

# Vancouver General Hospital Rezoning Text and Policy Amendment Application

2025

Vancouver  
CoastalHealth

Kasian 

## Territorial Acknowledgement

**We wish to acknowledge that the land on which we gather is the traditional and unceded territory of the Coast Salish Peoples, including the Musqueam, Squamish, and Tsleil-Waututh Nations.**

Vancouver Coastal Health is committed to delivering exceptional care to 1.25 million people, including the First Nations, Métis and Inuit, within the traditional territories of the Heiltsuk, Kitasoo-Xai'xais, Lil'wat, Musqueam, N'Quatqua, Nuxalk, Samahquam, shíshálh, Skatin, Squamish, Tla'amin, Tsleil-Waututh, Wuikinuxv, and Xa'xtsa.

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## 1.1 Application Intent

As an extension of, and in reference to, the overall rezoning application for the Vancouver General Hospital (VGH) Campus submitted by Vancouver Coastal Health (VCH) to the City of Vancouver (CoV) in October 2025, this submission requests expedited processing of targeted text amendments to the existing CD-1(59) Zoning By-law, while the broader site-wide rezoning remains underway.

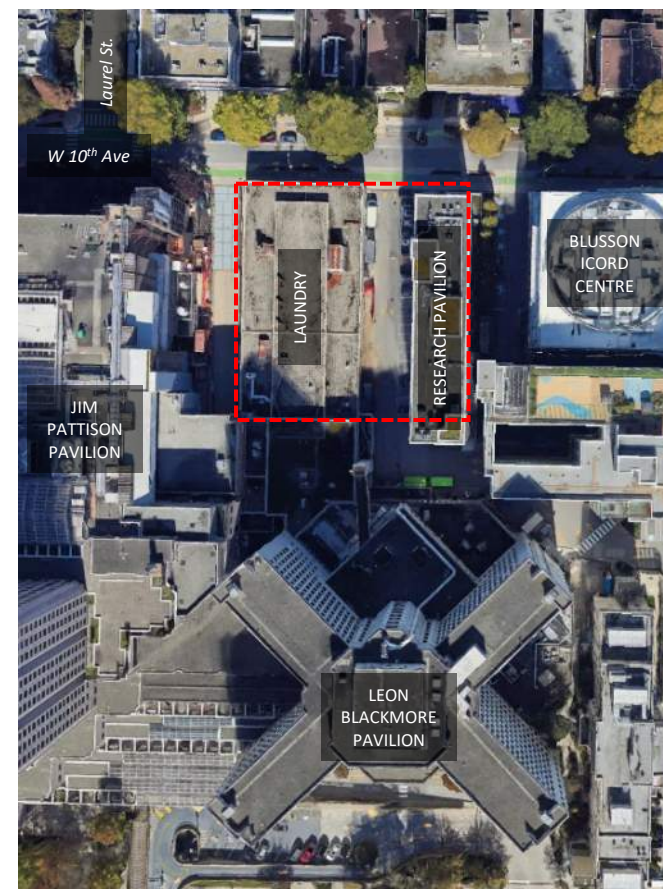
The purpose is to enable a faster Development Permit pathway for the first two phases contemplated under the full rezoning, allowing VCH to:

- Demolish the existing Laundry Building and Research Pavilion along West 10th Avenue, and complete enabling infrastructure works to prepare the area for further redevelopment.
- Construct a new building on the cleared site to urgently expand the Emergency Department located in the Jim Pattison Pavilion, deliver additional inpatient beds in a bed tower, and add below-grade parking capacity to help relieve critical operational pressures across the campus. The building would also include a rooftop heliport. This building is referred to as 'Building 1' throughout this document.

In addition, this application requests that the CoV prepare a Broadway Plan update (policy appendix) to provide clearer policy direction and greater certainty regarding development opportunities across the campus. The policy appendix should address key components of the overall rezoning including open space strategies, approaches to heritage conservation, accessibility and mobility strategies (including vehicles, bike lanes, pedestrian, etc.) and the proposed overall density and land use expectations for the site and

Broadway Plan FUCB sub-area.

Figure 1-1 : Location of proposed Building 1



## 1.2 Application Rationale

VGH is at a critical juncture in the provision of healthcare services in this province. There is an urgent public health crisis that requires an immediate response:

- VGH campus is currently experiencing significant challenges servicing the current demand within the available resources:
  - Inpatient and emergency bed shortages create daily operational challenges leading to delays in inpatient admissions from Emergency Department.
  - The Emergency department expansion will address overcrowding and long wait times, and will improve patient experience and staff morale.
  - Demand surge requiring 1,468 patient beds is anticipated as early as 2035.
- VGH campus infrastructure is dated and aging :
  - 80% of inpatient beds are located in facilities built between 1953–1989.
  - The Emergency Department was built in the mid-1970s, is undersized and challenged to meet current demand.
- There are known factors that are likely to make the situation even more challenging going forward. For example:
  - The population is aging, and this will have a significant impact on demand over the next 10- 15 years given that a large proportion of the patients receiving care at VGH are and will continue to be age 70+. The population of those aged 70+ is expected to grow by 47% by 2035 (2023 data).
  - The population is growing, especially with initiatives such as Broadway Plan which will

directly impact VGH as the city's 'local' hospital for residents within this area.

- Overall demand for healthcare services is expected to grow by 25% by 2035.
- The Vancouver Coastal region population is expected to grow by 18% by 2035.

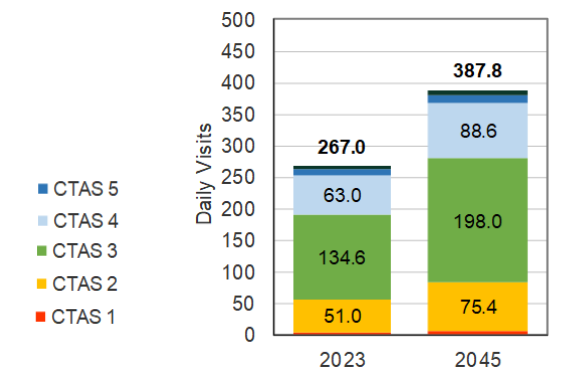


Figure 1-2 : VGH Emergency Daily Visits projection

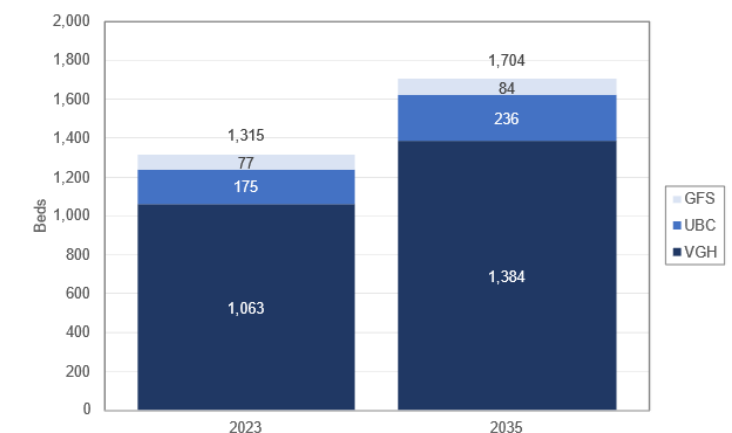


Figure 1-3 : Inpatient Bed Projection

## 1.2 Text Amendment Rationale



**The redevelopment is the highest priority to continue meeting provincial, regional, and municipal demands**

- VGH serves a critical role in delivering key provincial health programs.
- VGH is essential to meeting the needs of Vancouver Coastal Health residents.
- VGH provides advanced care for other health authorities, especially high-acuity and complex cases.
- VGH is an academic hub and serves as a major centre for training, research, and innovation.
- VGH is one of the main employers and employment generators in the City.



Figure 1-4 : Jim Pattison Pavilion South entrance

**Limitations of the previous zoning**

The Vancouver General Hospital (VGH) campus has operated under the CD-1 (59) zoning (1970, last amended 2015). While adequate for incremental growth at the time of previous enactment, this framework no longer reflects the realities of redeveloping a large, land-locked hospital precinct into a modern, resilient, and sustainable health campus that evolves and expands with the community it serves.

Some of the key aspects of the existing bylaw that create significant challenges for future redevelopment are:

- **Floor Space Ratio (FSR) constraints**
  - The current bylaw caps FSR at 2.6, which is inadequate for phased redevelopment and expansion.
  - New hospital facilities must be built before older ones are demolished to ensure continuity of patient care. This requires a higher FSR allowance than currently permitted.
  - Without additional FSR, VGH would face service reductions during construction phases.

The rezoning proposes an increase to the FSR, enabling new facilities to come online before older buildings are decommissioned.

- **Site Coverage limitations**
  - Existing zoning limits site coverage to 55%, severely constraining building footprints.
  - While intended to preserve open space, this limit conflicts with the need for large-format hospital buildings and temporary overlap of old and new facilities.

An increase to site coverage is proposed to allow for temporary overlap of old and new facilities.

- **Building Height restrictions**
  - Height limits between 19 m and 31 m (approximately 6-10 storeys), at key locations on the site, prevent vertical growth, which is the only viable option for densification on a land-locked site.
  - These restrictions make it impossible to meet long-term space needs without horizontal expansion, which is neither feasible nor sustainable.

The rezoning proposes to remove prescriptive height caps, regulating height instead through City view cone and flight path protections only. This allows for taller, more efficient buildings while maintaining urban design performance.

- **Sub-area allocations and use restrictions**
  - The current CD-1 divides the site into fixed sub-areas with narrowly defined permitted uses.
  - This rigidity prevents the flexible relocation of functions (e.g., moving research or administrative uses temporarily into clinical areas during construction).
  - It also restricts redistribution of parking, loading, or support services as needs evolve.

The proposed rezoning removes these sub-area divisions, replacing them with a unified regulatory framework that enables adaptability during long-term phased redevelopment.

- **Open Space provisions**
  - The existing bylaw prescribes large and fixed

open space allocations that are not flexible enough to align with a phased redevelopment strategy.

- Open space areas are not allowed to shift as buildings are demolished and new ones built, making it difficult to maintain both continuity of patient care and access to high-quality outdoor areas.

The proposed rezoning rationalizes the open space size and type expectations for a land-locked urban health campus, and will allow transient and phased open space, facilitating the sequencing of redevelopment phases with flexibility.

## 1.3 Campus Plan Overview

The Vancouver General Hospital (VGH) Campus Redevelopment Plan sets out a long-term vision to modernize healthcare infrastructure, replacing aging facilities with contemporary, high-performing healthcare buildings. The plan is designed to expand service capacity in response to the needs of a growing and aging population, while enhancing the overall experience for patients, visitors, and staff.

Each phase of redevelopment is guided by the four pillars of Vancouver Coastal Health’s vision, with a focus on enhancing site circulation, wayfinding, accessibility, sustainability, climate resilience, and parking capacity. In parallel, the plan aspires to foster a trauma-informed environment of care that reflects a commitment to reconciliation.

Together, these priorities are essential to shaping a healthcare campus that is welcoming, inclusive, and prepared to meet future needs.

As the VGH campus is largely built out and land-locked, new development requires the strategic demolition of existing buildings to make space for future infrastructure. A key principle of the plan is that new patient care facilities must be constructed and operational before older clinical buildings can be vacated and decommissioned. This phased approach ensures the continuity of patient care while enabling necessary infrastructure renewal.

Therefore, on this constrained site, redevelopment will follow a cyclical pattern of demolition and construction that reflects the evolving nature of healthcare delivery and community needs.

Between these phases, interim open spaces will be introduced where demolition has occurred. These temporary spaces will be landscaped and activated for use by patients, staff, and neighbouring community, and will shift across the campus as redevelopment progresses.

Given the limited land availability, future expansion must occur vertically, as horizontal sprawl is not feasible. As a result, the proposed new buildings will be taller and more space-efficient, contributing to an overall increase in campus density.

The initial phase of the campus plan focuses on the removal of non-clinical buildings that support administrative or staff-related functions and can be temporarily relocated off-site without disrupting patient services.

These buildings include the Laundry Building, Research Pavilion, Heather Pavilion, Tzu Chi Building, and the Doctors’ Residence. Later phases will involve the replacement of clinical buildings, such as the Leon Blackmore Pavilion and the Jim Pattison Pavilion, but only once new facilities are operational.

To address both current parking shortfalls and future demand, multi-level underground parkades are proposed as part of each redevelopment phase.

Each stage of the plan also includes public realm enhancements aimed at creating high-quality, accessible open spaces. These spaces will strengthen the identity of the campus, support intuitive wayfinding, and provide a meaningful connection to nature for all who use the site.

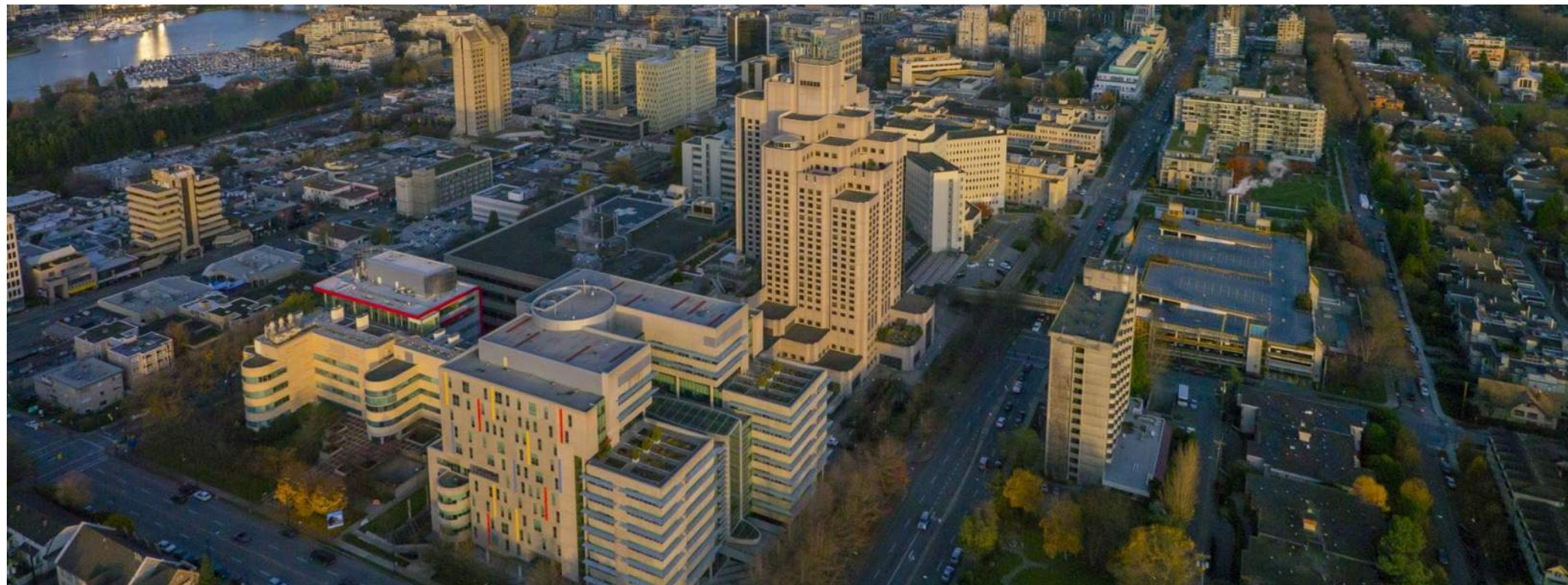


Figure 1-5 : VGH campus today – view from south-west

## 2.1 Vancouver Coastal Health – Vision, Mission and Key Priorities

### Vision

“Healthy lives in healthy communities” along with values and pillars guide everything that VCH does. Collectively, VCH actions contribute to creating safe, healthy spaces for everyone and support quality patient outcomes, access to equitable care and a great place to work.

### Values

VCH values guide how the organization supports each other, the people who need care and a workplace where everyone is working to deliver an exceptional care experience for all.

- We Care for Everyone: We believe that being caring is at the heart of what we do, caring for our patients, their families, our colleagues and ourselves.
- We are Always Learning: We believe in staying curious, always open to innovative ideas and ways to improve health care.
- We Strive for Better Results: We believe in achieving better results across all functions of health care leading to better patient outcomes and improving health care.

### Pillars

Four pillars guide VCH commitment to delivering safe, quality care through an equity-led, intersectional approach to caring for people.

- Indigenous Cultural Safety: Delivering culturally safe care to Indigenous Peoples every day in every way.
- Equity, Diversity & Inclusion: Promoting a sense of belonging where we can bring our whole selves to VCH.
- Anti-Racism: Creating a community where we dismantle attitudes, practices and processes that treat people differently because of their race or ethnicity.
- Planetary Health: Inspiring people to create, restore, steward and conserve healthy ecosystems.

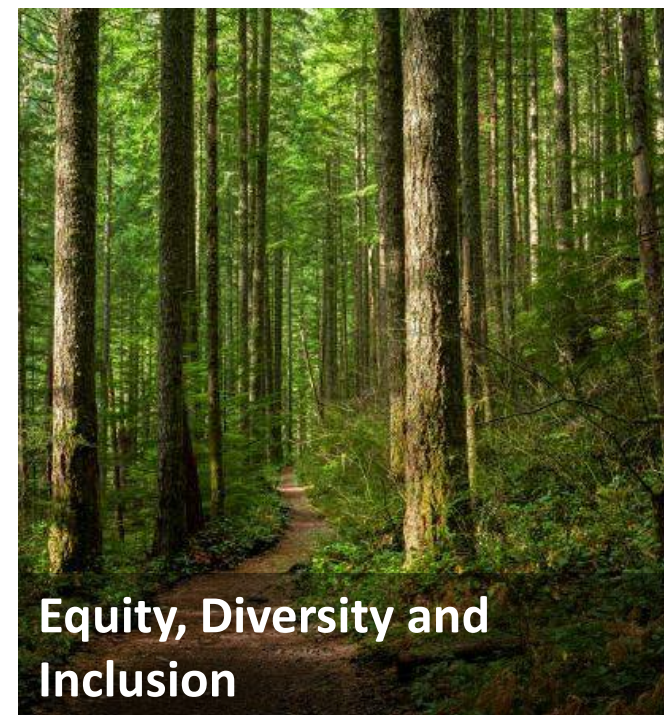


Figure 2-1  
The four pillars of Vancouver Coastal Health



## 2.1 Vancouver Coastal Health – Vision, Mission and Key Priorities

### VCH Strategic priorities

Guided by the [2025/26 – 2027/28 Ministry of Health Service Plan](#) and the [Mandate Letter from the Minister of Health](#), VCH has four strategic priorities.



#### Exceptional care

Deliver timely access to high-quality, appropriate, low-carbon care for the best health outcome, in the best setting: hospital, home or community.



#### Great place to work

Work together to build a healthy workplace with opportunities to grow and develop.



#### Research and innovation for impact

Create a vibrant research and innovation ecosystem for better health outcomes and health system sustainability.



#### Healthy people

Support optimal health and well-being by addressing the social determinants of health.



Figure 2-2  
View of VGH campus along Laurel Street



## 3.1 Photos of Site and Existing Streetscape

### 3.1.1 West 10th Avenue

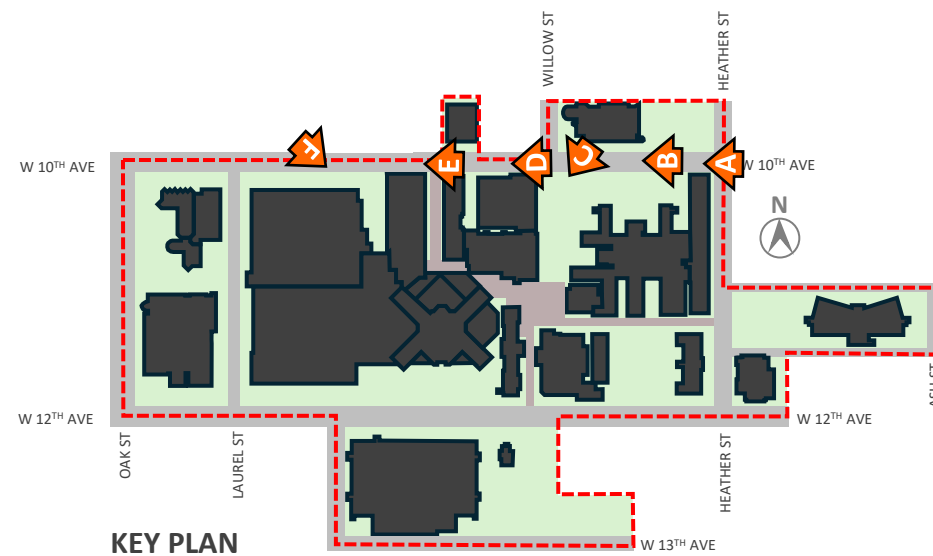
West 10th Avenue is a designated bike route with protected uni-directional bike lanes on either side of the road.

The bike lanes weave around existing trees and on-street parking / drop-off zones.

Public realm treatment varies along the length of 10<sup>th</sup> Avenue. Buildings are built up to property line (view A, D, E) with minimal scope for greenery in those areas after allowing for bike lane and sidewalk.

The Willow green corridor intersects with 10<sup>th</sup> Avenue (view C) and provides the pedestrian north-south connection through the site, as well as a green public space with trees. Another large green space with mature trees is accessible to 10<sup>th</sup> Avenue, north-west of the junction with Heather Street.

The western portion of 10<sup>th</sup> Avenue is dominated by the various hospital entry/exits serving the main loading docks and Emergency department (view F).

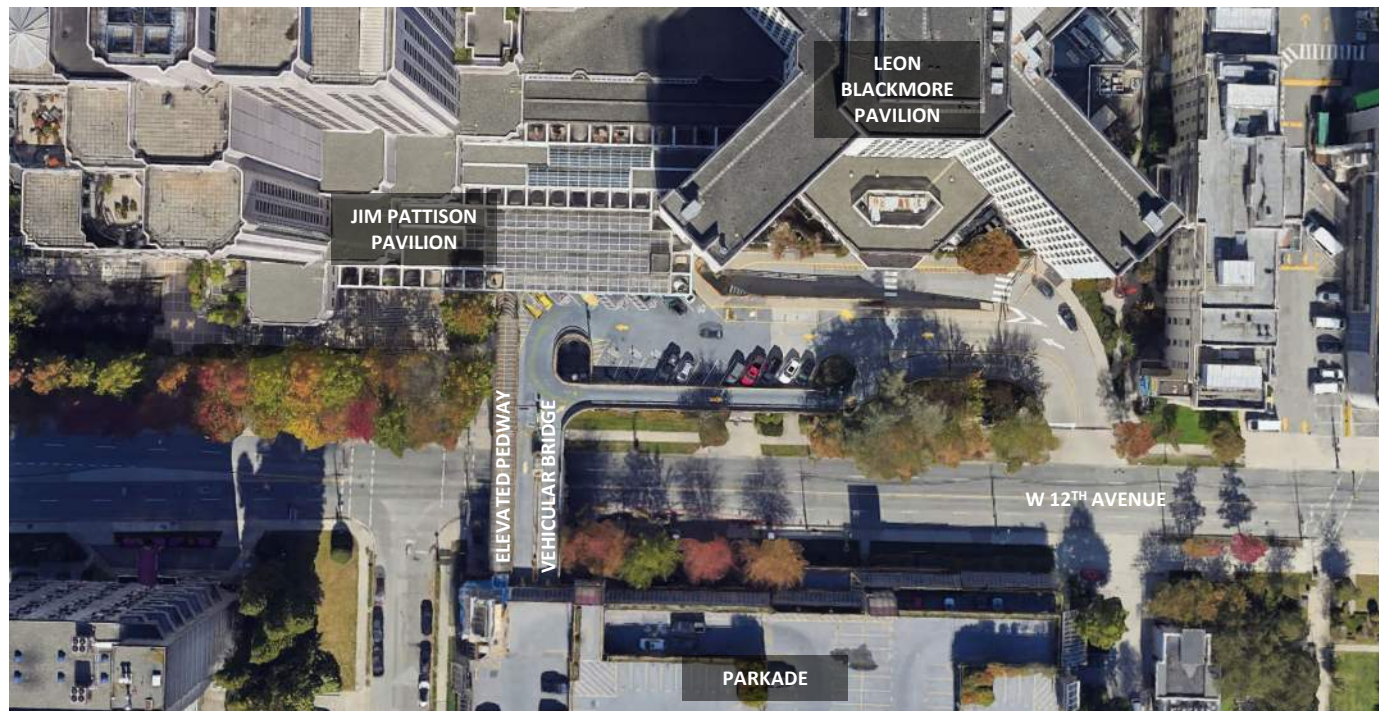


## 3.2 Existing Circulation and Access

The VGH campus is one of the largest and most active healthcare precincts in British Columbia. Circulation and access—both within the campus and to/from the surrounding street network—play a critical role in the campus’s day-to-day operations.

Over time, the campus has evolved through incremental growth and redevelopment, resulting in a complex network of internal pathways, vehicular routes, and building connections. While the existing system supports a high volume of activity, it also presents key challenges related to wayfinding, congestion, emergency access, and functional clarity.

Figure 3-1  
Drop-off zone and parkade access for Jim Pattison Pavilion and Leon Blackmore Pavilion off West 12<sup>th</sup> Avenue



### Vehicular Access and Drop-off

The campus is currently served by multiple points of vehicular access, primarily from surrounding arterial and local roads including West 12<sup>th</sup> Avenue and Oak Street.

Designated drop-off zones are provided near key patient-facing facilities, including emergency (Jim Pattison Pavilion).

Since majority of parking for the campus is concentrated at the 12th Avenue parkade, this serves as the destination for a large percentage of visitors and staff driving to the campus.

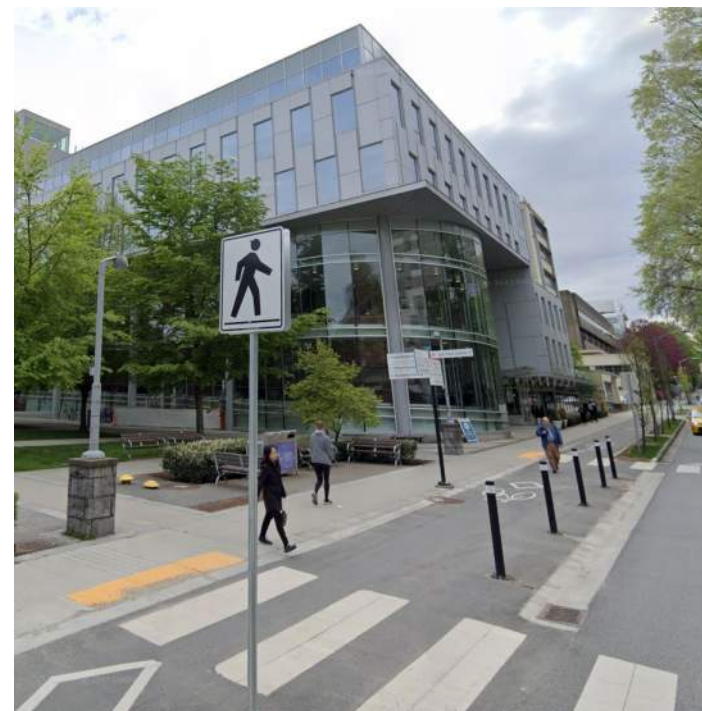
Overlapping flows between emergency vehicles, public drop-offs, staff parking access, and service vehicles can lead to congestion at peak times.

The presence of bike lanes on West 10th Avenue limits the number of entry/exit and drop-off points for the campus along that street.

### Pedestrian Circulation

Pedestrian circulation across the campus is supported by a network of internal walkways, public sidewalks, and building connections. However, pedestrian movement is often interrupted by service roads and parking lots. Inconsistent signage and the complex layout can make navigation challenging for patients and visitors, particularly those with mobility impairments.

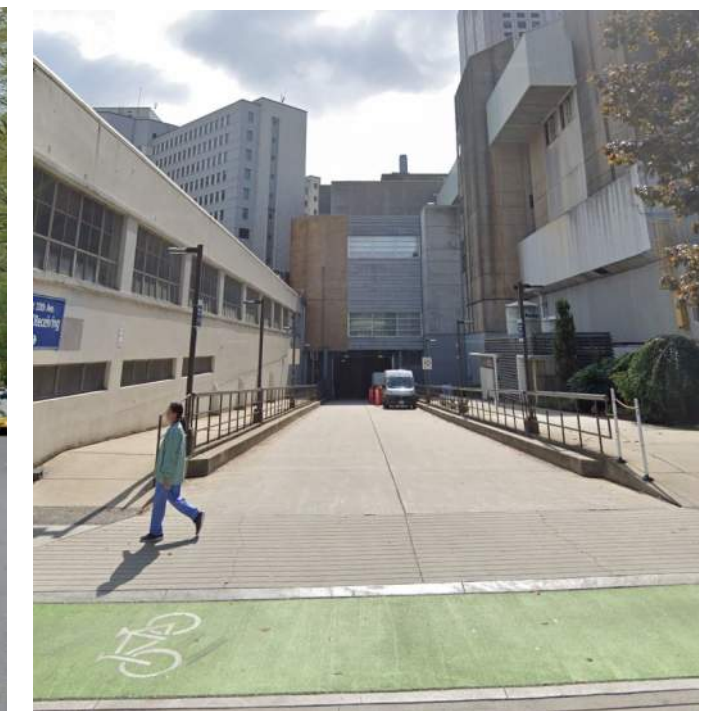
Figure 3-2  
Most of the perimeter of the campus provides accessible pedestrian infrastructure. View along West 10<sup>th</sup> Avenue



### Service and Loading Access

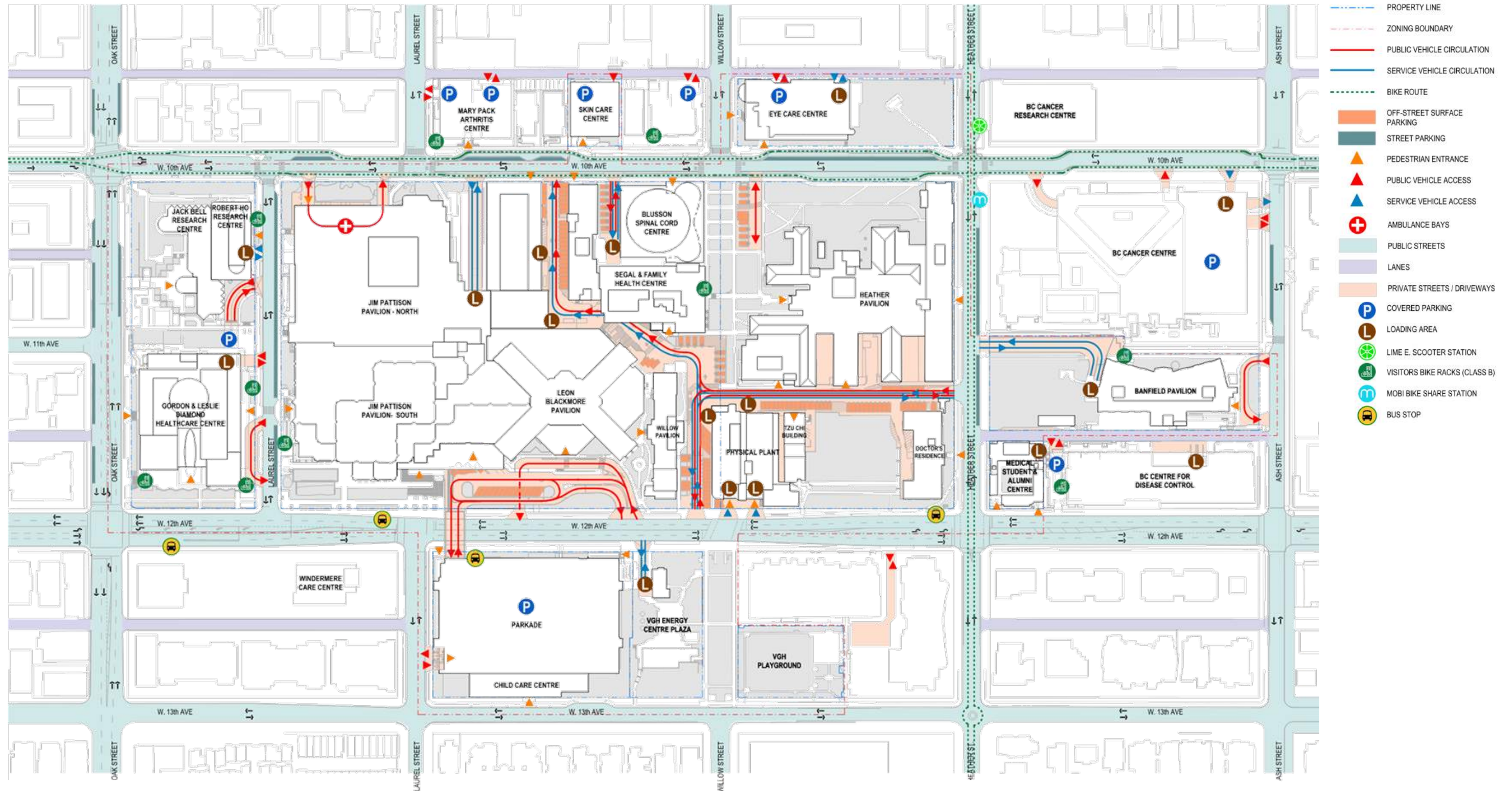
Service vehicles access the campus via multiple entry points, often sharing circulation routes with public and staff traffic. The main central loading docks are located in Jim Pattison Pavilion, accessed from 10th Avenue, however, smaller loading docks are distributed across various buildings, which supports operational flexibility but also creates fragmented service paths and additional internal traffic. This poses some challenges for future redevelopment and site-wide logistics planning.

Figure 3-3  
Truck access ramp to the central loading docks in the basement of Jim Pattison Pavilion, off West 10<sup>th</sup> Avenue



## 3.2 Existing Circulation and Access

### 3.2.1 Campus Circulation and Access Plan



### 3.3 View Analysis

#### City View Cone

City View Cone 3.2.1 (Queen Elizabeth Park) partially overlaps the site at an angle, as illustrated in the diagram.

This limits the height of buildings on the Eastern half of the campus between ~84 to ~104 m from respective street levels.

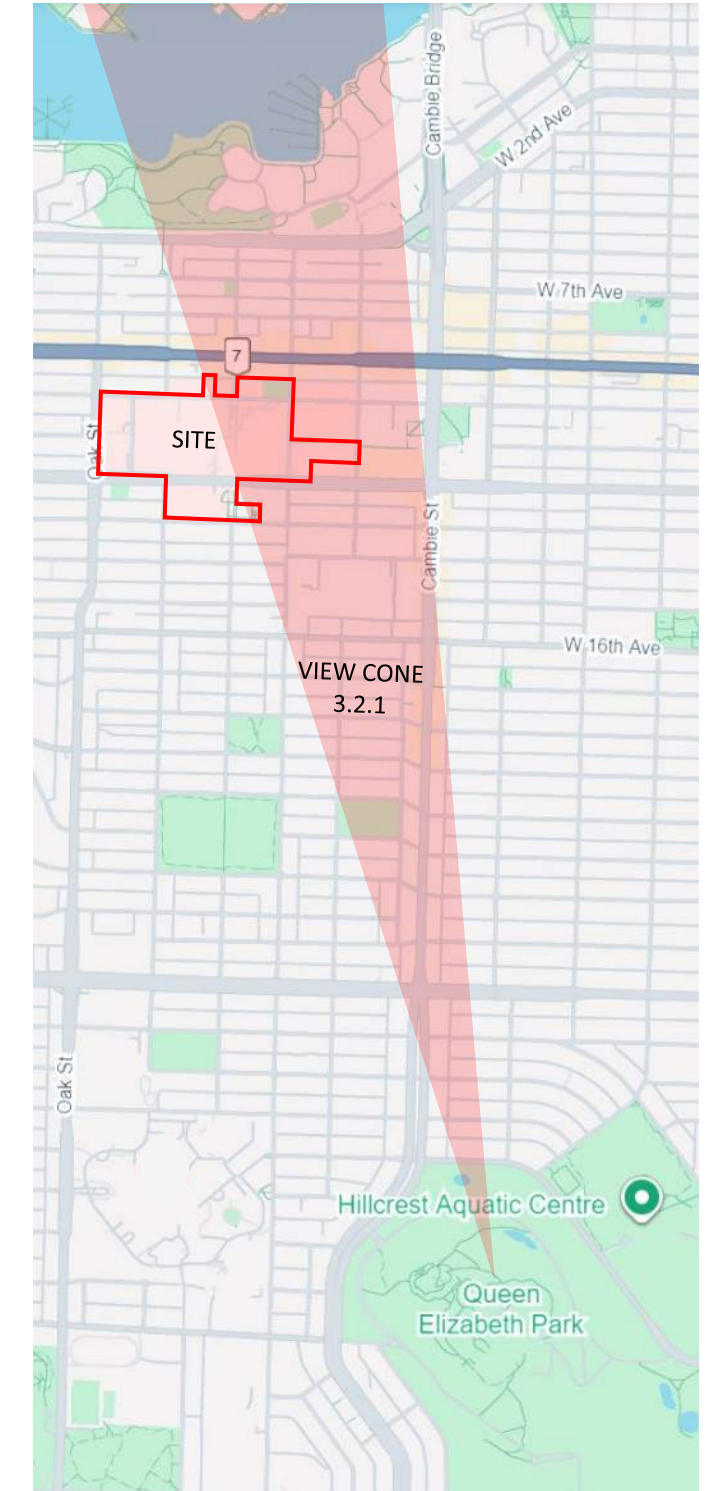
The area in the western half of the site is not encumbered by any view cones, but has VGH and BC Children’s Hospital helicopter flight paths crossing it that limit the heights of buildings in certain parts of the site.



Figure 3-4 : City View Cone restriction on VGH Campus building heights



Figure 3-5 : View Cone 3.2.1 – Queen Elizabeth Park This view highlights the North Shore mountains from Mount Strachan to Enchanted Peak



## 4.1 Design Drivers



The design of the renewed VGH campus will be guided by a set of integrated, future-focused drivers that respond to the complexities of delivering healthcare in the 21st century. These design principles reflect Vancouver Coastal Health’s commitment to providing exceptional care while fostering an environment that supports healing, connection, innovation, and sustainability. Rooted in the belief that the built environment

plays a critical role in health outcomes, the campus will prioritize human-centered and culturally safe spaces that place patients, families, and care teams at the forefront of the experience. As a critical regional and provincial health hub, the redevelopment also anticipates the evolving needs of healthcare delivery — incorporating adaptable, flexible infrastructure that can respond to changes in technology, care models, and population

growth. The campus will be better connected to its surroundings, both physically and socially, with improved access to public transit, pedestrian and cycling infrastructure, and new community-facing public spaces. Resilience is embedded throughout, from seismic and climate readiness to post-disaster functionality, ensuring continuity of care under all conditions. Finally, the redevelopment seeks to honour the legacy and identity of the

VGH campus, while shaping a strong and distinctive sense of place for future generations. Together, these drivers establish the foundation for a high-performing, inclusive, and welcoming healthcare campus that is designed not only to meet today’s demands, but to adapt, evolve, and thrive into the future.



### Healing and Human-Centered

- Patient-first environments that enhance comfort, safety, wayfinding
- Placement optimizing staff efficiency and functional adjacencies
- Spaces that support physical, emotional, and cultural well-being – including indigenous and community-centered design



### Future-ready and Flexible

- Adaptable infrastructure that evolves with technology and service demands
- Scalable design to accommodate phased growth and evolving healthcare models
- Careful planning to allow future flexibility and options



### Fostering Connections

- Spaces that foster human connections and connection with nature
- Integration with public transit, pedestrian pathways, and active transportation
- Thoughtful vehicular access and parking strategies
- Community-focused spaces that enhance urban connectivity and engagement



### Sustainable and Resilient

- Climate and Seismic resilience
- Design adaptation for long-term sustainability
- Biophilic design and wellness-oriented environment
- Post disaster operation



### Identity and Culture

- Celebrating VGH’s culture and heritage
- Developing a unique identity for the campus through the built and un-built environment
- Truth and Reconciliation commitments and cultural sensitivity in design and delivery of care

## 4.2 Redevelopment Strategy

### Key Objectives

The Vancouver General Hospital (VGH) campus is at a critical juncture. As the largest and most specialized hospital in British Columbia, it faces unprecedented pressures from a growing and aging population, daily capacity shortages, and the limitations of outdated facilities. The proposed campus redevelopment campus plan is therefore guided by four key objectives:

- Expanding healthcare delivery capacity and supporting infrastructure to meet rising demand over the next 50+ years.
- Replacing outdated buildings with modern, high-performance, and resilient facilities.
- Enhancing the experience of patients, families, and staff by improving the quality of both indoor spaces and outdoor environments across the campus.
- Implementing redevelopment in well-planned phases - ensuring flexibility to accommodate future needs and prevent operational or spatial constraints—avoiding the risk of being “painted into corners.”

### Site Constraints and Development Approach

As the VGH campus is already densely developed with multiple fully operational healthcare facilities, opportunities for expansion and replacement are severely limited due to the lack of available open space on campus.

To create room for new development while maintaining uninterrupted patient care, the strategy involves a phased approach:

- Older, non-patient-care buildings are prioritized for demolition to free up land.

- New, higher-density patient-care facilities are constructed on the cleared sites to increase capacity.
- Once operational, services from other aging buildings are relocated into the newly built facilities.
- Vacated older buildings are then demolished, creating new space to support the next phase of redevelopment.

This ongoing cycle of demolition and new construction is essential for the VGH campus to continue evolving and meeting the changing healthcare needs of the community it serves. The step-by-step process ensures that new capacity is always in place before older capacity is removed, safeguarding the hospital’s ability to meet patient needs throughout redevelopment.

The following pages outline the proposed campus redevelopment through a sequence of ten phases. It is important to note that:

- The phasing strategy is based on current projections and preliminary estimates of building volumes and conceptual massing studies. These parameters will be refined as detailed functional programs are developed and individual phases move forward.
- The timing of each phase will depend on funding approvals and other influencing factors; some phases may overlap.
- While the campus is expected to evolve beyond the ten phases described here, projections approaching or beyond a 50-year horizon become increasingly uncertain; therefore, this rezoning application addresses development up to Phase 10 only.

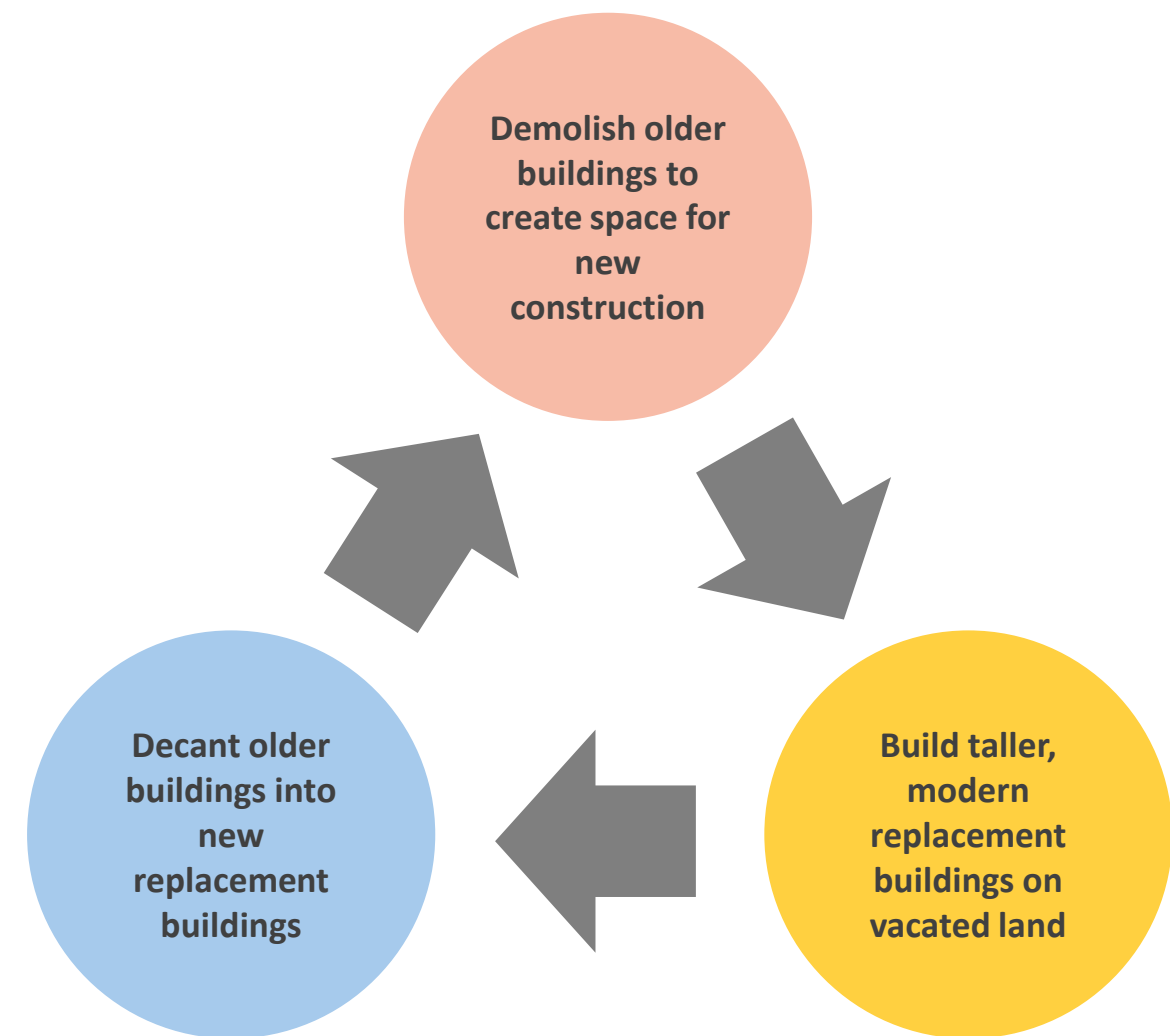


Figure 4-1  
The perpetual cycle of redevelopment needed for VGH campus

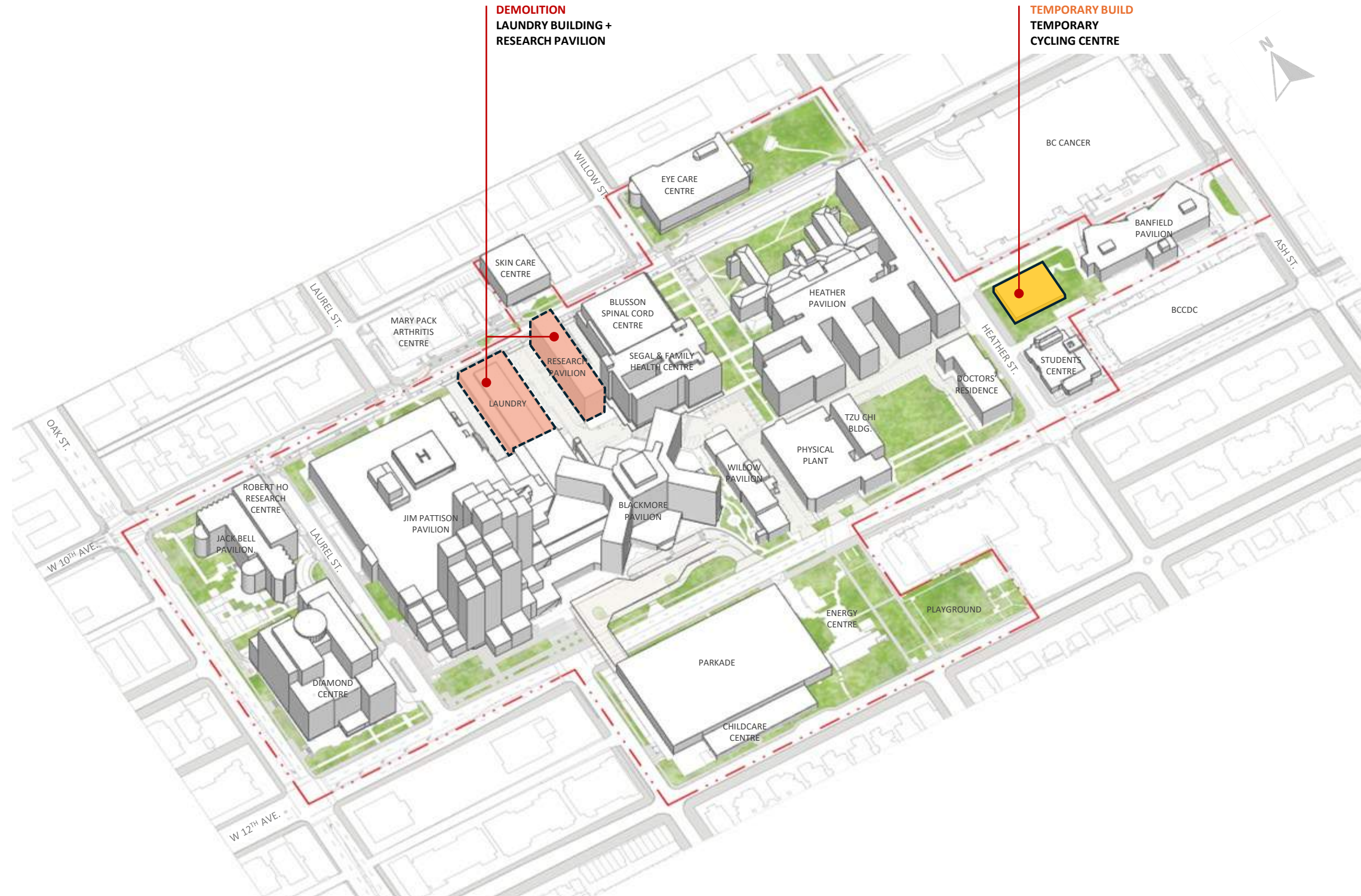
## 4.3 Redevelopment Phasing

### 4.3.1 Phase 1

#### Phase 1

##### Demolition of Laundry Building and Research Pavilion, Relocation of VGH Cycling Centre

- To address the immediate urgent need for expanding Emergency Department capacity and additional inpatient beds, space must first be created on campus.
- The existing Emergency Department in the Jim Pattison Pavilion is landlocked by roads to the north and west, and with Jim Pattison Pavilion – South on its southern side, leaving the site of the Laundry Building and Research Pavilion as the only viable location for expansion.
- Laundry and Research Pavilion do not house direct patient care functions and are used exclusively by staff, making them relatively easier to decant and remove without disruption to patient-care.
- The existing cycling centre located in the Laundry Building will be temporarily relocated on campus along Heather Street and in future integrated into the new 900 Block development on 12th Ave (outside this CD-1 zone) and/or one or more of the future buildings on campus.



#### Campus Summary (approx.) at end of phase

 **2,178** parking bays (-25)

 **262,475** sq.m. GFA (-9,931)

## 4.3 Redevelopment Phasing

### 4.3.2 Phase 2

#### Phase 2

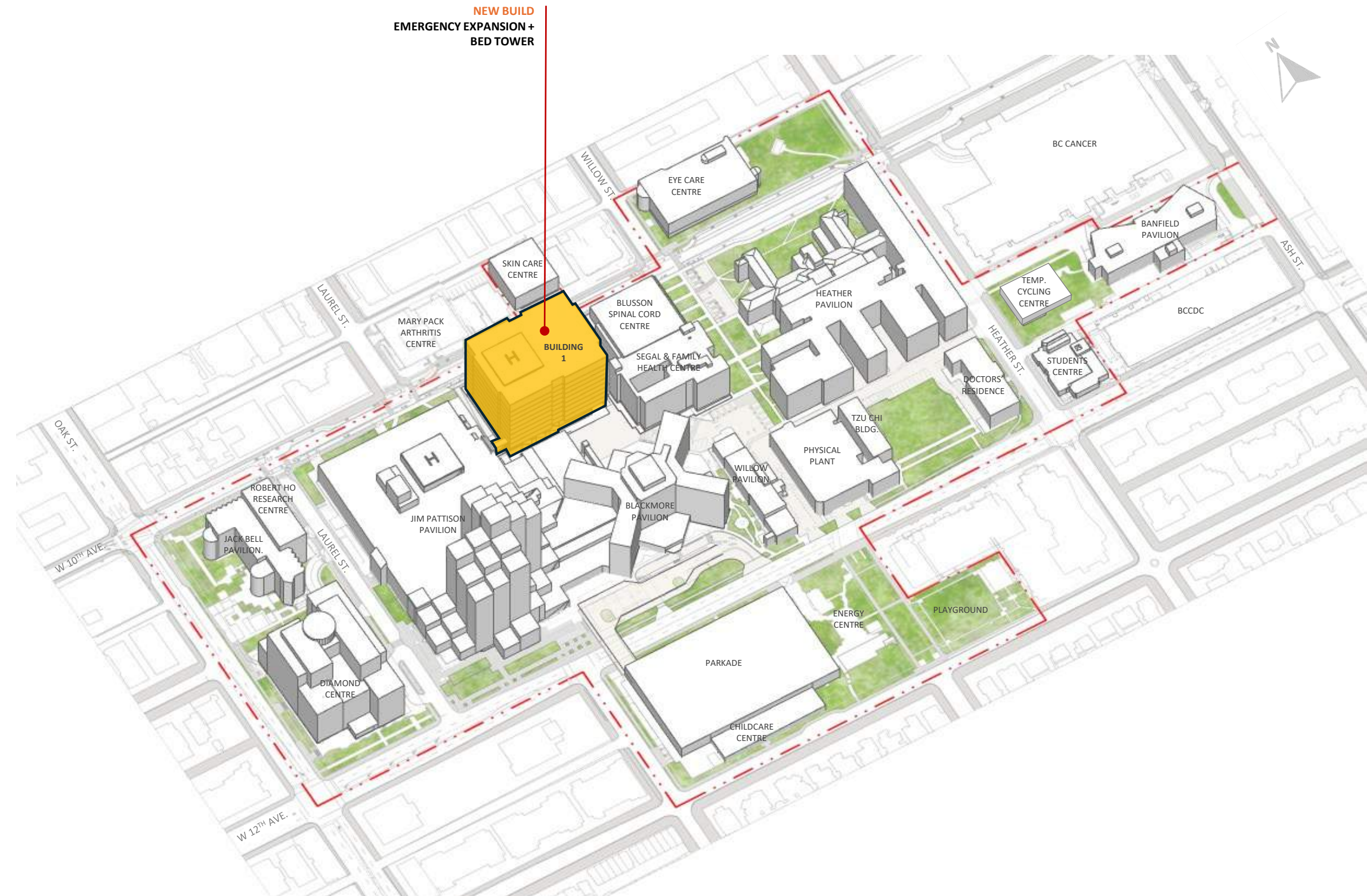
##### Construction of New Building (Building 1) for Emergency and Inpatient Care

- A new building will be constructed on the site cleared by Laundry and Research Pavilion to expand the existing Emergency Department, connected at the same floor level via a pedestrian bridge, and on the second floor – connecting to existing operating rooms and critical care units.
- The new building will also provide multi-level basement parking and several floors of inpatient bed units, adding supply of these critical program elements to the campus.
- The new building will also include a rooftop Helipad
- The areas in the immediate vicinity of the new building shall be reconfigured and landscaped as needed to provide access to the front-of-house and back-of-house zones of the building and to maintain the overall campus circulation network.

##### Campus Summary (approx.) at end of phase

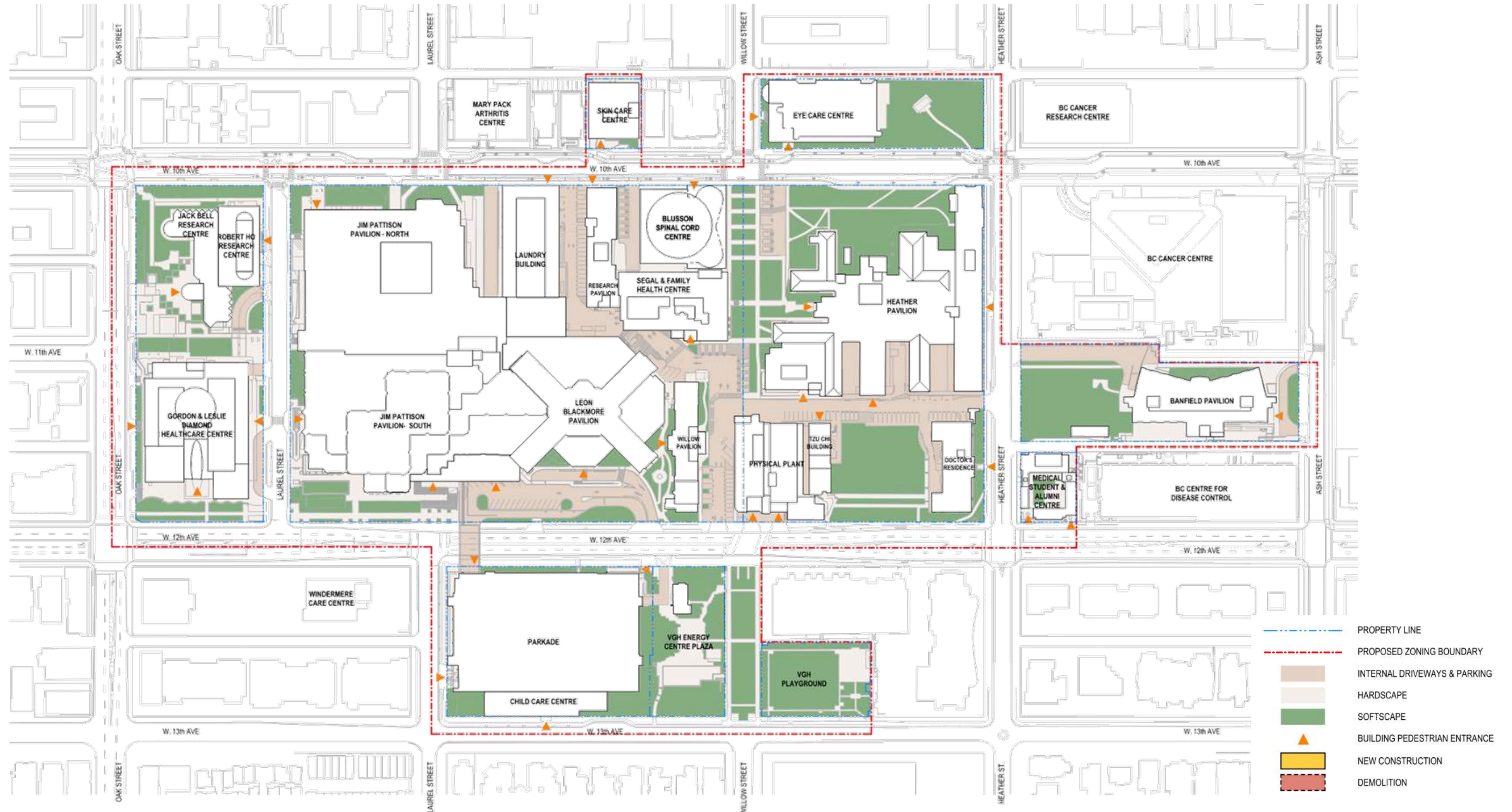
 **2,428** parking bays (+250)

 **296,475** sq.m. GFA (+34,000)



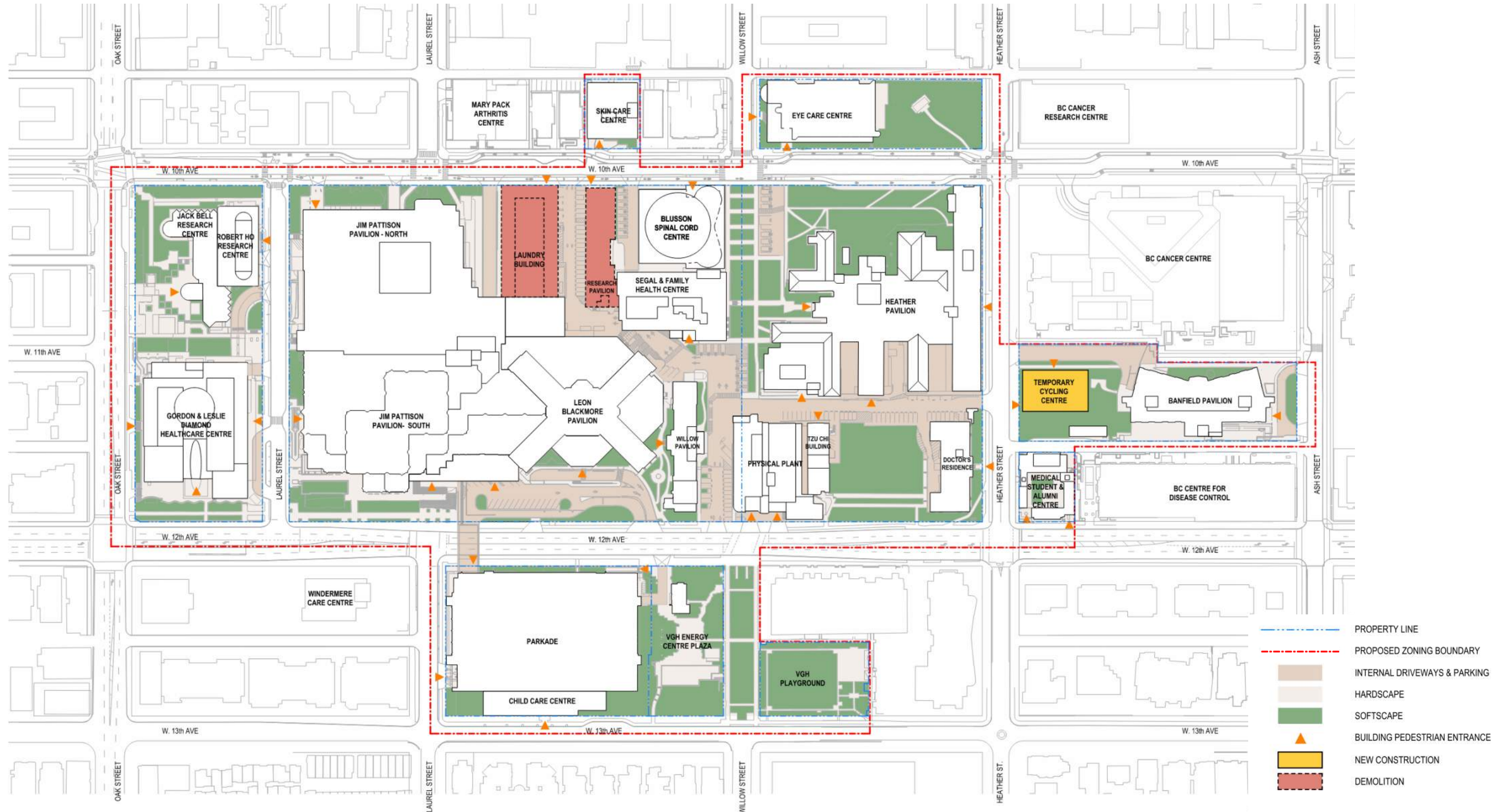
# 4.4 Site Plan

## 4.4.1 Existing



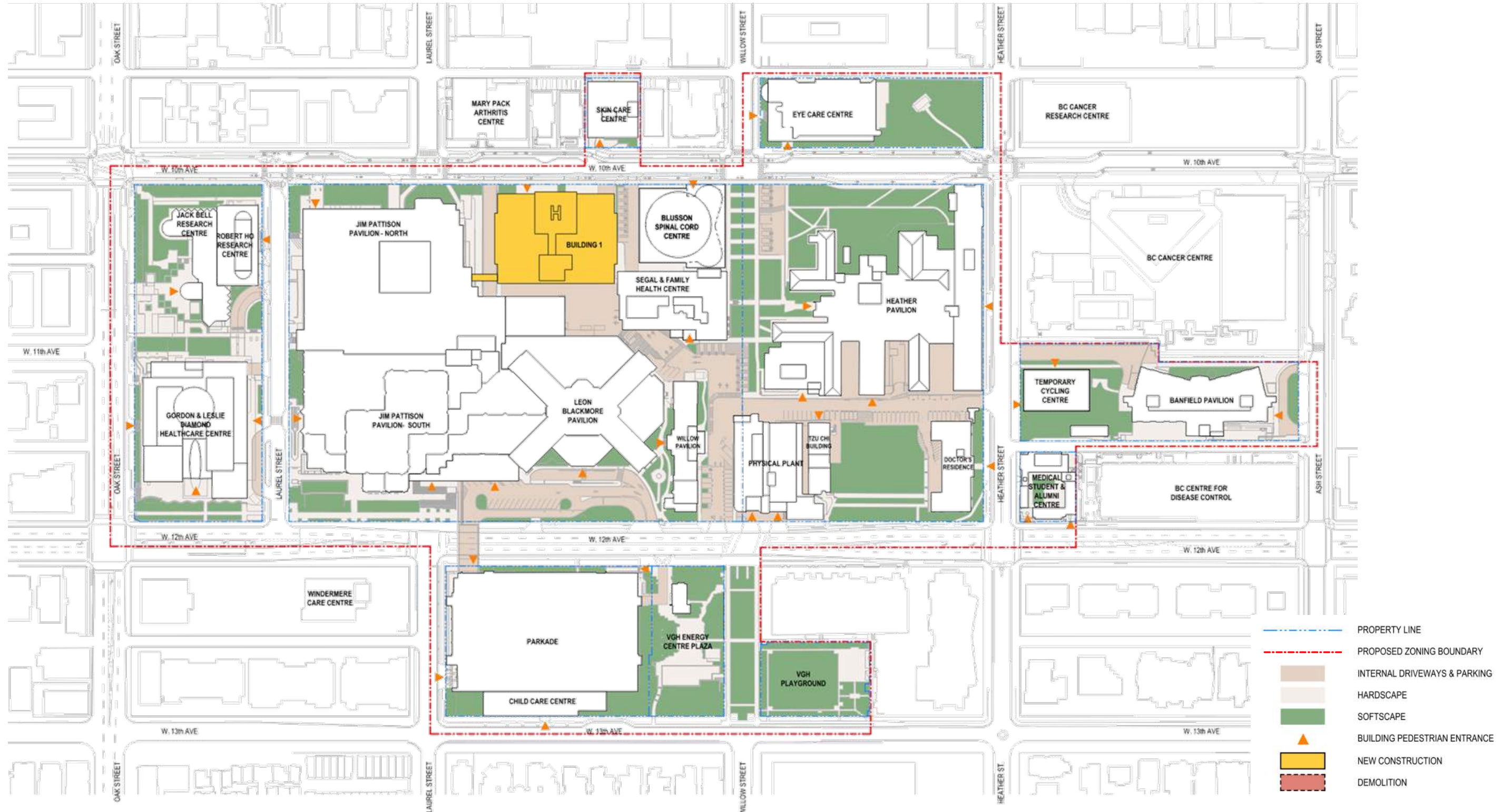
# 4.4 Site Plan

## 4.4.1 Phase 1

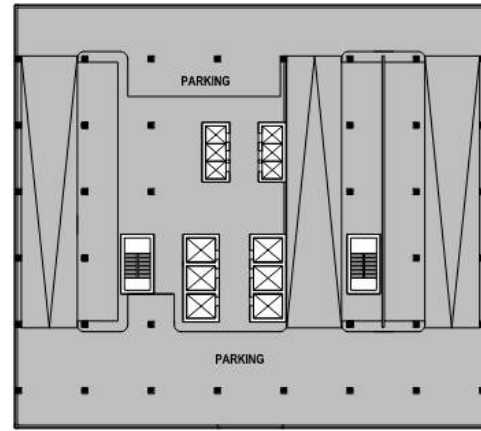


# 4.4 Site Plan

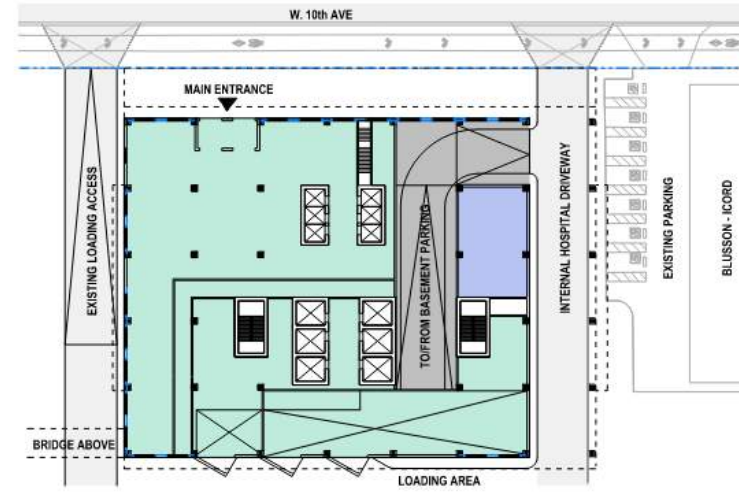
## 4.4.2 Phase 2



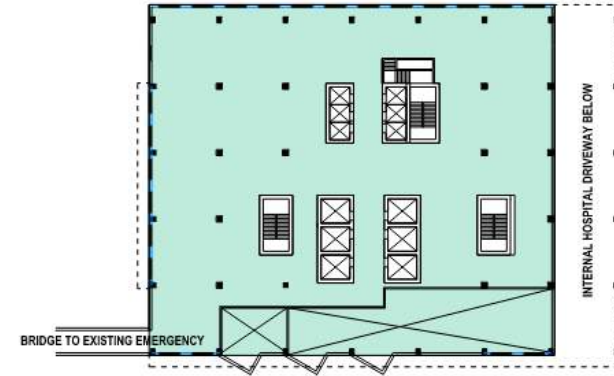
## 4.5 Indicative Building Plans



**BASEMENTS 1 - 5**



**GROUND**

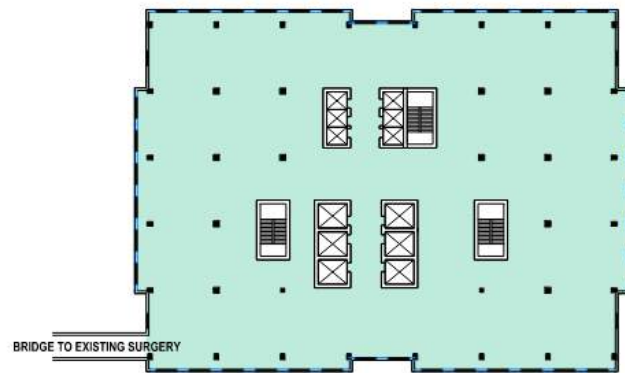


**LEVEL 2**

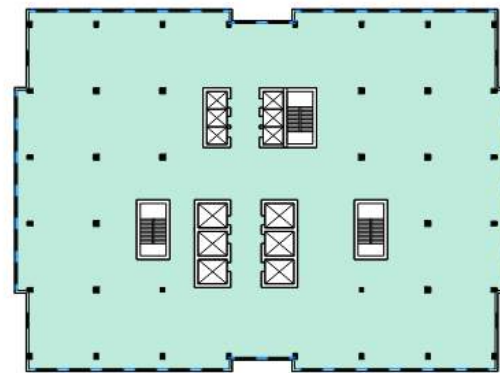
**BUILDING 1 : R.O.M. GROSS FLOOR AREAS**

LEVEL	PRIMARY USE	AREA (SQM.)	AREA (SQFT.)	GFA TOWARDS FSR (SQM.)
B5	PARKING	3,670	39,504	-
B4	PARKING	3,670	39,504	-
B3	PARKING	3,670	39,504	-
B2	PARKING	3,670	39,504	-
B1	PARKING	3,670	39,504	-
G	HOSPITAL	3,750	40,365	3,750
2	HOSPITAL	3,750	40,365	3,750
3	HOSPITAL	3,750	40,365	3,750
4	HOSPITAL	3,250	34,983	3,250
5	HOSPITAL	3,250	34,983	3,250
6	HOSPITAL	3,250	34,983	3,250
7	HOSPITAL	3,250	34,983	3,250
8	HOSPITAL	3,250	34,983	3,250
9	HOSPITAL	3,250	34,983	3,250
10	HOSPITAL	3,250	34,983	3,250
11 + MEZZ.	M & E	5,700	61,355	-
<b>TOTAL</b>		<b>58,050</b>	<b>624,850</b>	<b>34,000</b>

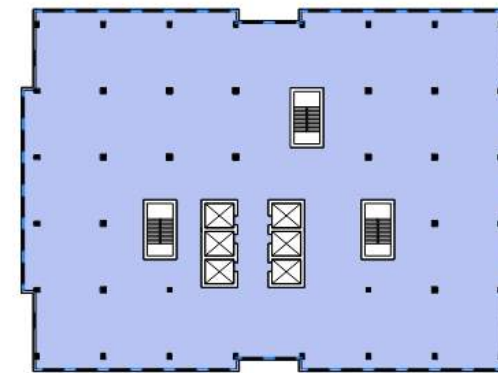
Note: All floor plans and areas are preliminary test-fits and/or rough estimates only and can vary as the Functional Program and design for the buildings are developed in more detail in the respective phases.



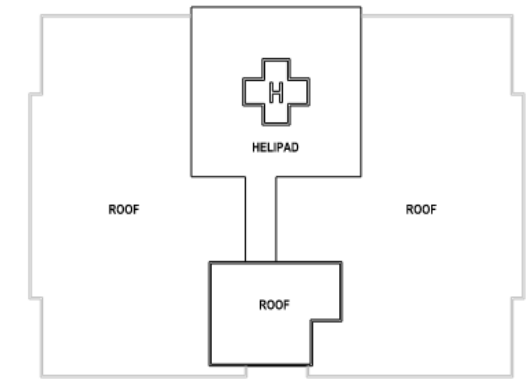
**LEVEL 3**



**LEVELS 4 - 10**



**LEVEL 11 + MEZZ**



**ROOF**

- HOSPITAL
- PARKING & LOADING
- MECHANICAL / ELECTRICAL FLOOR



## 4.6 Building Coverage

Under the existing conditions, approximately 57% of the VGH campus site is covered by buildings (excluding the heritage portion of Heather Pavilion, which is exempt from calculations). The current zoning allowance for building coverage is 55%.

To allow the construction of Building 1 (and temporary cycling facility on site), a Building Coverage limit of **60%** is being sought under this application.

## 4.7 Floor Space Ratio (FSR)

The VGH campus currently operates at an approximate FSR of 2.47, with a current zoning allowance of 2.6.

To allow the construction of Building 1 on the site vacated by Laundry and Research buildings as tentatively planned, an FSR allowance of **2.7** is being sought under this text amendment application.

Mostly aligned with the previous zoning, the FSR calculations will exclude the following:

- Open balconies or sundecks, and any other appurtenances which are similar
  - Patios and roof gardens
  - Floors used for off-street parking and loading, the taking on or discharging of passengers, bicycle storage, heating and mechanical equipment, underground utility corridors and walkways, or uses which are similar. Floors or portions thereof so used which are at or below the base surface
  - Amenity areas, including day care facilities, recreation facilities, and meeting rooms, to a maximum total of the lesser of 20 percent of the permitted floor area or 3,000 m<sup>2</sup> (previous zoning allows 2,000 m<sup>2</sup>)
- Areas of undeveloped floors which are located:
- (a) above the highest storey or half-storey and to which there is no permanent means of access other than a hatch, or
  - (b) adjacent to a storey or half-storey with a ceiling height of less than 1.2 m
- Floors that are used entirely or partially for access to or occupancy by heating and mechanical equipment or utilities and are

above the base surface (previous zoning only includes entire floors, not partial)

- Where exterior walls greater than 152 mm in thickness have been recommended by a Building Envelope Professional as defined in the Building By-law, the area of the walls exceeding 152 mm, but to a maximum exclusion of 152 mm thickness

Phase	Activity	GFA to be added or Removed (sqm.)	Site GFA at end of phase (sqm.)	FSR
Total Existing (within proposed zoning boundary)			342,691	2.47
1	Demolition of Laundry Building	-2,499	340,192	2.45
	Demolition of Existing Research Pavilion	-7,432	332,760	2.40
2	Construction of New Building 1	34,000	366,760	2.64

Figure 4-2 :  
Rough estimates of GFA and FSR for VGH redevelopment phases

Note: All areas for new construction are rough estimates only. Actual areas can only be established once detailed functional programming and design is undertaken for each of the building in future.

## 4.8 Building Heights

The proposed Campus Plan includes a variety of building heights to make optimum use of the available height allowance and minimize building footprints, while staying clear of the view cones and flight paths. City View Cone 3.2.1 (Queen Elizabeth Park) partially overlaps the site at an angle. This limits the height of buildings on the Eastern half of the campus.

Additionally, there are VGH and BCCH flight paths crossing the site that limit the heights of buildings in the western part of the site. With the addition of the rooftop Heliport as part of Building 1 development, the flight path for VGH will be updated and potentially elevated in the new locations. This will relieve some of the height limitations for buildings under the current VGH flight path in future.

Future buildings illustrated in the diagram will be planned to be clear of the view cones and flight paths. Note that this diagram only indicates the existing flight path information from the City's database and not the future condition.

Building 1 is clear of the City View Cone, however a corner of that site is under VGH flight path. This should however not limit Building 1 height as a new rooftop Helipad on Building 1 will effectively raise the height of the VGH flight path above the height of Building 1.

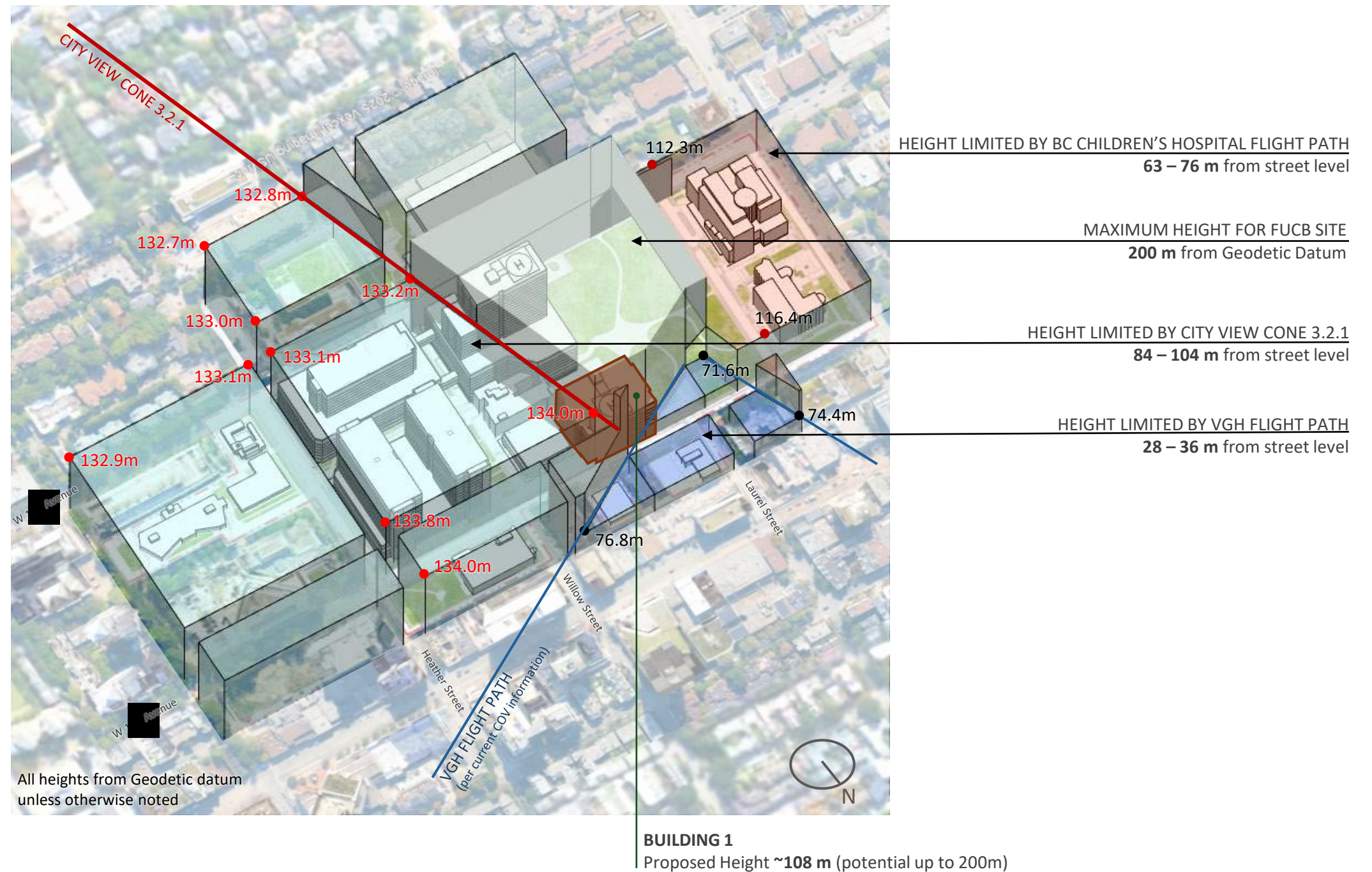


Figure 4-3 :  
Building Height limitations on site

## 4.9 Massing Visualization

### 4.9.1 Aerial View from North-East (Indicative)

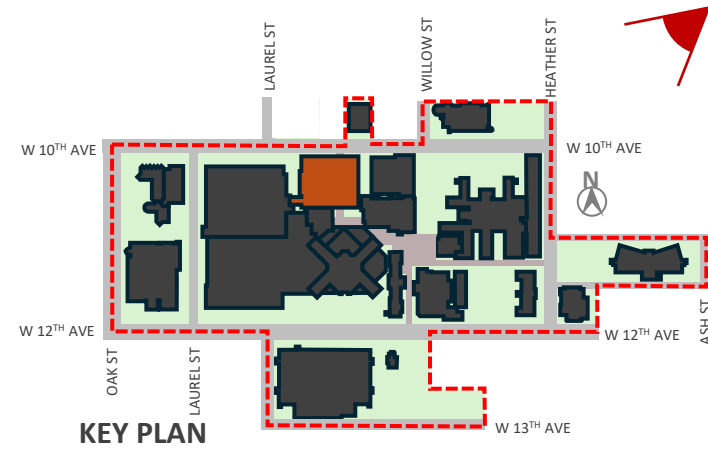


Figure 4-4 : View from North-East – existing

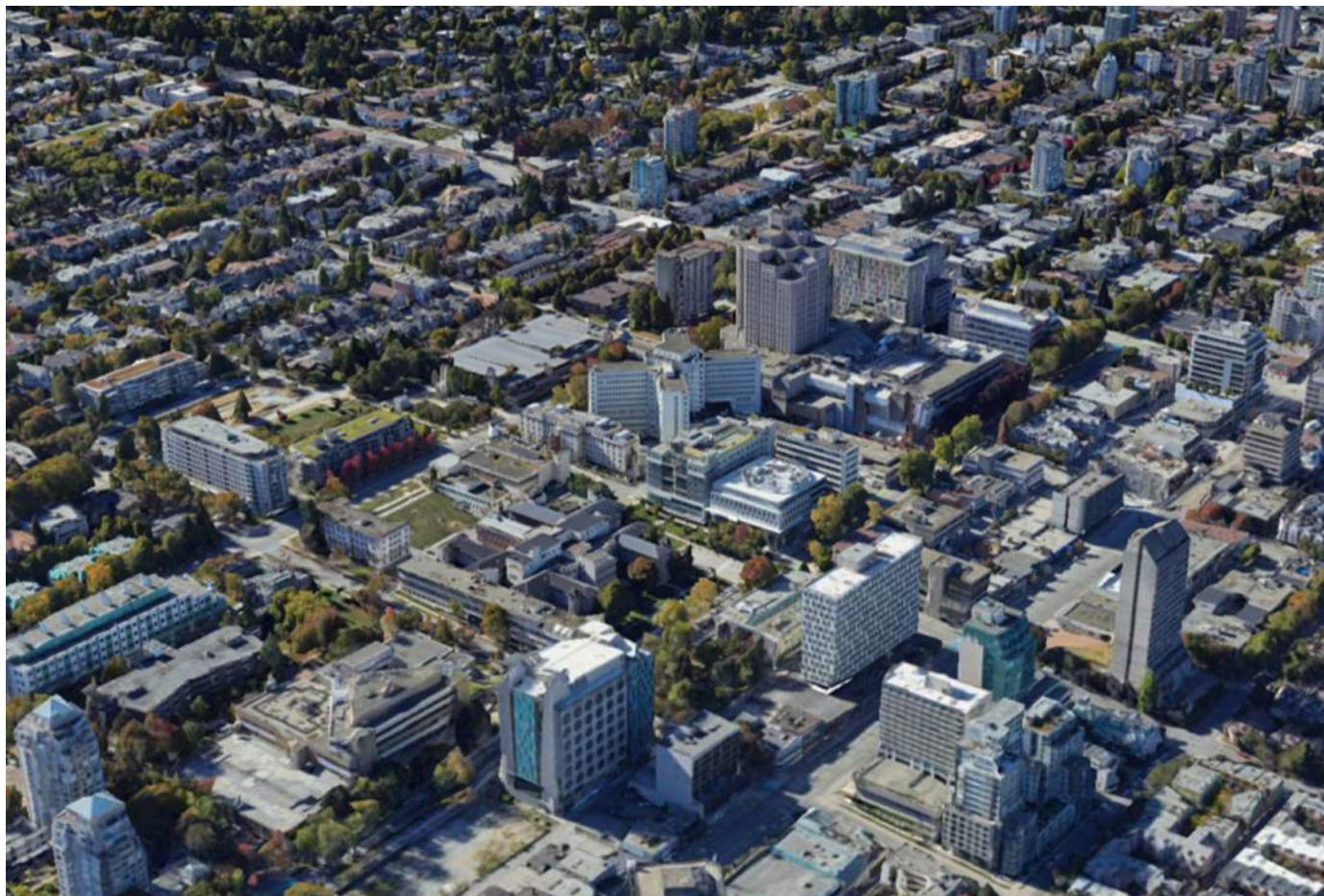


Figure 4-5:  
View from North-East – indicative redevelopment massing



## 4.9 Massing Visualization

### 4.9.2 Aerial View from North-West (Indicative)

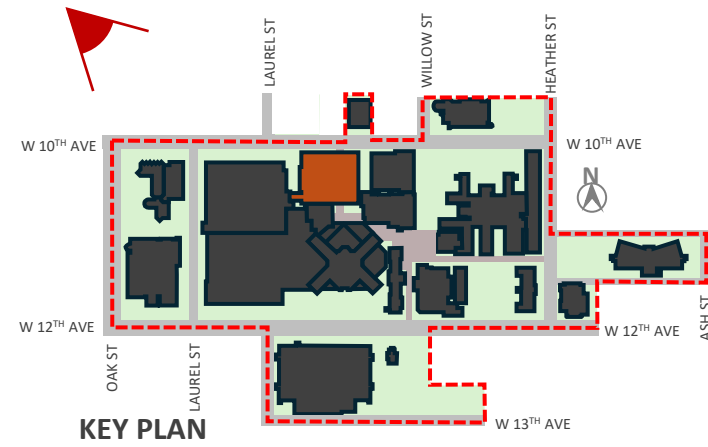


Figure 4-6 : View from North-West – existing

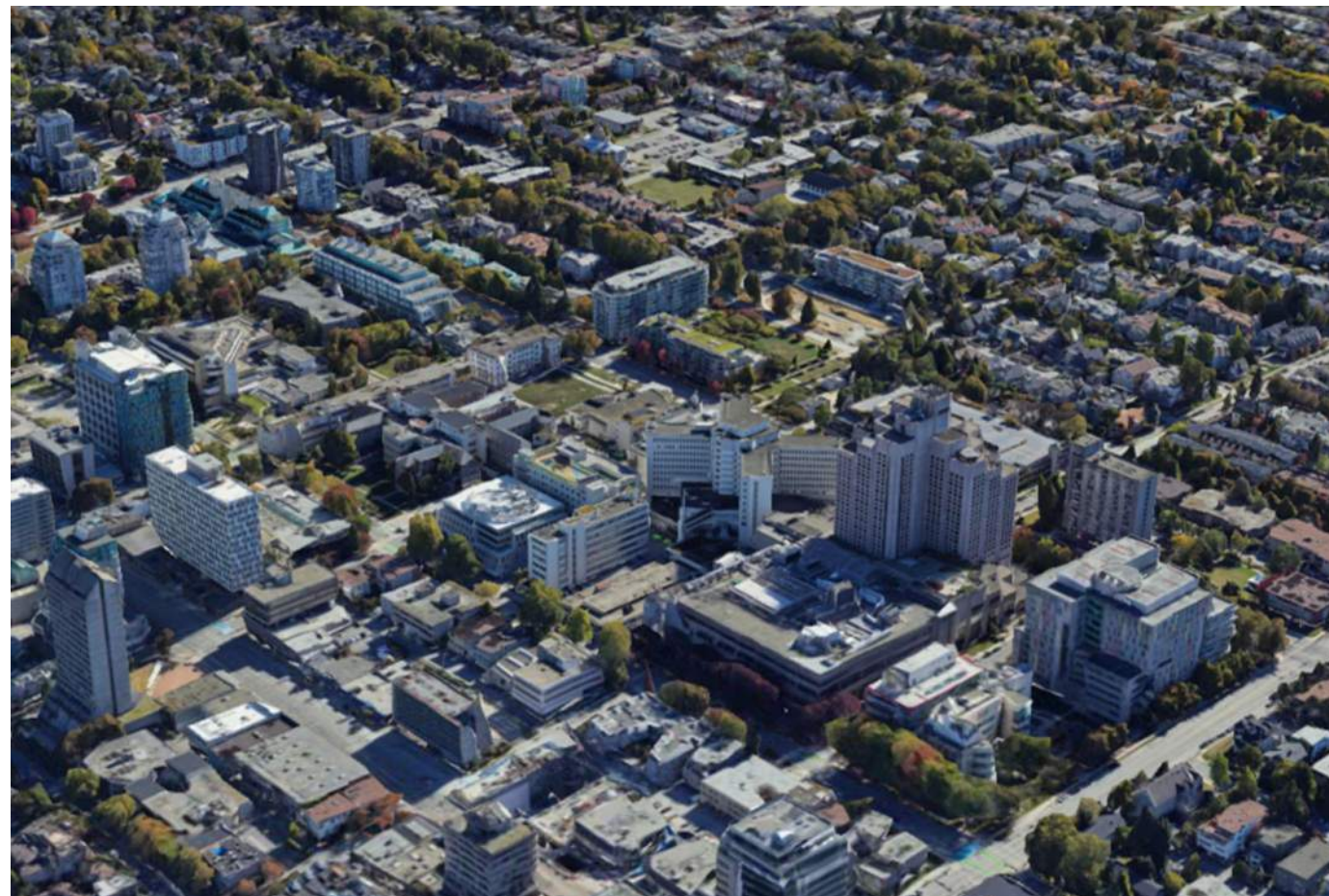


Figure 4-7 :  
View from North-West – indicative redevelopment massing



## 4.10 Indicative Building 1 Section | Elevation

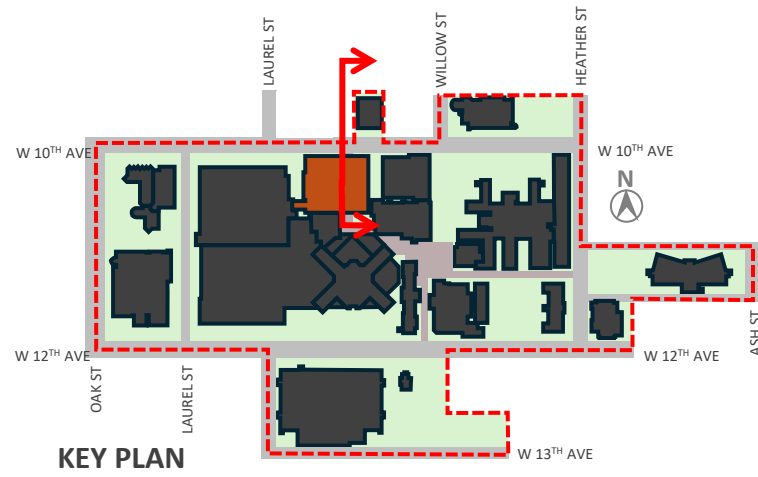


Figure 4-8:  
Section through Building 1 looking East

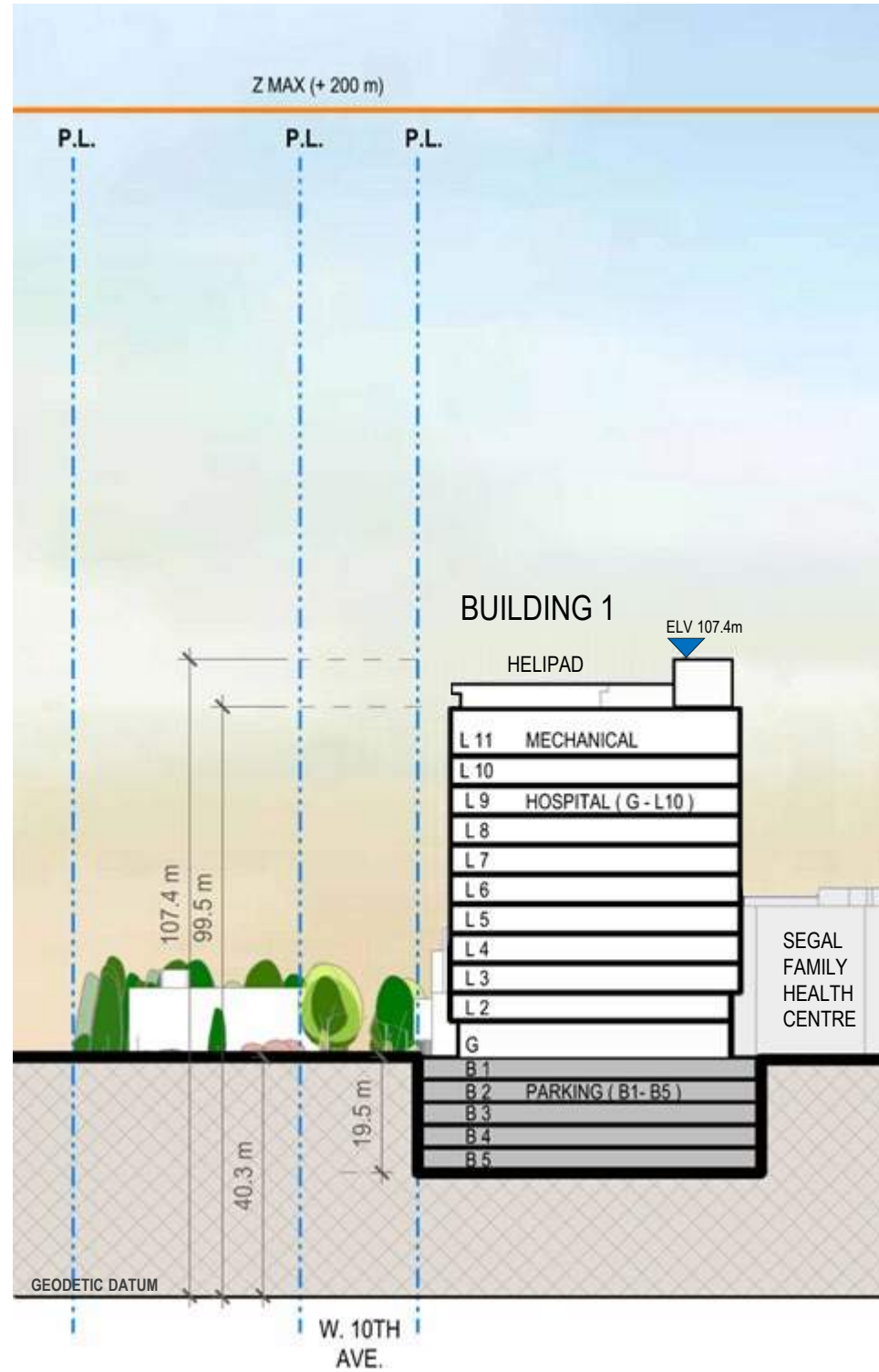
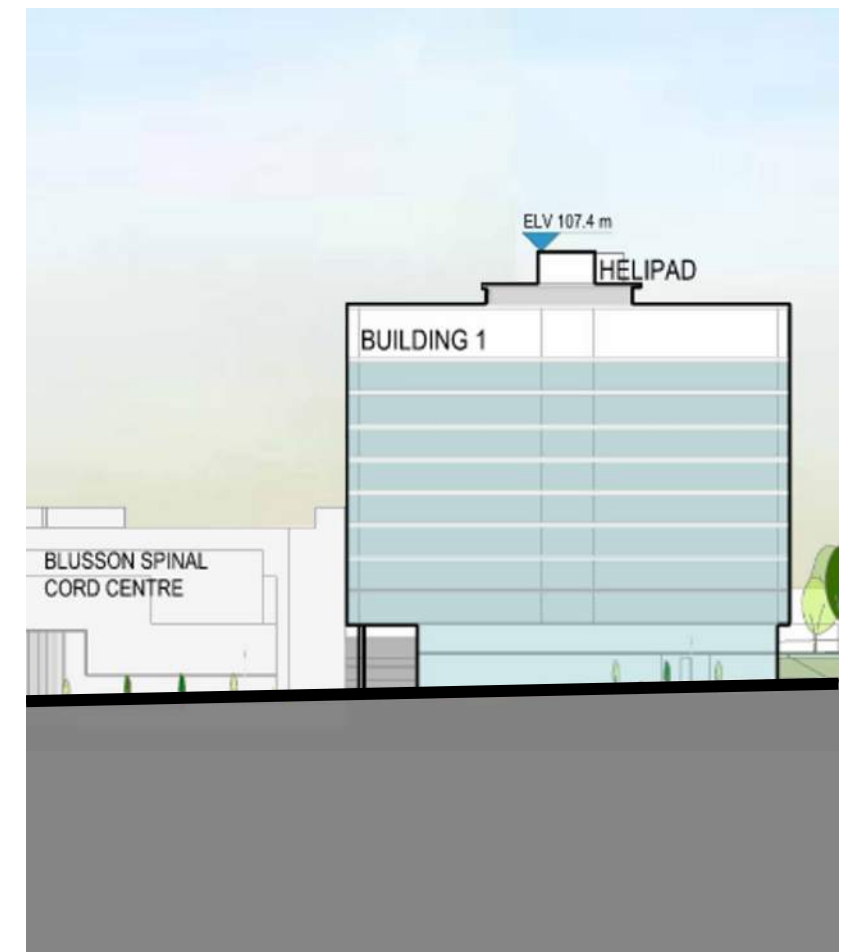


Figure 4-9:  
North Elevation – looking South from West 10<sup>th</sup> Avenue



# 4.11 View Studies



## 4.12 Tower Separation / Block Study

Although the tower separation guidelines of the Broadway Plan may not be directly applicable to the proposed hospital buildings on VGH campus, the project team has prepared a block study (see graphic) to illustrate potential separation distances. The Broadway Plan requires that tower placement should demonstrate a minimum separation between existing towers and potential future towers within the block and adjacent blocks as follows:

- Residential-Residential: 24.4m (80 ft.)
- Residential-Hotel: 24.4m (80 ft) to 18.3m (60 ft)
- Residential-Commercial (except hotel): 18.3m (60 ft.)
- Commercial-Commercial: 15.2m (50 ft.)

As shown in the diagram, the proposed Building 1 location and footprint exceed the minimum separation requirements relative to surrounding property lines. This ensures that, regardless of future use or tower developments on neighboring blocks, or site-specific setbacks, adequate tower separation will always be maintained from Building 1.

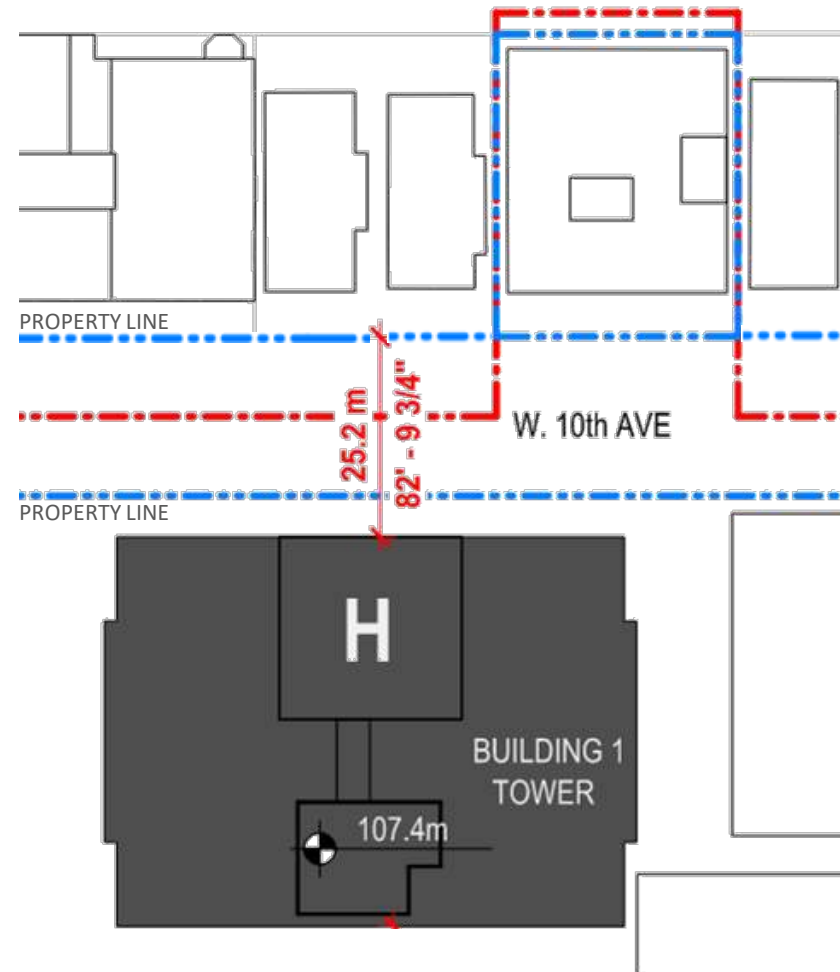
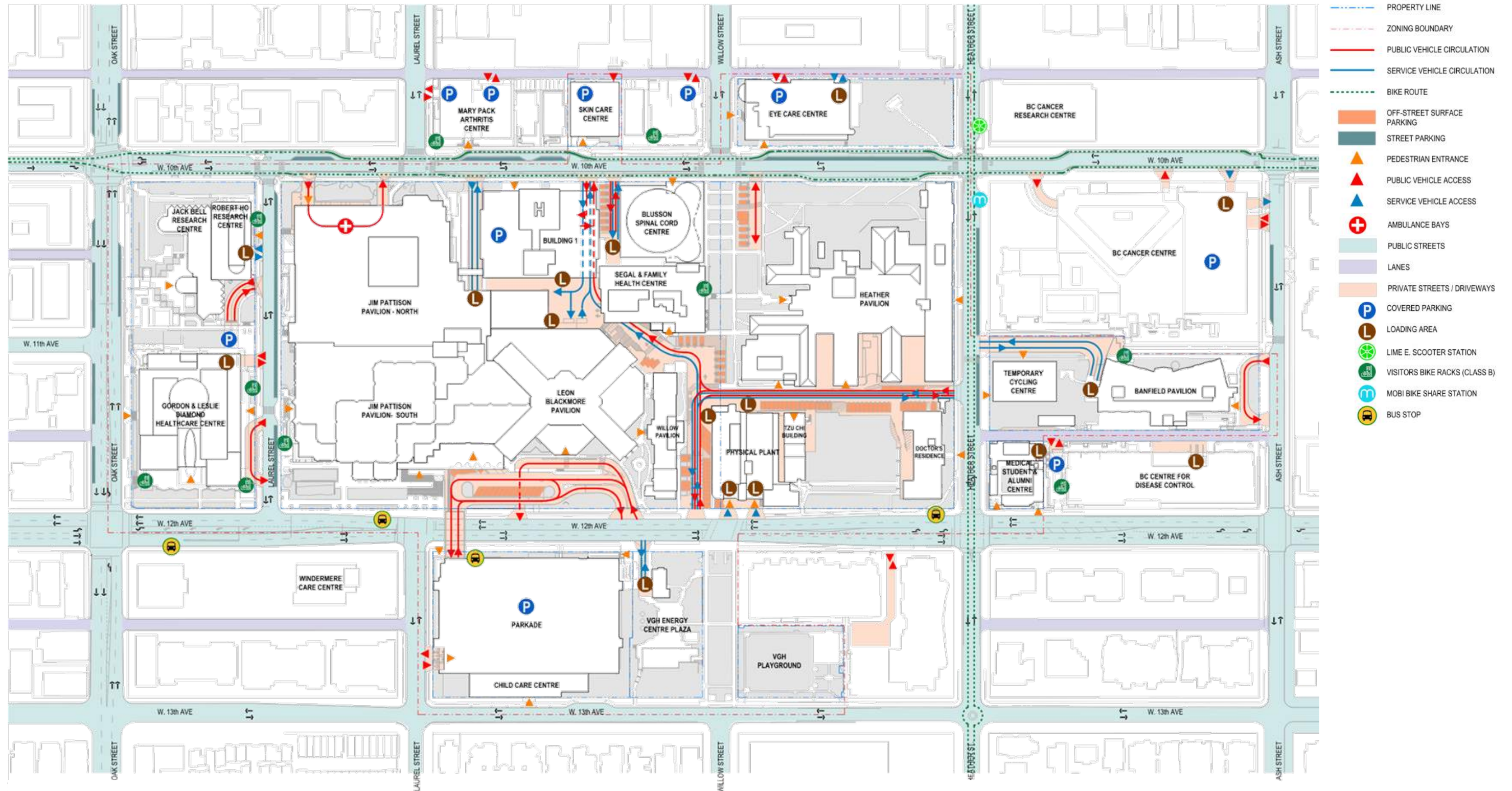


Figure 4-10: Tower Separation Study



# 5.1 Site Circulation Plan

## 5.1.1 Phase 2



## 5.2 Heliport

The VGH campus plan involves phased redevelopment that will directly affect heliport operations. The existing rooftop heliport at Jim Pattison Pavilion - North (CBK4) is a critical piece of provincial emergency medical infrastructure, providing rapid transport for patients across British Columbia. The Project team evaluated the impacts of three major phases of redevelopment - Phase 2 (Proposed Building 1), Phase 5 (Proposed Building 2), and Phase 8 (Proposed Buildings 3 West & East) - on existing and proposed flight paths. The study reviewed proposed building massing with Transport Canada regulations, ICAO standards, and City of Vancouver zoning policies to ensure long-term safety and functionality.

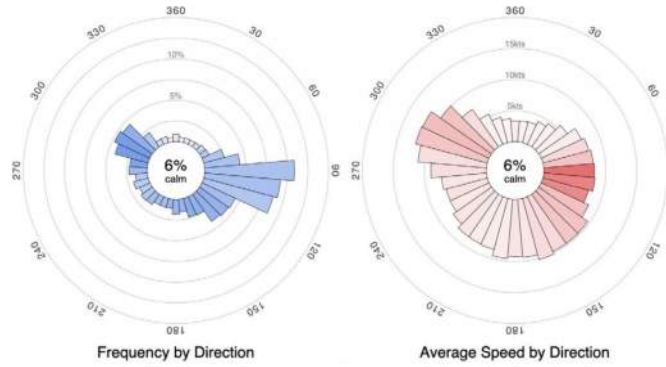
### Regulatory and Operational Framework

Heliport operations in Canada are governed by Transport Canada’s Canadian Aviation Regulations (CARs) Standard 325, which align with ICAO Annex 14 Volume II for heliport design. VGH is an H1-category heliport, requiring multi-engine helicopters capable of safe operations under one-engine-inoperative (OEI) conditions. To comply, a minimum 4.5% Obstacle Limitation Surface (OLS) slope must be maintained from the edge of the heliport’s safety area for 625m within the flight path. This slope serves as a conservative planning surface that ensures helicopters can safely approach and depart in dense urban environments.

### Wind Considerations

Wind is a dominant factor in heliport usability. In Vancouver, easterly winds occur 40–50% of the time, particularly in winter, supporting approaches from the west. Westerly winds occur 20–30% of the year, while southeasterlies account for 15–

20%. North departures remain beneficial because of the descending terrain toward the ocean. These patterns reinforce the need to maintain protected east-west and north arcs for long-term viability.



Wind Direction	Annual Frequency (%)	Notes
East	~40-50	Predominant, especially winter; supports approaches from the east
West	~20-30	Secondary; useful for approaches from the west
Southeast	~15-20	Common in some seasons
Other	Variable	North departures beneficial due to descending terrain to the ocean

### Current Heliport and Flight Paths

The existing VGH heliport is an elevated facility with a Final Approach and Take-off Area (FATO) of 86 feet x 86 feet and a safety area of 115 feet

diameter, accommodating helicopters up to 18,000 lbs and 57.4 feet length. The heliport elevation is 71.63 m ASL. Primary flight paths are east-west, with northern departures leveraging terrain drop to the ocean. Obstructions are minimized through zoning, ensuring no structures penetrate the protected surfaces.

### Flight Path History

Over the years, local development has affected the VGH heliport and flight path.

- The original flight path extended from the west-northwest 289 degrees to the northeast 59 degrees – an arc of 130 degrees and declared at 16% slope (pre-2007 standards).

- Due to on-site hospital construction the flight path was narrowed to 320 degrees thru 058 degrees – resulting in an arc of 98 degrees. It was narrowed further to 339 degrees thru 058 degrees due to new construction at 988 West Broadway, leaving an arc of 79 degrees. Current CAR 325 heliport standards no longer assign a slope percentage for H1 flight paths.
- In 2020 a new survey was conducted to expand the flight path to its current arrangement, a large arc 230-degree arc from 260 degrees through 130 degrees. Due to existing buildings, not all the flight path is usable for all helicopters, but it now provides more options for arrivals and departures.

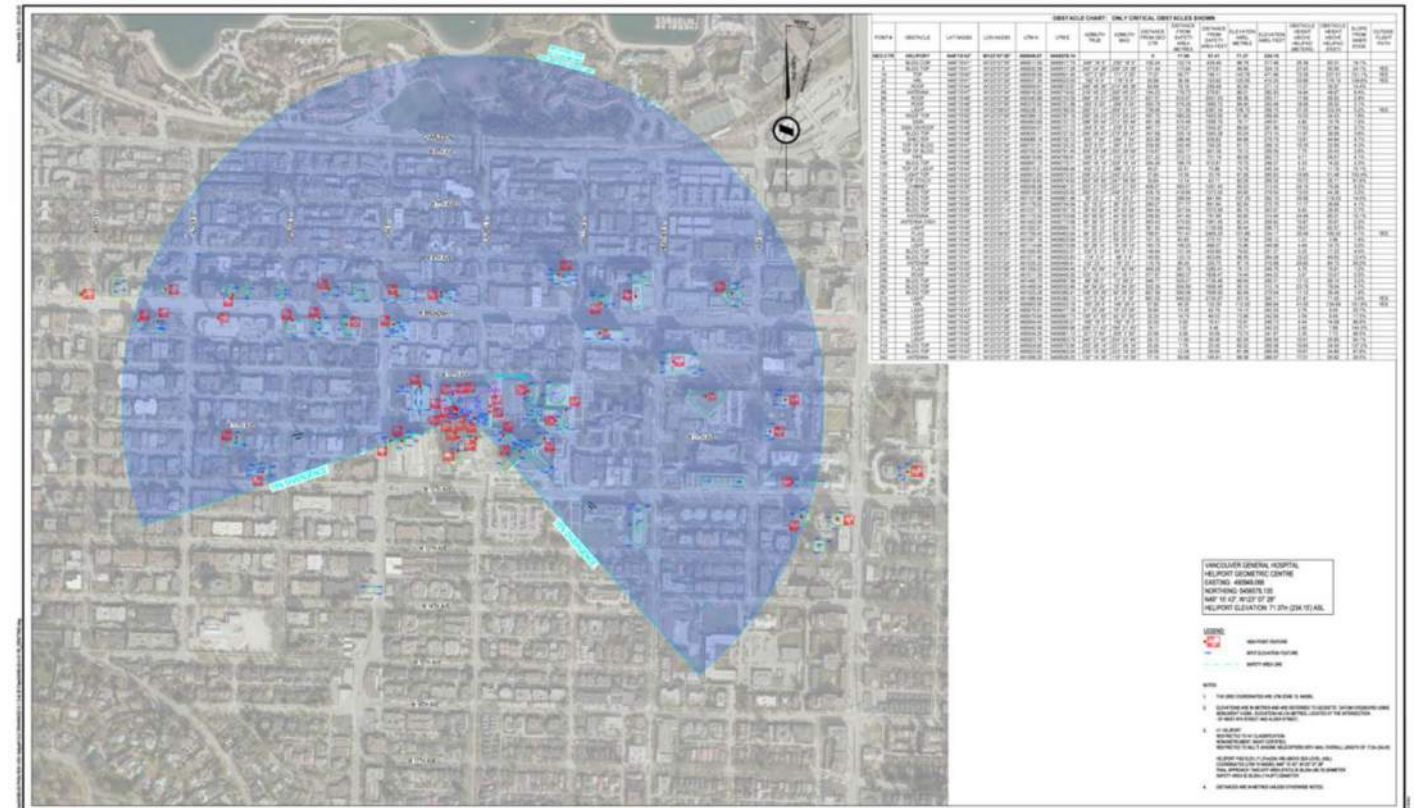


Figure 5-1 : VGH Flight path updated in 2020

## 5.2 Heliport

### Proposed Building 1

**Description:** Single tower, ~10 stories, 103.36 m ASL (~ 53-58 m above West 10th Avenue), east of current heliport. Includes clinical spaces, beds, and parking.

- Impact: Without a rooftop heliport on Phase 2, this height would obstruct existing operations, potentially closing the current facility. A heliport on the roof is the only option to mitigate.
- Flight Paths: With a new rooftop heliport, proposed east-west and northern paths remain viable, assuming no further obstructions

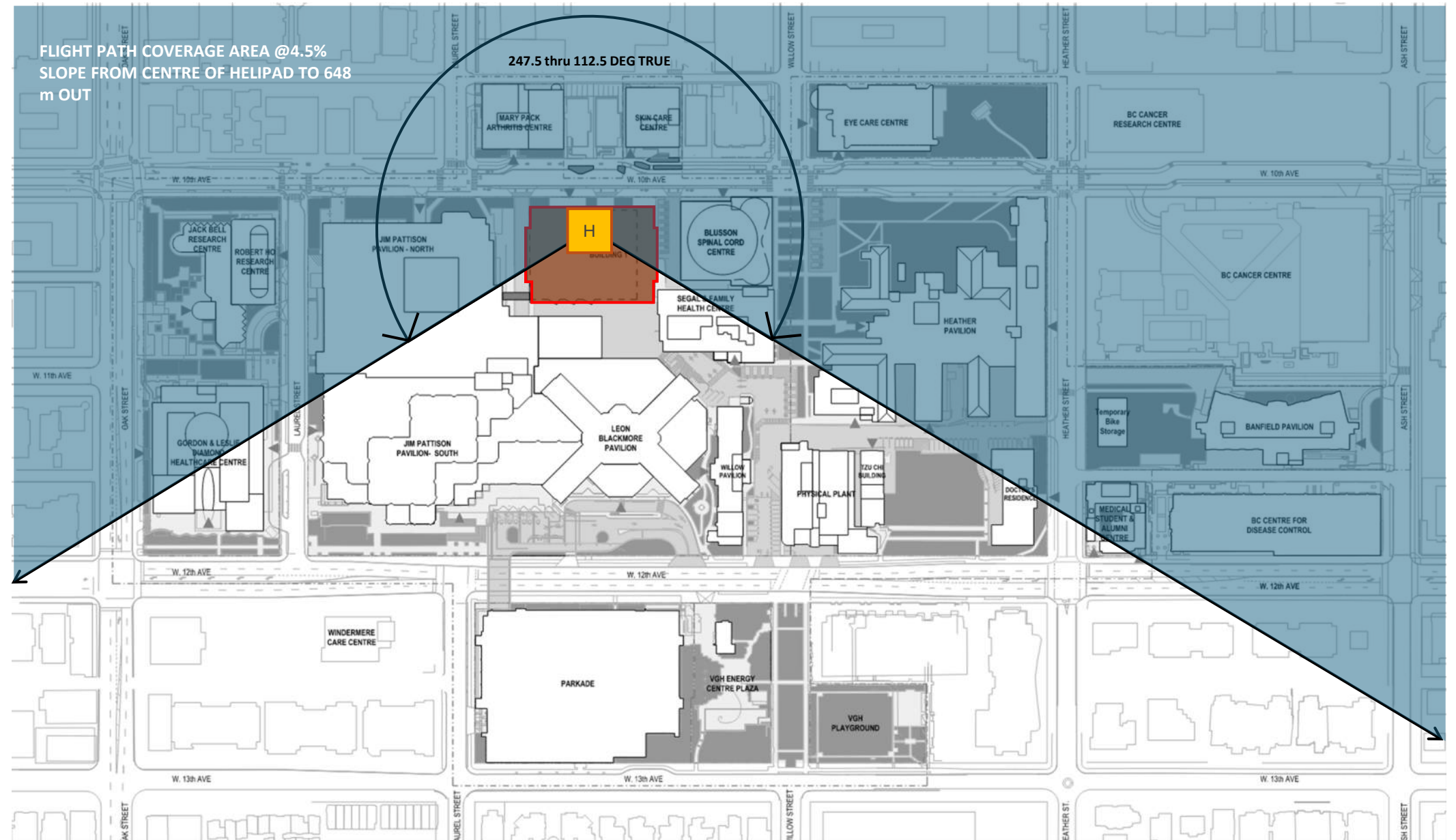


Figure 5-2 :  
Indicative Helipad and flight path for Building 1