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Kenneth Charles Nottingham

A professional paper submitted in partial fulfillment
of the requirements for the degree

of

Bachelor of Architecture

Approved:

Thesis Advisor

Director, School of Architecture

MONTANA STATE UNIVERSITY
Bozeman, Montana
June 1988

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Date 10 JUNE 1988

To my father and Ann. Without their support and patient understanding, completion of this thesis would not have been possible.

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"One cannot survey the field of design for the elderly without some sense of the extent to which the culture itself fails its older citizens. No matter how deftly we consider the social and physical needs of older people in our buildings, we seem content to unplug them from the productive interchange with the rest of society well before their physical capability demands it. In all honesty, we create a social environment where we encourage them to unplug themselves."

Richard Rush

A NEW BEGINNING

A NEW BEGINNING

The aging process is ongoing and varies greatly from one individual to another. A well conceived housing environment for the elderly facilitates adaptation to the aging process by encouraging various stages of self-sufficiency.[1] This solution would allow the elderly to stay in familiar surroundings even though their physical condition may require a new level of care.[2] For many, this means a sequence in the later years from independent to partially dependent to completely dependent.

In order to more clearly define the above sequences, the following lifestyles will be defined.

INDEPENDENT - The independent resident would provide more incentive for the older tenants to stay active, and younger residents would have a better chance of establishing themselves if they enter the area at an earlier stage. New social contacts, a sense of permanence, and the potential for new activities would all contribute to a better morale and sense of security.[3] The independent resident, as a whole, would prefer to move into a place where maintenance and security are taken care of and they would not have to give up any of the freedom they presently enjoy.[4]

PARTIALLY DEPENDENT - The partially dependent residents will have a flexible mixture of private, shared, and common spaces which offers a balance between support and privacy to those who may need help with things such as meals, transportation, medication, laundry, cleaning and shopping, yet who want to lead otherwise

independent lives.[5] The greater the homogeneity among the residents, the higher the morale of the group tends to be.

Although older people enjoy social interaction with their peers, they also prize their right of privacy. They want to maintain control over the extent of their relationships with others.[6] They should have the full right of territoriality over their own personal quarters.

DEPENDENT - At some point along the continuum, a stage of complete dependency may occur. However, only 5% of the population ever reach this stage.[7] The elderly prefer to live as independently as they are able. With a well-planned community design, even the disabled elderly are able to remain largely independent and to find dignified and meaningful ways of life up through their old age.[8]

In conclusion, a complete care facility should be able to facilitate a wide range of tenants with varying degrees of physical capacities. Despite the broad range of potential disabilities, the primary objective will be to maintain the individual's independence.[9]

The goal of this thesis is to develop optimal design concepts. These concepts and the design solution must be in direct response to the social, physical, and perceptual needs of the users.

[1]J. David Hoglund, Housing for the Elderly: Privacy and Independence in Environments for the Aging (New York: Van Nostrand Reinhold Company, 1985), p. 26.

[2]"Privacy and Independence in Housing for the Elderly," Progressive Architecture, January 1986, p. 150.

[3]Lydia Bronte and Alan Pifer, Our Aging Society (New York: W.W. Norton and Company, 1986), p. 38.

[4]Ibid., p. 61.

[5]"Independence through Interdependence," Progressive Architecture, January 1986, p. 132.

[6]George A. Hughston and William H. Quinn, Independent Aging. (Rockville, Maryland: Aspen Systems Corporation, 1984), p. 25.

[7]Paul E. Zopf, Jr., America's Older Population (Houston: Cap and Gown Press, Inc., 1986), p. 282.

[8]Katherine Heintz, Retirement Communities (New Brunswick: Rutgers University, 1976), p. 6.

[9]"The Age of the Aging," Progressive Architecture, August 1981, p. 61.

A PROFILE

OLDER POPULATION

The data herein has been gathered and condensed from various sources. A bibliography listing them is at the end of this section.

The older population in the United States - persons 65 years or older - numbered 28.0 million in 1985. They represented 11.9% of the U.S. population, about one in every eight Americans. The number of older Americans increased by 2.3 million or 10% since 1980, compared to an increase of 4% for the under-65 population.

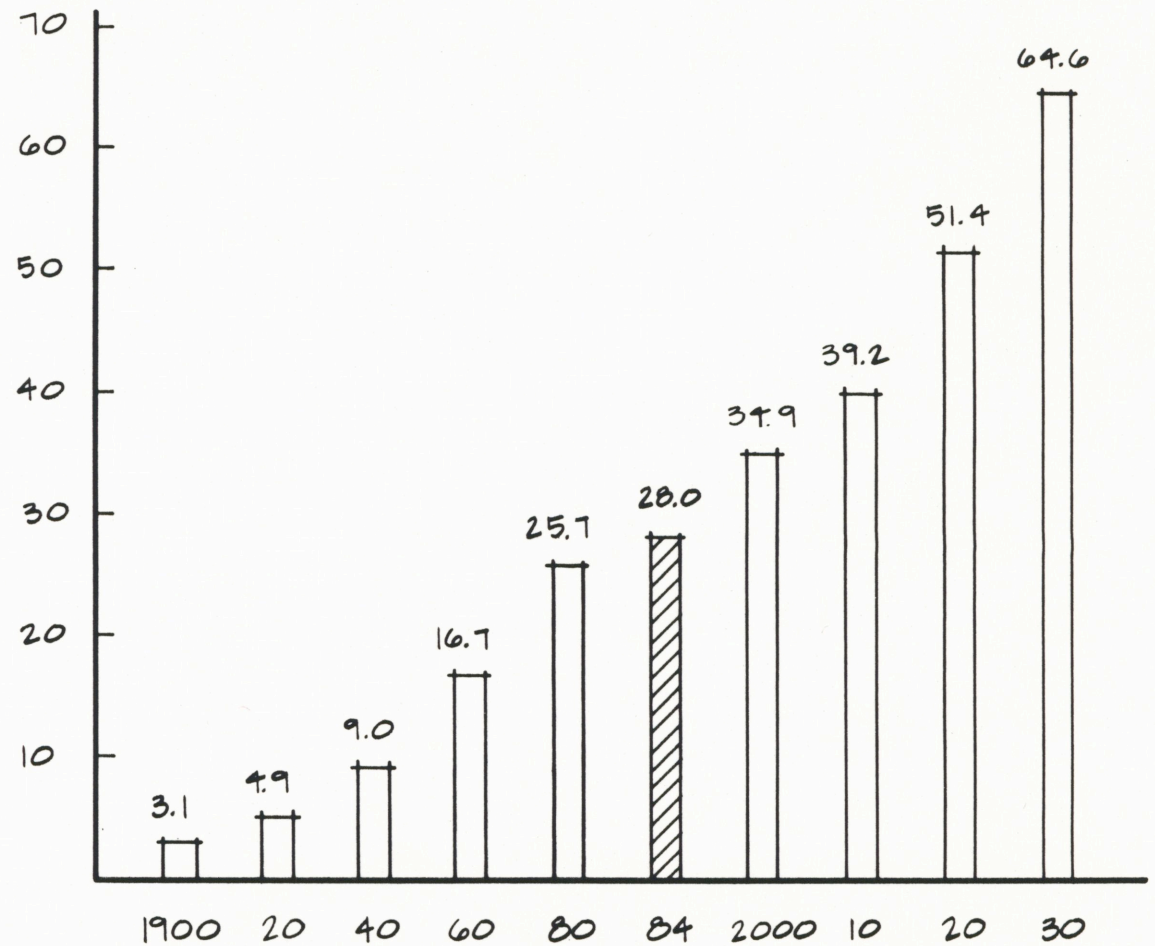
In 1985, there were 16.7 million older women and 11.3 older men, or a sex ratio of 148 women for every 100 men. The sex ratio increased with age, ranging from 123 to 100 for the 65-59 group to a high of 246 to 100 for persons 85 and older.

Since 1900, the percentage of Americans 65+ has tripled, from 4.1% in 1900 to 11.9% in 1985, and the number increased nine times, from 3.1 million to 28.0 million.

The older population itself is getting older. In 1985 the 65-74 age groups, 16.7 million, was over seven times larger than in 1900, but the 75-84 group, 8.6 million, was 11 times larger and the 85+ group, 2.7 million, was 21 times larger.

In 1985, persons reaching age 65 had an average life expectancy of an additional 16.8 years, 18.7 years for females and 14.5 years for males. A child born in 1985 could expect to live 74.7 years, about 27 years longer than a child born in 1900. The major part of this increase occurred because of reduced death rates for children and young adults. Life expectancy at age 65 increased by only 2.4 years between 1900 and 1960, but has increased by 2.5 years since 1960.

About 2.0 million persons celebrated their 65th birthday in 1985, 5,500 per day. In the same year, about 1.4 million persons 65 or older died, resulting in a net increase of over 560,000, 1,550 per day.



NUMBER OF PERSONS 65+ : 1900 TO 2030
(IN MILLIONS)

FUTURE GROWTH

The older population is expected to continue to grow in the future (see figure 1). This growth will slow somewhat during the 1990's because of the relatively small number of babies born during the Great Depression of the 1930's. The most rapid increase is expected between the years 2010 and 2030 when the "baby boom" generation reaches age 65.

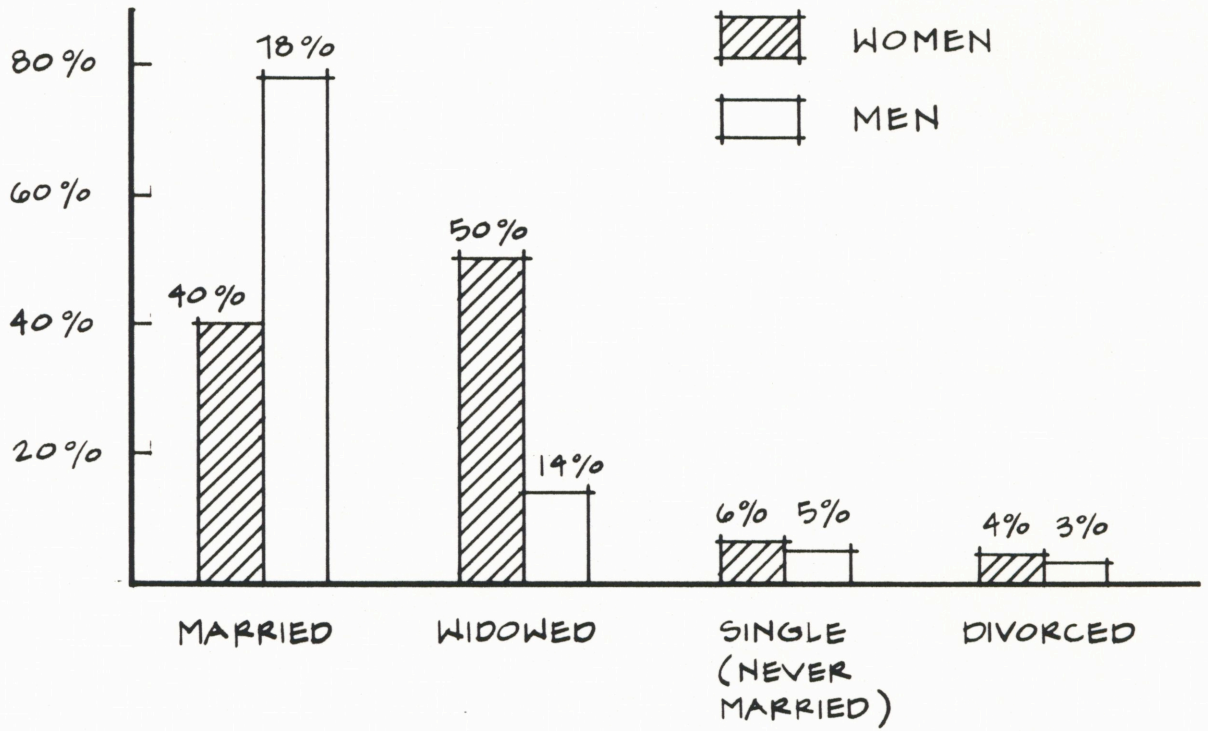
By 2030, there will be about 65 million older persons, 2½ times their number in 1980. If current fertility and immigration levels remain stable, the only age groups to experience significant growth in the next century will be those past age 55.

By the year 2000, persons 65+ are expected to represent 13.0% of the population, and this percentage may climb to 21.2% by 2030.

MARITAL STATUS

In 1985, older men were twice as likely to be married as older women, 78% of men, 40% of women. Half of all older women were widows, 50%. There were over five times as many widows, 7.8 million, as widowers, 1.5 million.

Although divorced older persons represented only 4% of all older persons in 1985, their numbers, nearly one million, had increased over three times as fast as the older population as a whole in the preceding twenty years, 2.1 times for men, 4.5 times for women.



MARITAL STATUS OF PERSONS 65+

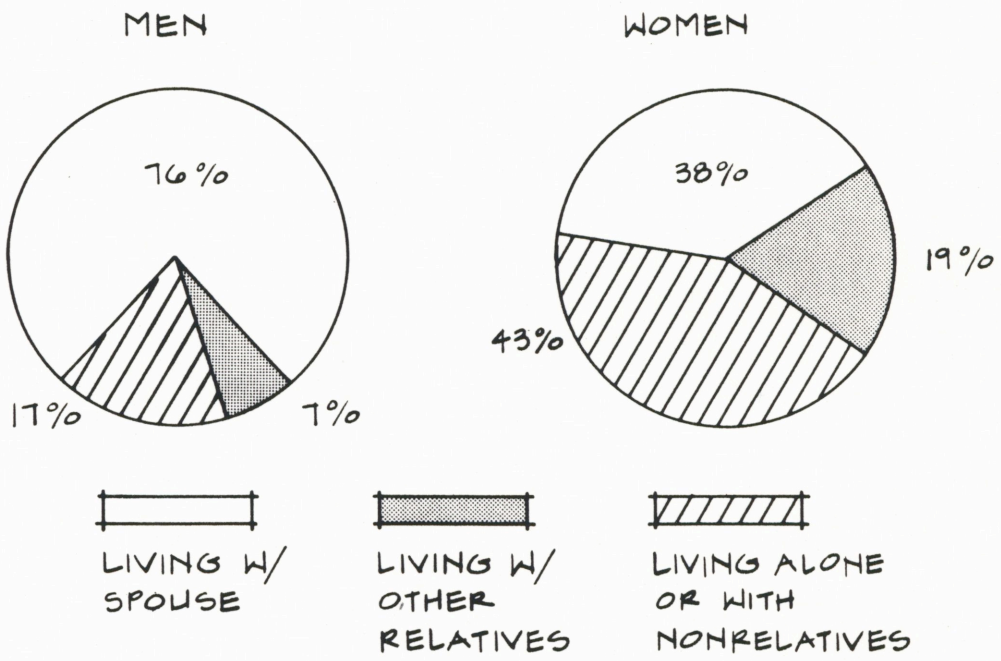
LIVING ARRANGEMENTS

The majority, 67%, of older noninstitutionalized persons lived in a family setting in 1985. Approximately 8.9 million or 83% of older men, and 8.8 million or 57% of older women, lived in families. The proportion living in a family setting decreased with age. An additional 2% of both men and women, or 625,000 older persons, lived with nonrelatives.

About 30%, 8 million, of all noninstitutionalized older persons in 1985 lived alone, 6.4 million women, 1.6 million men. They represented 41% of older women and 15% of older men. Older persons living alone increased in number by 123% between 1965 and 1985, over 2½ times the growth rate for the older population in general.

A 1975 study found that four of every five older persons have children. Of these, 18% lived in the same household with a child and another 55% lived within 30 minutes of a child. Three-fourths, 77%, had seen a child within the previous week.

While a small number, 1.3 million, and percentage, 5%, of the 65+ population lived in institutions, primarily nursing homes, in 1980, the percentage increased dramatically with age, ranging from 2% for persons 65-74 years to 7% for persons 75-84 years and 23% for persons 85+.



LIVING ARRANGEMENTS OF PERSONS 65 +

RACIAL AND ETHNIC

In 1985, about 88% of persons 65+ were White, 7% were Black, and about 1% were other races, including American Indian, Eskimo, Aleut, Asian and Pacific Islander. Persons of Hispanic origin represented 4% of the older population.

GEOGRAPHIC DISTRIBUTION

In 1985, about half, 49%, of persons 65+ lived in eight states. California and New York had over 2 million each, and Florida, Illinois, Michigan, Ohio, Pennsylvania, and Texas each had over 1 million.

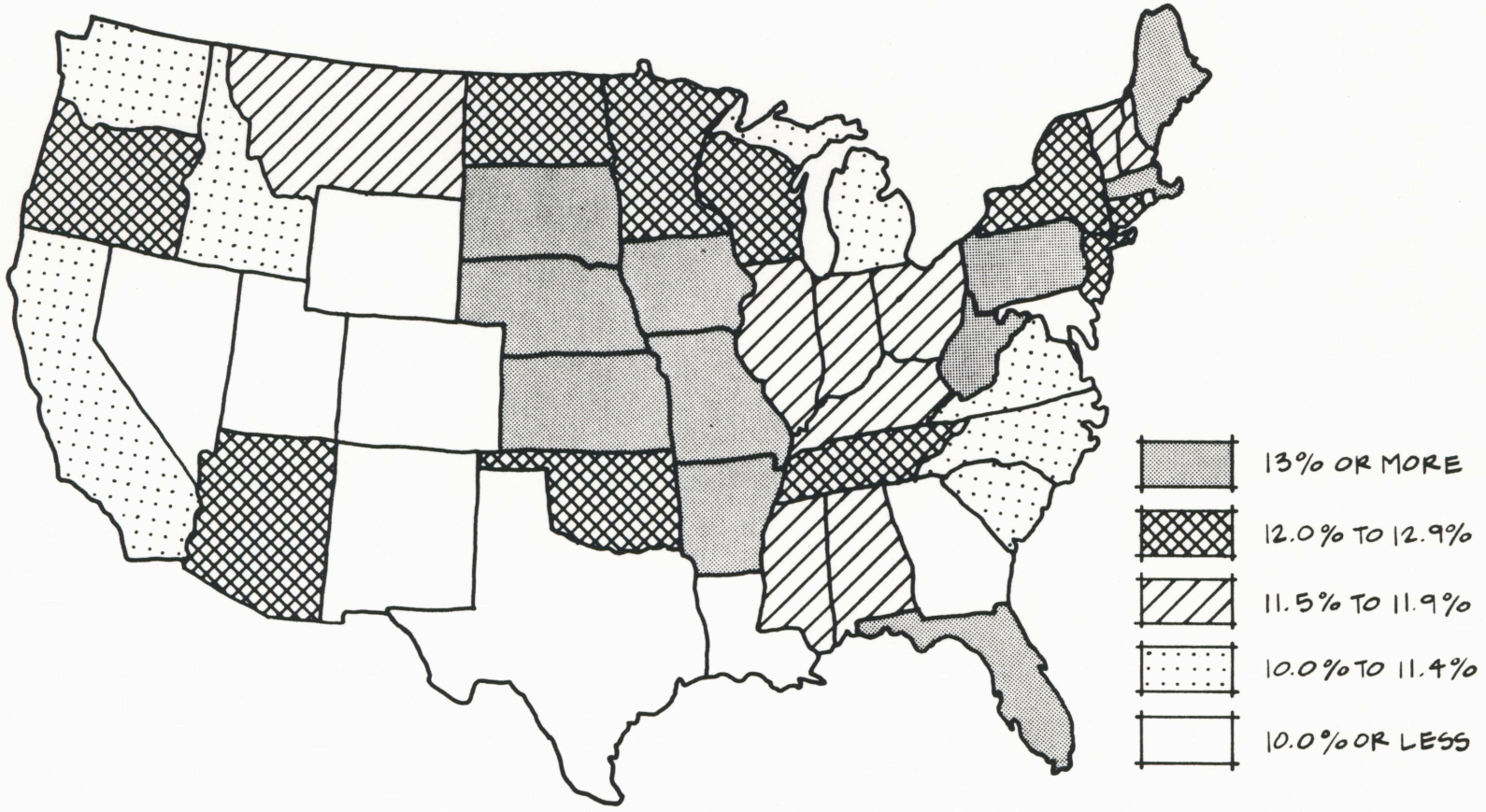
Persons 65+ constituted 13.0% or more of the total population in twelve states in 1985: Florida 17.6%; Arkansas, Rhode Island, Iowa and Pennsylvania, 14.0% to 14.9%; and Missouri, South Dakota, Massachusetts, Nebraska, Kansas, Maine, and West Virginia, 13.0% to 13.9%.

In eleven states, the 65+ population increased by more than 14.0% between 1980 and 1985: Alaska, 33%; Nevada, 32%; Hawaii, 23%; Arizona, 22%, Utah and New Mexico, 17% each; South Carolina and Idaho, 15% each; and Florida, North Carolina, and Washington, 14% each.

Persons 65+ were slightly less likely to live in metropolitan areas in 1980 than younger persons, 71% of the elderly, 75% of persons under 65. About 32% of older persons lived in central cities, and 39% lived in suburbs.

The elderly are less likely to change residence than other age groups. In 1980, only 23% of persons 65+ had moved since 1975, compared to 48% of persons under 65. The majority had moved to another home in the same state.

In 1980, over 1.1 million persons 65+ had moved to a different state since 1975. Of these, over two-fifths, 42%, had moved from the Northeast or Midwest region to the South or West, compared to 27% for younger persons, and one-fourth, 25%, had moved to Florida, 8% for younger persons.



PERSONS 65+ AS PERCENTAGE OF TOTAL POPULATION

INCOME AND POVERTY

The median income for older persons in 1985 was $10,450 for males and $6,020 for females. These incomes were each 7.7% higher than in 1983, and represented 3.3% increases in "real" income after adjusting for inflation.

Families headed by persons 65+ reported a median income in 1984 of $18,215: $18,775 for Whites and $11,983 for Blacks. About one of every five, 19%, families with an elderly head had incomes less than $10,000 and 34% had incomes of $25,000 or more.

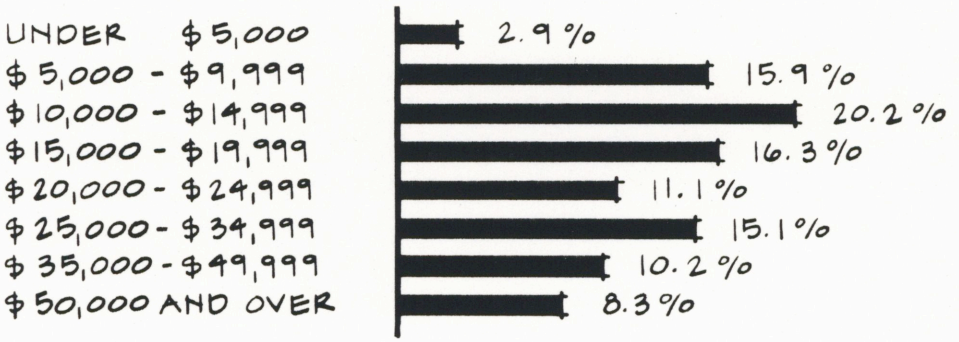
Elderly persons living alone or with nonrelatives were likely to have low incomes in 1984, with half, 48%, reporting $7,000 or less. One-fourth, 25%, had incomes under $5,000, while only 20% had $15,000 or more. The median income in 1984 for these individuals was $7,296; $7,722 for Whites and $4,876 for Blacks.

The major source of income for older families and individuals in 1983 was Social Security, 37%, followed by earnings and asset income, 23% each, public and private pensions, 15%, and "transfer" payments such as Supplemental Security, unemployment and veterans' payments, 2%.

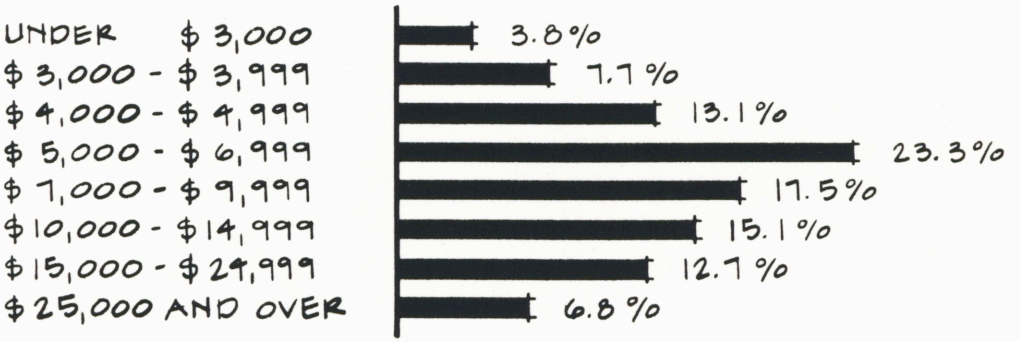
Older households were more likely than younger households to have one or more members covered by Medicaid in 1983, 13% vs. 9%, but less likely to have received food stamps, 7% vs. 9%. About one-fourth, 23%, of older renter households lived in publicly owned or subsidized housing, 9% for younger renters.

The median net worth, the difference between assets and liabilities, of older households (65-74 years old, $50,150; 75+ years, $35,950) was well above the U.S. average, $24,600, in 1983. Net

FAMILIES WITH HEAD 65+



UNRELATED INDIVIDUALS 65+



$18,215 MEDIAN FOR FAMILIES WITH HEADS 65+

$7,296 MEDIAN FOR UNRELATED INDIVIDUALS 65+

PERCENT DISTRIBUTION BY INCOME

worth was below $5,000 for 18% of older households but was above $250,000 for 13%.

About 3.3 million elderly persons were below the poverty level in 1984. The poverty rate for persons 65+ was 12.4%, less than the rate for persons under 65, 14.7%. Another 2.4 million or 9% of the elderly were classified as "near-poor." In total, over one-fifth, 21%, of the older population were poor or near-poor in 1984.

One of every nine, 11%, elderly Whites was poor in 1984, compared to about one-third, 32%, of elderly Blacks and about one-fifth, 21%, of elderly Hispanics.

Older women had a higher poverty rate, 15%, than older men, 9%, in 1984. Likewise, older persons living alone or with nonrelatives were more likely to be poor, 24%, than were older persons living in families, 7%.

The nine states with the highest poverty rates for older persons in 1979 were all in the South: Mississippi, 34%; Alabama, Arkansas, and Louisiana, 28% each; Georgia, 26%; South Carolina and Tennessee, 25% each; North Carolina, 24%; and Kentucky, 23%.

HOUSING

Of the 17.9 million households headed by older persons in 1984, 75% were owners and 25% were renters. Older male householders were more likely to be owners, 83%, than were females, 67%. The housing of older Americans is generally older and less adequate than the balance of the nation's housing. About 36% of homes owned by older persons in 1983 were built prior to 1940, 21% for younger owners, and 8% were classified as inadequate, 6% for younger owners.

The percentage of income spent on housing, excluding maintenance and repair, in 1983 was higher for older households than for younger households among homeowners without a mortgage, 15% vs. 10%, homeowners with a mortgage, 24% vs. 20%, and renters, 32% vs. 28%.

In 1981, the median value of homes owned by older persons was $48,800, $33,100 for Blacks and $46,200 for Hispanics. About 83% of older homeowners in 1983 owned their homes free and clear.

EMPLOYMENT

About 11% of 2.9 million older Americans were in the labor force, working or actively seeking work, in 1984, including 1.8 million men and 1.2 million women. They constituted 3% of the U.S. labor force.

Labor force participation of older men has decreased steadily, from about 2 of 3 older men in 1900 to 1 of 6, 16%, in 1984. The participation rate for older females rose slightly from 1 in 12 in 1900 to 1 in 10 during the 1950's, but dropped to 1 in 13, 8%, in 1984.

Approximately half, 52%, of the workers over 65 in 1984 were employed only part-time: 46% of men and 61% of women. About 750,000 or 27% of older workers in 1984 were self-employed, compared to 8% for younger workers. Three-fourths of these were men.

EDUCATION

The educational level of the older population has been steadily increasing. Between 1970 and 1984, their median level of education increased from 8.7 years to 11.4 years, 11.0 years for males, 11.6 years for females, and the percentage who had completed high school rose from 28% to 48%. About 9% in 1984 had four or more years of college.

The median number of years of school completed varied considerably by race and ethnic origin among older persons in 1984: 12.0 years for Whites, 7.9 years for Blacks, and 6.5 years for Hispanics.

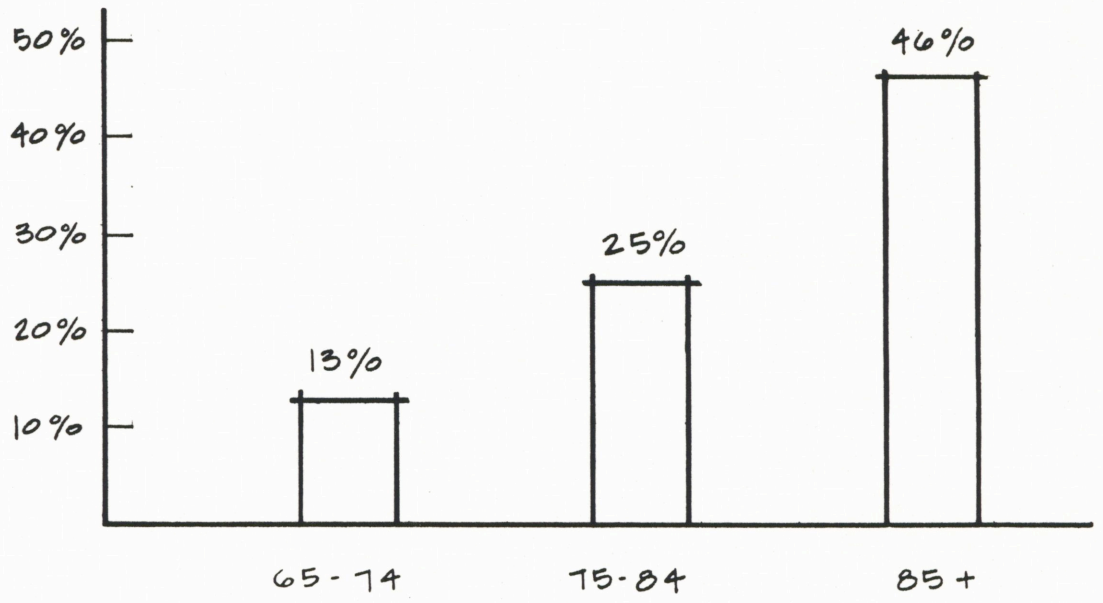
HEALTH AND HEALTH CARE

In 1982, 35% of older persons assessed their health as fair or poor, compared to 9% for persons under 65. There was little difference between the sexes on this measure, but older Blacks were more likely to rate their health as fair or poor, 55%, than were older Whites, 33%.

The number of days in which usual activities are restricted because of illness or injury increases with age. Older persons averaged 32 such days in 1982, 27 days for males and 35 days for females, compared to 12 days for persons under 65, and spent all or most of 15 of these days in bed, 13 days for males and 16 days for females, 5 days for persons under 65.

The need for functional assistance also increases sharply with age. In 1982, about 4.8 million older persons living in the community needed the assistance of another person to perform one or more selected personal care or home management activities. This figure represented 19% of noninstitutionalized older persons, 16% of males, 21% of females, but the percentage ranged from 13% for persons 65-74 to 25% for persons 75-84 and 46% for persons 85+, 41% of males, 48% of females.

Selected personal care activities included bathing, dressing, eating, using the toilet, getting in or out of a bed or chair, walking or going outside. Selected home management activities included preparing meals, shopping, routine chores, using a telephone, taking medicine, or managing money. Persons were classified as needing assistance if they needed help from another person to do one or more of these activities, or could not do one or more of them at all.



PERCENT NEEDING FUNCTIONAL ASSISTANCE, BY AGE

Most older persons have at least one chronic condition and many have multiple conditions. The most frequently occurring conditions for the elderly in 1982 were: arthritis, 50%; hypertension, 39%; hearing impairments, 30%; heart conditions, 26%; orthopedic impairments, 17%; cataracts and sinusitis, 15% each; visual impairments, 10%; and diabetes, 9%.

About 20% of older persons were hospitalized during 1982 compared to 9% of persons under 65. Among those hospitalized, the elderly were more likely than younger persons to have more than one hospital stay per year, 27% vs. 17%, and to stay in the hospital longer, 10 days vs. 7 days. Older persons also averaged more visits to doctors in 1982 than did persons under 65, 8 visits vs. 5 visits.

In 1984 the 65+ group represented 12% of the U.S. population but was projected to account for 31% of total personal health care expenditures. These expenditures were expected to total $120 billion and to average $4,202 per year for each older person, more than 3 times the $1,300 spent for younger persons. About $1,000 or one-fourth of the average expenditure was expected to come from direct, "out of pocket" payments by or for older persons.

Hospital expenses were projected to account for the largest share, 45%, of health expenditures for older persons in 1984, followed by physicians and nursing home care, 21% each.

Benefits from government programs, including Medicare, $59 billion, Medicaid, $15 billion, and others, $7 billion, were projected to cover about two-thirds, 67%, of the health expenditures of older persons in 1984, compared to only 31% for persons under 65.

Bronte, Lydia; Pifer, Alan. Our Aging Society. New York: W.W. Norton and Company, 1986.

Evans, Linda; Shindul, Judith, A.; Williamson, John, B. Aging and Public Policy. Springfield, Illinois: Charles C. Thomas, 1985.

Hughston, George A.; Quinn, William H. Independent Aging. Rockville, Maryland: Aspen Systems Corporation, 1984.

Zopf, Paul E., Jr. America's Older Population. Houston: Cap and Gown Press, Inc., 1986.

CASE STUDIES

CASE ONE

PROJECT: Captain Clarence Eldridge House
LOCATION: Hyannis, Massachusetts
ARCHITECT: Associated Architects: Dohnam & Sweeney

Captain Clarence Eldridge House has living accommodations for twenty older people who cannot live completely independently but who also do not need full nursing care.

The implication of this project to my project is that partially dependent housing can give many older people a large degree of independence if they have the social support of others. The variety and complexity of the public, semipublic, semiprivate and private spaces give the residents opportunity to communicate and share their lives with others as much as possible, but also allows them to retreat.

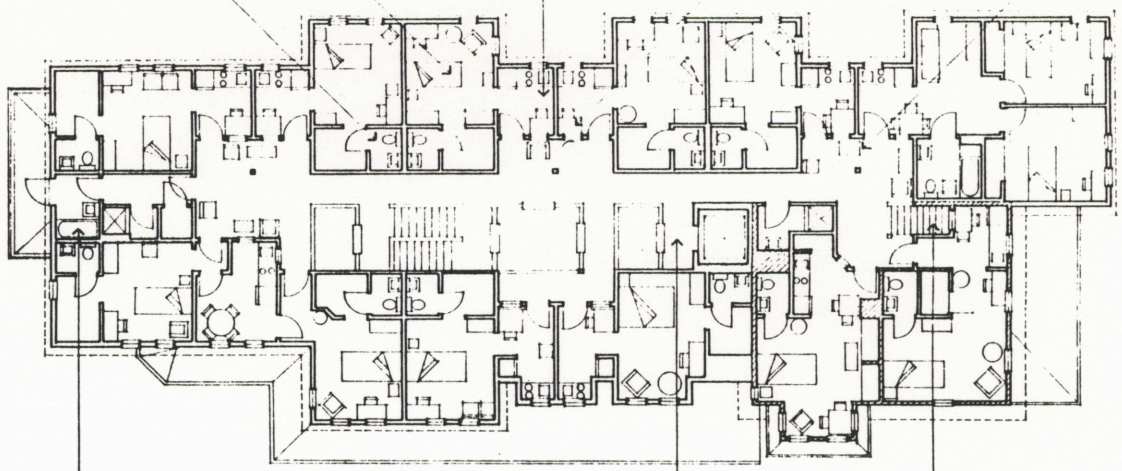
ENVIRONMENTAL SUPPORT Having a private toilet for themselves will insure that older residents feel the environment supports them.

PRIVACY CONTROL The bedroom privacy the design provides will enable residents to "open" the kitchenette without feeling ill at ease.

INDEPENDENCE Being able to prepare small snacks and meals will help residents maintain a sense of independence.

INSIDE OUT Snack table in kitchen, dutch doors, and interior window will allow residents to feel part of house life while remaining safe in their "home."

DISPLAY Residents will put furniture and paintings on their "front porches" to express who they are.



SHARING Residents will accept trade-off of sharing bathtub in exchange for congregate amenities.

PREVIEWING Residents will look down below from elevator landings to prepare themselves better for social encounters.

SOCIAL ESCAPE Residents will feel more comfortable using back stairs to get to Laundry and TV room, when in a dressing gown.

SECOND FLOOR

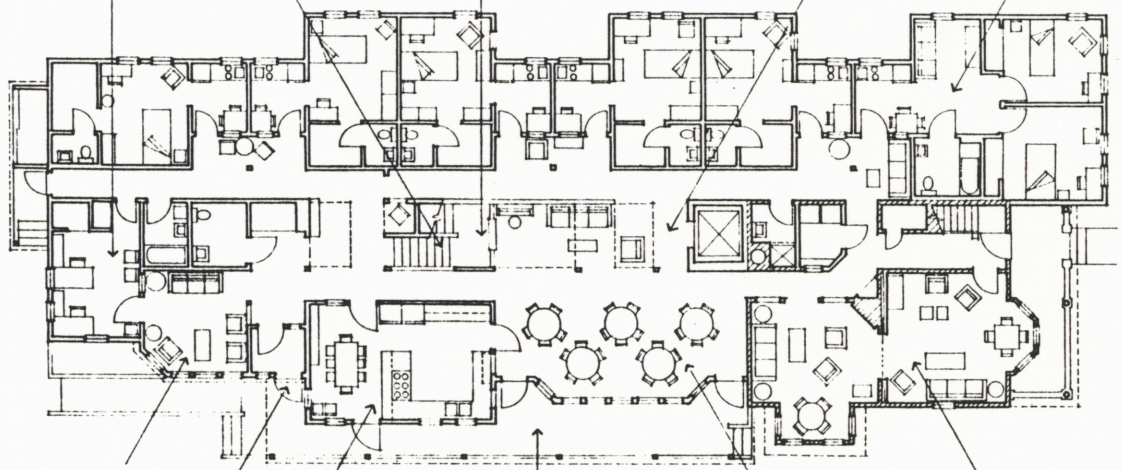
UNOBSTRUSIVE CARE Residents will not feel they are in a facility in which others are caring for them because the office is small and out of the way.

HEALTH Residents will frequently use main stairs near entry and it will be healthy for them.

PREVIEWING Residents will use the midway stair landing to decide if they want to join activity below.

SOCIAL EXCUSE Residents will wait for the elevator as an excuse to be part of the activity in the central hallway.

SOCIAL MIX Two-person units with bath will attract more active residents and couples.



DROP-OFF WAITING An overlook of the car drop-off from inside, will help residents feel at ease waiting in-doors to be picked up.

PROXIMITY Because the entry is visible nearly from Main Street, residents walking home will not feel it is a long walk.

HOMEYNESS Having an eat-in kitchen for group coffee will be an integral part of residents seeing the whole house as "home"

IDENTITY The house "front porch" will be central to residents' image of the building and will be used to describe it to others.

SUPPORT One hot meal a day in a common dining room will enable residents to be independent the rest of the time with minimal help.

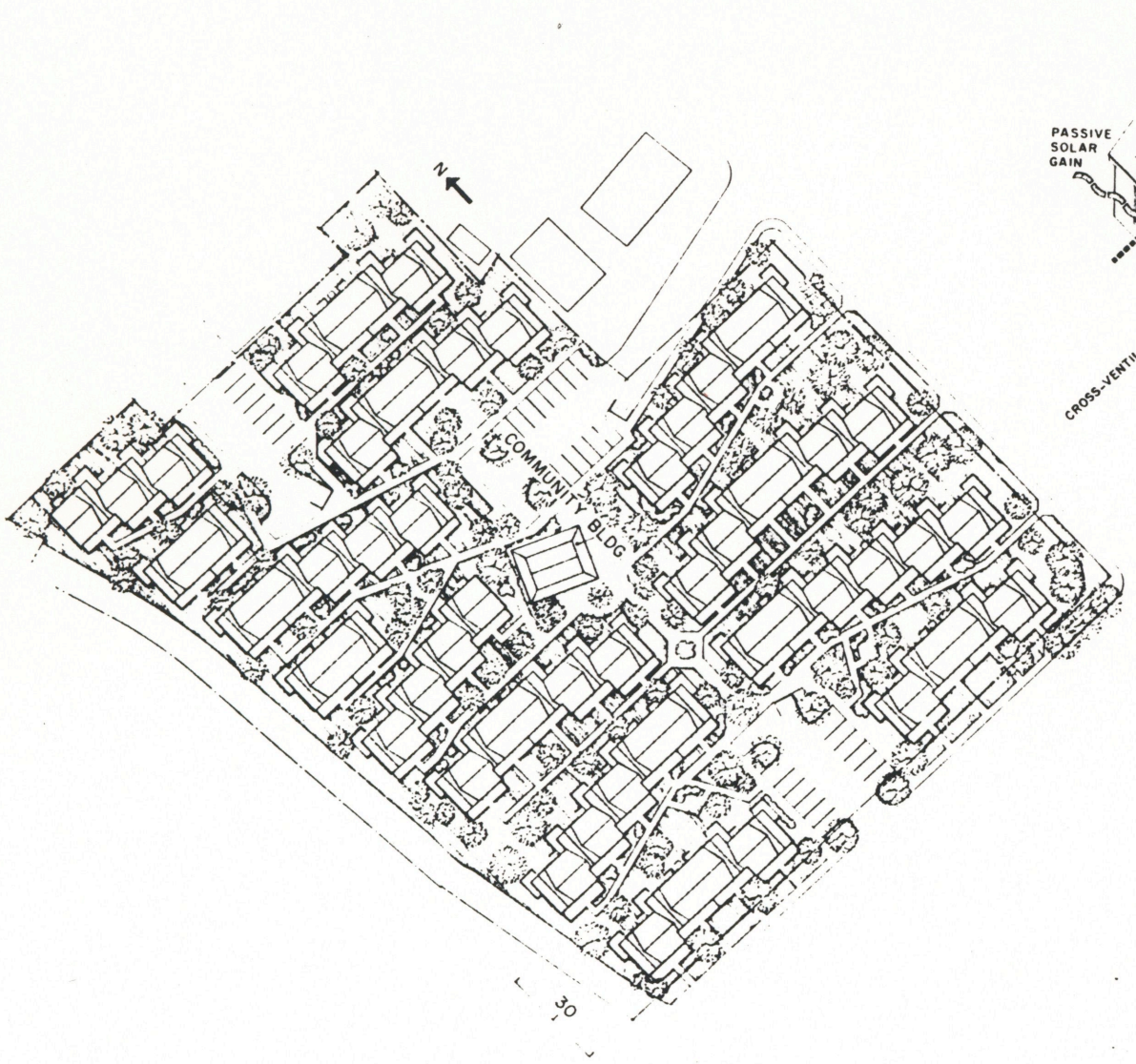
SHARED BACKSTAGE Residents will use the living rooms of the old house extremely informally like their own apartment to wait for laundry to dry

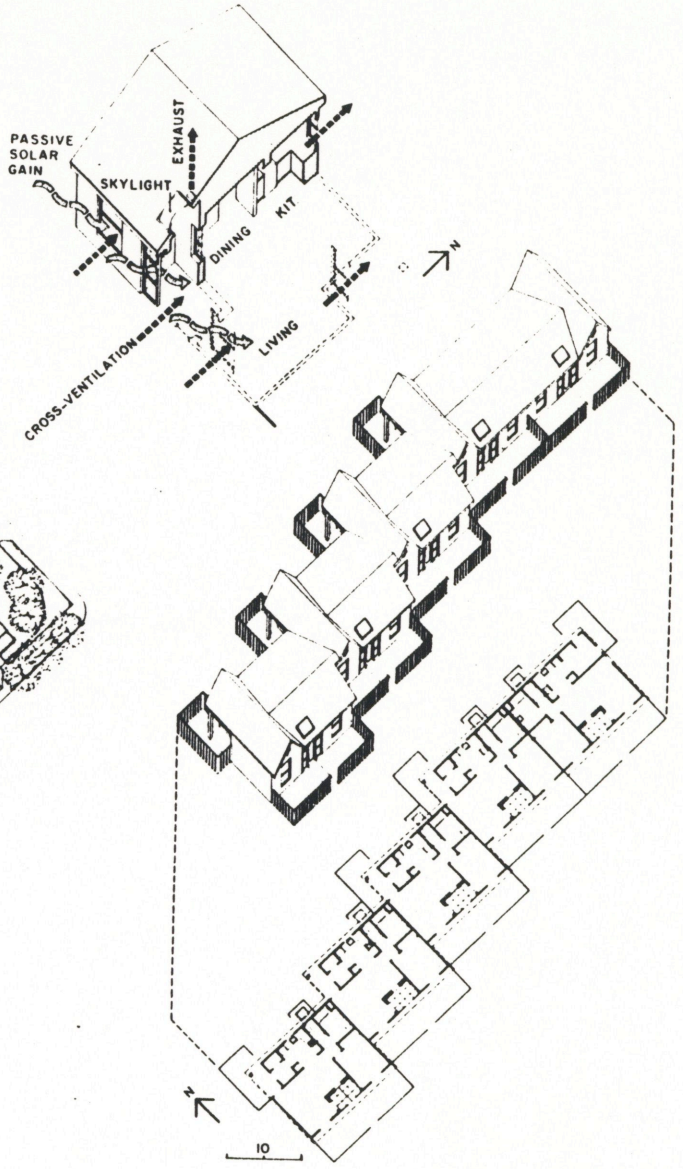
CASE TWO

PROJECT: North Barelas Project for the Elderly
LOCATION: Albuquerque, New Mexico
ARCHITECT: Westwork Associates, Architects

North Barelas Project for the Elderly is a sixty-unit complex that retained the neighborhood's single-family character by concentrating parking on the site perimeter where it meets the street grid, and limiting internal circulation to meandering foot paths that converge on the community building.

The south facing one-bedroom rowhouses escape repetition by the way they are clustered, some paired to create larger masses, the others staggered in setbacks. Though the unit plan is a simple box, the implications of this project to my project are the intersecting gables which enliven the roof lines and setbacks that not only add complexity but assure privacy for the front and back yards of each unit while permitting over-the-fence chats with neighbors.


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COMMUNITY BLDG
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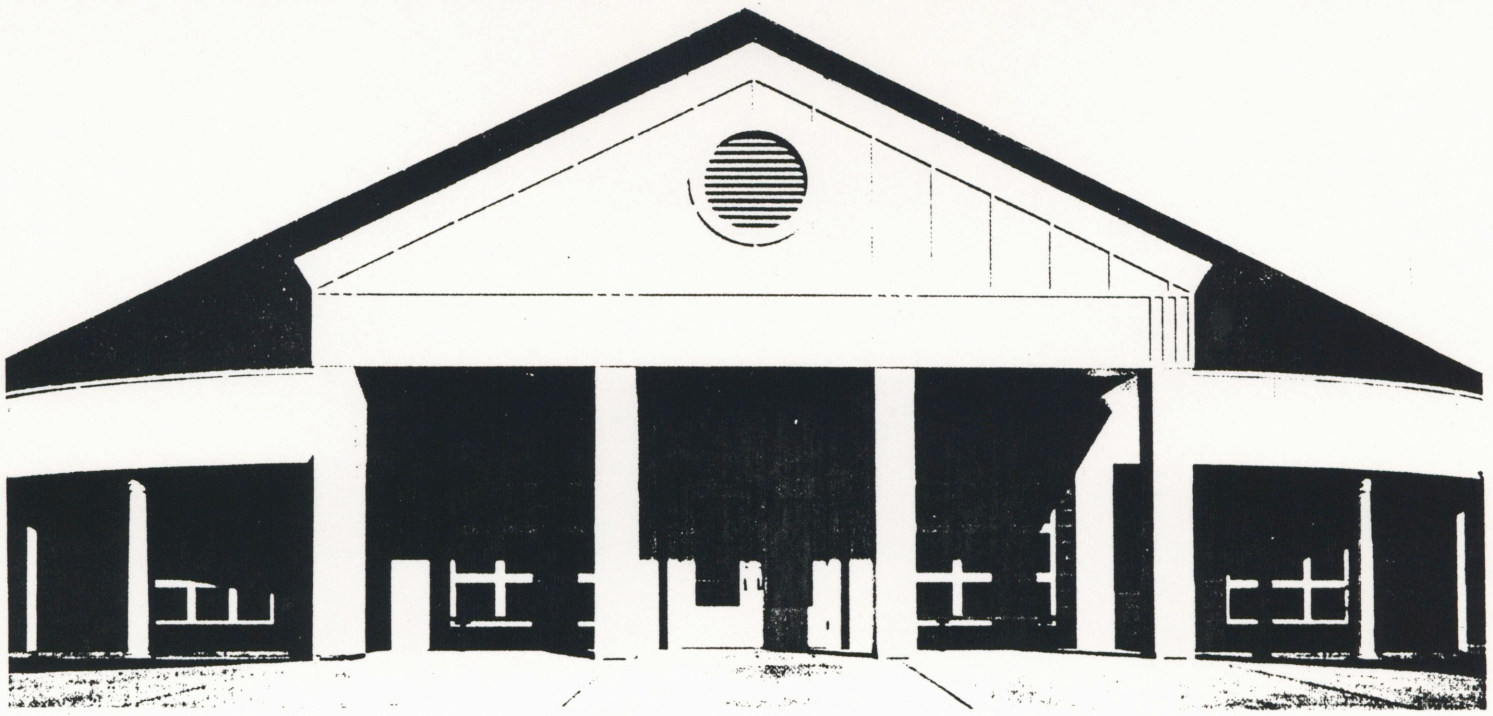

PASSIVE SOLAR GAIN
SKYLIGHT
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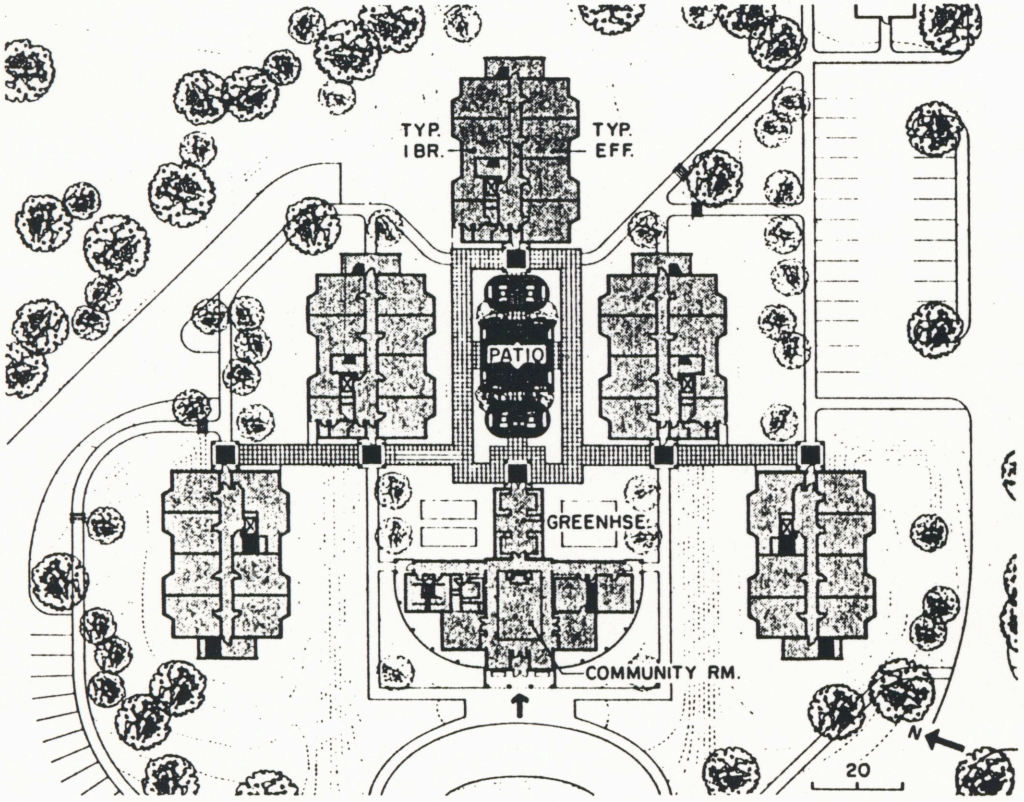
CASE THREE

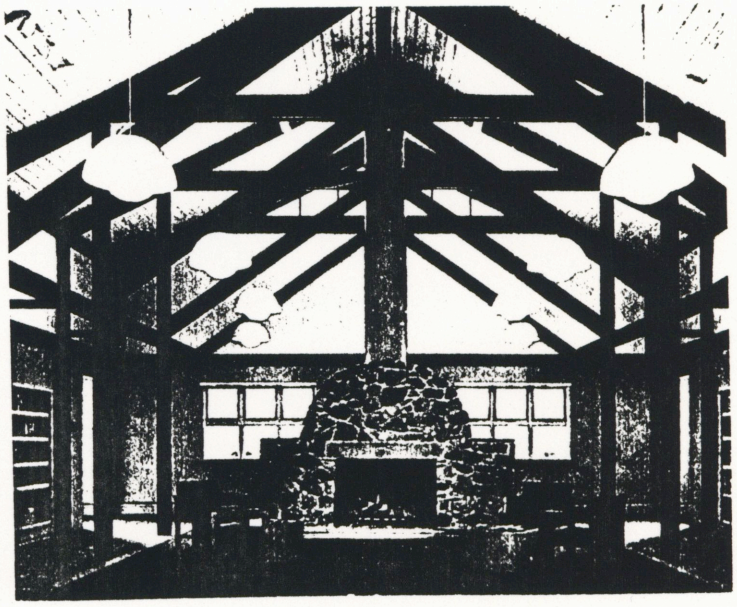
PROJECT: Michael R. Kourt Terrace
LOCATION: Torrington, Connecticut
ARCHITECT: Ulrich Franzen & Associates, Architects

The five individual housing units each contain twenty dwellings in a mix of 85 efficiency apartments and 15 one bedroom units. Though identical in plan and materials, they are distinguished by differing entry details, ornament, and interior color schemes to provide identifiable homes rather than institutional people storage.

The residential clustering is sympathetic with the country setting and the houses nearby. A variety of open and enclosed spaces help to avoid an image of isolation and inactivity. The greenhouse/solarium flanked by small garden plots gives residents the opportunity to exercise their green thumbs and makes the transition to a cloistered, paved courtyard framed and sheltered by three of the housing units and a covered walkway designed to encourage socializing with sunning and sitting areas.




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TYP.
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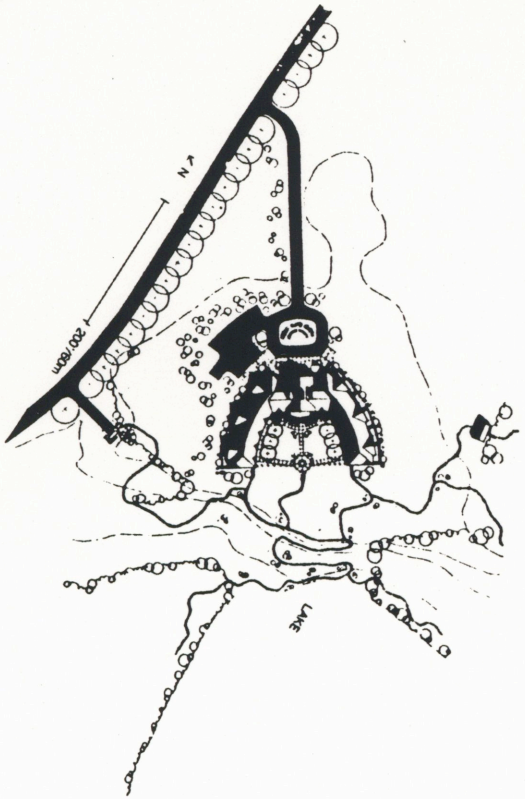


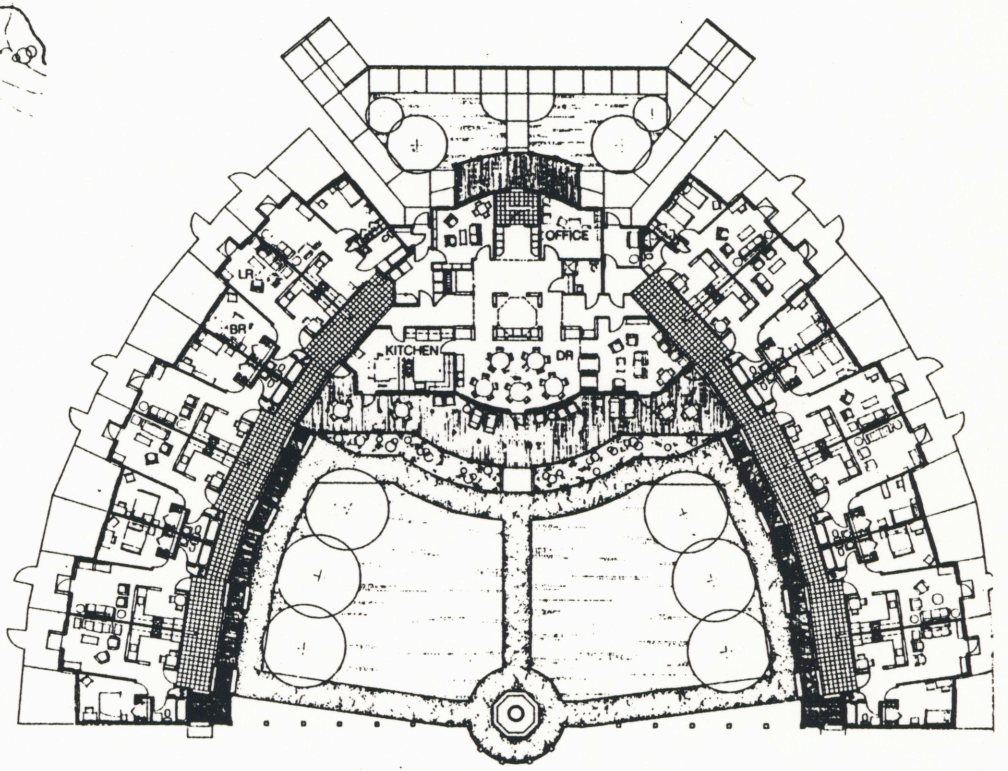
CASE FOUR

PROJECT: Annie Maxim House
LOCATION: Rochester, Massachusetts
ARCHITECT: KJA Architects

Annie Maxim House has 12 one bedroom apartments each with an entry porch, eat-in kitchen, and fenced back yard; shared library, living room, dining, laundry, and porch organized around a central courtyard.

The implication of this projects to my project is that the complex is not anti-institutional, but it is non-institutional; all residents must be capable of caring for themselves because of the remote, rural location. The design draws upon a vocabulary that is as readily associated with country inns and restaurants as it is with elderly housing.


N
200'/60m
LAKE


OFFICE
LR
BR
KITCHEN
DR

BARRIERS

Independence does not come from freedom of physical barriers alone. In fact, for many of the elderly there will always be physical barriers that cannot be removed. Independence comes from a quiet acceptance of one's limitations, an adjustment of expectations, and the channeling of energies into those pursuits that are rewarding and fulfilling. Independence should not be diminished by a physical dependence on another individual or on a prosthetic device. Independence comes from a self-determined lifestyle.

The physical environment of our communities continues to be designed to accommodate the able-bodied, thereby increasing the isolation and dependence of the disabled. The key to self-sufficiency and independence is largely to be found in proper housing and environment which permits the disabled to manage their own daily activities. Safety and convenience for the aged is paramount.

The following pages are intended to present specific dimensional requirements and recommendations for designing barrier-free spaces. The data herein has been gathered and condensed from various sources. A bibliography listing them is at the end of this section.

The accessibility of any public or private outdoor area hinges on the physical relationships between design elements both inside and outside of the space. It is imperative that all elements of circulation be made as easily accessible as possible.

The following items should be considered to insure a good interface between transportation, site, and building entry elements:

1. Special transportation facilities should be provided for people who are restricted in their use of the exterior environment. Care should be taken to separate varying types of transportation where practical. Vehicular traffic should be separated as much as possible from bicycle traffic, and both should be held apart from pedestrian traffic.

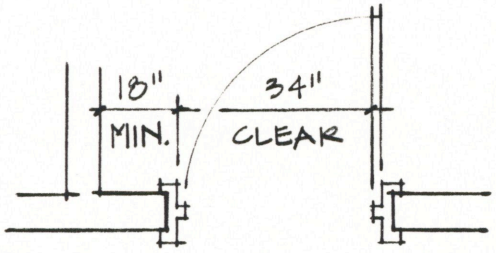
2. In general access to transportation facilities, through the site and to buildings, should be smooth and free of barriers.

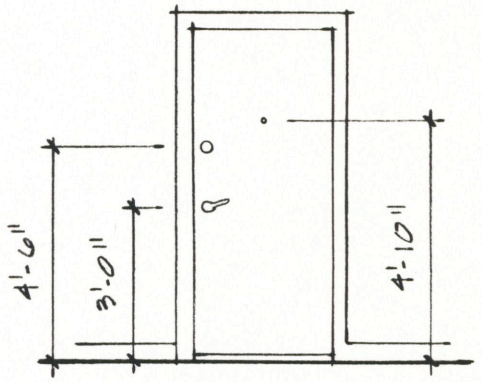
3. Doors into public buildings should preferably be activated by automatic opening devices. When these items are prohibited by costs, horizontal levers or through bars should be installed on the doors.

4. Public conveniences, such as restroom facilities, drinking fountains, telephones, etc., should be well organized and located in close proximity to building entrances.

DOORWAYS

- All door openings should have a minimum clear opening of 32".
- Primary building and dwelling unit entrance doors should have a minimum clear opening of 34".
- There should be no grade change at threshold.
- Door handles of the horizontal lever type are recommended.
- Pressure required to push a door open should not exceed 5 psf.
- Peephole should be between 54 and 58 inches above floor.
- Keyed locks should be about 4'-6" above the floor.
- Locks should be of the dead bolt type.
- An 18" minimum set back should be provided from the nearest obstacle.





DESIRABLE APARTMENT ENTRY DOOR

WALKS

Elements to consider in the design or modification of walk systems are:

1. Surfaces. The surface of walks should possess stability and firmness, be relatively smooth in texture, and have a non-slip surface.

2. Rest areas. Occasional rest areas off the traveled path are enjoyable and helpful for all pedestrians, particularly for those with handicaps that make walking long distances exhausting.

3. Gradients. Pedestrian paths with gradients under 5% are considered walks. Walks with gradients in excess of 5% are considered ramps and have special design requirements. Routes with gradients up to 5% can be negotiated independently by the average wheelchair user, but sustained grades of 4-5% should have short (5'-0") level areas approximately every 100'-0" to allow a chairbound person the ability to stop and rest. Gradients up to 3% are preferable where their use is practical.

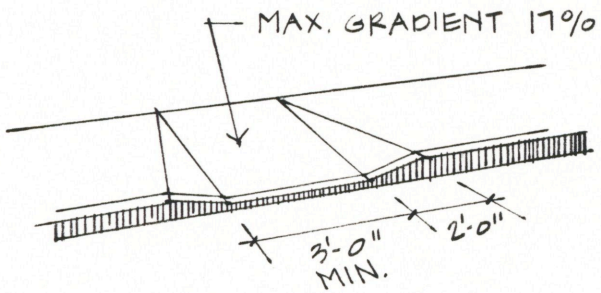
4. Lighting. Lighting along walkways should vary from ½ to 5 foot candles, depending on the intensity of pedestrian use, hazards, and relative need for personal safety.

5. Club ramps. To facilitate movement over low barriers, a curb ramp should be installed. Surfaces should be non-slip, but not corrugated as the groves may fill with water, freeze, and become slippery.

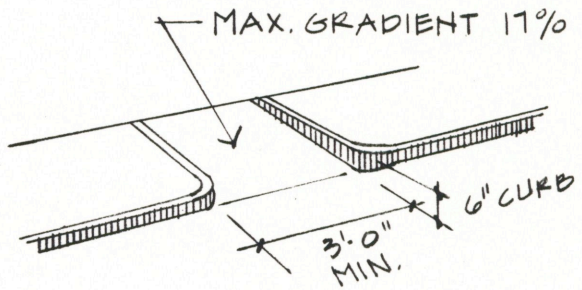
6. Wheels stops. Stops are necessary where wheeled vehicles may roll into a hazardous area. The stops should be 2-3" high, 6" wide, and should have breaks in them every 5-10 feet to allow for water drainage off the walk.

RAMPS

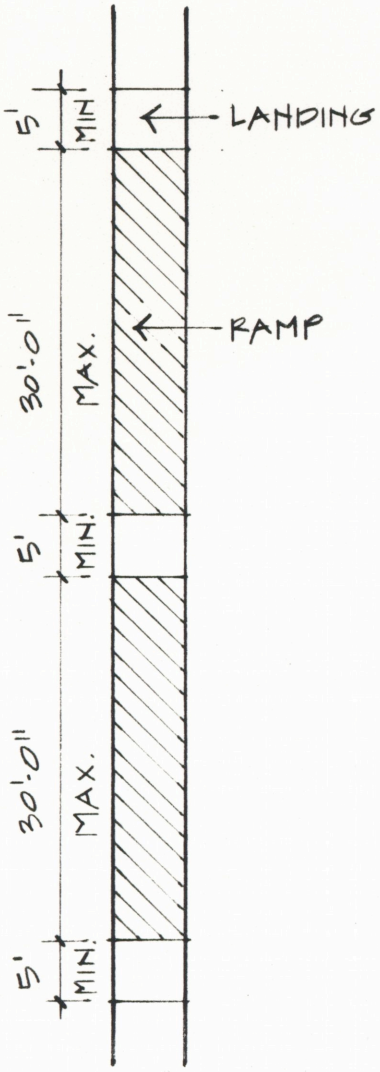
Ramps are alternate routes for people who are not able to use stairs; however, they do not take the place of stairs since certain portions of the population find ramps more difficult to use. Any surface pitched more than 5% is considered to be a ramp, and must be designed accordingly.



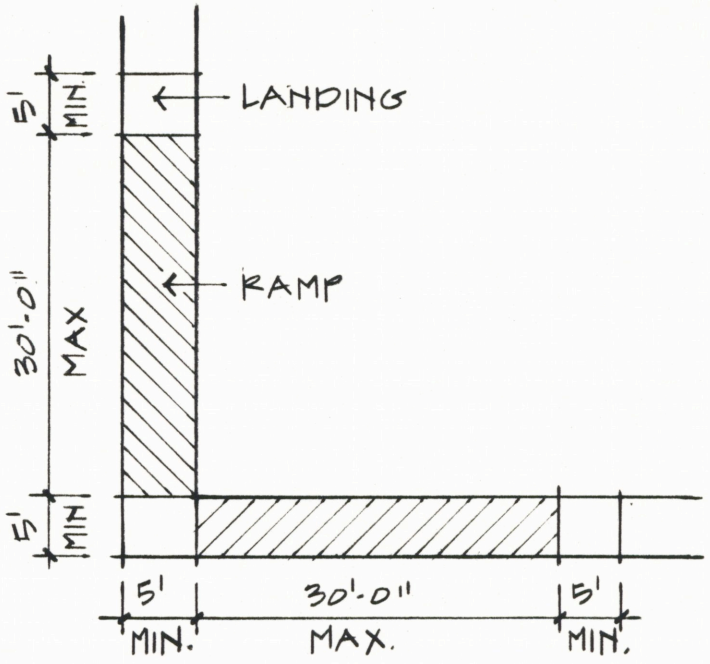
FLARED RAMP



RAMP WITH CONTINUOUS CURB



STRAIGHT RUN



ANGLED LANDING

STAIRS

Stairs should be designed to provide for the minimum amount of energy expenditure, a factor which is particularly important to elderly and semi-ambulant people. The stairs should be wide enough for people to pass one another, be of safe design, and have proper appurtenances to ensure the safety of the user. Provide at least three risers per flight, and a maximum of 10 risers should be between landings.

Steps should have plain faces with integral non-projecting nosings. Open risers are unacceptable. Painting of the first and last riser in each run with a bright paint will aid the visually impaired in negotiating the steps.

The maximum rise between landings for external unprotected stairs is 4'-0". Where the stairs are protected, a 6'-0" rise is acceptable; however, stairs should not be used when there are only a few in a series. These are dangerous and usually not necessary.

Stair treads should be deep enough to allow a whole foot on it. The preferred range is between 11" and 14½", minimum and maximum.

Risers for exterior stairs should be between 4" to 6½" in height, with 5-3/4" being preferred.

Nosings should be rounded or chamfered. A 1" rounded nosing is most acceptable. It should be of a color contrasting that of the treads and risers to make identification easier. Abrupt, square nosings provide less frictional resistance and cause tripping.

Surface of all treads should be non-slip and pitched forward 1/8" per foot to drain surface water.

Handrails should extend beyond the top and bottom step a minimum of 18".

HANDRAILS

Handrails serve the primary function of providing support for people who are in the process of climbing or descending stairs or ramps; whereas railings are placed more for reasons of preventing people from falling into hazardous areas. The designer should take into account the following items in regard to handrails and railings:

1. General:
   a. Handrails and railings should be round or oval, 1½" to 2" diameter.
   b. There should be a minimum 3" spacing between handrails and adjacent walls, and wall surfaces should be non-abrasive.
   c. Where handrails or railings are fully recessed into walls, a space of 6" should be allowed between the top of the rail and the top of the recess, and a space of 3" should be allowed at the bottom.
2. Handrails for ramps:
   a. Handrails should be provided on both sides of every ramp. They should extend past the heel and toe, 1'-0" to 1'-6", except in places where the extension in itself is a hazard.
   b. The vertical dimension from the ramp surface to the top of a single handrail should be between 2'-8" and 3'-0".
   c. A second rail is advantageous to children and wheelchair people. Where two rails are used, the top rail should be placed at 3'-0" to 3'-3", and the lower rail should be placed at 2'-4" to 2'-6".

d. Handrails should be continuous across landings.

e. Handrails should be designed to support 250 pounds.

3. Handrails for stairs:

   a. Handrails should be placed on each side of a stairway and should be 2'-9" vertically from the nose of the treads to the top of the handrail; the distance from the landing surface to the top of the handrail should be 2'-8" to 3'-0".

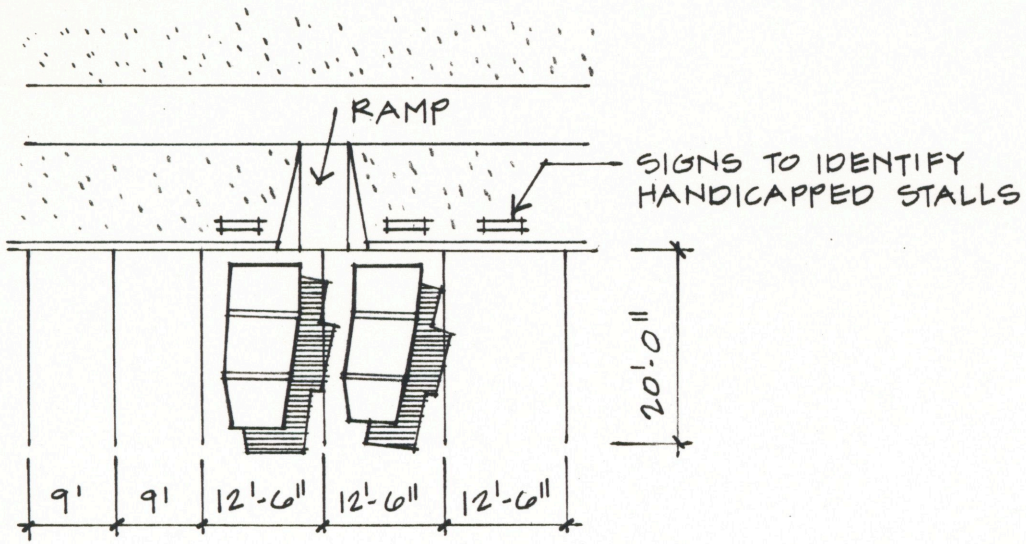
   b. Handrails should extend past the tread at top and bottom a length of 2'-0" to 3'-6" unless the extension in itself creates a hazard. The change of direction of the handrail provides a tactile clue to a person about to make the last step.

   c. Handrails should be continuous across landings where possible.

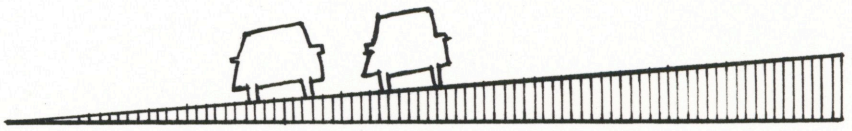
   d. Handrails should be designed to support 250 psf.

   e. When handrails are terminated, they should return to the wall.

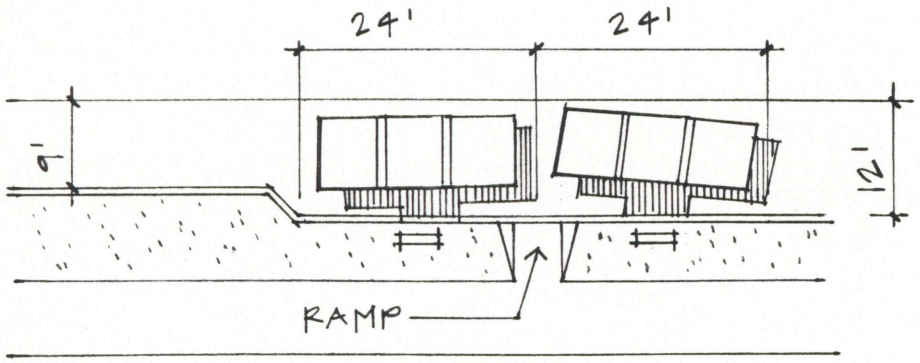
PARKING STALLS



ANGLED PARKING



LOT GRADIENT - 5% MAX.



PARALLEL PARKING

LIGHTING

The decline with age of the various aspects of visual ability results in particular lighting demands. In order to compensate for this decline, generally higher levels of illumination are necessary. An aged person may require as much as three times the amount of light necessary for a younger person. The conventional illumination levels which are recommended are somewhat low for the aged. Normally floor illumination levels are given at about 2 to 5 foot candles. These levels and almost all others should be roughly doubled.

The lighting system must be so arranged that a person can always easily and safety light the way ahead. All wall switches should be in combination with convenience outlets so that "night lights" could be employed to help locate switches. Or, it is possible all light switches be of the pilot light type that glow when in the off position.

The avoidance of ceiling fixtures is also highly desirable from the point of view of safety, since they necessitate climbing on chairs or ladders to change bulbs and clean fixtures. This would also spare the building management the bother of attending to a large percentage of these chores.

In order to avoid unnecessary stooping and bending, all convenience outlets should be located at waist height, 2 to 3 feet.

FLOORING

Non-skid flooring is perhaps the most frequently repeated slogan in housing for the aged. There is, of course, good reason for this since the aged are so liable to falls. It is important to note, however, that visual slipperiness is just as important in this connection as actual slipperiness. Highly glossy floor surfaces can be psychologically dangerous to the elderly even though the floor may actually be non-skid. A floor which look slippery is almost as bad as an actually slippery one.

Where changes in level are required or unavoidable, they should be clearly marked, occur at logical locations, and conform to the requirements for stairs and ramps.

Flooring materials should be resilient, non-skid, waterproof, greaseproof, alkaliproof, etc. Above all, flooring material should be warm in appearance and residential in character.

Raised sills and thresholds must be avoided at interior doors and should be kept to a minimum at exterior doors. The joints between unlike materials should be smooth and have no raised edges.

Carstens, Diane Y. Site Planning and Design for the Elderly. New York: Van Nostrand Reinhold Company, 1985.

Hoglund, David J. Housing for the Elderly: Privacy and Independence in Environments for the Aging. New York: Van Nostrand Reinhold Company, 1985.

Hopf, Peter S., and Raeber, John A. Access for the Handicapped. New York: Van Nostrand Reinhold Company, 1984.

Raschko, Bettyann B. Housing Interior for the Disabled and Elderly. New York: Van Nostrand Reinhold Company, 1982.

PROGRAM

PROGRAMMING

	# of Units	Unit SF	Total Footage
1. Resident Living Areas			
Single Room	30	210	6,300
Semi-Private Room	23	355	8,165
Double-Bed Room	22	290	6,380
Resident Lounge/Dayroom	2	600	1,200
Resident Bath	2	510	1,020
Dining			
Assisted	1	1,560	1,560
Independent	1	1,320	1,320
Party Room	1	225	225
Resident Storage	1	500	500
Outdoor Patio			
			26,670
2. Nursing & Professional Areas			
Nurse Stations	2	150	300
Medicine Prep Room	2	75	150
Medical Supply Room	1	225	225
Charting Room	2	50	100
Clean Materials Room	2	130	260
Soiled Materials Room	2	150	300
Examination/Treatment	1	140	140
Staff Toilets (Both M&W)	2	60	120

	# of Units	Unit SF	Total Footage
Physical Therapy			
Main Room	1	675	675
Toilet Room (M&W)	1	140	140
Office	1	120	120
Waiting Room	1	100	100
Storage Room	1	110	110
Therapy Pool Area	1	600	600
Activity Room w/Storage	1	1040	1040
Activity Directors Office	1	120	120
Pharmacy	1	200	200
Staff Inservice	1	385	385
Staff Lounge/Locker Room	1	600	600
Staff Toilet & Shower	1	90	90
Staff Conference & Report Room	2	216	432
			6,207
3. Food Services Area			
Kitchen	1	1,500	1,500
Food Service Director/ Dietary Office	1	120	120
Kitchen Storage	1	314	314
Kitchen Toilet	1	30	30
Staff Dining	1	400	400
			2,364

	# of Units	Unit SF	Total Footage
4. Administrative Areas			
Entry/Lobby	1	300	300
Reception/Business	1	150	150
Administrator's Office	1	250	250
Director of Nursing Office	1	250	250
Accountant Office	1	120	120
Administrative Conference Room	1	170	170
Office Supply Storage	1	45	45
Medical Records Room	1	275	275
			1,560
5. Housekeeping & Maintenance Areas			
Laundry	1	400	400
Housekeeping Office & Storage	1	400	400
Maintenance Office & Repair Shop	1	144	144
Mechanical Room	1	2,000	2,000
Large Equipment & General Storage	1	200	200
Outside Equipment Storage/Garage	1	360	360
			3,504
6. Special Areas			
Beauty/Barber Shop	1	250	250
Public Restroom (M&W)	1	200	200

	# of Units	Unit SF	Total Footage
Teaching & Training Area			
Classroom	1	360	360
Speech/Hearing Testing & Therapy	1	345	345
Research Room	1	275	275
Seminar Room	1	168	168
Coordinators Office	1	80	80
Body Holding Area	1	100	100
			1,778
Subtotal Net Square Footage			42,083
Corridors (20% of Sub-Net)			8,417
Total Net Square Footage			50,500

	Private	Semi-Private	Double	Total
Total Rooms	30	23	22	75
Number of Beds	30	46	44	120

Resident Room: Single

Activity Pattern: Residents need private room for sleeping, dressing, toileting and bathing, personal leisure, and the opportunity for social interaction with at least two other people.

Performance Requirement: Both sleeping and toileting areas should provide for visual and aural privacy from the corridor. The room should be barrier-free, including room for wheelchair movement. Space should be provided for storage of clothing, personal belongings, and object display.

Resident Toilet: Single

Activity Pattern: Both bathing (showering) and toileting will occur here. Over 50% of residents will require assistance by staff, and are likely to be wheelchair bound.

Performance Requirement: Toilet and shower must be directly accessible from living area. Room must allow for one staff and one resident in a wheelchair to be in the room at the same time. Equipment and room must be barrier-free with assistive hardware at shower and toilet locations.

Resident Room: Semi-Private

Activity Pattern: Room activities same as for residents of single rooms except there is no bathing facility in room, and maximum room occupancy will be for 4 persons.

Performance Requirement: Room should provide for visual privacy only for dressing and sleeping, otherwise room should perform similarly to single room.

Resident Toilet: Semi-Private

Activity Pattern: Only toileting will occur here. Other activities are the same as in private toileting area, except two residents will share toilet room.

Performance Requirement: Toilet must be directly accessible from living area. This room must also allow for one staff and one resident in a wheelchair to be in the room at the same time. Equipment and room must be barrier-free with assistive hardware at toilet locations.

Resident Room: 2-Beds

Activity Pattern: Activities same as semi-private room residents.

Performance Requirement: This room should perform similarly to the semi-private room except that privacy screen between beds is temporary and for short period of time only.

Resident Toilet:

Activity Pattern and Performance Requirement: Same as semi-private room residents.

Resident Lounge/Dayroom

Activity Pattern: One dayroom for each nursing station should be provided. In this space residents primarily watch the activity of others, socialize, sleep, or watch TV. Some may read or write.

Performance Requirement: Each dayroom in this facility should be able to accommodate 35-40 people at one time, including nonresident guests and staff. Space must allow for 25 residents in wheelchairs to park, leaving places for a maximum of 15 to sit in chairs. Visual access to pedestrian and other types of activity, as well as to the outdoors, is necessary. The space should be planned for at least three different types of activity to occur at once.

Resident Bath

Activity Pattern: A resident bathing area should be located within each room cluster. After undressing, some residents are transferred to a shower seat, some to a whirlpool chair for bathing, and some are showered while standing with staff assistance. Several will shampoo hair after bathing. After dressing in clean clothes, residents are returned to their rooms.

Performance Requirement: Receptacles are needed for soiled and disposable materials after undressing. The toilet and lavatory should be part of the bathing area and be handicapped accessible. The toilet, shower, and bathing compartments should have privacy curtains and be visually shielded from public areas. Both toilet and tub should have 3 foot clearance in front and sides. The shower should be a minimum of 4 foot by 4 foot.

Dining: Assisted

Activity Pattern: One dining room each is needed for those requiring assistance in eating and for those who do not. Assisted residents are unable to eat without considerable help. The majority of residents will be in wheelchairs. Residents also use this room for socializing and for attending special programs.

Performance Requirement: Tables should be circular or half-circles, with chairs for only 10 persons. The remainder will be in wheelchairs. This area should be visually private from public areas and from other dining rooms. Storage should be provided for dining room and clean-up materials.

Dining: Independent

Activity Pattern: Unlike the assisted dining area, the independent dining room is for residents who require minimal or no help in taking meals. In addition to serving regular long-stay residents, this area will also serve day care, out-patient, rehab, and other short-term residents. In addition to eating, the space may be used for socializing and attending special programs.

Performance Requirement: Eight percent of the tables should be circular, with the remaining tables square-shaped. The area should be screened from public areas and from the assisted dining area. Storage is needed for dining room clean-up and materials.

Resident Party Room

Activity Pattern: Residents need a place away from other residents and staff in which to meet with a small group of friends and family to celebrate birthdays and other special occasions. Food will be served and general social interaction will be the predominant activity in the space.

Performance Requirement: The space should accommodate at least 12 people while seated at a table, and contain a small sink, counter top, and cabinet for storage of eating and serving utensils. The space should have acoustical properties to facilitate conversation and should have visual privacy from public areas.

BUILDING CODES

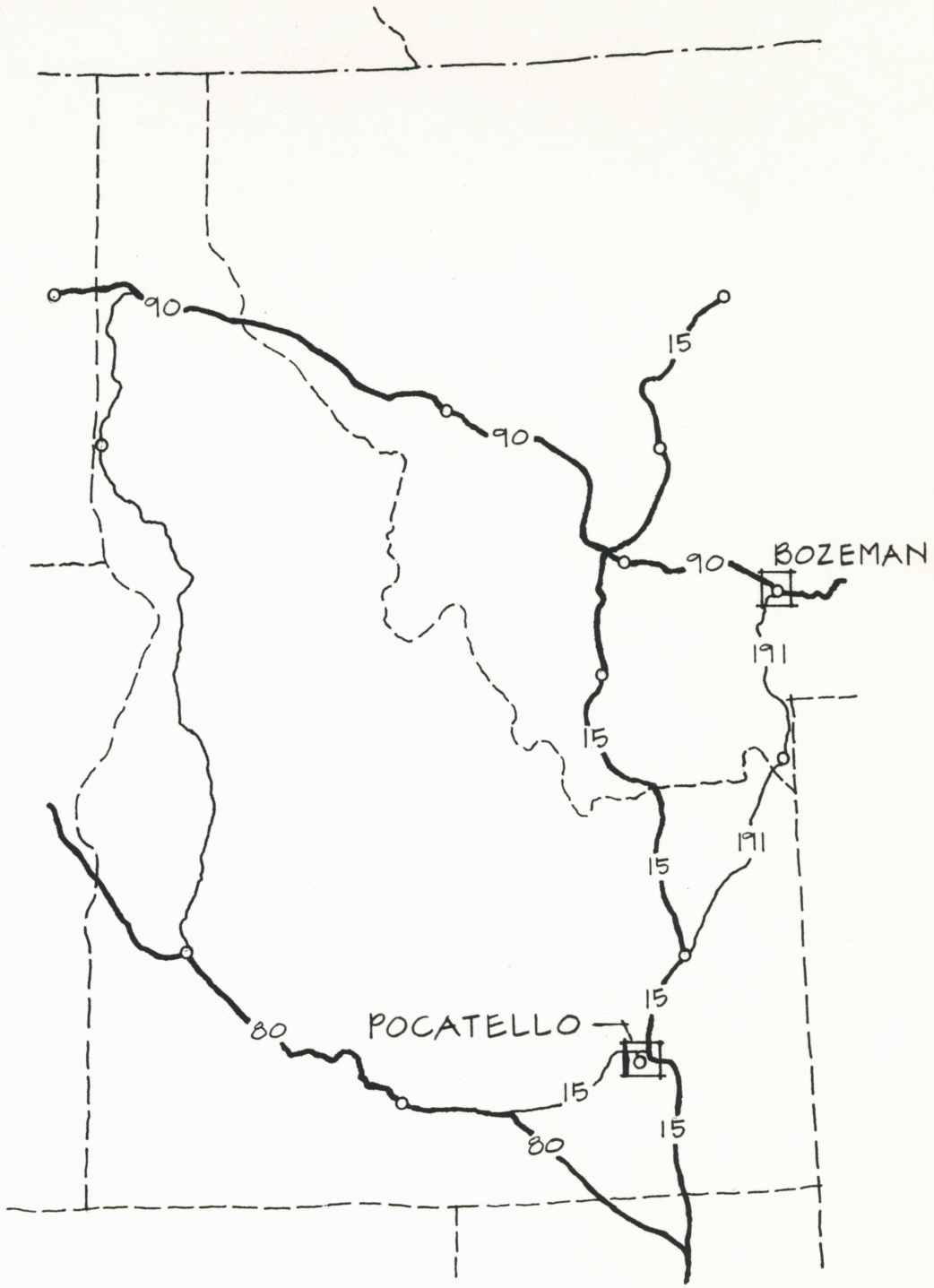
Occupancy Groups	I-1&2	A-3	B-2
Fire Resistance of Exterior Walls	I-1 2 hours less than 5 feet, 1 hour elsewhere I-2 1 hour	2 hours less than 5 feet 1 hour less than 40 feet	1 hour less than 20 feet
Openings in Exterior Walls	Not permitted less than 5 feet Protected less than 10 feet	Not permitted less than 5 feet Protected less than 10 feet	Not permitted less than 5 feet Protected less than 10 feet
Occupancy Separations	I-1&2 to A-3 3 hours I-1&2 to B-2 2 hours		
Construction Type	Type 1	Type V - 1 hour	Type V - 1 hour
Allowable Floor Area	Unlimited	10,500 SF	14,000 SF
Maximum Building Height	Unlimited	2 stories	3 stories
Fire Resistive Requirements			
Exterior Bearing Walls	4 hours	1 hour	1 hour
Interior Bearing Walls	3 hours	1 hour	1 hour
Partitions	1 hour	1 hour	1 hour
Structural Frame	3 hours	1 hour	1 hour
Shafts	2 hours	1 hour	1 hour
Floors	2 hours	1 hour	1 hour
Roofs	2 hours	1 hour	1 hour
Parapet Required	Yes	No	No
Roof Construction and Covering Class	Class A or B Built Up Roof Assembly	Class C	Class C

Occupancy Groups	I-1&2	A-3	B-2
Exits			
Number of exits required	2	→	→
Number of exits required from second floor	2	→	→
Dead end corridor length	20 ft	→	→
Distance to exits	150 ft	→	→
Doors			
Swing out required	Yes	→	→
Special hardware required	Yes	→	→
Corridors			
Width	8 feet	→	→
Height	Not less than 7 feet	→	→
Construction	One hour fire resistive	→	→
Openings	Smoke and draft control assembly with fire rating not less than 20 minutes	→	→
Stairs			
Width	Not less than 44 min.	→	→
Rise and run	Rise not less than 4" or greater than 7"	→	→
Handrails	Each side	→	→
Roof stair required	No	→	→
Special Exit Requirements	No	→	→
Sprinklers Required	Yes	→	→

SITE

STATEHOOD - JULY 3, 1890
43RD STATE
83,557 SQ. MILES
13TH IN SIZE

POCATELLO - 2ND
LARGEST CITY
54,000 PEOPLE
LATITUDE 42.54 N
LONGITUDE 112.30 W



IDAHO

1" = 70 MILES

NORTH

HISTORY

"Come all you jolly railroad men, and I'll sing you if I can
Of the trials and tribulations of a godless railroad man
Who started out from Denver -- his fortune to make grow,
And struck the Oregon Short Line way out in Idaho.
Way out in Idaho, way out in Idaho..."[1]

Within this railroad work song of the 1880's lies the story of Pocatello's beginning, a beginning deeply entrenched in the history of railroading in the West. First through the Portneuf Canyon in 1872 came the news of the Utah and Northern Railroad extending narrow gauge tracks northward to the gold fields of Montana from Salt Lake City. By 1882 the Oregon Short Line had completed laying track from Omaha to Portland, crossing the Utah and Northern line at what is now Pocatello. With this junction of the two railroads, the future of Pocatello as a rail center was assured.[2]

Congress passed the Pocatello Township Act in 1888 and removed 1,840 acres from the Bannock Indian Reservation, thus opening the land to settlement.[3] Located in the geographical center of the original reservation, it was fitting that the name of a Bannock Indian chief be adopted as the permanent designation of the newly created city, the only city in the entire world named Pocatello.[4]

In 1893 the state legislature created Bannock County, and named Pocatello the county seat. From 1889 until 1950 municipal government of Pocatello was known as the Mayor-Council form of government. In 1951, the citizens of Pocatello adopted the Commission-City Manager form of government now known as the Council-Manager form of government.[5]

In the area surrounding Pocatello, agriculture is an important economic factor. The main crops are dry farm grains, hay, beets, potatoes, fruits and vegetables. Every phase of livestock production is represented, including cattle and sheep feeding and dairying. Dairy processing and storage constitute a major industry in the area. The impact of agriculture on Pocatello directly is mainly in the area of trade.[6]

[1]League of Women Voters, Know Your Town, Pocatello, Idaho (Pocatello: League of Women Voters of Pocatello, Idaho, 1978), p. 1.

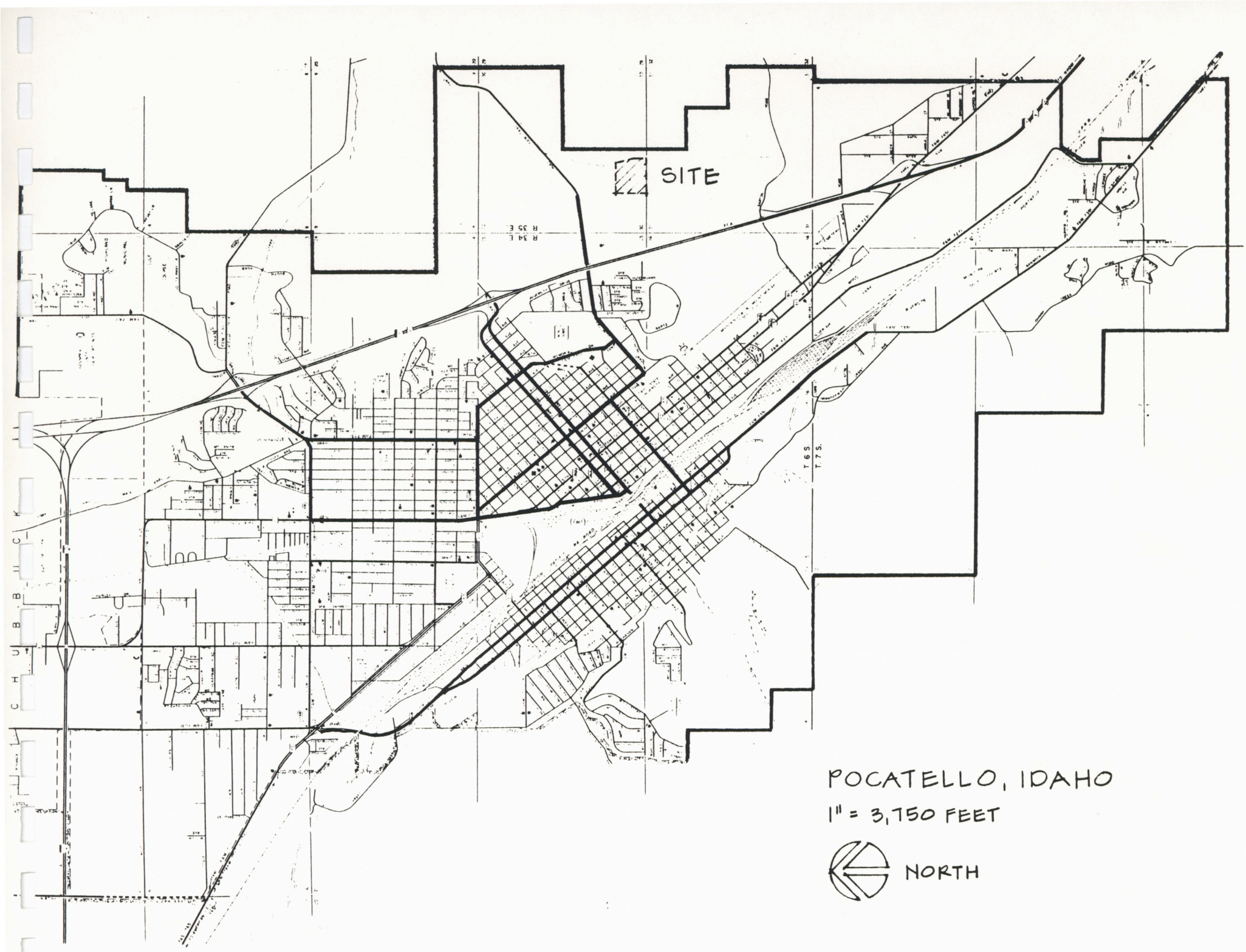
[2]Ibid., p. 2.

[3]Ibid., p. 5.

[4]Pocatello Chamber of Commerce, Pocatello (Pocatello: Greater Pocatello Chamber of Commerce, 1985), p. 8.

[5]Ibid., p. 10.

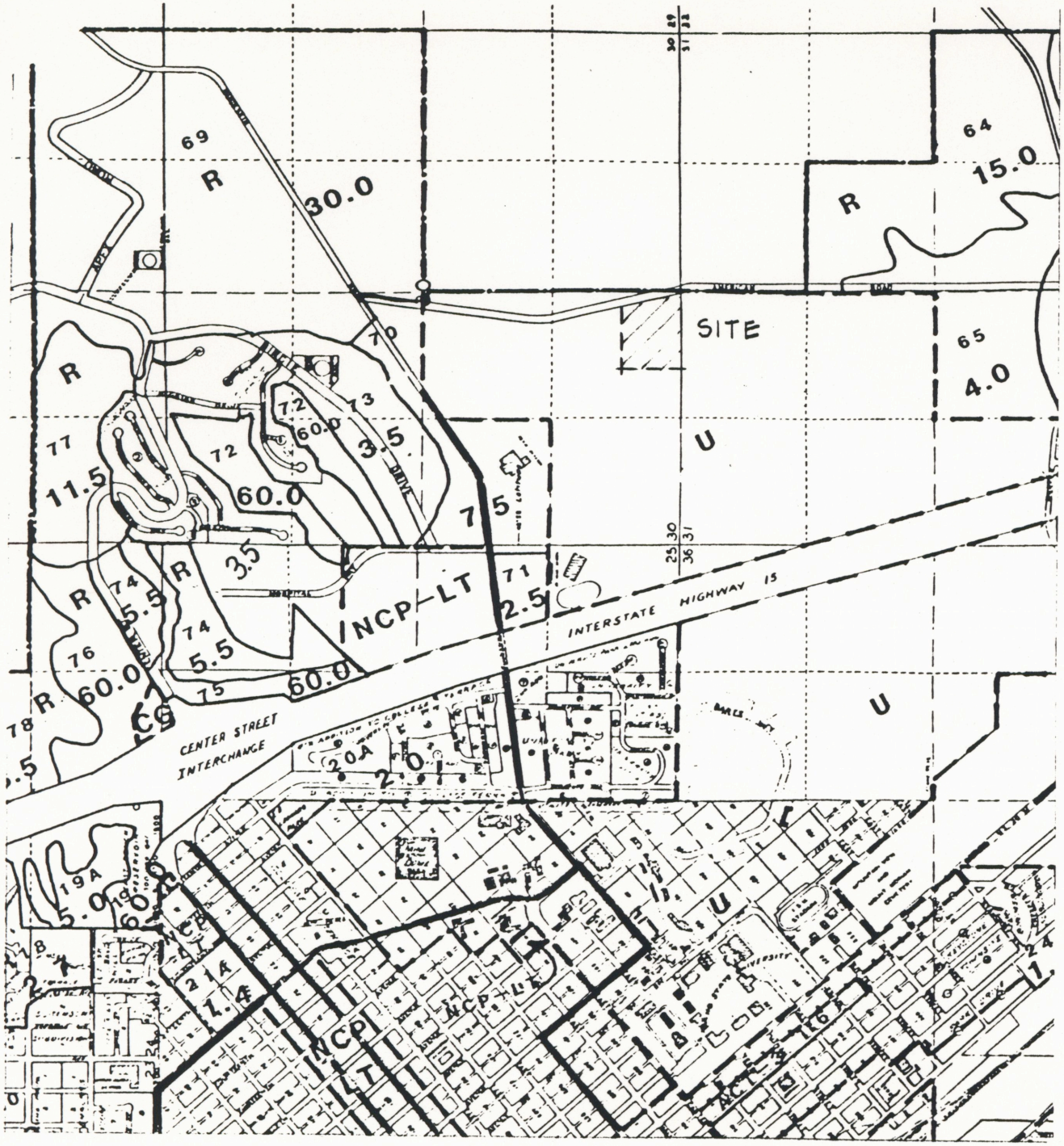
[6]Ibid., p. 11.



POCATELLO, IDAHO

1" = 3,750 FEET

NORTH



U	UNIVERSITY
R	RESIDENTIAL
NCP: LT	NEIGHBORHOOD COMMERICAL AND PROFESSIONAL - LOW TRAFFIC
71	OPEN SPACE FACTOR AREA DESIGNATION NUMBER
2.5	OPEN SPACE FACTOR

POCATELLO, IDAHO

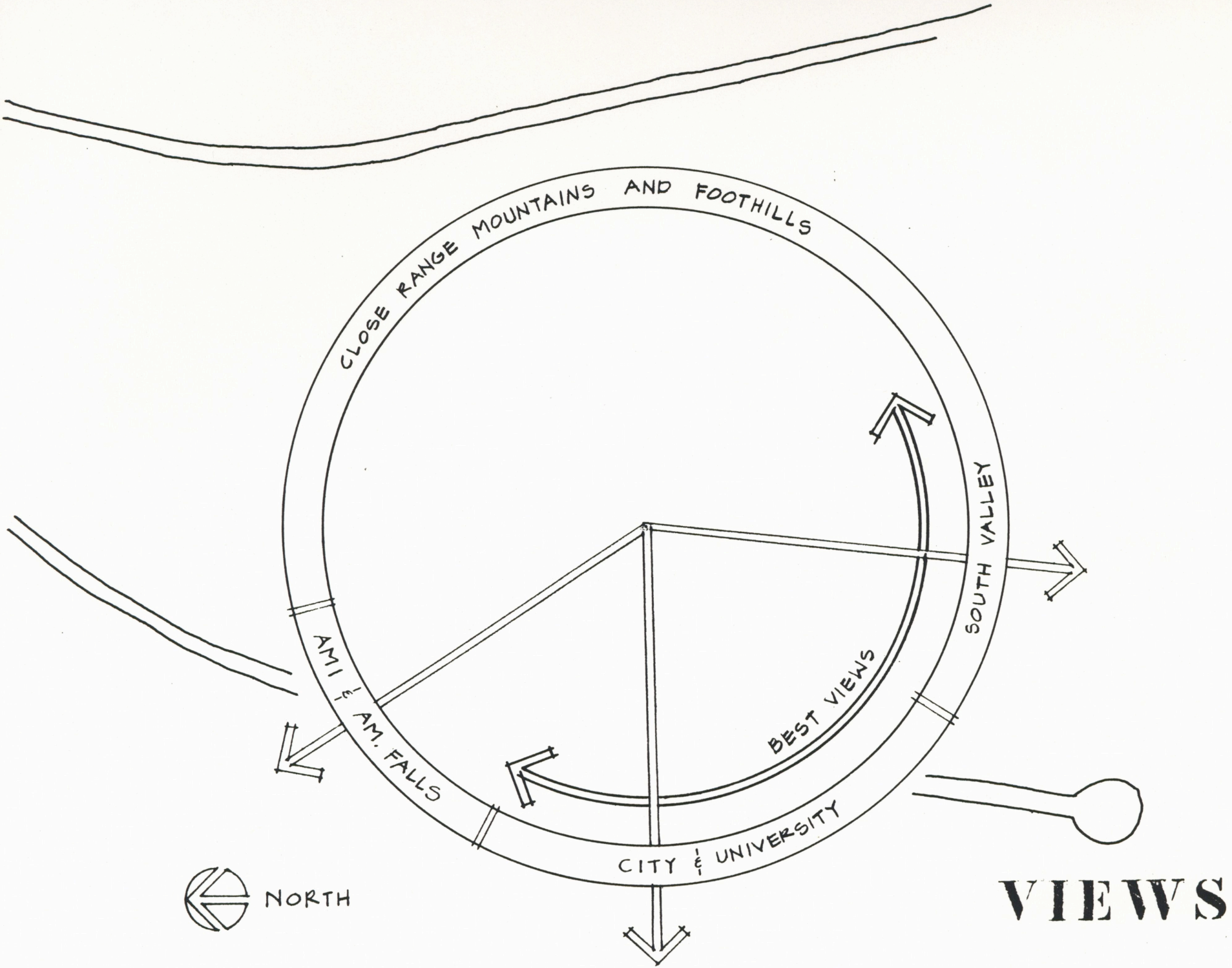
1" = 1600 FEET

NORTH

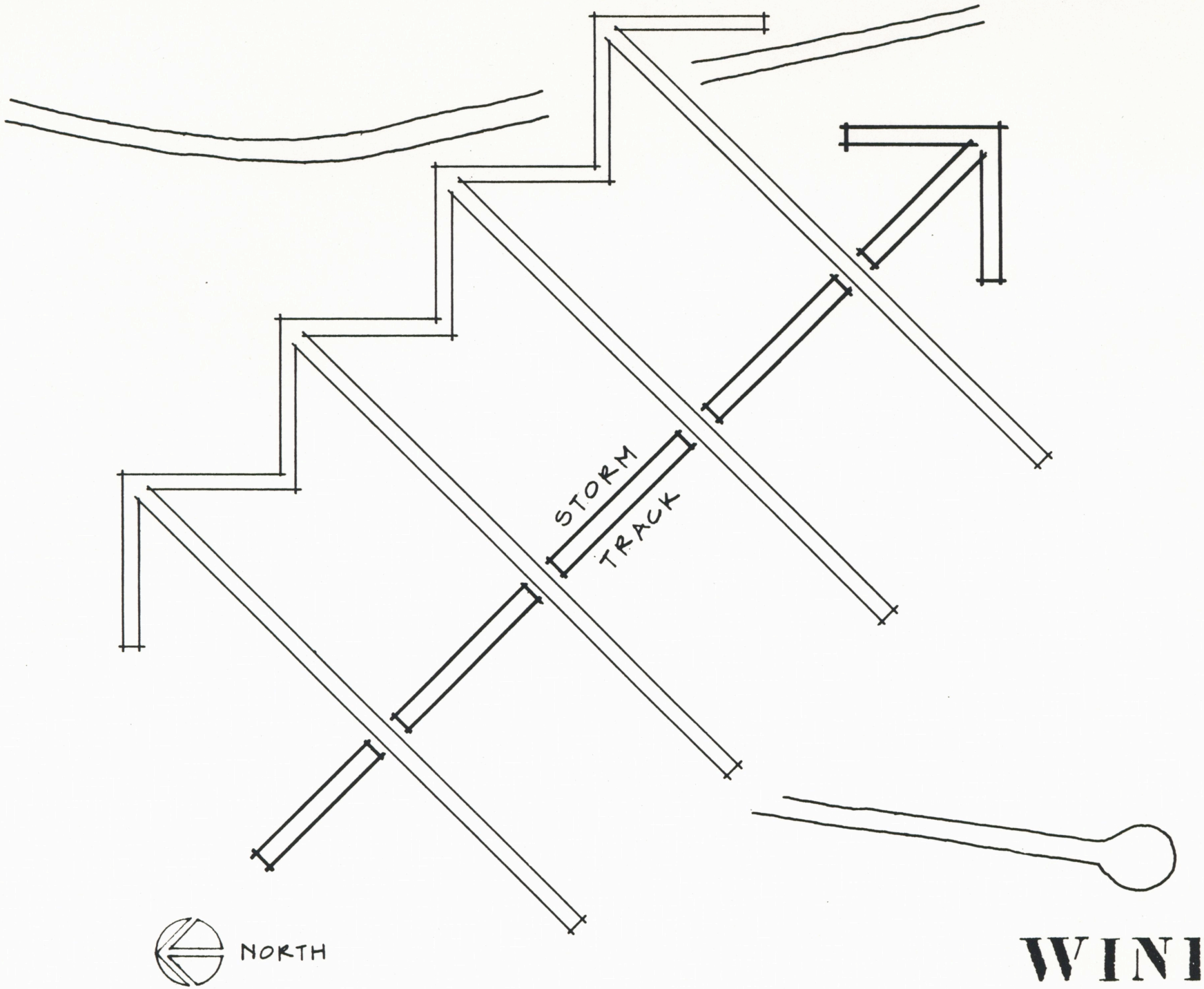
ZONING

Zone	U - Idaho State University Research and Business Park
Use	Health related businesses
Permitted	Yes
Cot Coverage	Building not more than 40%
Yards	
Front	25 feet
Rear	20 feet
Side	10 feet
Off-Street Parking	
Screening	No
Interior lot landscaping required	7% of parking area
Number of parking spaces required	60 - 1 space for each 2 beds
Parking space size	9 feet x 18 feet
Number of HC spaces	4 spaces - min.
Size of HC spaces	12 feet x 18 feet
Compact sizes	Yes
Size	7 feet 6 inches x 15 feet
Number	15% of 60 = 9 spaces
Off-Street Loading	Yes

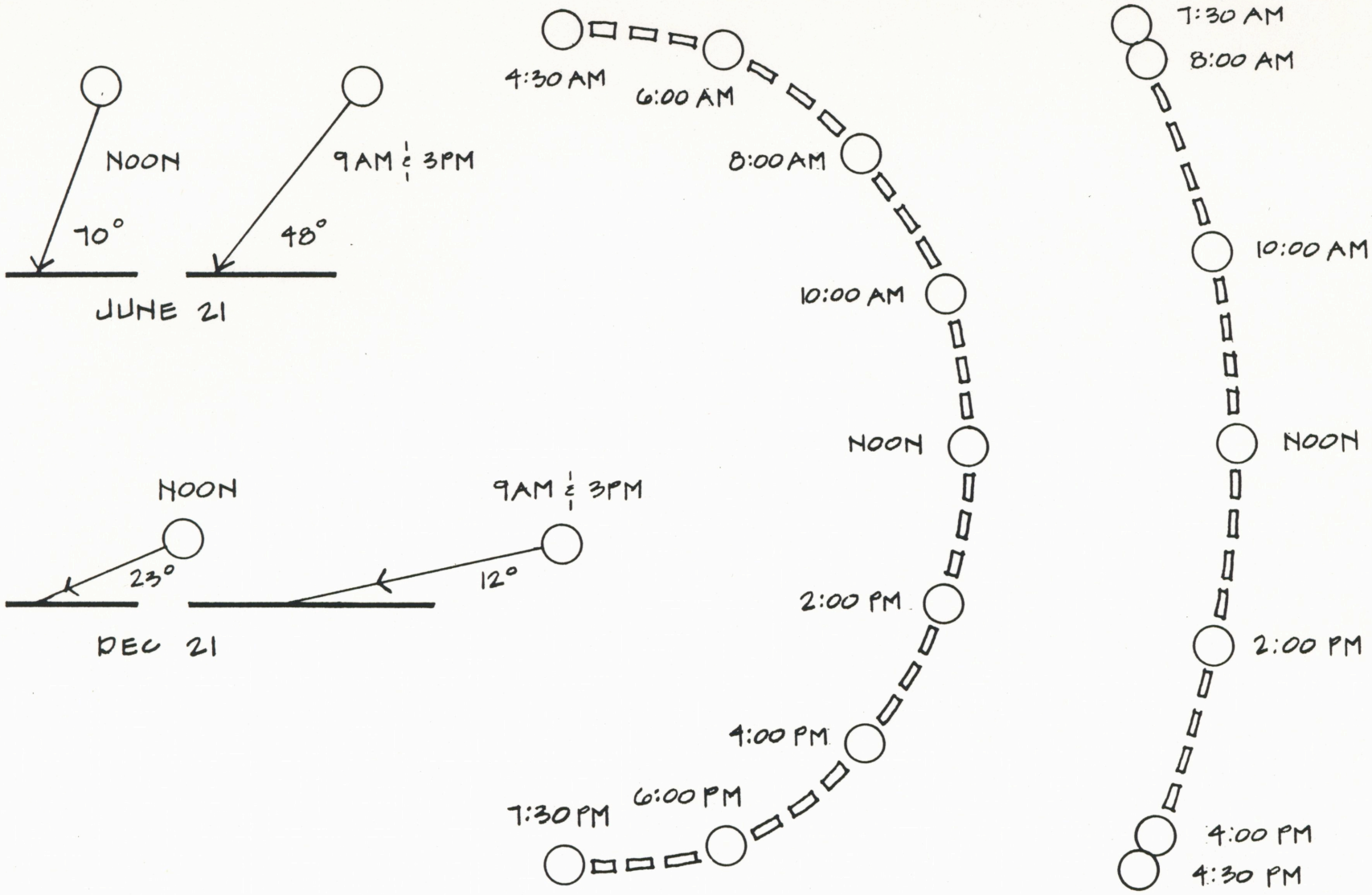
4824
4880
4800
4848
GAS LINE
4824
4776
4800
4776
NORTH 1"= 200'-0"


CLOSE RANGE MOUNTAINS AND FOOTHILLS
SOUTH VALLEY
AMI & AM. FALLS
BEST VIEWS
CITY & UNIVERSITY
NORTH

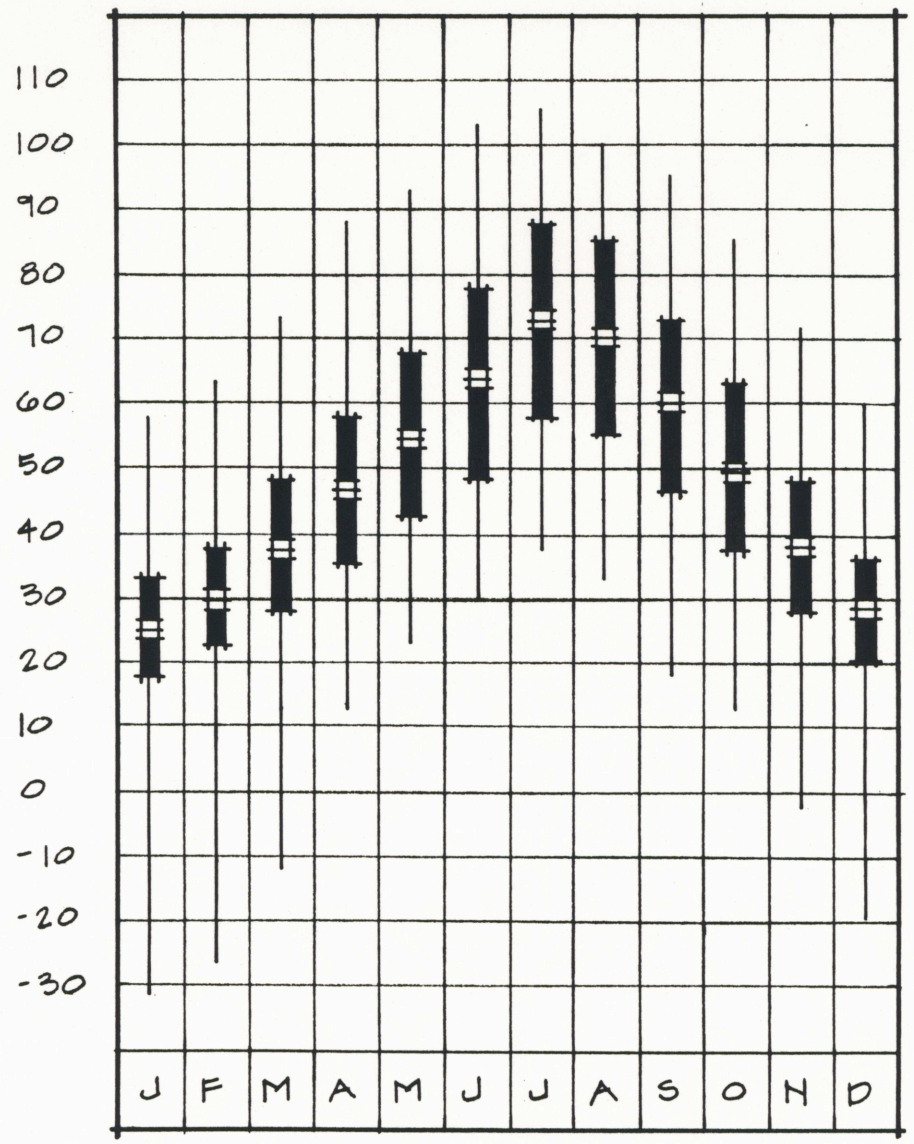
VIEWS



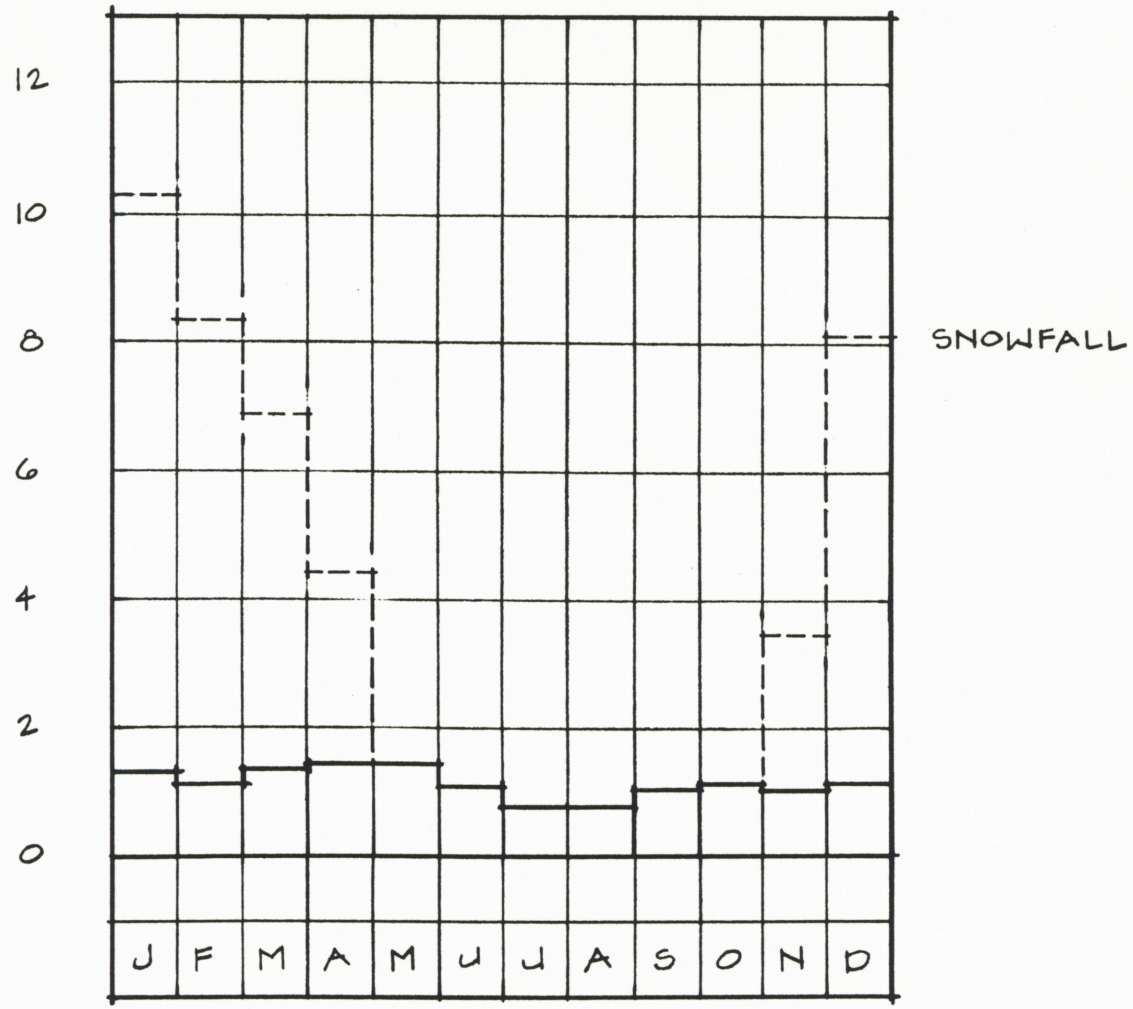
WINDS

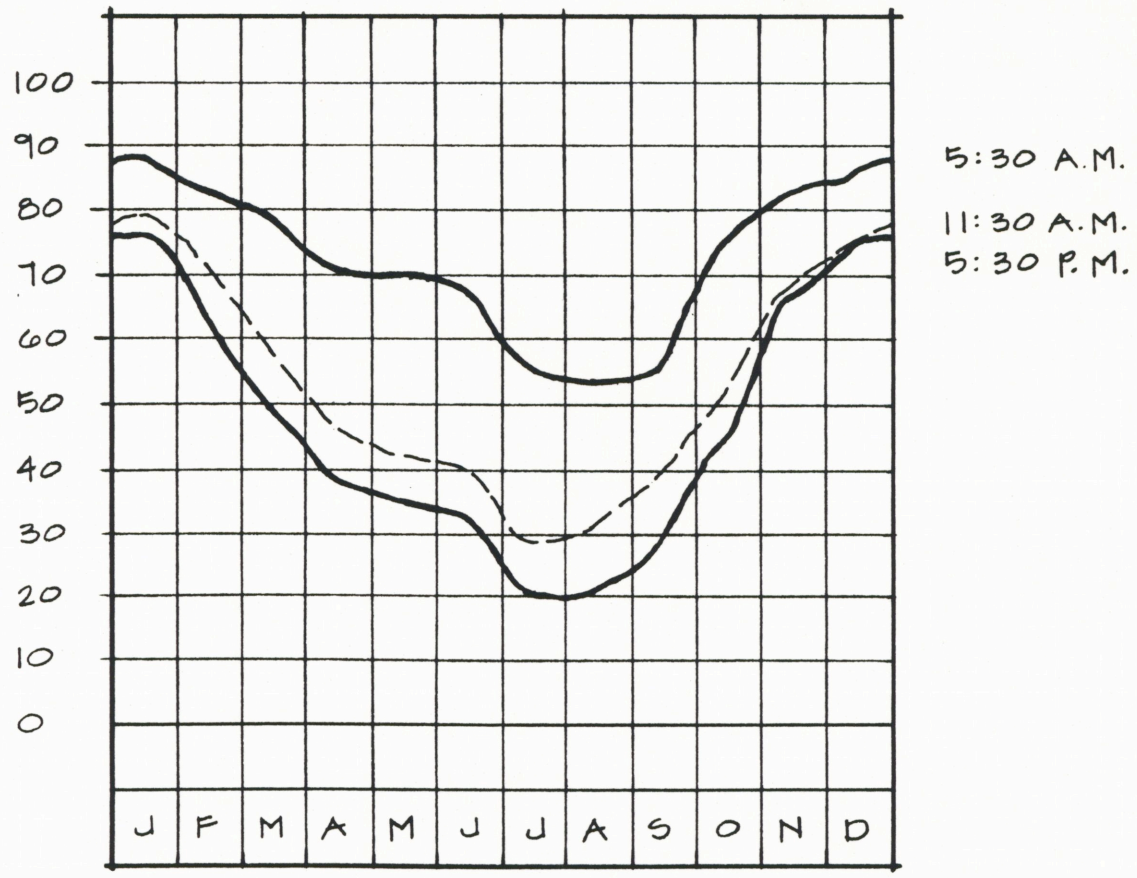

NOON
70°
9AM & 3PM
48°
JUNE 21
NOON
23°
9AM & 3PM
12°
DEC 21
4:30 AM
6:00 AM
8:00 AM
10:00 AM
NOON
2:00 PM
4:00 PM
6:00 PM
7:30 PM
7:30 AM
8:00 AM
10:00 AM
NOON
2:00 PM
4:00 PM
4:30 PM

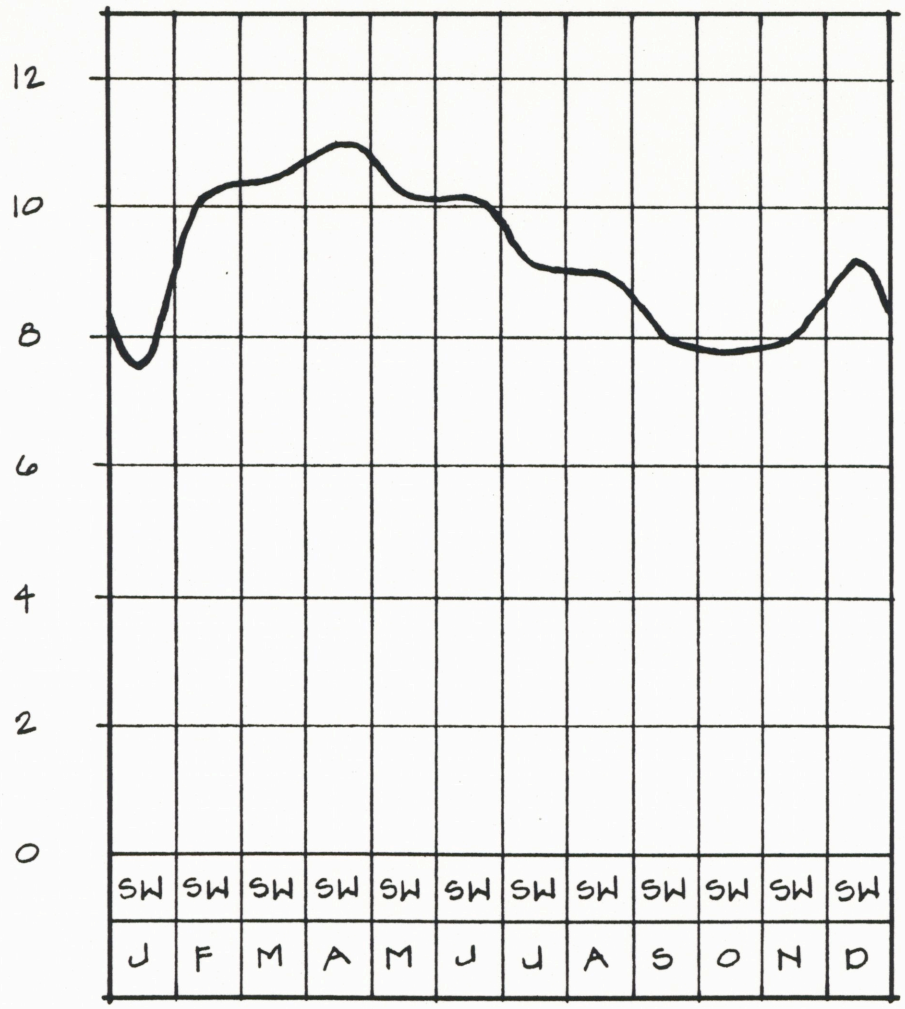
SUN PATTERN



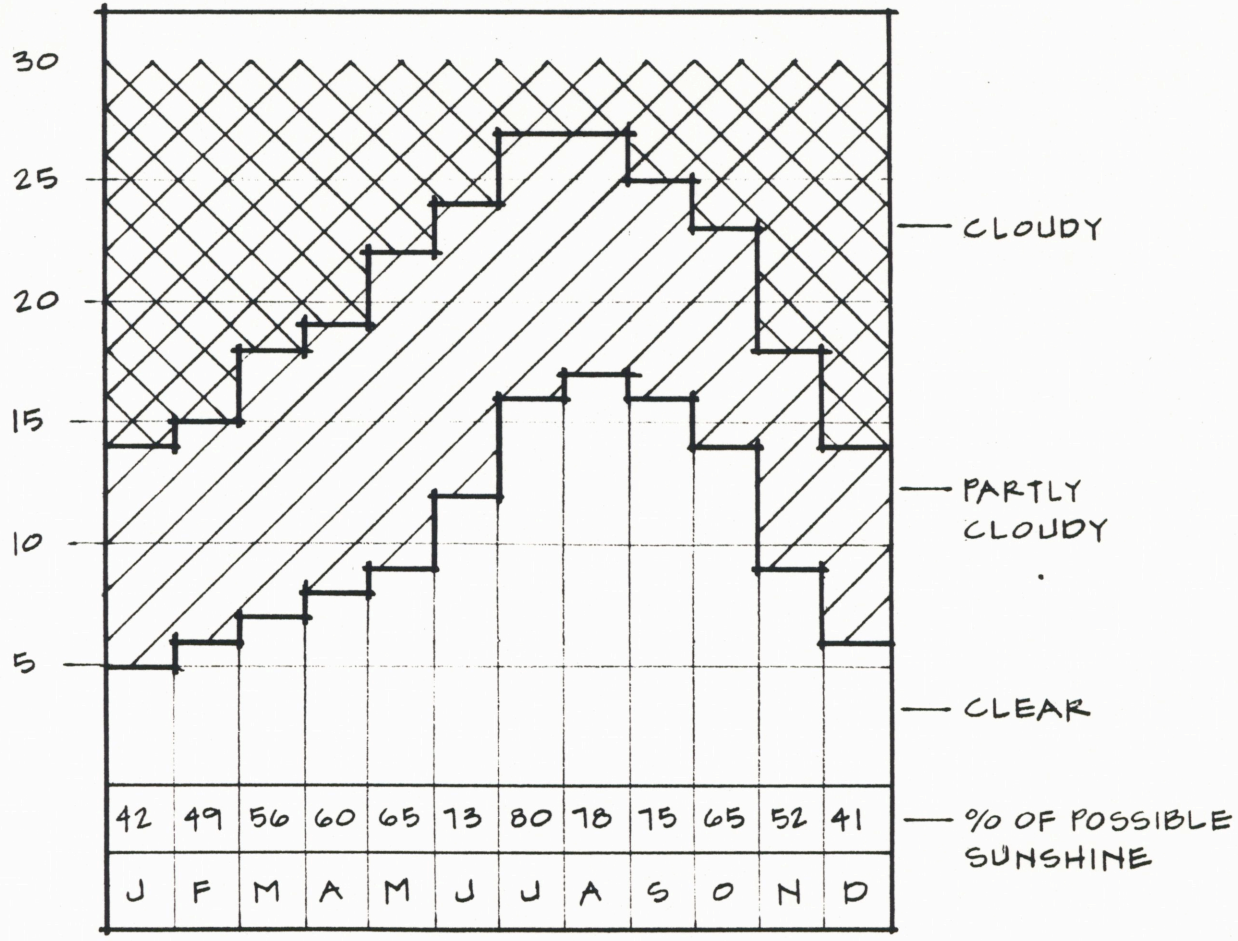
TEMPERATURE (F°)


12
10
8
6
4
2
0
J F M A M J J A S O N D
SNOWFALL
PRECIPITATION (INCHES)


100
90
80
70
60
50
40
30
20
10
0
J F M A M J J A S O N D
5:30 A.M.
11:30 A.M.
5:30 P.M.
RELATIVE HUMIDITY %



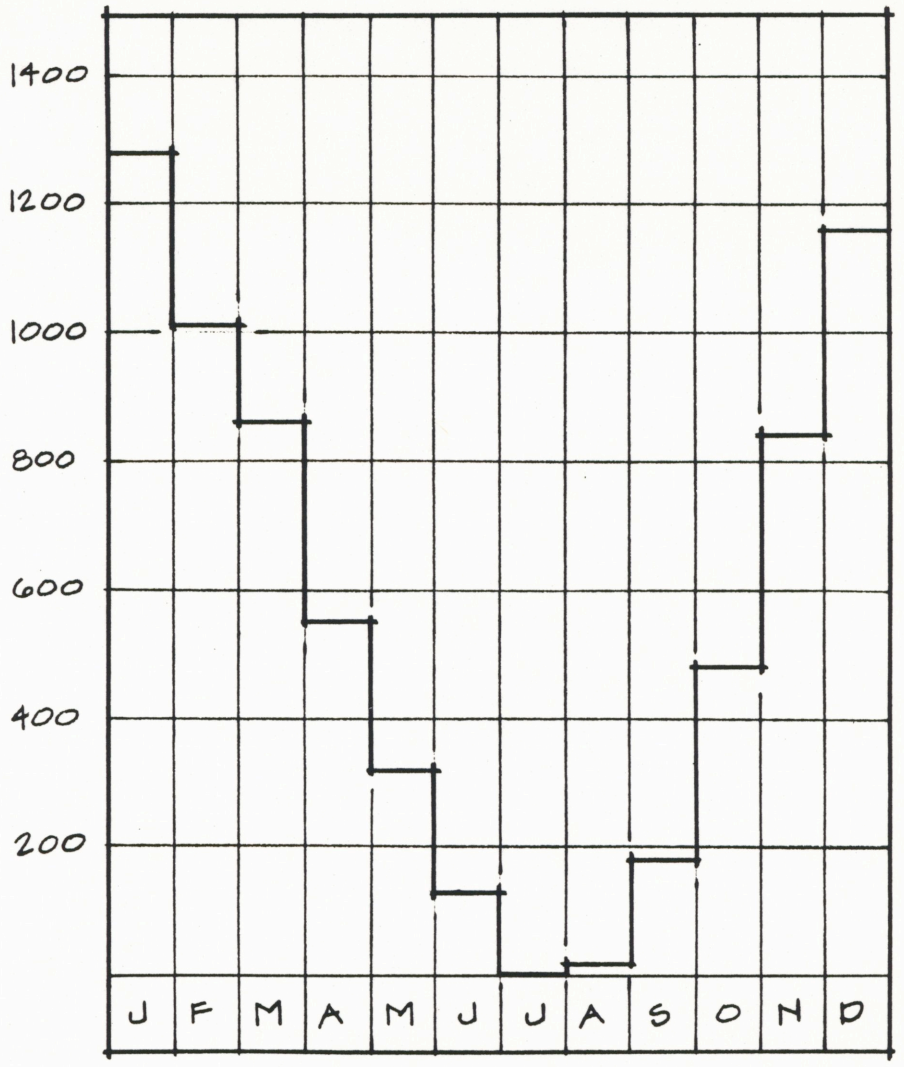
WIND (AVE. MPH.)



SKY COVER (DAYS)

DEGREE DAY:
AN EXPRESSION OF A CLIMATE HEATING REQUIREMENT EXPRESSED BY THE DIFFERENCE IN DEGREE F BELOW THE AVEAGE OUTDOOR TEMPERATURE FOR EACH DAY, AND AN ESTABLISHED INDOOR TEMPERATURE BASE OF 65° F. THE TOTAL NUMBER OF DEGREE-DAYS OVER THE HEATING SEASON INDICATES THE RELATIVE SEVERITY OF THE WINTER IN THE AREA.

POCATELLO —
AVE. YEARLY HEATING DEGREE DAYS - 6830



MONTHLY DEGREE DAYS (°F/DAY)

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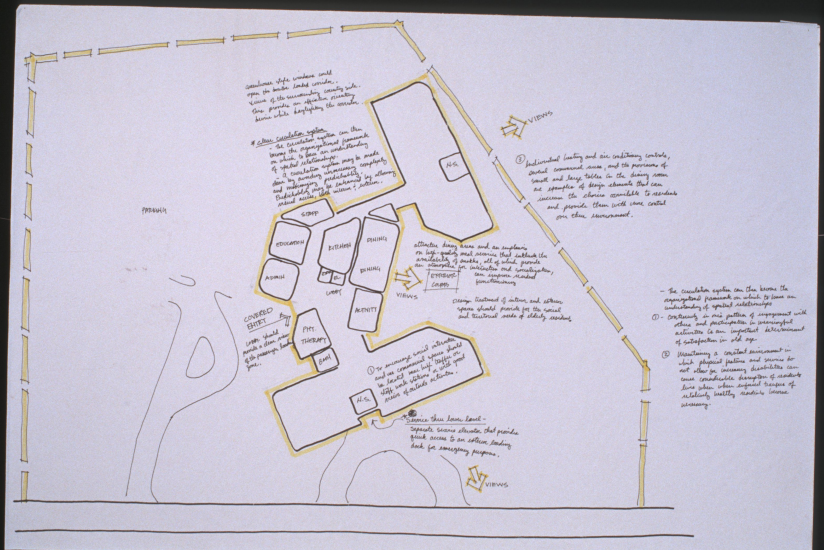
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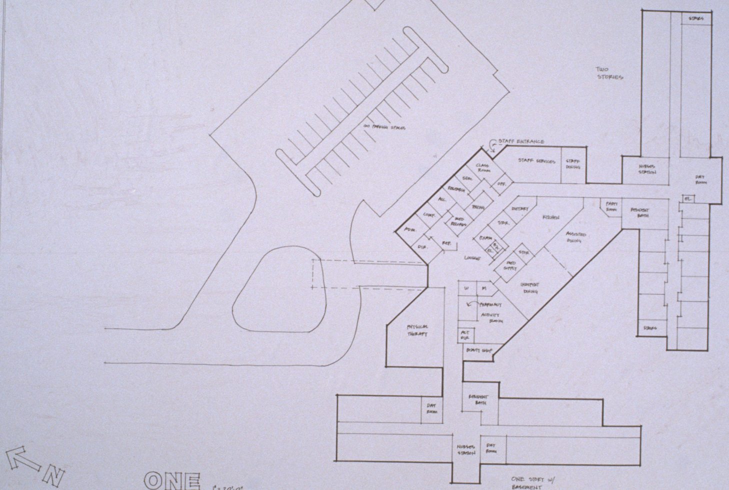
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PROJECT

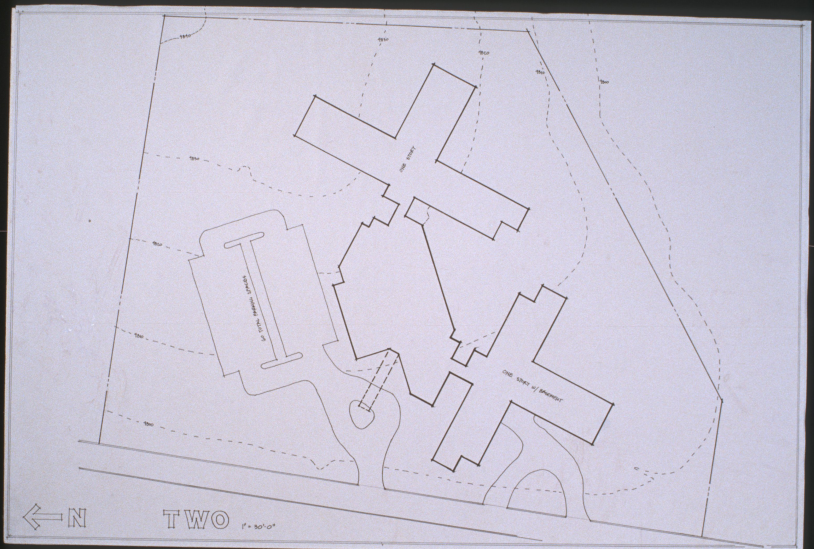

corridors style windows could open to the wooden landscaped courts to the surrounding greenery sub-. Trees provide an effective screening barrier while benefiting the occupants.
Other circulation systems
The circulation system can then become the organizational framework on which to base an understanding of spatial relationships
① - Continuity as one pattern of engagement with others and environments in meaningful activities is an important determinant of satisfaction in old age.
② Discontinuity a confused environment in which physical patterns and sources do not relate in necessary predictable sequences considerably disrupts & accelerates time when independent lifestyles of residents, healthy aspects become necessary.
PARKING
GYMP
EDUCATIONAL
ADMIN
EXTENSION
ENTRANCE
DINING
KITCHEN
LOUNGE
ACTIVITY
OCCUPIED BY STAFF
OPD
THERAPY
STAFF
H.S.
VIEWS
① Individual heating and air conditioning controls, central communal areas and the provision of small and large tables in the dining room are examples of design elements that can accentuate the choices available to residents and provide them with some control over their environment.
attractive living rooms and an emphasis on high-quality small rooms that cultivate the environments of dwellings, all of which provide opportunities for interaction and participation, can augment resident functioning.
LIFESTYLE CENTRE
Creating treatment of interior and exterior spaces should provide for the social and functional needs of elderly residents
② To encourage social interaction and use communal spaces should be located centrally within the layout of residential units.
Entrance floor level -
Separate service elevator that provides fresh access to an outdoor landing back for emergency purposes.
VIEWS
- The circulation system can then become the organizational framework on which to base an understanding of spatial relationships
① - Continuity as one pattern of engagement with others and environments in meaningful activities is an important determinant of satisfaction in old age.
② Discontinuity a confused environment in which physical patterns and sources do not relate in necessary predictable sequences considerably disrupts & accelerates time when independent lifestyles of residents, healthy aspects become necessary.

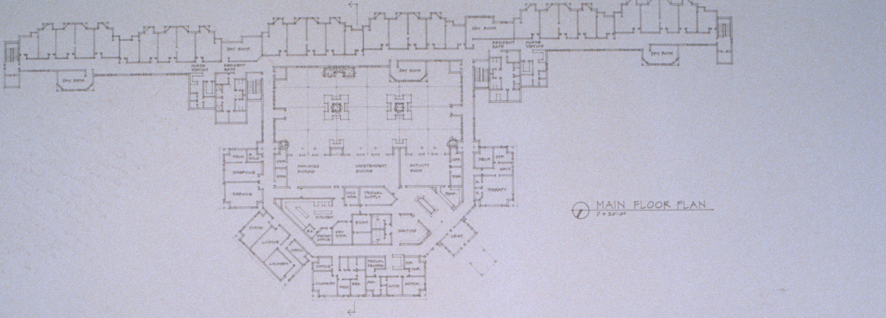

SITE
North
POCATELLO
IDAHO
1" = 1000'-0"



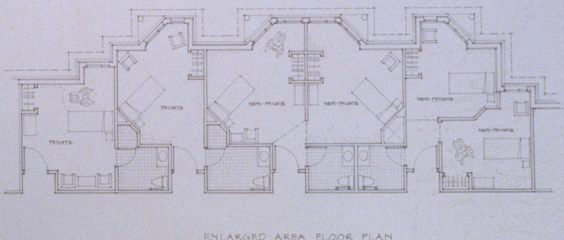
TWO STORIES
STAIRS
STAFF ENTRANCE
STAFF SERVICES
STAFF DINING
CLASS ROOM
SEM.
OFF.
RESEARCH
ACC.
TESTING
COMP.
MED RECORDS
ADM.
DIR.
REP.
DIETARY
STOR.
KITCHEN
EXAM
EL.
LOUNGE
STOR
MED SUPPLY
ASSISTED DINING
INDEPENT DINING
W
M
PHARMACY
ACTIVITY ROOM
ACT DIR.
BEAUTY SHOP
PHYSICAL THERAPY
NURSES STATION
DAY ROOM
RESIDENT BATH
EL.
STAIRS
DAY ROOM
RESIDENT BATH
NURSES STATION
DAY ROOM
ONE STORY W/ BASEMENT
N

ONE 1" = 20'-0"


N
TWO
1" = 50'-0"



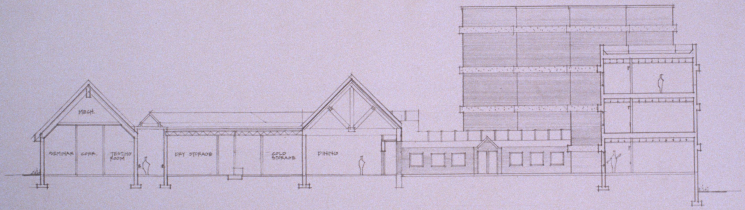
MAIN FLOOR PLAN
1" = 20'-0"



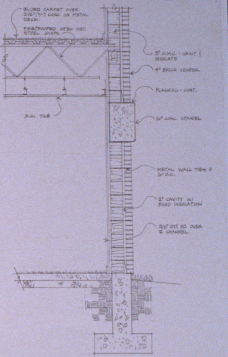
ENLARGED AREA FLOOR PLAN
1/4" = 1'-0"



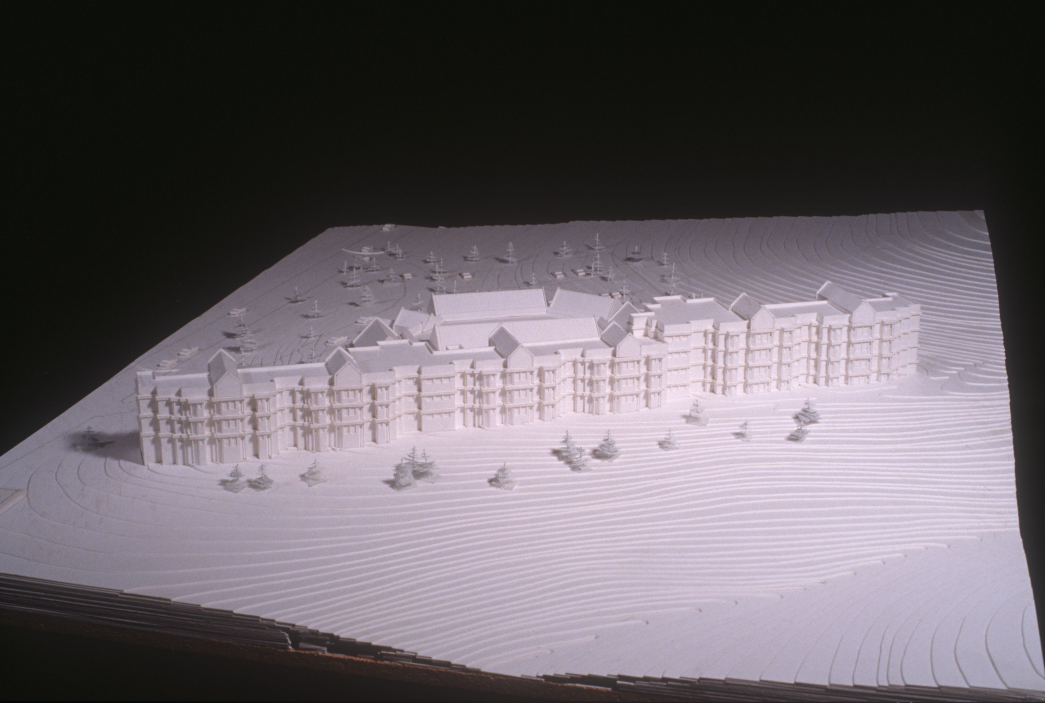
MASTER SITE PLAN

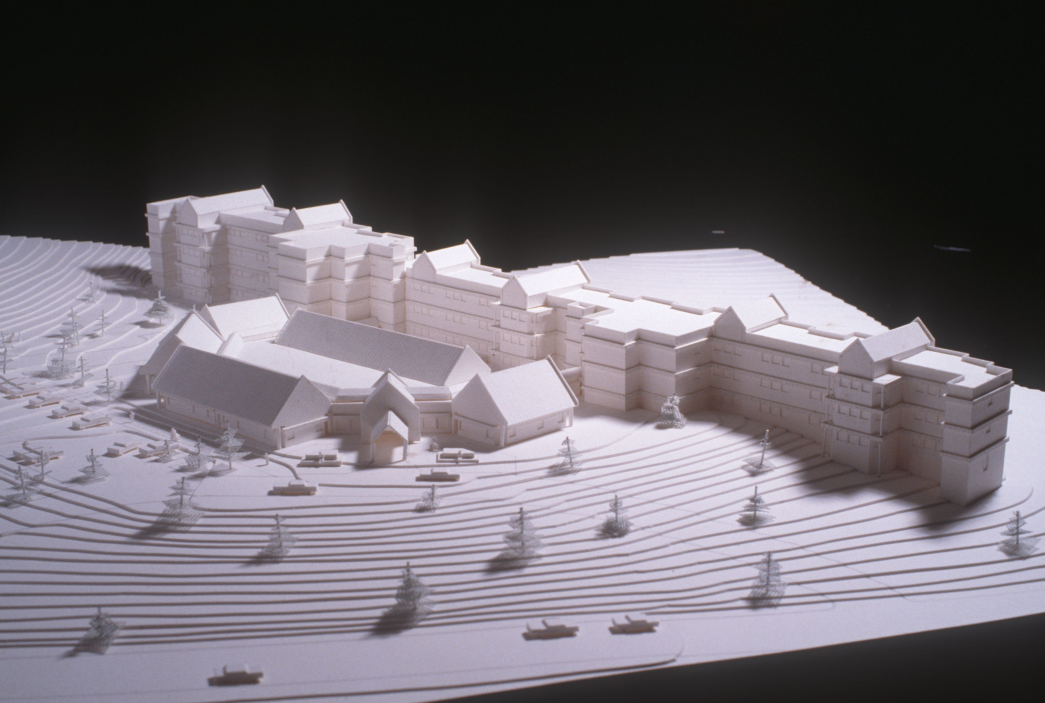


BUILDING SECTION

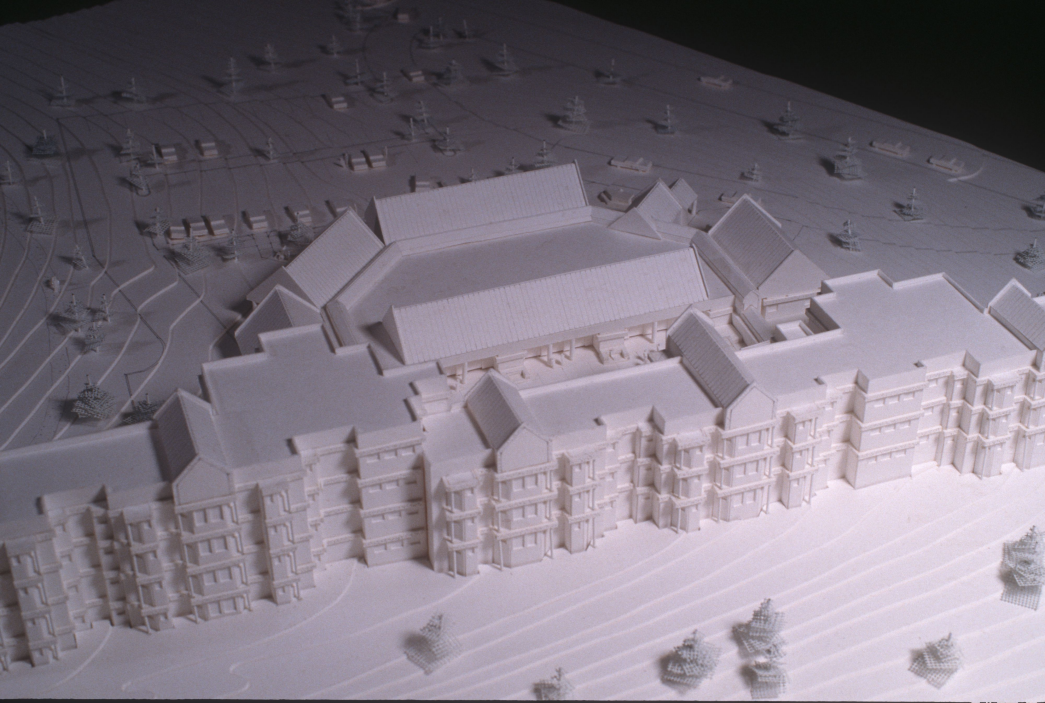


TYPICAL WALL SECTION THROUGH APARTMENTS









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