIALS



Section III. ANALYSIS OF PRIVATE MEDICAL RELATED REUSE POTENTIALS

The purpose of the overall study is to analyze the private medical and non-medical reuse potentials of the Mt. Wilson Hospital Center. The study focused heavily on the medical reuse potentials of the Center because of the nature of the special-purpose hospital buildings existing on-site, particularly the main hospital building.

This section of the report analyzes the key factors -- demand, supply, architectural/structural compatibility, costs and benefits -- associated with the conversion of the Mt. Wilson Hospital Center to private medical related uses. The following Section IV of this report deals with the private non-medical reuse potentials of the site.

Approach to Reuse Analysis

The approach used to determine appropriate medical related uses at the Mt. Wilson site consisted of a three-step process which : 1) identified the potential demand for medical related uses; 2) evaluated the suitability of the Center's existing structures for proposed uses; 3) estimated conversion costs involved for adaptive reuse; and 4) evaluated the potential economic benefits (impacts) for each combination of major medical uses considered.



Additional information and inputs were obtained through meetings and personal interviews with the planning and administrative staff of State, regional and County agencies involved in health and medical care, as well as private non-profit providers of health services and facilities, including hospital administrators, nursing home directors, life care community staff and others. More than 25 personal interviews were conducted during the course of this study. In addition, two meetings with local community leaders and other interested individuals were held to exchange information and to receive community inputs into the overall study.

The preliminary review screened out six medical uses that are considered inappropriate for the Mt. Wilson Center.

- Four facilities -- trauma care, acute general hospital, specialized hospital, and acute and long-term psychiatric hospital -- were eliminated from further detailed evaluations because of lack of demand, number of existing facilities in the region, location of Mt. Wilson in relation to similar existing facilities, inadequate road network serving the site and suitability, including the costs involved of converting the existing Mt. Wilson Hospital structures for such uses.
- Two other potential uses -- health maintenance organization/group practice and out-patient services -- were eliminated primarily because of the site's inconvenient access and its interior location away from the primary road network.
- It should also be noted here that the Mt. Wilson Hospital Complex was recently studied for use as a Trauma Center facility by the Maryland Institute for Emergency Medical Service System (MIEMSS). The study found the Mt. Wilson Center to be inappropriate for such a future use.

from existing architectural and engineering drawings; 3) determining existing life-safety and medical code standards; and, 4) analyzing specific space requirements of the proposed uses. Cost evaluation efforts were aided by an architectural study recently undertaken by the architecture firm of RTKL, a member of the consultant team, evaluating Mt. Wilson's potential as a shock-trauma center for the Maryland Institute for Emergency Medical Services. That study provided detailed drawings and intimate familiarity with the floor layouts and mechanical systems in the main hospital building.

A concerted effort was made to utilize existing partitioning, fixtures and other structural/mechanical systems to the maximum extent possible for each use under consideration. The cost estimates reflect this. They also reflect upgrading of structures to acceptable "average standards" prevailing for each use under consideration. They do not reflect costs of materials and finishes that may be used to upgrade the structures to "luxury standards." Obviously, more could be spent; the emphasis, however, has been to upgrade the properties in an economical manner which also meets prevailing industry standards and appropriate building codes.

The specific assumptions and considerations underlying cost estimates include :

- Conversion costs for the main hospital building do not include provision for the widening of existing hallways (7'-6") to meet present life-safety code hallway requirements of 8 feet for all new medical facilities. In the present analysis, it was assumed that a variance would be granted for hallway widths because the building has double ended corridors and will be sprinklered throughout.



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Approach to Demand Analysis for Medical Uses

In order to comprehensively review all potential (likely) medical uses for the buildings and site, a preliminary needs/demand assessment, building suitability analysis, use compatibility analysis and conversion cost estimates were made for the following health related uses.

1. Trauma Care;
2. Acute General Hospital;
3. Specialized Hospital (such as orthopedic or children's);
4. Acute and Long-Term Psychiatric Care;
5. Rehabilitation Services for the Disabled;
6. Chronic Disease Hospital;
7. Comprehensive Care;
8. Domiciliary Care;
9. Alcohol Treatment or Drug Abuse Treatment;
10. Residential Treatment (emotionally disturbed children and adolescents);
11. Intermediate Care for the Developmentally Disabled;
12. Life Care;
13. Hospice Care;
14. Out-Patient Services (ambulatory surgery, clinic emergency services, renal dialysis); and
15. Health Maintenance Organization and Group Practices.

To assess the potentials for privately provided medical related uses suitable for the Mt. Wilson Center, existing documents and data pertaining to the health services system in the Baltimore Region and the State of Maryland were analyzed and appropriate information was extracted and updated as necessary. The two documents used extensively were :

- Maryland State Health Plan, 1981 Revision
- The Central Maryland Health Systems Agency Health Systems Plan, 1980



It is important to note also that the overall size of the main hospital building (188,850 square feet) is quite substantial. Very few medical uses could, by themselves, fully occupy a building area that large. Therefore, the nine remaining uses were further analyzed to determine an optimal range of sizes for each use, their functional linkages and compatibility, and their compatibility with the existing mechanical, structural and interior layouts of the hospital buildings. These evaluations resulted in the development of two distinct reuse options for the Mt. Wilson Center. They are :

A. Life Care Community

B. Chronic Care/Nursing Facility

Detailed market, conversion costs and impact evaluations for each of the two major medical related reuse options were undertaken. The results of these detailed studies for each of the two options are presented later in this section.

Approach to Construction Cost Estimates

Estimates of construction/rehabilitation costs for all options -- medical and non-medical -- were prepared in order to determine general "order of magnitude" costs required to convert the hospital site to new uses. Generally, cost estimates as developed reflect the costs required to bring the Mt. Wilson Hospital Center buildings to current codes/market standards for the uses considered.

Cost estimates were developed by : 1) evaluating the structural condition of the existing buildings via walk-through property inspections; 2) assessing interior layouts, building mechanical systems and space utilization



- Cost estimates do not include the cost of land and buildings, financing, fees, licensing, or contingencies.
- The main hospital's foundation, roof, and exterior structure were assumed to be in sound condition and suitable for reuse without any required improvement costs.
- Demolition costs include demolition of all structures except the main hospital building and removal of all building materials.
- Costs for medical options include modification of common toilet and bath facilities for handicapped access and the provision of private toilet and bath facilities for independent living units and other nursing units as dictated by current standards and competing facilities.
- Costs reflect needed gutting of the floors to convert them into independent living units, personal care and skilled nursing units as appropriate.
- Costs reflect drywall reconstruction, appropriate wall finishes (painting) and replacement of vinyl asbestos tiles/flooring and ceilings. Cost of carpeting floors was assumed at the same per square foot cost as the replacement of tiled floors.
- Costs for all reuse options reflect replacement of all windows in the main hospital building with better-insulated thermal windows.
- Since the Mt. Wilson property was developed and used as a hospital, it will only require relatively minor modifications to the existing mechanical and electrical (M & E) systems. Such costs normally account for between 40.0 and 50.0 percent of total structural costs associated with rehab projects. In this case, M & E costs are estimated at significant savings.



Cost estimates were prepared from cost information contained in Means, 1982 Construction Cost Data and Appraisal Manual. They reflect average hospital/medical facility construction costs. All costs are stated in 1982 dollars and were determined on a square footage basis for each major building system.

The on-site costs include storm water management retention ponds and demolition of existing buildings where required. Site improvement costs for all options include required parking, sidewalk and curb construction, new service roadways, landscaping and the costs of providing utilities. These costs vary by option based on the amount and type of use/new construction required. Costs associated with the provision of required amenities were also made using standard industry cost data.

Construction costs for each reuse option -- medical and non-medical -- broken down according to rehabilitation costs, new construction costs, and total costs are presented as part of the detailed evaluations of each option in the subsequent pages of this and the following Section IV.

Economic Impact Assessment

Finally, each medical and non-medical reuse option was scrutinized from the standpoint of :

- Its impact on state and local tax base.
- New permanent jobs generated.
- Its impact on local businesses.
- Increases in State Medical Assistance Grant Costs for medical related uses.



Life care communities vary from other forms of continuing care facilities because of the arrangement regarding future nursing care. In life care communities residents pay a one-time entrance fee and a relatively large monthly rent which cover any future nursing care costs and guarantee them the nursing care that they may require. In a continuing care community a resident pays a smaller entrance fee or none at all, and a lower monthly fee. Continuing care patients must pay additionally for nusing care if and when they need it. Continuing care communities may not provide nursing on-site, while life care communities almost always have on-site licensed nursing care for residents who require it. For these reasons, life care communities, in their design, incorporate provision of comprehensive care (skilled nusing) units and domiciliary care (personal care) units, although they generally form a relatively small component of the total number of units in a community.

Existing and Planned Supply

At present, there are two life care communities in the Baltimore region: Broadmead in Cockeysville and Fairhaven in Carroll County. Combined, these two facilities offer 670 residential, personal care and nursing units for elderly residents over 65 years of age. A broad range of facilities and services are offered at these communities including full-time nursing and doctors's services provided in an outpatient clinic setting. Meal service is offered daily in a community dining room and in smaller dining rooms for nursing patients. The projects provide linen service, maid service, and groundskeeping. In addition, they provide game rooms, swimming, and other passive as well as active recreational amenities and facilities.

The two existing life care communities in the Baltimore region are operated by private, non-profit church affiliated corporations. Although the facilities have only been open for the past two or three years, waiting



Market Support Analysis

Market support for a life care community is dependent upon : 1) the number of elderly living in the region, 2) their nursing home and housing needs, 3) their preference for living in a life care community, 4) their income levels, and 5) the supply of existing life care facilities in the region. The following pages discuss these variables and present a forecast of future demand for new life care facilities.

Demand for New Facilities. Market studies conducted in 1975 for the Fairhaven life care community included an estimate of market demand for elderly residential units that was based on an extensive survey of the 65+ population of the Episcopal Diocese in the Baltimore Metropolitan Area. Persons were asked if they were interested in living in a life care community. Approximately 5.75 percent indicated that they would be interested in living in a life care community. This estimate of demand does not consider ability to pay but it was noted in the report that those surveyed had median incomes nearly 100% larger than the median income of the elderly in the Baltimore Region at the time. This estimate, we believe, represents a high end of demand and does not accurately reflect effective demand because it is based only on the desire of those surveyed to live in a life care community and not on their ability to pay.

Our analysis of future demand for life care in the Baltimore Region is based on : 1) evaluation of the source of demand for residents in existing life care communities including demand from the region's residents and from external sources outside the region; 2) determination of a penetration rate for life care communities now and in 1987 and 1992; and 3) measurement of new planned/approved units expected to be built within the region.



- The life care concept will mature and become more widely accepted as successful examples continue to develop both nationally and in the Baltimore Region.
- The rapid growth of the elderly population in the next twelve years will place strains on all forms of nursing and residential care facilities for the elderly, thereby requiring new alternative forms of care.
- Incomes and assets available to the region's elderly will limit the total number of residents who can afford to live in such a community.
- The Baltimore Region's excellent medical and hospital facilities and relatively mild climate will attract residents from other areas outside the region for retirement and will encourage existing residents to retire close to their present home.
- New non-profit religiously-affiliated groups will develop such facilities in order to serve the nursing, health and residential needs of their community.

Table 10. POTENTIAL DEMAND FOR LIFE CARE COMMUNITY UNITS, METROPOLITAN BALTIMORE, 1980-1992

| | 1980 | 1987 | 1992 |
|---|---|---|---|
| Basic Demand Calculation | | | |
| Population 65 Years and Over | 219,467 | 261,759 | 290,468 |
| Potential Penetration 1) | 0.6% | 0.8% | 1.0% |
| Potential Demand 2) | 1,250 | 2,100 | 2,900 |
| Less Existing Supply | 670 | ( 670) | ( 1,770) |
| Planned/Approved Units | - | ( 1,100) | - |
| Net Demand | 580 | 330 | 1,130 |

1) : Based on existing units and waiting list and reflects anticipated future desire factors as well as the ability to pay.
2) : Includes current unmet need of 550 units (waiting list), units presently occupied, as well as life care residents originating from outside the region.

Source : Praful Shah & Associates, Inc.



Table 11. DEVELOPMENT PROGRAM FOR A LIFE CARE COMMUNITY

Main Hospital Building

171 nursing and residential units
a) 56 skilled nursing (comprehensive) beds
b) 35 personal care (domiciliary) beds
c) 15 studio living units
d) 20 1-bedroom living units
e) 13 1-bedroom/den living units
f) 12 2-bedrooms/1 bath living units
g) 20 2-bedrooms/2 baths living units
h) First floor - administrative activities
i) Second floor - support activities

New Independent Living Units

189 low-rise units
a) 21 studio units
b) 66 1-bedroom units
c) 33 1-bedroom/den units
d) 27 2-bedrooms/1 bath units
e) 44 2-bedrooms/2 baths units

Amenities

Parking - 360 spaces
Pool
Putting Green
Shuffleboard

Support functions would be housed in the main hospital building and would provide health care facilities including an outpatient clinic for residents; full food service including a dining room for residents and separate dining facilities for nursing patients; community rooms for television, games, reading and meetings; commercial facilities; and an outdoor swimming pool and other recreation facilities. Administrative offices include staff, groundskeeping, maintenance, housekeeping and security. Parking for 360 automobiles has been provided at .9 spaces per unit, plus 120 additional spaces for employees.



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- Its impact on local infrastructure facilities including adequacy of existing road network.
- Its compatibility with surrounding land uses, community preferences and County policies.
- Ease of property disposition by the State.

Both qualitative and quantitative analyses of each of above mentioned impacts are presented as part of the full and detailed evaluations of the two medical related reuse options in the pages which follow.

Market Potentials and Development Feasibility of A Life Care Community — Option A.

The first option evaluated for health related reuse of the Mt. Wilson Hospital Center is the concept of a Life Care Community. This option combines a mixture of two medical uses — comprehensive care (skilled nursing) and domiciliary care (personal care) — with a large number of specially designed independent living units to provide a complete private community that helps to serve the specific and distinct health and housing needs of the elderly in a private non-institutional setting.

The Concept

Life Care Communities are residential areas where elderly residents who join the community are assured permanent health and housing care for the rest of their lives. Life care communities, either privately operated or sponsored by church groups or non-profit organizations, are based on the premise of encouraging maximum independent living conditions for as long as residents are physically capable.



lists are quite long — 400 at Broadmead and 150 at Fairhaven.

Planned Supply. At present, three new facilities are under construction or planned for completion in the region by 1985. These facilities will add approximately 1,100 additional units to the existing supply of 670 units.

In addition, two other facilities are planned for construction in the region with no definite opening dates set as yet. Augsberg Lutheran Home plans to modify a portion of its existing nursing home to provide life care units. No dates have been established for undertaking this project and the number of units to be built is,at present, unknown. The development of a new community for the elderly was recently announced by Investment Planning Services, Inc. The present plans for this community in the Catonsville area call for phased development in response to market conditions beginning in 1985. Maximum development may reach 750 units. At present, the number of life care units planned or contemplated for development in the Catonsville area is unknown.

Fee Structure at Existing Facilities

Entrance fees for a resident at Broadmead range from $32,000 to $72,000 depending upon the size of the unit, the number of people living in the unit, and the resident's health upon entering the community. Entrance fees at Fairhaven range between $20,000 and $70,000.

Monthly rents at the two existing facilities range from $700 to $1,600 with adjustments for inflation, again based on unit size and number of persons living in a unit. A prospective resident would be required to have an annual income between $15,000 and $20,000 in addition to the equity in order to financially qualify to live in a life care community.



Our analysis indicates that the number of residential and nursing units in existing life care communities (670) and the waiting lists for these facilities (550) applied to the elderly population in the region in 1980 (219,467) indicate that there is a current penetration rate of 0.6% for life care communities in the Baltimore Region. Factors affecting this rate are as follows :

- Only two life care communities have been developed.
- Existing life care communities have only been open for a short period of time (2-3 years).
- Between 15 and 20 percent of residents in these communities originate from outside the Baltimore Metropolitan Area.
- At least one community is no longer adding applicants to their waiting list in order to limit the length of time an applicant must wait.
- Many prospective applicants who are not willing to wait for an opening have selected alternative housing and/or nursing facilities in the region or in other areas.
- Three new communities are under construction or plan to open by 1985-86.

Table 10 on the following page summarizes our findings regarding demand for life care units in the Baltimore Area to 1992. Assuming that the future penetration rate for life care communities increases to 0.8% of 65+ population by 1987 and 1.0% of the 65+ population 1992, the overall demand for all life care units should reach 2,100 by 1987 and climb to 2,900 by 1992. This demand forecast is based on the following assumptions :



The 1980 census data pertaining to the "ability to pay" for the elderly segment of the population is not yet available. However, we believe, that an increasing segment of the elderly population in the future with equity in existing homes, social security, pension payments and personal savings will be able to afford to live in a life care community. Our conservative estimates show that the net demand for life care facilities in the Baltimore Region (total demand less existing and approved/planned units) will require 330 additional facilities by 1987. By 1992, 1,130 new units will be needed to provide adequate life care facilities for the region's elderly.

Development Program

The overall development program for the life care community option, as summarized in Table 11 on the following page, is based on an analysis of the structure of existing life care communities modified to reflect adaptive reuse considerations for the main hospital building. The program assumes the existing zoning which allows for the development of approximately 360 residential units.

While the total development could be phased, the marketing of life care community at the Mt. Wilson Hospital site, in our judgement, would require the conversion of the main hospital building into skilled nursing and personal care units, residential units, and necessary administrative office functions as well as the construction of a portion of the suggested 189 low-rise independent living units in Phase One of the project. A second phase of independent living units built in close proximity to the main hospital building so as to allow easy access to the administrative and support functions would include units ranging in size from studio apartments to units with 2 bedrooms and 2 baths. Throughout the project, special consideration for handicapped access, emergency call systems, and other design features would be provided for the residents' convenience and safety.



Construction Costs

Table 12 presents construction costs for the life care community option. Costs for constructing a complete life care community at the Mt. Wilson Hospital Center are estimated at $12,036,000 in 1982 dollars or $33,435 per unit, exclusive of land, fees, and financing costs. These costs reflect both rehabilitation of the main hospital building and construction of new residential units for the elderly.

Cost to convert the main hospital building into 171 units — and support and administrative functions are estimated at $5,616,000 in 1982 dollars or $32,850 per unit. These per unit conversion costs which include costs for amenities, site improvement and demolition, are significantly less than new construction (Broadmead and Fairheaven). This is so because the main hospital buildings, due to its previous specialized use, interior layout, relatively good maintenance and other features, lends itself to cost-effective conversion to a life care facility. Conversion cost estimates include the following major improvements :

- Existing mechanical and electrical systems have been modified to meet code requirements.
- Preparation for residential unit involves complete gutting of interior walls and fixtures to provide a complete residential unit including full kitchen and toilet/bath facilities.
- Private toilet and bath facilities and living areas for personal care units are provided by gutting interior walls where necessary and modifying existing fixtures.
- Skilled nursing units use existing toilet facilities with minor modification to the care area to provide handicapped access to toilet and bath facilities.



- The main hospital building's hallways are not widened or modified to meet existing life care standards of 8 feet for nursing facilities. This will require a variance from the State Fire Marshall's Office.
- An average or standard level of finishes is used throughout the hospital building.

Table 12. CONSTRUCTION COSTS FOR A LIFE CARE COMMUNITY
(1982 dollars)

| | Rehabilitation Costs | New Construction Costs | Total Costs |
|---|---|---|---|
| Main Hospital Building<br>91 nursing units<br>80 residential units | $4,244,000 | | $ 4,244,000 |
| New Residential Units<br>189 low-rise units | | $5,121,000 | 5,121,000 |
| Site Improvements 1) | 945,000 | 1,045,000 | 1,990,000 |
| Demolition | 184,000 | 204,000 | 388,000 |
| Storm Water Retention Ponds | | 50,000 | 50,000 |
| Amenities 2) | 243,000 | | $ 243,000 |
| Total Costs | $5,616,000 | $6,420,000 | $12,036,000 |

1) : Site improvements include 360 parking spaces, service roadways, sidewalks, landscaping and provision of utilities for new units.
2) : Amenities include outdoor swimming pool, putting green and shuffleboard.

Source : RTKL Associates, Inc. and Praful Shah & Associates, Inc.

Construction costs for new construction of 189 specially designed residential units for elderly residents, as shown in Table 12 above, are estimated at $6,420,000 in 1982 dollars. These costs include construction of storm water retention ponds, site improvements, parking, provision of road and utility networks to serve new residential units and demolition and removal of all buildings except the main hospital and power plant. These



Impacts on area businesses will include increased demand for supplies and services typically required for a life care community. Increased demand for housing in the area for new employees will be minor. Increased retail sales from new employees will also be generated in the area. Also the State may have to bear the costs associated with the removal and relocation of the Pilot House.

Other Impacts

Other impacts of a life care community include :

- Certification of need for the comprehensive and domiciliary nursing components of a life care community will be required from the State Department of Health and Mental Hygiene. Because these beds only represent a small portion of the entire community and because they will be occupied by private nursing patients, the regulatory approval process required for certification should be relatively easy and rapid.
- Under the life care option existing uses (Pilot House, Gambler's Anonymous, DHMH Staff Training) would not be compatible, requiring removal and relocation of these uses to a suitable site off the Mt. Wilson property.
- The residential and medical/institutional character of this use is compatible with existing land uses in the area.
- Community preferences most likely favor this use, as indicated in meetings held with the community by the State and consultants.
- Traffic impacts of this use are limited to trips by employees during peak hours and primarily



Combined, these uses provide a suitable mix of uses for Mt. Wilson. The following paragraphs describe the medical uses that are included. "

Chronic Disease Hospitals were originally authorized as hospitals for needy persons who required medical, nursing or custodial care by reason of chronic illness or infirmity. Chronic hospital patients require an intensive or extensive amount of physician or nursing assistance generally by various specialists treating multiple conditions. They differ from comprehensive nursing care patients because of the higher level of care required. Chronic care facilities can be found in the same setting as acute care hospitals or comprehensive nursing facilities. Examples of this type of facility include the John L. Deaton Medical Center and Sinai Hospital.

Comprehensive Care facilities admit patients suffering from disease or disabilities of advanced age requiring medical service and nursing service rendered under the supervision of a registered nurse. Comprehensive nursing care is intended to serve a mix of patient conditions including hard-to-care-for patients and easy-to-care-for patients.

Domiciliary Care refers to services provided to aged or disabled persons in a protective institutional or home-type environment. These services include (but are not limited to ) shelter, daily living, personal surveillance or direction in activities of daily living. The state Department of Health & Mental Hygiene licenses domiciliary facilities, but the State Department of Human Resources is responsible for reimbursement. Stringent fire safety regulations, coupled with a reimbursement rate of $345/month, make domiciliary care unattractive to private providers, unless it is included as part of another more profitable facility.



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costs do not reflect land costs, financing or fees.

Economic Impacts

Total County and State taxes and permanent employment expected to be generated from development of a life care community have been estimated and the results are included in Table 17 on page 68, after the discussion of a chronic care facility. Those benefits have been compared to jobs and assessed value of the hospital complex when it was operated as a State hospital to determine the net impact of operating a new facility.

Table 17 shows that new taxes generated from full operation of a life care community should amount to $146,828 annually in 1982 dollars. This is based on estimate of $10,006,000 of full cash value for the portion of the life care complex that is not used for nursing or medical uses (i.e. the residential units). The full cash value of the nursing component of life care including administrative and support space costs was not computed because such facilities are exempt from State and Baltimore County taxes. This represents a net increase of $146,828 in taxes over Mt. Wilson's previous tax exempt status as a State hospital.

New permanent employment generated is expected to be approximately 150 employees, less than the 400 employees at Mt. Wilson when it was fully operational, but substantially greater than the 7 maintenance workers currently employed at the Center.

Minimum additional costs to the State are expected to be incurred under the State's Medical Assistance Grant Program to health facilities because the majority of residents of the life care community are expected to be private patients who pay fully for their costs.



438 chronic hospital beds were inappropriately placed and could have been placed in lower care comprehensive or domiciliary nursing facilities, as shown in Table 14 below.

Table 14. INAPPROPRIATE PLACEMENT IN CHRONIC CARE FACILITIES
(October 1981)

| Hospital | Beds | Inappropriate Placement | Percent |
|---|---|---|---|
| John L. Deaton | 80 | 4 | 5% |
| Levindale | 53 | 10 | 19% |
| Keswick | 40 | * | * |
| Montebello | 220 | 47 | 21% |
| Mason F. Lord | 45 | 8 | 17% |
| Total | 438 | 64* | 15% |

* : Thirty-eight (38) patients are utilizing chronic beds and BC-PSRO has not determined appropriateness.

Source : Baltimore City Professional Standards Review Organization, October 1981.

Most of the inappropirate placement that occurs in chronic facilities is alleged by PSRO to be a result of the lack of financial incentives offered to comprehensive care facilities to take Medicaid and "hard-to-care-for" patients. The maximum Medicaid reimbursemnt ceiling in Maryland for comprehensive care facilities in 1981 was $38.41 per diem. Nursing homes claim that this rate limits the care that they can provide to patients on Medicaid and, consequently, they try to maintain a balance of private and Medicaid patients in order to cover their costs. Because of this reimbursement problem some Medicaid and hard-to-care-for patients remain in acute care hospitals and chronic care facilities where reimbursement rates are much higher and, consequently, costs to the State and Federal Government are higher. For example, in 1981,one hospital in the Baltimore region offering chronic



off-peak hours trips made by residents. Elderly residents will make less daily automobile trips than residents in a typical residential development.

- Improvements to Mt. Wilson Lane may be required.

Reuse Potentials for A Chronic Care/Nursing Home for The Elderly -- Option B

The second option evaluated for medical reuse of the Mt. Wilson Hospital Center is a chronic care/nursing home facility for the elderly. This option is similar to the type of facility that was previously operated at Mt. Wilson by the State Department of Health and Mental Hygiene. This option includes the following medical uses :

- Chronic care
- Comprehensive nursing care
- Domiciliary nursing care
- Hospice care
- Rehabilitation services for the disabled (physical and occupational therapy)
- Alcohol/drug treatment

A residential component is included at a later phase to provide sheltered housing for elderly residents, as needed. The intention of this option is to create a facility that allows patients an appropriate health related setting in which to recuperate from long-term illnesses. As patients regain health they can be comfortably and safely moved to another area of the facility that provides less intensive medical and residential care.



Although the Sinai/Associated Jewish Charities proposal is not yet detailed, discussions with Sinai staff and consultants hired to evaluate the community needs that can be met at Mt. Wilson indicate that they are considering a broad range of medical, health, social and legal services for Mt. Wilson. Specific medical uses being evaluated by Sinai include chronic care, life care, comprehensive nursing and domiciliary care. Findings of this study should be available by June 1, 1982.

Future Demand. Demand for additional chronic facilities at Mt. Wilson is, as can be seen, difficult to judge accurately. Two major factors will impact future demand : 1) the available supply of recently certified beds and, 2) additional State Medical Assistance costs required to subsidize new chronic facilities.

Short-term prospects for new chronic facilities should be quite limited based on the following factors :

- It appears that before the 80 beds recently certified for John L. Deaton Medical Center are constructed and licensed, the possibility of acquiring State certification of need for additional chronic beds is limited.
- Furthermore, cost considerations will further impact new certificates of need because between 30-35 percent of the total reimbursement costs for medical centers with chronic facilities are paid for by the Maryland Medical Assistance Grant Program.
- Therefore, in a cost cutting move, the State will most likely not approve new chronic beds for the near future even though these beds may be necessary for patients who are inappropriately placed in existing acute care hospital beds.



Hospice Care programs offer a combination of inpatient and home health care for terminally ill patients and their families where active medical assistance is no longer appropriate. Hospice care, originating in Great Britain, is relatively new to the United States and to Maryland. The settings under which hospice care are generally provided include :

- Freestanding autonomous hospice
- Hospice units within a hospital
- Hospice programs with hospital affiliation
- Home care only
- Hospice societies or planning groups

Institutionalized hospice programs are usually quite small ranging in size from 5 to 10 patients.

Rehabilitation Services for the Disabled are needed by two specific patient groups : 1) those recovering from an incapacitating injury or illness and, 2) the elderly who have lost function and mobility due to infirmity, illness or both. Rehabilitation services including occupational and physical therapy, home health and homemaker services and personal care services and are offered in hospital settings, nursing homes, adult day care centers, doctors' offices and at the patient's home. The current emphasis is on providing services, whenever possible, on an outpatient basis, at home or in non-institutionalized settings.

Occupational and physical therapy is often found in hospital and clinic settings. These activities require areas of 500 square feet and up depending upon the skills being taught.



This development program is flexible and allows development to be phased according to demand and available resources. The first phase includes rehabilitation of the main hospital building into 286 units nursing and independent living units.

A second phase of independent residential living units would be built on land surrounding the main hospital building so as to be close to the support and administrative functions available in the main hospital building. These units would include 74 new 1-and 2-bedroom units for the elderly in low-rise townhouse construction. Special consideration for handicapped access, emergency call systems and other design features would be provided for the elderly residents' convenience and safety.

It should be noted that the Pilot House, an 18-bed residential alcohol rehabilitation program, Gambler's Anonymous and the State Department of Health and Mental Hygiene's Staff Development Program, which are already located in the outlying residential buildings at the Mt. Wilson Hospital site, could continue their operations at their present locations during the first phase of development of this option. These uses generally require low cost space to operate their program (the Pilot House currently leases 4,780 square feet in Building 50 from the State for $9,300 annual rent) and are compatible with the uses proposed for the main hospital building.

Other social service uses could also be included in the first phase of this option. These uses could be easily incorporated into existing buildings for nominal conversion costs. Although compatible with this option, these uses are most likely not compatible with the other options proposed for the Mt. Wilson Center.



Alcohol Drug Abuse Treatment. Various forms of treatment for alcohol and drug abuse presently exist in State mental hospitals, acute general-hospitals, outpatient treatment programs, and residential treatment programs. Residential treatment includes halfway houses, quarterway houses and sheltered homes for alcohol/drug abusers. Most non-hospital, residential treatment programs are relatively small, ranging in size from 10 beds to 50 beds. Although residential treatment patients vary in socio-economic status, many have their care paid for through public funding sources made directly to the facility.

Market Support for Chronic Care

There are approximately 438 chronic beds in service in the Baltimore region. Table 13 shows the five chronic disease facilities in the region and the number of beds available in each facility. These facilities are operated by the State (Montebello) and privately in hospital settings and in conjunction with a comprehensive nursing facility.

No population based demand analysis currently exists or is presently in use in the State of Maryland to determine the future need for chronic hospital beds. Recent justifications for certifying new chronic care beds in the Baltimore region have been based primarily upon the fact that the overall long-term care delivery system in the area is not supporting timely patient discharge from acute care general hospitals. The Baltimore City Professional Standards Review Organization (PSRO) estimates that patients in acute care general hospitals awaiting placement in other long term care facilities amount to 224 on any given day.



Table 16. CONSTRUCTION COSTS FOR A CHRONIC CARE/NURSING FACILITY
(1982 dollars)

| | Phase I Rehabilitation Costs | Phase II New Construction Costs | Total Costs |
|---|---|---|---|
| Main Hospital Building | $3,757,000 | | $3,757,000 |
| New Independent Living Units | | $2,348,000 | 2,348,000 |
| Site Improvements 1) | 548,000 | 152,000 | 700,000 |
| Demolition | 308,000 | 80,000 | 388,000 |
| Total Costs | $4,613,000 | $2,580,000 | $7,193,000 |

1) : Site improvements include 350 parking spaces, service roadways, sidewalks, landscaping and provision of utilities to new units.
Source : RTKL Associates, Inc. and Praful Shah & Associates, Inc.

Economic Impacts

Table 17 on the following page summarizes total County and State taxes and permanent employees that are expected to be generated from development of a chronic care/nursing facility. The following is a summary of economic impacts likely to occur from development of a chronic care facility.

- Nursing and other medical components of the chronic/nursing care facility are exempt from paying State and local property taxes and would generate no taxes on their own.
- Non-medical residential portions of the chronic care option would generate a net tax benefit of $52,840 annually on an estimated full cash value of $3,501,000 for the residential portion.
- New permanent employment includes nursing and medical staff, administration, maintenance, food service, groundskeeping, housekeeping and security



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Table 13. NUMBER OF BEDS, OCCUPANCY AND WAITING PERIOD IN CHRONIC CARE FACILITIES IN THE BALTIMORE AREA (October 1981)

| Facility | Number of Beds | Occupancy Rate | Waiting Period |
|---|---|---|---|
| John L. Deaton Center | 80 1) | 98% | 5 weeks |
| Keswick Home | 40 2) | 100% | 3-4 months |
| Levindale Geriatric Center | 53 2) | 83% | 1 week |
| Mason F. Lord Hospital | 45 2) | 100% | 3-4 weeks |
| Montebello Center | 220 3) | 95% | None |
| Total/Average | 438 | 95% | 1 month approximately |

1) : Does not include 80 additional beds certified as of 2/2/82, but not yet in operation.
2) : Chronic beds only; total bed complement is higher.
3) : Only 220 beds are currently operating; 138 additional beds are certified.

Source : Baltimore City Professional Standards Review Organization, October 1981.

PSRO has also noted that lack of appropriate outplacement of patients from acute care hospitals occurs because chronic hospitals for the most part are fully occupied. The above Table documents the occupancy rates and waiting periods for chronic facilities. As of October 1981, chronic care facilities in the Baltimore area had a 95.0 percent overall occupancy rate and an average patient waiting list of approximately one month.

Though chronic care facilities are almost fully occupied, many of the patients at the chronic level could more appropriately be cared for at a lower level. PSRO analysis of this problem indicates that 64 patients in the area's



staff and is expected to amount to 700 full-time jobs based on industry standards of 2.5 employees per bed. This represents a net increase of approximately 300 new employees over previous employment levels as a State hospital.

- Additional impacts on area businesses will include increased sales for hospital and nursing home suppliers, additional retail sales opportunities from new employees and a moderate increase in total new housing demand from new employees.

Table 17. MT. WILSON HOSPITAL REUSE ANALYSIS TAX BASE IMPACTS/JOBS CREATED-MEDICAL USE OPTIONS A & B (1982 dollars)

| | Fully Operational State Hospital | Option A Life Care Community | Option B Chronic/Nursing Facility |
|---|---|---|---|
| **Tax Base Impacts** | | | |
| 1) Full Cash Value | $13,287,140 | $10,006,000 1) | $3,601,000 1) |
| 2) Tax Assessment @ 46 percent of F.C.V. | 6,112,084 | 4,602,760 | 1,656,460 |
| 3) County Taxes @ $2.98 per $100 of Assessed Value | 0 2) | 137,162 | 49,362 |
| 4) State Taxes @ $.21 per $100 of Assessed Value | 0 2) | 9,666 | 3,478 |
| 5) Total Taxes | 0 2) | 146,828 | 52,840 |
| **Permanent Jobs Created** | | | |
| Number of Permanent Employees | 400 | 150 | 700 |

1) : Full cash value based on construction costs for non-medical uses. Does not include administrative and support space costs, demolition costs, and land value.
2) : Hospital was tax-exempt because it was a medical facility and was State-owned. Medical facilities are exempt from Baltimore County and State taxes.

Source : Praful Shah & Associates, Inc.



care was receiving daily rates of $103.31 for chronic care patients and only $38.91 for Medicaid nursing patients.

New Chronic Facilities. On February 18, 1982, the Maryland Health Planning and Development Agency, (MHPDA) approved the certification of need request made by the John L. Deaton Medical Center for 80 additional chronic care beds. This decision, according to the staff of MHPDA, fills the short-term additional need for chronic facilities in the region, even though it provides fewer beds than the daily number of patients that PSRO identified as awaiting placement in chronic facilities.

The Deaton & Sinai Proposals. During the course of this study two major medical and social service consortiums in the region, 1) The Maryland Health Care System, Inc. representing the John L. Deaton Medical Center, Baltimore County General Hospital and five other area hospitals, and 2) Sinai Hospital along with the Associated Jewish Charities and Welfare Fund have expressed interest in using Mt. Wilson for a multidisciplinary medical facility to serve the needs of the community's geriatric population. Although neither group has finalized any plans for uses of Mt. Wilson, both have sent written responses to the Department of State Planning to express interest in using the property.

The Maryland Health Care System, Inc. proposes

> ".....a multifaceted program offering health care and related services in a variety of settings and forms, including inpatient, out-patient, and non-institutional components. Examples of the specific types of services that we are considering include chronic, comprehensive and domiciliary care, inpatient and outpatient psychiatric care, hospice adult care and day treatment, personal care, home care, clinical, education and training."



State Medical Assistance Program Costs. State costs required to help subsidize the Medicaid portion of a 100-bed chronic care facility have been estimated based on information supplied by the Maryland Health System Cost Review Commission for comparable facilities. Assumptions used in this analysis include :

- Full operation of 100 beds of chronic care nursing.
- Annual occupancy rate of 90% for all chronic beds.
- Chronic care costs are reimbursed at $103 per patient/day.
- Medcaid patients comprise 70% of all patient days.
- Maryland Medical Assistance Grants reimburse 50% of all Medicaid patient costs.

Table 18 illustrates the methodology used to calculate total annual reimbursement costs to the State for the chronic care portion of Option B. Medical subsidy costs for chronic care are expected to total $1,184,242 annually in 1982 dollars. This cost will most likely increase in future years if reimbursement rates for chronic care increase.



Long-term prospects for additional chronic care facilities will increase in response to the region's rapidly growing elderly population. (See Section II) This age group is the overwhelmingly dominant user group for such facilities. The future rapid increase in this age group should require increased needs for additional chronic beds in the region in the long-term.

Development Program

Table 15 summarizes the development program prepared for the chronic care/nursing option. This development program has been prepared based on an analysis of the mix of uses in existing chronic care facilities which has been modified to fit the particular reuse characteristics of the main hospital buildings.

Table 15. DEVELOPMENT PROGRAM FOR A CHRONIC CARE/NURSING FACILITY

Main Hospital Building

Rehabilitation of 286 nursing and residential units

a) 100 chronic care beds
b) 50 skilled nursing beds (comprehensive)
c) 60 personal care beds (domiciliary)
d) 10 hospice care beds
e) 50 alcoholic rehabilitation beds
f) 16 1-bedroom independent living units
g) First floor - administrative acitivities
h) Second floor - support acitivities

New Construction of Independent Living Units

74 low-rise units

a) 37 1-bedroom units
b) 37 2-bedroom units

Note : 1) Support activities include adult day care, physical and occupational therapy, legal and social services, education/research center and medical offices.
2) Parking is provided for 350 automobiles.



Traffic impacts may require some improvements to key intersections and roads in the area.

- The institutional/residential nature of this use is compatible with the existing land uses in the surrounding area.
- Community preferences, as evidenced in meetings held with the community by the State and consultants, indicate a strong interest in maintaining Mt. Wilson in an institutional and/or low density residential use.



Construction Costs

Costs for constructing a chronic care/nursing facility for the elderly at the Mt. Wilson Hospital Center, as shown in Table 16, are estimated at $7,193,000, in 1982 dollars, exclusive of land, fees and financing costs. These costs reflect both rehabilitation of the main hospital building and construction of new independent living units for the elderly which can be developed in phases as demand requires.

Costs to convert the main hospital building are estimated at $4,613,000 and include site improvements and demolition required for this phase. Major improvements to the main hospital building assume the following :

- Existing mechanical and electrical systems have been modified to meet code requirements.
- The main hospital building's hallways are not widened or modified to meet existing life-safety standards of 8 feet for chronic care/nursing facilities. This will require a variance from the State Fire Marshall's Office.
- An average or standard level of finishes is used throughout the hospital building.
- Chronic care and other nursing units use the existing toilet facilities in the rooms. Minor modification at the bath and toilet facilities in the hospital's care area are made to provide handicapped access.

Second phase construction costs for new construction of 74 specially designed residential units for elderly residents are estimated at $2,580,000. This cost assumes low-rise cottage-style construction, construction of storm water management retention ponds, site improvements and demolition of all buildings except the main hospital building and power plant. These costs do not reflect land costs, financing or fees.



Section IV. ANALYSIS OF PRIVATE NON-MEDICAL REUSE POTENTIALS

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