

APPENDIX C

Historical Report

Impacts Analysis for the
Barlow Respiratory Hospital Skilled Nursing Facility Project

2000 Stadium Way
Los Angeles, CA 90026

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TABLE OF CONTENTS

I.	Introduction	1
II.	Consultant Qualifications	3
III.	Regulatory Setting	4
	National Register	4
	California Register	4
	CEQA.....	5
	City of Los Angeles	6
IV.	Identification of Historical Resources	7
	Physical Description	7
	Historic Context	7
	Significance.....	16
	Character-Defining Features	17
V.	Thresholds for Determining Significance of Impacts	20
	CEQA.....	20
	Secretary's Standards.....	20
VI.	Assessment of Project Impacts.....	22
	Description and Analysis of Proposed Project.....	22
	Evaluation of Direct Impacts	29
	Evaluation of Indirect Impacts.....	31
VII.	Conclusion.....	32
VIII.	Bibliography	33

Attachments:

- A: Current Maps and Aerials
- B: Historic Maps and Aerials
- C: Current Photographs
- D: Historic Photographs
- E. Survey Records

I. INTRODUCTION

This report provides an evaluation of potential historical resources impacts of the proposed Barlow Respiratory Hospital, Skilled Nursing Facility Project (proposed project) in the Silver Lake-Echo Park-Elysian Valley Community Plan Area (CPA) located at 2000 Stadium Way in Los Angeles, California (Assessor Parcel Number 5415-012-001, hereinafter referred to as “subject property”).

The subject property qualifies as an historical resource under the California Environmental Quality Act (CEQA). It is historically significant as a rare, largely intact example of an early twentieth century tuberculosis treatment facility in Southern California, as well as for association with its founder, Dr. Walter Jarvis Barlow, and for its architecture, with most of the buildings constructed before 1930 and designed in the Shingle, Craftsman, and Spanish Revival architectural styles.

In 1990, the Barlow Hospital Site was designated as City of Los Angeles Historic-Cultural Monument (HCM) No. 504.¹ In 1992, the property was evaluated by consulting firm Historic Resources Group (HRG) and found eligible for listing in the National Register of Historic Places.² In 1994, it was assigned California Historical Resource Status Code (CHRS) “2D,” which means, “Contributor to a district determined eligible for the National Register by consensus through Section 106 process. Listed in the California Register.”³ Thus, the subject property is listed in the California Register as an historic district. The subject property was re-evaluated in 2012 in a technical report prepared by HRG as part of CEQA review for a project that was not ultimately implemented.⁴ That technical report confirmed the property’s continuing status as an HCM/Historic District with 32 contributing buildings and landscape features.

Barlow Respiratory Hospital is among the nation’s leading long-term acute care hospitals serving the chronically critically ill. Patients are typically referred to Barlow from nearly 100 hospital intensive care units in the Los Angeles County often after spending weeks or months on a ventilator. Barlow Respiratory Hospital is the region’s most important facility for weaning patients from prolonged mechanical ventilation. After recovering at Barlow these patients are transferred to skilled nursing facilities or home. To serve the needs of those fragile patients who require more time to recover in a skilled nursing facility, Barlow Respiratory Hospital proposes to develop a 150-bed Skilled Nursing Facility at the subject property. The Skilled Nursing Facility will enable Barlow’s patients to continue recovery without leaving the Hospital, allowing Barlow’s physicians to continue to treat and monitor the recovery of their patients, and avoiding transition of care trauma to both patients and their families.

The Skilled Nursing Facility and associated hardscape and landscape features are proposed to be located on an existing parking lot in the south portion of the site near the intersection of Stadium Way and North Boyleston Street. Proposed plans include demolition of only one existing building, which is a contributing feature of the HCM/Historic District: Building 26, which was constructed in 1916 as a bath house, moved to its current location in 1926, and is currently a maintenance building. This building has sustained alterations since the most recent, 2012, evaluation with removal of its distinctive monitor roof structure, and no longer retains sufficient integrity to convey its significance. Proposed plans retain all other contributing features of the HCM/Historic District.

¹ Resolution, File No. 94 1810667, Historical Resources Designation for Barlow Sanatorium, 2000 Stadium, Los Angeles, CA 90026, City of Los Angeles Cultural Heritage Commission, October 9, 1990.

Jennifer Schroder and Jim Dobbs, “Barlow Sanatorium, Historic Cultural Monument Application,” City of Los Angeles Cultural Heritage Commission, Cultural Affairs Department, July 17, 1990.

² Historic Resources Group, “Cultural Resources Evaluation of Barlow Hospital,” February 1992: 23-24.

³ Built Environment Resource Directory, California Office of Historic Preservation, https://ohp.parks.ca.gov/?page_id=30338, accessed April 21, 2021.

⁴ Historic Resources Group, “Historical Resources Technical Report, Barlow Hospital Replacement and Master Plan Project,” April 2012.

For purposes of CEQA and local project review, potential historical resources impacts of the proposed project must be evaluated. This report includes a description of the proposed project and evaluation of project conformance with the *Secretary of the Interior's Standards for the Treatment of Historic Properties (Secretary's Standards)*. Projects in conformance with the *Secretary's Standards* are generally considered mitigated to a less than significant level or exempt under CEQA.

Design of the proposed project is described in detail in this report and evaluated for potential historical resources impacts on the HCM/Historic District. The proposed project furthers the essential, historic medical use of the property; is positioned on an existing parking lot in a corner, away from most of the contributing buildings; avoids demolition of contributing buildings with exception of one previously altered building (Building 26); and is carefully designed to complement the historic district and its setting through its architectural and landscape design. As such, the proposed project does not adversely impact the continuing eligibility of the HCM/Historic District. The proposed project does not result in indirect impacts to any historical resources in the vicinity of the subject property, as the topography is such that there is no visual connection to other nearby historical resources.

The proposed project will not have a significant effect historical resources, pursuant to Section 21084.1 of CEQA.

This report is supported by attachments, including historic and current maps and photographs, as well as copies of relevant survey records.

II. CONSULTANT QUALIFICATIONS

Kathryn McGee

Ms. McGee is an architectural historian and historic preservation planner based in Los Angeles. With over twelve years of experience, she meets the Secretary of the Interior's Professional Qualification Standards in Architectural History. Ms. McGee launched an independent practice in 2015. She previously worked as a Senior Associate at historic preservation consulting firm, Chattel, Inc. Her educational background includes a Bachelor of Arts degree in architectural history from the University of California, Santa Barbara and a Master of Urban and Regional Planning degree from the University of California, Irvine. She has also completed the Summer Program in Historic Preservation at the University of Southern California and is a LEED Accredited Professional with specialty in Neighborhood Development. Her consulting work entails writing reports for purposes of environmental and local project review; preparation of historic resource assessments and surveys; preparation of technical reports for General Plan Updates; evaluation of properties seeking or complying with Mills Act Contracts; and consultation on adaptive reuse and federal Investment Tax Credit projects.

III. REGULATORY SETTING

National Register

The National Register of Historic Places is “an authoritative guide to be used by federal, state, and local governments, private groups, and citizens to identify the nation’s cultural resources and indicate what properties should be considered for protection from destruction or impairment,”⁵ Administered by the National Park Service, the National Register is the nation’s official list of historic and cultural resources worthy of preservation. Properties listed in the National Register include districts, sites, buildings, structures, and objects that are significant in American history, architecture, archaeology, engineering, and culture. Resources are eligible for the National Register if they meet one or more of the following criteria for significance:

- A) are associated with events that have made a significant contribution to the broad patterns of our history; or
- B) are associated with the lives of significant persons in our past; or
- C) embody the distinctive characteristics of a type, period, or method of construction, or that represent the work of a master, or that possess high artistic values, or that represent a significant and distinguishable entity whose components may lack individual distinction; or
- D) have yielded or may be likely to yield, information important in history or prehistory.⁶

Once a resource has been determined to satisfy one of the above criteria, then it must be assessed for “integrity.”⁷ Integrity refers to the ability of a property to convey its significance. Evaluation of integrity is based on “an understanding of a property’s physical features and how they relate to its significance.” The National Register recognizes seven aspects or qualities of integrity: location, design, setting, materials, workmanship, feeling, and association. To retain integrity, a property must possess several, and usually most, of these aspects.

Relationship to this report: The subject property was previously determined eligible for listing in the National Register. In 1994, the property was assigned California Historical Resource Status Code (CHRSC) “2D,” which means, “Contributor to a district determined eligible for the National Register by consensus through Section 106 process. Listed in the California Register.”⁸

California Register

Based substantially on the National Register, the California Register is “an authoritative guide... used by state and local agencies, private groups, and citizens to identify the state's historical resources and to indicate what properties are to be protected.”⁹ For a property to be eligible for listing in the California Register, it must be found by the State Historical Resources Commission to be significant under at least one of the following four criteria:

- 1) is associated with events that have made a significant contribution to the broad patterns of California’s history and cultural heritage; or
- 2) is associated with the lives of persons important in our past; or

⁵ *National Register Bulletin #16A: How to Complete the National Register Registration Form*, National Park Service, 1997.

⁶ *National Register Bulletin #15, How to Apply the National Register Criteria for Evaluation*, National Park Service, 1990, revised 2002.

⁷ *National Register Bulletin #15*.

⁸ Built Environment Resource Directory, California Office of Historic Preservation, https://ohp.parks.ca.gov/?page_id=30338, accessed April 21, 2021.

⁹ California Public Resources Code §5024.1(a).

- 3) embodies the distinctive characteristics of a type, period, region, or method of construction, or represents the work of an important creative individual or possesses high artistic values; or
- 4) has yielded, or may be likely to yield, information important in prehistory or history.

Also included in the California Register are properties which have been formally determined eligible for listing in or are listed in the National Register; are registered State Historical Landmark Number 770, and all consecutively numbered landmarks above Number 770; and Points of Historical Interest, which have been reviewed and recommended to the State Historical Resources Commission for listing.

Relationship to this report: The subject property is listed in the California Register. In 1994, the property was assigned California Historical Resource Status Code (CHRSC) “2D,” which means, “Contributor to a district determined eligible for the National Register by consensus through Section 106 process. Listed in the California Register.”¹⁰ The listing appears to have been made based on a detailed evaluation made by consulting firm HRG in 1992, which included a comprehensive report and survey forms for contributing buildings.¹¹

California Environmental Quality Act (CEQA)

The California Environmental Quality Act (CEQA) was enacted in 1970 and offers protection for identified historical resources. In general, for purposes of CEQA and environmental review, an “historical resource” is that which has been determined eligible for listing in the California Register, or one that is designated at the local level. The term “historical resource” includes the following:

1. A resource listed in, or determined to be eligible by the State Historical Resources Commission for listing in the California Register of Historical Resources (Pub Res Code SS5024.1, Title 14 CCR, Section 4850 et seq).
2. A resource included in a local register of historical resources, as defined in Section 5020.1(k) of the Public Resources Code or identified as significant in an historical resource survey meeting the requirements Section 5024.1(g) of the Public Resources Code, shall be presumed to be historically or culturally significant. Public agencies must treat any such resource as significant unless the preponderance of evidence demonstrates that it is not historically or culturally significant.
3. Any object, building, structure, site, area, place, record, or manuscript which a lead agency determines to be historically significant or significant in the architectural, engineering, scientific, economic, agricultural, educational, social, political, military, or cultural annals of California may be considered to an historical resource, provided the lead agency’s determination is supported by substantial evidence in light of the whole record.

Generally, a resource shall be considered by the lead agency to be “historically significant” if the resource meets the criteria for listing on the California Register (Pub Res Code SS5024.1, Title 14 CCR, Section 4852).

The fact that a resource is not listed in, or determined to be eligible for listing in the California Register of Historical Resources, not included in a local register of historical resources (pursuant to 5020.1 (k) of the Public Resources Code), or identified in an historical survey (meeting the criteria in Section 5024.1(g) of the Public Resources Code) does not preclude a lead agency from determining

¹⁰ Built Environment Resource Directory, California Office of Historic Preservation, https://ohp.parks.ca.gov/?page_id=30338, accessed April 21, 2021.

¹¹ Historic Resources Group, “Cultural Resources Evaluation of Barlow Hospital,” February 1992:

that the resource may be an historical resource as defined in Public Resources Code Sections 5020.1 (j) or 5024.1.

Relationship to this report: Because of its listing in the California Register and designation as a City of Los Angeles Historic-Cultural Monument (HCM), the subject property is considered an historical resource for purposes of CEQA review.

City of Los Angeles

§22.171.7 of the Los Angeles Administrative Code defines criteria for designation of a Historic-Cultural Monument (HCM). For ease in applying local eligibility, the following numbers are assigned to the criteria, which align, to a large degree, with National and California Register criteria. Resources eligible for HCM designation are:

- 1) Historic structures or sites in which the broad cultural, economic or social history of the nation, state or community is reflected and exemplified; identified with important events in the main currents of national, state, or local history; or
- 2) Historic structures or sites identified with personages in the main currents of national, state or local history; or
- 3) Historic structures or sites which embody the distinguishing characteristics of an architectural type specimen, inherently valuable for a study of a period style or method of construction or a notable work of a master builder, designer, or architect whose individual genius influenced his age.

An HPOZ is defined as:

a planning tool which recognizes the special qualities of areas of historic, cultural, or architectural significance. An HPOZ does not change the underlying zoning, rather it lays an added level of protection over a zone through local board oversight.¹²

The HPOZ criteria for evaluation state that structures, natural features, or sites within the involved area, or the area as a whole, shall meet one or more of the following:

- A. Adds to the historic architectural qualities or historic associations for which a property is significant because it was present during the period of significance, and possess historic integrity reflecting its character at that time.
- B. Owing to its unique location or singular physical characteristics, represents an established feature of the neighborhood, community, or City.
- C. Retaining the structure would help preserve and protect an historic place or area of historic interest in the City.¹³

Relationship to this report: In 1990, the Barlow Hospital Site was designated as City of Los Angeles HCM No. 504.¹⁴

¹² *Cultural Heritage Masterplan*, City of Los Angeles Cultural Affairs Department, adopted 2000: 44, www.preservation.lacity.org.

¹³ *Ibid.*, 45.

¹⁴ Resolution, File No. 94 1810667, Historical Resources Designation for Barlow Sanitorium, 2000 Stadium, Los Angeles, CA 90026, City of Los Angeles Cultural Heritage Commission, October 9, 1990.

IV. IDENTIFICATION OF HISTORICAL RESOURCES

Physical Description

Site

Located at 2000 N. Stadium Way in the Silver Lake-Echo Park-Elysian Valley Community Plan Area, the Barlow Respiratory Hospital is a 25-acre site bounded by Scott Avenue to the east and northeast, N. Boylston Street to the southeast, and Elysian Park Drive to the west and northwest. Positioned northeast of the Downtown Los Angeles neighborhood, the hospital campus is roughly triangular, nestled in a valley on two parcels situated on either side of Stadium Way, which curves at an angle, oriented northwest to southeast. This report focuses on the parcel located east of the road, which consists of 10.68 acres. The east parcel contains 26 of the campus's buildings, including the main hospital and administration facilities, while the west parcel contains 10 buildings. The Barlow Respiratory Hospital is geographically isolated from surrounding development by its topography, which includes sloped hillsides of the Elysian Park Hills bordering the campus. While Dodger Stadium is relatively close by to the southeast, there is no visual connection to that property. Similarly, other nearby residential development to the east and west doesn't have much if any of a visual connection to the hospital property. The campus is largely accessed through driveways off Stadium Way. Campus buildings include the main hospital and administration buildings positioned close to the road with a variety of cottages and support buildings, including a library, scattered throughout the bucolic landscape. Buildings are positioned along curved roadways, meandering pathways and amidst ample open space with a range of plantings and mature trees. Individual cottages are nestled in hillsides and oriented at angles, rather than on a regular grid.

Historic Context

The history of Barlow Respiratory Hospital has been extensively documented in prior historic resource surveys and reports by consulting firm Historic Resources Group (HRG), which are relied on for the following historic context. HRG prepared the 1992 report and associated survey records that appear to have been used as the basis for the California Register listing. HRG updated their findings in a 2012 Report prepared for a development project at the property that was never implemented. The historic context and site development history from the 2012 Report is excerpted here:

Tuberculosis and the Sanatorium Movement in California

Prior to the isolation and identification of antibiotic compounds to combat bacterial diseases in the mid-twentieth century, tuberculosis was a common and deadly disease. In 1900, the death rate from tuberculosis in the United States was calculated at 194 deaths for every 100,000 people. Although the disease was proven to be contagious by 1865, and the infecting bacterium, *tuber bacillus*, was isolated in 1882, effective treatment was poorly understood. The disease was highly feared and victims of tuberculosis carried a social stigma even after their recovery. Isolation from the general population, complete rest, and exposure to fresh, clean air became the preferred treatment giving rise of the development of specialized sanatorium for the treatment of tuberculosis patients. Founders and supports of the sanatorium movement were often those who had been afflicted themselves or had family and close friends who were afflicted.

Southern California, with its mild climate, year-round sun and relative isolation from the nation's major East Coast and Mid-West cities became a favored location for convalescent facilities. The population throughout Southern California increased both with the influx of those in need for treatment as well as those providing for their care. Southern California architectural trends of the early twentieth century directly reflect the health concerns of the time. The Craftsman style of domestic architecture and the popular "California Bungalow" included wide porches, multiple

windows, ventilated attics, and a profusion of sleeping porches, ensuring plenty of light and fresh air for the occupants. These elements were incorporated in sanatorium design.

History of the Barlow Hospital

The Barlow Sanatorium was founded in 1901 by Dr. Walter Jarvis Barlow with the purpose of providing care for indigent tuberculosis patients who resided in Los Angeles County. Patients were limited to those who were unable to work because of their affliction but who would likely respond to treatment. Those admitted were of limited means and could not afford private care, but did not qualify for municipal or charitable care. Incorporated in 1902, the Sanatorium was non-sectarian. While families of the patients were asked to contribute to the cost of care, the services were subsidized by considerable financial contributions raised by Dr. Barlow from wealthy and prominent members of the Los Angeles community. In many cases, patient care and treatment were provided free by the Sanatorium for as long as two years.

Walter Jarvis Barlow was born in 1868 in upper New York State to William and Catherine Lent Barlow. He was educated at the Mount Pleasant Military Academy, and continued his education at Columbia University where he received an A.B. in 1886, an M.D. degree in 1892, and an MA degree in 1919. After a two-year internship at Mt. Sinai Hospital in New York City, Dr. Barlow opened a private medical practice and also served as house physician for the Sloan Hospital for Women.

In 1895, Dr. Barlow contracted tuberculosis. Believing that a dry and sunny climate would help his recovery, he moved west, settling in Los Angeles in 1897. After a year of convalescence and complete recovery, Dr. Barlow began a private practice. He married Marion Brooks Patterson in 1898. Mrs. Barlow would work closely with her husband in support of his medical career.

Because of Dr. Barlow's personal experience with tuberculosis, he specialized in the disease and decided to open a sanatorium. In 1901, Dr. Barlow chose an approximately twenty-five acre site adjacent to the City-owned Elysian Park on Chavez Ravine Road (now Stadium Way) as the location for his sanatorium. Set in a ravine surrounded by rising hillsides, the configuration of hills was believed to provide the clean air critical to the tuberculosis care. The adjacent park provided privacy and would protect the sanatorium from encroaching future development.

Dr. Barlow purchased the property from J.B. Lankershim for \$7,300 of which he paid \$5,000 of the amount personally. One thousand three hundred dollars was donated by his mother-in-law and her husband, Ella and Alfred Solano. Dr. Barlow also convinced Lankershim to donate back \$1,000 of the purchase price. A Board of Directors and a fifteen-member Advisory Board were formed, two groups which soon became very important to the operation of the Barlow Sanatorium. The Board of Directors (which in 1915 became the Board of Trustees) and the Advisory Board always included prominent business and civic leaders of Southern California. When a member of either board died or resigned, they were often replaced by a member of their own family. Thus, generations of families such as O'Melveny, Milbank, Newhall, Kerckhoff, Slauson, Bonfilio, Hancock, and Torrance contributed to the success of Barlow Sanatorium.

Dr. Barlow advocated the benefits of the open air cure for tuberculosis and his Sanatorium operated a "cottage" system of treatment. Only the seriously ill were housed in the main infirmary, patients who were less ill stayed in stand-alone cottages shared with other patients at the same stage of recovery. Patients were then "graduated" to other cottages as their conditions improved. Each cottage was equipped with large porches and provided maximum exposure to fresh air and sunshine. The cottage system was believed at the time to provide the best conditions for recovery.

The first Sanatorium buildings included a kitchen, an infirmary, and several “tent” cottages. The tent cottages were simple wood-frame structures with shingled roofs and canvas side walls. Additional cottages were built in subsequent years to house patients and staff. All structures were built with donated funds. Decorative landscaping gradually replaced the barren hillsides.

The Barlow Sanatorium admitted its first patient in 1903. Within a year, thirty-four patients had been treated and the Sanatorium had fifteen beds. Because the treatment regimen required extended stays, the number of patients that could be served was limited. As the reputation of Dr. Barlow and his colleagues grew, increased donations allowed for the construction of more cottages and support buildings making the treatment of more patients possible.

An excellent fund raiser, Dr. Barlow successfully established an endowment fund for the institution. This provided a financial foundation for the Sanatorium and included a Building Fund for its continued growth. Beginning in 1904, an annual fundraising bazaar called the Garden Fete was held on Figueroa Street. The fete became a major social affair and was the source of substantial donations in the early 1900s. Lawn parties and other social events were given by the Barlows, donors, and Board members to raise additional funds. Many of Dr. Barlow’s tuberculosis patients from his private practice also became Sanatorium donors.

Dr. Barlow established relationships with many charitable and service organizations in Los Angeles, including the St. Vincent de Paul Society, the Hebrew Consumptive Relief Association, Knights of Columbus, Odd Fellows, Red Cross, Elks Club of Pasadena, and the Shriners. Like the Sanatorium’s individual donors, many of these organizations donated cottages and other facilities to improve the Sanatorium.

Dr. Barlow also developed affiliations with hospitals such as Good Samaritan, Methodist, California Lutheran, Clara Barton, and Pasadena, which led to an arrangement where student nurses were brought to Barlow. IN this way, the nursing students were provided on-the-job training while at the same time improving the Barlow staff. This program later became very successful and popular, drawing undergraduates from all over California and from other states.

In the early 1930s, a doctor’s residency program was developed at the Sanatorium for the study of tuberculosis. A laboratory was later added where tests were performed and patient progress was monitored on an outpatient basis. Through these programs, Dr. Barlow and his Sanatorium played an important role in developing patient treatments, advocating the open air treatment method, providing medical training, and in furthering research and understanding of tuberculosis.

Maintaining associations with his eastern colleagues, Dr. Barlow created a strong national reputation for his Sanatorium. Over the years, Dr. Barlow and his Sanatorium colleagues were active in state, and national health organizations, including the California Tuberculosis Association and the National Tuberculosis Association and received wide recognition for their contributions both individually and as an institution.

During and immediately after World War I, more permanent bungalow-style cottages gradually replaced the temporary tent cottages. In many cases, the original donor of the tent cottage funded its replacement with a permanent structure. The new cottages, like the previous tent cottages , were constructed to allow exposure to fresh air and sunlight, still considered vital to recovery from tuberculosis. The cottages had open patios, sleeping porches, and screen bedrooms.

During World War I, the majority of patients at the Sanatorium consisted of returning military personnel with tuberculosis, as a result of a contract between the Sanatorium and the United States Veteran's Administration. The subsequent strain on the Sanatorium's resources was alleviated by generous donations from the American Red Cross and the Los Angeles Tuberculosis Association. The contributions were used to build additional patient facilities to satisfy the wartime and post-war demand.

Dr. Barlow remained in private practice throughout his thirty-five years of running the Sanatorium. Working first as resident physician at the Van Nuys Hotel, he later established a private practice in downtown Los Angeles. He served as chief of the medical staff of the Sanatorium until 1925, and also served as secretary-treasurer of the Barlow Board of Directors from the inception of the Sanatorium until his death in 1937. Throughout his lifetime, he assumed the major responsibility of the administration and general conduct of the business affairs of the Sanatorium, and played a major role in fundraising. In addition, he and his wife were significant donors to the Sanatorium. Mrs. Barlow was an active member of the Sanatorium's Executive Committee from its inception and continued her work at the Sanatorium long after her husband's death. She died in 1964.

In 1938 an official affiliation between Barlow Sanatorium and the University of Southern California (USC) Medical School was established, formalizing a longstanding relationship between Dr. Barlow and USC. In 1897, Dr. Barlow had become affiliated with the struggling new USC Medical School, the first medical school in Los Angeles. He donated a library building to the school which served the entire Los Angeles medical community for many years. He had also served as Dean of the USC Medical School from 1907 to 1910. Through this 1938 affiliation with USC, Barlow Sanatorium became a teaching hospital, which identified it as a medical institution with high standards that conducted active and productive research.

A high percentage of the Sanatorium's patients were medical and nursing students who contracted the disease during their training. After recovering, many stayed or returned to the Barlow Sanatorium after completing their training to work on the Barlow staff. Because patients usually stayed anywhere from several months to two years, strong friendships developed among the patients, as did a strong sense of loyalty to the Sanatorium. These relationships resulted in the founding of the Barlow Guild in 1943, which was established by ex-patients to provide financial and other support to the Sanatorium.

By the late 1940s, Barlow was still a teaching hospital for USC Medical School students, offering post-graduate courses for doctors, and had affiliations with 84 other teaching hospitals. IN 1952 the Sanatorium had 35 buildings, 50 hospital beds, 70 convalescent beds, 100 employees, and 26 student nurses. With the discovery of antibiotics and continuing advances in the treatment of tuberculosis, however, the Barlow Sanatorium began to reevaluate its' stated mission and goals. The eventual reduction in the incidence of tuberculosis greatly reduced the number of patients and led to discussion of expanding the Sanatorium's scope to include patients with non-tubercular pulmonary conditions. Advanced medical technology and equipment required new building types and the cottages fell into disuse. IN addition, the construction of Dodger Stadium and the widening of Chavez Ravine Road to create Stadium Way forever altered the relative isolation and serenity of the Sanatorium site.

By the late 1960s, the Sanatorium had assumed the form of a more traditional hospital focusing on non-tubercular pulmonary disease. By the 1970s, the transformation into today's Barlow Respiratory Hospital was complete. The Barlow Hospital's medical staff has continued their contributions to medical research and the Hospital formally renewed its affiliation with USC in

the 1970s. Under this agreement, Barlow provides the USC Medical School with access to its teaching and research facilities, while USC provides Barlow with qualified medical students and Fellows who trained on the job. Some Barlow physicians also hold professorships at USC.

Site Development History

Initial Development (1902-1913)

By 1904, two years after the incorporation and one year after the admission of the first patient, the Barlow Sanatorium had constructed several buildings on the site: the Administration building, the Solano Cottage, two tent cottages, and a stable. Of these original structures, only the Administration Building still stands.

The original portion of the Administration Building (#2A; now known as the Cafeteria/Kitchen) was built in 1902 with funds donated by Mrs. Barlow. It was a square one-story building with a hipped roof, eyelid dormer, and wood shingled siding. The building's design and construction are attributed to B.B. Bixby, a designer and contractor who built the majority of Barlow's Buildings until his death in 1936. The building was remodeled and enlarged many times, beginning as early as 1903. When a kitchen and pantry were added to the rear in 1919, the building's use changed to that of a dining room.

The Solano Cottage was built in 1902 with funds donated by Ella and Alfred Solano. It originally housed twelve patients and was later enlarged. It served for many years as the Infirmary for the Barlow Sanatorium, housing non-ambulatory patients until they were strong enough to live in tent cottages. The Solano Cottage burned down in 1924 and was replaced by the Ella Brooks Solano Infirmary in 1927.

The original stable was built in 1902 for a cost of \$262 and housed a horse and two wagons. The stable was remodeled in 1917 into a garage when the Sanatorium purchased an automobile. The structure was demolished sometime after 1954.

The two original tent cottages were the Medical and Dental Student's Cottage, built with the proceeds from a burlesque circus given by the medical and dental students of the University of California, and the Potter Bazaar Cottage, built with the proceeds of a bazaar held by Mr. and Mrs. M.M. Potter at the Van Nuys Hotel. Both were wood framed and had shingle roofs with board and canvas sides. Each was divided into two or three room and housed ambulatory patients. They were the first of several tent cottages which would be built over the next ten years.

Between 1904 and 1913 fourteen patient tent cottages were added, steadily increasing the Sanatorium's patient capacity:

- Hugh McNeil Memorial (1904/1905), donated by his family.
- Garden Fete Cottage (1904), built in part from the proceeds of the first Garden Fete held in 1904.
- Brooks Memorial Cottage (1905), built by Mrs. Barlow.
- Hebrew Consumptive Relief Cottage (1905/6), built with additional funds from the first Garden Fete
- Boothe Memorial Cottages (1906/7) built by Mr. C.B. Boothe from a donation made at the second Garden Fete.
- Al Malaikah Mystic Shrine Cottage (1906/7), built by the Shriners who also supported the cottage at \$5.00 per week per bed.

- Hebrew Consumptive Relief Cottage #2 (1906/7), the second cottage built by this relief organization who also supported their two cottages at a rate of \$5.00 per week per bed.
- Milbank Johnson Cottages (1906/7), built and supported by patron Milbank Johnson.
- Native Sons Cottage (1907/8) built and supported by the Native Sons of the Golden West for members of their association.
- Native Sons Cottage No. 2 (1908/9) built and supported by the Native Sons of the Golden West for members of their association.
- Laurence Milbank Cottage (1908/9), donated by Mr. and Mrs. Isaac Milbank.
- St. Vincent de Paul Cottage (1908/9), for use by member so that Society, donated by Bishop Conaty.
- St. Bernardine Cottage (1909), donated by Mr. and Mrs. Daniel Murphy.

In addition to the patient cottages, several cottages for employees had been added by 1914, all of which are still extant. Garden Fete Cottage No. 2 (#25) was built in 1906/7 with proceeds from the second Garden Fete held in 1906. This three-room cottage was built behind the Administration Building (#2A) to house nurses and other female Sanatorium workers. It was moved in 1910/11 to the south end of the Sanatorium grounds. The Help Cottage (#23) was built in 1907/8 as a three-room cottage for male Sanatorium workers. The Resident Physician's Cottage (#8) was built in 1908/9 with proceeds from the General Fund to provide lodging for a resident physician. This cottage originally consisted of three rooms and a bath. In 1913, an addition transformed the cottage into an eight room residence.

The grounds were continually improved during this period. Improvements included the planting of trees, palms, shrubbery, flowers, and lawns as well as the addition of curbs, storm drains, and cement walks.

Other buildings added before 1914 which are still extant include Williams Hall (#3), the Laundry (#6), and the Patient's Workshop and Storeroom (#28). Williams Hall was built in 1909/10 as the Sanatorium's recreation hall with construction funds donated by Mr. and Mrs. C.P. Williams of Pasadena. This building attributed to B.B. Bixby, helped form the central core of the Sanatorium campus along with the Infirmary and the Administration Building. Williams Hall included an auditorium where patients could play billiards, pool, and cards as well as a stage and piano for where patients could play billiards, pool, and cards as well as a stage and piano for musical events. A library room provided books and writing facilities. Entertainment, including concerts, plays, and movies, were put on by the Entertainment Committee. In 1921, Mr. and Mrs. Jesse Lasky of Famous Players-Lasky studios donated two projectors and added the Sanatorium to their film distribution circuit at no charge. Later, many of the major studios also lent first-run films to the Sanatorium.

The Laundry Building was constructed in 1909/10 when a city ordinance was passed which prohibited hospital laundry from being sent out. Donated by Dr. Barlow, the brick building was located at the south end of the grounds near the staff cottages. The Patients' workshop and Storeroom was built in 1912/13 with funds donated by the California Real Estate and Building Company and several Barlow Board members. Tools for the building were supplied by Harper & Reynolds Company, the California Hardware Company and the Hoffman Reynolds Company. Wood carving tools were provided by Mr. and Mrs. George Denis. The building was 24'x24', half of which was used as the patient workshop, with the other half used for storage.

Other structures built during this period which are no longer on the property include a crematory or incinerator (1904/5), two summer houses (1905, 1911), a bath house (1905/6), and Nurses

Building (1910/11). The Sanatorium grounds were continually improved during this period with the planting of trees, shrubbery, flowers, and lawns as well as the addition of curbs, storm drains, and walking paths.

Sanatorium Expansion 1914-1927

In 1914, the Eliza McMillan Memorial Medical Building was constructed with funds donated by Mr. and Mrs. W. Northrup McMillan in memory of his other. The building provided examination rooms, and x-ray department, a throat department, a record room, waiting rooms, dressing rooms, and interns' quarters. It provided for examinations of all patients and applicants so they no longer had to enter the Infirmary. The building was demolished in 1978.

The era of tent cottages came to an end with the construction of the first "permanent" cottages in 1914. Between 1914 and 1927, eighteen permanent cottages were built to replace the tent cottages. All tent cottages were eventually removed, with permanent cottages often built by the donor of the tent cottage it replaced. During and following World War I, the demands of treating military personnel afflicted with tuberculosis led to the accelerated construction of cottages.

Elizabeth G. Bonfilio Memorial Cottage (#11) was the first permanent cottage. Built in 1914, the two-patient cottage featured screen bedrooms and connecting shower/baths, toilet, and dressing rooms. It was donated by Mr. Nick Bonfilio in memory of his wife. This cottage set a new standard for patient cottages at the Barlow Sanatorium.

El Bano (#26) was built in 1916 as a bath building with a donation from the Herman W. Hellman Estate. It originally contained separate areas for men and women with multiple showers, dressing rooms, and toilets. The building featured a tile roof, a clerestory for light and ventilation, and stucco exterior walls. It originally contained separate areas for men and women with multiple showers, dressing rooms, and toilets, and afforded hot or cold showers for the patients as part of their treatment. With the installation of bathing facilities in the new cottages, there was no further need for the bathhouse by 1919. The Hellman family offered to convert the structure to a patient cottage. Instead, it appears the structure was moved from the north side to the south side of the garage, where it became a workshop and garage in 1926.

The Sanatorium expanded to the west side of Chavez Ravine Road where eight permanent cottages were built to house male patients. All were similar in design, plan, and materials. Georgiana P. Adams Memorial Cottage (#33, Thorn Cottage) was built in 1917 with a donation from Mrs. Edwin Thorn. This cottage was the first four-patient cottage. The frame and stucco structure featured four semi-enclosed sleeping porches, a central toilet and shower, a continuous, open porch, and screened window openings. It was designed and built by B. B. Bixby. Al Malukah Shrine Cottage (#34, Shrine Cottage) was constructed in 1918 by the Shriners to replace their 1906/07 tent cottage. Justin Morrell McKenna Memorial Cottage (#32, Allen Cottage) was constructed in 1918 with a donation by Mr. and Mrs. George W.H. Allen of Pasadena. Issac Norton Memorial Cottage (#31, H.C.R.) was built with a donation from the Hebrew Consumptive Relief Association in memory of the group's founder. Replacing their two earlier tent cottages, it was built in 1918. American Red Cross Building No. 1 (#29, Big Red Cross) was built in 1919 with a donation from the Los Angeles Chapter of the Red Cross to house twelve male military patients. After the Sanatorium canceled its contract with the U.S. Veteran's Administration to treat military personnel, the building was modified into a six-patient ward in 1924. It was modified again in 1937 to accommodate eight patients. Horatio G. and Julia A. Brooks Memorial Cottage (#30, Stevens Cottage) was built in 1919 with funds donated by Hattie Brooks Stevens. Designed and built by B.B. Bixby, the four-patient frame and stucco cottage was the northernmost cottage on the west side of Chavez Ravine Road. Gerhard and Louise Eshman

Cottage (#36, Eshman Cottage) was built in 1927 with funds donated by Louise Eshman Kerckhoff in memory of her parents. It was the last of the cottages to be built on the west side of Chavez Ravine Road.

American Red Cross Cottages 1, 2, 3, and 4 (#18, #17, #19, #20) were all built at the end of 1919 with donations from the Los Angeles Chapter of the American Red Cross for servicemen returning from World War I. The four identical structures were designed by architects Edelman & Barnett and built by B.B. Bixby for approximately \$4,000 each. Because they were built close to the main Sanatorium buildings, these cottages were sometimes used for non-ambulatory patients that could not be accommodated in the Infirmary. Each housed four patients, and like all the permanent cottages, featured sleeping porches, screened window openings, and open porches.

Located on the hillside above the four Red Cross cottages were a collection of cottages constructed to satisfy the growing need for facilities to house women patients. Jonathan Sayre and Hugh Livingston MacNeil Memorial Cottage (#15, Slauson Cottage), was built in 1919 with funds donated by James Slauson. Barnabas Thacher Morrison Cottage (#35 Morrison Cottage) was built in 1921/22 by Fannie E. Morrison in memory of her husband; and Bancroft E. Beeman Memorial Cottage (#14, State Cottage) was built in 1922 with funds donated by the California Tuberculosis Association to house teachers with tuberculosis. Also constructed in this area were the John B. and Martha A. Lyons Memorial Cottage (#13, Lyons Cottage) built in 1924 with a donation by Mr. and Mrs. Edward Strasburg, and Laurence Milbank Memorial Cottage (#16, Milbank Cottage) built in 1926 with a donation from Mrs. Isaac Milbank. This four-patient cottage was built on the east side of Chavez Ravine Road to replace two tent cottages which Mrs. Milbank and her husband had previously donated. Like Cottage #13, the residence was of brick construction and featured a red tile roof and a stucco exterior. St. Bernardine Cottage (#12, St. Bernardine) was built in 1927 with funds provided by Sanatorium Trustee Daniel Murphy and his wife to replace their previously donated 1909 tent cottage of the same name.

In addition to the patient cottages, the Sanatorium also increased professional and workers housing and upgraded and expanded service facilities. George K. Birge Memorial Nurses Home (#7 Birge Hall) was constructed in 1919. This two-story structure housed fourteen resident nurses and satisfied the Sanatorium's demand for residential space for nurses, a need resulting from continually increasing patient capacity of the Sanatorium. Birge Hall was designed and built by B.B. Bixby with funds donated by Mrs. Birge in memory of her husband. The structure featured an open porch framed by wood piers, three sleeping porches, and a brick foundation topped by a string course. A two-story, eight room addition was made to the north end in 1945 by architect Ralph Flewelling. With the construction of Bosworth Hall (#9) in 1949 as a nurse's residence, Birge Hall became the residence of other female Sanatorium workers.

The Help Building (#5, Guild House) was built in 1920 as a residence for male Sanatorium employees. The two-story wood frame structure featured a small front porch, a prominent brick fireplace on the first floor, large living rooms on each floor, and rooms for twelve Sanatorium workers. In 1939, a frame and stucco rear addition was made to add eight rooms and the original structure was clad in stucco to match the new addition. In the 1970s, the Guild took over the no longer used Help Building and renovated it as a gift shop. Opened in 1975, the Guild House renovation, ongoing maintenance, and operations continue to be provided by Guild volunteers who donate all proceeds from the shop to the hospital.

To compliment the increased housing for Sanatorium staff, a Garage (#27) was also built in 1920/21 for nurses and doctors.

The Library (#4) was constructed in 1921/22 with a donation from the Los Angeles Optimists Club. It was designed and built by H.H. Whiteley and dedicated on May 6, 1922. Designed as a patient's library, the reinforced concrete building featured a tile roof, stucco exterior walls, and two stained glass windows flanking a Batchelder tile fireplace. One stained glass window was donated by James Slauson and the other by Helena Torrance in 1924 in memory of her husband Jared Sidney Torrance, a former Barlow Board President.

The Ella Brooks Solano Infirmary (#2, the Hospital) was built in 1927 with funds donated by Ella Brooks Solano to replace the original Infirmary which burned down in 1924. It was designed by architect A.S. Nibecker and built by C.A. Fellows. The two-story structure was built to house thirty patients, and featured large porches on three sides of both floors, a three-story center tower with hipped tile roof, and a seven-bay arcade. Infirmary patients were wheeled in their beds into the arcade, spending the morning hours in the fresh air. Over the years, several additions were made, the tower was removed, and the structure was remodeled several times. The most recent remodel resulted in the current hospital building.

Sanatorium Consolidation 1928-present

Very few major structures have been added to the Barlow Sanatorium since 1927. Those built since 1927 which are still extant include the Medical Director's Residence (#38, Physician's Residence) which was built in 1936 on the west side of Chavez Ravine Road on the hill overlooking Chavez Ravine Road. The seven room bungalow, attached garages, and attached apartment for the Assistant Secretary were designed by H. Roy Kelley. Until this time, the Sanatorium had maintained its business offices downtown. A decision to move the business offices to the Barlow grounds led to the construction of this residence for both the Medical Director and the Assistant Secretary. The Residence was first inhabited by Dr. Bosworth who became Medical Director in 1937.

A second Doctor's Cottage (#37, Physician's Residence) was built in 1940 and designed by noted architect Carleton Monroe Wilson, a member of the Sanatorium Advisory Board. This residence was built with funds donated by Mrs. Fannie E. Morrison, a generous Sanatorium donor who previously donated Cottage #35. This five room bungalow and garage helped satisfy the shortage of quarters for married resident physicians. It was built adjacent to the Medical Director's Residence.

Howard Bosworth Hall (#9) was built in 1949 to house student and graduate nurses. It was named for Dr. Bosworth who served as the Sanatorium's Medical Director from 1937 to 1967. The building's design was a donation by noted Los Angeles architect Stiles Clements. It was constructed on the east side of the Sanatorium site on the hill overlooking the grounds and provided 29 sleeping rooms, a living room, a kitchen and a dining room. The construction of this residence freed up several cottages used by student nurses thereby increasing the Sanatorium's patient capacity.

The Frances Whitaker Administration Building (#1) was built in 1961. It was designed by architects Anthony Thormin and Paul Haynes to house the hospital's administrative offices.

Also built during this period were an Animal Breeding House (#21), constructed circa 1940 to breed and house guinea pigs for use in research and two sheds (#21 and #24). Structures built after 1927 which no longer exist include the Aviary (1930) and the Elks Tuberculosis Library (1947).

Recent Past, 1970-Present

Changes to the subject property in our recent past include the following:

- 1972: Construction of a new, two-story, 98'x77' addition to the hospital building, constructed at a cost of \$765,000 and designed by architect Robert F. Gordon.¹⁵ The project added service rooms, stairways, lounges, and nurse stations, and remodeled existing bathrooms.
- 1978: Construction of new 2-story outpatient clinic and laboratory facility addition to the north side of the hospital building, constructed at a cost of \$1,690,000 and designed by architect Ronald T. Aday.¹⁶ A certificate of occupancy was issued in 1983.¹⁷
- 2012: Demolition of Building 27 (garage that was located adjacent to Building 26, identified as "585 sf, 1-story storage shed" on permit).¹⁸

Significance

The following statement of significance is excerpted from the 2012 Report:¹⁹

The Barlow Hospital is historically significant as a rare, largely intact example of an early twentieth century tuberculosis treatment facility in Southern California. It was one of several sanatoriums built around the turn of the century that utilized Southern California's benign climate, abundant sunshine, and clean, fresh air to combat tuberculosis before the discovery of antibiotics. The treatments advocated by the Barlow Hospital set a standard of healthcare for tuberculosis patients and helped establish Southern California as a destination for those seeking cures as well as health care practitioners.

The Barlow Sanatorium's style of treatment, focused on housing patients in small, detached bungalows, resulted in a distinctive medical campus resembling a small village. Groupings of bungalows, staff housing, and support structures are arrayed around a central core of medical, administrative and patient service buildings. Buildings are set within a park-like setting of lawns, trees and paved footpaths. The collection of buildings, structures and landscape features on the Barlow property continue to exhibit the distinctive development pattern, spatial relationships, and architectural styles of Southern California sanatorium built between the turn of the century through the late 1920s. The majority of buildings were constructed before 1930 and share common architectural styles including Shingle, Craftsman, and Spanish Revival.

The Barlow Hospital is also associated with persons important to local, state and national history including its founder, Dr. Jarvis Barlow as well as numerous donors to the Sanatorium which numbered some of Los Angeles's most important families and organizations. These include the Hellman, O'Melveny, Lankershim, Lasky, Solano, Potter, Milbank, McMilan and Torrance families as well as the American Red Cross, Al Malaikah Shrine Temple, and the Los Angeles Optimists Club.

The period of significance for the Barlow Hospital extends from 1902 when purchase of the Elysian Park site was completed, thru 1952 when methods of treatment changed and expansion of

¹⁵ "2000 Stadium Way," Application to Add-Alter-Repair-Demolish and for Certificate of Occupancy, City of Los Angeles, Department of Building and Safety, Permit no. 59124, October 18, 1972.

¹⁶ "2000 Stadium Way," Application for Inspection to Add-Alter-Repair-Demolish, City of Los Angeles, Department of Building and Safety, Permit no. 74582, December 12, 1978.

¹⁷ "2000 Stadium Way," Certificate of Occupancy, City of Los Angeles, Department of Building and Safety, Permit no. 74582 and 86351, July 19, 1983.

¹⁸ "2000 Stadium Way," Application for Inspection to Demolish Building or Structure, City of Los Angeles, Department of Building and Safety, Permit no. 12019-20000-00744, May 15, 2012.

¹⁹ 2012.

the Sanatorium's focus on tuberculosis to other pulmonary diseases was first seriously contemplated. This fifty-year timeframe captures the period during which the "cottage" treatment embodied in the Barlow Hospital's campus plan was the preferred method of treatment for tuberculosis patients.

The 2012 Report also provides: "The significance of the Barlow Hospital site derives from the collective interplay of topography, landscape, circulation pattern and buildings, rather than from any single contributing feature."²⁰

Character-Defining Features

Following is a map from the 2012 Report showing the entirety of the HCM/Historic District on both sides of Stadium Way.²¹ A table of the associated buildings follows. Since this map was prepared, Buildings 10, 24, and 27 were removed, all of which were non-contributors to the historic district.

Map 1: Contributing and Non-Contributing Features in HCM/Historic District

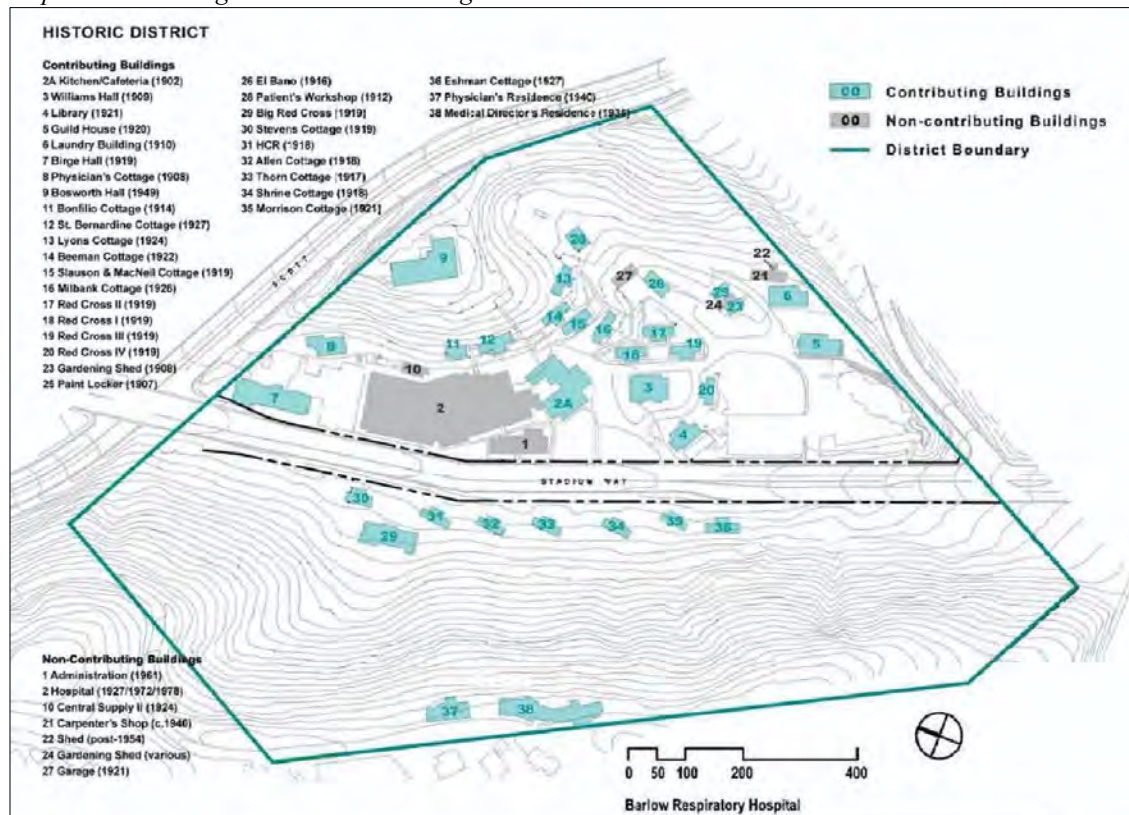


Table 1: Contributing and Non-Contributing Features in HCM/Historic District

No.	Name(s)	Dates of Construction	Contributor to District?
1	Administration	1961	Non-contributor
2	Hospital	1927/1972/1978	Non-contributor

²⁰ Historic Resources Group, "Historical Resources Technical Report, Barlow Hospital Replacement and Master Plan Project," April 2012: 35, footnote 21.

²¹ Historic Resources Group, "Historical Resources Technical Report, Barlow Hospital Replacement and Master Plan Project," April 2012: 31.

<i>No.</i>	<i>Name(s)</i>	<i>Dates of Construction</i>	<i>Contributor to District?</i>
2A	Kitchen/Cafeteria	1902	Contributor
3	Williams Hall	1909	Contributor
4	Library	1921	Contributor
5	Guild House	1920	Contributor
6	Laundry Building	1910	Contributor
7	Birge Hall	1919	Contributor
8	Physician's Residence	1908	Contributor
9	Bosworth Hall	1949	Contributor
10	Central Supply II	1924	Non-contributor
11	Elizabeth G. Bonfiglio Memorial Cottage	1914	Contributor
12	St. Bernardine Cottage	1927	Contributor
13	Lyons Memorial Cottage	1924	Contributor
14	Beeman Memorial Cottage	1922	Contributor
15	Slauson & MacNeil Memorial Cottage	1919	Contributor
16	Milbank Cottage	1926	Contributor
17	Red Cross II	1919	Contributor
18	Red Cross I	1919	Contributor
19	Red Cross III	1919	Contributor
20	Red Cross IV	1919	Contributor
21	Carpenter's Shop	c.1940	Non-contributor
22	Shed	Post-1954	Non-contributor
23	Gardening Shed	1907/08	Contributor
24	Gardening Shed	Various	Non-contributor
25	Paint Locker	1906/08	Contributor
26	Maintenance Shop "El Bano"	1916	Contributor
27	Garage (demolished)	1921	Non-contributor
28	Warehouse	1912	Contributor
29	Big Red Cross	1919	Contributor
30	Stevens Cottage	1919	Contributor
31	HCR	1918	Contributor
32	Allen Cottage	1918	Contributor
33	Thorn Cottage	1917	Contributor
34	Shrine Cottage	1918	Contributor
35	Morrison Cottage	1921	Contributor
36	Eshman Cottage	1927	Contributor
37	Physician's Residence/Doctor's Cottage	1940	Contributor
38	Medical Director's Residence	1936	Contributor

Contributing Landscape Features

The 2012 Report provides the following regarding the historic landscape:²²

The Historic District...contains landscape features that date from the period of significance. These include the configuration of sidewalks, stairs, and planted areas surrounding the cottages #29 through #36 on the west side of Stadium Way and cottages #13 through #19 located east of Stadium Way. Portions of the central green space that fronts building #2A and the space behind cottage #20 also date from the period of significance. The natural, undeveloped hillsides on both sides of Stadium Way also contribute to the Historic District.

Individually Significant Buildings

The 2012 Report also identified the following campus buildings as individually significant in addition to their status as contributing features of the historic district:²³

- Williams Hall (Building 3, 1909/1910): Constructed as a recreation hall, one of the earliest campus buildings, served important function as social/gathering space.
- Birge Hall (Building 7, 1919): Constructed as housing for resident nurses, rare for its early use to house staff onsite.
- Library (Building 4, 1921/22): Constructed as a library, unique patient services building, marked a new era in Barlow's developmental history, introducing Spanish and Mediterranean Revival styles to the campus.

²² Historic Resources Group, "Historical Resources Technical Report, Barlow Hospital Replacement and Master Plan Project," April 2012: 33.

²³ Ibid., 34.

V. THRESHOLDS FOR DETERMINING SIGNIFICANCE OF IMPACTS

California Environmental Quality Act (CEQA)

According to the CEQA Guidelines, a project would result in a significant impact to historical resources if it would cause a *substantial adverse change* in the significance of an historical resource. A substantial adverse change is defined in CEQA Guidelines §15064.5(4)(b)(1), as “physical demolition, destruction, relocation, or alteration of the resource or its immediate surroundings such that the *significance of an historical resource would be materially impaired*.” The significance of an historical resource is materially impaired, according to CEQA Guidelines §15064.5(4)(b)(2), when a project:

- (A) Demolishes or materially alters in an adverse manner those physical characteristics of an historical resource that convey its historical significance and that justify its inclusion in, or eligibility for, inclusion in the California Register of Historical Resources; or
- (B) Demolishes or materially alters in an adverse manner those physical characteristics that account for its inclusion in a local register of historical resources pursuant to §5020.1(k) of the Public Resources Code or its identification in an historical resources survey meeting the requirements of §5024.1(g) of the Public Resources Code, unless the public agency reviewing the effects of the project establishes by a preponderance of the evidence that the resource is not historically or culturally significant; or
- (C) Demolishes or materially alters in an adverse manner those physical characteristics of an historical resource that convey its historical significance and that justify its eligibility for inclusion in the California Register of Historical Resources as determined by a lead agency for purposes of CEQA.²⁴

CEQA Guidelines §15064.5(b)(3) also establishes a presumption that:

Generally, a project that follows the *Secretary of the Interior’s Standards for the Treatment of Historic Properties with Guidelines for Preserving, Rehabilitating, Restoring, and Reconstructing Historic Buildings* or the *Secretary of the Interior’s Standards for Rehabilitation and Guidelines for Rehabilitating Historic Buildings* (Secretary’s Standards, Weeks and Grimmer, 1995), shall be considered as mitigated to a level of less than a significant impact on the historical resource.²⁵

Secretary of the Interior’s Standards for Treatment of Historic Properties

The *Secretary’s Standards* consist of four treatments, the most common of which is rehabilitation, which is defined as “the act or process of making possible a compatible use for a property through repair, alterations, and additions while preserving those portions or features which convey its historical, cultural, or architectural values.” The rehabilitation standards are:

1. A property will be used as it was historically or be given a new use that requires minimal change to its distinctive materials, features, spaces, and spatial relationships.
2. The historic character of a property will be retained and preserved. The removal of distinctive materials or alteration of features, spaces, and spatial relationships that characterize a property will be avoided.

²⁴ CEQA Guidelines §15064.5(4)(b)(2). Emphasis added.

²⁵ CEQA Guidelines §15604.5(b)(3).

3. Each property will be recognized as a physical record of its time, place, and use. Changes that create a false sense of historical development, such as adding conjectural features or elements from other historic properties, will not be undertaken.
4. Changes to a property that have acquired historic significance in their own right will be retained and preserved.
5. Distinctive materials, features, finishes, and construction techniques or examples of craftsmanship that characterize a property will be preserved.
6. Deteriorated historic features will be repaired rather than replaced. Where the severity of deterioration requires replacement of a distinctive feature, the new feature will match the old in design, color, texture, and, where possible, materials. Replacement of missing features will be substantiated by documentary and physical evidence.
7. Chemical or physical treatments, if appropriate, will be undertaken using the gentlest means possible. Treatments that cause damage to historic materials will not be used.
8. Archeological resources will be protected and preserved in place. If such resources must be disturbed, mitigation measures will be undertaken.
9. New additions, exterior alterations, or related new construction will not destroy historic materials, features, and spatial relationships that characterize the property. The new work will be differentiated from the old and will be compatible with the historic materials, features, size, scale and proportion, and massing to protect the integrity of the property and its environment.
10. New additions and adjacent or related new construction will be undertaken in such a manner that, if removed in the future, the essential form and integrity of the historic property and its environment would be unimpaired.

The *Secretary's Standards* are intended to be flexible and adaptable to specific project conditions to balance change while retaining historic building fabric to the maximum extent feasible. The National Park Service has created a substantial amount of written guidance, most of it available online, including Illustrated Guidelines for Rehabilitating Historic Buildings, Preservation Briefs, Preservation Tech Notes, and Interpreting the Standards Bulletins (ITS).

VI. ASSESSMENT OF PROJECT IMPACTS

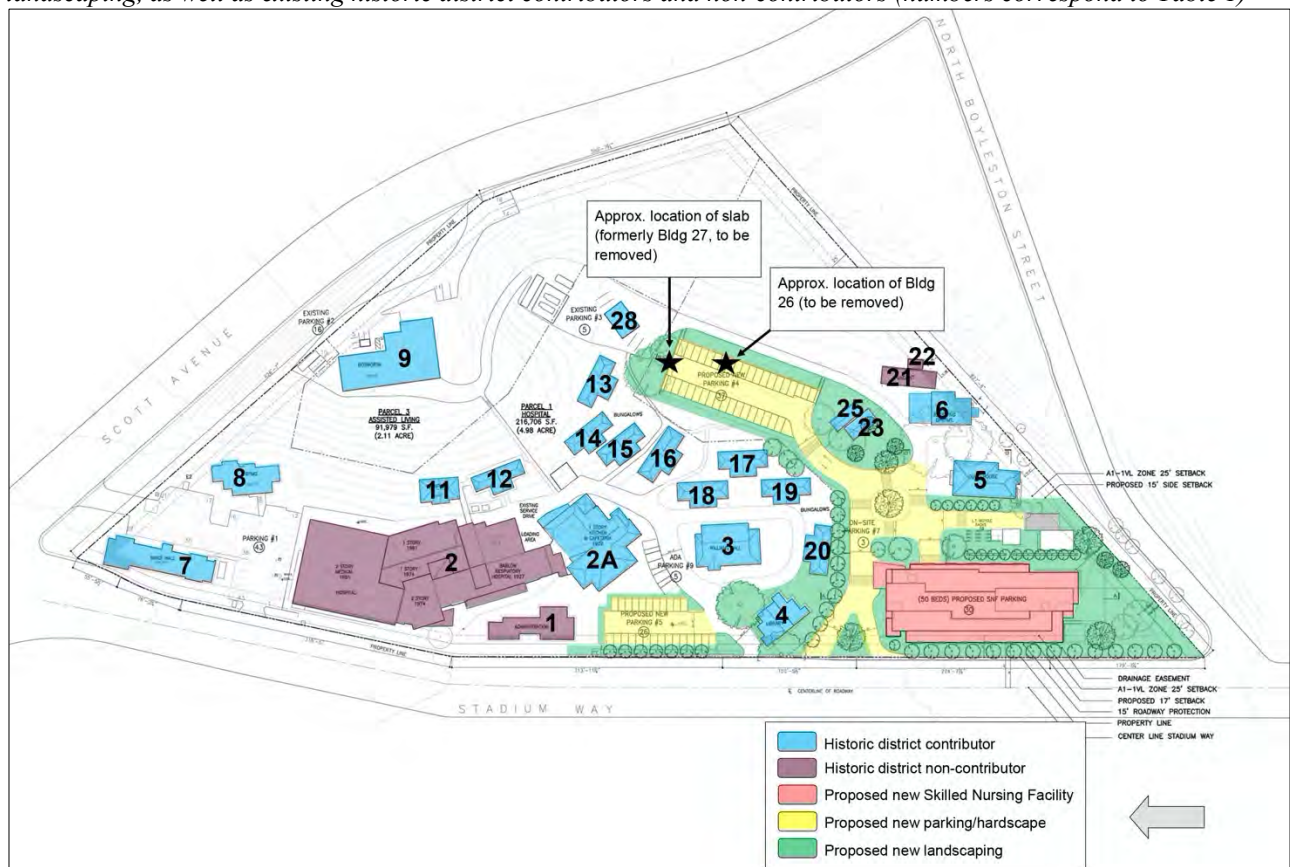
Description and Analysis of Proposed Project

The proposed project is described in a drawing set prepared by Zakian Woo Architects, dated December 24, 2020, including architectural drawings (27 sheets), civil drawings (5 sheets), a landscape plan (1 sheet), a protected tree plan (1 sheet), and a topographical map/site survey (5 sheets, prepared by Hennon, dated 12/23/2020). The following project description focuses on elements of the proposed project most relevant to evaluation of potential historical resources impacts. Photographs of existing conditions of the project area are included in *Attachment C: Current Photographs*.

Background

Barlow Respiratory Hospital is among the nation's leading long-term acute care hospitals serving the chronically critically ill. Patients are typically referred to Barlow from nearly 100 hospital intensive care units in the Los Angeles County often after spending weeks or months on a ventilator. Barlow Respiratory Hospital is the region's most important facility for weaning patients from prolonged mechanical ventilation. After recovering at Barlow these patients are transferred to skilled nursing facilities or home. To serve the needs of those fragile patients who require more time to recover in a skilled nursing facility, Barlow Respiratory Hospital proposes to develop a 150-bed Skilled Nursing Facility at the subject property. The Skilled Nursing Facility will enable Barlow's patients to continue recovery without leaving the Hospital, allowing Barlow's physicians to continue to treat and monitor the recovery of their patients, and avoiding transition of care trauma to both patients and their families.

Map 2: Site plan showing proposed new skilled nursing facility with associated parking/hardscape, and landscaping, as well as existing historic district contributors and non-contributors (numbers correspond to Table 1)



New Skilled Nursing Facility Building

The proposed new Skilled Nursing Facility building, and associated hardscape and landscape features, will be located at the southern corner of the subject property on an area currently occupied by a surfaced parking lot and lawn with mature trees. This area of land was historically covered with an orchard or other foliage from 1928-1947, with the surface parking lot added by 1964 (*see Attachment B: Historic Maps and Aerials, Historic Aerials 1-5*).²⁶ Neither the surface parking lot nor lawn area are designated as contributing features of the HCM/Historic District though some of the plantings in the lawn area may date from the district's period of significance.



Fig 1 (left), view of existing parking lot where new building will be located, view southwest toward Stadium way; Fig 2 (right), view north of landscaped area where new landscaped parking lot will be located.

The proposed new building will be four stories and approximately 60 feet in height (including ground floor parking, a subterranean basement housing kitchen, electrical and mechanical facilities). The existing parking lot sits at a lower grade than Stadium Way and will enable the first floor of new building to likewise sit below the grade of the street, reducing the apparent height of the new building as viewed from the street and from contributing buildings of the HCM/Historic District. Positioned in this corner of the property, away from most existing contributing buildings, the Skilled Nursing Facility will be sited strategically to avoid interrupting the Hospital's historic bucolic setting and manner in which existing buildings relate to each other. Vehicular access will be provided via a driveway off Stadium Way through a hardscaped area shown as "On-Site Parking #7" on proposed plans.

The Skilled Nursing Facility building has been sensitively designed with massing broken down into smaller volumes, especially at the north and south elevations, providing visual transition down to the lower scale of the contributing buildings of the HCM/historic district (*see Proposed Plans, Sheets A3.00-A3.01*). A one-story support structure and low walls serve to further break down the mass and soften the edges of the Skilled Nursing Facility near the adjacent historic Guild House Building.

The Skilled Nursing Facility's architecture is simple and complements, rather than competes with, that of existing buildings. It is contemporary and does not promote a false sense of history. However, picking up on the historic use of the long-stay residential cottages, the Skilled Nursing Facility employs residential motifs with a repetitive rhythm of windows and a ground floor elevation at the same level as its surrounding open spaces, creating a welcoming pedestrian experience and an ease of transition between the outside and inside.

²⁶ Historic Sanborn map coverage does not extend far enough south to include this portion of the site.

Patient room windows will be 6' wide x 7' high, metal framed and project forward of the façade, with a factory-applied powder coat, and an operable outwardly projecting awning segment. The building exterior finish will be primarily cement plaster with a smooth steel troweling and painted. Thin control joints will break up the surface and help reduce the scale. Color differences will accentuate the different layering of the building's mass. Other areas of glass at the ground floor entry, at the upper level dining rooms and Physical Therapy area will have larger panes with fewer mullions. A vertically oriented metal louver system attached at the exterior of the south east corner will breakdown the building mass, offer variety of scale, reduce visibility of occupants from the outside, increasing privacy, while allowing in plenty of daylight.

Landscaping

The proposed project preserves some mature trees and incorporates ample new landscaping to preserve the historic setting as a bucolic landscape while also providing visual buffering between new and old buildings (*see Proposed Plans, Landscape Plan, Sheet L1.00*). The landscape plan shows that existing mature trees include Oaks, Pines, Palms, Eucalyptus, Honey Locust varieties to be preserved. Additionally, proposed new trees have been selected to reference the setting of the historic landscape while softening edges of the new building, and include: Coast Live Oak, Cedar, Coral, Chinese Flame, Watermelon Red Cape Myrtle, and Brisbane Box trees. The 2012 Report explains that there are contributing landscape features on the site that date from the period of significance, specifically in the "portions of the central green space that fronts building #2A and the space behind cottage #20." However, no precise configuration of the hardscape, trees, or plants are specifically called out as contributing. The proposed plan to retain as many mature trees as possible and replace existing green space with some new plantings to effectively preserve the historic sense of open space and character of the HCM/Historic District (*see 3-D renderings, Sheets A6.00-A6.01*). As provided by the 2012 HRG Report, "The significance of the Barlow Hospital site derives from the collective interplay of topography, landscape, circulation pattern and buildings, rather than from any single contributing feature."²⁷ The natural, undeveloped hillsides surrounding the property will not be altered as part of the proposed project.

Parking

123 parking spaces are required to serve the hospital pursuant to ZA 93-0922. Based on the City's convalescent home parking requirements, 30 additional spaces will be required for the Skilled Nursing Facility, resulting in a total requirement of 153 parking spaces for the project. At the conclusion of the Project, 165 spaces will be provided through a combination of two new parking areas (Parking Lots 4 and 5) and in ground level parking within the Skilled Nursing Facility.

Parking Lot 5



Fig 3: View east from Stadium Way looking toward existing planted area to become new landscaped parking lot.

²⁷ Historic Resources Group, "Historical Resources Technical Report, Barlow Hospital Replacement and Master Plan Project," April 2012: 35, footnote 21.

Parking Lot 4 is proposed to be located behind the Hospital's main campus buildings where it will be completely screened from view from the main campus by grade changes, existing landscaping in the area and cottages at its west side. Construction of Parking Lot A will necessitate the removal of Building 26, which is a contributing building of the HCM/historic district, and removal of an existing concrete slab (formerly for Building 27, demolished in 2012); both features are described detail below.

Building 26 and the adjacent concrete slab (formerly associated with Building 27, which was demolished c. 2012) will be removed as part of the proposed project, to make room for Parking Lot 4. The following includes a site plan, physical description, history, and statement of significance for Building 26, as well as historical background on the concrete slab.

LEGEND

- DEMO BUILDING
- DEMO SITE OR RE-STRIPE
- DRAINAGE EASEMENT
- A1-TVL ZONE 25' SETBACK
- PROPERTY LINE
- CENTER LINE STADIUM WAY



Building 26 is utilitarian and currently used for maintenance. The building is positioned at an angle though for purposes of this report is described as oriented to the west. The building is sited in a sunken paved area defined by a sloped landscaped berm to the north, east, and west. The slab for the former Building 27 (demolished c. 2012) is immediately northeast of Building 26. Three large metal storage containers are on top of the slab, with four additional large metal storage containers to the south of Building 26.

Building 26 is one story and rectangular in plan with stucco exterior walls and a gable roof. Roofing material is contemporary composite. The primary west façade includes two pairs of wood ledged and braced panel garage doors at its north end; a small rectangular vent opening high on the wall, roughly centered in the elevation; and a pair of simple, contemporary doors at the south end of the elevation, accessed by a concrete stoop. The north elevation is a blank wall with a wood louver air vent below the gable peak and a contemporary wood canopy extending to the north, covering a modestly sized concrete patio, supported on wood posts. There is a utilitarian sink mounted to the wall. The south elevation has a matching wood louver air vent below the gable peak and a single widow centered in the elevation, with glass louvers and a window-mounted air-conditioning unit. The east elevation is not readily visible as it abuts the sloped hillside to the east.



Fig 4 (left): Bldg 26, west façade, view southeast; Fig 5 (right): Bldg 26, west façade (left) and south elevation (right), view northeast

The interior of Building 26 is currently used for storage of maintenance supplies and configured as one open space with partition walls sectioning off the north and south halves of the interior. The north space is situated slightly lower than the south space. Walls, ceilings and floors are clad in contemporary finishes.

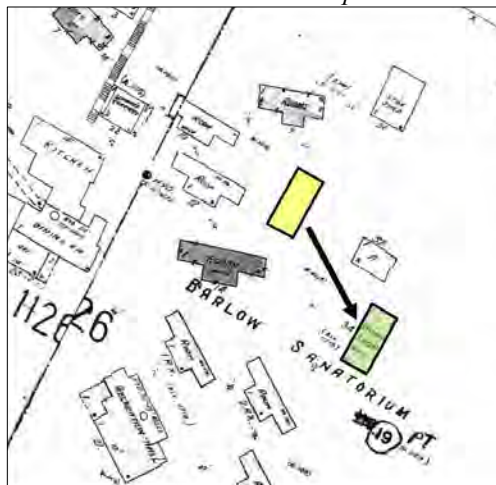


Fig 6 (left): Bldg 26, interior, north portion of space, view east; Fig 7 (right): Bldg 26, interior, south portion of space, view southwest

The following history of Building 26 is excerpted from the survey form prepared in 1992:²⁸

The Maintenance Shop was built in 1916 as a bath building known as El Bano. Built at a cost of \$3502.73, the donation of the Herman W. Hellman Estate, it afforded the medical staff the opportunity to order hot or cold showers for the patients. The structure originally contained separate areas for men and women with multiple showers, dressing rooms, and toilets. El Bano featured a tile roof, a clerestory for light and ventilation, and stucco exterior walls. It was originally situated among the largest group of tent cottages. By 1919, with the installation of bathing facilities in the new cottages, the bathhouse was no longer needed. The Hellman family offered to convert the structure into a patient cottage. Instead, the structure was, apparently, moved in 1926 from the north side to the south side of the Garage (#27), where it became a workshop and garage, a use it retains today. The building retains its 1920s appearance and historic associations, and as such is a contributor to the potential Barlow historic district. It is an example of the type of patient service and maintenance structures on the property during its period of significance.

Map 4 (left): 1919 Sanborn map showing Building 26 in original location as a bathhouse; Map 5 (right): 1950 Sanborn map showing Building 26 after move to current location as a workshop.



²⁸ Christy McAvoy, Historic Resources Group, "El Bano, Building #26," Historic Resources Inventory Form, State of California – The Resources agency, Department of Parks and Recreation, Office of Historic Preservation, form prepared 1992.

Below are photos demonstrating how Building 26 has changed over time.



Fig 8 (left): Undated early view (from HCM nomination); Fig 9 (center): View in 2012 (from 2012 report); Fig 10 (right): Current View in 2021

The following documents known alterations to Building 26:

- The building was moved to current location for use as a workshop and garage (1926).
- The main entrance, originally in the south elevation, was subsequently reoriented to the side (northwest) elevation, with new garage and pedestrian doors added (date unknown).
- The original tile roof was replaced with contemporary composite material and original roof cupola was removed (prior to 1992).
- The original, distinctive monitor roof structure was removed (after 2012).²⁹
- The wood canopy and patio were added to north elevation (after 2012).
- Alterations were made to the setting through removal of Doctors' and Nurses' Garage (the adjacent, former Building 27, described below, 2012).

The 1990 HCM designation is unclear about whether Building 26 is considered a contributing building to the designated HCM. The nomination includes a labeled map with list of numbered buildings. Building 26 is not included in that map or list.

The 1992 HRG Survey, which was prepared after the HCM designation, identifies Building 26 as a contributing feature of the historic district, and it is included in the California Built Environment Resource Directory as a contributing feature of the California Register-listed historic district. The eligibility of Building 26 was confirmed in HRG's 2012 Report.

Based on recent alterations to the distinctive monitor roofline, Building 26 no longer retains sufficient integrity to convey its significance. It has always been a simple building with few defining features. Since being moved to its current location in 1926 its defining features were limited to its scale and mass, stucco exterior walls, wood garage doors and tile and monitor roof. However, the removal of the original tile and monitor roof leaves the building with too few early features to convey its historical association as a bathhouse building. Therefore, it no longer retains sufficient integrity for inclusion in the HCM/Historic District.

The concrete slab to be removed was historically associated with Building 27, the Doctors' and Nurses' Garage, constructed in 1921 (not extant). This building was a one-story utilitarian wood frame structure. Though it was documented in the 1992 HRG survey, it was found to be a non-contributor to the HCM/historic district at that time.³⁰ It was also found to be a non-contributor in the 2012 HRG Report.

²⁹ The precise date of removal of the monitor roof is unknown as no building permit is available documenting this work.

³⁰ Christy McAvoy, Historic Resources Group, "Doctors' and Nurses' Garage," Historic Resources Inventory Form, State of California—The Resources Agency, Department of Parks and Recreation, Office of Historic Preservation, February 28, 1992.

The garage was demolished around 2012, when a permit was issued for its demolition.³¹ Removal of the slab will not remove any significant historic material.

Evaluation of Direct Impacts

The following evaluates potential direct impacts of the proposed project on the HCM/historic district and potentially individual significant buildings on the subject property. To this end, the proposed project is evaluated for conformance with each of the *Secretary's Standards*.

Secretary's Standards Conformance Review

1. *A property will be used as it was historically or be given a new use that requires minimal change to its distinctive materials, features, spaces, and spatial relationships.*

The proposed project furthers the important historic use of the subject property as a hospital specializing in respiratory ailments. The new Skilled Nursing Facility will provide an additional and necessary expanded level of care for hospital patients weaning from prolonged mechanical ventilation. The proposed new building has been carefully sited in the southern corner of the property on an existing parking lot away from the other buildings in the historic hospital campus, thus minimally altering existing distinctive spatial relationships between contributing buildings of the HCM/Historic District. While Building 26 will be removed to facilitate construction of the required parking, that building no longer retains sufficient integrity to convey significance, due to alterations. Thus, no distinctive materials of the HCM/Historic District will be removed. Therefore, the proposed project conforms with Standard 1.

2. *The historic character of a property will be retained and preserved. The removal of distinctive materials or alteration of features, spaces, and spatial relationships that characterize a property will be avoided.*

The historic character of the HCM/Historic District will be retained and preserved. As previously noted, the proposed new Skilled Nursing Facility building has been carefully sited to avoid impacting important spatial relationships that characterize the historic setting of the HCM/Historic District, which is currently characterized by one- and two-story buildings situated in a bucolic landscape. Its positioning slightly below the grade of Stadium Way further lessens the impact of the new building's height. No contributing hardscape or landscape features are proposed for removal. Proposed new hardscape and landscape is designed to integrate with the setting while softening the edges of the proposed new building. As previously noted, Building 26 will be removed, but no longer retains sufficient integrity to convey significance, and is not considered a distinctive feature. Even if Building 26 continued to contribute to the HCM/Historic District, its removal would not impair the ability of the historical resource to convey its significance as an early tuberculosis sanatorium. Both the HCM/historic district would continue to be eligible with its removal. Building 26 has always been a modest support structure, in its early history as a bathhouse and especially once converted to a maintenance building in 1926. It is inherently secondary in nature. Additionally, its current positioning in a physically isolated maintenance area apart from other contributing buildings already hinders a strong visual connection with the other campus buildings. Therefore, the proposed project conforms with Standard 2.

3. *Each property will be recognized as a physical record of its time, place, and use. Changes that create a false sense of historical development, such as adding conjectural features or elements from other historic properties, will not be undertaken.*

³¹ "2000 N Stadium Way," Application for Inspection to Demolish Building or Structure, City of Los Angeles Department of Building and Safety, Permit no. 12019-20000-00744, May 15, 2012.

The proposed project will not create a false sense of historical development. The architecture of the proposed new building is clearly contemporary in its design, with simple, rectangular forms and use of contemporary materials. By contrast, most existing buildings on the property were constructed before 1930 and designed in the Shingle, Craftsman, and Spanish Revival architectural styles. Therefore, the proposed project conforms with Standard 3.

4. *Changes to a property that have acquired historic significance in their own right will be retained and preserved.*

The proposed project does not remove any features of the HCM/Historic District that have taken on significance over time. Therefore, the proposed project conforms with Standard 4.

5. *Distinctive materials, features, finishes, and construction techniques or examples of craftsmanship that characterize a property will be preserved.*

The proposed project does not remove distinctive materials, features, finishes or construction techniques that characterize the property. The existing parking lot where the proposed new Skilled Nursing Facility building will be located is not considered significant. Building 26, to be removed as part of the project, has been altered such that it no longer conveys significance as an early bathhouse or maintenance building, so it does not have distinctive materials or other features. There are no significant existing pathways or hardscape features in the area of the proposed project. Therefore, the proposed project conforms with Standard 5.

6. *Deteriorated historic features will be repaired rather than replaced. Where the severity of deterioration requires replacement of a distinctive feature, the new feature will match the old in design, color, texture, and, where possible, materials. Replacement of missing features will be substantiated by documentary and physical evidence.*

This standard is not readily applicable. The proposed project will not replace any deteriorated historic features.

7. *Chemical or physical treatments, if appropriate, will be undertaken using the gentlest means possible. Treatments that cause damage to historic materials will not be used.*

This standard is not readily applicable, as no chemical or physical treatments to historic material are proposed.

8. *Archeological resources will be protected and preserved in place. If such resources must be disturbed, mitigation measures will be undertaken.*

Given that most of the ground in the project area appears to have already been previously disturbed, archaeological resources are not anticipated.

9. *New additions, exterior alterations, or related new construction will not destroy historic materials, features, and spatial relationships that characterize the property. The new work will be differentiated from the old and will be compatible with the historic materials, features, size, scale and proportion, and massing to protect the integrity of the property and its environment.*
The proposed project will not destroy historic materials, features, or spatial relationships that characterize the HCM/Historic District. As previously stated, the proposed new Skilled Nursing Facility building has been carefully sited on an existing parking lot to avoid removal of contributing buildings and positioned in a far corner of the site to avoid impacting important spatial relationships that characterize the HCM/Historic District. The architecture of the new building is clearly contemporary in design with rectangular massing and forms utilizing modern materials. Its height will be taller than immediately adjacent buildings such as the two-story Guild House and one-story Library though it will relate to the existing two-story Hospital building addition (constructed 1978). The regular grid of windows will reflect historic residential uses and

motifs, especially of the 1978 Hospital addition. The new building is articulated on its side elevations to reduce the sense of the mass. A new one-story support structure and low walls to the east further break down the mass and transition the scale down to a one-story height. Landscaping will be strategically used to soften the edges of the building and provide visual transition to the surrounding HCM/Historic District. As previously stated, no specific, contributing hardscape or landscape features are proposed for removal though some areas of landscape that will be part of the project date from the HCM/Historic District's period of significance. Proposed new hardscape and landscape is designed to integrate with the setting while softening the edges of the proposed new building. In order to reference the historic bucolic setting, special attention has been paid to incorporating substantial landscaping and mature trees into the proposed project. As previously noted, Building 26 will be removed, but no longer retains sufficient integrity to convey significance. Its removal will not adversely impact the HCM/Historic District. Therefore, the proposed project is in substantial conformance with Standard 9.

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

The proposed project is not readily reversible. However, given that the location of the proposed new Skilled Nursing Facility building is on an existing parking lot in a corner as far away from historic buildings on the site as possible, the essential form and integrity of the HCM/Historic District will be unimpaired. Therefore, the proposed project conforms with Standard 10.

Based on the above analysis, the proposed project is in substantial conformance with the *Secretary's Standards* and will not directly impact the HCM/Historic District, which will continue to convey its significant historical associations and maintain eligibility for listing locally and in the California Register.

Evaluation of Indirect Impacts

In general, CEQA describes an *indirect* impact as one that results from the "...alteration of the resource or its immediate surroundings such that the significance of an historical resource would be materially impaired" (emphasis added - CEQA Guidelines §15064.5(b)(1)). Given the Barlow Respiratory Hospital's property is relatively isolated from other surrounding development due to the topography, there do not appear to be any other properties that have a visual connection to the property such that they could be indirectly impacted. For purposes of completeness, it should be noted that Dodger Stadium is located nearby to the southeast, and was identified as an historical resource in SurveyLA,³² but does not have a visual connection to the subject property. Therefore, the proposed project will not cause indirect impacts to historical resources, either on the property or nearby.

³² "Dodger Stadium," Historic Places LA, <http://www.historicplacesla.org/reports/9b131f79-79b9-4403-91fe-6d4efef53dab>, accessed April 28, 2021.

VII. CONCLUSION

The proposed project at Barlow Respiratory Hospital entails construction of a new Skilled Nursing Facility building with associated hardscape and landscape features. Barlow Respiratory Hospital is designated as a City of Los Angeles HCM and is listed in the California Register as an historic district. This report includes a description of the existing conditions and history of the site, as well as a description of the proposed project and evaluation of potential historical resources impacts. The proposed project involves demolition of one building (Building 26, maintenance building), which was not clearly identified as a contributing feature in the 1990 HCM designation but was later identified as a contributor to the HCM/historic district. That building has been altered since the time of its listing and no longer retains sufficient integrity to convey its significance. Thus, its removal does not result in an historical resources impact. The proposed project is also evaluated in detail for its potential to impact the setting of the HCM/historic district. Given that the design of the project locates the new building on an existing parking lot, as far away from existing buildings as possible, the historic bucolic setting is adequately preserved and mature trees from the historic landscape are retained and incorporated into the project. The design of the new building and landscaping are evaluated in this report and would not impair the ability of the existing HCM/historic district to continue to convey its significance. There do not appear to be any other historical resources in the vicinity of the project site that could be indirectly impacted by the proposed project. As described in detail in this report, the proposed project will not have a significant effect on historical resources, pursuant to Section 21084.1 of CEQA.

VIII. BIBLIOGRAPHY

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McAvoy, Christy, Historic Resources Group, “Doctors’ and Nurses’ Garage,” Historic Resources Inventory Form, State of California—The Resources Agency, Department of Parks and Recreation, Office of Historic Preservation, February 28, 1992.

Schroder, Jennifer and Jim Dobbs, “Barlow Sanatorium, Historic Cultural Monument Application,” City of Los Angeles Cultural Heritage Commission, Cultural Affairs Department, July 17, 1990.

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“New Construction within the Boundaries of Historic Properties,” Planning Successful Rehabilitation Projects, National Park Service, *<https://www.nps.gov/tps/standards/applying-rehabilitation/successful-rehab/new-construction.htm>*, accessed April 29, 2021.

“National Register Bulletin #16A: How to Complete the National Register Registration Form,” National Park Service, 1997.

Grimmer, Anne E. and Kay D. Weeks, “Preservation Brief 14: New Exterior Additions to Historic Buildings: Preservation Concerns,” National Park Service, *<https://www.nps.gov/tps/how-to-preserve/briefs/14-exterior-additions.htm>*, accessed April 29, 2021.

Attachment A: Current Maps and Aerials



Map 1: Current aerial, approximate location of subject property outlined in red (Google Earth, 2021)



Map 2: Current aerial, approximate boundary of subject property outlined in red, with approximate boundary of project area in dashed yellow line (Google Earth, 2021)

Attachment A: Current Maps and Aerials

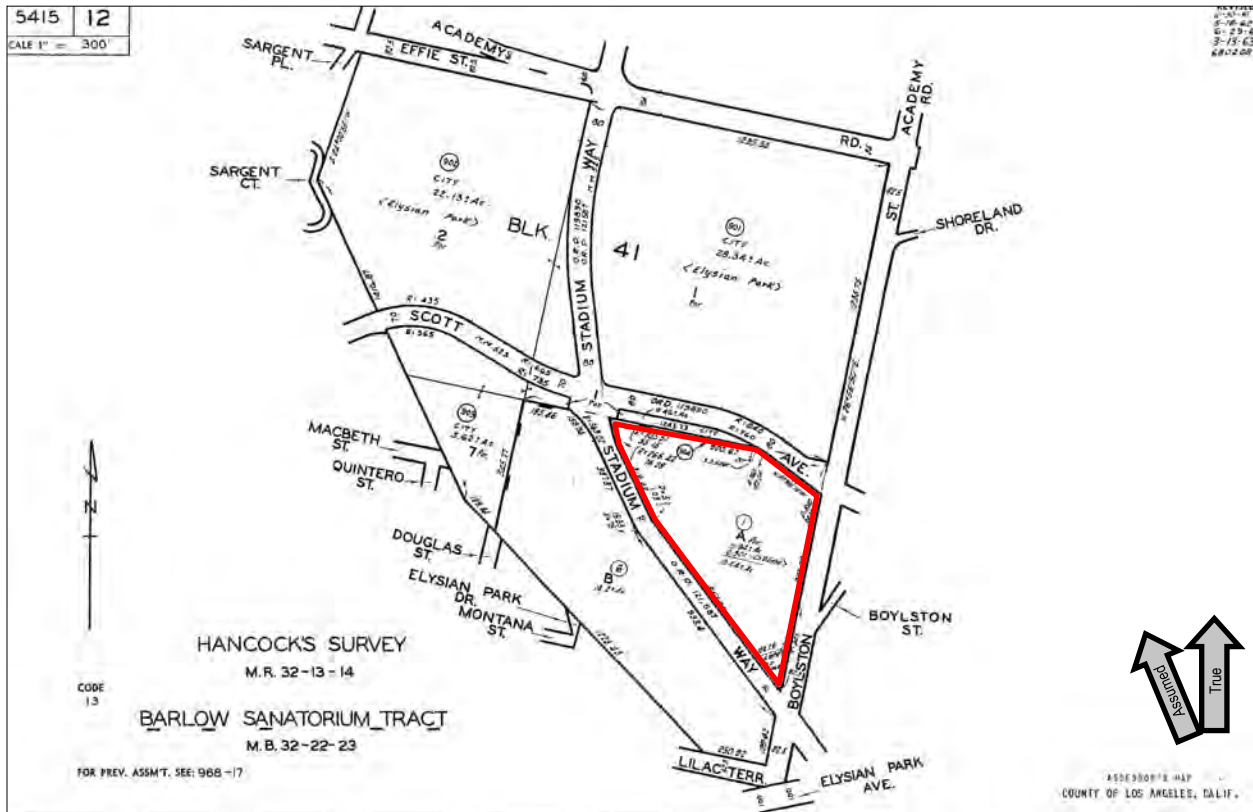


Map 3: Current aerial, subject property at center with approximate boundary of project area in dashed yellow line and Building 26 (to be demolished) circled in red, view east (Google Earth, 2021)



Map 4: Current aerial, Building 26 (to be demolished) circled in red, view east (Google Earth, 2021)

Attachment A: Current Maps and Aerials



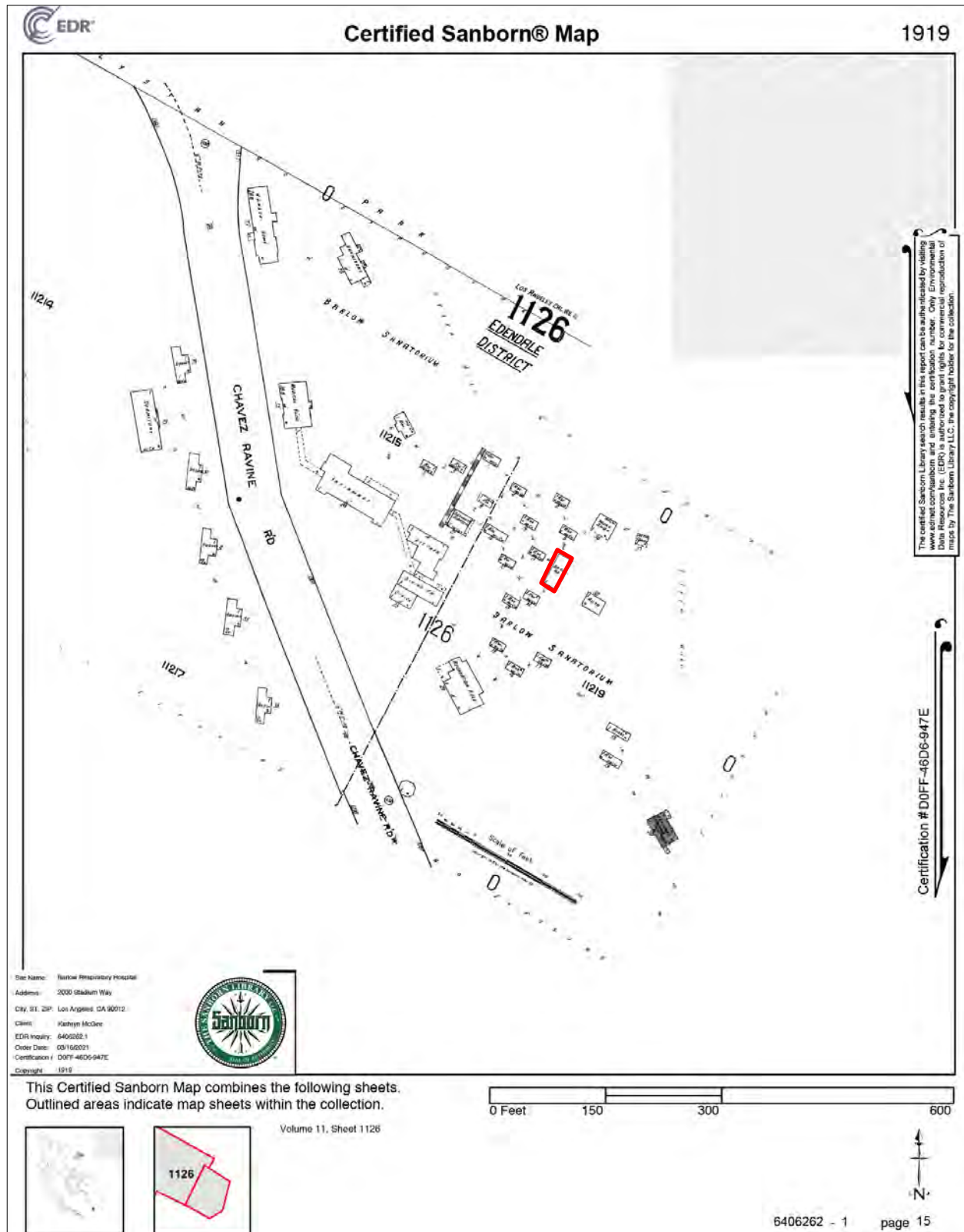
Map 5: Assessor Parcel Map with approximate boundaries of subject property outlined in red (Los Angeles County Assessor)



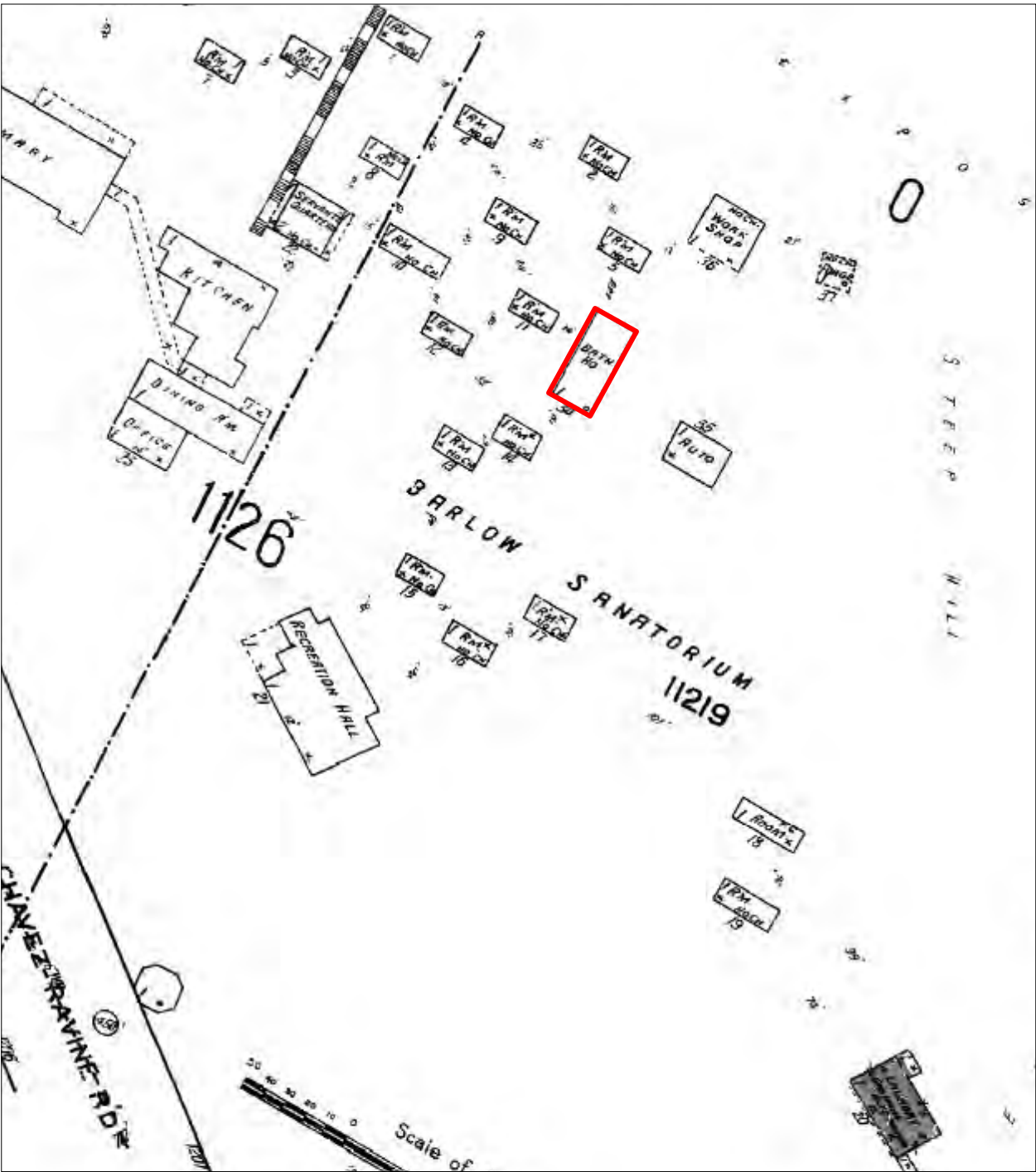
Map 6: Assessor Parcel Map with subject property outlined in red, with approximate boundary of project area in dashed black line (Los Angeles County Assessor)

Barlow Respiratory Hospital, 2000 Stadium Way, Los Angeles, California

Attachment B: Historic Maps and Aerials

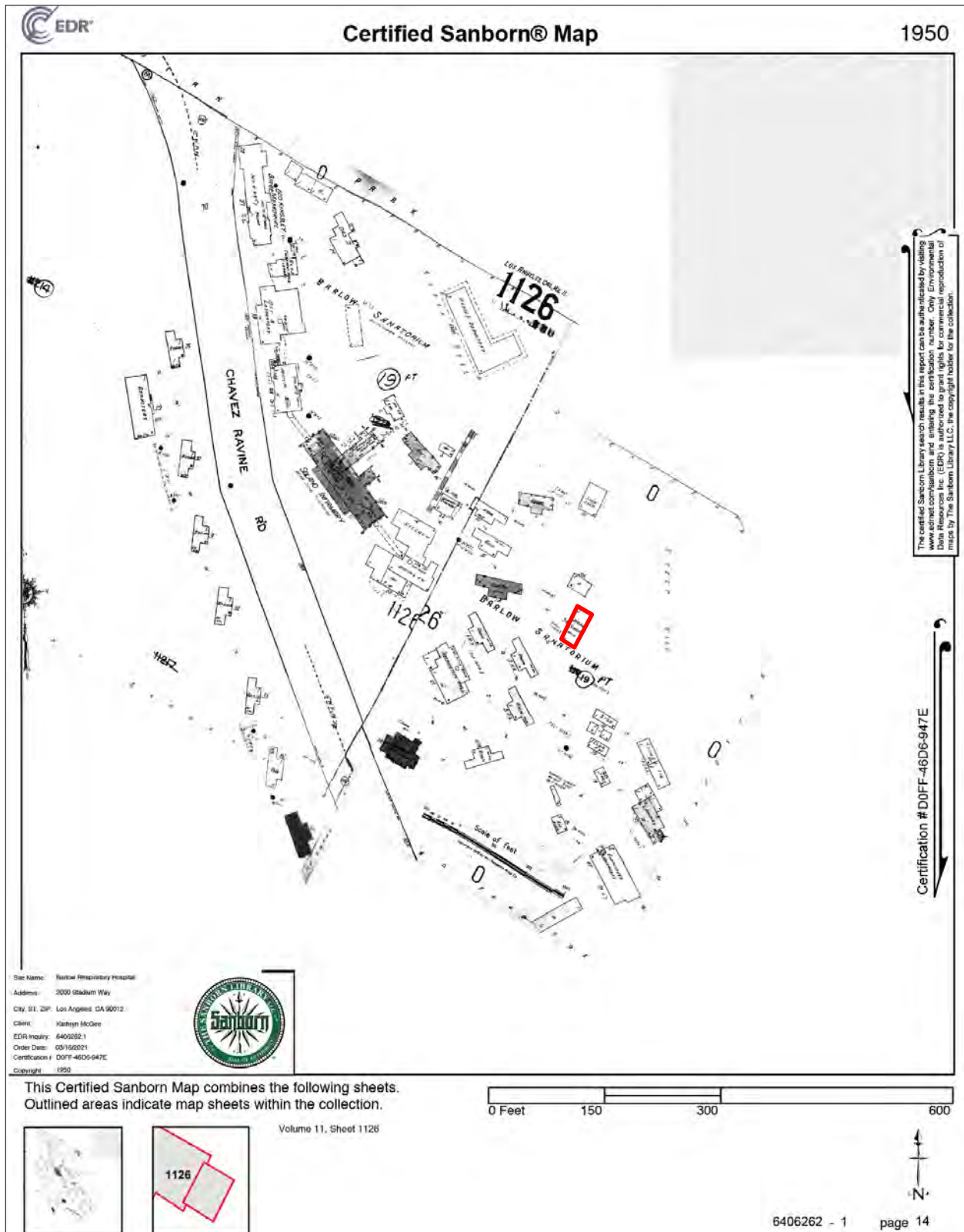


Attachment B: Historic Maps and Aerials



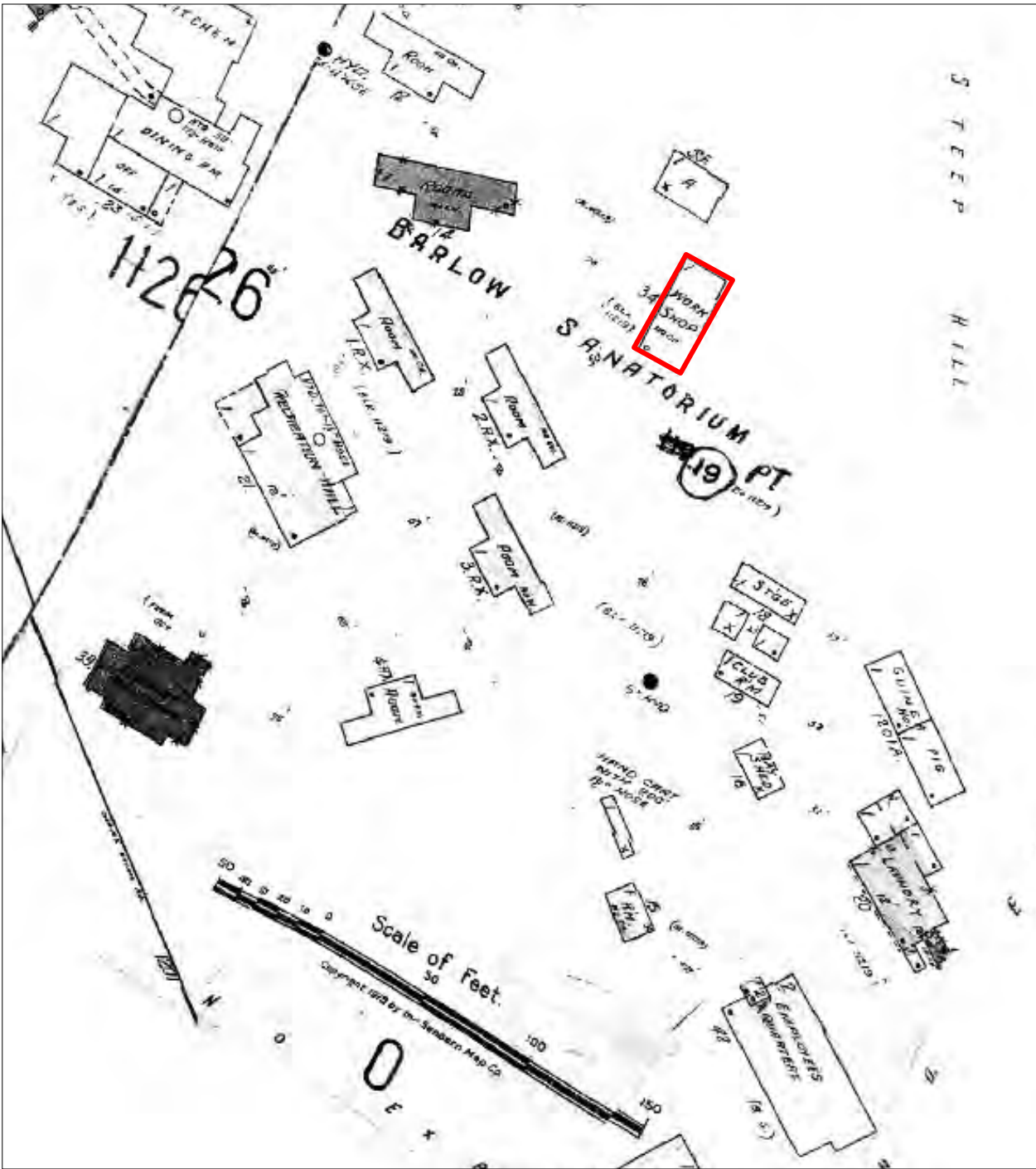
Sanborn Map 2: Crop of previous, 1919 map of Barlow Respiratory Hospital, original location of Building 26 in red (Environmental Data Resources, Inc.)

Attachment B: Historic Maps and Aerials



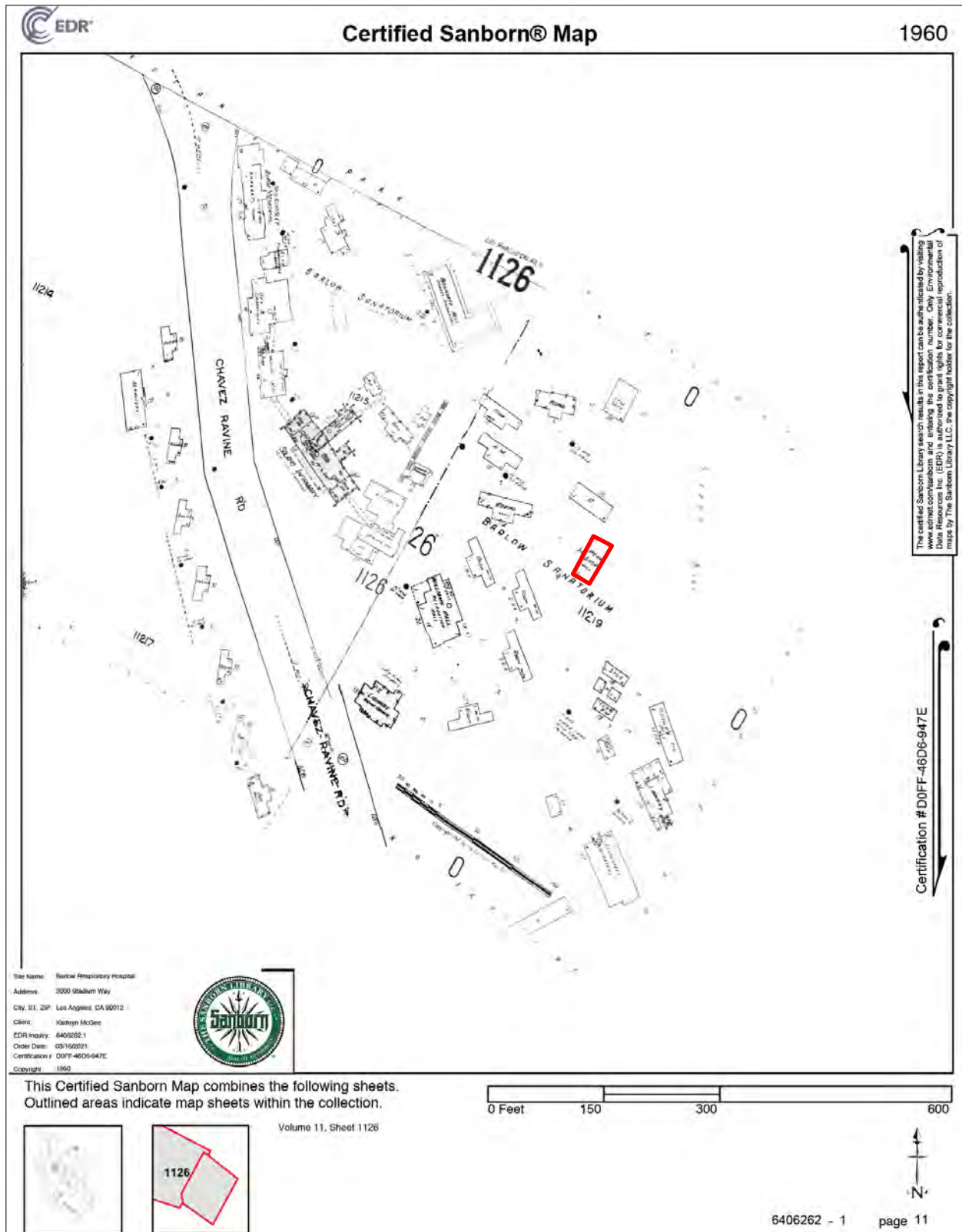
Sanborn Map 3: 1950 map of Barlow Respiratory Hospital, current location of Building 26 in red (Environmental Data Resources, Inc.)

Attachment B: Historic Maps and Aerials



Sanborn Map 4: Crop of previous, 1950 map of Barlow Respiratory Hospital, current location of Building 26 in red (Environmental Data Resources, Inc.)

Attachment B: Historic Maps and Aerials



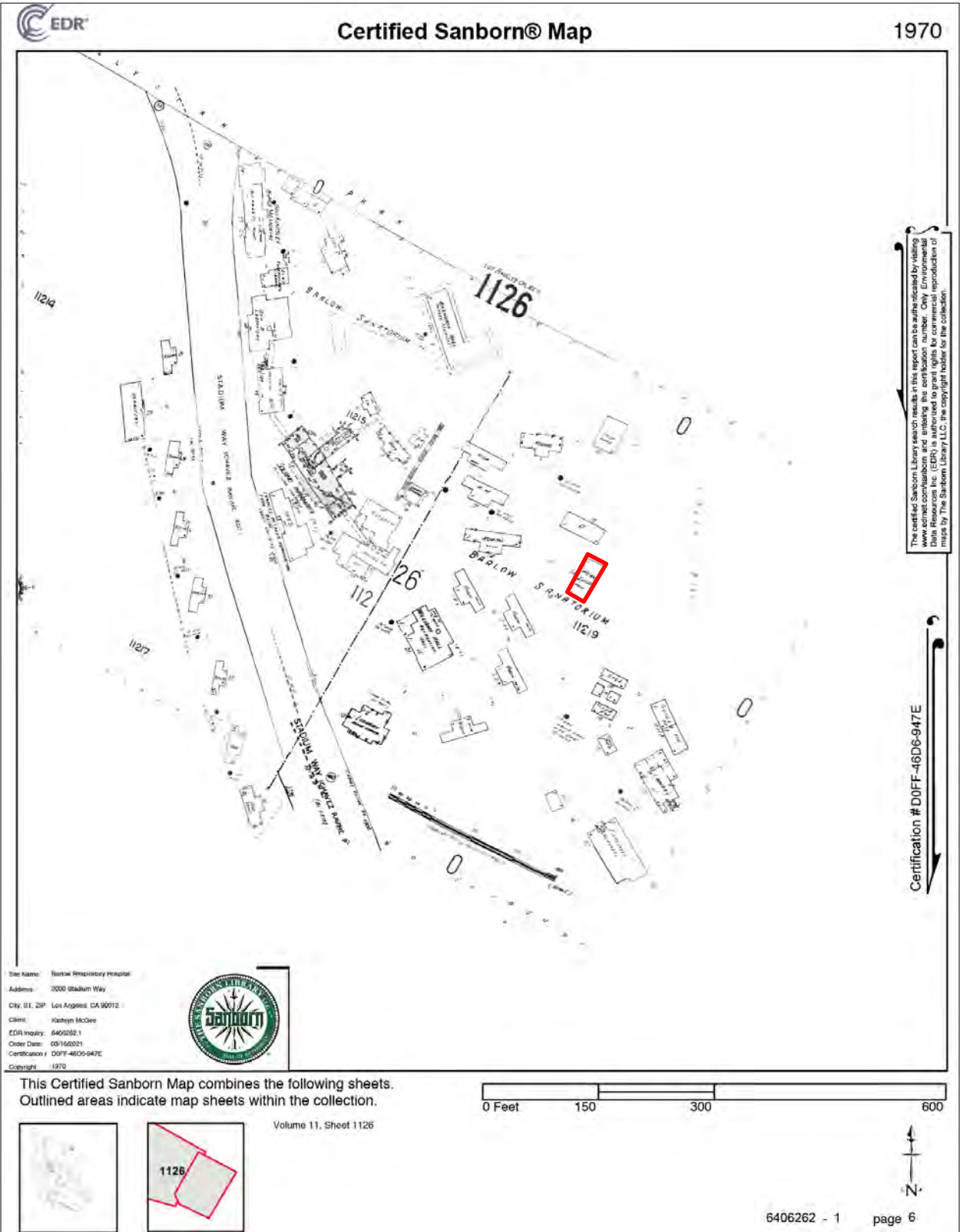
Sanborn Map 5: 1960 map of Barlow Respiratory Hospital, current location of Building 26 in red (Environmental Data Resources, Inc.)

Attachment B: Historic Maps and Aerials

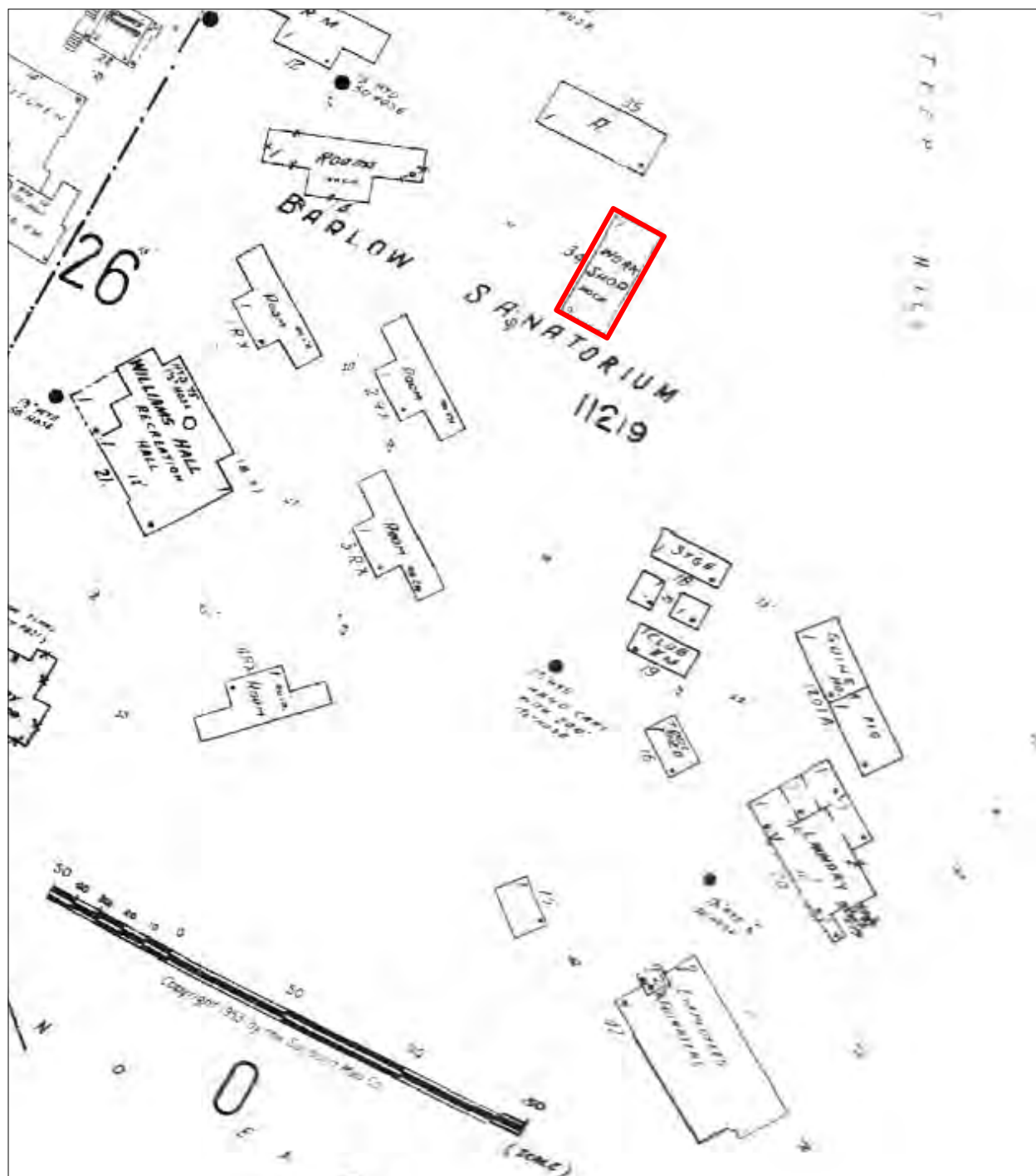


Sanborn Map 6: Crop of previous, 1960 map of Barlow Respiratory Hospital, current location of Building 26 in red (Environmental Data Resources, Inc.)

Attachment B: Historic Maps and Aerials

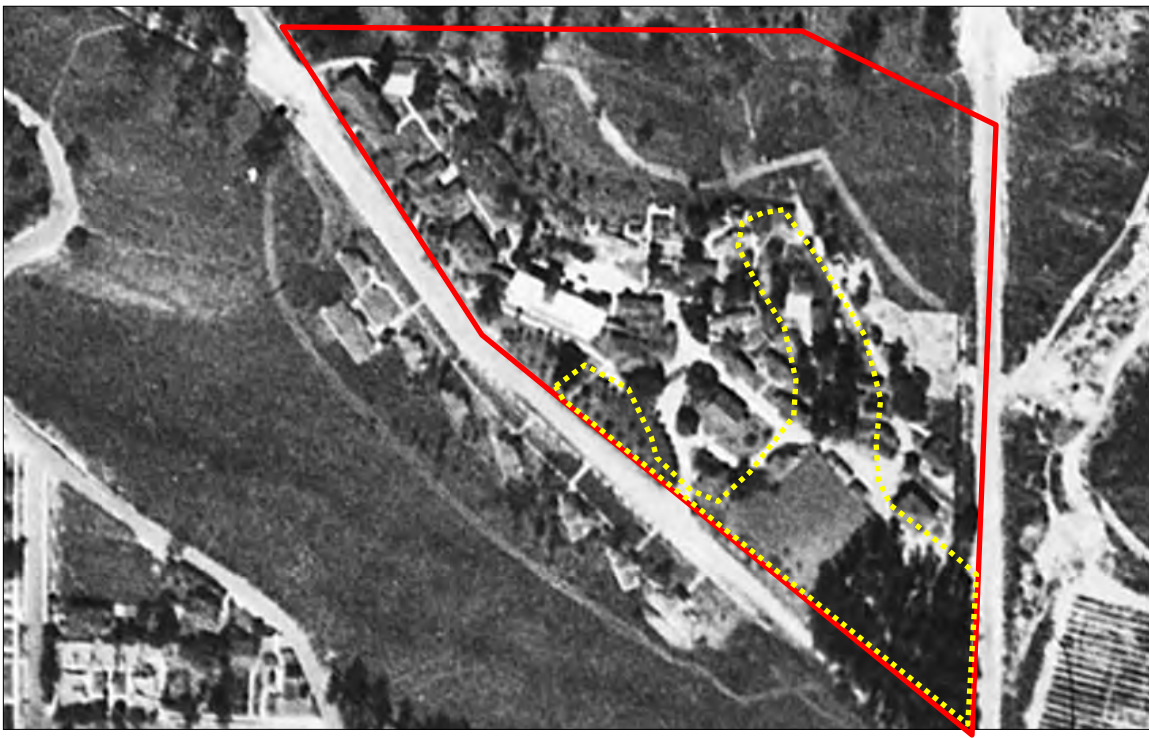


Attachment B: Historic Maps and Aerials



Sanborn Map 8: Crop of previous, 1970 map of Barlow Respiratory Hospital, current location of Building 26 in red (Environmental Data Resources, Inc.)

Attachment B: Historic Maps and Aerials



Historic Aerial 1: 1928, subject property outlined in red, approximate boundary of project area in dashed yellow line (UCSB Library)



Historic Aerial 2: 1938, subject property outlined in red, approximate boundary of project area in dashed yellow line (UCSB Library)

Attachment B: Historic Maps and Aerials



Historic Aerial 3: 1947, subject property outlined in red, approximate boundary of project area in dashed yellow line (UCSB Library)



Historic Aerial 4: 1964, subject property outlined in red, approximate boundary of project area in dashed yellow line (UCSB Library)

Attachment B: Historic Maps and Aerials



Historic Aerial 5: 1976, subject property outlined in red, approximate boundary of project area in dashed yellow line (UCSB Library)

Attachment C: Current Photographs of Subject Property



Figure 1: Subject property, view northeast from stadium way (McGee, 2021)



Figure 2: Subject property, view southeast from Stadium Way with approximate location of proposed new Skilled Nursing Facility indicated by red arrow (McGee, 2021)

Attachment C: Current Photographs of Subject Property



Figure 3: Subject property, view east from Stadium Way with approximate location of proposed new Skilled Nursing Facility indicated by red arrow (McGee, 2021)



Figure 4: Subject property, view southeast from Stadium Way with approximate location of proposed new Skilled Nursing Facility indicated by red arrow (McGee, 2021)

Attachment C: Current Photographs of Subject Property



Figure 5: Subject property, view southeast approximate location of proposed new Skilled Nursing Facility indicated by red arrow (McGee, 2021)



Figure 6: Subject property, view overlooking Building 26 (Maintenance Building), outlined in red, to be demolished as part of proposed project (McGee, 2021)

Attachment C: Current Photographs of Subject Property



Figure 7: Building 26 (Maintenance Building), west facade, view southeast (McGee, 2021)



Figure 8: Building 26 (Maintenance Building), west facade (center) and north elevation (right), view south (McGee, 2021)

Attachment C: Current Photographs of Subject Property



Figure 9: Building 26 (Maintenance Building) west facade (right) and south elevation (right), view north (McGee, 2021)



Figure 10: Building 26 (Maintenance Building), west facade, view south (McGee, 2021)

Attachment C: Current Photographs of Subject Property



Figure 11: Building 26 (Maintenance Building), Interior, northeast portion of building looking toward entrance, view northwest (McGee, 2021)



Figure 12: Building 26 (Maintenance Building), Interior, northeast portion of building, view southeast (McGee, 2021)

Attachment C: Current Photographs of Subject Property



Figure 13: Building 26 (Maintenance Building), Interior, view of roof trusses in northeast portion of building (McGee, 2021)



Figure 14: Building 26 (Maintenance Building), Interior, northeast portion of building (McGee, 2021)

Attachment C: Current Photographs of Subject Property



Figure 15: Building 26 (Maintenance Building), Interior, southwest portion of building, view northeast (McGee, 2021)



Figure 16: Building 26 (Maintenance Building), Interior, southwest portion of building, view west (McGee, 2021)

Attachment C: Current Photographs of Subject Property



Figure 17: Building 23 (left) and 25 (right), with primary southeast facades at left and northeast elevations at right, view southwest (McGee, 2021)



Figure 18: Building 23 (left) and 25 (right), showing primary southeast facades, view north (McGee, 2021)

Attachment C: Current Photographs of Subject Property



Figure 19: Building 21 (Carpenter's Shop), north elevation (left) and west elevation (right), view southeast (McGee, 2021)



Figure 20: Building 6 (Receiving Department/Laundry Building), north elevation (center), view south with Buildings 25 and 23 to right (McGee, 2021)

Attachment C: Current Photographs of Subject Property



Figure 21: Building 5 (Guild House), east elevation (left) and north elevation (center/right), view south (McGee, 2021)



Figure 22: Subject property, open grassy area with trees and Building 5 (Guild House) in distance, view southeast (McGee, 2021)

Attachment C: Current Photographs of Subject Property



Figure 23: Subject property, open grassy area with trees and Building 4 (Library), Building 20 (Bungalow), and Building 19 (Bungalow) in distance, view north (McGee, 2021)



Figure 24: Subject property, Building 4 (Library), view north (McGee, 2021)

Attachment C: Current Photographs of Subject Property

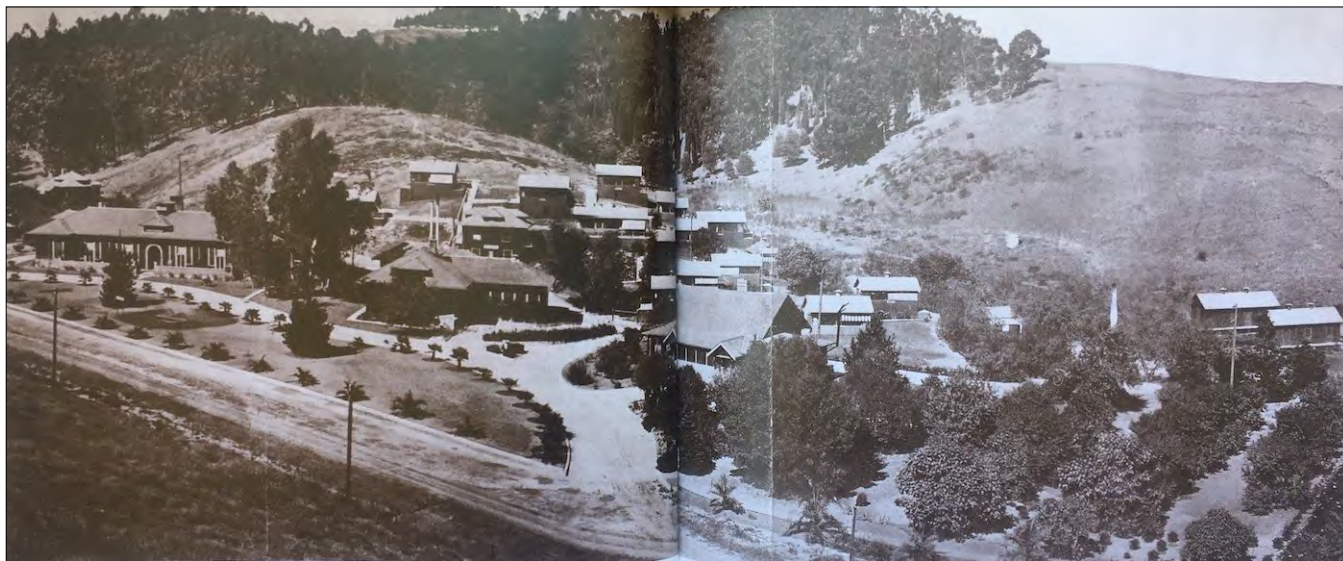


Figure 25: Subject property, Building 20 (Bungalow), south elevation, view northeast (McGee, 2021)



Figure 26: Subject property, Building 19, south elevation, view northeast (McGee, 2021)

Attachment D: Historic Photographs



Historic Photo 1: Subject property c. 1912, looking across Stadium Way, view northeast (source: W. Robert Finegan, *The Barlow Story*, 1992: 16-17)



Historic Photo 2: Subject property c. 1915, looking across Stadium Way, view northeast (source: California Historical Society Collection, USC Digital Library)

Attachment D: Historic Photographs



Historic Photo 3: Subject property c. 1939, looking across Stadium Way, view northeast (source: Dick Whittington Studio, USC Digital Library)



Historic Photo 4: Subject property c. 1949-1950, Stadium Way at center, view north (source: W. Robert Finegan, *The Barlow Story*, 1992: 70-71)

Attachment D: Historic Photographs



Historic Photo 5: Subject property 1992, Stadium Way at center, view northeast (source: W. Robert Finegan, *The Barlow Story*, 1992: 90-91)

Attachment D: Historic Photographs



Historic Photo 6: Subject property, Building 26 (Maintenance Building), c. 1916 (source: Historic Photo Attachment to the Historic-Cultural Monument nomination for the Barlow Respiratory Hospital)



Historic Photo 7: Subject property, Building 26 (Maintenance Building) c. 2012 (source: Historic Resources Group, Historical Resources Technical Report, Barlow Hospital Replacement and Master Plan Project, April 2012: 56)

Attachment E: Survey Records

State of California - The Resources Agency
DEPARTMENT OF PARKS AND RECREATION
OFFICE OF HISTORIC PRESERVATION

HISTORIC RESOURCES INVENTORY

IDENTIFICATION AND LOCATION

Ser.No. #26 - -
National Register status 3D/C
Local designation HCM 504

1. Historic Name El Bano
- *2. Common or current name Maintenance Shop
- *3. Number & street 2000 Stadium Way Cross-corridor
City Los Angeles Vicinity only Zip 90026 County Los Angeles
4. UTM zone A B C D
5. Quad map No. Parcel No. Other

DESCRIPTION

6. Property category Building If district, number of documented resources 39
- *7. Briefly describe the present physical appearance of the property, including condition, boundaries, related features, surroundings, and (if appropriate) architectural style.

A one story utilitarian structure of wood frame construction with a stucco exterior on a concrete slab, this building is rectangular in plan. The gable roof has exposed rafter tails and is overlaid with composition roll roofing. A continuous glass and screen monitor assembly runs the length of the roof ridge and is inset from the ends by one rafter bay. The main elevation is composed of two pairs of wood ledged and braced panel garage doors and double wood panel doors atop a concrete stoop. The south elevation has a window opening which is infilled with glass louvers and an air conditioning unit, and a large wood louver air vent with a wood surround in the gable end.



8. Planning Agency
9. Owner & address
Barlow Respiratory Hospital
2000 Stadium Way
Los Angeles, CA 90026
- 9A. Original owner
Barlow Sanatorium
10. Type of ownership Private
11. Present use Noncommercial
12. Zoning
13. Threats

A 94296-0001

*Complete these items for historic preservation compliance projects under Section 106 (36CFR800). All items must be completed for historical resources survey information.

HISTORICAL INFORMATION

#26

- *14. Construction date(s) 1916 Original location Just north of Garage (#27) Date moved 1926
15. Alterations & date _____
16. Architect Unknown Builder Unknown
17. Historic attributes (with number from list) 41, 04 -- Hospital, Ancillary Building

SIGNIFICANCE AND EVALUATION

18. Context for evaluation: Theme Health Care Industry Area Southern California
 Period 1902-1952 Property type Institutional/Service Context formally developed? No

- *19. Briefly discuss the property's importance within the context. Use historical and architectural analysis as appropriate. Compare with similar properties.

The Maintenance Shop was built in 1916 as a bath building known as El Bano. Built at a cost of \$3502.73, the donation of the Herman W. Hellman Estate, it afforded the medical staff the opportunity to order hot or cold showers for the patients. The structure originally contained separate areas for men and women with multiple showers, dressing rooms, and toilets. El Bano featured a tile roof, a clerestory for light and ventilation, and stucco exterior walls. It was originally situated among the largest group of tent cottages. By 1919, with the installation of bathing facilities in the new cottages, the bathhouse was no longer needed. The Hellman family offered to convert the structure into a patient cottage. Instead, the structure was, apparently, moved in 1926 from the north side to the south side of the Garage (#27), where it became a workshop and garage, a use it retains today. The building retains its 1920s appearance and historic associations, and as such is a contributor to the potential Barlow historic district. It is an example of the type of patient service and maintenance structures on the property during its period of significance.

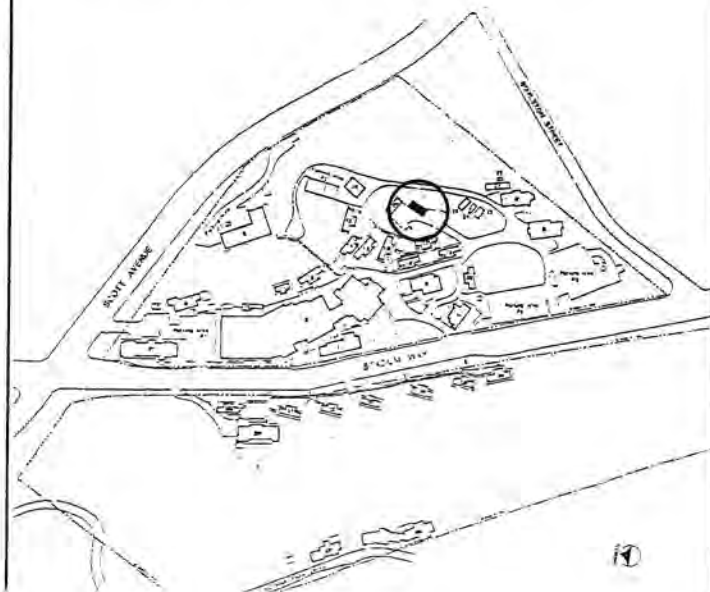
20. Sources Building Permits, Annual Reports

21. Applicable National Register criteria A, B, C
22. Other recognition LAHCM 504
 State Landmark No. (if applicable) _____
23. Evaluator Christy McAvoy
 Date of evaluation 02/28/92
24. Survey type Project Related
25. Survey name Barlow Sanatorium

- *26. Year form prepared 1992
 By (name) Christy McAvoy
 Organization Historic Resources Group
 Address 1728 N. Whitley
 City & Zip Los Angeles 90028
 Phone 213-469-2349
 Historic Resources Group 1991

*Sketch map. Show location and boundaries of property in relation to nearby streets, railways, natural landmarks, etc. Name each feature.

N



OFFICE OF HISTORIC PRESERVATION * * * Directory of Properties in the Historic Property Data File for LOS ANGELES County.												Page 527	03-15-11
OPERTY-NUMBER	PRIMARY-#	STREET-ADDRESS.....	NAMES.....	CITY.NAME.....	OWN	YR-C	OHP-PROG..	PRG-REFERENCE-NUMBER	STAT-DAT	NRS	CRIT		
068212	19-173705	1700 STADIUM WY	NAVAL AND USMC RESERVE CENTER	LOS ANGELES	U		HIST.RES.	DOE-19-88-0010-0000	11/15/88	2D2	C		
							PROJ.REVW.	USN880922A	11/15/88	2D2	C		
097822	19-175305	2000 STADIUM WY	LIBRARY-BARLOW RESPIRATORY HOSPITA	LOS ANGELES	P	1921	HIST.RES.	DOE-19-94-0002-0023	03/07/94	2D2	ABC		
							PROJ.REVW.	HRG940202Z	03/07/94	2D2	ABC		
097821	19-175304	2000 STADIUM WY	GEORGE K. BIRGE MEMORIAL NURSES' H	LOS ANGELES	P	1919	HIST.RES.	DOE-19-94-0002-0014	03/07/94	2D2	ABC		
							PROJ.REVW.	HRG940202Z	03/07/94	2D2	ABC		
099069	19-175629	2000 STADIUM WY	HELP COTTAGE-BARLOW RESPIRATORY HO	LOS ANGELES	P	1907	HIST.RES.	DOE-19-94-0002-0003	03/07/94	2D2	ABC		
							PROJ.REVW.	HRG940202Z	03/07/94	2D2	ABC		
099068	19-175628	2000 STADIUM WY	GARDEN FETE COTTAGE #2-BARLOW RESP	LOS ANGELES	P	1906	HIST.RES.	DOE-19-94-0002-0002	03/07/94	2D2	ABC		
							PROJ.REVW.	HRG940202Z	03/07/94	2D2	ABC		
099066	19-175627	2000 STADIUM WY	ADMINISTRATION BUILDING-BARLOW RES	LOS ANGELES	P	1902	HIST.RES.	DOE-19-94-0002-0001	03/07/94	2D2	ABC		
							PROJ.REVW.	HRG940202Z	03/07/94	2D2	ABC		
099041	19-175626	2000 STADIUM WY	BARLOW RESPIRATORY HOSPITAL	LOS ANGELES	P	1902	HIST.RES.	DOE-19-94-0002-9999	03/07/94	2S2	AB		
							PROJ.REVW.	HRG940202Z	03/07/94	2S2	AB		
099090	19-175642	2000 STADIUM WY	LOS ANGELES RED CROSS COTTAGE #2-B	LOS ANGELES	P	1919	HIST.RES.	DOE-19-94-0002-0017	03/07/94	2D2	ABC		
							PROJ.REVW.	HRG940202Z	03/07/94	2D2	ABC		
099089	19-175641	2000 STADIUM WY	LOS ANGELES RED CROSS COTTAGE #1-B	LOS ANGELES	P	1919	HIST.RES.	DOE-19-94-0002-0016	03/07/94	2D2	ABC		
							PROJ.REVW.	HRG940202Z	03/07/94	2D2	ABC		
099162	19-175646	2000 STADIUM WY	LOS ANGELES RED CROSS COTTAGE #4-B	LOS ANGELES	P	1919	HIST.RES.	DOE-19-94-0002-0019	03/07/94	2D2	ABC		
							PROJ.REVW.	HRG940202Z	03/07/94	2D2	ABC		
099164	19-175648	2000 STADIUM WY	HORATIO G. & JULIA A. BROOKS MEMOR	LOS ANGELES	P	1919	HIST.RES.	DOE-19-94-0002-0021	03/07/94	2D2	ABC		
							PROJ.REVW.	HRG940202Z	03/07/94	2D2	ABC		
099182	19-175663	2000 STADIUM WY	GUINEA PIG HOUSE-BARLOW RESPIRATOR	LOS ANGELES	P	1940	HIST.RES.	DOE-19-94-0002-0036	03/07/94	6Y			
							PROJ.REVW.	HRG940202Z	03/07/94	6Y			
099163	19-175647	2000 STADIUM WY	LOS ANGELES RED CROSS BUILDING #1-	LOS ANGELES	P	1919	HIST.RES.	DOE-19-94-0002-0020	03/07/94	2D2	ABC		
							PROJ.REVW.	HRG940202Z	03/07/94	2D2	ABC		
099178	19-175660	2000 STADIUM WY	STOREROOM/ANIMAL TESTING-BARLOW RE	LOS ANGELES	P	1924	HIST.RES.	DOE-19-94-0002-0034	03/07/94	6Y			
							PROJ.REVW.	HRG940202Z	03/07/94	6Y			
099075	19-175631	2000 STADIUM WY	WILLIAMS HALL-BARLOW RESPIRATORY H	LOS ANGELES	P	1909	HIST.RES.	DOE-19-94-0002-0005	03/07/94	2D2	ABC		
							PROJ.REVW.	HRG940202Z	03/07/94	2D2	ABC		
099186	19-175667	2000 STADIUM WY	FRANCES WHITAKER ADMINISTRATION BU	LOS ANGELES	P	1961	HIST.RES.	DOE-19-94-0002-0039	03/07/94	6Y			
							PROJ.REVW.	HRG940202Z	03/07/94	6Y			
099161	19-175645	2000 STADIUM WY	LOS ANGELES RED CROSS #3-BARLOW RE	LOS ANGELES	P	1919	HIST.RES.	DOE-19-94-0002-0018	03/07/94	2D2	ABC		
							PROJ.REVW.	HRG940202Z	03/07/94	2D2	ABC		
099072	19-175630	2000 STADIUM WY	RESIDENT PHYSICIAN'S COTTAGE-BARLO	LOS ANGELES	P	1908	HIST.RES.	DOE-19-94-0002-0004	03/07/94	2D2	ABC		
							PROJ.REVW.	HRG940202Z	03/07/94	2D2	ABC		
099088	19-175640	2000 STADIUM WY	JONATHON SLAUSON & HUGH MACNEIL ME	LOS ANGELES	P	1919	HIST.RES.	DOE-19-94-0002-0015	03/07/94	2D2	ABC		
							PROJ.REVW.	HRG940202Z	03/07/94	2D2	ABC		
099086	19-175639	2000 STADIUM WY	AL MALAIKAH MYSTIC SHRINE COTTAGE-	LOS ANGELES	P	1918	HIST.RES.	DOE-19-94-0002-0013	03/07/94	2D2	ABC		
							PROJ.REVW.	HRG940202Z	03/07/94	2D2	ABC		
099085	19-175638	2000 STADIUM WY	JUSTIN MORRELL MCKENNA MEMORIAL CO	LOS ANGELES	P	1918	HIST.RES.	DOE-19-94-0002-0012	03/07/94	2D2	ABC		
							PROJ.REVW.	HRG940202Z	03/07/94	2D2	ABC		
099084	19-175637	2000 STADIUM WY	ISAAC NORTON MEMORIAL COTTAGE-BARL	LOS ANGELES	P	1918	HIST.RES.	DOE-19-94-0002-0011	03/07/94	2D2	ABC		
							PROJ.REVW.	HRG940202Z	03/07/94	2D2	ABC		
099083	19-175636	2000 STADIUM WY	GEORGIANA P. ADAMS MEMORIAL COTTAG	LOS ANGELES	P	1917	HIST.RES.	DOE-19-94-0002-0010	03/07/94	2D2	ABC		
							PROJ.REVW.	HRG940202Z	03/07/94	2D2	ABC		
099081	19-175635	2000 STADIUM WY	EL BANO-BARLOW RESPIRATORY HOSPITA	LOS ANGELES	P	1916	HIST.RES.	DOE-19-94-0002-0009	03/07/94	2D2	ABC		
							PROJ.REVW.	HRG940202Z	03/07/94	2D2	ABC		
099080	19-175634	2000 STADIUM WY	ELIZABETH G. BONFILIO MEMORIAL COT	LOS ANGELES	P	1914	HIST.RES.	DOE-19-94-0002-0008	03/07/94	2D2	ABC		
							PROJ.REVW.	HRG940202Z	03/07/94	2D2	ABC		
099078	19-175633	2000 STADIUM WY	PATIENTS' WORKSHOP AND STOREROOM-B	LOS ANGELES	P	1912	HIST.RES.	DOE-19-94-0002-0007	03/07/94	2D2	ABC		
							PROJ.REVW.	HRG940202Z	03/07/94	2D2	ABC		
099076	19-175632	2000 STADIUM WY	LAUNDRY BUILDING-BARLOW RESPIRATOR	LOS ANGELES	P	1909	HIST.RES.	DOE-19-94-0002-0006	03/07/94	2D2	ABC		
							PROJ.REVW.	HRG940202Z	03/07/94	2D2	ABC		
099185	19-175666	2000 STADIUM WY	GARDENING SHED-BARLOW RESPIRATORY	LOS ANGELES	P		HIST.RES.	DOE-19-94-0002-0038	03/07/94	6Y			

PROPERTY-NUMBER	PRIMARY-#	STREET-ADDRESS.....	NAMES.....	CITY.NAME.....	OWN	YR-C	OHP-PROG..	PRG-REFERENCE-NUMBER	STAT-DAT	NRS	CRIT
099181	19-175662	2000 STADIUM WY	ELLA BROOKS SOLANO INFIRMARY-BARLO	LOS ANGELES	P	1927	PROJ.REVW. HIST.RES. PROJ.REVW.	HRG940202Z DOE-19-94-0002-0035 HRG940202Z	03/07/94 03/07/94 03/07/94	6Y 6Y 6Y	
099183	19-175664	2000 STADIUM WY	SHED-BARLOW RESPIRATORY HOSPITAL	LOS ANGELES	P	1954	HIST.RES. PROJ.REVW.	DOE-19-94-0002-0037 HRG940202Z	03/07/94 03/07/94	6Y 6Y	
099165	19-175649	2000 STADIUM WY	HELP BUILDING-BARLOW RESPIRATORY H	LOS ANGELES	P	1920	HIST.RES. PROJ.REVW.	DOE-19-94-0002-0022 HRG940202Z	03/07/94 03/07/94	2D2 2D2	ABC ABC
099166	19-175650	2000 STADIUM WY	BARNABAS THACHER MORRISON COTTAGE-	LOS ANGELES	P	1921	HIST.RES. PROJ.REVW.	DOE-19-94-0002-0024 HRG940202Z	03/07/94 03/07/94	2D2 2D2	ABC ABC
099167	19-175651	2000 STADIUM WY	BANCROFT E. BEEMAN MEMORIAL COTTAG	LOS ANGELES	P	1922	HIST.RES. PROJ.REVW.	DOE-19-94-0002-0025 HRG940202Z	03/07/94 03/07/94	2D2 2D2	ABC ABC
099169	19-175652	2000 STADIUM WY	JOHN B. & MARTHA A. LYONS MEMORIAL	LOS ANGELES	P	1924	HIST.RES. PROJ.REVW.	DOE-19-94-0002-0026 HRG940202Z	03/07/94 03/07/94	2D2 2D2	ABC ABC
099170	19-175653	2000 STADIUM WY	LAURENCE MILBANK MEMORIAL COTTAGE-	LOS ANGELES	P	1926	HIST.RES. PROJ.REVW.	DOE-19-94-0002-0027 HRG940202Z	03/07/94 03/07/94	2D2 2D2	ABC ABC
099173	19-175655	2000 STADIUM WY	GERHARD AND LOUISE ESHMAN COTTAGE	LOS ANGELES	P	1927	HIST.RES. PROJ.REVW.	DOE-19-94-0002-0029 HRG940202Z	03/07/94 03/07/94	2D2 2D2	ABC ABC
099174	19-175656	2000 STADIUM WY	MEDICAL DIRECTOR'S RESIDENCE-BARLO	LOS ANGELES	P	1936	HIST.RES. PROJ.REVW.	DOE-19-94-0002-0030 HRG940202Z	03/07/94 03/07/94	2D2 2D2	ABC ABC
099175	19-175657	2000 STADIUM WY	DOCTOR'S COTTAGE-BARLOW RESPIRATOR	LOS ANGELES	P	1940	HIST.RES. PROJ.REVW.	DOE-19-94-0002-0031 HRG940202Z	03/07/94 03/07/94	2D2 2D2	ABC ABC
099176	19-175658	2000 STADIUM WY	HOWARD BOSWORTHYH HALL-BARLOW RESPI	LOS ANGELES	P	1949	HIST.RES. PROJ.REVW.	DOE-19-94-0002-0032 HRG940202Z	03/07/94 03/07/94	2D2 2D2	ABC ABC
099177	19-175659	2000 STADIUM WY	DOCTORS' AND NURSES' GARAGE-BARLOW	LOS ANGELES	P	1920	HIST.RES. PROJ.REVW.	DOE-19-94-0002-0033 HRG940202Z	03/07/94 03/07/94	6Y 6Y	
099172	19-175654	2000 STADIUM WY	ST BERNARDINE COTTAGE-BARLOW RESPI	LOS ANGELES	P	1927	HIST.RES. PROJ.REVW.	DOE-19-94-0002-0028 HRG940202Z	03/07/94 03/07/94	2D2 2D2	ABC ABC
098199	19-175559	19811 STAGG ST		LOS ANGELES	M	1926	HIST.RES. PROJ.REVW.	DOE-19-94-0161-0000 HRG940202Z	04/27/94 04/27/94	6Y 6Y	
154071		4420 STANFORD AVE		LOS ANGELES		1921	PROJ.REVW.	HUD040202L	02/02/04	6U	
175402		10317 STANFORD AVE		LOS ANGELES	P	1944	PROJ.REVW.	HUD070529J	07/05/07	6U	
025003	19-171011	712 STANLEY AVE		LOS ANGELES	P	1928	HIST.SURV.	0053-2393-0000		7N	
025004	19-171012	718 STANLEY AVE		LOS ANGELES	P	1926	HIST.SURV.	0053-2394-0000		7N	
020945	19-162307	700 STATE DR	CALIFORNIA STATE MUSEUM OF SCIENCE	LOS ANGELES	S	1912	HIST.SURV.	0053-0137-0000		7N	
	19-167012										
097828	19-175311	3720 STEVEN M WHITE DR	CABRILLO MARINE MUSEUM AND AQUARIU	LOS ANGELES	M	1932	HIST.RES. PROJ.REVW.	DOE-19-94-0163-0000 HRG940202Z	08/08/94 08/08/94	2S2 2S2	A A
072883	19-174037	4108 STILLWELL AVE		LOS ANGELES	U	1923	PROJ.REVW.	HUD910805K	08/21/91	6Y	
072796	19-174024	4453 STILLWELL AVE		LOS ANGELES	U	1926	PROJ.REVW.	HUD910715E	08/08/91	6Y	
097006	19-175186	3507 STOCKER ST		LOS ANGELES	P	1942	PROJ.REVW.	HUD950630V	07/20/95	6Y	
023862	19-169884	3649 STOCKER ST		LOS ANGELES	P	1948	HIST.SURV.	0053-1318-0000		3S	
096325	19-175129	5638 STOLL DR		LOS ANGELES	P	1914	PROJ.REVW.	HUD950515C	06/21/95	6Y	
128631		STONE CANYON RD	CARETAKER'S HOUSE #1	LOS ANGELES	M	1925	HIST.RES. PROJ.REVW.	DOE-19-01-0189-0000 EPA010208A	03/12/01 03/12/01	6Y 6Y	
128632		STONE CANYON RD	CARETAKER'S HOUSE #2	LOS ANGELES	M	1932	HIST.RES. PROJ.REVW.	DOE-19-01-0190-0000 EPA010208A	03/12/01 03/12/01	6Y 6Y	
128633		STONE CANYON RD	TIME-RECORDING STATION	LOS ANGELES	M	1925	HIST.RES. PROJ.REVW.	DOE-19-01-0191-0000 EPA010208A	03/12/01 03/12/01	6Y 6Y	
128634		STONE CANYON RD	VALVE VAULT	LOS ANGELES	M	1925	HIST.RES. PROJ.REVW.	DOE-19-01-0192-0000 EPA010208A	03/12/01 03/12/01	6Y 6Y	
128635		STONE CANYON RD	WATER TANK	LOS ANGELES	M	1932	HIST.RES. PROJ.REVW.	DOE-19-01-0193-0000 EPA010208A	03/12/01 03/12/01	6Y 6Y	
128641		STONE CANYON RD	CHLORINATION STATION	LOS ANGELES	M	1931	HIST.RES. PROJ.REVW.	DOE-19-01-0199-0000 EPA010208A	03/12/01 03/12/01	6Y 6Y	
128636		STONE CANYON RD	PICNIC AREA	LOS ANGELES	M	1929	HIST.RES.	DOE-19-01-0194-0000	03/12/01	6Y	