Architectural Design Statement

New Campus Development for The Ottawa Hospital
Phase 4: Main Hospital Project
Ottawa, Ontario

January 12th, 2026
(Issued for SPC Resubmission)

Prepared by bbb architects ottawa inc.

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VERSION NUMBER AND DATE

Version 01, 2024/08/15
Version 02, 2025/01/08
Version 03, 2025/01/28
Version 04, 2025/06/05
Version 05, 2025/09/19
Version 06, 2026/01/12

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DISCLAIMERS & NOTES

1. The below narrative content considers the New Campus Development in its entirety. Elements identified within this narrative may not be within the scope of this project, including, but not limited to, the Central Utility Plant, Parkade, and future buildings. The Limit of Work Boundary for this project, as provided from CA, is identified in Site Plan Drawings A0-200, A0-220, A0-221 and A0-225, and is subject to change.
2. Renderings exhibit the expected overall quality of design related to architectural language, material usage, spatial design and landscape. Renderings are not indicative of all required elements, including, but not limited to, fencing, signage, passenger amenities, bird friendly design requirements, furniture etc.
3. Renderings show planting at maturing, not showing size at installation.

Attachment 11.0-2 Sun & Shadow Study

Sun & Shadow Study is provided as an attachment to address comments from the Authorities Having Jurisdiction.

1.0 EXECUTIVE SUMMARY

This Design Narrative is being prepared with respect to the requirements of the Project Agreement Schedule 10, Article 2.2(aaa)(i) and updated as per Schedule 10, Article 5.3 (a). The basis of this narrative is an evolution of the Design Brief document previously prepared by HDR with Parsons and GBA (New Campus Development for The Ottawa Hospital; Application for Site Plan Control and Federal Land Use Approval Hospital & Central Utility Plant Design Brief, dated April 14, 2023). This document, as an appendix to Section 1.3 of the above document as it relates to the main Hospital building (excluding the Central Utility Report), is also prepared as part of a comprehensive review and analysis of the "Conceptual Strategy" as a derivative and abstraction of the requirements and guidelines set out in the Project Agreement Schedule 15 Part 1.

Figure 1.0-1: New Campus Development for The Ottawa Hospital; Application for Site Plan Control and Federal Land Use Approval Hospital & Central Utility Plant Design Brief; HDR with Parsons and GBA

The evolution of the Conceptual Strategy for the Hospital is the topic of this Design Narrative. The Conceptual Strategy is driven by a number of key component parts, including, but not limited to:

- Overall Urban Design Strategy
- Major Circulation
- Landscape
- Appearance, legibility and presentation of the Hospital building
- Requirements of Schedule 10 Art. 2.2. (aaa)(i) and updated as per Schedule 10, Article 5.3 (a)

1.1 Contextual Overview

Portions excerpted from Design Brief for Reference Only with updates as required; "New Campus Development for The Ottawa Hospital; Application for Site Plan Control and Federal Land Use Approval Hospital & Central Utility Plant Design Brief, April 14, 2023, Parsons HDR GBA"

Phase 4 Hospital: The new Hospital building is an approximately 2.3 million square foot inpatient and ambulatory care facility, on 12.44 hectares of land, which requires access at multiple building levels around the perimeter of the building as shown in this Design Narrative and supporting design drawings and technical plans.

Site Context and Public Realm: The New Campus Development ("NCD") forms part of one of the most important re-urbanization areas of the city in recent years inclusive of the broader Transit-Oriented Development. The primary new public realm developments of the Phase 3 Central Utility Plant ("CUP"), and Phase 4 Hospital projects are a public entrance to the Hospital, a main entry plaza, healing garden, woodland walk around the Hospital and associated streetscapes of Roads A and B. Much of the edge treatments around this Hospital site are designed to be good neighbours with adjacent municipal and federal property, like the Dominion Observatory, Central Experimental Farm, scenic Prince of Wales Drive and Carling Avenue. In doing so, existing landscape will be retained along Prince of Wales Drive and augmented along the south lease boundaries along Maple and Birch Drives to cause the Hospital and CUP to be well integrated into the surrounding landscape.

1.2 Holistic Design Approach

The design for the entire campus requires a complete, universal and holistic approach to maintain a cohesive, intuitive and progressive design. Taking cues from the guidelines and requirements set out in PSOS Schedule 15 Article 1.1.5, Dev Co have created a Holistic Design Approach aimed to support the project vision, priorities and objectives while simultaneously respecting and integrating Indigenous values, heritage and site context. These objectives are applied throughout the design of the site, landscape, exterior architecture, interior design, wayfinding and artwork.

Efforts to harmonize the design thinking, inspiration and ideologies across multiple disciplines are kept at the heart of the design; a seed from which ideas grow. The motif of a growing piece of nature which is interdependent on its surroundings, its environment, its adjacency led to the concept of interconnectivity. This concept is carried from the micro to the macro in terms of the design of the complex; from the wider context of the building in its location in Ottawa right through to minute detailing of bespoke features. Just like the plant, the hospital as a facility and its functions are interconnected with one universal objective – to provide care and protection to its patrons through a truly integrated caring environment.

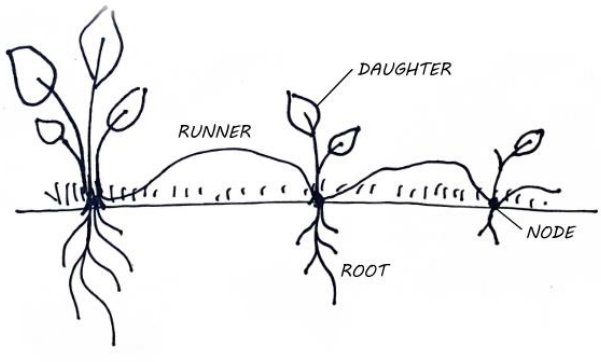


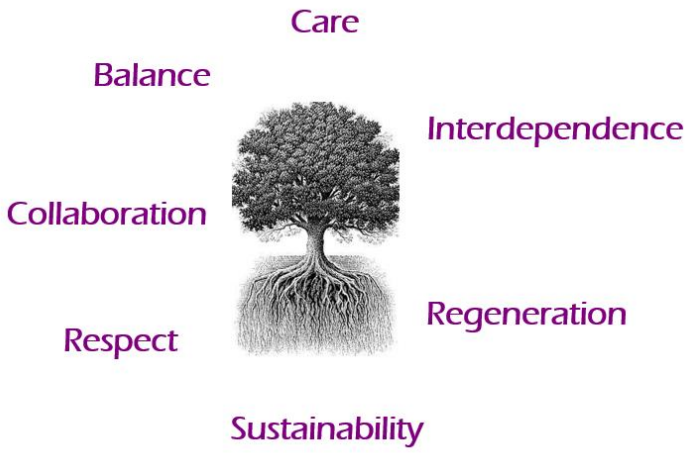
Figure 1.2-1: Holistic Design Approach

By translating the interconnectivity theme into healthcare design, the hospital could not only be a place of treatment but a community anchor that embodies the values of balance, care, and interdependence. This approach would create a healing environment that serves both physical and cultural needs, fostering well-being in all dimensions.

These principles are further developed in congruence with Indigenous principles, and applied throughout a number of key elements in the project, including:

- Landscape; to regenerate natural habitats
- Respect; to consider the long-term cycles for future generations
- Balance; to reinforce natural light cycles
- Sustainability, through a healing environment that honors the importance of water conservation
- Interdependence; by creating community spaces and cultural symbols
- Care; through craftsmanship and attention to detail at a human scale

Building on TOH's corporate Vision to provide each patient with world-class care, exceptional service and compassion, and closely linking the site's historical fabric, and present-day context, we believe the Interconnectivity, **Interdependence** design concept holistically lends itself to designing a hospital where healing is guided by principles of **collaboration, sustainability**, **respect**, and **regeneration**. By translating the interconnectivity theme into healthcare design, the hospital could not only be a place of treatment but a community anchor that embodies the values of **balance, care**, and **interdependence**. This approach would create a healing environment that serves both physical and cultural needs, fostering well-being in all dimensions.



2.0 DESIGN NARRATIVE INTRODUCTION AND OVERVIEW

Project Agreement Schedule 15 Art. 1.1.1.6: Corporate Vision
"To provide each patient with the world-class care, exceptional service, and compassion we would want for our loved ones."

From the exterior expression of the building to the community, to the entrance and experience of navigating through the Hospital's interior and exterior spaces, the building must demonstrate its primary mission…
…providing care.

The building should present itself as a place of care and healing, which can be depended upon to take care of its community:
The patients, visitors, caregivers and staff within.

This design narrative seeks to demonstrate how these primary objectives and visions are to be achieved through the design of the site and building of the New Campus Development for The Ottawa Hospital. Through meticulous, thoughtful and humanitarian principles, our commitment to providing a design which serves to enhance the level of care and service is intended to not only be successfully met, but surpassed.

Figure 2.0-1: New Campus Development for The Ottawa Hospital

3.0 HOSPITAL DESIGN NARRATIVE

3.1 Site Context Plan

The Project site is generally bounded by the curb lines of Carling Avenue to the north, Prince of Wales Drive to the east, Maple Drive to the west, and a new jogged boundary line partially along Birch Drive to the south. However, the contextual significance of the site is not defined by legal and property boundary lines. Rich in history, natural beauty and a myriad of uses, this site is a key node in the City of Ottawa. When considering the context, the range of neighbors is truly extensive; from the Central Experimental Farm's agrarian lands and associated research buildings, Dominium Arboretum, Dow's Lake, to sports facilities, residences, LRT stations, local parks and a bustling, ever-evolving artery in Little Italy. The Hospital Campus in its entirety should serve to enhance the context, from the local neighborhood to the wider community to which it serves.

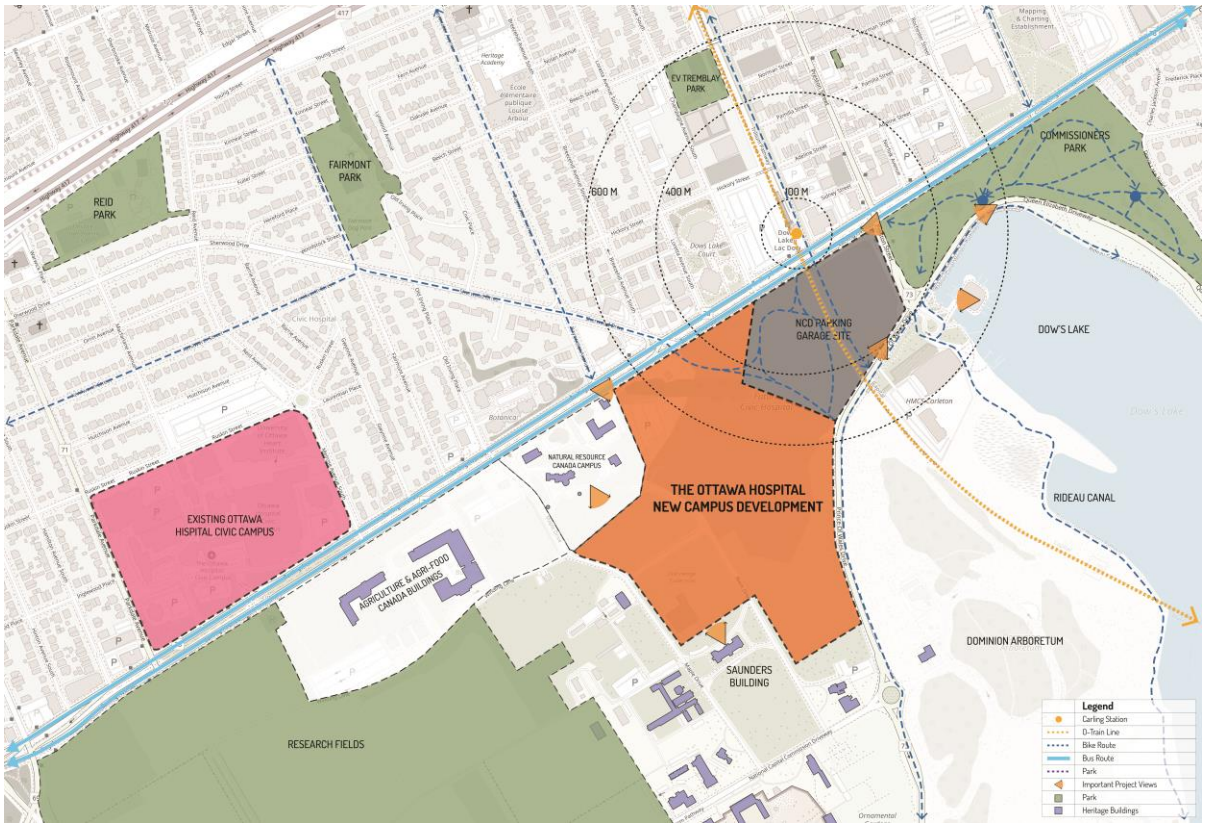


Figure 3.1-1: Site Context Plan

3.2 Major Project Components

The New Campus Development project comprises of a number of key components on the site. Note, a number of these are not within the scope of this project and are designated as such in the list below. However, throughout the course of the design process, these elements are still analyzed and taken into design consideration:

1. The Rooftop Park (N.I.C.)
2. Highline LRT Link and Parkade Structure (N.I.C.)
3. Hospital
4. Central Utility Plant (N.I.C.)
5. Future Research Tower (N.I.C.)
6. Future Development on Carling Avenue (N.I.C.)
7. Future University of Ottawa Heart Institute Building (N.I.C.)

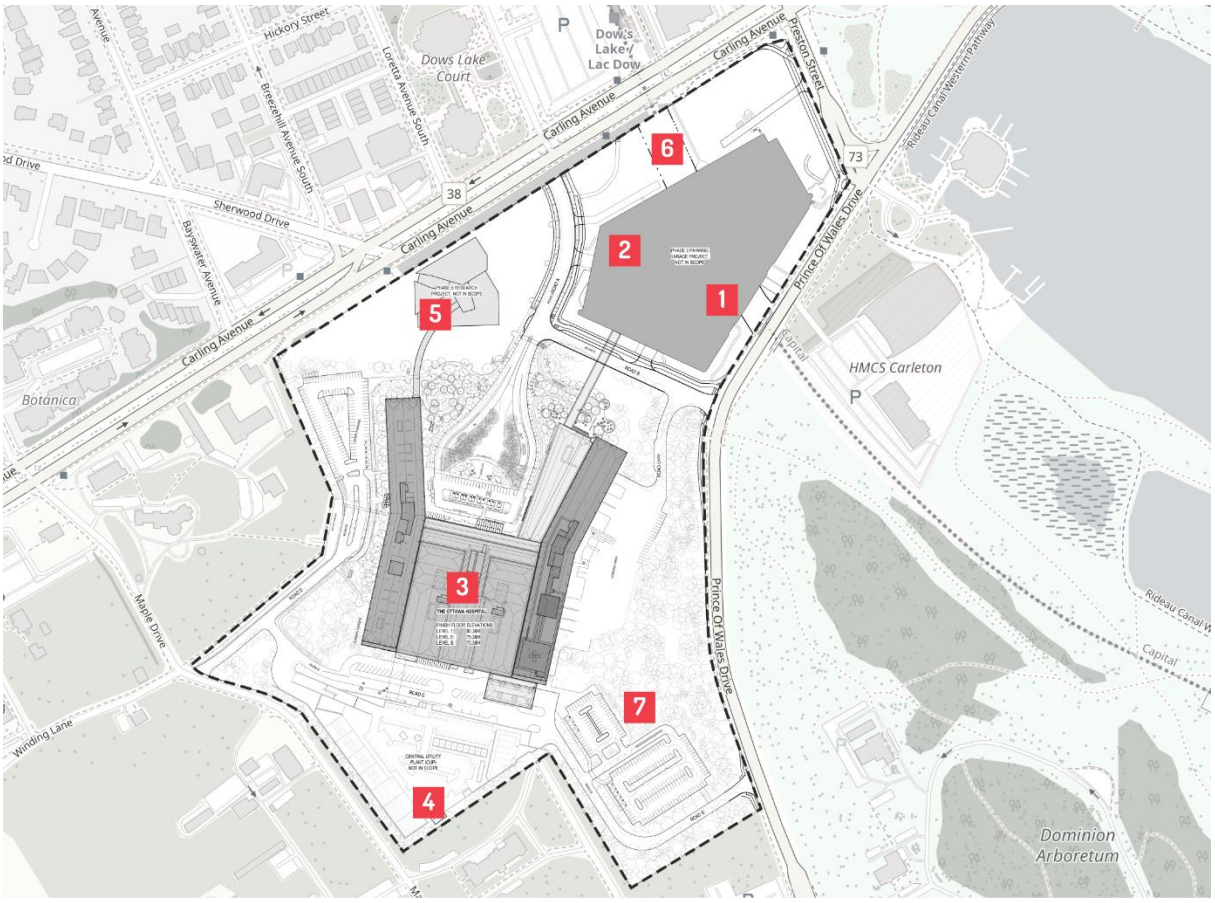


Figure 3.2-1: Site Plan

3.2.1 Hospital

The extensive program of the Hospital includes approximately 2.3 million square feet of program. To name but a few modalities of care, acute care, maternity facilities, operating theatres, specialist sciences, research, mental health and emergency services are intertwined with staff services, spiritual spaces, respite areas, food services and back-of-house programming. With a program as expansive as this, attention to detail and a comprehensive understanding of the needs of all users are fundamental to ensuring the design meets its future flagship facility ambition.

The siting of the Hospital Building on the site facilitates opportunities for it to react to its context as a reflection of its function, which is explored in greater detail in further sections of this narrative. As a brief overview, key features have been implemented into the current design, such as:

- Intuitive wayfinding and legibility of the design, particularly in areas such as the approach to the main entrance, to limit the reliance on signage
- Pedestrian routes which can achieve accessibility requirements while still meeting the goals and objectives of the site and landscape requirements
- A careful balance between visibility and screening to the neighbouring wider context

These principles were particularly important when considering the various entrances to the building. For each, the route to the entrance was carefully analyzed, in terms of users, function, location, approach, entrance, egress and traffic

segregation. Careful consideration was also given to movement routes – pedestrians, staff, vehicular travel, and emergency services routes. The main entrances of the hospital building are:

- Primary public entrance to the north, with an emergency level access on the storey below
- Emergency access at grade level at the south of the building principally used by ambulance services
- A western entrance predominantly used as a staff area, but with additional laybys for inter-campus staff transfers and public access for the nephrology department
- Entrances to the east are typically for staff and services, such as the morgue and loading docks

3.2.2 Future Development

There are several elements of future development which are taken into consideration throughout the evolution of the design for the hospital campus. Within the campus itself, elements such as the Research Tower and Future University of Ottawa Heart Institute ("UOHI") Tower were taken into consideration, particularly in terms of certain aspects of the site development, such as pedestrian movement and sightlines. Similarly, the UOHI site is considered in terms of the steep site grading in that location, and the location of the morgue access to the east of the site.

As well as future elements on the campus, the future expansion of the main Hospital building was also extensively analyzed, particularly as part of the massing and envelope studies. Where the intent for the future expansion is to increase the height of Tower A to match the number of storeys of Tower B, careful consideration was taken during this process to ensure key elements such as the overall mass, form and legibility would be maintained when this expansion occurs. Utilizing the façade systems aids this further as the fade pattern can be easily applied to additional floors above the current height of Tower A to seamlessly integrate the future expansion.

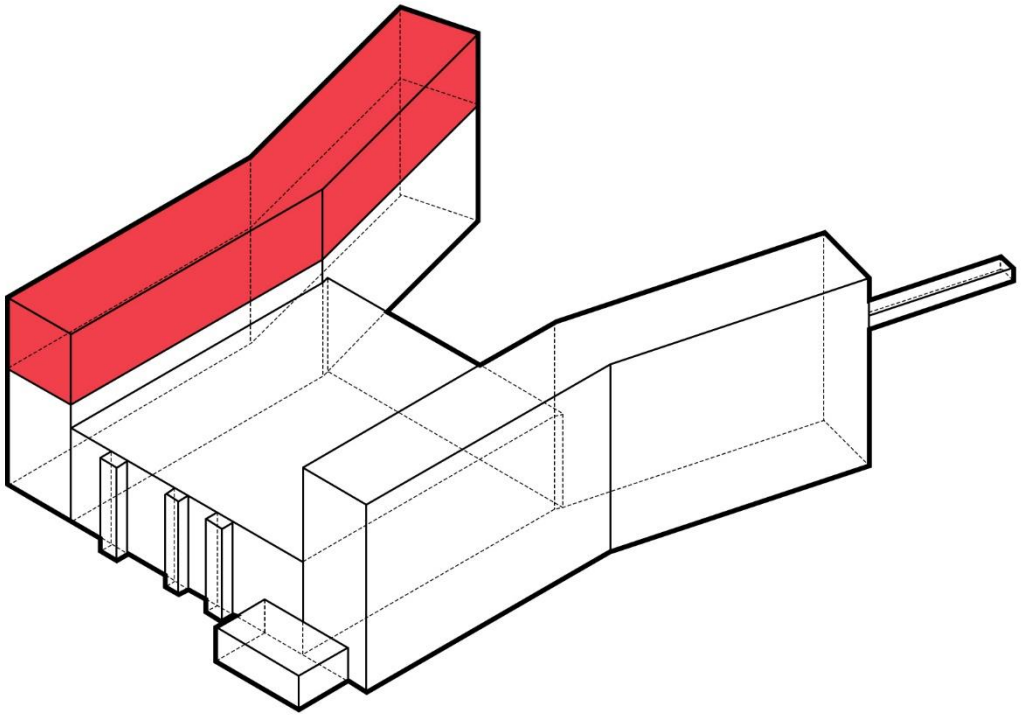


Figure 3.2.2-1: Future expansion to Tower A

3.2.3 The Rooftop Park, Highline LRT Link and Parkade Structure

Portions excerpted from Design Brief for Reference Only with updates as required; "New Campus Development for The Ottawa Hospital; Application for Site Plan Control and Federal Land Use Approval Hospital & Central Utility Plant Design Brief, April 14, 2023, Parsons HDR GBA"

The Rooftop Park, Highline LRT Link and Parkade Structure will connect directly to the Pavilion at the Hospital that includes corporate education, the auditorium and cafeteria / retail facilities via a pedestrian bridge over the ridgeline and through the trees; approximately 90 metres in length.

This pedestrian connection will then continue north and east through the Highline LRT Link over the green roof of the garage to make an important connection to the potential future Dow's Lake LRT station entrance on the Trillium Line on the south side of Carling Avenue. The Parkade fronts on Road A so that patients and visitors have clear wayfinding cues upon entering the Site from the primary public Site access point on Carling Avenue.

In addition, the Parkade will have vehicular and bicycle access from Road B and Prince of Wales Drive. A green roof is proposed for use by the public and will be accessible from Preston Street, Carling Avenue, the intersection of Roads A and B, Dow's Lake Station and the future Research Building and Hospital.

3.3 Site Components and Complexities

Within the works boundary, there are a number of nuances and complexities within the site; orientation, topography, place making, thematic gardens, vehicular and pedestrian movement – all of which require careful consideration.

Orientation of the site has been under careful consideration from a macro to a micro scale. On a macro level, the building and its key elements of orientation should be clearly legible – where the entrance is, where access is, direct line of sight. As we move to the micro scale, that concept is carried through to clearly defined elements for user movement, whereby a commonality of language is utilized to clearly identify routes, nodes, entrances and exits and key features without having to rely heavily on signage.

The topography on the site has a high level of variability, with elevations ranging from 63m to 86.5m at its highest and lowest point. Furthermore, careful consideration must be given to more specific areas within the site, such as the wooded ridgeline running diagonally from northwest to southeast on the site, or the elevation change at the main entrance approach road. Other areas of the site are relatively flat, offering opportunities to maximize the efficacy of certain landscape elements and parking areas, which ultimately provide additional benefits to patients and staff alike.

Place-making has been at the forefront of the development of the site. Throughout the development of the design, the importance of bringing humanity to the design has been a fundamental element of the design approach. The creation of spaces such as intimate gardens, respite areas, terraces, and seating areas, and how they are integrated into the site provides benefits beyond their function alone. Creating a sense of place – a welcoming, defining, ownership of these spaces – is intended to dispel the sense of the clinical and enhance the sense of healing, protection and wellbeing. This is particularly evident in the public realm, such as the main entrance landscape, the healing garden and dining terrace, but is an approach applied throughout the entire scheme.

To enhance the sense of place in the campus, a thematic approach to the landscape and gardens draws inspiration from, and gives homage to, the Central Experimental Farm and its rich history of its natural lands. Iconic elements of the Central Experimental Farm such as the Ornamental Gardens, Macoun Memorial Garden, Fletcher Wildlife Garden and Perennial Garden support the design ideas of the thematic gardens found in the landscape design – healing, serenity, naturalization and regeneration.

The manner in which the separation of vehicular and pedestrian movement is addressed varies across the site. In each circumstance, a careful analysis of the users and movement is considered, particularly as these functions carry variability within a 24-hour cycle. For example, Road E to the south is primarily a route for emergency services and access to the emergency department by ambulances, while also carrying crosswalks as part of a staff entrance strategy for the south. By contrast, to the north where the main public entrances to the hospital are located, key pedestrian features such as the terraces and healing gardens are separated from the main thoroughfares not just for safety, but to enhance these key spaces.

Movement through the site, both in terms of vehicles and pedestrians, is as much driven by functionality of the hospital as it is driven by the creation of amenity spaces within the landscape design. Separation of pedestrians and vehicles is a critical part of this exercise, for example on the south side of the site, where Road E is the primary emergency access route. On the north side of the site, pedestrians require an accessible route, meandering through forested areas, while vehicles can take a more direct approach. Road crossings are kept to a minimum, and are located in highly visible and logical locations for the safety of all visitors and staff.

3.3.1 Hospital Main Entrance and Approach Road

The main entrance to the Hospital lies at the end of the new Road A. The route of this thoroughfare crosses one of the steepest elevation changes of the site, where it forms an opening in the wooded ridgeline. Once past the junction with Road B, the approach road splits with one ramp rising to the main entrance and another descending to the emergency level.

What could be viewed as a challenging grading exercise has been revisited as an area of opportunity, particularly as the landscape plan has been developed. The need to extend pathway lengths to meet stringent but essential slopes for accessible paths has led to the ability for PWP to create a cascading, rolling parkland directly in front of the main entrance to the Hospital. This centrally featured overlook in front of the main entrance, creates an outdoor space that is a welcoming, soft meadow at a key focal point of the campus.

Figure 3.3.1-1: Hospital entry plaza

The approach road is flanked by two key elements of the overall landscape design. Starting with the east, the necessity to have an extended path to meet accessibility requirements for the slope of this path has been very much seen as an opportunity by PWP. This folding path slows down the movement of pedestrian traffic, and has in turn evolved into a series of terraces nestled amongst a forest of trees. These terraces give a truly vibrant campus feel, featuring circular seating areas, amenities for cyclists, and outdoor dining areas adjacent to the pavilion.

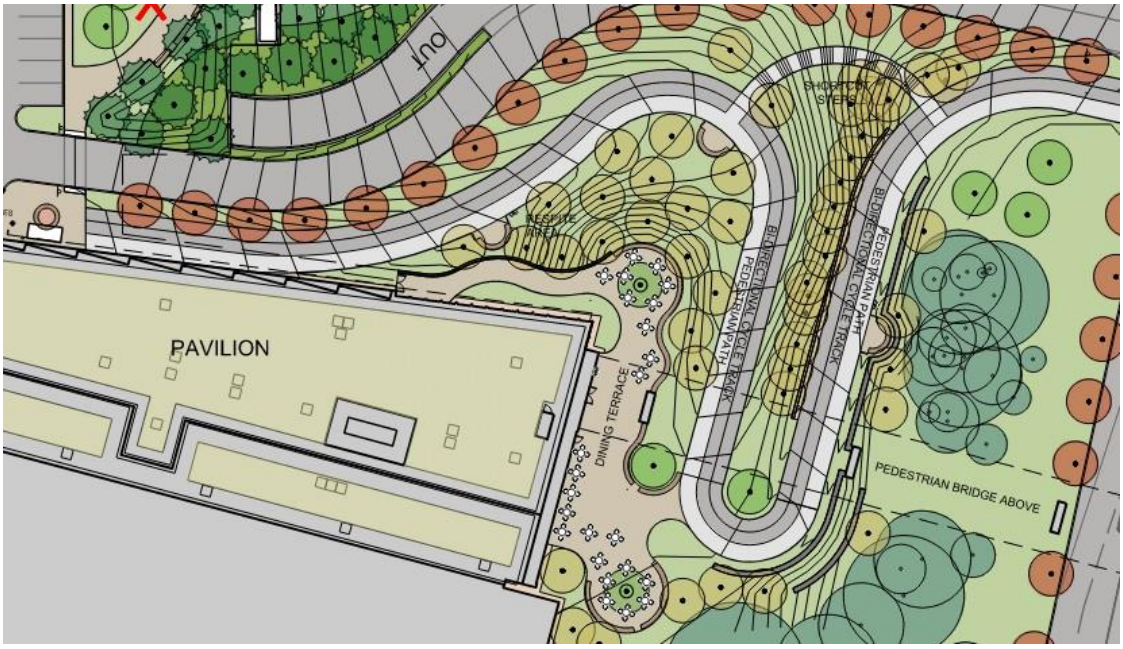


Figure 3.3.1-2: Terrace Path

To the west flank of the approach garden, the Indigenous healing garden is an important node of the overall campus landscape. Not only is it carefully designed to capture key Indigenous principles, but this crafted, natural, tactile garden is an idyllic moment of reflection, recovery and repose in the campus.

Figure 3.3.1-3: Healing Garden

3.3.2 Emergency Level Entrance

Beneath the main entrance plinth is located the main public emergency department parking and drop off. Traffic movement in this location was an extensive exercise. The two lanes of traffic adjacent to the main laybys, with the laybys themselves led to a complex sectional review of the structure. However, the benefit of the proposed solution is to mitigate intermediary structure in this zone – providing for a much clearer and safer traffic movement. Parallel to this, careful consideration was given to locate the pedestrian crossing in such a position that was not only convenient to the parking, but as central as possible to the main emergency entrance on this level.

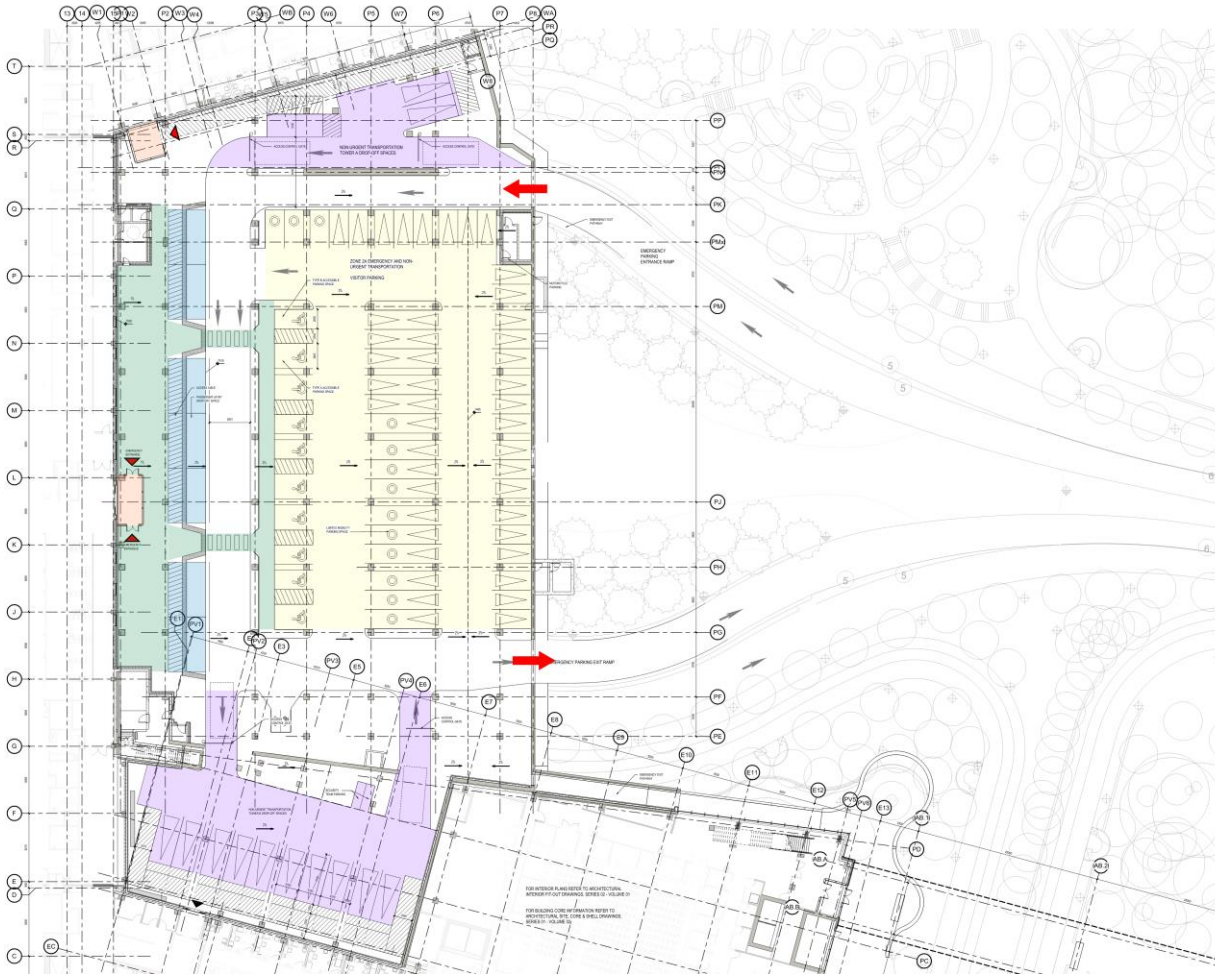


Figure 3.3.2-1: Main Emergency Parking Level

3.3.3 Site West

To the west of the site, there are a number of multi-modal convergences, particularly related to the functionality of one of the primary staff entrances on the west side of the hospital. The multi-use path ("MUP") along the west boundary of the site, connecting to Maple Drive serves as one of the main access points for staff pedestrians and cyclists, with the MUP leading to a covered bicycle parking structure. This leads to a crosswalk, directly linking to the west entrance of the hospital, also adjacent to a stretch of laybys that not only serve staff members, but critically serve two ParaTranspo laybys – particularly of use for patients of the nephrology department. When considering the design for this location, priority of the laybys is given to the ParaTranspo users, to limit their travel distance to the west entrance.

Figure 3.3.3-1: Site West

3.3.4 Site South

The south of the site carries the primary function of emergency services access, providing the main access routes for fire and ambulance services, and staff access to both the south and west entrances. In analyzing the overlap of these functions, particular attention is given to Road E. Detailed analysis with WSP Civil and Transportation was carried out to ensure the necessary turning circles of the ambulances were maintained without affecting the safe operation of the crosswalk serving the staff parking that is below the level of the adjacent Central Experimental Farm ("CEF").

Figure 3.3.4-1: Site South

3.4 Landscape Plan

Note: Renderings show planting areas only, for information on specific plantings, refer to the landscape drawings. Renderings show planting at maturity, not showing size at installation.

Accessibility is an essential principle when designing a hospital. The revised design of the hospital entrance sequence connects the urban context at Carling Avenue and Prince of Wales Drive with the most conservative interpretation of current code and accessibility standards, while creating distinctive and memorable experiences for vehicles, pedestrians and bicyclists making their journey through the Hospital Campus.

The accessible walks and bicycle paths are all designed at slopes that are under 5% with respite areas along the way. The pathway from Carling Avenue is significantly expanded in length, requiring a more meandering journey through the landscape approach to the front entrance of the hospital. The entrance sequence is a naturalistic landscape experience that has its roots built on the regenerative Indigenous forest concepts. Whether arrival is by vehicle, on a bicycle or on foot, the experience is immersed in a calming naturalistic landscape, which makes instinctive wayfinding a priority by opening views towards the entrance and the underground emergency level, reassuring patients as they enter a place of healing and care.

Figure 3.4-1: Hospital landscape entrance sequence

The revised design reconsiders the ISD architecture of the emergency garage as the primary view, instead replacing it with a naturalistic ceremonial landscape entrance sequence. The emergency garage is fully underground with a sweeping landscape that rises and frames the hospital entrance, while providing very clear direction to the emergency level below.

Figure 3.4-2: Hospital approach road

The vehicular roadways, and pathways are within the naturalistic park landscape which is structured with specific tree species. Road A is flanked with stately shade trees forming the structure that leads you from Carling Avenue to the front door. The center landscape is an open lawn space, flanked by two stately groves of evergreen trees which are pruned high to allow filtered views through the trunks. A rich layered understorey grows in height towards the emergency entrance and exit ramps softening and screening their length. In the distance, the hospital entrance is clearly defined by a line of columnar deciduous trees and flagpoles, working in concert with the architectural façade and signage to encourage instinctive wayfinding.

Figure 3.4-3: Hospital Arrival Plaza

Beyond the Road A shade tree line is a regenerative forest planting that ties back into the existing and mature forest cover surrounding the hospital. Within the regenerative forest are two important landscape amenities: The Healing Garden on the west side, and The Hospital Dining Terrace on the east side. Each of these important landscape places has a distinctive tree planting that punctuates the journey up the slope. At The Healing Garden an opening in the forest is planted with birch trees that capture the distinctive sunlight, and The Dining Terrace is flanked with understorey trees allowing dappled light through their canopy to the terrace below. These two distinct landscape spaces are integrated along the pedestrian and bicycle journey, and moderate the extended accessible distance required to reach the hospital doors.

Both east and west paths along Road A meander to Main Entry Plaza, which is at a highpoint on the site, with The Overlook and its great prospect looking back north towards the city and the wooded ridgeline. The plaza is formed as a simple 2% flat plane and is made of modest concrete materials with special finishes. What is important to this large, paved arrival space is its green Overlook prospect, flanked with large deciduous canopy trees and an arc of multi-purpose lawn, as well as a stately row of deciduous columnar trees that mark the arrival drop off zone separating it from the short-term parking lot.

The columnar trees divide the two outdoor rooms, which can be seen from as far away as Road B, enhancing the natural wayfinding experience. Moving around the line of columnar trees, visitors are presented with the different drop off functions for busses, para-transport vehicles, taxis and private vehicles, as well as pedestrians and bicycles. The short-term parking and The Overlook lawn complete the journey looking back out to Carling Avenue.

Figure 3.4-4: The Overlook at the North Entrance

The Overlook is intended to be a beautiful landscape at the top of the hill, designed for casual use, as well as accommodating small to large hospital social gathering events, which will activate flexible outdoor community functions. Three flag poles are located at the parking lot edge which beautifully enhance the view in each direction, and fixed benches align with the views along the arc pathway defining the northern edge of the flat lawn space.

Figure 3.4-5: The Overlook at the North Entrance

Figure 3.4-6: The Overlook at the North Entrance

The pedestrian pathways wrap around the existing ridgeline trees at the east and west of Road A leading away from Road A, and are required to achieve an accessible pathway to the hospital entrance. The required program for The Healing Garden and The Dining Terrace presses the pathways very close to the existing ridgeline trees. A range of retaining wall heights from one to two metre tall are required parallel to the pathway to protect the existing forest. Retaining walls have been designed offset from the edge of the path by approximately 1500mm, allowing room to plant shrubs between the path and walls, limiting their impact on the pedestrian experience. The Dining Terrace to the east is proposed to allow for casual lunchtime dining adjacent to the wooded ridgeline, and is connected by internal elevators and stairs to the cafeteria one level above. Fixed benches made of metal frames topped with thermally modified pine or cedar, with back rests and arm rests as required form the curved edge of the terrace. Café-style table and chairs are proposed to provide more seating opportunities throughout the terrace.

Figure 3.4-7: The Dining Terrace

Figure 3.4-8: The Dining Terrace

The Healing Garden on the west side has been designed as a level circular terrace. Within the Indigenous forest, the Healing Garden is defined by a perimeter of dry-stacked stone from the earth, proposed to be below eye level at 1.2 metres height. Inside the boundaries of the stone ring is a garden defined by the four cardinal entrance points, with the main accessible entrance to the east, planted with native river and paper birch, with garden beds made with indigenous medicinal plants. At its center is a smaller circular place defined by stone benches that will accommodate Indigenous gatherings.

Figure 3.4-9: The Healing Garden

Figure 3.4-10: The Healing Garden

3.5 Circulation Plans

Due to the complexity of the programming requirements of the overall project, circulation throughout the site requires important consideration. Intuitive flow and movement, as well as safety for both the public and staff of the hospital are defining principles for circulation throughout the site. A clear delineation between certain modes of transport is implemented throughout the site that go beyond a simple division of pedestrian and vehicular traffic. For example, the way in which the approach road is analysed is very different to strategies applied to the segregation of pedestrians and vehicles at the primary emergency services routes to the south of the site. Accordingly, a number of diagrams were prepared to clearly demonstrate routes of circulation throughout the site.

3.5.1 Pedestrian Circulation

While pedestrian circulation occurs ubiquitously throughout the site, the users of certain routes vary. The primary public entrance to the north of the site, accessed from both Carling Avenue [1] and Prince of Wales [2], offers accessible routes to the main entrance of the Hospital along a series of conjoined terraces and gardens which serve to offer a calming, welcoming approach to the Hospital. These routes also contain momentary respite areas for areas to pause, take a break, and have a moment of calm in the comforting landscape environment.

The sidewalk connecting Prince of Wales to the Saunders Building parking lot as part of Project Co. scope for construction was added in PSOS v1.6 1.3.2.6.1.1.d. and 1.3.2.7.1.24. This sidewalk is included in 95DD but may require additional coordination for future submissions.

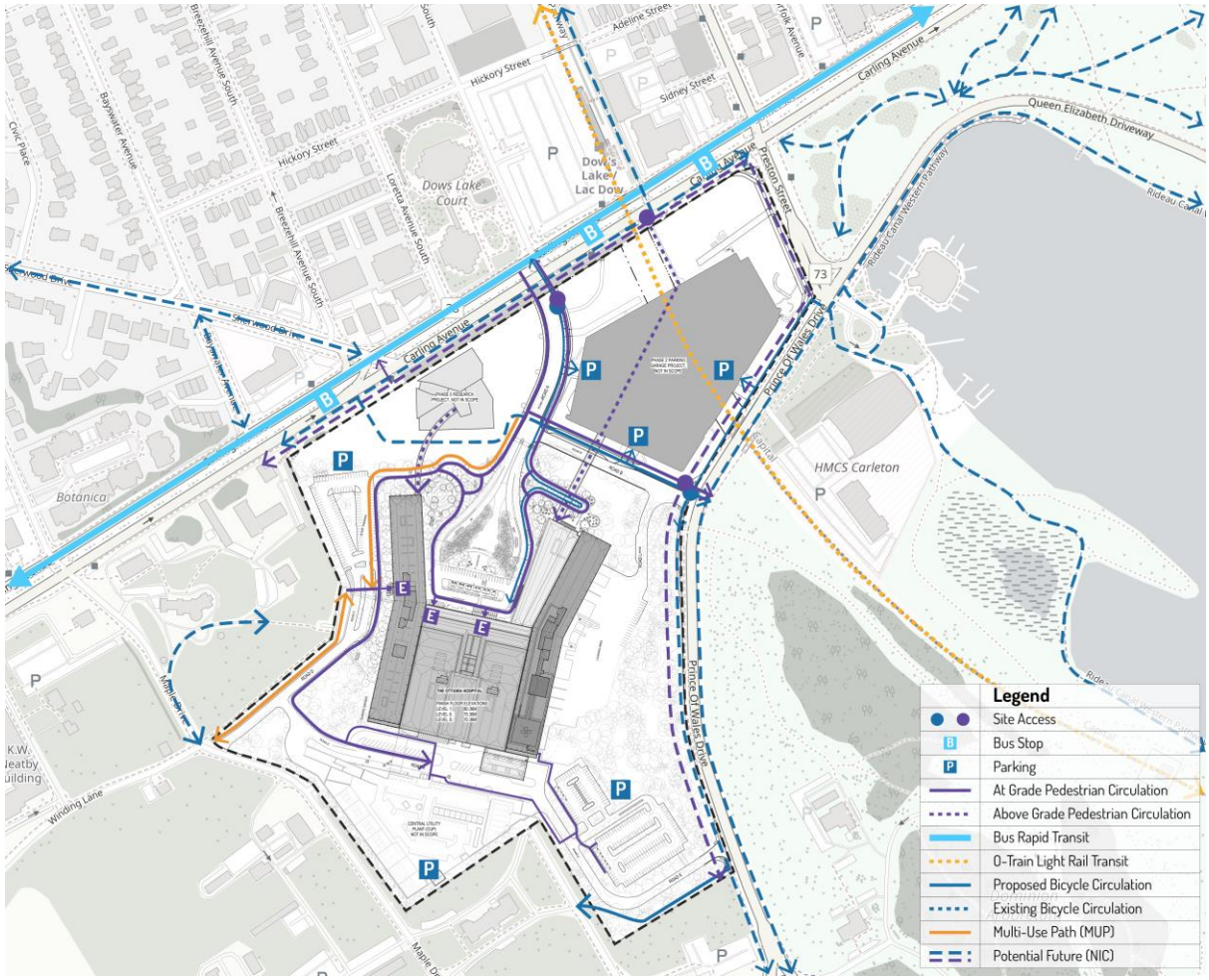


Figure 3.5.1-1: Primary Circulation Routes

3.5.2 Staff Circulation

To the south and west of the site, an MUP provides entrance to the site from Maple Drive [1]. From this entrance, there are circulation routes connecting to the west [2], south [3] and east [4] entrances of the Hospital, as well as staff parking lots to the west [5], south (CUP) [6], and south-east [7] of the site. For staff routes, particular care and attention is given to the south of the site, where there are a number of crossover points between pedestrian access and ambulance operations. In these cases, crossing points were located in such a way as to maximise safety. For example, at the south, the crosswalk is directly aligned with both the south entrance, and the elevator/stairs for the CUP staff parking. Additionally, this crosswalk is at the approximate midpoint of Road E, offering maximum visibility for ambulance operators. Similarly, at the staff parking to the southeast of the site, the crosswalk is centrally located along the straight to again provide maximum visibility to ambulance operators. To the west of the site, the staff laybys and parking is located outside of the ambulance route, and is partially shared with a fire route which is expected to have minimal emergency traffic.

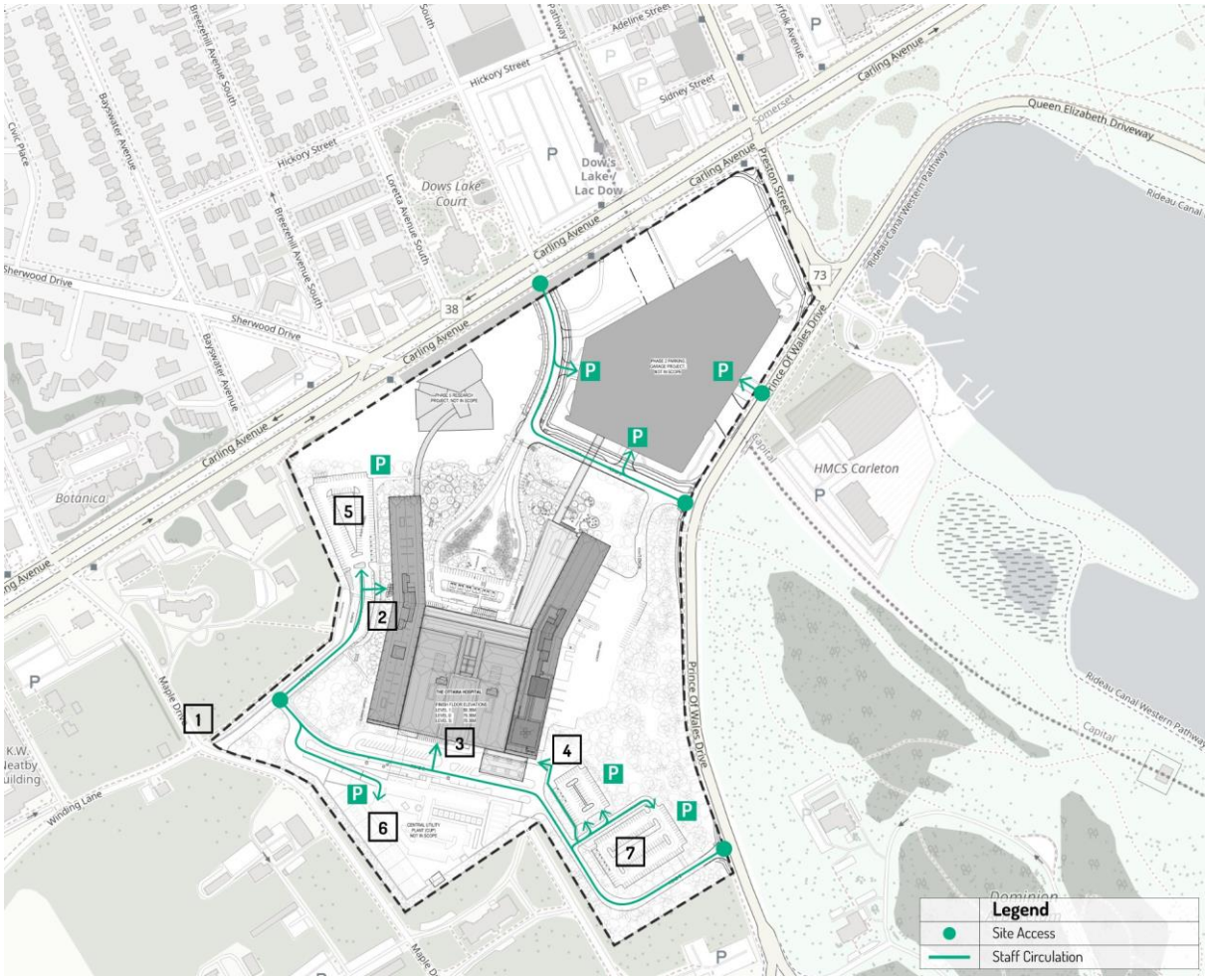


Figure 3.5.2-1: Staff Circulation Routes

3.5.3 Public Vehicular Access

Public vehicular access is served from a north access point off Carling Avenue [1], and to the east off Prince of Wales Drive [2]. These routes both adjoin to direct drivers to the main approach road at the north of the Hospital building. On approach, the road splits; with one route ascending to the main Hospital entrance, and the second route descending to the main public entrance to the Emergency department. In both instances, careful analysis with WSP Civil and Transportation was carried out to ensure roadways have sufficient length and width to facilitate enough time for drivers to make decisions as to which route they need to take. In addition, both of these locations have a number of laybys for passengers, taxis and ParaTranspo vehicles, allowing for easy access to all users.

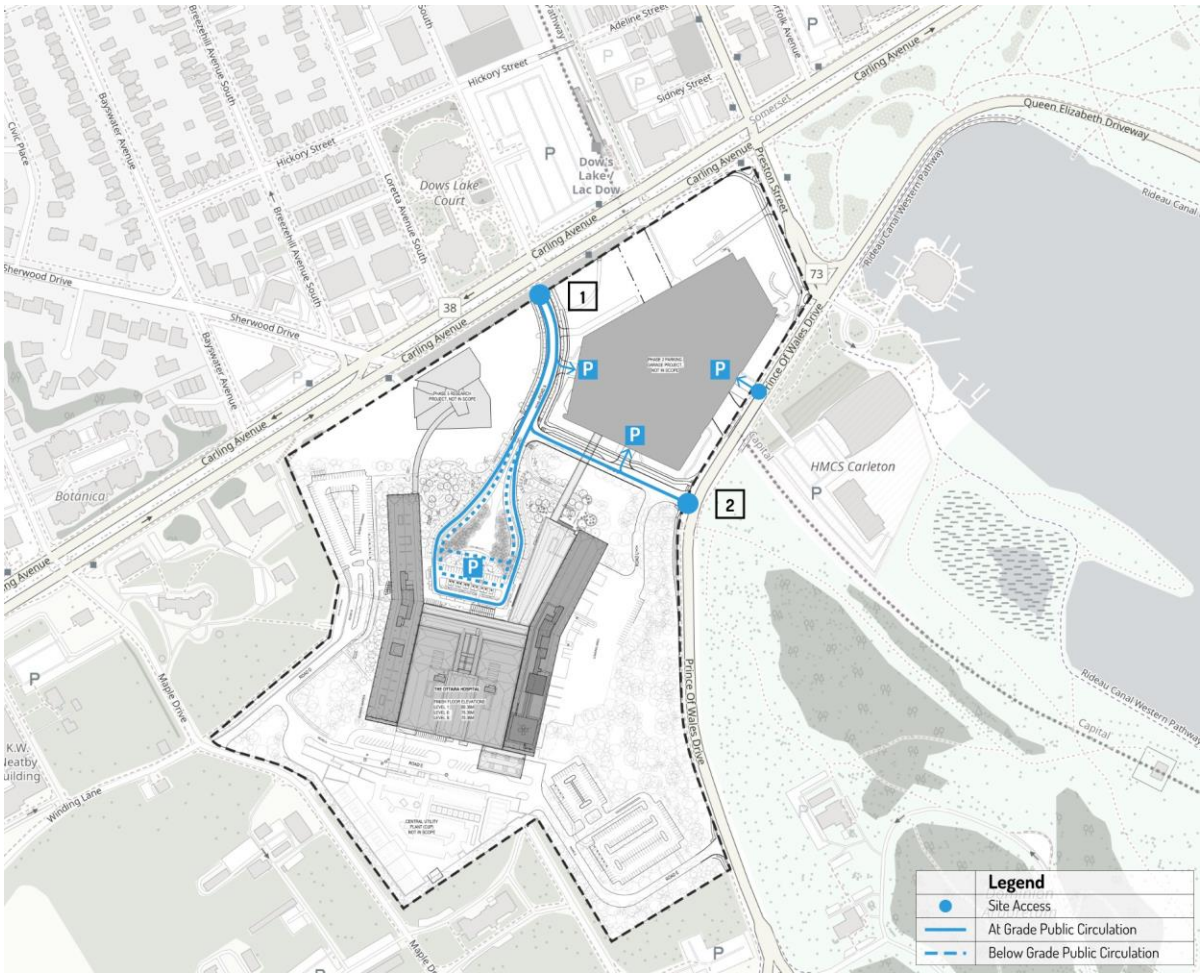


Figure 3.5.3-1: Public Vehicular Access

3.5.4 Bicycle Circulation

The strategy of separating routes for staff and public circulation is again deployed for bicycle circulation in order to provide both safe and efficient movement, but also to maintain an intuitively legible approach to identifying routes for visitors.

Similar to pedestrian foot traffic, primary bicycle routes are divided between public and staff routes. The main public routes are directed to the north [1] and share adjacency to the primary pedestrian routes to maintain continuity with the strategies of safe, intuitive access. The primary staff bicycle route is accessed through an MUP to the southwest of the site off Maple Drive [2], where it directs staff to a main bicycle storage beside the west entrance to the Hospital [3], adjacent to one of the main staff parking lots. For staff accessing the site from the east, bike parking is provided in the parking garage [4].

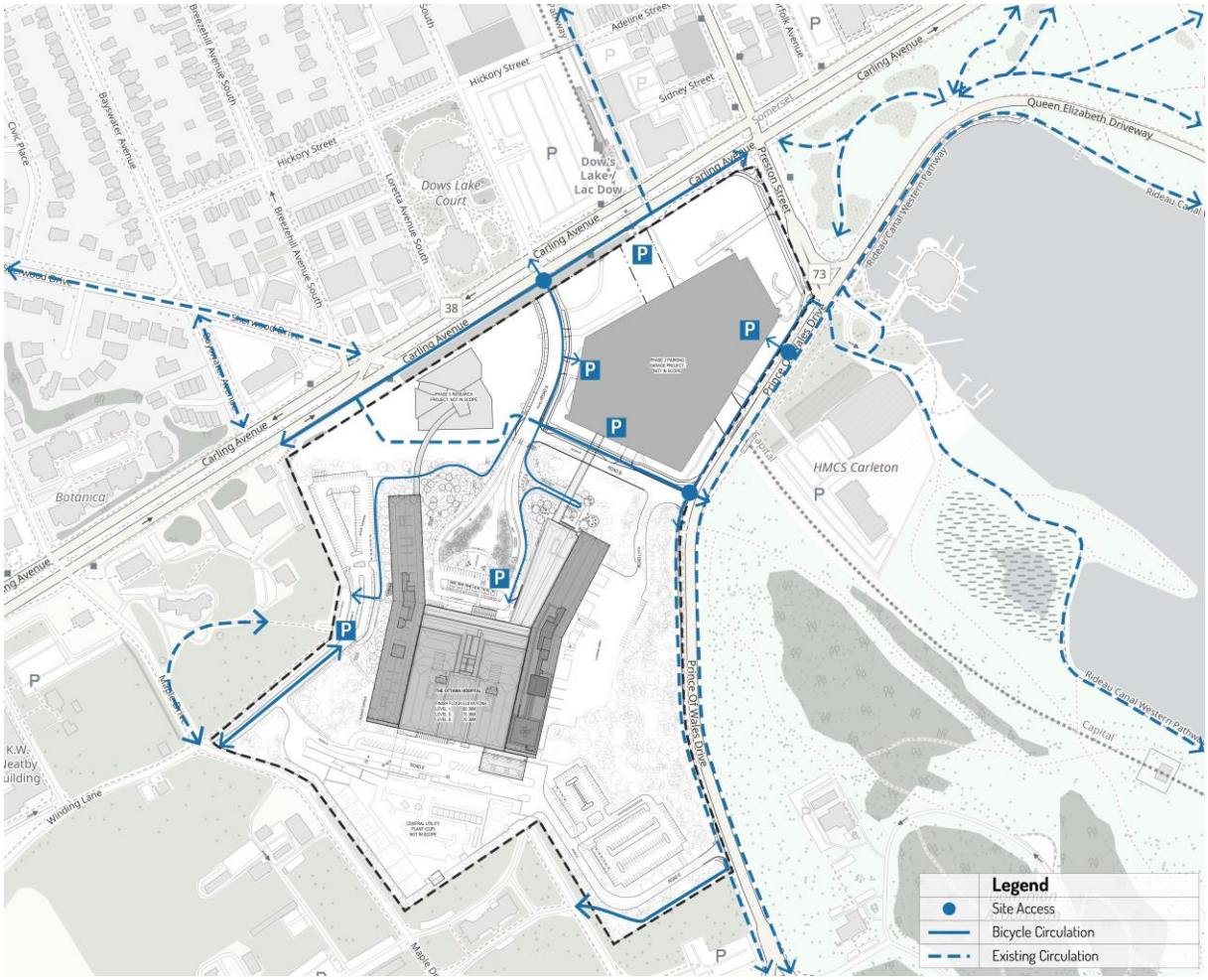


Figure 3.5.4-1: Bicycle Circulation

The bike parking being located on the west of Road D not only provides a logical termination to the MUP, but serves to further enhance the pedestrian scale of the plaza entrance at the West Entrance to the hospital building.
At the main entrance, bike parking is located on the east side of the main plaza. This provides a safe location which benefits from some partial sheltering from the pavilion canopy above.

PSOS v1.6, Art. 1.3.2.6.1.1 identifies the future sidewalk "connecting Prince of Wales Drive to the Saunders Building parking lot" is to be included in the works for 95DD.

3.5.5 Emergency Services Circulation

Access and circulation for Emergency Services (Fire and Ambulance) are provided away from the primary public routes to maintain a high level of public safety. The primary access for these services is from the southwest of the site, off Maple Drive **[1]**, whereby Ambulances will proceed along Road E to the Ambulance Garage **[2]** providing passenger offload into the Hospital Emergency Department.

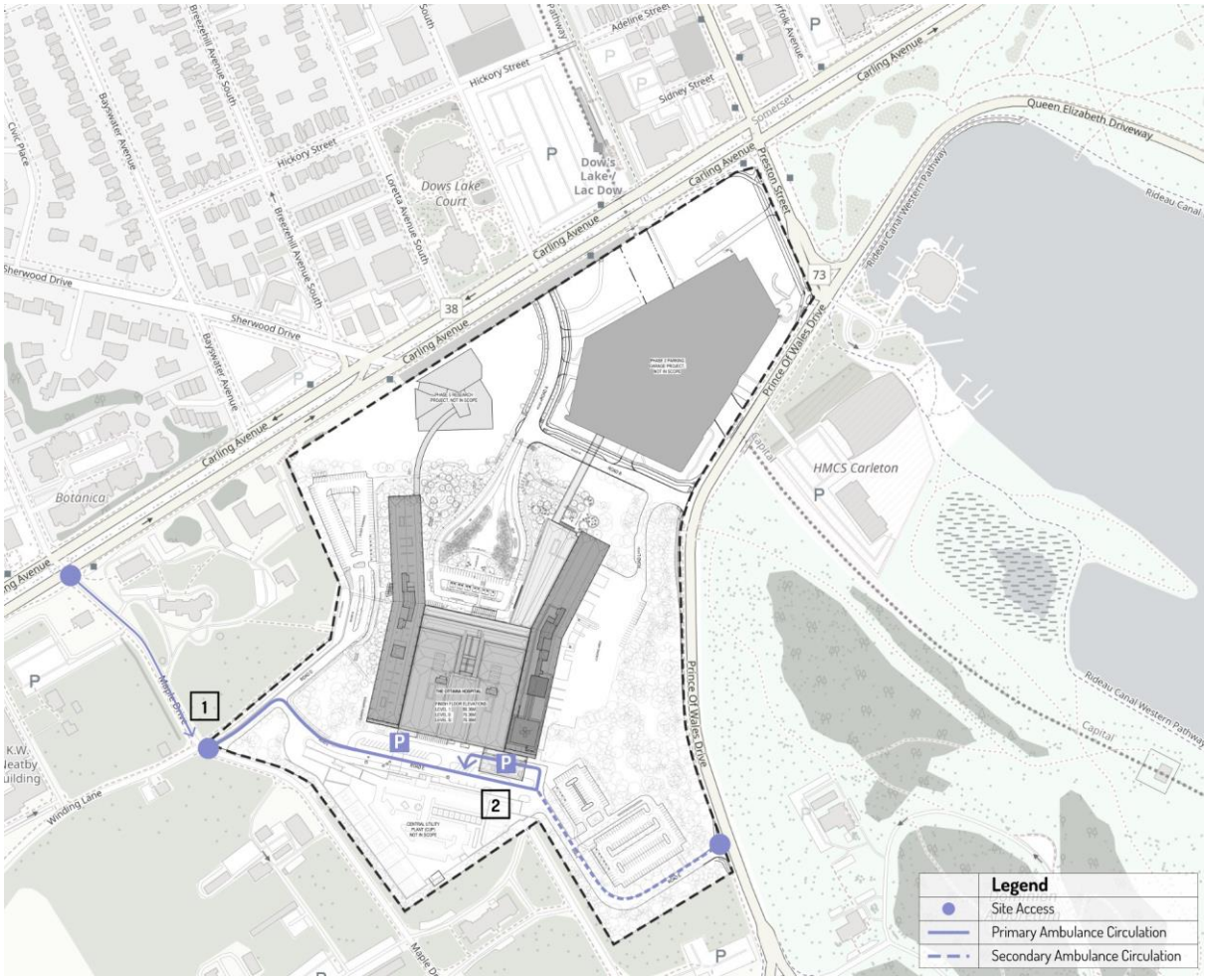


Figure 3.5.5-1: Ambulance/Emergency Access and Circulation

For Fire services, they also would use the entrance at Maple Drive [1] as a primary access point, although their route is along Road D to the Central Alarm Control Facility ("CACF") room on the west of the building [2]. An additional fire route is located along Road L to the east of the site [3], providing necessary access to fire connections on the east of the Hospital. For both Fire and Ambulance services, a secondary access route is available to the southeast of the site off Prince of Wales Drive [4].

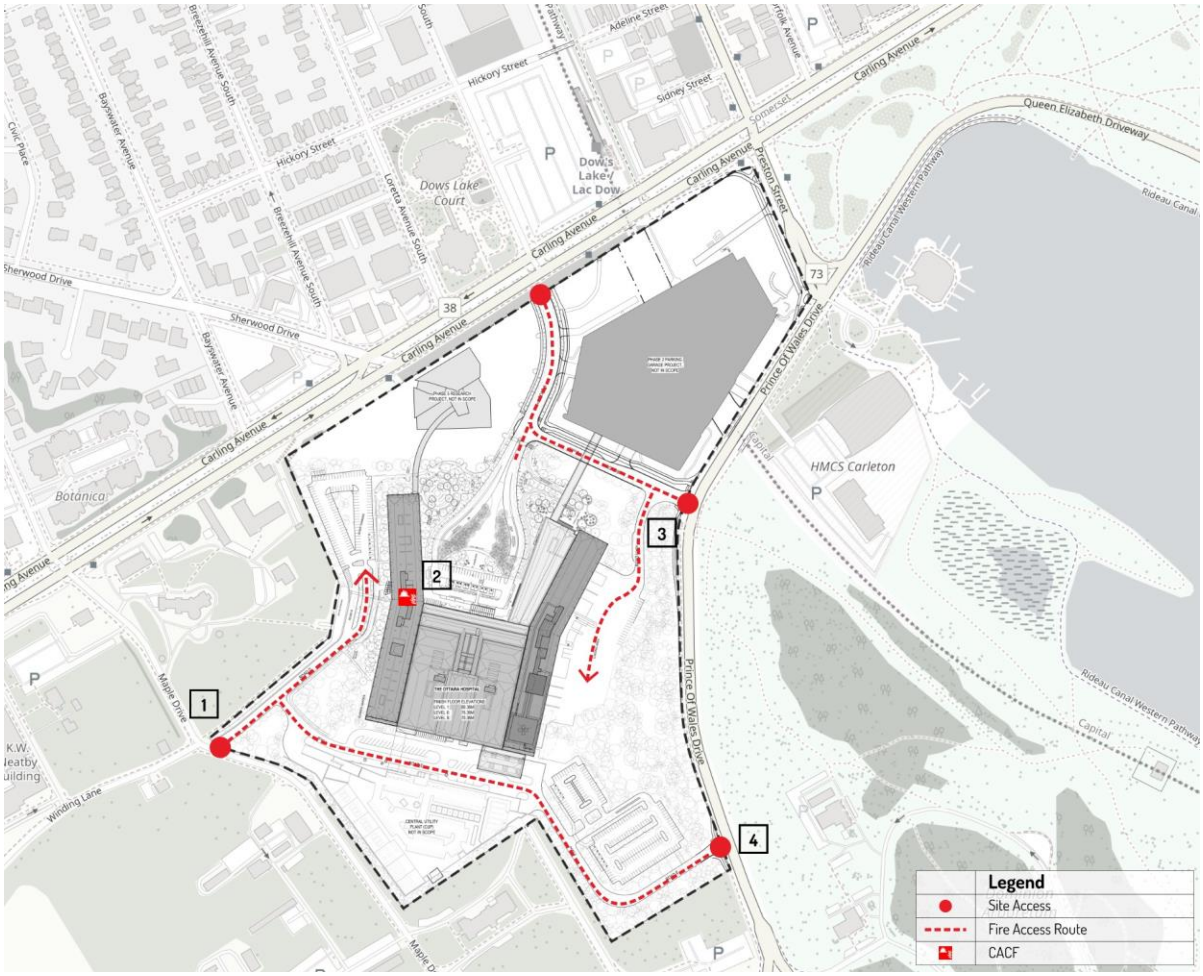


Figure 3.5.5-2: Fire Services Access and Circulation

3.5.6 Service Access

There are two main locations on the site where service vehicles will access the Hospital. Road B, from Prince of Wales Drive [1], is the main access to the loading dock area on the east of the Hospital [2]. This access is not only used for vehicles to access the servicing and loading docks, but also for access to the morgue by vehicles such as hearses or specialised vans used by groups such as forensics.

Further south on Prince of Wales Drive, at the southeastern extremity [3] of the site is an additional access for vehicles occasionally servicing the CUP. It is anticipated that approximately once per month service vehicles will deliver fuel to the CUP. In addition, it is anticipated that approximately once every five years, larger vehicles will access this area to service larger equipment at the CUP.

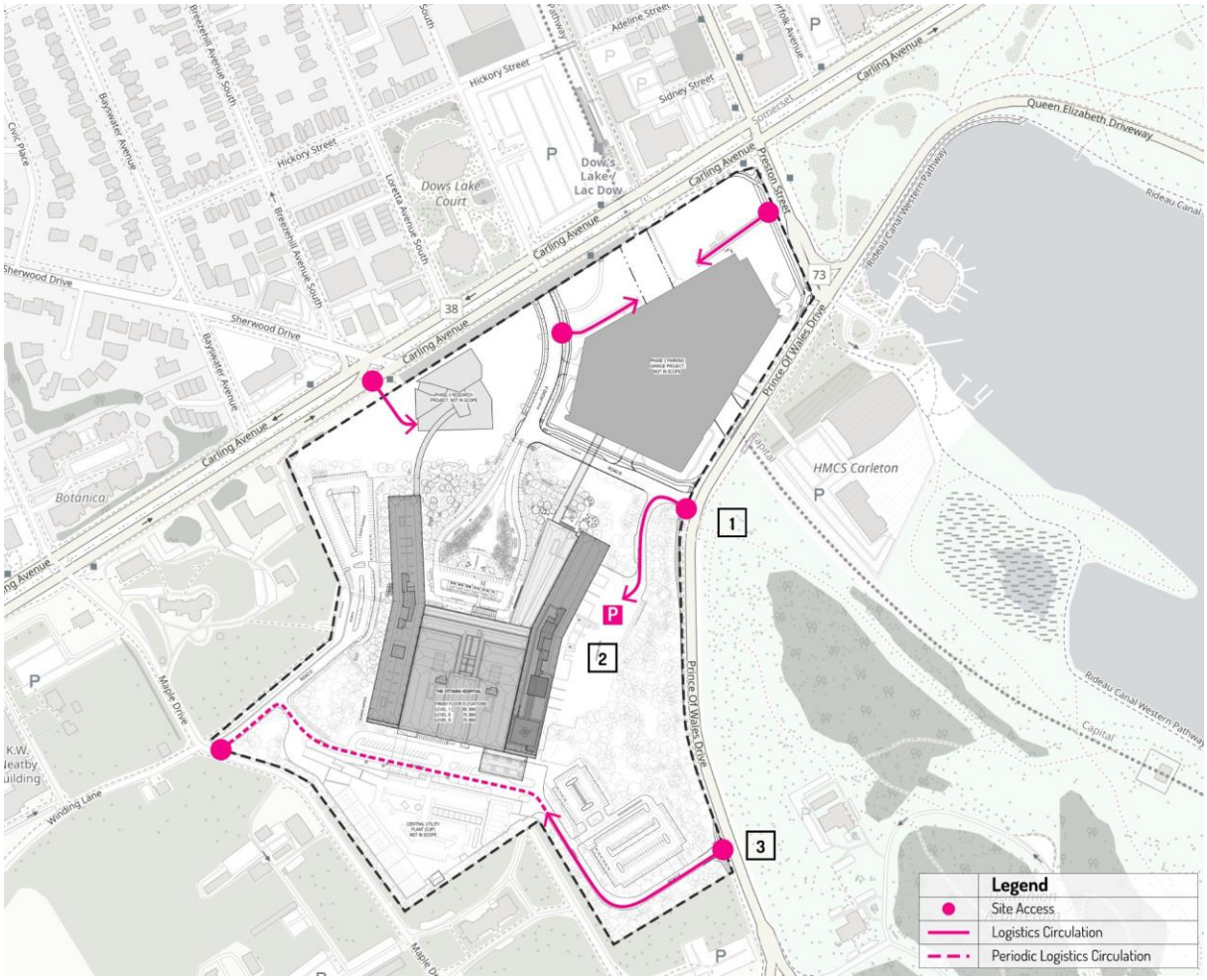


Figure 3.5.6-1: Service and Logistics Access

3.5.7 Parking Areas

Parking areas on the site are carefully and strategically segregated between staff and public parking lots. This is applicable to both vehicular and bicycle parking. This strategy is typically divided in such a way that the public parking is concentrated to the north of the site; the parkade, main entrance and emergency department parking. With no crossover vehicle routes, the staff parking is concentrated to the south and west of the site.

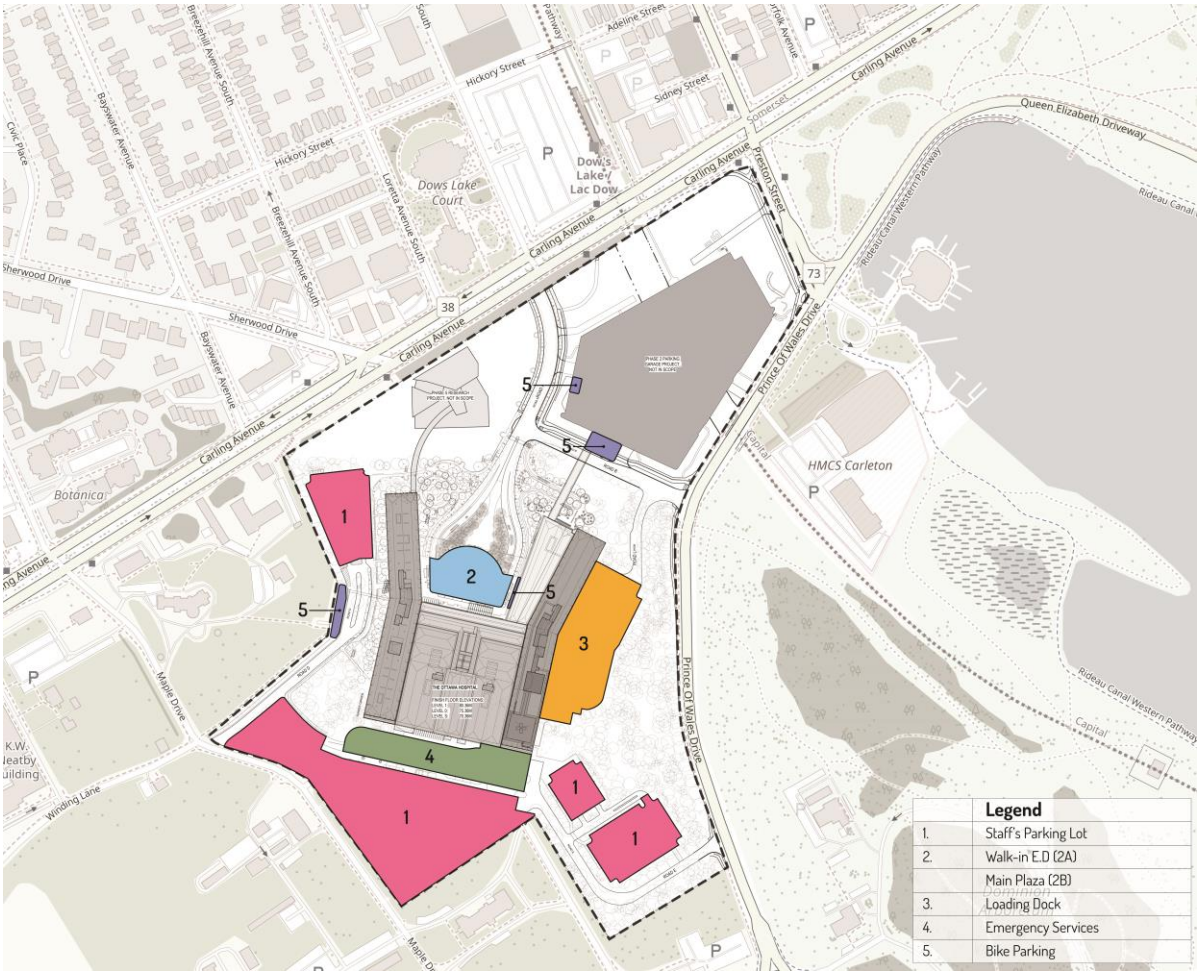


Figure 3.5.7-1: Parking Facilities

3.6 Building Design, Massing and Views

The following site sections illustrate how the proposed buildings, circulation systems, parking, open space and vegetation relate to the surrounding topography.

3.6.1 Building Mass, Scale and Legibility

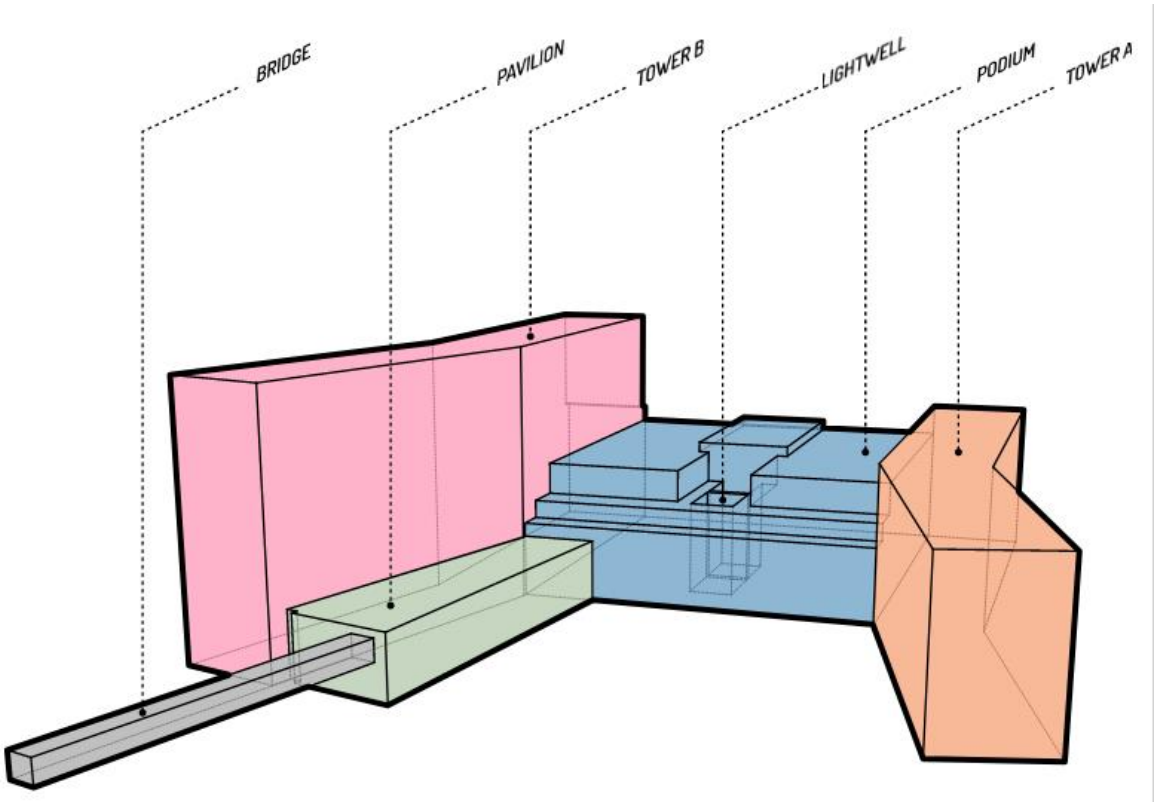


Figure 3.6.1-1: Overall Building Configuration

Considering the scale of the building, including aspects such as the physical mass, complexity of the program and overlapping functions, it is imperative that the building design presents itself in such a manner to make the function and program as legible as possible without the reliability on signage or other supplementary methods. This wayfinding legibility is taken into consideration at all levels, from macro to micro.

On a macro level, from outside of the site, the development of the envelope and architectural language is intended to make use of the form to ensure the general location of the entrance to the site is legible from the surrounding vicinity. With the tower geometry opening up to the north creating a sense of welcoming open arms, it becomes clearly identifiable from the main approach arteries such as Carling Avenue.

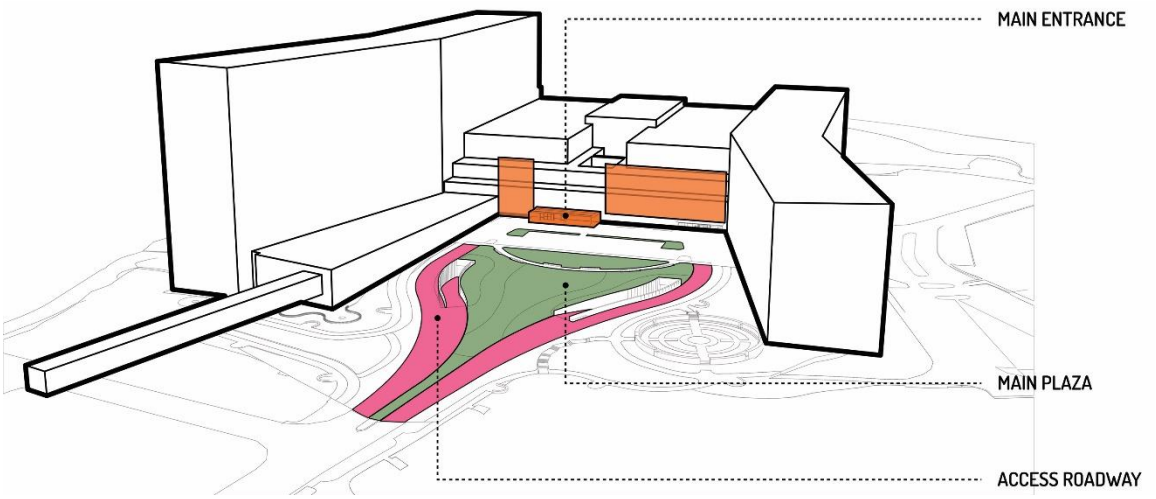


Figure 3.6.1-2: Form and massing to enhance the entrance experience

As we move onto the approach road, the entrance becomes clearly defined through the use of both materiality and geometry. The elevated canopy over the main entrance is visible from early on the approach road, and careful selection of vegetation ensures its visibility is not impeded. Similar canopies are distributed at other entrances on the site, maintaining the architectural language to create a ubiquitously identifiable focal point for the entrances.

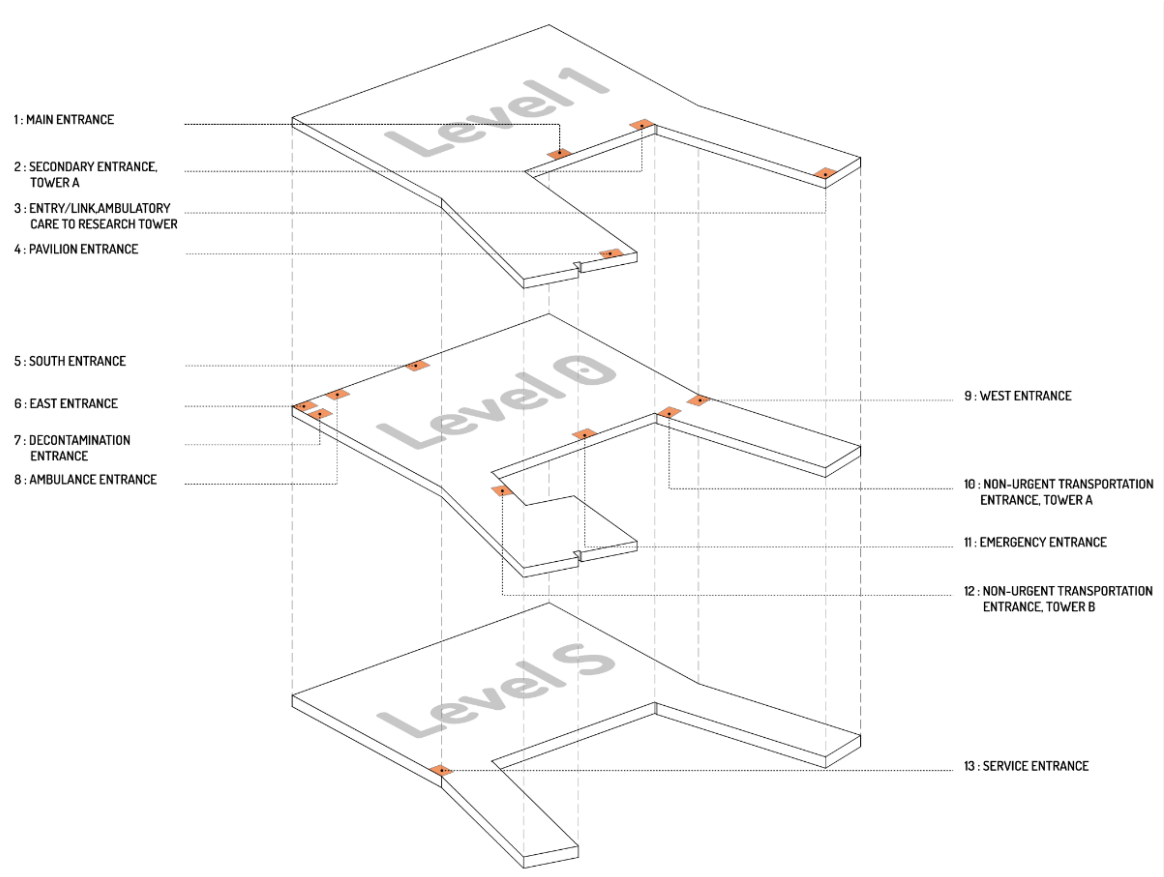


Figure 3.6.1-3: Building Entrances

In addition, this scale makes apparent the use of the fade on the façade, where the clearest glass is implemented at the hinge of each tower to highlight where public areas are typically located, and the more solid concentration is at the tower ends which tend to be more private.

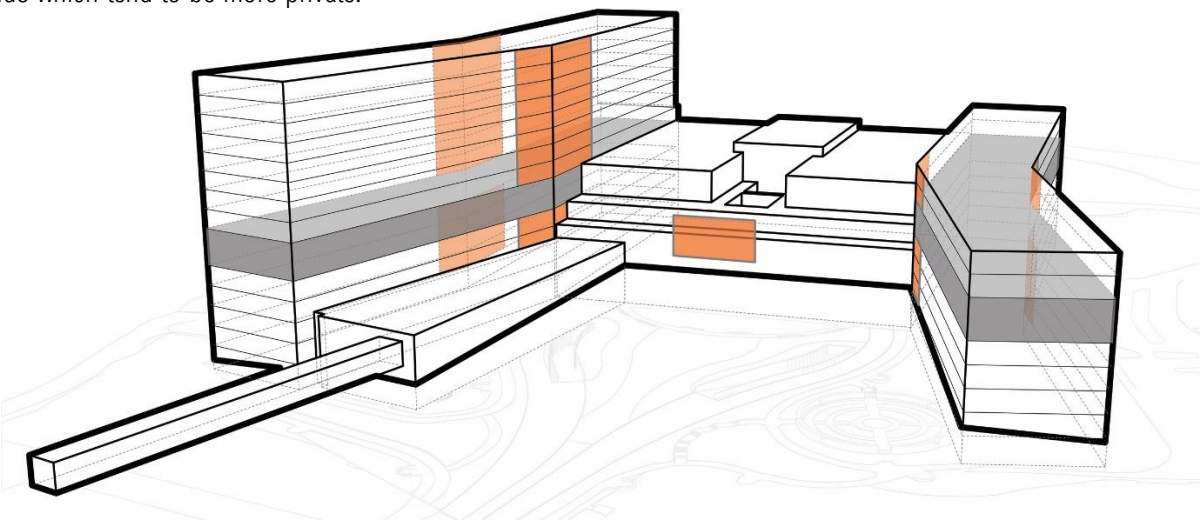


Figure 3.6.1-4: Use of glazing at hinge points to enhance function legibility

The evolution of the design of the building itself maintains the same principles, and is carried through to the building itself. Intuitive, identifiable circulation routes are located in the most efficient manner.

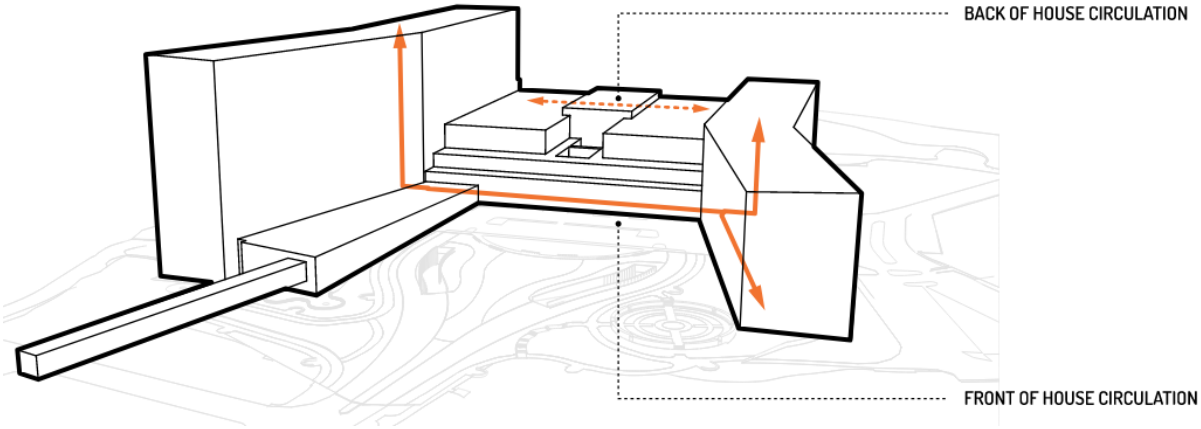


Figure 3.6.1-5: Building Circulation Principles

At the micro scale, these principles are continued. Materials at a tactile level are carefully considered and applied to create a warming contrast and definition to direct patients, visitors and staff to their next destination, reception and registration, vertical transportation, amenities, or a specific department. This is particularly evident in certain architectural expressions at the pedestrian scale, such as glazing and canopy expressions.

The Cedar Pattern motif, which is introduced as a feature on these critical elements of the pedestrian scale, stems from principles of interdependence and interconnection. Cedar was chosen for universality in medicinal use across cultures and for being Indigenous to both the site and the Central Experimental Farm. The source of the pattern is neither in the microscopic detail, nor a single branch, but rather is abstracted from the layering and interconnection of multiple branches.

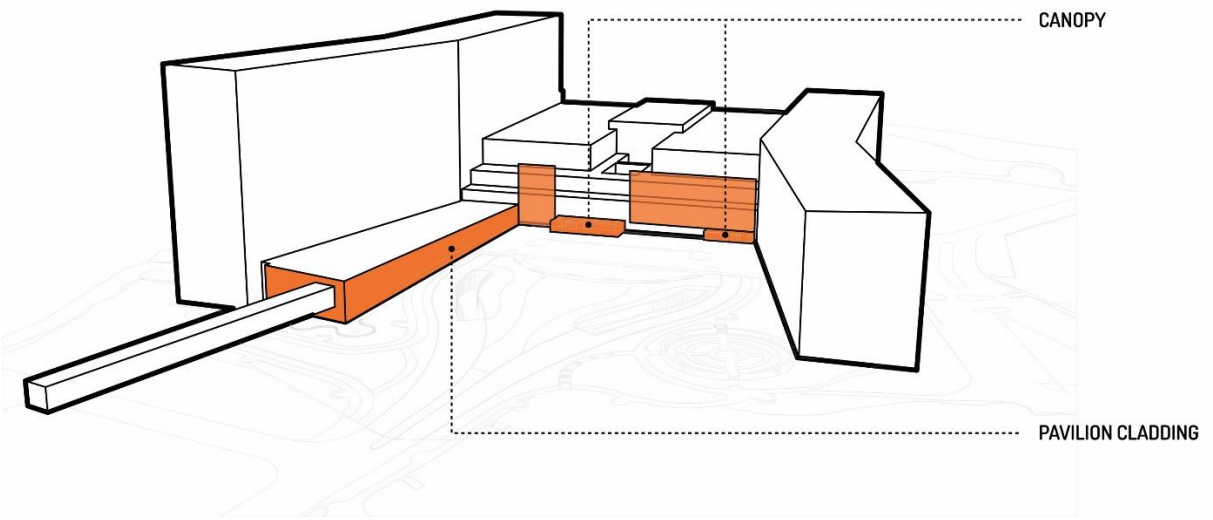


Figure 3.6.1-6: Material and Architectural Expression at Micro Scale

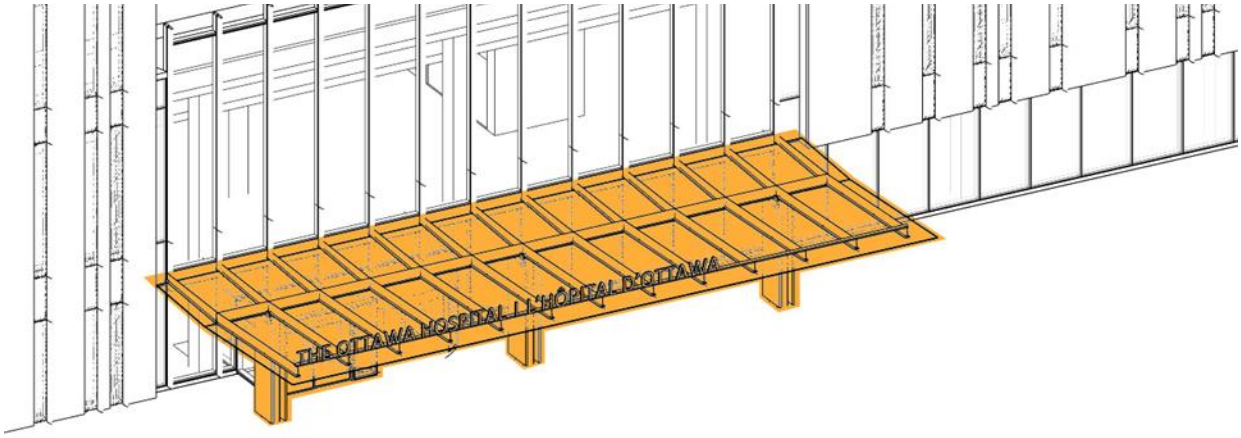


Figure 3.6.1-7: Main entrance canopy

Figure 3.6.1-8: Cedar Motif and it's application on feature glazing

3.6.2 View Analysis

The following views analyses incorporate the Hospital building massing on the Site as seen from key vantage points in all directions. The general tree cover adjacent to each vantage point is included as well as known future development of significant height in the Preston-Carling District to provide a sense of scale in both the foreground and background.

Note: Renderings show planting areas only, for information on specific plantings, refer to landscape drawings. Renderings show planting at maturity, not showing size at installation.

Figure 3.6.2-1: Referenced View 1
View from Prince of Wales Drive - Extensive existing tree cover and landscaping in addition to enhanced plantings along the south and west sides of Prince of Wales Drive fully shroud the lower floors of Tower B year-round when viewed by pedestrians, cyclists and vehicles traveling along this scenic drive. Additional plantings are planned for this area but not yet shown.

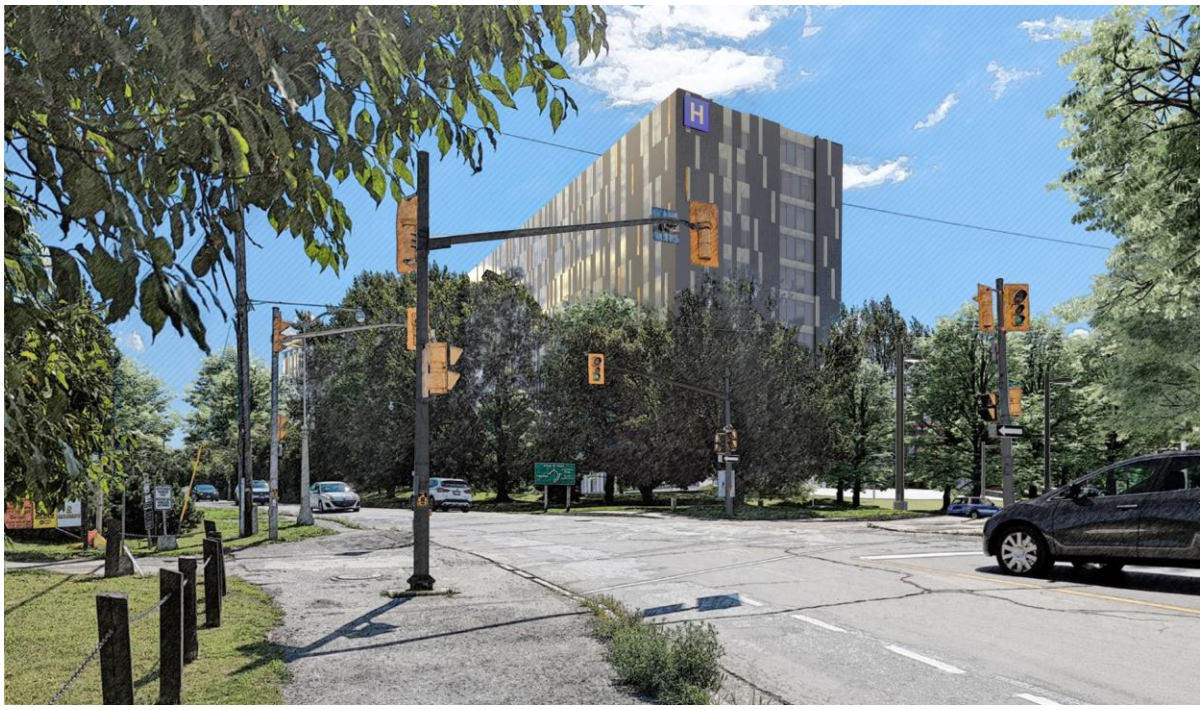


Figure 3.6.2-2: Referenced View 2
View from intersection of Prince of Wales Drive and Road B - Tower B extends upward from the loading area that is fully shrouded by existing and proposed plantings along Prince of Wales Drive.

Figure 3.6.2-3: Referenced View 3
View from intersection of Prince of Wales Drive and Preston Street - Tower B extends upward beyond The Park, Highline LRT Link and Parkade Structure in the foreground.

Figure 3.6.2-4: Referenced View 4
View south of the intersection of Carling Avenue and Maple Drive - Tower A aligns well with the mass and height of the Dominion Observatory buildings in the foreground.

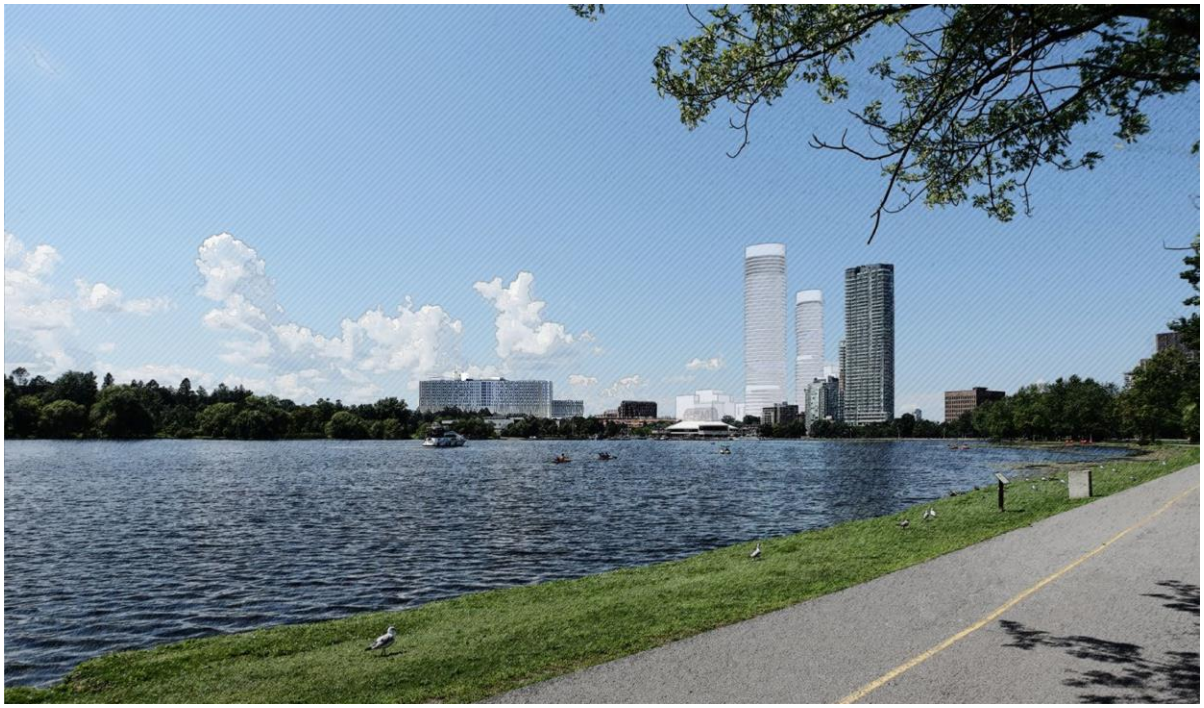


Figure 3.6.2-5: Referenced View 5
View from Queen Elizabeth Driveway looking west through Dow's Lake - Tower B extends upward from the tree line, lower than the adjacent residential development as part of Transit-Oriented Development.

Figure 3.6.2-6: Referenced View 6
View from Queen Elizabeth Driveway near Commissioners Park looking southwest through Dow's Lake - Tower B extends upward behind the Dow's Lake Pavilion, yet lower than the adjacent residential development as part of Transit-Oriented Development.

Figure 3.6.2-7: Referenced View 7
View from Maple Drive including the Photo Equatorial Building as part of the Dominion Observatory in the foreground. Tower A spans the background in-line with the scale of the tree line beyond.

Figure 3.6.2-8: Referenced View 8
View from adjacent to the Saunders Building looking north - Tower B appears from behind the existing mature tree cover with the podium extending westward behind the existing tree cover.

Figure 3.6.2-9: Referenced View 9
View from Maple Drive north toward the Hospital - Tower A and the Podium are located in the background beyond the existing mature tree cover along the north edge of Maple Drive. Tower B is located behind the mature tree cover. Additional plantings are anticipated in this area and not shown.

3.6.2-9a: Referenced View 9a
View from Maple Drive north toward the Hospital in winter, showing approximate 10-year plant growth within the proposed shelter belt. Tower B is shown at right, Tower A at left.

3.6.2-9b: Referenced View 9b
View from Maple Drive north toward the Hospital in winter, showing approximate 20-year plant growth within the proposed shelter belt. Tower B is shown at right, Tower A at left.

Figure 3.6.2-9c: Referenced View 9c
View from Maple Drive north toward the Hospital - Tower A and the Podium are located in the background beyond the existing mature tree cover along the north edge of Maple Drive. Tower B is located behind the mature tree cover. Additional plantings are anticipated in this area and not shown.

3.7 Sustainability

Portions excerpted from Design Brief for Reference Only with updates as required; "New Campus Development for The Ottawa Hospital; Application for Site Plan Control and Federal Land Use Approval Hospital & Central Utility Plant Design Brief, April 14, 2023, Parsons HDR GBA". Refer also to Site Servicing and Sustainability Reports.

As a leading healthcare provider, The Ottawa Hospital is in a position to develop a new paradigm for sustainability in Hospital design with the New Campus Development. The first step is to create a vision balancing the highest quality of patient care woven within a building that has positive impacts for the environment, the community and the people who use it. To reach that goal, core sustainable design values and principles have been developed, around which a holistic sustainable design strategy will unfold. The process is important to the outcome and starting to plan sustainable principles early has been critical.

The Ottawa Hospital, with its project architects and engineers, have developed a holistic, sustainable design approach. The ISD project team undertook a comparative analysis of relevant regulatory frameworks (Federal and NCC Sustainable Development Strategies), internationally recognized 3rd party certification systems (One-Planet Living, LEED and WELL), Owner priorities and benchmark projects and have developed a synthesized project framework, to act as an organizational scaffold for these core sustainable design values.

3.7.1 Core Sustainability Principles

Portions excerpted from Design Brief for Reference Only with updates as required; "New Campus Development for The Ottawa Hospital; Application for Site Plan Control and Federal Land Use Approval Hospital & Central Utility Plant Design Brief, April 14, 2023, Parsons HDR GBA".

Patient and Staff Experience

The quality of the built environment has a profound impact on the overall patient experience as well as staff wellness and productivity. This principle seeks to build a health promoting, nourishing environment that supports our well-being and aids in maximizing the patient experiences. Strategies include natural light and daylighting access to views of nature and biophilic design, quality acoustics and patient privacy, thermal comfort, healthy materials, access to nature.

Meanders

The meanders landscape serves multiple functions. Its primary function is to convey overland storm water flow and provide adjacent areas for infiltration.

Building Performance

A high-performance building not only is less costly to operate and maintain but provides a myriad of environmental benefits in reduced demand for energy and water and reduced waste. Potential strategies include:

Early energy benchmarking, target setting and modeling to inform envelope and systems design, robust building envelope, passive design strategies to minimize peak solar loads, highly efficient comfort delivery systems and plant design, design for easy conversion to low-carbon technologies at the end of original plant equipment life cycle, operational performance optimization through energy metering and monitoring.

The Contracting Authority requires a minimum LEED certification rating of Silver as per PSOS v1.6 1.2.4.4 .

Environmental and Community Benefits

A project of this scale, and on this unique Site, has the potential to have a major impact on the local and regional community and the environment. Upholding principles of social equity and restorative ecology, this project can not only mitigate negative impacts, but provide net benefits to the community and the biosphere. Potential strategies include:

- Low-impact development, habitat protection and restorations, water-course protection, reduced emissions, reduced waste, community amenities, preserved access / connection to arboretum, direct light rail and bicycle connections within a transit-oriented development area;
- Specifically, shade trees not only are carbon sinks, but when they shade paved surfaces, they help to reduce solar heat absorption, which in turn helps to reduce the urban heat island effect. The Master Site Plan intends to save large numbers of trees along the existing ridgeline, running north-south through the Site, and plant more trees to aid in this pursuit.
- By providing low maintenance planting zones strategically around the perimeter of the New Campus Development, the overall maintenance regime can be reduced and a high quality, natural landscape aesthetic can be provided using native plants. Native plants typically also have the lowest irrigation requirement, a key factor in reducing water requirements campus wide. Additionally, pollinator habitats are an integral part of native plant communities to provide habitat for bees and butterflies, among others.
- The Hospital project proposes green roofs on the podium and pavilion rooftops and within the central light well to help reduce storm water run-off and mitigate the heat island effect. They are intended to be unoccupied by the public, providing visual interest for occupants of the building; and
- Finally, the plan is to provide a series of bioswales on-site to assist with requirements for improving storm water quality before it is discharged, which encourages infiltration and helps to filter out impurities.

Shelter Belts

Birch Drive has no direct connection to the Hospital site, but will have proximity to two segments of the site's south property line – where the underground CUP will be built. A shelter belt planting of mixed conifers has been designed here for the

7.5-metre landscape buffer along Birch and Maple Drives extend above the roof level – which will be set at roughly the same level as the adjacent Birch and Maple Drives grade. The use of shelter belt planting here is not just a screening element, because they are historically part of the Central Experimental Farm's ("CEF") planting. Employing them at this property line between the new Hospital and the CEF does more than screen views of the CUP. The planting will also serve the traditional function of shelter belts – mitigating winds and snow drifting – an important service for the sunken CUP cooling towers located near the Hospital lease boundary.

3.8 Authorities Having Jurisdiction

The requirements, conditions, and comments addressed include:

- NCC Performance Criteria
- NCC Conditions of SD FLUDTA
- NCC Conditions of Advanced Works DD FLUDTA
- FLUDTA Summary - ACPDR Comments (19-Dec-22)
- City of Ottawa - Conditions of SPA
- NCC Comments Tracker
- City of Ottawa Comments Tracker
- Urban Design Review Panel Recommendations (7-Mar-25)
- FLUDTA Summary – ACPDR Comments (4-Apr-25)

3.8.1 Design Progress to Address AHJ Requirements in Schematic Design Phase

In order to address these requirements in the design, a start-up meeting was held with the authorities on June 25, 2024. During this meeting, the following conditions and comments were addressed:

1. **Changes to structure of emergency parking garage: reducing its size and grading the landscape over the garage to open up views to the Main Entrance.**

   NCC Performance Criteria, Project Integration vii.
   Locate all operational infrastructure (parking structures, surface parking, loading docks, and utilities, etc.) away from prominent areas on site to the maximum extent possible, limit their size and conceal them from view;

   City Comment 3.23
   …Please provide a planting detail for rooftop planting, including confirmation of sufficient soil volumes and weight bearing capacity…

2. **Revisions to the North Façade and entry canopy to frame the entrance and provide contrast, provide clarity that the Entrance is the most important element in the composition.**

   NCC Comment 4.14
   The scale of the entry canopy could be increased to have more a sense of arrival. The curvilinear form appears somewhat disjointed from the backdrop. Is this the more appropriate form? Perhaps a larger gesture that would provide more weather protection.

3. **Integration of the mechanical penthouse and active louvres within the façade design:**

   NCC Comment 4.10
   The mechanical level is very dominant - explore opportunities to further conceal and integrate.

4. Introducing a contrasting façade design at the ends of the towers to express the verticality of the form and frame the inpatient room façade areas

   City Comment 6.9
   Explore a stronger architectural treatment at the corners / wing endpoints of the building...

5. Revisions to the massing of the Pavilion to limit the mass to the west of the pedestrian bridge to clarify internal wayfinding. Also opens up landscape area for the dining terrace at Level 0:

   NCC Comment 5.27
   An exterior seating area should be provided outside of the cafeteria. Not everyone will want to or will be able to walk across to the garage green roof.

6. Development of the fade facade design for the inpatient room areas. The patterning in the façade blends out the differences between different floors and expresses the transition from the public, circulation areas in the centre to the private inpatient rooms towards the perimeter.

   NCC Comment 4.12
   The rhythm of the fenestration and angled cladding on the towers is quite varied, suggest that a more regularized pattern could be more timeless and noble.

7. Presented investigations and studies that attempt to address comments regarding the massing of the south façade. These studies are ongoing, and the design continues to progress towards incorporating the comments.

   NCC Comment 4.11
   South façade - further investigation of the volumes, cladding, colour scale of entry is required.

   City Comment 6.2
   The façade treatment of the emergency area of the building requires further study. Given that the hospital is a "pavilion" in the landscape with high visibility from 360-degree views, all façades should be carefully treated as the front.

   City Comment 6.9
   Explore a stronger architectural treatment at the corners / wing endpoints of the building. Consider how the corners of the building provide breaks and intersect and how they align with both the podium level and intersect with the mechanical floor.

Figure 3.8-1: Agenda from AHJ/CA/Dev Co Initiation Meeting June 25th 2024

3.8.2 Design Progress to Address AHJ Requirements in 35% Design Development Phase

In order to retire the remainder of the requirements, the design team then held a series of technical workshops aimed at addressing comments related to a particular topic or discipline. These workshops included:

- Stormwater Management (August 22, 2024 and November 14, 2024)
- Developed Design Progression (including Main Entrance Design and Building Facades) (December 5, 2024)
- Pedestrian & Cycling Connections (November 28, 2024)
- Approvals Timelines (September 11, 2024)
- Planting and Tree Canopy (December 12, 2024)
- OC Transpo (Pending)

The Authorities also requested an "ACPDR Readiness" drawing, report and comment response submission in advance of ACPDR and UDRP presentations.

3.8.3 Design Progress to Address AHJ Requirements in 65% Design Development Phase

Following the 35% DD submission, the design team prepared for the AHJ design review meetings, including:

- City of Ottawa Urban Design Review Panel - UDRP (March 7, 2025)
- NCC Advisory Committee on Planning, Design and Realty - ACPDR (March 20, 2025)

Feedback was received from the authorities to summarize the recommendations and requirements of the panel and committee:

- URBAN DESIGN REVIEW PANEL RECOMMENDATIONS – 900 Carling Avenue (TOH – Ph.4) (received March 24, 2025)
- FLUDTA Review - The Ottawa Hospital New Campus Development - Phase 4 – Main Hospital – 35% Developed Design (received April 7, 2025)

A meeting was held with the authorities on May 8, 2025, to review how design revisions have been incorporated to address the feedback received. The design revisions were included in the 65%DD submission.

3.8.4 Design Progress to Address AHJ Requirements in 95% Design Development Phase

Extracts from the 65%DD submission and updated design elements were shared with the NCC leading up to the 95%DD submission to prepare for the NCC Board Meeting on September 23, 2025. The updated elements include:

- Updated oval shaped Overlook
- Updates to SWM report and models
- Addendum to the Heritage Impact Assessment

Technical sessions with the AHJs were held leading up to 95%DD including Stormwater Meetings on June 9, 2025, July 8 2025, and July 23, 2025 and a meeting on the Overlook on July 10, 2025.

3.8.5 Design Progress to Address AHJ Requirements in 50% Construction Document Phase

Following 95%DD submission, the design for the Main Hospital was presented by NCC staff to the NCC Board of Directors on September 23, 2025 and was approved. During the presentation, NCC highlighted the following areas where further development is required, which include:

- Final integration of mechanical components
- Define design character of key finish materials within the P3 process – including mock-ups
- Finalizing campus Stormwater Management and Monitoring Plan

A technical session with the AHJs was held on December 15, 2025 to further develop the Stormwater Management and Monitoring Plan. Other sessions will be scheduled to address integration of mechanical components, finish materials and mock-ups following receipt of the draft letter of NCC Board approval.

3.9 AHJ Approvals Strategy

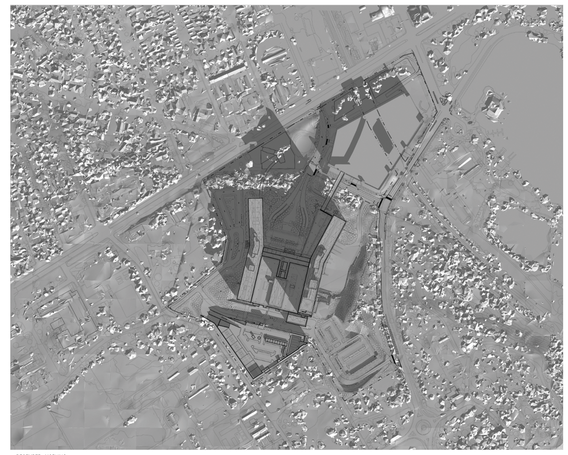
Comments were received from the Authorities on the technical workshops on December 24, 2024 (NCC) and January 10, 2025 (City of Ottawa) as well as from UDRP March 7, 2025 and ACPDR on April 7, 2025. An updated comment tracker from the NCC dated May 2, 2025 was received and responded to as part of the requirements for NCC Board Submission. An updated tracker of NCC Comments (R11) was received on December 9, 2025. The comments were the basis of the December 15, 2025 meeting and formal responses from the design team will be provided.

Additional technical workshops will be scheduled in future project phases to address outstanding NCC staff comments and conditions of approval.

MARCH - MORNING

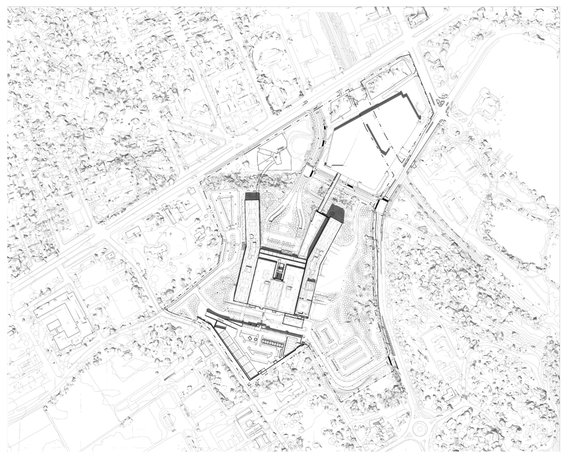
JUNE - MORNING

SEPTEMBER - MORNING



DECEMBER - MORNING

MARCH - NOON



JUNE - NOON

SEPTEMBER - NOON

DECEMBER - NOON

MARCH - EVENING

JUNE - EVENING

SEPTEMBER - EVENING

DECEMBER - EVENING

PROJECT

THE OTTAWA HOSPITAL NEW CAMPUS DEVELOPMENT - PHASE 4 MAIN HOSPITAL BUILDING

900 CARLING AVE. OTTAWA, ONTARIO

CLIENT

The Ottawa Hospital | L'Hôpital d'Ottawa

Infrastructure Ontario

PCL CONSTRUCTION | EllisDon

CLIENT PROJECT NO.

1070002

KEY PLAN

NO.	ISSUED	DATE
04	SITE PLAN CONTROL RESUBMISSION	2026/01/12
03	65% CD SUBMISSION	2025/06/05
02	35% CD SUBMISSION	2025/01/21
01	ISSUED FOR ACPOR READINESS	2025/01/09

REVISIONS

DRAWING STATUS

NOT FOR CONSTRUCTION

DISCREPANCIES MUST BE REPORTED IMMEDIATELY TO THE ARCHITECT BEFORE PROCEEDING.
ONLY FIGURED DIMENSIONS ARE TO BE USED. CONTRACTORS MUST CHECK ALL DIMENSIONS ON SITE. THIS DRAWING IS PROTECTED BY COPYRIGHT.

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AUTHOR

bbb architects ottawa inc.

47 Clarence Street . Suite 400 . Ottawa . ON . K1N 9K1

PROJECT TEAM

DESIGN-BUILDER PCLED, A JOINT VENTURE

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SUN & SHADOW STUDY

DRAWN	CHECKED
SCALE AT 40" x 65"	DATE
NTS	12/18/24

GRAPHIC SCALE

NTS

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