



# United States Department of the Interior

## NATIONAL PARK SERVICE

1849 C Street, N.W.  
Washington, D.C. 20240

JUN 18 2008

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

My administrative review of the decision of Technical Preservation Services, National Park Service, denying certification of the rehabilitation of the property cited above is concluded. The administrative review was initiated and conducted in accordance with Department of the Interior regulations (36 CFR Part 67) governing certifications for Federal income tax incentives for historic preservation as specified in the Internal Revenue Code. I thank your associates,

for meeting with me in Washington on May 21, 2008, and for providing a detailed account of the project.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Sincerely,

A handwritten signature in black ink, appearing to read "John A. Burns". The signature is fluid and cursive, with a long horizontal flourish extending to the right.

John A. Burns, FAIA  
Chief Appeals Officer  
Cultural Resources

cc: SHPO-TX  
IRS