MINUTES OF REGULAR MEETING OF THE PLANNING BOARD OF THE VILLAGE OF BRONXVILLE HELD ON MARCH 9, 2011 AT THE VILLAGE HALL, 200 PONDFIELD ROAD, BRONXVILLE, N.Y.

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PRESENT:	Donald Henderson	Chairman
	Anna Longobardo	Vice Chair
	Eric Blessing	Member
	James Murray	Member
	Adrienne Smith	Member
ALSO PRESENT:	Vincent Pici	Superintendent of Buildings
EXCUSED:	Gary Reetz	Alternate Member

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Chairman Henderson called to order the regular meeting at 7:28PM.

APPROVAL OF MINUTES

On motion of Mr. Blessing, second by Mr. Murray, the Board approved the minutes of the Regular Meeting on February 9, 2011.

SITE DEVELOPMENT APPLICATION – 117 Pondfield Road (Zoning Changes – The Lombardo Group)

Mr. Jim Rudio, attorney representing Lombardo LLC, spoke about looking to change the zoning classification of 117 Pondfield Road from a Residential B zone to a Business A district. He feesl the zoning should be changed to what the parcel has been operating as since the 1940's. There currently are no setback requirements. The proposed language in the petition for zoning is in the site plan and limits the construction to the existing footprint. They have submitted an amended plan since the preliminary review.

Chairman Henderson asked about the status of the zoning change with conditions.

Mr. Rudio said that a zone could be created for that property or the property could be put in the Business A zone with restrictions that run with the land. They would certainly consent to this and nothing would go out further than the existing footprint unless further ordered by the Board.

Chairman Henderson asked if they have used this approach before and if it was legal for the Trustees to put these conditions on a property.

Mr. Rudio responded that NYS law says you cannot engage in spot zoning and they would want to stay away from this but that it makes sense that if the Village is not going to create a new zone then put in this zone with restrictions. He commented that they have not been asked this before.

Chairman Henderson said that having a separate zone might be preferable to putting restrictions on a particular zone.

Mr. Rudio said it may be better to do it this way and they would be amenable to it.

Chairman Henderson said there is no preference on the Planning Board's side and they are just looking for the highest degree of legal enforceability.

Mr. Murray asked if there could be deed restrictions rather than zoning changes that are registered with the County.

Mr. Rudio said that they need the zoning changed but they could also be required to put in a deed restriction that is recorded with the County Clerk's office. This would be subject to an agreement with the Village. He also said that he has filed an affidavit of publication today with the Building Department.

Chairman Henderson asked Mr. Dean Davis, architect, to go through and explain the plans.

Mr. Davis reviewed the site plan. He said that the site would be 700 square feet with an additional proposed footprint over the existing footprint in the rear. Parking will remain in the front and will be expanded in the back. The green area will be pushed back and a new retaining wall will be put in. They will maintain all 11 parking spots. Brick will be added to paved area to open access for pedestrians and they will create a small nook area for people waiting for the bus.

Mr. Murray asked if the parking area will go all the way to the church property.

Ms. Smith inquired about the passage from the front of the building to the back and if it was too narrow. There was also question as to the site lines and impinging on public property.

Mr. Davis responded that no vehicles will be going through that narrow area, that the site lines will not change and the plan is to make sure the landscaping does not interfere with this. There will be no new trees on public property.

Mr. Davis reviewed the plan of the building. The entrance will not be changed. There will be designated handicapped parking spots as well as restrooms. The front will be an art gallery and in the back will be business. In the back is a stairway for the second floor. They are proposing a green roof. The basement will be a designated business area.

Mr. Davis then reviewed the renderings and showed what the view from Tanglewylde Avenue would be. You can see the existing building and the new two story addition. It integrates nicely with the current building and is much more usable. They will attempt to match the brick façade and slate roof and use the finials that are there. He said that the Houlihan Lawrence building on Valley Road is a good example of how this project will look.

Chairman Henderson opened and closed the public hearing at 7:53PM as there was no public comment.

Chairman Henderson said the Board is not in a position to approve the applicant at this point as it is not in their jurisdiction to change zoning laws. They make a recommendation to the Trustees. He suggested that Mr. Rudio and Village Attorney, James Staudt, come up with something and present it at the next meeting.

Ms. Longobardo asked if there was any way to speed up the process.

Chairman Henderson said that the zoning requirements must be dealt with before proceeding.

Mike Galanti of F.P. Clarke & Associates, consultants, reported that they need the dimensions of the proposed plans to see if the parking spaces meet the requirements. The aisle width of the driveway seems to be too narrow and they need to clarify the site distance for both directions. He said the landscaping is appropriate and not in the right of way.

Ms. Longobardo commented that some of these issues have been resolved.

Chairman Henderson said that they will try and wind this up next month and that they should present the drawings with setbacks and work on the new zoning.

SITE DEVELOPMENT APPLICATION – Lawrence Hospital Cancer Center (Special Permit)

Ms. Kathy Zalantis, attorney, said the hospital is here tonight to review site plans and for a special permit for the three story addition. They have provided proper public notice and submitted this to the Building Department. They have incorporated suggestions made by the Planning Board to the plan. She said the addition is vital to keep pace with medical needs and to maintain and attract quality staff. The goals are to create a single destination cancer center – consolidating services into one area and enabling the hospital to introduce radiation services. The plan is to retain the existing patients. Another goal is to modernize the operating suites. There will be the same number of suites but they will be larger and with higher ceilings to accommodate equipment. The existing rooms will be converted for better use. The hospital is re-working its services. The anticipated number of new patients is 22 and there will be no impact on traffic or parking. Ms. Zalantis said she received comments on Monday from the Village planner and she would like to table comments until she can review them.

Chairman Henderson said he would like to see an overview and address the impacts on the public, traffic and parking this evening. The construction process will be reviewed next month.

Mr. Tim Hughes of Lawrence Hospital reviewed the hospital needs and that the desire is to keep Mr. Lawrence's vision of 1909 of keeping strong quality care. He reported that the hospital treats 30 new cancer cases each year. The cancers treated here are the same as in many other places throughout the United States. The population trend is to increase care by 2014 and the impact of the aging population is significant. Cancer diagnoses and treatment at Lawrence Hospital currently include diagnostic, surgery and treatment except radiation. Treatment regimens are arduous. There will be minimal impact to patient volumes. They anticipate 22 new patients on a daily basis. Cancer treatment services are currently fragmented. It is a confusing and complex process for people to deal with. The focus is not just treating the disease but treatment and survivorship. The Hospital wants to attract quality medical staff. This center will bring all of these services to the hospital and provide a multi-disciplinary approach.

Mr. Hughes reported that the new surgical suites will service all surgical procedures. The current rooms will be taken out of service. Today's requirements for staff and equipment require larger spaces and higher ceilings. It is necessary to attract and retain quality surgeons.

Mr. Tim Becker, architect, reviewed the aerial view of the center and the distance from the neighboring apartment buildings (116 feet to Westbourne, 148 feet to Studio Arcade). The original addition contemplated an emergency generator on the site but it has been moved to an existing service area thus reducing any sound. And he reminded everyone that the generator would only be used in emergency situations.

Mr. Becker said the lower level (basement) would connect to the cafeteria and would be the radiation area. The second floor would be for the cancer center and the third floor for the new surgical suites. This floor will also have a mechanical enclave for air conditioning. There is also a rooftop garden planned.

Mr. Becker reviewed the lower level and said that it would have public access ways and the required stairwells. There will be two additional elevator banks to support pedestrian traffic to the existing hospital. The radiation vaults will be minimum size and made of concrete with shielding around them. These vaults will contain the radiation. He said the expansion is driven by the need of the radiation containment.

Mr. Becker reviewed the first floor and said that the medical oncology will take place here – chemo. There will be a corridor that goes to an entry way which will be ideal for cancer patients because they will not have to go through the main entrance. It will be across from the valet station. There will be no public entrances on Pondfield Road West.

Mr. Becker reviewed the second floor where the proposed six operating suites will be located. Public spaces will be on the side connecting with pre-op and post-op. Again, the size of the expansion is driven by the program inside.

Mr. Becker spoke about the aesthetics of the building. From the street level, you will only see a two level structure. There is an interplay of three masonry colors to reduce the scale to look pleasant and not overwhelming. The entry element will be across from the valet parking. Signage will not be lit to irritate residents across the street. There will be lighting under the extension facing down and will be limited. A roof garden will be created to promote healing. The view from the residences and the parking lot will see the existing north tower and the new addition will be screened heavily by landscaping and will make it look very inviting.

Mike Morrison, landscape architect, reported that the plan has been revised from what was originally submitted. They have worked with neighbors to come up with the current plan. There will be a green roof with a terrace. A camera will be placed so that it can broadcast what is going on outside to patients in their rooms. The green roof will have six inches of soil all over the roof and will be productive with planting and urban farming. There will be a layered approach on the public façade on the Pondfield Road West side – street trees along Pondfield Road West which will be front screening and pleasant for pedestrians. The remaining space will have small trees to create layers – they will be planted close together and will require no maintenance problems. There will then be foundation plantings. The existing hedge encroaching on the sidewalk will be removed. The green roof will have trees scattered throughout.

Chairman Henderson asked where the side exit will be located and if they anticipate people parking in the parking lot.

Mr. Morrison responded that the side exit will only be used for emergencies and that they do anticipate people will park in the parking lot.

Mr. Murray asked what the definition of treatment was and if the hospital assumed that people will be just coming for radiation and then going home rather than stay in the hospital.

Dr. Provenzano answered that radiation can take 15 minutes, that chemo patients can be in the hospital for seconds or for several hours. The patient traffic anticipated is in and out. Currently patients and family members use the valet parking, get their treatment and then valet gets their car.

Mr. Murray inquired about the number of cases.

Dr. Provenzano replied that there are 400 new cancer cases per year and that they are beyond capacity now with patients cramped into current space.

Mr. Hughes commented that they are servicing 2,000 chemo visits annually now.

Mr. Murray asked if the 22 new patients are a 50% increase.

Dr. Provenzano said that having an extra 22 people a day is not a huge amount for the hospital.

Ms. Smith wanted to know if the work stops at the end of the day in the oncology department or does it function 24 hours a day. She also asked what the hours will be.

Mr. Hughes said this will be an ambulatory center and that radiation needs will be provided during the day.

Dr. Provenzano said an oncology patient would be seen in the emergency room if the cancer center was closed. The new center would function as an outpatient center.

Ms. Longobardo expressed confusion with the numbers and why such a large addition was necessary to accommodate the radiation services.

Mr. Hughes responded that the chemo infusion area is cramped and uncomfortable for patients. There is an overflow. This center would allow patients to be comfortable. There would be private chemo rooms, semi-private rooms and then communal chemo areas. Examination rooms would allow patients to be looked at prior to their treatment. It is an area for cancer survivorship. Palliative care will be provided. And, there will be a resource center for patients and their families to utilize in order to navigate through the complex pathways.

Dr. Provenzano said this center will allow physicians to properly take care of people with cancer. The current set up is fragmented and just does not work for the patients. It is inefficient and not fair to the patient.

Dr. Provenzano responded that this will be a dedicated space. The patient will be navigated through many processes in an easier manner. This will be a positive for the patient.

Chairman Henderson opened the public hearing at 8:44PM.

Ms. Anne Kelty, resident of Westbourne, expressed concern about the size and scope of the project. She asked how many square feet would be dedicated to the cancer center and if they would build up three more stories after the proposed three story building. Ms. Kelty wanted to know why Palmer Hall could not be used for this center instead of in a new building. It seems like a very big addition for such a small village.

Mr. Jay Applebaum, President of the Co-op Board at Westbourne, said he sent a letter to the Planning Board and wanted to make a few comments. He does not challenge the hospital medical or business needs but feels the Planning Board should consider the impact of this proposal on the Village. This project will have a negative impact on the residents of Westbourne and Stoneleigh. The renderings look nice but the expansion will not change the world. There will be a loss of green space around the hospital, the roof garden will cause people to lose privacy and there will be noise

pollution even though the generator was moved to other side of hospital. The traffic situation currently is not good and this project will not improve it. The traffic will increase. Also, every day people park illegally on their private street to avoid paying fees. This project could reduce the value of their properties. This building was designed to accept six stories even though we are only being shown three stories. Westbourne was constructed in the 1920's and they were there first. He reported that 85% of the patients at Lawrence Hospital are from other areas – this is not a hometown hospital anymore. If this is a done deal, he urged the Planning Board to ask themselves "What is the best thing for Bronxville?"

Ms. Helen Levitt, resident of Westbourne, said the Westbourne residents are worried. She walks around a lot and has paced everything out. She knows every tree, hedge and crack in the sidewalk. The stop sign from the Yonkers side is observed 30% of the time even though the police are good about stopping people and giving tickets. There appears to be a brick wall proposed that will cover the exit for Stoneleigh Plaza – so residents will be looking at a two story brick wall. The building is so far out to the sidewalk that it will cause traffic problems – obstruction of views. She asked how the hospital intends to plant trees that will live. They can make it pretty but the view really looks like a prison with Cyprus trees. She is very concerned about the setbacks and not sure if they meet the code. The height of the elevators is a worry especially since the structure will eventually become six stories high.

Mr. Richard Magat, resident of Westbourne, commented that he has used the hospital and was pleased with the service. He agrees with the notion that the new structure is really inappropriately massive. He is not sure if Palmer Hall could accommodate this instead. His hope is that this will not become six stories high. The traffic situation at the traffic circle has become like the Indianapolis speedway. Speed bumps or something needs to be put in for safety. He feels the scale of the project is overdone. He urged the Planning Board to re-think this project.

Another Westbourne resident asked what size tree would be going in initially and how long the construction is going to take.

Mr. Morrison, landscape architect, responded that the trees will be 18 – 20 feet tall but that they will grow over the years.

Chairman Henderson said the discussion on construction will be at a future time and in depth.

Chairman Henderson adjourned the public hearing.

Marilyn Mohamed of F.P. Clark said they are looking at air quality and noise in terms of rooftop equipment. The technical consultants are putting a list of comments together. They will look at health and safety issues related to radiation equipment, construction planning, staging, hazardous material handling and will provide a memo to the applicant on these areas.

Ms. Mohamed said one issue they are looking at in detail is the number of new parking spaces as well as the vacated space in the current hospital. They want to know what is going in the vacated spaces and determine if it will generate more traffic, parking needs, etc. They will gather information to see where the impacts lie.

Ms. Mohamed said that as far as aesthetics and masking the building are concerned, the comments on the setbacks are appropriate. She feels there are other design devices that could be used to create a more interesting wall.

Mr. Galanti of F.P. Clarke reported that he had received the parking study from the applicant and he needs to see if it agrees with the vacant space use, the parking needs, traffic, etc. He is still reviewing the information.

Mr. Hughes reported that the building is designed to accommodate future expansion for three stories and that there are no current or foreseeable plans for upward expansion.

Ms. Zalantis said this should not affect the approval of this application. It is not known what will happen in the future or what the surrounding area will look like when/if it should happen. The six story elevator shaft gives the hospital options.

Mr. Hughes said the size of the building is designed to accommodate the programs of the building. There currently is no extra space in there. There is very limited space for storage and the size of the structure is dictated by usage. The elevator banks are necessary to assist with vertical transportation issues that currently exist. There are no plans/funding for the vacated spaces at this point. Ultimately, they would like to move the ambulatory prep and discharge to this area. This would allow synergy. This space could also be converted back into patient rooms. The trend is for single occupancy rooms to enhance patient experience. This center is a hedge against the future and a defensive move to retain quality medical staff and up-to-date medical needs.

Chairman Henderson thanked everyone for coming.

OTHER BUSINESS

Chairman Henderson reported that he received a letter from Geraldine Tortorella from Concordia College asking if they could hire a consultant.

On motion of Mr. Blessing, second by Mr. Murray, the Board approved the resolution for Concordia College to retain F.P. Clarke & Associates.

NEXT MEETING

The next regularly scheduled meeting of the Planning Board will be held on Wednesday, April 13, 2011 at 7:30PM.

ADJOURNMENT

There being no further business before the Planning Board, the meeting was adjourned at 9:30PM on motion of Mr. Blessing, second by Ms. Smith.

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Respectfully submitted,

Karen A Buccheri

Karen A. Buccheri
Secretary to the Mayor & Village Administrator