

ADAPTIVE USE OF THE MARSHALL THEATRE BUILDING  
AT 4TH ST. AND HOUSTON AVE., MANHATTAN, KANSAS

by

BEATRIZ C. GRANADILLO S.

B.S., Universidad De Los Andes, Venezuela, 1982  
M.S., Kansas State University, 1987

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Approved by:

Bernd Foerster

Major Professor

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## A. ACKNOWLEDGEMENTS AND DEDICATIONS

### Acknowledgements

I am especially grateful to the "Fundacion Gran Mariscal de Ayacucho" of my country, Venezuela, for financially supporting my Master's studies.

Also, a special thanks to my major advisor, Professor Bernd Foerster, and the thesis committee, Professors Ray Weisenburger and Paul Windley.

### Dedications

To my unforgettable father, my lovely mother, my patient and understanding husband, Khaled, and my son, Victor. Also, to my dear Mrs. "B" (Barbara Baumgartner), and Father Dennis Meade, who both encouraged me when I needed it most.

## B. INTRODUCTION

This thesis project has several objectives. First, the preservation of a 1909 structure in the historic district in downtown Manhattan, Kansas is being explored. The Marshall theater building is a two-story structure with basement located at 4th Street and Houston Avenue. It is built with brick veneer with cut stone trim, and is relatively elaborated in classical details. The building originally served as a theater, office, and retail stores. The original design was a distinguished example of early 20th-century commercial building for the region; the theater was considered to be among the best facilities of its type, and was an important entertainment center for the community over a period of several decades. The structure is currently used by the J.C. Penney Store and for offices. Its interior was extensively remodeled and the ground floor fronts covered with tile veneer in the 1960s for the J.C. Penney Company.

Second, adaptive use of the aforementioned structure will be investigated. Housing for independent elderly who do not require specialized health care will be considered as a new use, but design for this population will only be a secondary consideration. The study involves the relationship between the function of the old structure and the new spatial organization.

Third, the retention or reuse of existing materials and the juxtaposition with new ones will be explored.

And fourth, the building has been analyzed in relation to the area in which it is located. The Manhattan City Commission has initiated a program of redevelopment of the downtown. The plan includes the

construction of an enclosed pedestrian mall as well as landscaping, sidewalks, walkways, street lights, traffic control devices, and other facilities that contribute to pedestrian comfort and safety. Moreover, the redevelopment plan encourages the restoration and rehabilitation of storefronts and facades as a part of the National Main Street program. The historic downtown, which is currently being revitalized, is suitable for pedestrians, and provides a range of activities desirable for the mobile elderly. In turn, the downtown would benefit from an increase in residential uses in the district. The building is served by an already existing infrastructure.

The location of the building, in the revitalizing downtown, and the satisfactory physical condition and size of the structure, as well as the need for housing for the growing elderly population make this project desirable.

### C. EDUCATIONAL OBJECTIVES

1. Develop an approach to the reuse of an existing building.
2. Learn about historical materials and their juxtaposition with new ones.
3. Make use of earlier research of the history and subsequent uses and adaptations of the building.
4. Gain familiarity with housing requirements for independent elderly who do not need specialized health care.

#### D. SCOPE

1. Brief analysis, as a part of the program, of the surrounding area: the historic downtown.
2. Measured drawings of existing conditions excluding temporary non-load bearing partitions on each floor.
3. Research, as a part of the program, of the history and subsequent uses and adaptations of the structure.
4. Examination of the architectural qualities of the structure: the exterior, the interior, and the appearance from the street, in order to decide on the visual architectural features to be preserved, enhanced or altered: the massing, materials, fenestration, lighting, ornamentation, orientation to site, and interior layout.
5. Analysis of the building for code compliance to design a functional and safe arrangement of interior spaces.
6. Conceptual design of dwelling units for the independent elderly who do not require specialized health care as well as social space, and administrative offices.
7. Contemporary design proposal for the exterior that provides a visually harmonious link that enhances rather than mimicks the original qualities of the structure. This involves redesign of the first floor South and West facade for adaptation to new uses; and a complete redesign of the North and exposed East wall.
8. Exploration of the use of various materials on the design of dwelling units.

9. Indication of heating, ventilation, and air conditioning needs.
10. Recommendations for adaptive use of the existing structure.
11. No economic feasibility of this project will be conducted.

#### E. FOCUS

This thesis project will be at the level of conceptual design and focus primarily on the adaptation of a 1909 structure for new use. The conceptual design will include the layout of four typical dwelling units, the social space, and the administrative offices but not on the lower level. The housing for independent elderly who do not require specialized health care will be a secondary consideration.

#### E. CRITERIA

1. The exterior appearance of the structure in relation to its history and setting.
2. Retention of the original building character to the greatest degree possible, while expressing the contemporary changes.
3. The visual harmony between the revised facade elements and the remaining historic elements of the South and West facade.
4. The design of the new North facade and exposed portion of the East wall to accommodate the proposed new uses.
5. The functioning of the interior layout for the proposed uses.
6. The meeting of applicable codes.

These criteria are based on a personal analysis of the readings listed in the bibliography. The project thesis is intended to demonstrate

how my present design philosophy, based on my reading and the courses taken at Kansas State University, can be applied to a specific situation.

#### G. ADAPTIVE USE CONSIDERATIONS

Most old buildings are in danger because they no longer have tenants. Aside from the fact that these buildings are often in good physical shape, their main value frequently is their part in the streetscape. Most of these structures may have no particular historic value, but new uses might be found for them. Adapting them to a new use may involve fairly radical physical interventions, especially in the interior. While the adaptation of these buildings may be similar to the procedure of "remodeling," there are important differences. In traditional remodeling, the emphasis is usually on providing an image of newness, while in adaptive use there is a visual identity that must be retained. The adaptive use must be inserted into the old container with minimum visual dislocation, while retaining as much of the character as possible. Therefore, the selection of modern materials and proposed architectural details will be done in a way that will harmonize with the original integrity of the old structure. This harmony currently does not exist.

#### H. REGULATIONS, RESTRICTIONS AND CONSIDERATIONS

There are certain mandatory restrictions imposed by the City of Manhattan on any alteration to new construction and existing structures. The first is the zoning, which is established by the city. Next is



the building code, which is taken from the Uniform Building Code, 1985, and the BOCA Basic/National/Building Code/1984.

The 4th and Houston Avenue building is zoned as Central Business District (C-4). This zone "is designed to provide a district for a broad range of retail shopping facilities." Residential is one of the permitted uses in this district.

The regulations described in the aforementioned Building Codes will be followed. They are required for the proper development of this thesis project.

In addition, the "Standards for Rehabilitation and Guidelines for Rehabilitating Historic Building" (Revised 1983) will be used.

Those regulations imposed by the Central District Redevelopment Project will be taken into consideration.

Since the existing structure is more than forty years old, its rehabilitation can take advantage of the Tax Incentive for Investing in Historic Properties.

## I. THE FACILITY PROGRAM

### Spatial Concepts and Definitions

The spatial concepts describe the different kinds of spaces in the facility in relation to the activities they accommodate.

The interior spaces have been divided into four zones which differ according to the activities. These four zones are: public, semi-public, semi-private and private.

## 1. The Public Zone

The lobby, located in the public zone, is an important orienting point in the housing environment. It can shape how elderly feel about their building, and even their place. To the extent possible, therefore, the lobby should be made as warm and pleasant as possible. At minimum, it should have a sitting place for people who are waiting for transportation, or for someone to meet them.

Another issue in the public zone is the location of mailboxes. They should be located in such a way as to provide maximum protection from possible intruders.

The location of administrative spaces is another matter in this public zone. This is the control center for residents, staff and visitors alike. This is where elderly and staff records will be kept and reviewed. Budgets will also be developed in the administrative offices. Along with the lobby, the administrative spaces for housing will be an initial contact point and check point. The administrative spaces should be placed near the main entrance.

## 2. Semi-public Zone

The semi-public zone includes those areas planned to locate the social, recreational, medical and service activities of the elderly residents. Spaces associated with this zone are the communal social room, t.v. lounge, craft room, game room, communal garden, dining room, kitchen, laundry, health clinic, physical fitness, maintenance/service area, and mechanical room.

The communal social room is defined as a place where independent elderly residents who maintain social ties, share physical space, and

often have similar physical limitations. This social room should encourage interaction, but allow privacy, and choice of recreational activity.

Planting is an activity which most of the elderly especially enjoy, so a space for tending and growing plants will be provided.

In the dining room, meals will generally be informal and encourage friendly relations among elderly residents. Besides, this activity should maintain social relations with residents' families and friends. Some small private dining facilities should be available for special occasions.

The kitchen will provide meal service for the elderly residents and their guests as well as for the staff. Other spaces associated with the kitchen are garbage disposal, food storage, cold storage, loading, cleaning, and staff offices and lounge. The kitchen should be adjacent to the dining room and the service entrance.

The laundry room may be an important part of the building. Not only can it provide a place to wash clothes, but also it can be a social area. Providing a laundry designed for convenience, accessibility, and safety will make the project more attractive for the independent elderly occupants. The laundry may take the place of the village store. This space can be planned so that it serves as a gathering place, a place to work, a place to communicate, a place to get to know neighbors. The laundry room should be near the elevators or other means of vertical transportation. It should not be located in secluded areas of the building for easy access and security. A social space for waiting with vending machines may be desirable.

The health clinic will provide a space for medical examination, psychiatric, and counseling services. Each office space used for individual counseling or examination must be completely private. The rooms may be small but must be comfortable and attractive. Spaces related to these services are waiting, interview room, medical examination room, medical office, nurse's office, medical staff lounge, supply room, file, and storage.

There will be an exercise area that will be flexible to accommodate elderly residents engaged in diverse individual or group activities. This area will contain mechanical equipment for exercising. The physical fitness space will also have a jacuzzi, sauna and steam room. Other spaces associated with physical fitness are dressing, staff office, examining room, and lounge.

The maintenance/service area will provide spaces for garbage disposal, maintenance equipment, storage, manager's office, and janitor's lounge.

A mechanical room will be provided to house electrical boxes, HVAC system, water meter, and so on.

Toilets and coat closets will be supplied where needed.

### 3. Semi-private Space

This space includes the lounges in residential areas. It can serve a small group of activities such as birthday parties, talking, meeting or casual interaction with neighbors and visitors.

#### 4. Private Space

The dwelling unit will be for personal daily activities of the independent elderly residents and for visiting with relatives or friends.

The spaces included in the dwelling unit are entry, living, cooking, dining, sleeping/dressing, and the maintenance for personal hygiene.

Entrance is the critical transfer point from the public area of the building to the least private area of the dwelling unit. It should be designed to insure the privacy of the unit activities and contribute strongly to sense of home. It should be a place, not just a door in a wall which open directly into the living area or other spaces. The entry area should have both visual and audio contact with visitors; but should not have visual contact with the kitchen and more private spaces. This maximizes the ability of the elderly resident to keep out unwanted visitors and allows the resident to control the space just outside the unit. Storage for outer wear, that is, coats, galoshes, umbrellas, etc. should be provided.

The living room will contain a wide range of activities such as conversation, reading, television viewing, radio/record listening, watching from the window, and telephoning. Bedridden elderly is another activity that may take place in the living room. Visual and audio contact with entry should be easy. Also, visual and audio contact with cooking, sleeping/dressing, and personal hygiene spaces should be minimized.

The kitchen will function as a quick food preparation area for the elderly resident since substantial food preparation will take

place in the central kitchen by a specialized staff. Audio contact with the entry area should be maintained while visual/audio contact with the living, sleeping/dressing, and personal hygiene areas should be eliminated.

There should be a permanent dining place within the dwelling unit. This space may be combined with the living room. Secondary activities will naturally occur within this area such as letter writing and paper work, hobbies, and chatting over coffee with a friend. There should be an easy physical connection between the dining and food preparation spaces. Visual/audio contact between the dining area and the very private areas such as sleeping/dressing and personal hygiene should be entirely dominated.

Sleeping/dressing. An efficient and commodious bedroom is especially important for older people because of the need for rest periods. Sleeping/dressing is one of the most private activity in the dwelling unit. Direct physical accessibility must exist between the sleeping/dressing area and hygiene and personal clothing storage. This area also should be isolated from visual and audio contact with other areas of the dwelling unit.

Personal Hygiene. In general, bathrooms for the elderly should be given great care in design. If poorly conceived, it can cause both serious health hazards and great frustration. The general lack of mobility and slow reaction time of the elderly make it mandatory that hygiene spaces as well as other spaces be safe from sharp edges and slippery floor surfaces.

### Existing Building Area

#### Gross Building Area (G.B.A.)

first floor = 14,800 sq. ft.

second floor = 14,800 sq. ft.

basement = 14,800 sq. ft.

Total G.B.A. = 44,400 sq. ft.

#### Net Building Area (N.B.A.)

efficiency ratio = 64%

N.B.A. = G.B.A. x 64%

--first floor:

14,800 sq. ft. x 64% ----- 9,472 sq. ft.

--second floor:

14,800 sq. ft. x 64% ----- 9,472 sq. ft.

--lower level:

14,800 sq. ft. x 64% ----- 9,472 sq. ft.

Total N.B.A. ----- 28,416 sq. ft.

### Proposed Area/Sq. Ft.

There will be twenty-six dwelling units; and there will be approximately two elderly residents per unit. Therefore, 26 units x 2 elderly residents = 52 elderly residents. Also, there will approximately be needed twenty-four staff. These numbers can be subject to change through the design process.

1. <u>Public Space</u>	<u>Range Sq. Ft.</u>
Lobby/waiting	400- 600
Mail	100- 120

## Administrative Spaces

Reception/waiting	100- 135
Manager's office	90- 120
Clerk's office	90- 120
General staff conference room	200- 220
Administrative lounge	100- 120
Coat closet	15- 20
Toilets	100- 120

Total Public Space Proposed Area \*1,195-1,575

## 2. Semi-public Space Range/Sq. Ft.

### Service Areas

#### Dining

12-15 sq. ft. per person

elderly residents = 52 persons

staff = 24 persons

daily guests = 8 persons

total = 84 persons

12-15 sq. ft. x 84 persons 1,008-1,260

#### Kitchen

one-half of dining 1,512-1,890

It includes:

food preparation area

garbage and disposal area

food storage area

cold storage area

loading area



Kitchen Staff Space

dietician's office	90- 120
supervisor's office	90- 120
bookkeeper's office	90- 120
dressing room for cooks, cleaners, helpers and servers	180- 200
lounge	120- 160
coat closet	15- 20
toilets	100- 120
Subtotal	3,205-4,010

Social Spaces

Range/Sq. Ft.

Communal Room

7-9 sq. ft./person

7-9 sq. ft. x 52 elderly 364- 468

T.V. Lounge

5-7 sq. ft./person

5-7 sq. ft. x 52 elderly 260- 364

Craft Room

5-7 sq. ft./person

5-7 sq. ft. x 52 elderly 260- 364

Game Room

5-7 sq. ft./person

5-7 sq. ft. x 52 elderly 260- 364

Sitting Room		
5-7 sq. ft./person		
5-7 sq. ft. x 52 elderly		260- 364
Communal Garden		
25-30 sq. ft./person		
25-30 sq. ft. x 52 elderly		1,300-1,560
Storage		70- 90
Toilets		100- 120
Subtotal		2,874-3,694

Laundry

Range/Sq. Ft.

7-9 sq. ft./person		
7-9 sq. ft. x 52 elderly		Subtotal 364- 468

This area includes a room with dryer and washing machines, waiting room with vending machines.

Health Clinic Facilities

Reception/waiting		140- 160
Interview Room		160- 180
Medical Examination		180- 200
Medical Office		90- 120
Nurse's Office		90- 120
Staff Lounge		180- 200
Supply Storage		70- 90
File		12- 15
Storage		70- 90
Coat Closet		15- 20

Toilets	100- 120
Subtotal	1,107-1,315

Physical Fitness Facilities

Reception/waiting	140- 160
Exercise Area	800-1,000
Jacuzzi	120- 150
Sauna	140- 160
Steam Room	140- 160
Dressing Room	140- 160
Lounge	120- 160
Staff Office	90- 120
Lounge	120- 160
Coat Closet	15- 20
Storage	70- 90
Toilets	100- 120
Subtotal	1,995-2,460

Maintenance/Service Area

Garbage Disposal Room	50- 60
Maintenance Equipment Room	100- 150
Storage	90- 120
Manager's Office	90- 120
Janitor's Lockers	100- 150
Lounge	120- 160
Coat Closet	15- 20

Toilets	100- 120
Subtotal	665- 900

Mechanical Room Subtotal 250- 300

It will house HVAC systems, electrical boxes, water meters, etc.

Total Semi-public space proposed area:

Service Areas	3,205-4,010
Social Spaces	2,874-3,694
Laundry	364- 468
Health Clinic	1,107-1,315
Physical Fitness	1,995-2,460
Maintenance/Service	665- 900
Mechanical Room	250- 300
Total	*10,460-13,147

3. Semi-private Space

Lounge in residential floors

Total semi-private space proposed area \*568- 600

4. Private Space

Dwelling Units

a) 14 dwelling units with 500 sq. ft. each	
14 dwelling units x 500 sq. ft.	7,000
b) 12 dwelling units with 540 sq. ft. each	
12 dwelling units x 540 sq. ft.	6,480

Total private space proposed area \*13,480

### Net Proposed Program Area

Public Space	1,195-1,575
Semi-public Space	10,460-13,147
Semi-private Space	568- 600
Private Space	13,480-13,480
Total	*25,703-28,802
Net Proposed Program Area	25,703-28,802
Net Building Area (N.B.A.)	28,416

### J. DESIGN STRATEGY

The design strategy consists of four phases which relate to the four scheduled project reviews.

#### Phase One

In this phase, the site will be analyzed, including its advantages in location, physical condition, current use, and size. Also, this phase will identify historical material and architectural features. In addition, schematic design alternatives will be generated.

#### Phase Two

This phase will consist of three parts. The first will be to choose, second will be to explore, and third will be to refine a scheme for development. At the end of this stage, the schematic design for the adaptive use of the building will be close to completion.

### Phase Three

This phase will be the design development stage. Also, it will involve the study of the particular elements which make up the design. Included in this is the refinement of details and the selection of materials. This review will be concentrated toward the final design solution.

### Phase Four

The fourth and final phase will involve further design refinement, working out the design problems, and completing the final design presentation. This is a culmination of the semester's work, and it will illustrate the completed design.

## K. CONTEXT

### Site Background

The old structure is located at the historic district of downtown which is currently served by all necessary urban services and infrastructures such as streets, sewers, storm drains, water, gas, and electricity. The downtown area is the focal point of Manhattan where all kinds of activities such as business, governmental, institutional, cultural and residential take place. Since this central area is endangered by blight, deterioration and obsolescence, the City Commission of the City of Manhattan has initiated a program of redevelopment action for this central area.

The following pages will give a picture about the current and future activities, and usage patterns of the downtown area. The future activities and patterns are referred to the revitalized or redeveloped aforementioned area.

The renovated 4th and Houston Street building will be done in the future when the downtown area has been revitalized.

Since a group of independent elderly will be the future users, traffic and noise is one of the major concerns. In order to effectively alleviate the currently through traffic problem in this area, there will be developed the southern arterial (see map #20) that will reduce the congestion on downtown streets. This strategy will not only relieve the problems of vehicular congestion and noise, but will promote the "pedestrianization" of the historic district of downtown.

The location of the old structure, in the conservation area rehabilitation for the Central Business District Redevelopment Project, the satisfactory physical condition and size of the building, and the need for housing the growing elderly population are facts that make this project feasible.

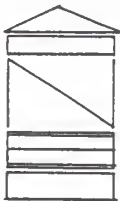
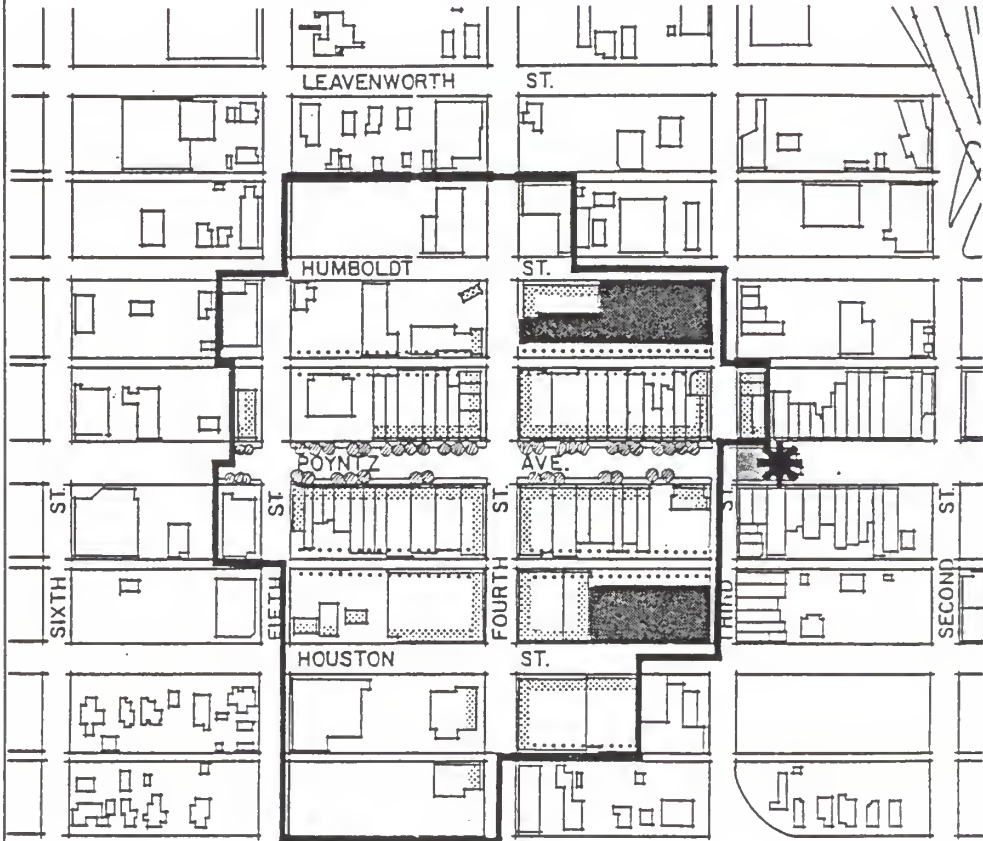
Renovating the old building facade that respects the original integrity of the structure, there will be an accorded relationship between the appearance of the building and the historical downtown. This relationship currently does not exist.

Being close to the revitalization downtown, the independent elderly will have easy access to the new facilities. They will be able to move freely from one place to another. They will be in contact

with other people and participate in the city activities; moreover, they will have a social, interesting and meaningful life.

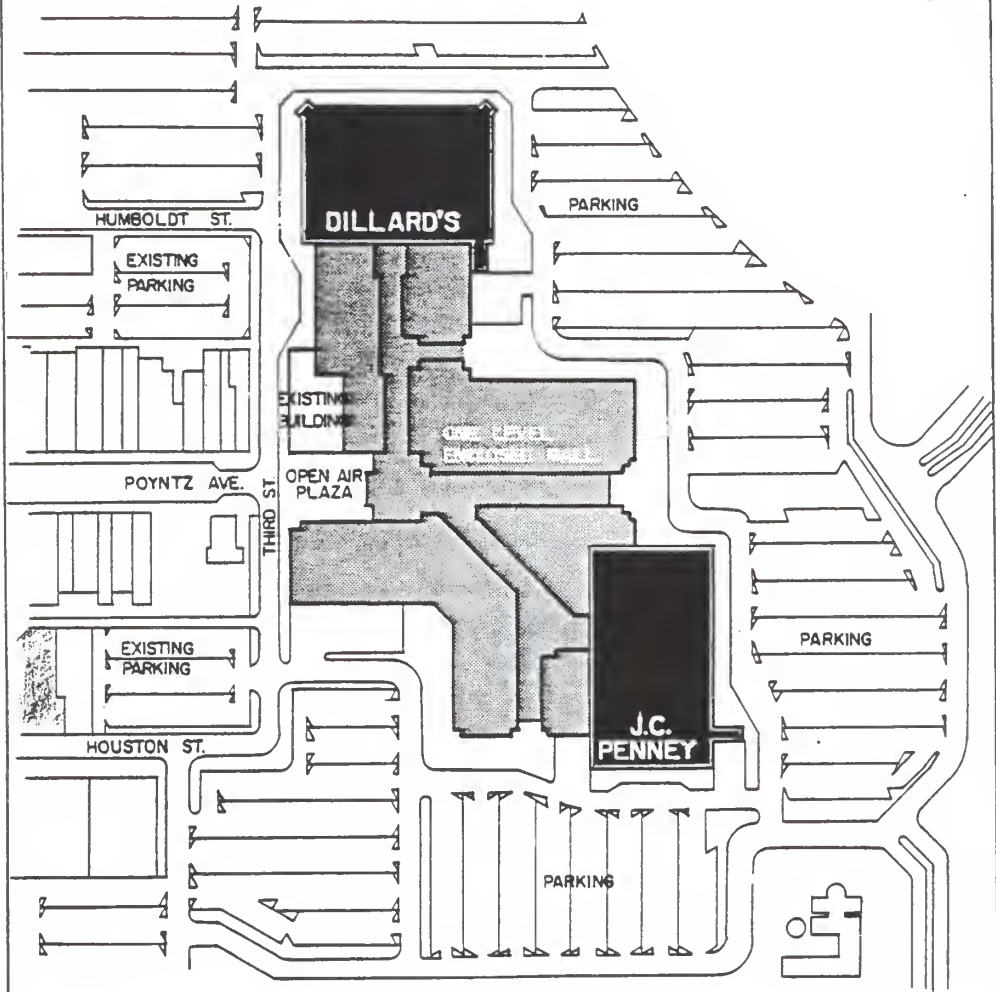


# CONSERVATION AREA REHABILITATION



- CONSERVATION AREA BOUNDARY
- BUILDING FACADE IMPROVEMENT
- ALLEY IMPROVEMENT
- LANDSCAPING
- PLAZA AREA
- ENVIRONMENTAL SCULPTURE
- PARKING LOT IMPROVEMENTS

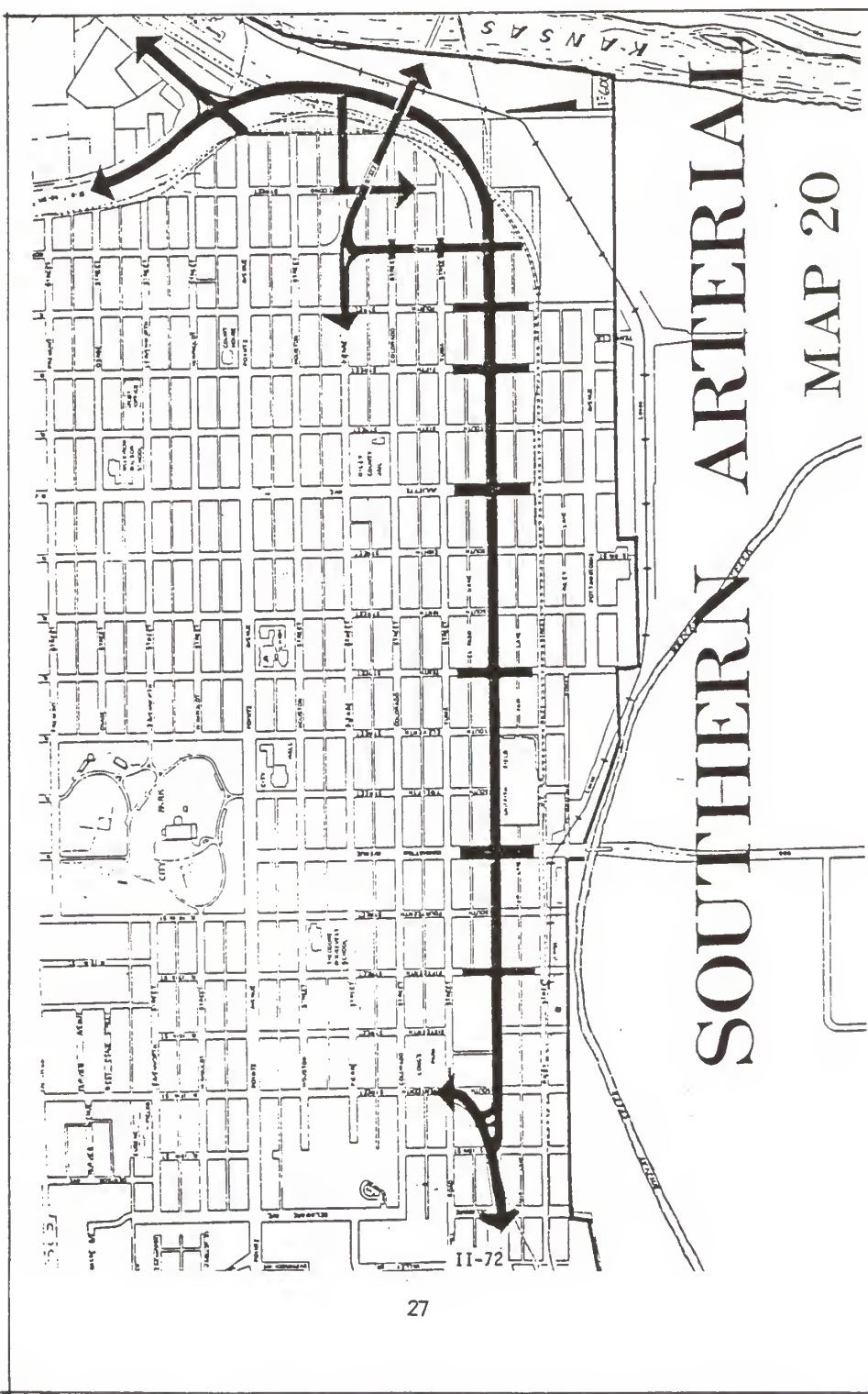
# REGIONAL SHOPPING MALL



**MAJOR DEPARTMENT STORES**



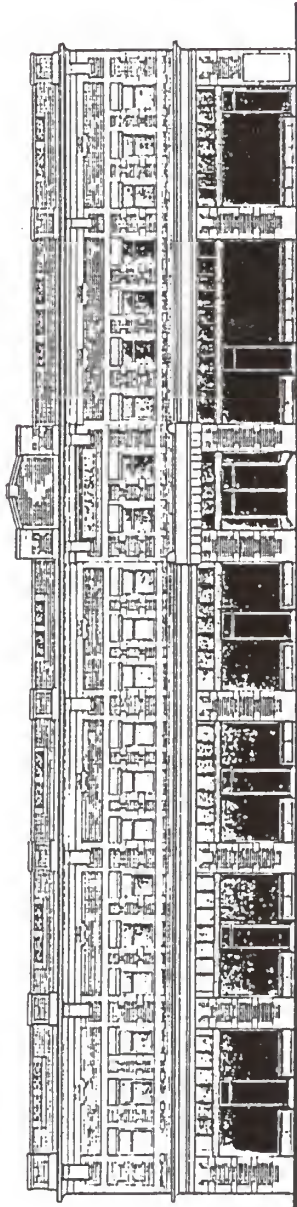
**RETAIL SHOPS**



# SOUTHERN ARTERIAL

MAP 20

II-72



HISTORIC

1910

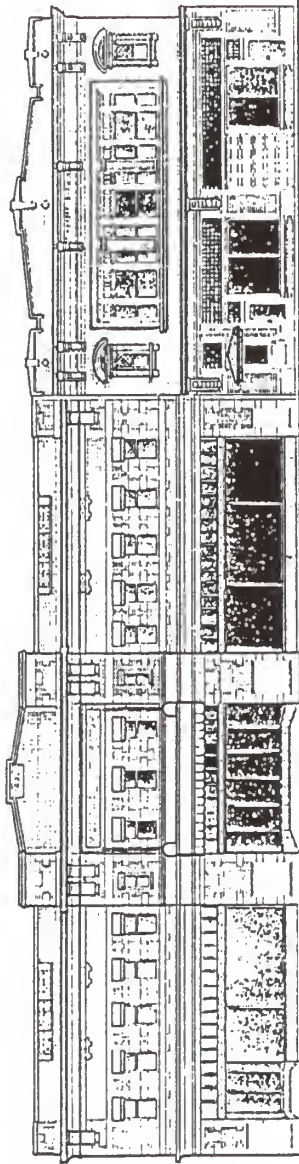


EXISTING

WEST FACADE

ES: 3/6/10





1920

1920

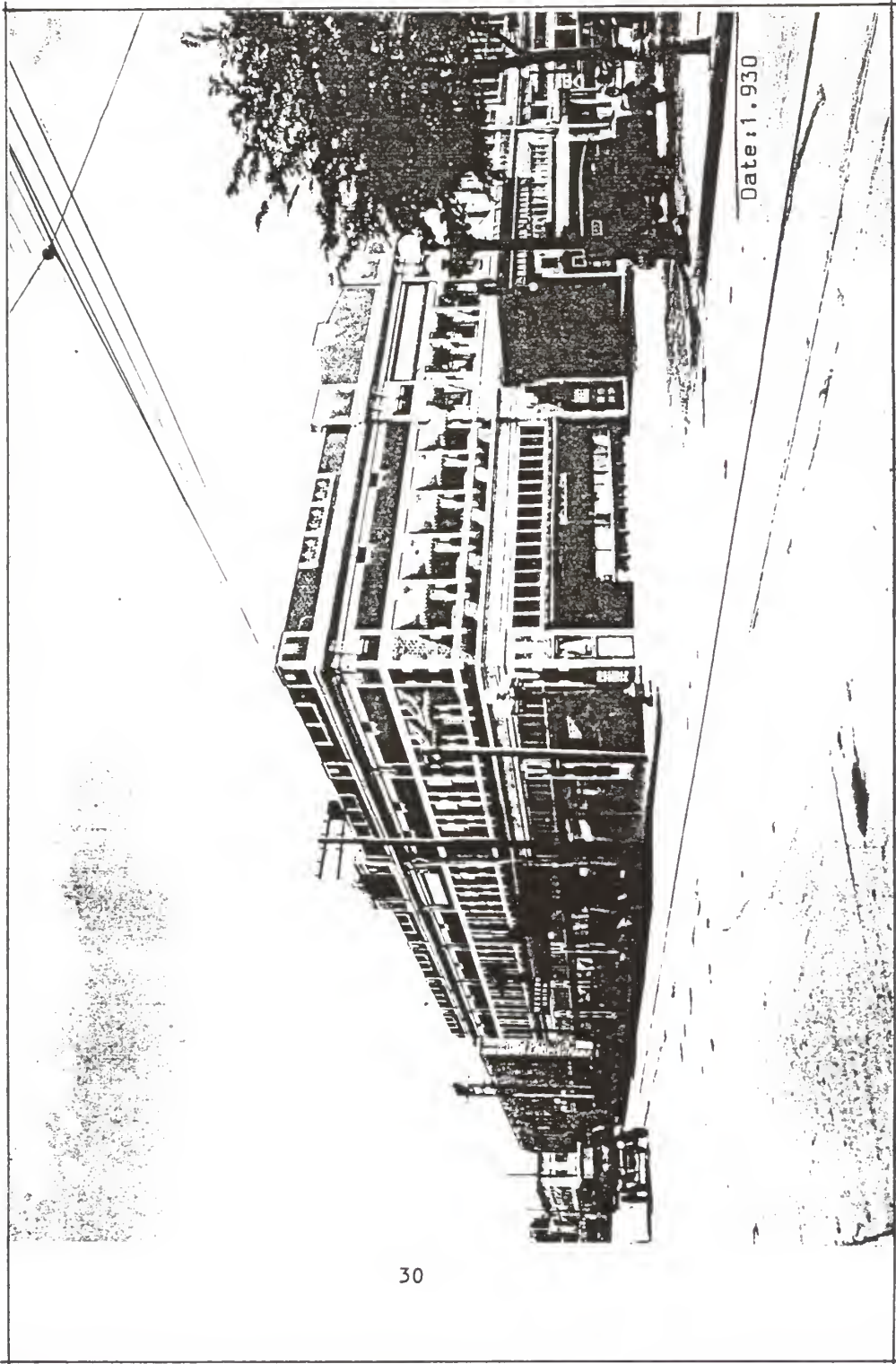
HISTORIC



EXISTING

SOUTH FACADE

SEE PLAN



## L. CONCEPTUAL DESIGN SUMMARY

This thesis proposes the adaptation of the 1906 Marshall Theater building, located at 4th St. and Houston Ave. in Manhattan, Kansas, from a commercial to a residential use.

The proposed conversion to housing for the elderly who do not require specialized health care includes eight medium-size and seven larger dwelling units. An additional small apartment is provided for guests of the residents. This unit can be reserved and rented for a short-term use by visitors. Other elements include a lobby, administrative offices, communal social space, an interior garden, a laundry, mail boxes, health facilities, physical fitness facilities, communal dining, a kitchen, and maintenance, storage and service spaces.

The challenge of this thesis project has been the adaptation of this old structure that was built for commercial purposes to residential uses by independent elderly. Another challenge was the exploration of the original design to develop a proposal for design changes in harmony with the original facade but appropriate for the new function. A further consideration was the expression of new details that distinguish them from the initial features. Such design development has been carried to considerable specifics. An important feature is the retention of the facade pattern with reversal of materials in the new portions.

The proposed conceptual design basically involves the location of dwelling units on the first and second floors with access to daylight and natural ventilation. A tall indoor garden with skylights is located on the East to create an interesting, lighted, green space. It is

Intended to provide residents with an opportunity for growing, tending, and observing plants. A communal social space is located close to the main entrance, the laundry, the interior garden, and the elevators to encourage social interaction but allow privacy and choice of recreational activity. The administrative offices at the main entrance are to be the control center for residents, staff, and visitors alike. The laundry room is close to the communal social space and the interior garden to provide a place not just for washing clothes but also for social contact, easy access, and safety for the residents.

Dining, kitchen, health and physical fitness facilities, mechanical room, storage and maintenance services are placed in the lower level. The communal dining room has a small planting area that is mostly artificially lit but is visually connected to the garden space above. The original ceiling height was retained in the dwelling units and other spaces to increase a sense of spaciousness and to admit as much natural light as possible. The mechanical system runs above the corridors, bathrooms and kitchens. Fire exits are located at the North and South ends of the building.

The major aspects of the explorations undertaken in this project are:

- \* the development of a program that has a realistic potential in the specific downtown location;

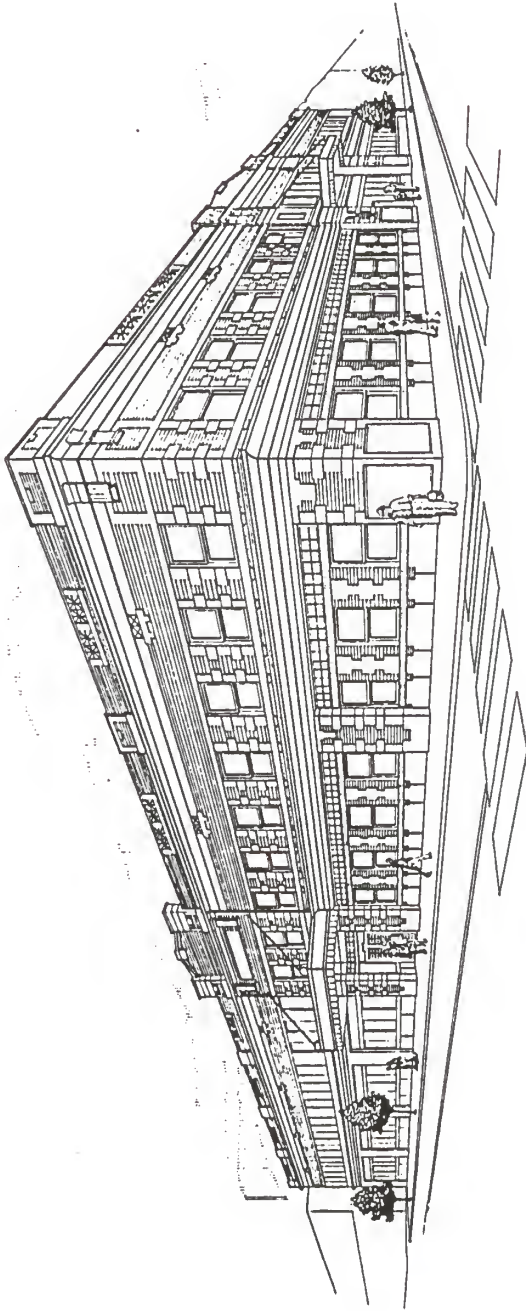
- \* an analysis of the visual characteristics of the historic exterior;



\* a proposal for an adaptive use that differs greatly from the original function while retaining important qualities of the historic structure; and

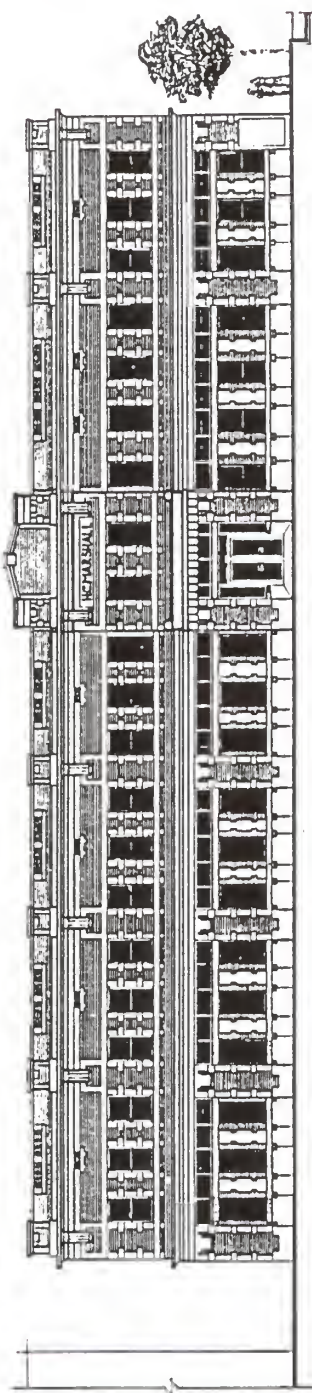
\* an expression of changes that are harmonious with original facade elements.

**M. DRAWINGS**

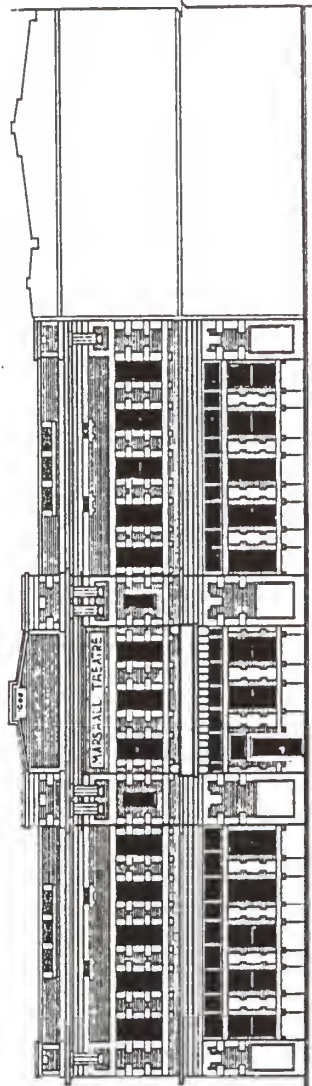


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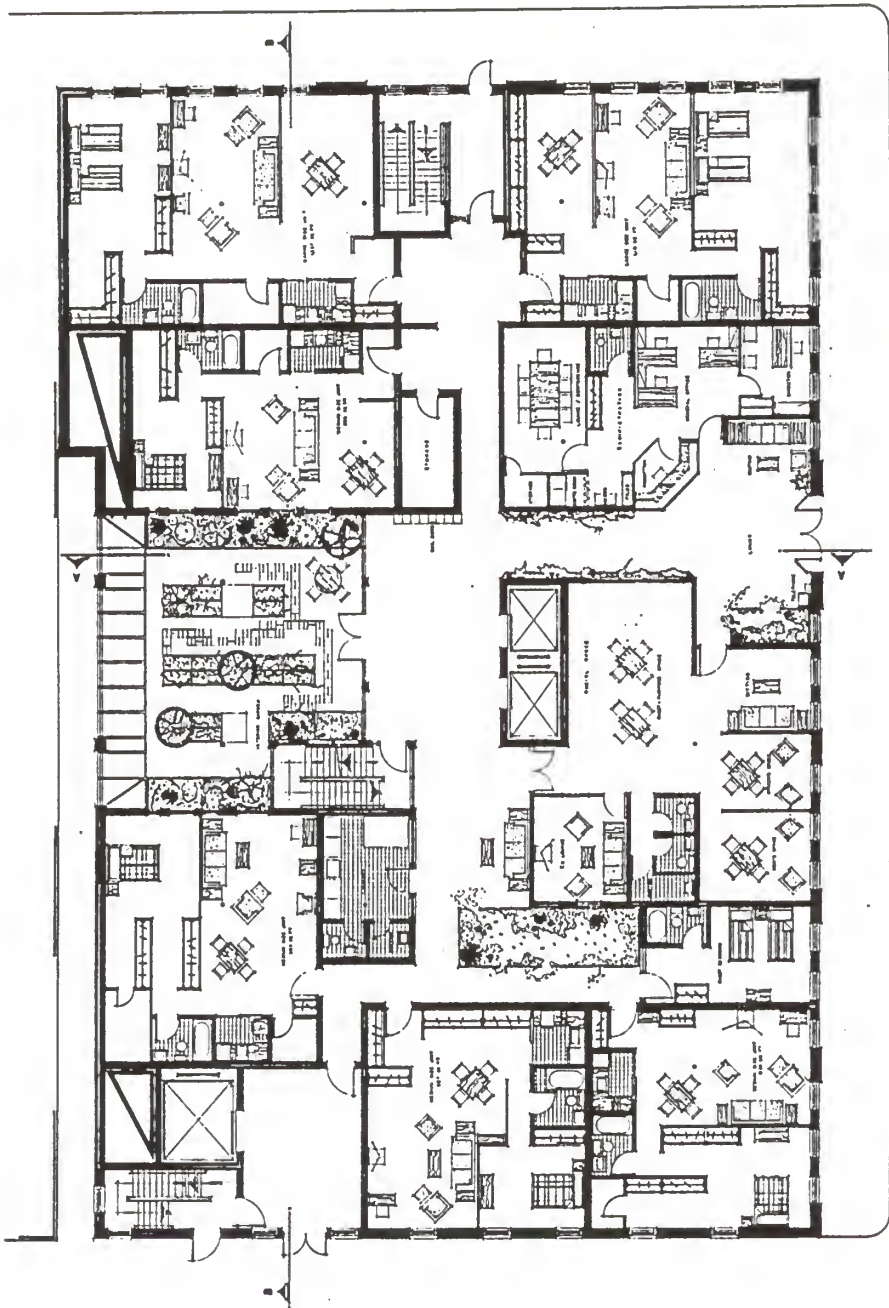
PERSPECTIVE • 1

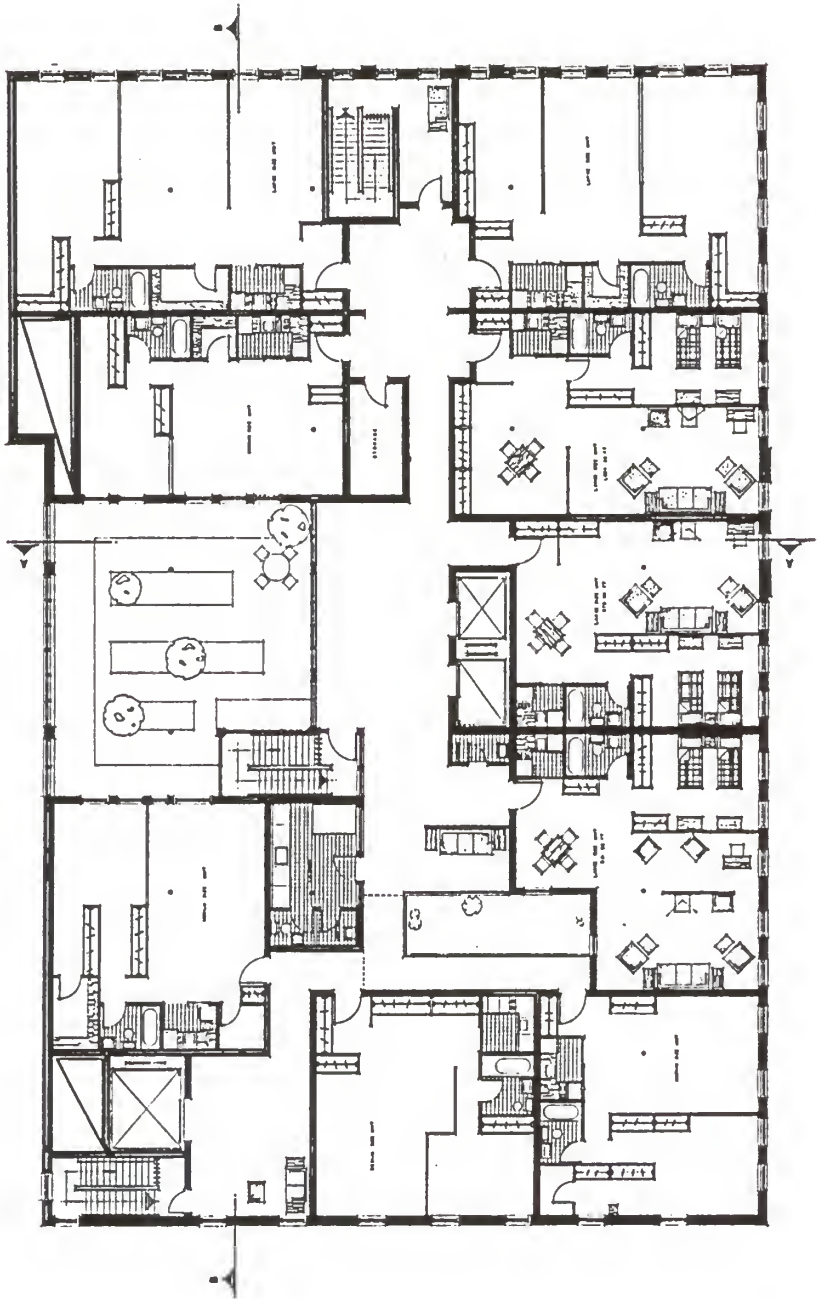


WEST FACADE

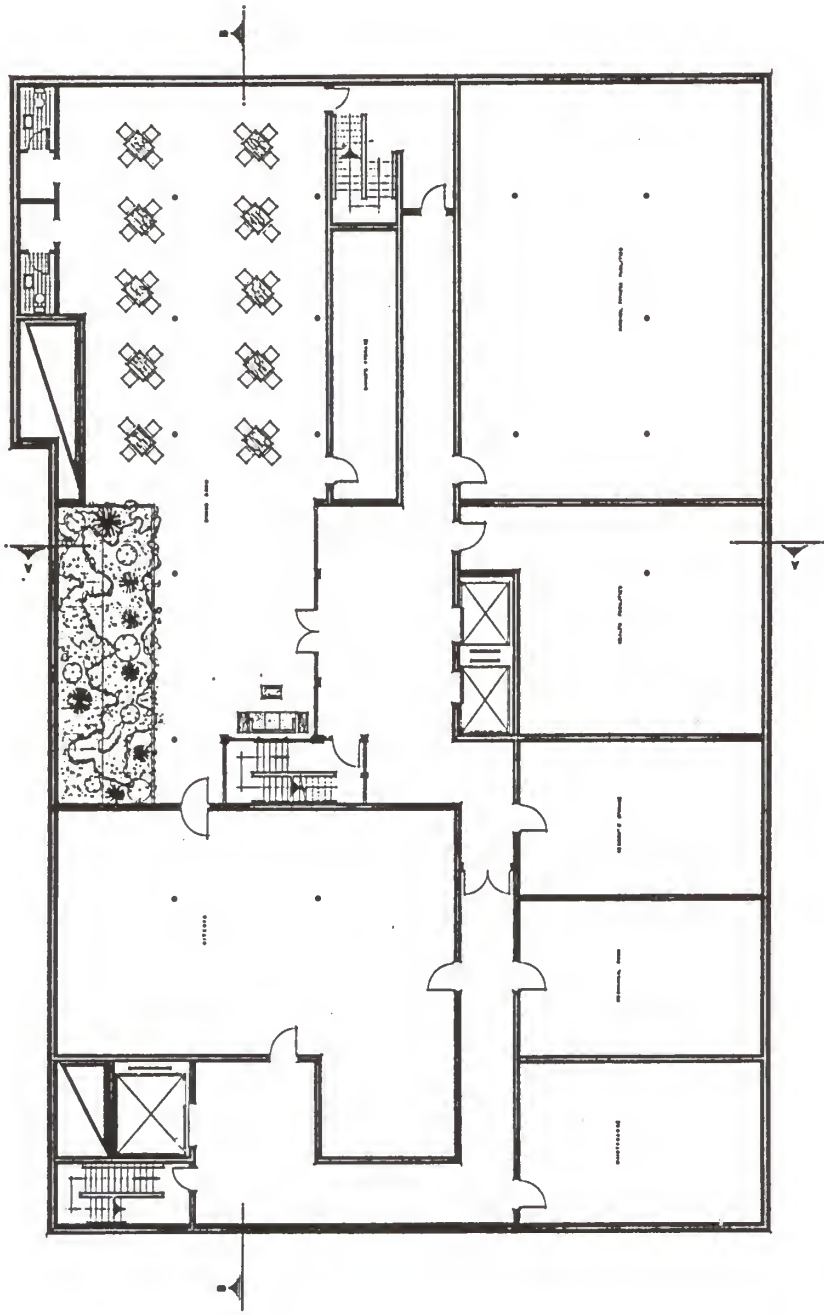


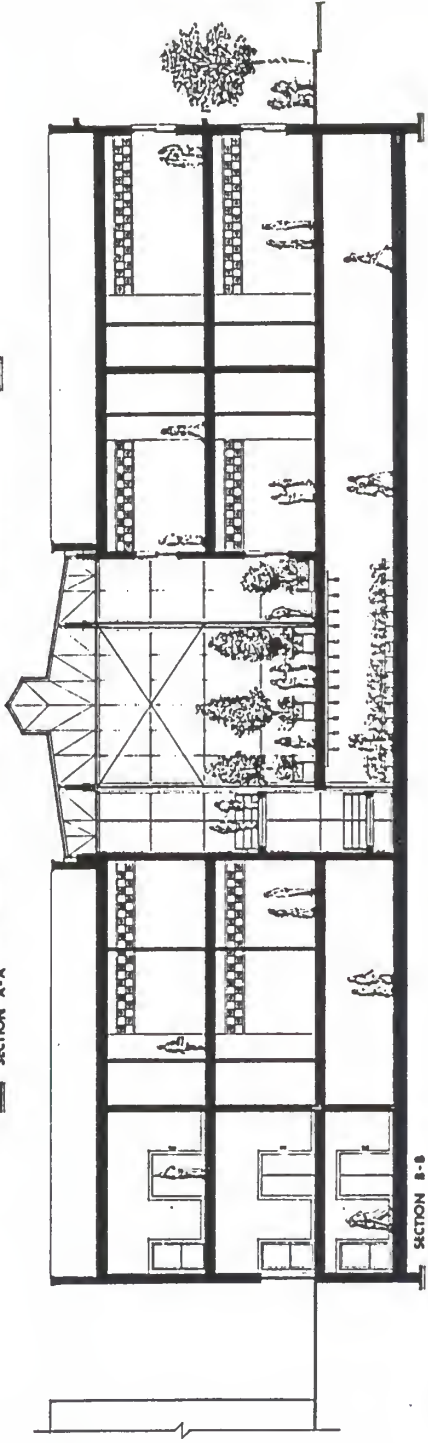
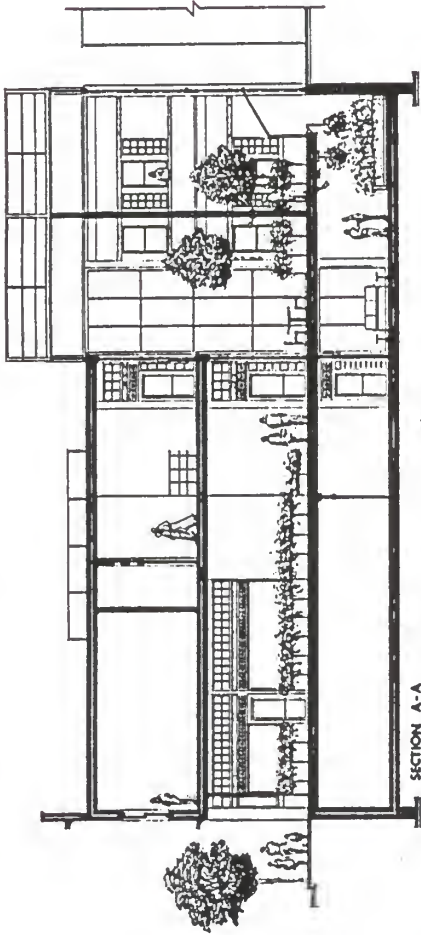
SOUTH FACADE



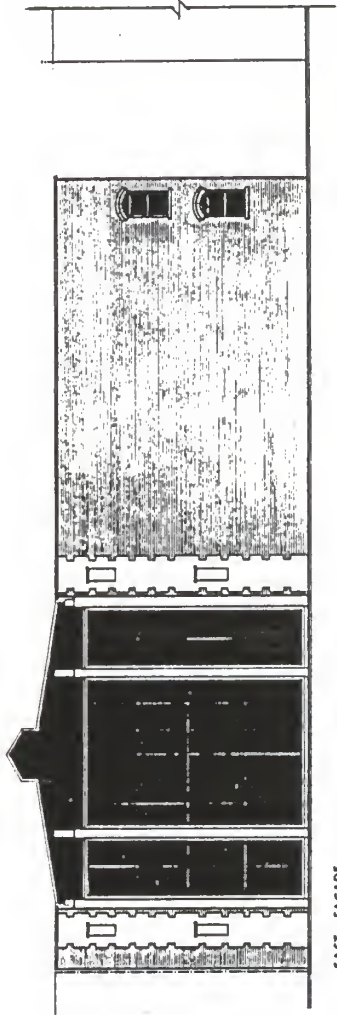




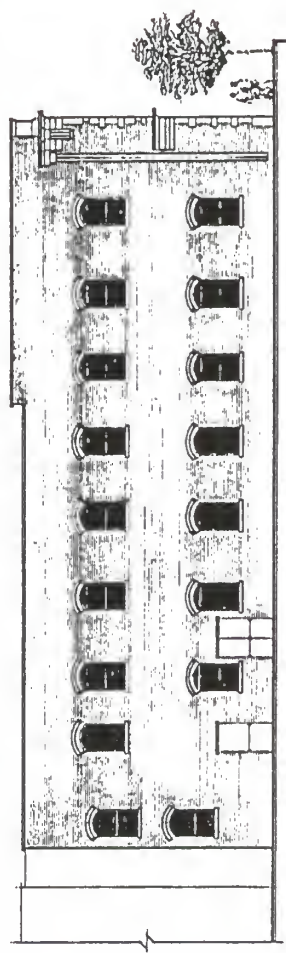




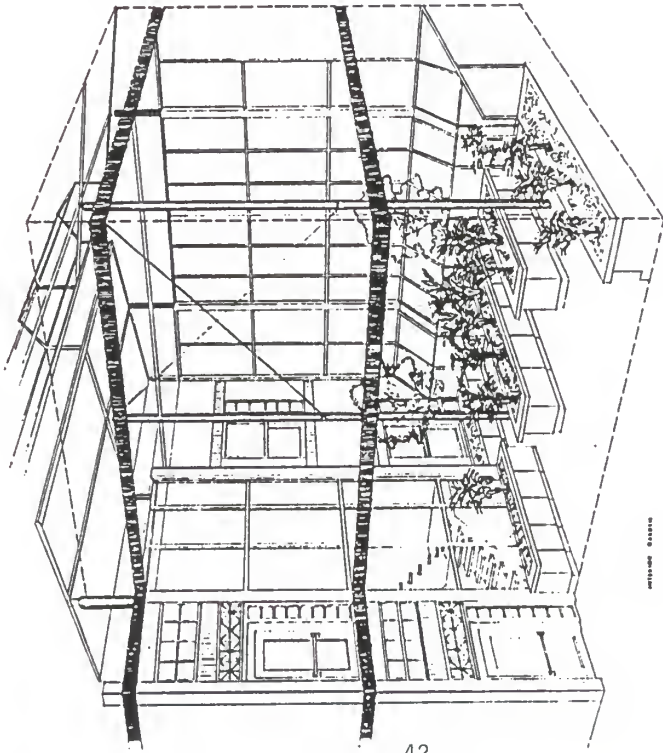




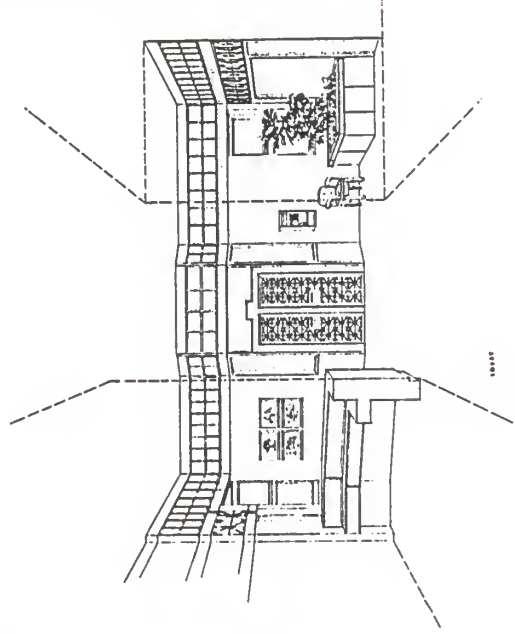
EAST FACADE



NORTH FACADE



SECTION DRAWING



SECTION DRAWING

*Beatrix Grandville*

ARCHITECTURE & INTERIOR DESIGN  
 1000 10th Street, NW  
 Washington, DC 20004

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ADAPTIVE USE OF THE MARSHALL THEATRE BUILDING  
AT 4TH ST. AND HOUSTON AVE., MANHATTAN, KANSAS

by

BEATRIZ C. GRANADILLO S.

B.S., Universidad De Los Andes, Venezuela, 1982  
M.S., Kansas State University, 1987

AN ABSTRACT OF A MASTERS THESIS

submitted in partial fulfillment of the

requirements for the degree

MASTER OF ARCHITECTURE

Department of Architecture

KANSAS STATE UNIVERSITY  
Manhattan, Kansas

1987

## ABSTRACT

This thesis project has several objectives. First, the preservation of a 1909 structure in the historic district in downtown Manhattan, Kansas is being explored. The Marshall theater building is a two-story structure with basement located at 4th Street and Houston Avenue. It is built with brick veneer with cut stone trim, and is relatively elaborated in classical details. The building originally served as a theater, office, and retail stores. The original design was a distinguished example of early 20th-century commercial building for the region; the theater was considered to be among the best facilities of its type, and was an important entertainment center for the community over a period of several decades. The structure is currently used by the J.C. Penney Store and for offices. Its interior was extensively remodeled and the ground floor fronts covered with tile veneer in the 1960s for the J.C. Penney Company.

Second, adaptive use of the aforementioned structure will be investigated. Housing for independent elderly who do not require specialized health care will be considered as a new use, but design for this population will only be a secondary consideration. The study involves the relationship between the function of the old structure and the new spatial organization.

Third, the retention or reuse of existing materials and the juxtaposition with new ones will be explored.

And fourth, the building has been analyzed in relation to the area in which it is located. The Manhattan City Commission has initiated a program of redevelopment of the downtown. The plan includes the construction of an enclosed pedestrian mall as well as landscaping,

sidewalks, walkways, street lights, traffic control devices, and other facilities that contribute to pedestrian comfort and safety. Moreover, the redevelopment plan encourages the restoration and rehabilitation of storefronts and facades as a part of the National Main Street program. The historic downtown, which is currently being revitalized, is suitable for pedestrians, and provides a range of activities desirable for the mobile elderly. In turn, the downtown would benefit from an increase in residential uses in the district. The building is served by an already existing infrastructure.

The location of the building, in the revitalizing downtown, and the satisfactory physical condition and size of the structure, as well as the need for housing for the growing elderly population make this project desirable.