(Oct. 1990)
United States Department of the Interior
National Park Service

NATIONAL REGISTER OF HISTORIC PLACES
REGISTRATION FORM

1. NAME OF PROPERTY

HISTORIC NAME: Parkland Hospital
OTHER NAME/SITE NUMBER: Woodlawn Hospital

2. LOCATION

STREET & NUMBER: 3819 Maple Avenue
CITY OR TOWN: Dallas **VICINITY:** N/A **NOT FOR PUBLICATION:** N/A
STATE: Texas **CODE:** TX **COUNTY:** Dallas **CODE:** 113 **ZIP CODE:** 75219

3. STATE/FEDERAL AGENCY CERTIFICATION

As the designated authority under the National Historic Preservation Act, as amended, I hereby certify that this (_x_ nomination) (__ request for determination of eligibility) meets the documentation standards for registering properties in the National Register of Historic Places and meets the procedural and professional requirements set forth in 36 CFR Part 60. In my opinion, the property (_x_ meets) (_ does not meet) the National Register criteria. I recommend that this property be considered significant (_ nationally) (__ statewide) (_x_ locally). (__ See continuation sheet for additional comments.)

_____ _____
Signature of certifying official Date

State Historic Preservation Officer, Texas Historical Commission
State or Federal agency and bureau

In my opinion, the property ___meets ___does not meet the National Register criteria. (__ See continuation sheet for additional comments.)

_____ _____
Signature of commenting or other official Date

_____
State or Federal agency and bureau

4. NATIONAL PARK SERVICE CERTIFICATION

I hereby certify that this property is: Signature of the Keeper Date of Action

____ entered in the National Register _____ _____
___ See continuation sheet.
____ determined eligible for the National Register _____ _____
_____
___ See continuation sheet
___ determined not eligible for the National Register _____ _____

____ removed from the National Register _____ _____

____ other (explain): _____ _____ _____

5. CLASSIFICATION

OWNERSHIP OF PROPERTY: PRIVATE

CATEGORY OF PROPERTY: BUILDING

NUMBER OF RESOURCES WITHIN PROPERTY:	CONTRIBUTING	NONCONTRIBUTING
	1	0 BUILDINGS
	0	0 SITES
	0	0 STRUCTURES
	0	0 OBJECTS
	1	0 TOTAL

NUMBER OF CONTRIBUTING RESOURCES PREVIOUSLY LISTED IN THE NATIONAL REGISTER: 0

NAME OF RELATED MULTIPLE PROPERTY LISTING:

6. FUNCTION OR USE

HISTORIC FUNCTIONS: HEALTH CARE / Hospital

CURRENT FUNCTIONS: COMMERCE / TRADE / Business / office building

7. DESCRIPTION

ARCHITECTURAL CLASSIFICATION: LATE 19th & EARLY 20th CENTURY REVIVALS – Georgian Revival

MATERIALS:

FOUNDATION	CONCRETE
WALLS	BRICK
ROOF	TERRA COTTA
OTHER	

NARRATIVE DESCRIPTION (see continuation sheets 7-5 through 7-8).

8. STATEMENT OF SIGNIFICANCE

APPLICABLE NATIONAL REGISTER CRITERIA

x **A** PROPERTY IS ASSOCIATED WITH EVENTS THAT HAVE MADE A SIGNIFICANT CONTRIBUTION TO THE BROAD PATTERNS OF OUR HISTORY.

B PROPERTY IS ASSOCIATED WITH THE LIVES OF PERSONS SIGNIFICANT IN OUR PAST.

x **C** PROPERTY EMBODIES THE DISTINCTIVE CHARACTERISTICS OF A TYPE, PERIOD, OR METHOD OF CONSTRUCTION OR REPRESENTS THE WORK OF A MASTER, OR POSSESSES HIGH ARTISTIC VALUES, OR REPRESENTS A SIGNIFICANT AND DISTINGUISHABLE ENTITY WHOSE COMPONENTS LACK INDIVIDUAL DISTINCTION.

D PROPERTY HAS YIELDED, OR IS LIKELY TO YIELD INFORMATION IMPORTANT IN PREHISTORY OR HISTORY.

CRITERIA CONSIDERATIONS: N/A

AREAS OF SIGNIFICANCE: Community Development; Architecture

PERIOD OF SIGNIFICANCE: 1913-1954

SIGNIFICANT DATES: 1913, 1921

SIGNIFICANT PERSON: N/A

CULTURAL AFFILIATION: N/A

ARCHITECT/BUILDER: Hubbell & Greene

NARRATIVE STATEMENT OF SIGNIFICANCE (see continuation sheets 8-9 through 8-17).

9. MAJOR BIBLIOGRAPHIC REFERENCES

BIBLIOGRAPHY (see continuation sheets 9-17 through 9-18).

PREVIOUS DOCUMENTATION ON FILE (NPS): N/A

_ preliminary determination of individual listing (36 CFR 67) has been requested.
_ previously listed in the National Register
_ previously determined eligible by the National Register
_ designated a National Historic Landmark
_ recorded by Historic American Buildings Survey #
_ recorded by Historic American Engineering Record #

PRIMARY LOCATION OF ADDITIONAL DATA:

_ State historic preservation office *(Texas Historical Commission)*
_ Other state agency
_ Federal agency
x Local government
x University
_ Other -- Specify Repository:

10. GEOGRAPHICAL DATA

ACREAGE OF PROPERTY: 3.266 acres

UTM REFERENCES	Zone	Easting	Northing
	14	704520	3631715

VERBAL BOUNDARY DESCRIPTION: (See Continuation Sheet 10-19)

BOUNDARY JUSTIFICATION: (See Continuation Sheet 10-19)

11. FORM PREPARED BY

NAME/TITLE: John M. Tess, President

ORGANIZATION: Heritage Consulting Group **DATE:** November 24, 2008

STREET & NUMBER: 1120 NW Northrup Street **TELEPHONE:** (503) 228-0272

CITY OR TOWN: Portland **STATE:** Oregon **ZIP CODE:** 97209

ADDITIONAL DOCUMENTATION

CONTINUATION SHEETS

MAPS (see continuation sheet Map-20 through Map-24)

PHOTOGRAPHS (see continuation sheet Photo-25 through Photo-33)

ADDITIONAL ITEMS (see continuation sheets Figure-34 through Figure-36)

PROPERTY OWNER

NAME: Barry N. Henry, C.H. Woodlawn Office, LLC

STREET & NUMBER: 3819 Maple Avenue **TELEPHONE:** (214) 661-8000

CITY OR TOWN: Dallas **STATE:** Texas **ZIP CODE:** 75219

DESCRIPTION

Parkland Hospital is located at 3819 Maple Avenue in north Dallas, approximately 1.5 miles north-northwest of the Central Business District. Specifically, it is located on Block 1007 in the Oak Lawn neighborhood of the City of Dallas, Texas.

SETTING

The hospital is located in a developed area. Although once rural, the area today is largely commercial with a preponderance of medical uses. To the southeast, across Oak Lawn Avenue, is the Texas Scottish Rite Hospital for Children, a 7-building campus. Beyond that is the 46-acre Reverchon Park and Turtle Creek. To the northeast are low-rise medical offices. To the north are modern high rise office towers with a mix of single family and multifamily residences beyond, and to the west is a similar mix. The Dallas North Toll Way is to the southwest, with the INFOMART, World Trade Center, new Parkland Hospital, and the University of Texas Southwestern Medical Center beyond it.

SITE

The original city-owned site was 65 acres of softly rolling hills, but today the hospital site has dwindled to its present size of approximately 3.266 acres. This site is irregular in form but approximates a rectangle, 200 feet east-to-west and 375 feet north-to-south. The site is fully developed to the southwest. From Maple Avenue the hospital is set back approximately 150 feet, with a dramatic and character-defining lawn nearly 500 feet across featuring mature specimen trees (post oak, live oak, pecan and magnolia).

STRUCTURE

The Parkland Hospital is a two-story reinforced concrete structure with a full basement. Recently portions of the building were demolished and a 2-story addition was constructed to the west; it is a steel frame volume on a reinforced concrete underground parking structure.

Exterior

The east façade reads as a seven-part assembly with a central block and two sets of projecting wings at the north and south, connected by hyphens. The skin is dark red iron-spot brick with gray mortar, white terra cotta, and painted white trim. Fenestration is generally consistent with 9-over-1 double-hung wood sashes in wood frames. The central block is 80 feet across with two stories atop a raised painted concrete water-table with complex white classically-detailed terra cotta cornice and a front-facing red-tiled hipped roof. The east façade is divided vertically into nine symmetrical bays. The central bay features a complex doorway with sidelights and transom; at the second floor, the doorway is simpler but of the same palette, with French doors and transom. The outside bays, framed with quoins, features an arched window between the first and second floor, with a proportionately smaller window between the basement and first floor. The most dominant feature of the elevation is the full façade, two-story white porch which projects seven feet from the building face and features limestone Corinthian columns, contrasting decorative wrought iron railings, a roof-line balustrade and elaborate classical terra cotta and stone detailing. The entry is at the center of the porch which then leads to the front door.

The hyphen and wings continue this elaborate classic palette in nearly identical or mirror images. The hyphens, recessed about 6 feet from the building face of the central structure, are twenty feet across and divided into three bays. The

then project forward 33 feet from the hyphen and about 8 feet from the porch. Each of the first (or inside) set of wings is approximately 22 feet across, while the second (or outside) wings are 35 feet across. These facades are similar, framed with quoins and a tripartite opening at both the first and second floor. The first floor has a French door flanked by 4-over-1 windows. At the second floor, the French doors have been replaced by a single 20-over-1 window, again flanked by 4-over-1 windows. On the south, at the water table is a projecting white concrete porch trimmed with a balustrade; the treatment at the north is similar with due to the slope with an increased height to the water-table.

The south and north facades of the interior wings are similar or close mirror images. Each wing was 124 feet in length east and west. Fenestration is consistent 9-over-1, alternating between single and paired windows. A slightly projecting mass three bays across divides the façade into three sections with the eastern section two bays shorter than the west.

The two outside wings, both built in 1921, are similar to each other in scale, massing, design and materials and are comparable to the primary façade. The south façade is eleven bays across with a projecting central element three bays across located to the center east. At the base, a brick portico projects to house the one-time emergency entry. Fenestration is consistent, with alternating single and paired windows. The north façade is of similar size and has a similar though simpler central projecting element with a doorway providing access to the ground floor. Fenestration here is a single window which divides the façade vertically. Horizontally, it is defined as the south façade.

At the west is a new curtain wall façade set atop a two-level underground parking garage. At the south and north are cast-in-place concrete monoliths that frame the curtain wall. These are set off the historic west façade of the outside wings by a glass "connector."

Interior
Primary access into the building is via the double doors at the portico on the east. It leads to a foyer that is flanked by cast-iron stairs. This foyer leads to the north and south wings via a double-loaded axis corridor. Doorways lead to a mixture of generally open office areas and conference rooms. The foyer also provides access to the newly constructed open office area at the west.

The flanking stairs provide access to the ground floor and the second floor. These are similar to the first floor. The stairs lead to an axis north-south corridor which then leads to generally open office areas and conference rooms.

Finishes are contemporary though not inappropriate. Walls and ceilings are generally painted gypsum board with classically detailed trim. Floors are wall-to-wall carpet or wood.

INTEGRITY

The present owners acquired the site in late 2006. The site had been vacated as the city's hospital in 1954 with the completion of the new Parkland Hospital. At that time, it was converted to care for three specific, but oddly grouped, constituents: tuberculosis patients, psychiatric patients, and patients with chronic and debilitating diseases. In 1974, conditions at the old hospital prompted the facility to be closed and those patients transferred. At that point, the building became a minimum security detention facility. Despite these public uses, no investment other than minimal maintenance was put into the building for well over fifty years.

In evaluating the site for redevelopment, priority was given to the those elements visible from the public right of way: from vantage points along Maple Avenue offering vistas of the primary 1913-1921 elevation and from the south at Oak Lawn Avenue offering views of the 1921 southern pavilion, and from Reagan Street offering views of the 1921 northern pavilion. In assessing the site, the rear western portion with views blocked by the Dallas North Tollway and the lesser 1935 extensions of the northernmost and southernmost pavilions seemed clearly secondary and rather disconnected from the site's significance.

As such, with the formal review and support of the City of Dallas's Landmark Commission, the owners proceeded to demolish the rear portions of the parcel. By so doing, the developers were able to concentrate redevelopment of this long since abandoned site while protecting and rehabilitating the most critical and poignant elements of its significance.

Seven Aspects of Integrity

In light of the fact that more than 50% demolition has occurred to date, the fundamental question is whether the site today has the ability to reflect its historic values. The National Park Service addresses the question of assessing integrity in historic buildings in National Register Bulletin 15. That bulletin details seven aspects of integrity. It notes further that it is not necessary that a property possess all aspects and that the importance and relevance of each aspect depends on the property's significance.

As discussed in Section 8, the Parkland Hospital is primarily significant as the only remaining example of "pavilion" hospital architecture in Dallas. Secondarily, it is notable for its catalytic role in developing "hospital row".

Location: NPS Bulletin 15 cites "*location is the place where the historic property was constructed or the place where the historic event occurred.*" The Parkland Hospital is in its original location.

Setting: *"Setting is the physical environment of a historic property. Whereas location refers to the specific place where a property was built or an event occurred, setting refers to the character of the place in which the property played its historical role. It involves how, not just where, the property is situated and its relationship to surrounding features and open space."* When the current structure was first built, the hospital was part of a 26-acre park tract. In the ensuring years, under public ownership, that location has dwindled to its current 2.38 acres and the original rural setting became increasingly urban. Nonetheless, throughout its history, essential and constant setting of the hospital was defined by its landscaped treed setback off Maple Avenue. Setback, footprint, scale, form, exterior from this and other public vantage points remain essentially as built.

Design: *"Design is the combination of elements that create the form, plan, space, structure, and style of a property."* Further, *"a property's design reflects historic functions and technologies as well as aesthetics. It includes such considerations as structural system, massing, arrangement of spaces, pattern of fenestration, textures and colors of surface materials, type, amount and style of ornamental detailing . . ."* The western half of the property has been demolished while the front and very visible eastern half has been retained. Visually from most public vantage points, and particularly the most relevant to the sites' significance, the hospital appears today as it did in 1921. The site's primary importance is for its "pavilion" style of hospital design. From the public vantage points, that image remains intact.

Materials: *"A property must retain the key exterior materials dating from the period of its historic significance."* As

time, the majority of the site has been retained. It is also important to note that the history of the site was organic, that is to say that it was forever evolving with the addition and demolition of secondarily facilities.

Feeling: *"Feeling is a property's expression of the aesthetic or historic sense of a particular period of time."* As with design and materials, from the vantage point of the east, south and north, the site conveys the feelings associated with its significance as a "pavilion" style hospital.

Association: *Association is the direct link between an important historic event or person and a historic property. A property retains association if it is the place where the event or activity occurred and is sufficiently intact to convey that relationship to the observer.* The site today "reads" as a c. 1920s "pavilion" style hospital.

Conclusion: The Parkland Hospital retains sufficient integrity to convey the historic and architectural values which area associated with it.

STATEMENT OF SIGNIFICANCE

The Parkland Hospital at 3819 Maple Avenue in Dallas was designed by the Dallas architectural firm of Hubbell & Greene. It is eligible for listing on the National Register under Criterion C as the only local example of "pavilion" style hospital design extant in the City of Dallas. It is also eligible for listing on the National Register under Criteria A for Community Development as the well-spring for medical facilities in north Dallas.

Parkland Hospital was designated a Dallas Historic Landmark in 1987. A "Historic Preservation Certification Application – Part 1 – Evaluation of Significance" was submitted to the National Park Service in 2007 and approved on October 22, 2007. However, since the demolition of half of the building and construction of a new addition, the Part 2 of the application was rejected on April 2, 2008, and the appeal was denied in a final decision from the National Park Service on June 18, 2008.

Historic Overview

On December 9, 1913, the City of Dallas celebrated the opening of its new city hospital, a $100,000 institution dedicated to caring for the "indigent sick and injured of the community," as reported in the *Dallas Morning News* the following day:

> The new Parkland Hospital, which is to be used for all those charity cases that must be cared for by the city, is situated in a beautiful wooded park, twenty acres in extent, near the corner of Oak Lawn and Maple Avenue, and a little more than a mile from the downtown business district. The building itself is of modern, fireproof construction throughout, modeled on simple Doric lines and finished in buff brick and stone.... The appearance of the place along from the exterior is sufficiently prepossessing to win the heart of any visitor, whether sick or well. Set far back among tall and stately oak trees and commanding view of woods and green, rolling meadow on all sides, it is an ideal place for the rapid convalescing of patients. The natural formations of the park and the gigantic trees, which are already flourishing, make possible the building of one of the most delightful spots in the vicinity of Dallas.[1]

Parkland was the third city hospital. It first opened in 1874 in a two-story wood framed store on Lamar Street, when Dallas had little more than 3,000 residents. Twenty years later, Dallas was the largest city in Texas with a population of 40,000 and architecturally defined by buildings as the Romanesque County Courthouse. Under the leadership of the Public Health Officer, the City committed to a cottage-system hospital to be located north of the city on 65 acres near the waterworks. This new state-of-the-art facility would serve both paying and indigent residents. The complex featured a central two-story central wood frame structure flanked on each side by two smaller cottages. The total cost of construction was just under $15,000. In total, the ensemble was 234 feet long and 72 feet deep. "No city in the south of the same number of inhabitants has, it is claimed, a hospital superior to the one Dallas possesses today."[2]

By 1910, the city's population had doubled and although the *Morning News* cheered in 1910 that "In Hospital Facilities Dallas City and County Now Lead All Other Places in South", the community's leadership was begin to agitate for more modern facilities. At the time, in addition to the Parkland Hospital, Dallas had the Baptist Memorial Sanitarium, St. Paul's

[1] *Dallas Morning News*, December 10, 1913, p. 13

[2] *Dallas Morning News*, November 28, 1893, p. 8; April 9, 1894, p. 8; May 19, 1894, p. 8; May 20, 1894, p. 11; October 1, 1926 –

Sanitarium and the Union Hospital. In addition, the basement of the city hall was designed for use as an emergency ward, and there were several smaller private sanitariums as well. But the twenty years old wood-framed Parkland Hospital was showing its age and requiring increasing repairs on basic items as electricity and heating. Mayor Hay believed in "the erection of a new hospital building commensurate with the needs of the city at present and for future growth." In time, Dallas' political, business and medical leadership coalesced around the notion of a $100,000 public bond to pay for a new hospital and in April, 1910, the voters approved the bond 70% to 30%. Reflecting the general sense of city building, other successful bond issues included sanitary sewers, sewage disposal, streets, waterworks and schools. A year later, on December 12, 1911, the Board of Municipal Commissioners passed an ordinance to issue the bonds at 4.5% interest. The hospital was intended to be free of charge for those unable to pay for services and for cases for which the city would otherwise have to pay, such as firefighters and police hurt in the line of service.[3]

While the City of Dallas strongly supported the construction of a new hospital, there was considerable debate about the location of that hospital. Many in Dallas, particularly the public health officials, approved the present parkland location and envisioned the new structure either replacing or working in conjunction with the existing facility. Equally vocal, many called for the new hospital to be located in the city's core. This voice included the Chamber of Commerce and the Physician's Club. Underpinning the debate over site was a philosophical one distinguishing between a "sanitarium" and a "hospital". The first "is an institution for the preservation and restoration of health, largely by means of the salubrious nature of the location and its surroundings." The second "is a place designed for shelter and treatment of the sick and wounded." In particular, those speaking in favor of the downtown location focused on accessibility and active medical treatment (e.g., treatment of wounds injuries, emergency care and surgery). Those favoring the remote location focused on the treatment of infectious and contagious cases where the benefits of isolation, ample light and pure air were paramount.[4]

The site debate raged for months and the bond issue was structured so as to allow any site option. By the end of 1911, the Chamber of Commerce was organizing mass public meetings and the coalition of physicians supporting the downtown location announced an initiative to put the location issue before the public at the April, 1912 election. As the city charter precluded the Board of Commissioners from disposing the city hospital site without approval from a majority of the voters, the mayor directed the city attorney to draft a resolution for the ballot.[5]

The debate however was quickly quelled in the winter of 1912 with an outbreak of meningitis. The key to controlling the illness was to minimize public congregations. Schools were closed and people were encouraged to avoid the theater, social functions, or other public gatherings.[6] To combat the illness, Parkland was devoted entirely as a meningitis facility. The wisdom of a distant hospital seemed pre-eminent:

> There are now about fifty-five patients in the hospital in various stages of illness or convalescence from spinal meningitis. It would be a serious menace to any thickly populated section of the city to have this amount of infection in its midst. Isolated as the present hospital is, the danger of infection is minimized and the convalescing

[3] Dallas Morning News, April 2, 1910, p. 4; April 6, 1910, p. 4; June 6, 1910, p. 14; July 2, 1910, p. 4; October 1, 1910, p. 24; March 5, 1911, p. 3.
[4] Dallas Morning News, November 26, 1911, p. 14; November 29, 1911, p. 10.
[5] Dallas Morning News, December 12, 1911, p. 4; December 16, 1911, p. 3; December 17, 1911, p. 8; December 19, 1911, p. 4; December 24, 1911, p. 6; December 30, 1911, p. 5, January 1, 1912, p. 5.

patients have all the benefits to be derived from fresh air and sunshine without endangering the health and lives of others.[7]

The physicians stopped their battle over the hospital site in February and the development of the city hospital at Parkland progressed. For its part, the city leadership attempted to balance the desires of the medical community by including an emergency room in the evolving plans for a new city hall. Patients were temporarily relocated to the city's other hospitals, St. Paul's and Baptist Sanitarium. The old hospital building was then cleansed, divided into four sections and moved about 400 feet north and west to accommodate the new hospital. Once moved and reassembled, the old hospital building was reopened and the patients returned. Additional free-standing wards from the old hospital and at least one house on the grounds were also kept.[8]

Initially, the city planned to organize a design competition for the new hospital, but at the suggestion of the Association of Dallas Architects, instead simply selected a local firm. On May 30, 1912, the city commissioners announced Hubbell & Greene as the architects following a 3-2 vote; the other firm in contention being J.H. Overbeck. Hubbell & Greene were a noted Dallas firm. Herbert Greene had been born in Pennsylvania in 1871, attended the University of Illinois, and moved to Dallas in 1897. In 1900 he formed a partnership with James P. Hubbell. During this era, Greene produced a large number of important works; these included the Dallas News Building, Scottish Rite Dormitory for Girls, Dallas Trust and Savings Bank, and Temple Emanu-el. An active mason, he was also involved in a number of Masonic development projects.[9]

Initial plans for the new structure called for 60 beds, quarters for the city's health officer, quarters for nurses, and an operating room. "The new hospital building is to be of the pavilion plan, with foundations and walls of sufficient strength to permit second story enlargement. The general plans are to be such that extension of the building, with wings, will be permissible in compliance with the style of the first units."[10]

On September 29, 1912, Hubbell & Greene presented their plans to the Board of Commissioners. "The new City Hospital to be erected at the corner of Oak Lawn Avenue and Maple Street, will, when completed, be one of the most modern and best equipped institutions of its kind in the Southwest.... The building will be 145 feet facing Maple, and 124 feet deep. It will be two full stories high with a large basement under the greater portion of it. The design will be Colonial, with four large fluted stone columns supporting the porch.... The perspective shows a complete building with wings on either side, but for the present, owing to a lack of funds, the north wing will be omitted."[11]

The plans were accepted and the city then let four separate contracts for construction: general construction, plumbing, heating and elevator. With approximately $93,000 available for the project, bids were received that ranged from $74,890

Dallas Morning News, January 28, 1912, p. 12.
[8] Dallas Morning News, May 17, 1912, p. 18.
[9] Dallas Morning News, May 18, 1912, p. 20; May 30, 1912, p. 20; May 20, 1923, p. 14; February 9, 1932, p. 1; February 11, 1932, p. 8, February 12, 1932, p. 1; Texas Handbook Online (www.tsha.utexas.edu/handbook/online/articles/GG/fgr94.html), "Herbert Miller Greene".
[10] Dallas Morning News, September 29, 1912, p. 15.

to $93,500. The contract was placed on October 31, 1912 with G.W. Sonnefield with a bid of $78,439. The plumbing and elevator contract then added approximately $7,500 to the total.[12]

Construction was anticipated to take 9 months. To monitor construction, the City hired a building inspector at a cost of $125 per month. By December, excavation was completed and the concrete footings poured. On March 15, 1913, Masonic ceremonies marked the laying of the cornerstone and the first story masonry was ready for the placing of the window casings. By June, the hospital was substantially done. The summer was spent finishing. On October 21, 1913, the Board of Commission conducted its final inspection and accepted the building at a final cost of $112,600.[13]

On December 9, the hospital hosted an informal open house to recognize the hospital's completion. The finished building resembled slightly the Baptist Memorial Sanitarium, completed the decade earlier and designed by C.W. Bulger & Son. Built of reinforced concrete in the Colonial Revival style, the exterior was sheathed in dark red brick with white terra cotta and wood trim. The most dramatic feature was an east-facing raised two-story classically detailed white columned portico that spanned the eighty feet of the two-story red brick structure with hipped roof behind. As designed, this structure was to be the center mass in a five-part organization with flanking flat-roofed two-story 22 foot hyphens connecting to two-flanking wings 22-feet wide and 128 feet deep. Funding however only allowed construction of the south wing. At the rear behind the main structure was a two story building 36 feet across and 40 feet deep. The main entry was off the east portico which led to a vestibule and small lobby. Flanking here is a reception room and office. Nine foot corridors then connected the entry along both an east-west and north-south axis with stairs running from the basement to the second floor at the northeast and southeast corners of the main structure. A second entry was located at the south end of the north-south corridor, off the south face of the south wing. This entry was a smaller one-story classical portico leading to a vestibule with interior stairs. This entry led directly into the men's ward which occupied the entirety of the south wing first floor. Other first floor areas included a private room at the northeast, maternity facilities at the northwest, shared intern beds at the southwest and linens and service at the southeast. The first floor of the rear structure was devoted to dining with the main dining room, staff dining room and pantry. The second floor south wing housed the women's ward and the children's' ward in the south wing, the surgical ward with the operating room at the second floor of the rear structure, and residential units along the west of the main building. The basement housed the morgue, autopsy and service areas.[14]

Almost from the day of its completion, Parkland Hospital was in a constant state of change as medical needs changed and demand grew. The outbuildings located at the east were retained, adapted and reused for housing and wards. Within a year, the Municipal Commissioners allowed X-ray and pathological laboratories to be installed in the hospital itself and within two years, the basement was being excavated to house a ward "for Negroes and Mexicans". Those patients had been located in the old City Hospital; following the move, the old hospital was to be used for tubercular cases until facilities at the nearby Woodlawn Hospital could be expanded.[15]

In 1915, City Commissioner Otto Lang toured the facility and found "Parkland Hospital now is absolutely inadequate for the demands upon it." He favored an immediate bond issue "to bring the facilities of Parkland Hospital up to the requirements of a rapidly growing city." As notable, he called for the estimates to be done as cheaply as possible; "there

[12] Dallas Morning News, October 5, 1912, p. 4; October 26, 1912, p. 4; October 29, 1912, p. 16; October 31, 1912, p. 16; November 5, 1912, p. 4.
[13] Dallas Morning News, March 15, 1913, p. 18; March 19, 1913, p. 5; June 30, 1913, p. 2; October 21, 1913, p. 18;
[14] Dallas Morning News, November 22, 1913, p. 20; December 9, 1913, p. 15.December 10, 1913, p. 13.

now is several thousand dollars' worth of terra cotta work in Parkland Hospital. There will be none on the new buildings."[16]

Over the next several years, agitation for expanded hospital facilities at Parkland continued as demands on the facility grew. Of premier importance was the construction of a nurses' home. It was common to provide housing as part of a nurse's compensation. For the previous five years, the hospital had been leasing space in nearby apartment buildings for its nurses. But limited facilities also made recruiting and retaining staff difficult. By 1920, a nurses' home was deemed to be of paramount importance. The architect was again Herbert Greene [Hubbell & Greene dissolved their firm in December, 1917 and Greene now operated under the single: Herbert M. Greene Company] and plans called for accommodations of up to 90 nurses. Plans were approved on May 19, 1921 and a contract for construction let for $106,000 on June 10th to the Munn Construction Company. The final design was for a two-story structure, but structurally the building would be constructed to allow the addition of a third floor at any time. The ground was broken on July 19th and the building completed by April, 1922.[17]

It was designed to blend with the hospital, using similar materials and a similar design palette. It featured a full basement with classroom and offices, a first floor with reception, parlors and bedrooms and a second floor with 26 bedrooms and shared baths.

By the fall of 1920, the Board of Commissioners was hearing formal plans for expansion while also exploring joint management with the County. Initial thoughts focused on simply constructing the missing north wing at a cost of approximately $80,000. However, the city's leadership opted to seek bond funding for the project and so pursued a larger $225,000 expansion. In November, 1921, bond funds were committed to the expansion. The architect was again Herbert Greene. The additions consisted of three nearly identical "ward" structures. These mimicked the design of the south wing. One was to be located on the south and two were to be located on the north. Work began in winter, 1922 with the project cost expected around $198,000. By late summer, construction on the three wings was nearing completion and in March, 1923, coinciding with the completion of an agreement for joint City and County management. The new construction nearly tripled the capacity of the hospital.[18]

Continued growth kept pressure on the resources of Parkland. Continued high demand for nurses meant that by 1924 the hospital was again leasing a twenty-room apartment building across the street. By 1926, the hospital was seeking additional nurses' housing, larger operating rooms, a tubercular building for children, and physician housing. Limited funding however delayed any work until a new $400,000 hospital bond was passed in 1927. This resulted in a laundry and operating room being added to the central section in 1930.[19]
Four years later, another bond issue, this for $290,087, funded yet more expansion. This work included adding the third floor to the nurses' home. It also included extending the northern and southernmost wings approximately 170 feet to the west to function as wards, and two story additions to the center structure at the rear to in part expand surgical facilities. Finally, the project included a single story building at the far west to serve as a child's tuberculosis building. This work

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Dallas Morning News, July 7, 1915, p. 7.

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[17] Dallas Morning News, February 10, 1918, p. 5; September 15, 1920, p. 8; November 18, 1920, p. 2; March 16, 1921, p. 12; April 17, 1921, p. 4; May 19, 1921, p. 9; June 6, 1921, p. 2; June 25, 1921, p. 17; July 19, 1921, p. 18; April 224, 191922, p. 14.
[18] Dallas Morning News, September 15, 1920, p. 8; November 18, 1920, p. 2; December 28, 1920, p. 6; November 27, 1921, p. 12; December 6, 1921, p. 13; January 3, 1922, p. 4; January 21, 1922, p. 4; July 12, 1922, p. 13.
[19] Dallas Morning News, March 17, 1926, p. 13; April 28, 1926, p. 13; August 31, 1928, p. 13; October 27, 1932, p. 1; September 9

started in January, 1936. The hospital additions, easily distinguished from Herbert Greene's 1913 work, were designed by Edwin LaRoche of Greene, LaRoche & Dahl and were considerably less inspired, less opulent and considerably more pedestrian than the original 1913 design. At the same time, ancillary construction continued on site with the addition of wood-frame structures along the eastern half of the property.[20]

Following World War II, Dallas embraced the notion of a modern public hospital. Technologically, functionally, architecturally, Parkland Hospital was out-moded. In the arena of modern medicine, it was rather ancient history. In 1945, a hospital consultant was hired to study the hospital needs of the Dallas area. His conclusion was that the city needed a new, modern facility. Four years later, the voters of Dallas County authorized a $3 million bond issue for a new hospital. In 1950, preliminary plans for the new hospital were approved and on April 26, 1952, ground was broken for a new Parkland Hospital to be located at 5201 Harry Hines Boulevard. On September 25, 1954, the first patients were transferred to the new facility. The "old" Parkland Hospital was renamed Woodlawn Memorial and converted to care for tuberculosis, psychiatric and chronic disease patients. In 1974, old Parkland Hospital closed and all services transferred to new Parkland. In the 1980s, the property served as a minimum security facility. For the past decades, it has largely been vacant. In late 2006, the present owners acquired the site.

Hospital Design in the United States

Parkland Hospital is eligible for listing on the National Register as the only extant example of "pavilion" style hospital architecture in Dallas.

As detailed by John D. Thompson and Grace Goldin, authors of *The Hospital: A Social and Architectural History*, the building of hospitals came fairly late to America. The first was the Pennsylvania Hospital, begun in 1756 and completed in 1805. Despite the late start and the geographic distance, hospital architecture followed the same developmental stages as Europe. Thompson identified four distinct phases of hospital design: the derivative, the pavilion, the skyscraper and the healing factory. Each phase created an identifiable form of architecture reflecting the science of medicine as well as the social role of the hospital itself.

Initially, hospitals followed a derivative form, adapting their forms from those of other public buildings. For example, Charles Bulfinch's Massachusetts General (1818) was designed first as a building for Harvard College. These designs reflected the visions of the hospital's founders rather than a form focused on patient care. Hospitals were considered venerable enterprises and were given an appropriate appearance.

At the same time, no theory existed that related the design of a hospital to the health of the patient. This lack of a connecting rationale disappeared when the lessons from the Crimean War, and in the United States, the Civil War, were absorbed by those concerned with public health and sanitary reform. Particularly Florence Nightingale promoted the "pavilion plan" in response to the miasma theory of disease causality. This theory held that patients should be exposed only to air free from the miasma of disease. Architecturally, this theory translated into a series of detached pavilions connected to a traffic corridor.

The architectural form of pavilion hospitals was just as clear as the medical rationale behind it. The wards were the most visible feature. The only question was whether these separate wards should be built of one-story, two-stories or more.

[20] Dallas Morning News, October 27, 1932, p. 1; September 9, 1933, p. 7; March 12, 1934, p. 2; July 18, 1934, p. 1; December 12,

Very few of these pavilion-type hospitals remain, although occasionally an isolated pavilion can be found, usually surrounded by later buildings.

The original 1894 Parkland Hospital followed the principals of the pavilion theory. It was divided into five cottages with two cottages each flanking a central receiving, surrounded in a park-like setting. Unfortunately, the wood-frame structure proved not to be especially durable and advances in building technology allowed more sanitary environments. The Baptist Memorial Sanitarium, completed about five years prior to the Parkland, applied the same principles but the reinforced concrete structure offered a more sanitary setting plus a pair of three-story wings of wards stacked vertically and flanking the central hub.

The second Parkland Hospital mimicked this designed considerably with first two and later four wings framing a center structure. As noted, fundamental to the siting of the hospital was its setting – to be "an institution for the preservation and restoration of health, largely by means of the salubrious nature of the location and its surroundings." Those favoring the remote location focused on the treatment of infectious and contagious cases where the benefits of isolation, ample sun light and pure air were paramount. In design, the wings were paramount featuring central corridors that allowed multiple levels of segregation combined with access. Ample windows combined with setbacks between wings to provide substantial light and ventilation throughout.

As Thompson notes, few pavilion style hospitals survive today. The nature of the hospital is that the structure transforms and conforms to the demands of medical technology and theory. This circumstance was true for Parkland, though the charitable nature of the hospital combined with limited funds to limit the impacts on design. Visually from the east, Parkland today nearly reads as it did in its original concept. There is no comparable resource in the city today.

Parkland Hospital and the Growth of "Hospital Row" in Dallas

Parkland Hospital is eligible for listing on the National Register for **Community Development** as the wellspring for medical facilities in north Dallas.

In 1912, the citizens of Dallas engaged in a vigorous debate over the location of the new city hospital. Many thought the existing location in Parkland ideal. Many others believed that a central downtown location was essential. The meningitis outbreak of that year strengthened arguments for a remote location, though the political leadership attempted to satisfy all by locating the new hospital at Parkland but also by locating an emergency hospital in the basement of the new city hall.

Nonetheless, as reported by the *Dallas Morning News* in 1922, "Maple Avenue in the vicinity of Parkland Hospital is rapidly becoming what might be termed 'hospital row' and by early spring this part of the city will represent one of the largest and most complete hospital centers in the Southwest." Certainly, the rise of the automobile provided the accessibility for doctors and patients outside the city's core. Equally important was the availability of land. That this growth occurred adjacent to the city hospital however illustrates the catalytic nature of Parkland. By 1925, the *Dallas Morning News* could claim, "No other city in the United States has within an area of a few city blocks so many hospital units as are located in the vicinity of Parkland Hospital."

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In 1913, the city's Union Hospital, which treated smallpox cases, was located two miles north of Parkland on a 20-acre site. This site was then expanded to also serve tuberculosis patients and renamed "Woodlawn." The city's other hospitals

at the time were found elsewhere in the city: the St. Paul Sanitarium and Texas Baptist Memorial Sanitarium were both located east of downtown, the Dallas Sanitarium was southwest of downtown.

In the 1920s, in addition to the substantial expansion of Parkland, "hospital row" at Maple Avenue saw three new medical projects in the early 1920s: the Richmond Freeman Memorial Hospital was located directly south of Parkland, across Oak Lawn Avenue at Maple Avenue and Welborn Street. At the same intersection was the Carrell-Driver Clinic and Reconstruction Hospital. Southeast of the intersection was Hope Cottage, a facility for the care of "foundling children." Adjacent to that was the Hella Temple Children's Hospital, later known as Shriners' Hospital for Crippled Children. Across the street from Parkland was the Dallas Baby Camp, designed for the care of children suffering from diseases and undernourishment. Then lining Fairmount from Oak Lawn south for three blocks were 17 separate medical clinics.

The 1930s saw continued expansion of Parkland with the addition of two-story wards to the northernmost and southernmost wards. At the same time, momentum was gathering for a more modern medical facility and a modern medical school. The earliest discussions dated to the 1920s. By the 1930s, a group of prominent Dallas citizens organized the Southwestern Medical Foundation to create the "Greater Medical Center at Dallas." When in 1943 Baylor University moved its school of medicine from Dallas to Houston, the foundation formally established Southwestern Medical College as the 68th medical school in the United States at Parkland Hospital. The school operated in temporary wood huts on the west side of the Parkland campus while using Parkland as its teaching hospital. When a new state medical school was proposed after World War II, leaders of Southwestern Medical Foundation offered the college's equipment, library and certain restricted funds to the University of Texas, provided the university would locate its new medical branch in Dallas. the Board of Regents accepted this offer from the foundation, and in 1949 the college became Southwestern Medical School of the University of Texas.

Coinciding was planning for a new Parkland Hospital. The decision was to co-locate both the new Parkland and the Southwest Medical School on a 35-acre site two miles west of the existing campus. Since that time, the Southwest Medical School has continued to grow physically, academically and professional into one of the largest and best medical campuses in the country.

Conclusion

The Parkland Hospital was designed by the noted Dallas architectural firm of Hubbell & Greene to replace its original City Hospital. First built in 1913, that design relied on the "pavilion" concept. Over the years, notably in 1921, the hospital was expanded as community needs grew. By the 1950s, the hospital was obsolete, replaced and largely uncared for. In the late 1990s, the City of Dallas invited developers to propose redevelopment concepts to rehabilitate the dilapidated structure. The current owners were selected by the city and the development approved by the City of Dallas Landmark Commission. That redevelopment keyed on retaining and rehabilitating the character defining features, including the prominent northeast façade and lawn.
The property is eligible for listing on the National Register first under Criterion C as the only local example of "pavilion" style hospital design extant in the City of Dallas. Although at one time one of several, today its distinct form stands unique in the City's building stock and a harbinger of late 19th and early 20th century medical facility design beliefs. Secondly, Parkland Hospital is eligible for listing on the National Register under Criteria A for Community Development as the well-spring for medical facilities in near north Dallas. The immediate neighborhood contains a preponderance of medical facilities, notably today the Scottish Rite Children's complex but also private clinics, offices and related businesses.

Nearby, across, the North Dallas Tollway, is the new Parkland Hospital complex and the Southwestern Medical Center, both located in part the result of the location of the original Parkland Hospital.

Parkland Hospital was designated a Dallas Historic Landmark in 1987. A "Historic Preservation Certification Application – Part 1 – Evaluation of Significance" was submitted to the National Park Service in 2007 and approved on October 22, 2007. However, since the demolition of half of the building and construction of a new addition, the Part 2 of the application was rejected on April 2, 2008, and the appeal was denied in a final decision from the National Park Service on June 18, 2008.

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Dallas Morning News (1894-1954)

Dallas Landmark Committee. Historic Landmark Nomination Form, "Old Parkland Hospital"

Dallas Public Library, Texas/Dallas History & Archives Division, Vertical Files

Green, LaRoche, Bryan and Dahl. Architectural Drawings for the Parkland Hospital

Hubbell & Greene, Architecture Drawings for the Parkland Hospital

Sanborn Company Insurance Maps of Dallas, Texas.

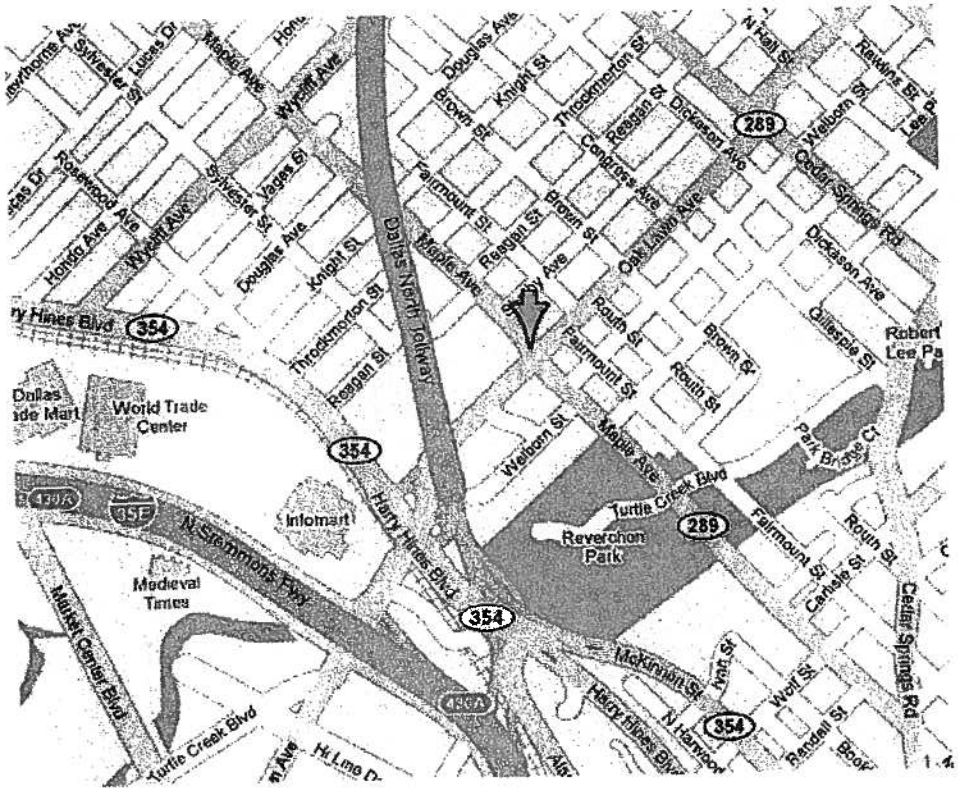
The Handbook of Texas Online <www.tshaonline.org/handbook/online>

VERBAL BOUNDARY DESCRIPTION

The Property consists of Units A and I of Old Parkland Campus, a Condominium, created pursuant to that certain Condominium Declaration recorded as Document No. 20080397062 in the Real Property Records of Dallas County, Texas; together with the Limited Common Elements appurtenant thereto and an undivided 32.0117% interest in and to the Common Elements as described in the Declaration.

BOUNDARY JUSTIFICATION

The boundary is the legally recorded boundary lines for the building for which National Register status is being requested.



Map 1. Location of Parkland Hospital, Dallas, Dallas County

Old Parkland Campus, a Condominium

Site

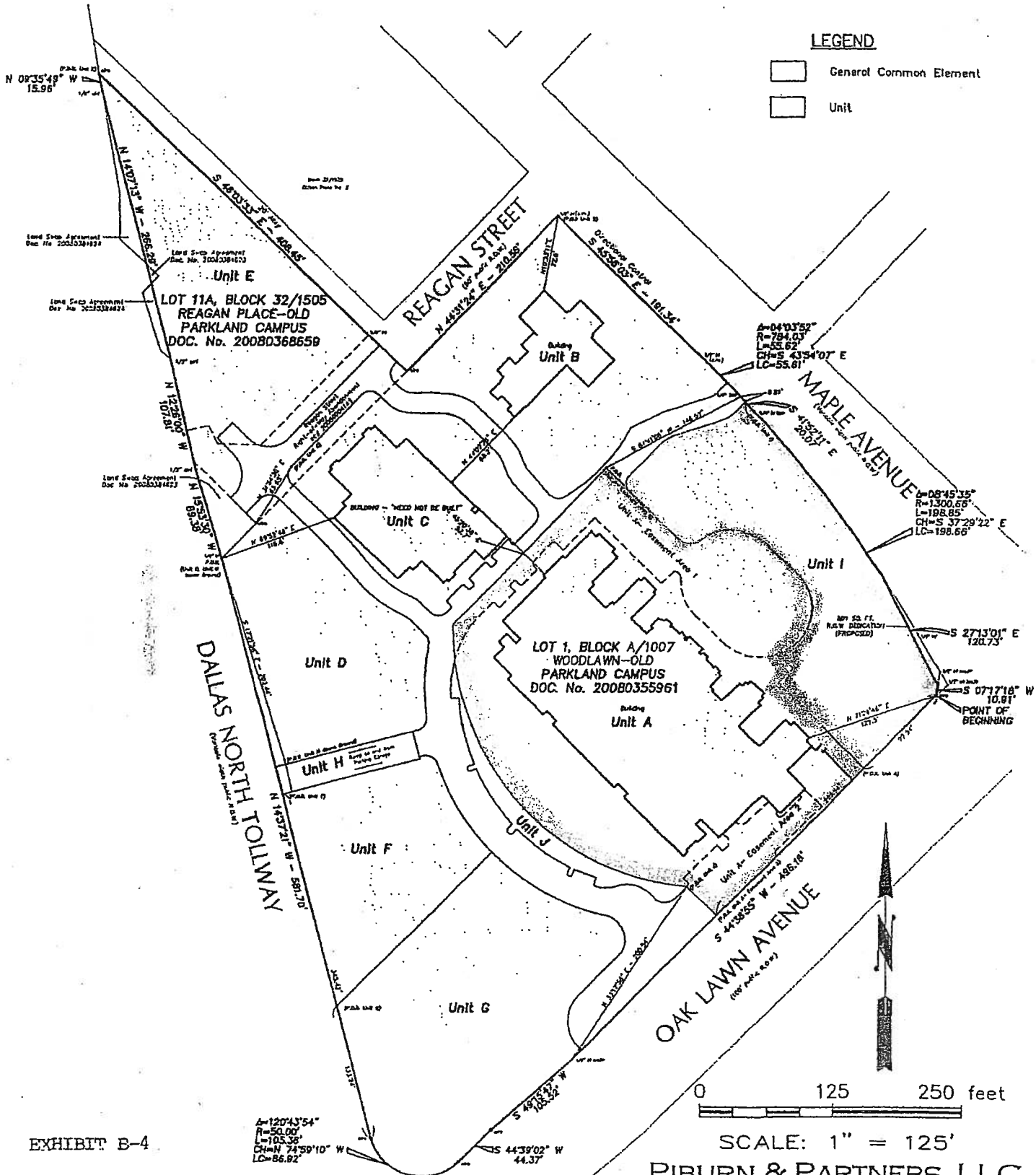


EXHIBIT B-4

SCALE: 1" = 125'

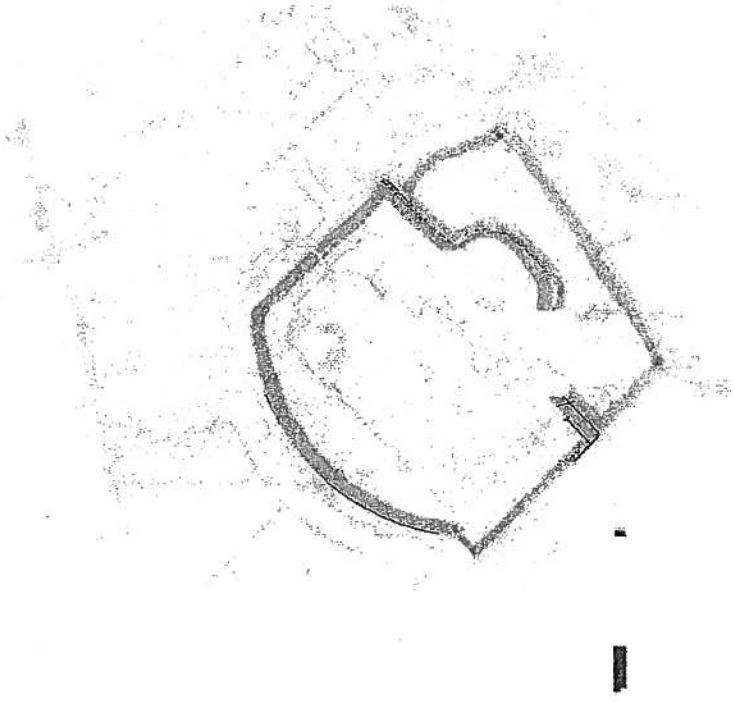
PIBURN & PARTNERS, LLC

9535 Forest Lane – Suite 229
Dallas, Texas 75243
Ph: (214) 328-3500 Fax: (214) 328-3512
email@meirosurveyor.com
www.meirosurveyor.com

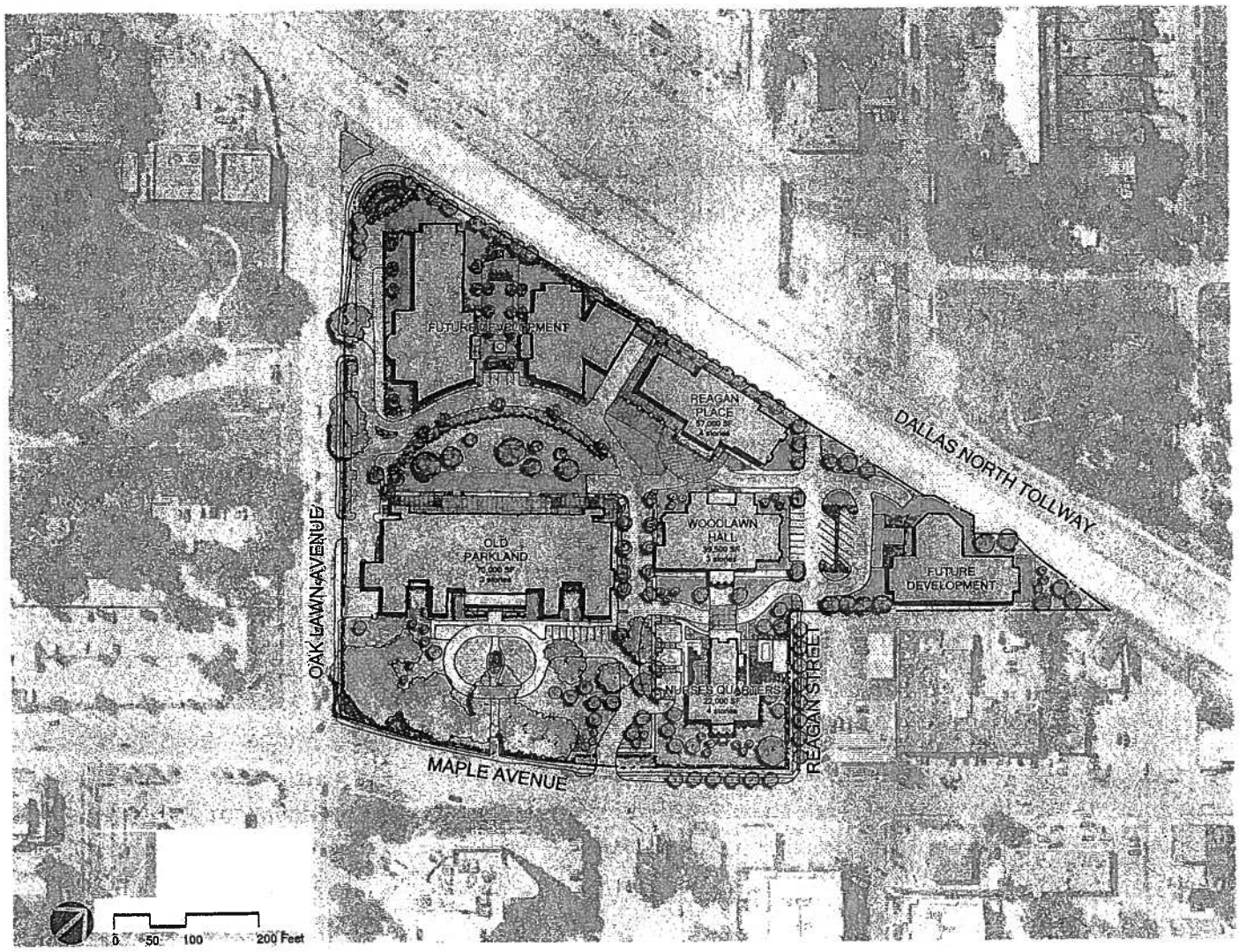
Elevations on this level are from existing ground up to the maximum height permitted by zoning.

The entire Condominium is subject to "Development Rights" as defined in the Condominium Declaration.

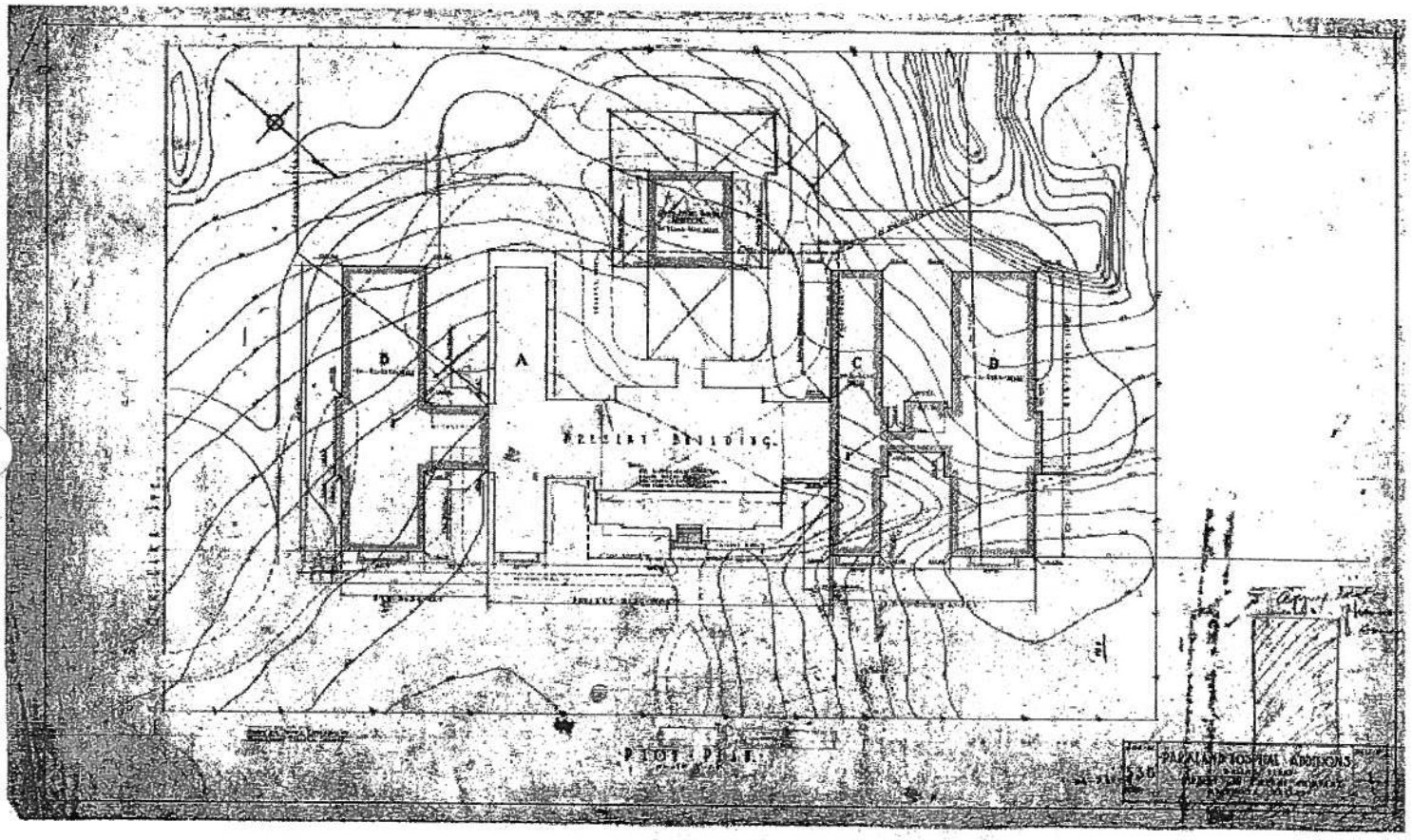
The Declarant reserves the right to create additional Units or Common Elements out of any of the Units.



Map 2. Site map, Units A and I of Old Parkland Campus, a Condominium, created pursuant to that certain Condominium Declaration recorded as Document No. 20080397062 in the Real Property Records of Dallas County, Texas.



Map 3. Proposed campus plan. The nominated property is labeled here as "Old Parkland."



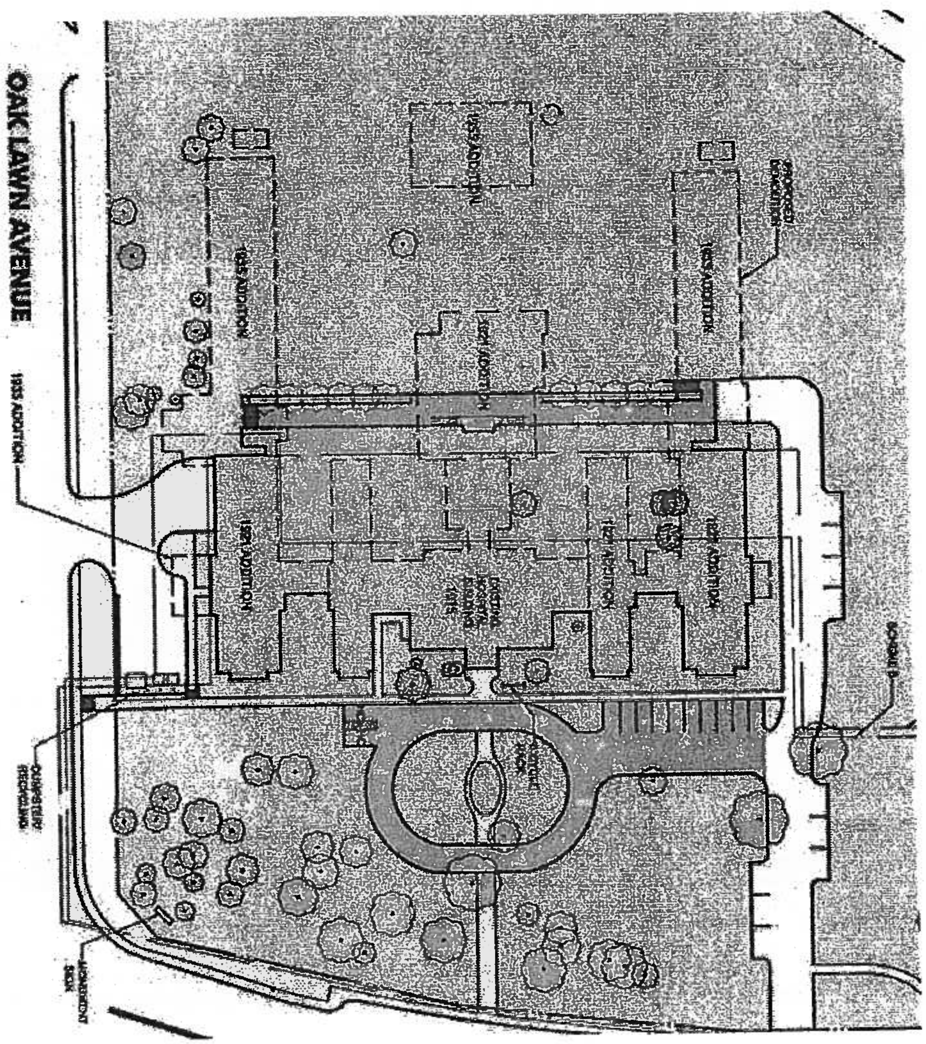
Map 4. Historic site plan that shows Parkland Hospital additions as planned.

NPS Form 10-900-a
(8-86)

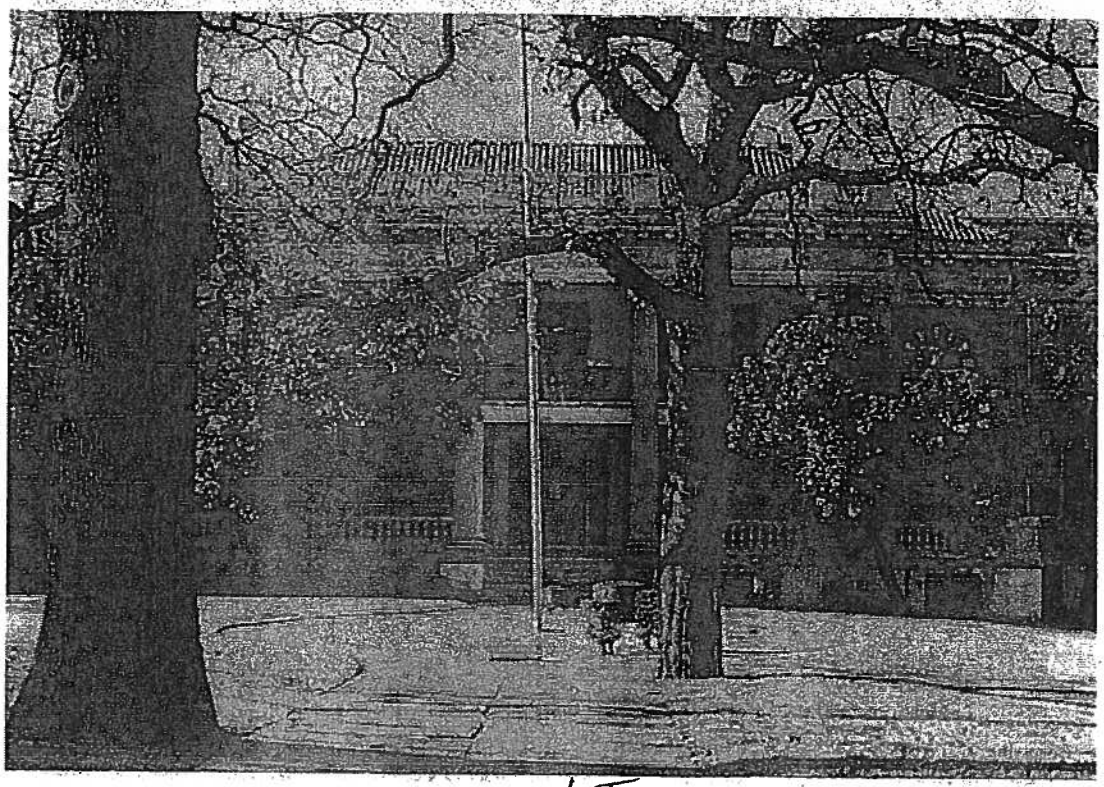
OMB Approval No. 1024-0018

United States Department of the Interior
National Park Service

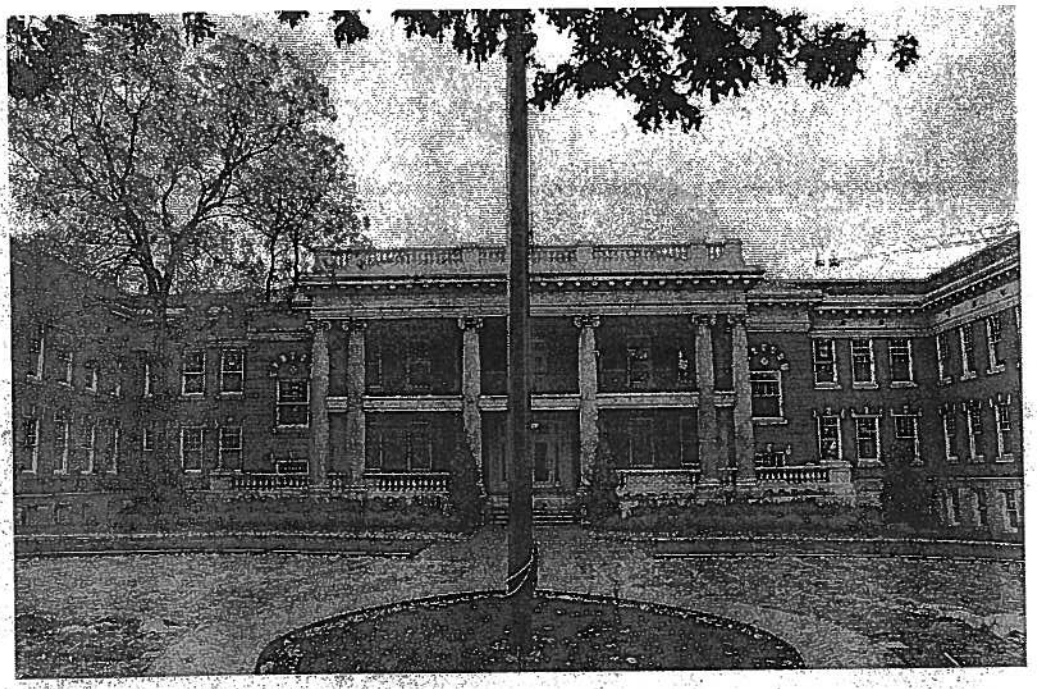
National Register of Historic Places Continuation Sheet

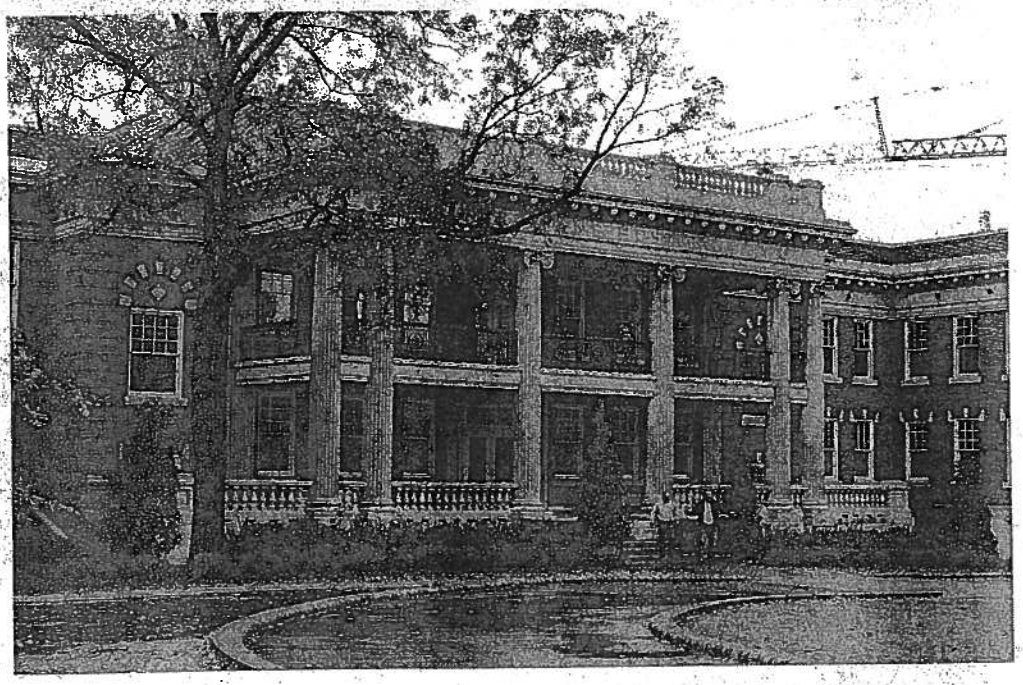


Map 5. Current site plan of Old Parkland campus, with demolition shown as dashed lines, and new construction shaded.

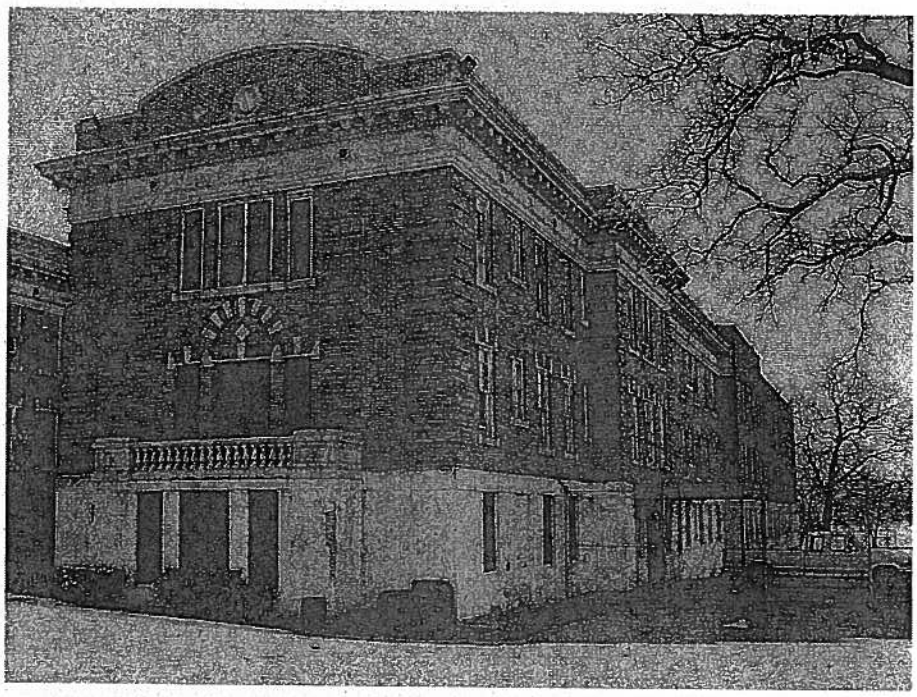


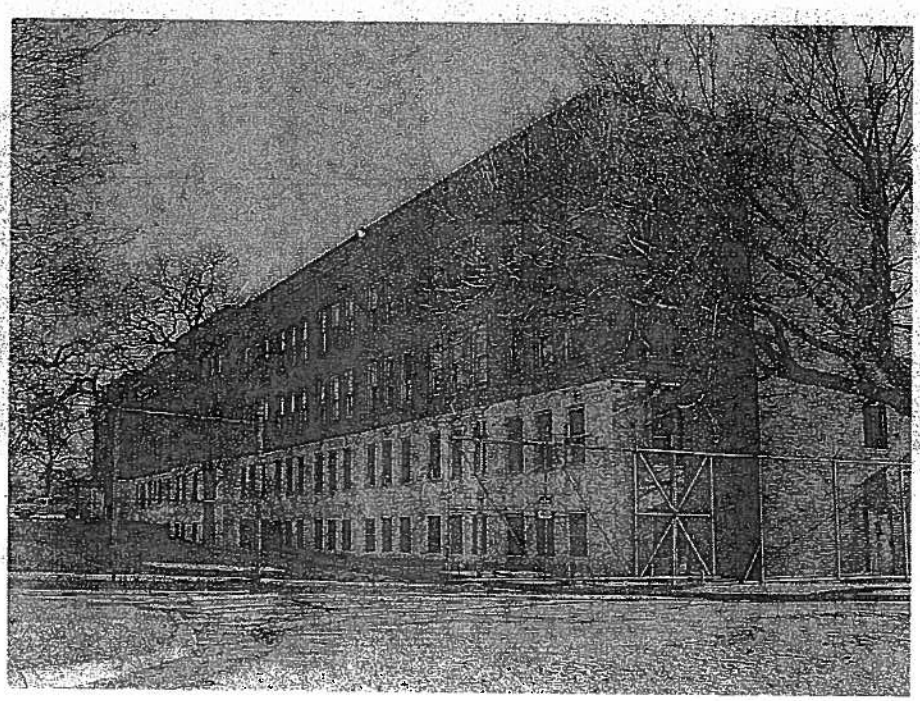
Photos 1 and 2 Parkland Hospital, east elevation and entrance walk before rehabilitation. 2002.



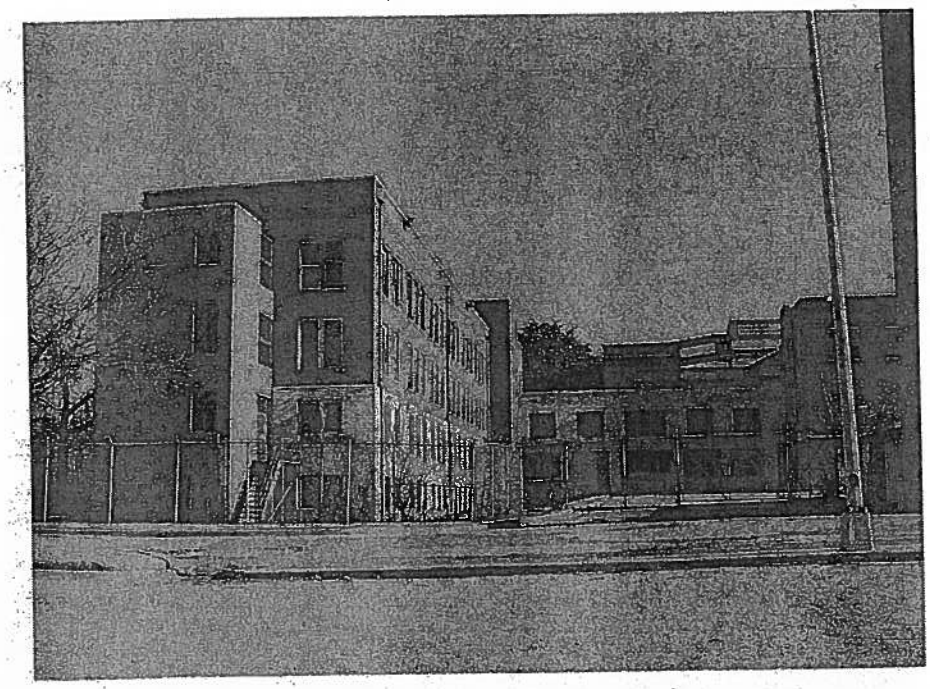


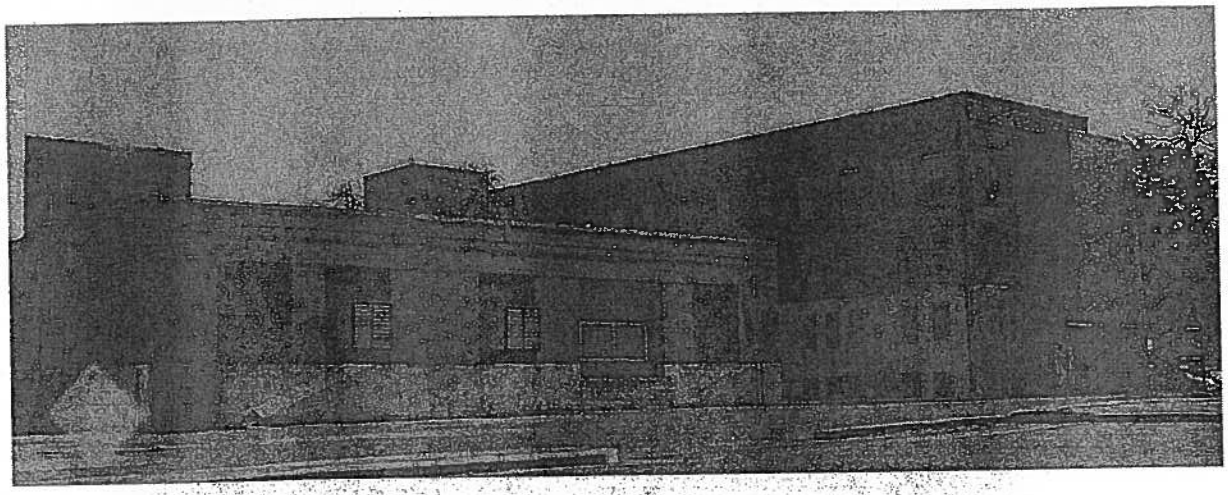
Photos 3 and 4 Parkland Hospital, main entrance, during rehabilitation.





Photos 5 and 6 North elevation, oblique views, before demolition, 2002.





Photos 7 and 8 1920s and 1930s additions to Parkland Hospital, west side, before demolition, 2002.

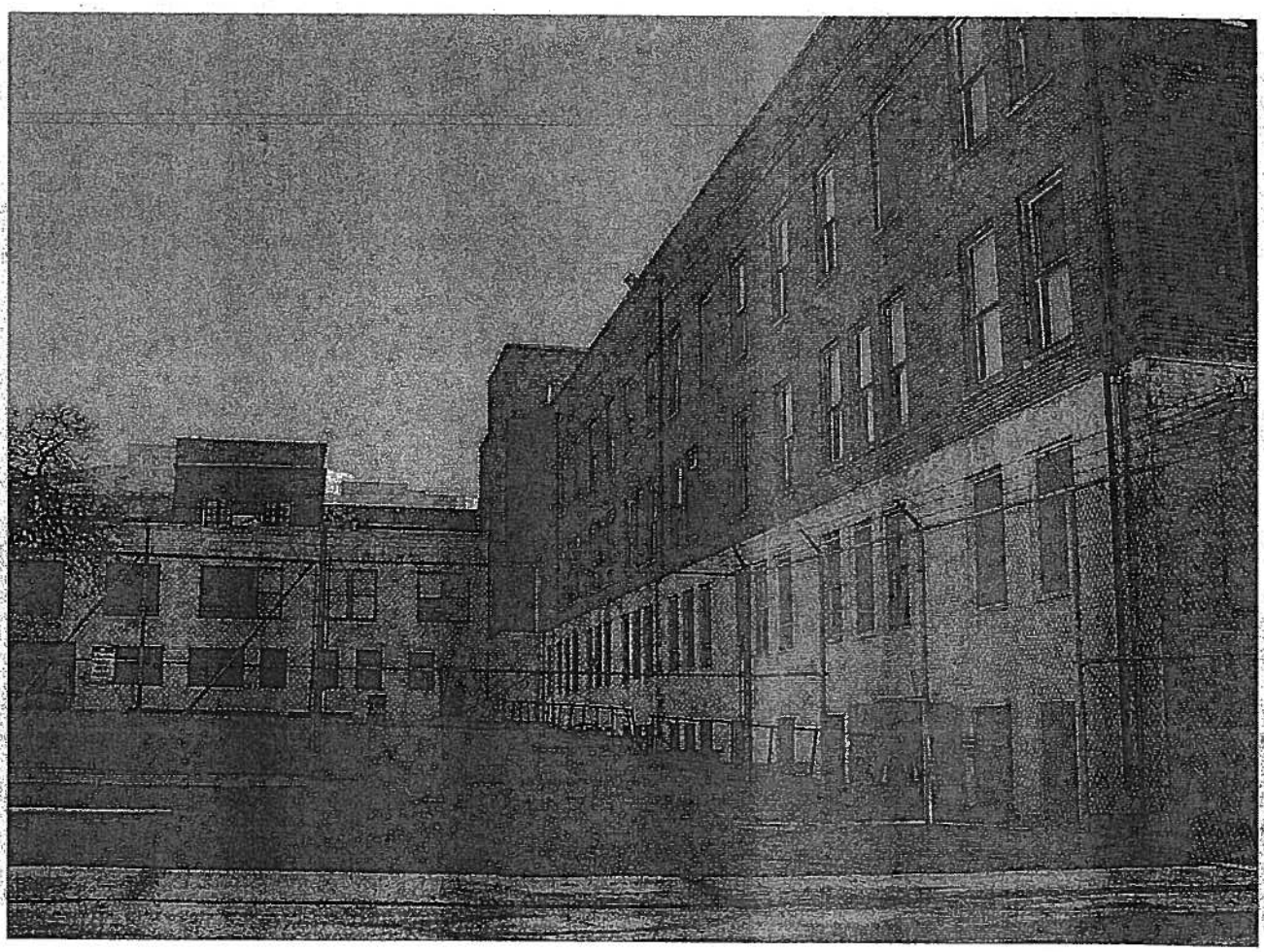


Photo 9 Historic additions, west side, before demolition, 2002.

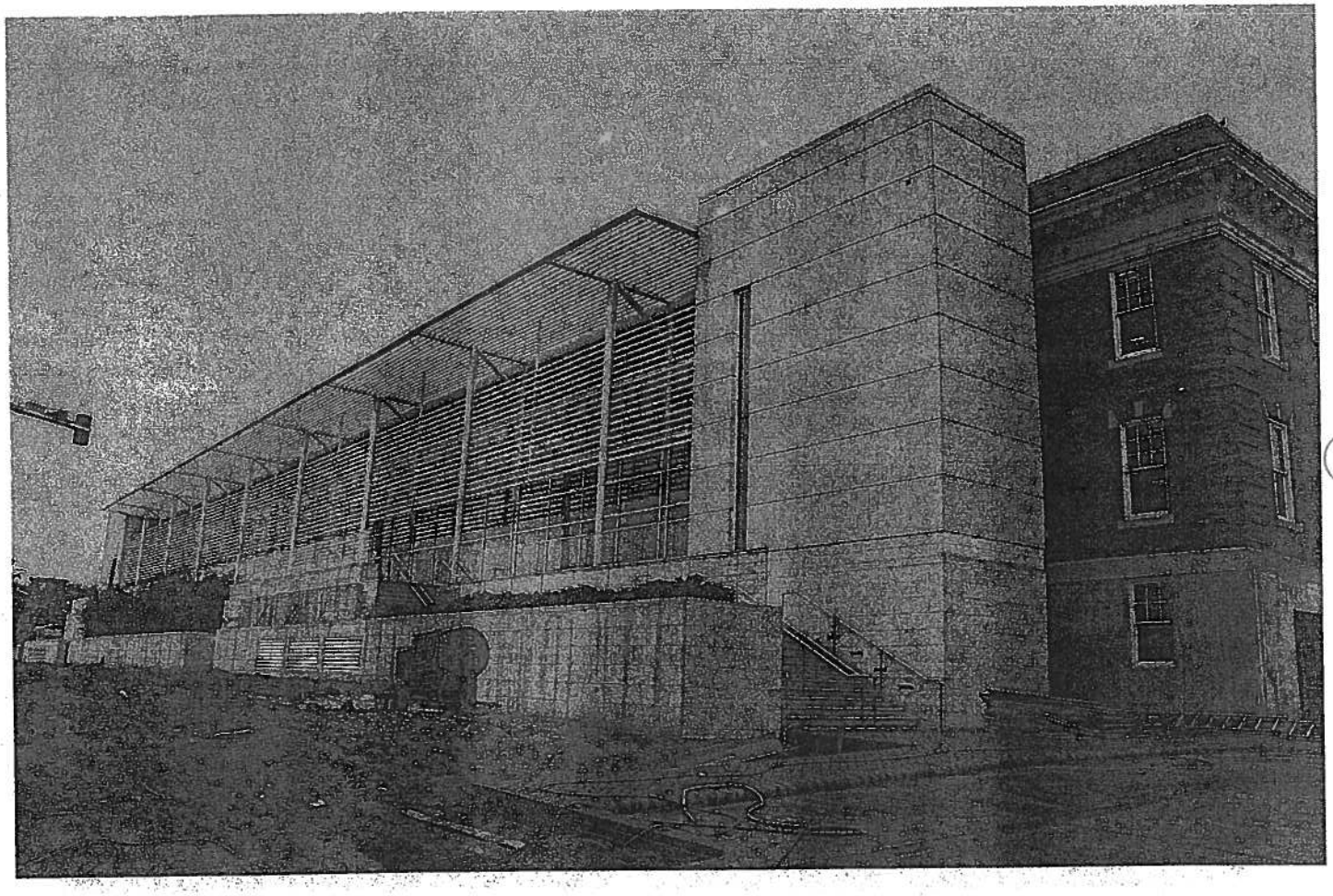


Photo 10 West (rear) elevation of Parkland Hospital, new addition, 2008.

Photo 11 North elevation after demolition, with excavation for underground parking facility. All windows are new.

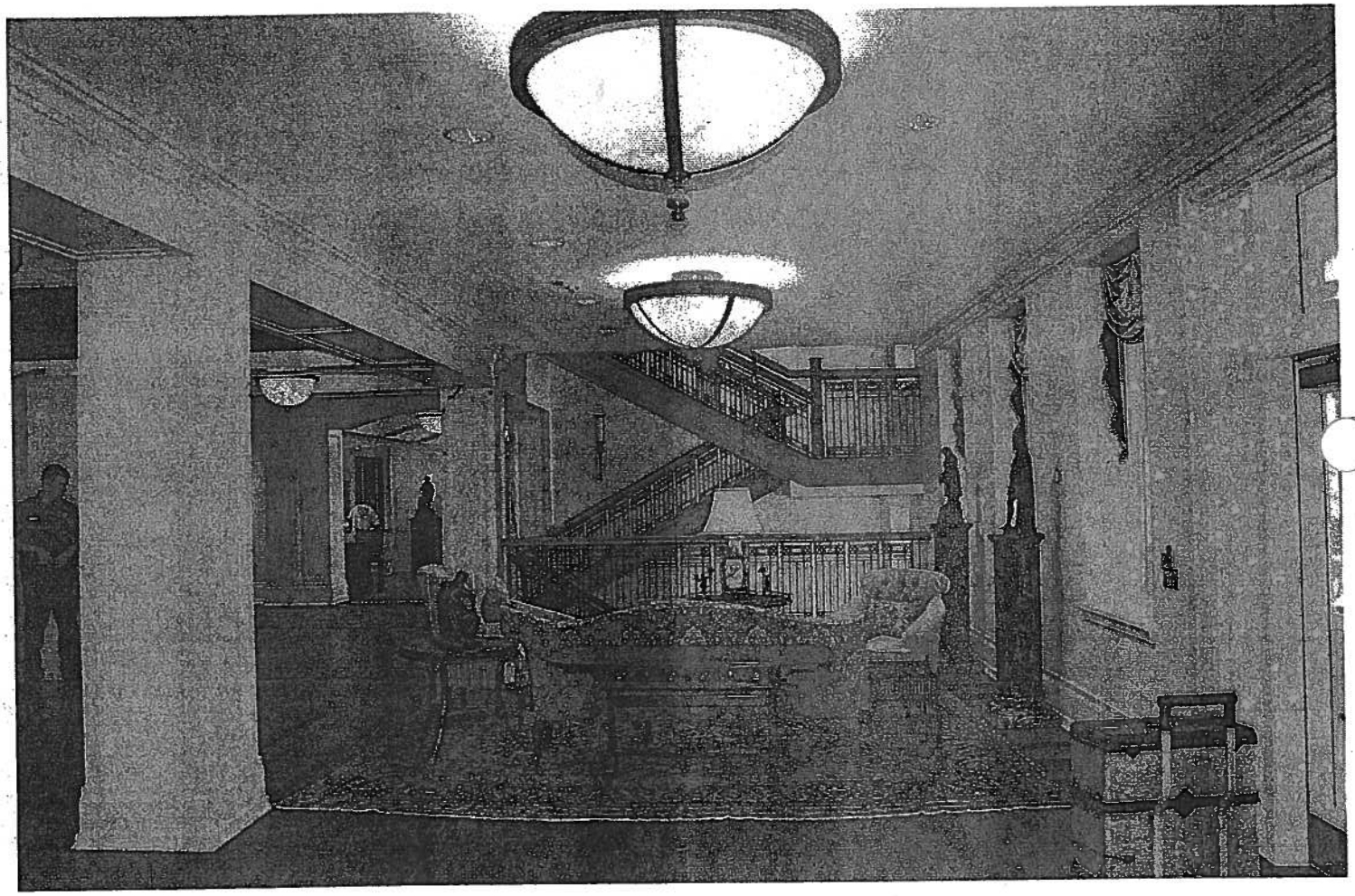


Photo 12 Current first floor interior, showing new stair, new windows, all new wall and molding finishes.

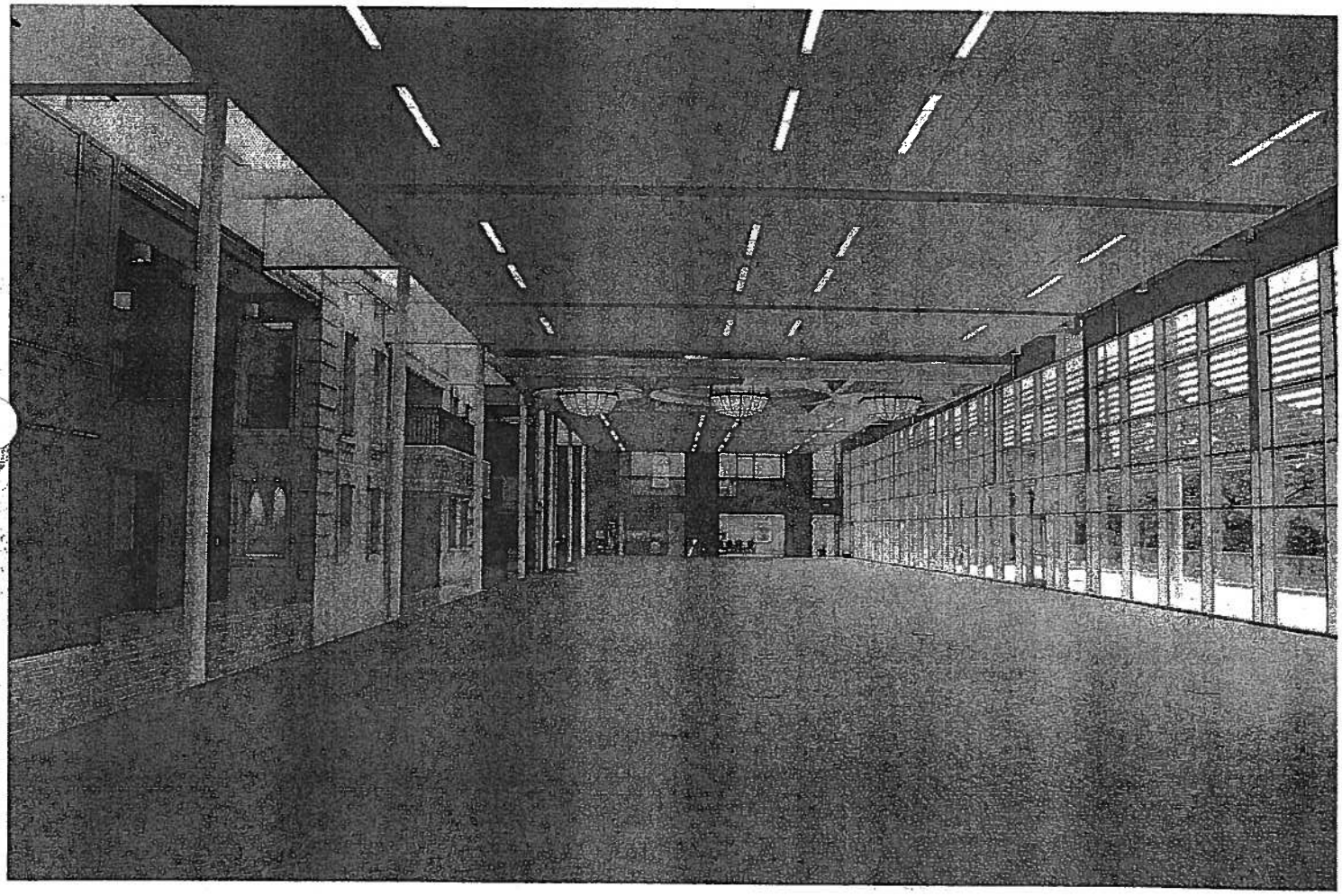


Photo 13 Interior, new addition to west (rear) of building.

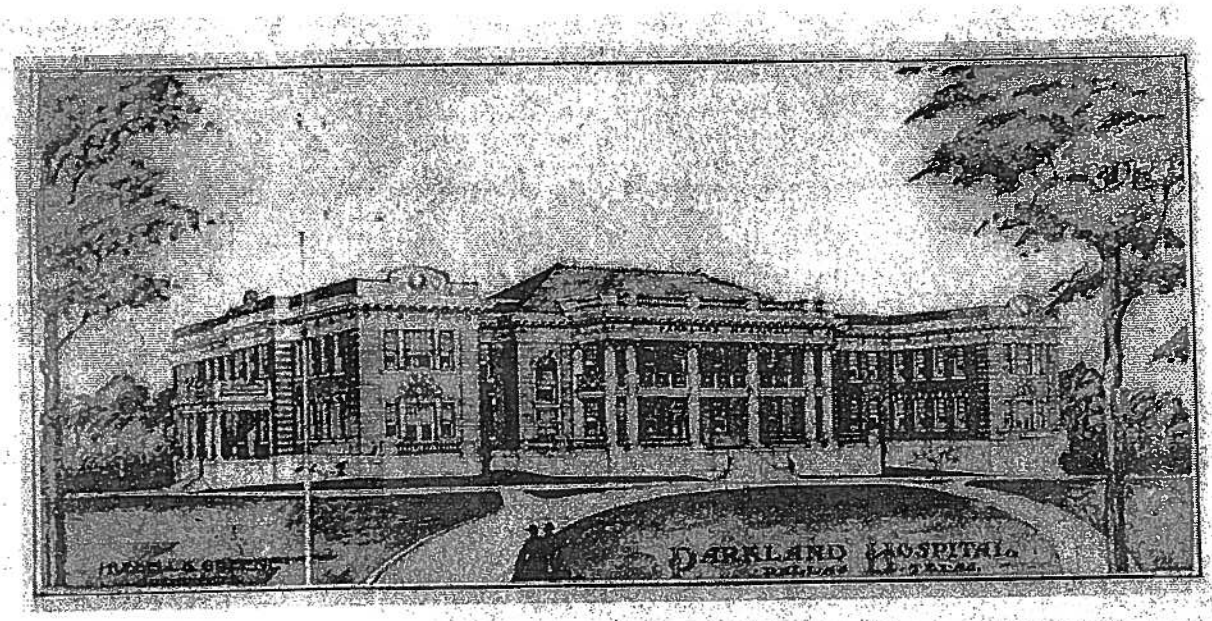


Figure 1. Hubbell & Greene illustration of Parkland Hospital, c. 1913.

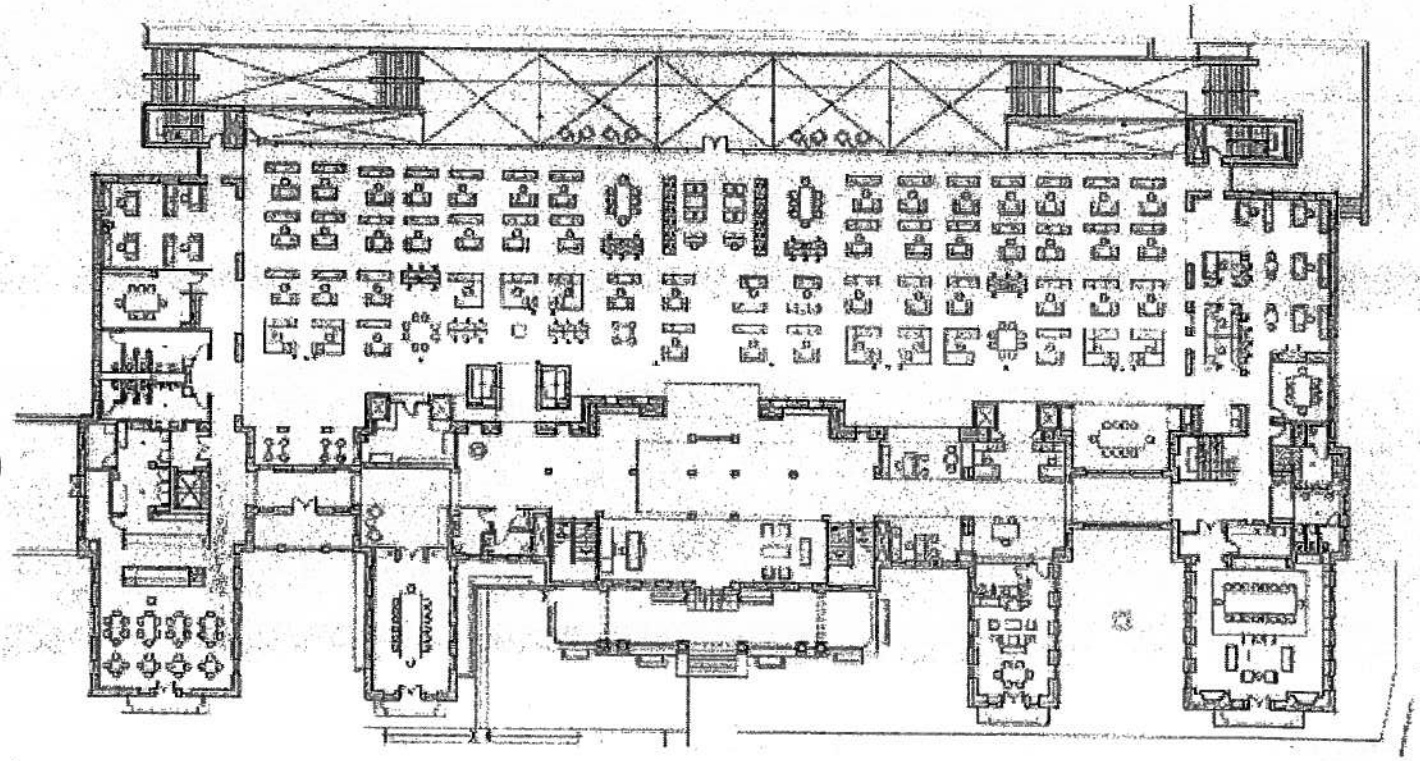


Figure 2. Current plan, first floor.

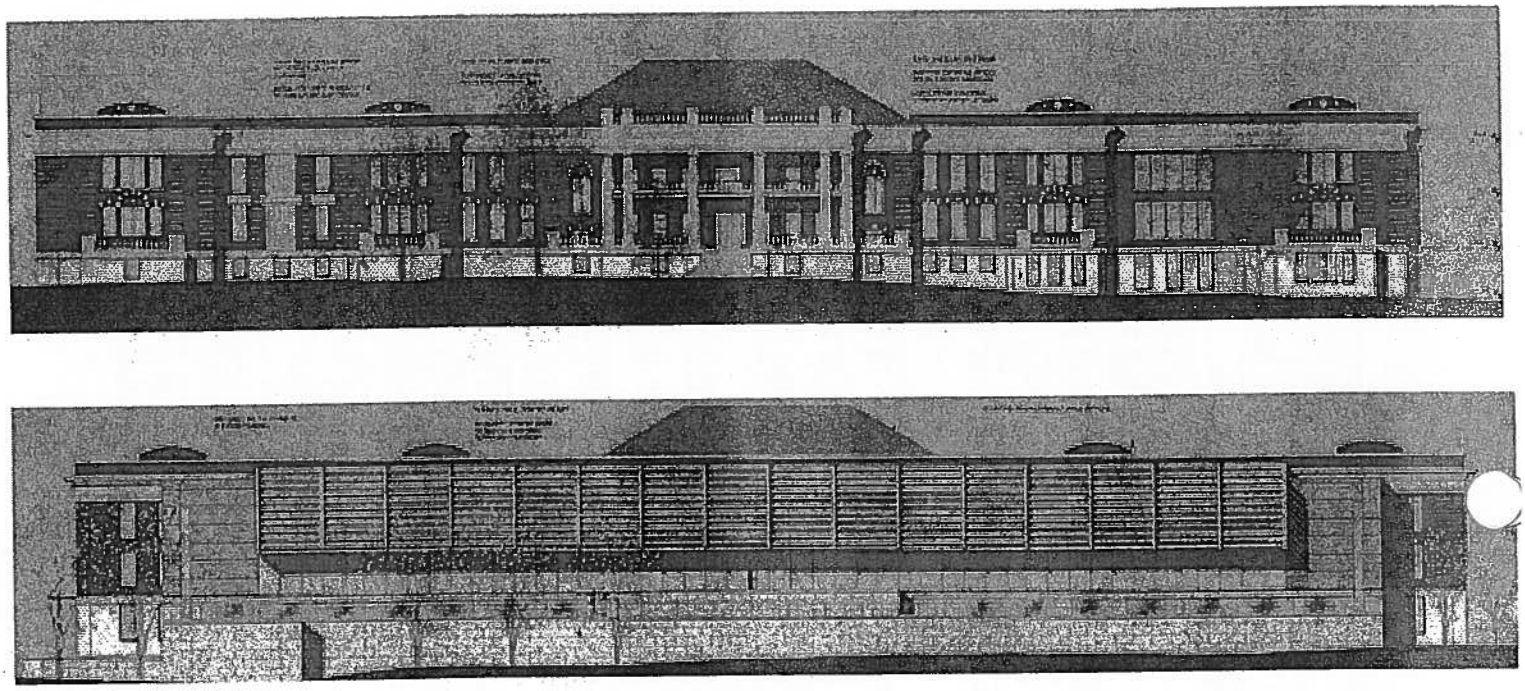


Figure 3. Current elevation drawings of Parkland Hospital, showing new addition on rear elevation.

United States Department of the Interior

NATIONAL PARK SERVICE
1849 C Street, N.W.
Washington, D.C. 20240

April 2, 2008

Mr. Barry N. Henry, Vice President
CH Woodlawn Office, LLC
2100 McKinney Avenue, Suite 700
Dallas, TX 75201

PROPERTY: **Parkland Hospital, 3819 Maple Avenue, Dallas, TX**
PROJECT NUMBER: **20056**

Dear Mr. Henry:

The National Park Service (NPS) has completed its review of your Historic Preservation Certification Application – Part 2, which includes additional information dated November 19, 2007, and January 21, 2008. Over the course of several months, the project has received careful consideration by this office, beginning with the preliminary review undertaken in June 2007. Unfortunately, the rehabilitation was well underway at that time, having commenced in 2006, and substantial demolition had taken place before we had an opportunity to comment. Based on a thorough evaluation of the completed and proposed work, the NPS has determined that the rehabilitation does not meet Standards 2, 3, 4, 5, 6, 9 and 10 of the Secretary of the Interior's Standards for Rehabilitation.

Before discussing the reasons why the project does not meet the Standards, it is important to reiterate the following from our Part 1 determination of October 22, 2007:

> While the NPS is issuing this Part 1 preliminary determination, please be advised that the substantial demolition…has serious implications for the review of the Part 2 application… Program regulations (36 CFR Part 67) make clear what the scope of review is for a Part 2, and stress that a Part 2 decision is separate from a Part 1 approval or listing in the National Register. The following excerpts from Section 67.6, Certifications of Rehabilitation, are pertinent to this project:
>
> (b) A rehabilitation project for certification purposes encompasses all work on the interior and exterior of the certified historic structure(s) and its site and environment, as determined by the Secretary, as well as related demolition, new construction or rehabilitation work which may affect the historic qualities, integrity or site, landscape features, and environment of the certified historic structure(s).
>
> (b)(2) The fact that a property may still qualify as a certified historic structure after having undergone inappropriate rehabilitation, construction or demolition work does not preclude the Secretary or the Internal Revenue Service from determining that such inappropriate work is part of the rehabilitation project reviewed by the Secretary.
>
> (b)(3) Conformance to the Standards [for Rehabilitation] will be determined on the basis of the application documentation and other available information by evaluating the property as it existed

prior to the commencement of the rehabilitation project, regardless of when the property becomes or became a certified historic structure.

The Parkland Hospital complex was built in several stages between 1913 and 1935. The older, front sections—dating to 1913 and the 1920s, and sharing bold Colonial Revival detailing—established a symmetrical "pavilion" plan or multi-wing footprint around a central main block. Expansion pressures at the hospital persisted into the 1930s, and in 1935 sizeable wings were added to the 1920s northernmost and southernmost pavilions. Reflective of their period, the 1935 wings were characterized by restrained detailing, yet they continued the materials, general fenestration rhythm, and horizontal lines (base/water table, floor alignment, cornice line, cap) of their predecessors. The architectural continuity among the original, the 1920s and the 1930s sections was a function of the continuity in the design team, which was the well-known Dallas firm Hubbell and Greene and its successors (Hubbell and Greene, 1913 section; Herbert M. Greene Company, 1920s sections; Herbert M. Greene, LaRoche & Dahl Architects, 1935 sections). Thus, because the 1935 wings contributed to the cohesiveness of the building's architectural expression and also constituted a major portion of the footprint, and because they reflected a major building campaign in the hospital's history, they were significant in defining the historic character of the building.

Demolition as part of this project extended beyond the 1935 wings and encompassed virtually all the rear construction (dating from 1913 through 1935), including the former operating rooms, connecting corridors, and detached power plant. Over 50% of the hospital building has been demolished. In fact, what remains is not even the full footprint of the building as it existed in its earliest years: 1913 through 1921. Although the front elevation is still intact, the extensive demolition seriously erodes the historic character of the building and fails to meet Standards 2, 4 and 5 (note: these Standards and those referenced below are quoted at the end of this letter).

With regard to the interior of the remainder of the hospital building, except for the primary staircases, it has been completely gutted to the exterior masonry walls to make way for the proposed office use. All historic features and finishes have been removed. The loss of the interior does not meet Standards 2, 5 and 6.

The rehabilitation also calls for the replacement of all the wood windows without conclusive evidence that there is deterioration beyond repair. The 2006 condition survey prepared by Mobile Enterprises, Inc., states "...the windows are fabricated from high quality cypress wood" and "despite their obvious lack of maintenance, the majority of the wood remains sound, and virtually all of the windows observed are salvageable." The wholesale removal of the windows fails to meet Standards 2, 5 and 6.

Another component of the project is new construction, both connected to and detached from the historic building. The connected construction, supplanting much of what was demolished, will be a glass-sheathed addition that completely overwhelms the west side of the building between the northernmost and southernmost wings. The addition will impart a very different appearance and character to the reconstituted and highly visible rear and side elevations, particularly when viewed from Oak Lawn Avenue to the south and the Dallas North Tollway to the west. Also, the remaining exterior walls of the west side of the historic building will be converted to interior surfaces for the new addition, many of which will be covered with high-end finishes such as limestone and wood. Historic window and door openings will be enlarged or modified to provide access points or to serve as "overlook" points with railings. Because of the dramatic loss of the historic footprint and fabric, the incompatible design of the new addition, and the inappropriate transformation of the historic west wall, the addition does not meet Standards 9 and 10.

A new building, Woodlawn Hall, is proposed immediately north of the hospital building and behind the narrower Nurses' Home, also part of the historic property. Its size and placement will make it highly visible from both Maple Avenue across the front of the property and Reagan Street along the side. Because of its close proximity to the hospital building, its prominent main block topped by a cupola, and its historic-appearing Colonial design, it competes with the historic building, and thus fails to meet Standards 3 and 9.

Moreover, the additional information of January 21, 2008, indicates that other portions of the property will be subdivided and that other work will be undertaken on these portions by "separate ownership entities." However, the information provided is insufficient to permit NPS to determine whether this work is also part of the current project under review. Depending on the full circumstances, this new construction could be subject to review, and thus could adversely affect the historic character of the hospital property.

The Standards referenced above are as follows:

Standard 2 - The historic character of a property shall be retained and preserved. The removal of historic materials or alteration of features and spaces that characterize a property shall be avoided.

Standard 3 - Each property shall be recognized as a physical record of its time, place, and use. Changes that create a false sense of historical development, such as adding conjectural features or architectural elements from other buildings, shall not be undertaken.

Standard 4 - Most properties change over time; those changes that have acquired historic significance in their own right shall be retained and preserved.

Standard 5 - Distinctive features, finishes, and construction techniques or examples of craftsmanship that characterize a historic property shall be preserved.

Standard 6 - Deteriorated historic features shall be repaired rather than replaced. Where the severity of deterioration requires replacement of a distinctive feature, the new feature shall match the old in design, color, texture, and other visual qualities, and where possible, materials. Replacement of missing features shall be substantiated by documentary, physical, or pictorial evidence.

Standard 9 - New additions, exterior alterations, or related new construction shall not destroy historic materials that characterize the property. The new work shall be differentiated from the old and shall be compatible with the massing, size, scale, and architectural features to protect the historic integrity of the property and its environment.

Standard 10 - New additions and adjacent or related new construction shall be undertaken in such a manner that if removed in the future, the essential form and integrity of the historic property and its environment would be unimpaired.

In accordance with this denial, the project does not qualify as a "certified rehabilitation" and is not eligible for the 20% investment tax credit for historic preservation. However, since the property is not yet listed in the National Register of Historic Places, you may want to investigate the 10% tax credit for the rehabilitation of pre-1936, non-historic buildings. The NPS does not play a role in administration of this program, and all inquiries about the 10% credit and the eligibility requirements should be directed to the Internal Revenue Service.

If you still wish to pursue the 20% credit, please be advised that this denial of certification cannot be appealed. Because the property is not yet a "certified historic structure," you must seek a final certification of significance (i.e., listing in the National Register) as the next step rather than appeal this denial of certification of the rehabilitation.

In limited situations, however, an administrative review of this decision may be performed at the discretion of the Chief Appeals Officer. Requests for administrative review should be addressed to the Chief Appeals Officer, Cultural Resources, National Park Service, 1849 C Street, NW, Org. 2250, Washington, D.C. 20240. However, all US Postal Service mail to Federal agencies in Washington DC is irradiated, which can damage or destroy materials and can lead to a delay of several weeks in delivery. Therefore, you may wish to send all information via alternate carriers to Chief Appeals Officer, Cultural Resources, National Park Service, 1201 "Eye" Street, NW, 7th Floor-Org. 2250, Washington, DC 20005. The Federal regulations governing the investment tax credit program provide additional information about the administrative review process in section 67.10 (http://www.nps.gov/history/hps/tps/tax/taxregs.htm). Section 67.6 cites the Secretary of the Interior's Standards for Rehabilitation. A copy of this decision letter will be sent to the IRS.

If you have any questions about the review of the application, please contact Gary Sachau of this office at 202-354-2044.

Sincerely,

Jo Ellen Hensley

Jo Ellen Hensley, Acting Chief
Technical Preservation Services Branch

cc: IRS
TX SHPO
Robert Mawson, Heritage Consulting Group, 1120 NW Northrup Street, Portland, OR 97209

United States Department of the Interior

NATIONAL PARK SERVICE
1849 C Street, N.W.
Washington, D.C. 20240

Mr. Barry N. Henry, Vice President
CH Woodlawn Office, LLC
2100 McKinney Avenue, Suite 700
Dallas, Texas 75201

JUN 18 2008

RECEIVED
JUL 17 2008
Division of Architecture

Re: **Parkland Hospital, 3819 Maple Avenue, Dallas, Texas**
Project Number: **20056**

Dear Mr. Henry:

My administrative review of the decision of Technical Preservation Services, National Park Service, denying certification of the rehabilitation of the property cited above is concluded. The administrative review was initiated and conducted in accordance with Department of the Interior regulations (36 CFR Part 67) governing certifications for Federal income tax incentives for historic preservation as specified in the Internal Revenue Code. I thank your associates, Mr. Harlan Crow, Mr. Kevin Bryant, Ms. Kellie Gingrey, Mr. Josh Hedderich, Mr. Rob Mawson, and Mr. John Tess for meeting with me in Washington on May 21, 2008, and for providing a detailed account of the project. Mr. Orrin (Guy) Harrison of Representative Pete Session's office also attended.

After careful review of the complete record for this project, including the additional information received on June 4, 2008, with Mr. Mawson's letter dated May 27, I have determined that the rehabilitation—now far advanced—of the Parkland Hospital is not consistent with the historic character of the property, and that the project does not meet Standards 2, 3, 4, 5, 6, and 9 of the Secretary of the Interior's Standards for Rehabilitation. Therefore, the denial issued on April 2, 2008, by Technical Preservation Services (TPS) is hereby affirmed.

The Parkland Hospital was originally constructed in 1913, and subsequently expanded in 1921, 1922, 1930, and, depending on the source, either 1935 or 1938. The Historic Preservation Certification Application, Part 1—Evaluation of Significance—cites the property as eligible for listing in the National Register of Historic Places "...as the only local example of 'pavilion' style hospital design extant in the City of Dallas. It is also eligible for listing ... as the well-spring for medical facilities in north Dallas." After reviewing this documentation, TPS issued a preliminary determination on October 22, 2007, that the property appeared to meet the National Register Criteria for Evaluation and would "likely be listed in the National Register of Historic Places if nominated by the State Historic Preservation Officer."

After reviewing the in-progress rehabilitation, TPS found that it did not meet the Secretary of the Interior's Standards for Rehabilitation for a number of reasons: demolition of extensive portions of the building, interior demolition, removal of the existing windows, a new addition to the building and construction of new buildings on site. As noted during the meeting, plans for the detached new construction have been suspended, but the other changes have either been completed or are far advanced.

I agree with TPS that these elements—with one exception, discussed below—cause the project to fall short of the Secretary of the Interior's Standards for Rehabilitation, and thus to fall short of the minimum statutory test for certification. I note further that the Texas Historical Commission, which serves as the State Historic Preservation Office, and makes recommendations regarding certification applications to the National Park Service, also stated that the rehabilitation does not meet the Standards for Rehabilitation.

The demolition undertaken here encompasses not only the wings added in the 1930s, but also portions of the original 1913 hospital, and sections built in 1921, during the first expansion phase. TPS estimated the loss at about 50 percent of the structure, an estimate confirmed by Mr. Mawson in his May 27 letter. I find that the extent of the demolition significantly compromises the character and integrity of the hospital. Thus, I concur with the previous decision that the demolition causes the rehabilitation not to meet Standards 2 and 5. Standard 2 states: *"The historic character of a property shall be retained and preserved. The removal of historic materials or alteration of features and spaces that characterize a property shall be avoided."* Standard 5 states: *"Distinctive features, finishes, and construction techniques or examples of craftsmanship that characterize a historic property shall be preserved."* I also concur that the wings added in later years were integral to the property's appearance, character, and significance. Accordingly, their demolition causes the project to contravene Standard 4 as well. Standard 4 states: *"Most properties change over time; those changes that have acquired historic significance in their own right shall be retained and preserved."*

Likewise, the removal of virtually all of the interior finishes and non-structural partition walls has caused the project to fall short of Standards 2 and 5, cited above, and Standard 6, which states: *"Deteriorated historic features shall be repaired rather than replaced. Where the severity of deterioration requires replacement of a distinctive feature, the new feature shall match the old in design, color, texture, and other visual qualities, and where possible, materials. Replacement of missing features shall be substantiated by documentary, physical, or pictorial evidence."* The Standards for Rehabilitation allow for changes to the interior, and for the removal of deteriorated fabric and features. However, in this case the building was gutted to its base structure. The level of deterioration shown in the pre-rehabilitation photographs is not so extreme as to justify such thoroughgoing demolition, nor was it necessary in order to convert the building to a new use. It is the experience of the National Park Service in the administration of the tax incentives program that such buildings can be converted successfully to a new use—in this case offices to serve as corporate headquarters—without so extreme an intervention.

The new addition constructed across the rear of the hospital will obscure the four courtyards defined by the five pavilions and require the demolition of the center three pavilions, including the original surgical suite. Accordingly, I find that the new addition is not compatible with the original, character-defining, pavilion configuration of Parkland Hospital, thereby resulting in a rehabilitation that falls short of Standard 9, which states: *"New additions, exterior alterations, or related new construction shall not destroy historic materials that characterize the property. The new work shall be differentiated from the old and shall be compatible with the massing, size, scale, and architectural features to protect the historic integrity of the property and its environment."* Furthermore, because the new addition sits on the site of the demolished portions of the building, it also contravenes Standard 10, which states: *"New additions and adjacent or related new construction shall be undertaken in such a manner that if removed in the future, the essential form and integrity of the historic property and its environment would be unimpaired."*

During our meeting, it was stated that the new buildings proposed in the application will not be constructed at present. Nonetheless, I concur with TPS that the new structures shown in the drawings accompanying the application would further transform the property, and that the design for the new building designated "Woodlawn Hall" in particular would create a historic-looking building that will "create a false sense of historical development" in contravention of Standard 3, which states: *"Each property shall be recognized as a physical record of its time, place, and use. Changes that create a false sense of historical development, such as adding conjectural features or architectural elements from other buildings, shall not be undertaken."*

The last issue cited by TPS—the removal of all wood windows from the Parkland Hospital—did not enter into my decision. I believe the information presented in our meeting was sufficient to demonstrate significant deterioration, although I generally concur with the concern that windows are too often replaced based on the mistaken assumption that they are too deteriorated to repair or that they cannot be made energy efficient.

At our meeting we also discussed the review and approval the project received from the City of Dallas. The timeline submitted with Mr. Mawson's letter confirms that the "city design review approval" was secured in February 2007, before the application was submitted to the National Park Service. Such other approvals are granted by other jurisdictions for legitimate purposes; they are nonetheless different from the legal and programmatic basis of the Federal tax incentives program. For this reason, the regulations governing the program state, "Prior approval of a project by Federal, State, and local agencies and organizations does not ensure certification by the Secretary for Federal tax purposes. The Secretary's Standards for Rehabilitation take precedence over other regulations and codes in determining whether the rehabilitation project is consistent with the historic character of the property and, where applicable, the district in which it is located." [36 CFR Part 67.7(e)].

Likewise, the material presented at the meeting alludes to several requests made of the TPS program staff to visit the site or to meet in Washington, D.C., to review the project. The letter from Mr. John Tess, project consultant, dated April 7, 2008, makes this point more fully, as follows: "Because of the complexity, we sought to meet with Park Service staff to present an overview of the project and work, proposed and undertaken. Sadly, the owners were not given that opportunity. For its part, the State Historic Preservation Office was invited to tour the site with several Texas Historical Commission members, concluded that if the NPS believed that the property had sufficient integrity that they could work closely with the applicant to resolve outstanding issues. Rather than avail itself of this opportunity, NPS opted simply to deny the project."

Site visits by TPS staff are occasionally undertaken, but usually in situations where the written and photographic record is insufficient to convey the issues surrounding the property and the rehabilitation. However, in this case, the record in the application has been very clear from the outset, and I note that Mr. Gary Sachau of TPS' program staff accorded the project a preliminary review—in advance of the receipt of a formal application. That review took place in a conference call on June 26, 2007. At that time the demolition of the hospital wings had already taken place. Other participants included Mr. Tess and Mr. Mawson; Ms. Gingrey and Mr. Hedderich of your organization, and Ms. Quana Childs and Mr. Greg Smith of the Texas Historical Commission. I note that TPS referred to this preliminary review in its April 2, 2008, decision to deny certification. But in any case, I have made my own review of the entire project, and find as set forth above.

I understand that this finding will disappoint you. However, since the property is not yet listed in the National Register of Historic Places, you may want to investigate the 10% Federal tax credit for the

rehabilitation of pre-1936, non-historic buildings. The National Park Service does not play a role in the administration of this program, and all inquiries about the 10% credit and the eligibility requirements should be directed to the Internal Revenue Service.

As Department of the Interior regulations state, my decision is the final administrative decision regarding rehabilitation certification. A copy of this decision will be provided to the Internal Revenue Service. Questions concerning specific tax consequences of this decision or interpretations of the Internal Revenue Code should be addressed to the appropriate office of the Internal Revenue Service.

Sincerely,

John A. Burns, FAIA
Chief Appeals Officer
Cultural Resources

cc: SHPO-TX
IRS