



VILLAGE OF RHINEBECK

Village of Rhinebeck Board of Trustees
Thursday, May 2, 2019
7:00 PM

Mayor Bassett opened the meeting at with the Pledge of Allegiance at 7:00 PM.

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| Mayor Gary Bassett: | Present |
| Deputy Mayor Richard Lewit: | Present |
| Trustee Paul Korczak: | Present |
| Trustee Brant Neuneker: | Absent |
| Trustee John Rossi | Present |

Also present was: Village Clerk Patricia Coon, Superintendent of Public Works John Fenton, Planning Board Members Chair David Miller, Tim Decker, John Clarke and Mary Quinn. From Northern Dutchess Hospital and Health Quest: Tim Massie, Denise George, David Keath, Larry Bell, Richard Frankel and Kirsten Waltz Health Quest Architects, members of the public Joanne and David Gelb, David and Lynda Christensen.

Prior to opening the discussion on Northern Dutchess Hospital Zoning District, Mayor Bassett asked for a moment of silence in recognition of the passing of long time village resident and Fire Department Member 101 year old John Ochs, and longtime resident, Fire Auxiliary member, past Village Trustee and Mayor Carol Mielich.

Northern Dutchess Hospital Zoning District

Mayor Bassett gave an overview of the discussion on the Hospital Zoning District. He stated the Village Board of Trustees, Planning Board members and the Northern Dutchess Hospital have all been working together, learning the process and concerns of each party. Mayor Bassett discussed resolving the issues and coming together with a plan. The largest issue is the impact on Montgomery Street that could change the character of the street. Mayor Bassett asked Denise George CEO and President of Northern Dutchess Hospital to provide a statement.

Ms. George stated they have learned a lot, there are still current issues with the proposed draft language and we are not there yet.

Mayor Bassett opened the discussion up to the to the Village board.

Trustee Rossi- Discussed the collaboration of the Village Board and Northern Dutchess Hospital has come about, and there is a process in place, but we must push forward or we will be at an impasse.

Trustee Korczak- Sees Northern Dutchess Hospital as an important asset to the village and surrounding areas. We need to see the value of the hospital, for it to be as modern and effective as possible. Trustee Korczak stated concerns the balancing with the character of the village. We may have to give the hospital a bit more leeway and we must look hard at the Montgomery Street area. Possible broaden the language and consider other alternatives. Specific options such as greenspace should be on the table.

Trustee Lewit- Discussed the improvement of modern facility, the location and usage of the buildings. Possibly additional ways to buffer the hospital from the public. His concern is to maintain the look and feel of a residential area.

Mayor Bassett asked the members of the Planning Board for comments.

David Miller- there needs to be a boiler plate developed. If we can't come up with one, then it will be the code as existing, and the hospital will now know what the village is thinking.

David Keith- Northern Dutchess Hospital discussed the way it is written now would be difficult to build a building now with the height restrictions.

Denise George- the residential zoning which has been in place since the 1960's is restrictive. She stated both parties can still work through the issues, and would like to proceed and complete what they need to do.

Mayor Bassett- discussed the impact on the village and how the public sees the village.

Tim Decker- Cited the village code in regarding to the zoning code. There are separate wants and wishes of the zoning code to maintain the character of the village and the character of the residential character of the village. Concerned to create a code to not adversely affect the residents surrounding the hospital.

John Clarke- the planning board has gone through two projects with the Hospital and agrees the hospital should be allowed to build and grow. The planning Board feels that the existing houses are critical to be kept as they act as screening to the hospital and parking lot. The planning board feel that this draft does make the hospital compatible with the area. Mr. Clarke discussed tailoring the code to the discussed use of the buildings. He does not feel that the Village Board nor Northern Dutchess Hospital should give up on this. The principals that were put in this draft are the principals the village should believe in.

Mayor Bassett discussed the process of creating a change in the Zoning code, and the need for a public hearing at which time the public will have the opportunity to give feedback.

Trustee Lewit- Asked if the village does not act on this, what the village would have to act on. Tim Decker and John Clarke responded the existing code, however, they need to have something so that the Planning board will have answers for the public, which would make it easier on everyone.

Tim Decker- Discussed stronger, better and more specific guidelines, as they are dealing with a nonconforming use in a residential area.

Trustee Lewit- requested all parties continue to try to come to an agreement.

John Fenton- Stated there is an existing undeveloped medical district in the code now which should have been modified. It is impossible to apply residential code to this project.

Trustee Korczak- Discussed the hospital district needs to operate as best it can. The residential character of the area needs to be protected. Houses do work to soften the hospital from the public.

Trustee Lewit- Without this framework isn't there the need for a clear set of guidelines. He stated the Village Board needs to support our planning and zoning boards. He sees the importance of the buildings however asked if there is a way to develop new buildings that would serve the same purpose of screening, functioning.

John Clarke- the purpose of the existing out buildings is a screen, they serve a function, and to preserve them.

Mayor Bassett- Stated that parking is a key element of the hospital, and the hospital needs to build a parking structure, and it has to be accessible. He discussed the transitional space from residential to the hospital and how to let expanding parking needs to be addressed. He discussed wanting the hospital to service the community but needs to be able to expand.

The Board discussed the wording of the parking in the draft language.

Tim Decker- Stated that the code directs the site plan.

John Fenton- The planning department relies on the site plan, and that overlay districts take care of it.

Mayor Bassett- discussed the decision rests with the village.

John Clark- the village has set a precedent with the Dutchess County Fair and the Village establishing a Fairgrounds District. The Planning board has expertise on community design to help create site plan to fit into the community.

Mary Quinn- Asked what percentage of the hospital are doctor's offices? And that the Village needs to look at the situation, and the possibility of a hospital with a Doctor's Office Annex. She asked for an answer, and the Hospital replied that is unknown at this time.

Joanne Gelb- Asked what is the overall plan with the hospital, and how much saturation can with have. The traffic pattern on Montgomery Street is a concern.

Linda Christensen- Wanted to understand the limit to the current footprint. Define what a residential character is. she discussed that the 3 existing buildings could be maintain the exterior but can gut the inside to do whatever they want with them. Discussion on what could be done with the additional buildings.

Mayor Bassett- discussed that forming a hospital zoning district will need to have a public hearing.

David Gelb- questioned what a medical office district is.

Denise George- discussed and explained what NYS Dept. of Health has mandated the hospital to do, and they need this to move forward and in order to get NDH and the community what they need.

Carol Urban- Asked the hospital if they have a ten year plan, and that NDH needs to make a case they are not a large corporation. She discussed what this community needs as it is an aging community and asked what programs they offer.

Mayor Bassett discussed the partnership with NDH and asked if they should continue, and polled the board for responses.

Trustee Rossi- yes, but there needs to be a time line

Trustee Korczak- yes we need to work through the issues and need a time line

Deputy mayor Lewit- Yes but need a time line

Mayor Bassett- yes and need to bring to closure.

Mayor Bassett asked the partners as well:

David Miller- yes possibly change wording to more of a boiler plate as it could possibly eliminate variances.

Denise George- work forward 30-45 days but NDH cant be tied to restrictive language, one more time.

Motion: Mayor Bassett- to put a 45 day limit on this with the existing subcommittee to reconvene.

Second: Trustee Korczak

Amended Motion: Mayor Bassett- to put a 45 calendar day limit on this with the existing subcommittee to reconvene.

Second: Trustee Korczak

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| Mayor Bassett: | Yes |
| Deputy Mayor Lewit: | Yes |
| Trustee Korczak: | Yes |
| Trustee Neuneker: | Absent |
| Trustee Rossi | Yes |

Motion: Mayor Bassett- Adjourn the special Village Board meeting at 8:31pm

Second: Deputy Mayor Lewit

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| Mayor Bassett: | Yes |
| Deputy Mayor Lewit: | Yes |
| Trustee Korczak: | Yes |
| Trustee Neuneker: | Absent |
| Trustee Rossi | Yes |

Respectfully Submitted,

Patricia D. Coon, CMC, RMC
Village Clerk

DRAFT 03/24/2019 FOR DISCUSSION PURPOSES ONLY

[Suggested edits in red by David Miller and John Clarke after discussions with other members of the Planning Board; 4.24.19]

Proposed Amendments to the Zoning Law for the Village of Rhinebeck

§ 120-4. Establishment of districts.

A. Land use districts. For the purpose of this chapter, the Village of Rhinebeck is hereby divided into the following districts:

Residential District (R)

Village Center District (VC)

Gateway Business District (GB)

Medical & Professional District (MP)

Hospital Medical District (HM)

Fairgrounds District (F)

B. Overlay districts. Overlay districts do not change the use and dimensional requirements of the underlying land use districts unless specifically so stated in this chapter. They are not intended to prohibit development, but rather to assure that the siting and design of development is sensitive to historic and environmental resources. On any given parcel of land, more than one overlay district may apply.

Historic District Overlay (HDO)

Special Sensitivity Overlay (SSO)

Land Conservation Overlay (LCO)

§ 120-8. Dimensional Table.

*** For Fairgrounds District see Article VII and for Hospital Medical District see Article ____.**

Yard, Area, Setback and Height Requirements [Included in HM Article]

Note – All yard, area, setback and height requirements as existing for the pre-existing health care uses are permitted. Further construction or renovation within the existing footprint of the pre-existing health care use facility is permitted. Expansion beyond the footprint shall require the following:

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| Min Lot Area | 8,000 SF |
| Spring Brook & Montgomery Street | 20 feet |

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|------------------------|-----------|
| Setback* | |
| Orchard Street Setback | 50 feet |
| All other Setbacks | 25 feet |
| Min Lot Frontage | 75 feet |
| Min Lot Width | 75 feet |
| Max Building Height | 54 feet** |
| Max Lot coverage | 60% |

~~*If a building, structure or facility has a façade, exterior look or appearance of a residential type building or otherwise exhibits aesthetic qualities that are compatible with the adjoining neighborhood, then the setback shall be 10 feet.~~

**For structures within 50 feet of Montgomery Street and Springbrook Avenue, the maximum building height is 38 feet with an additional allowed 16 feet height if it is stepped back from the building façade facing the public street by a minimum of 15 feet.

Height is defined for the purposes of this HM District as the vertical distance measured from the average elevation of the finished or proposed finished grade across the street frontage at the property line to the highest point of a flat roof or to the mean height between the eaves and the ridge of a gable, hip or gambrel roof, and excluding from such measurement any penthouse, equipment and/or screening on the roof. Any such rooftop equipment shall be screened from public street views, placed at least 15 feet from the edge of the roof, and be no more than 10 feet in height.

For purposes of the HM District, a lot that borders another lot within the HM District shall not be subject to the area size and setback requirements of the Code with respect to internal lot borders. However, the Planning Board shall take into account whether new construction will have an adverse impact on the physical or environmental conditions in the neighborhood or district in setting setbacks between existing structures and new structures and improvements, which setbacks shall be no greater than what would otherwise be required under the Code.

ARTICLE HOSPITAL MEDICAL (HM) DISTRICT

§ 120-____. Purpose of District.

~~It is understood that the HM District is being formed to provide opportunities for the development and maintenance of the Northern Dutchess Hospital campus.~~ The purpose of this district is to allow permit and promote health-related land uses for the existing Northern Dutchess Hospital campus, ~~with consideration to fostering a practical harmonious development with~~ while maintaining a compatible relationship with the adjacent residential neighborhoods, fairgrounds, and Medical & Professional District.

§ **120-___. Hospital Medical District General Provisions**

- A. Site plan review. All building and zoning permit applications with respect to ~~the any proposed~~ exterior enlargement construction or ~~the~~ replacement (~~but not as to demolition itself~~) of an existing facility or building that exists on the adoption date of the HM District shall be subject to site plan approval. Any site plan review process shall take the functional needs of the hospital into consideration, as well as the following district principles:
1. The wetland area at the north end of the campus shall be preserved and can be included in the open space calculations for the lot.
 2. The triangle shaped green space in the front of the main building entrance to the Springbrook Avenue entrance drive shall be preserved as an open landscaped area.
 3. The Planning Board may require vehicle driveway interconnections within the HM District or up to an applicant's property line with that of neighboring properties to protect the safety of the public and to reduce the congestion on Springbrook Avenue and Montgomery Street.
 4. For new buildings, the Planning Board may require sidewalk and crosswalk connections within the HM District or up to an applicant's property line with that of neighboring properties.
 5. The existing pre-1950 wood-frame buildings along the perimeter of the campus should be protected in place, whenever possible, or on the hospital property as transitional house-type elements for the surrounding residential neighborhood and streetfront screening for hospital buildings and parking lots.

~~If a new building is constructed along the street line of Montgomery Street, said street line distance solely for the purpose of this sentence being measured 304 feet from the corner of the lot line at the northerly intersection of Montgomery Street and Spring Brook Avenue and running southwest along Montgomery Street, then such building within said street line distance will have a façade, exterior look or appearance of a residential building, or otherwise exhibit aesthetic qualities that are compatible with the adjoining neighborhood unless such will create practical difficulties or economic hardship for the hospital.~~

6. Any Parking Garage shall be placed behind a building or similar means of physical screening and landscaping to avoid direct views of the garage from a public street.
~~Any Parking Garage will be placed, constructed and/or screened in a manner to screen or minimize direct views from a public street.~~

B. Permitted principal uses. No building or premises within the HM District shall be used, in whole or in part, for any purpose except those listed below:

1. Hospital
2. Health-related facility.
3. Medical office.
4. ~~Hospital-related pharmacy, store for sale of medical supplies, gift shop, and/or thrift store.~~ Adult or child day care facility
5. Pre-existing health care use.

C. Permitted accessory uses. Accessory buildings and structures that exist on the adoption date of this Article shall be deemed conforming for the purposes of this section. For purposes of the HM District, the following accessory uses as well as the accessory structure may be located on the same lot as the principal use or on a lot or lots within the HM District that are not the same lot or lots upon which the principal structure or principal use is situated. Any accessory use or structure within the HM District need not be, but may be on an adjacent lot within the HM District.

1. Those services and the uses related to, incidental to and accessory to the foregoing permitted principal uses;
2. Hospital-related pharmacy, store for sale of medical supplies, gift shop, and/or thrift store.

3. Parking garage servicing a permitted use in the HM District. ~~The parking garage shall be designed in a manner to screen direct views from the street.~~
4. ~~Off-street parking~~ or parking garage servicing a permitted use in the HM District
5. Maintenance facility
6. On-Call living accommodation for hospital staff or graduate medical education residents.
7. Medical Education

D. Parking. Adequate parking shall be provided to meet the needs of the HM District and to otherwise comply with 120-16. Off-street surface parking need not be located behind a building or in the interior of lots if existing surface lots existed on the adoption date of the HM District. Any additional parking shall be located behind a building or similar means of physical screening and landscaping and shall be set back at least 20 feet from any property line along a public street. ~~When located near a public street, parking will be screened in a manner to screen or minimize direct views from a public street. Such screening can include a fence, wall, and/or landscaping.~~ On-street parking and off-site parking will be considered as alternatives for parking should the facility be unable to meet the requirements of 120-16.

E. Signs. Signs in the HM District shall be subject to those provisions contained in 120-19 except to the extent those signs are legally in existence as of the date of the enactment of this section or are regulated by applicable State and Federal laws. Additional signs may be permitted by the Planning board during site plan review.

§ 120-45. When required.

Site plan approval by the Planning Board is required prior to the issuance of all building and zoning permits in the Village Center, Gateway Business Districts, Hospital Medical District, Land Conservation, and Special Sensitivity Overlay districts, and for all special permit uses in all districts. Special permit approval is required for the uses specified in the Allowable Use Groups Chart in 120-6. The site plan approval process, when applied to a project that does not require a special permit, is focused primarily on whether a particular development site complies with the purposes, principles and performance criteria contained in this chapter. The site plan approval process, when used in conjunction with the special permit process, becomes a significant factor in whether the

use in question is appropriate for a particular site. ~~In the Hospital Medical District building and zoning permits may be issued without site plan approval by the Planning Board for internal construction in-and/or renovations of a facility or building or for demolition of a facility or building.~~

§ **120-49. Site plan approval.**

A. In acting on any proposed site plan, the Planning Board shall take into consideration:

1. Consistency with the Village Master Plan.
2. Consistency with the Village Center, Medical & Professional, Gateway Business, Hospital Medical District, Fairgrounds, and Residential principles established in those respective sections.

120-63. Definitions. [additional]

ADULT OR CHILD DAY CARE FACILITY

AMBULATORY HEALTH-CARE FACILITY - A building or portion thereof used for medical services, including diagnosis and treatment of human ailments, where no overnight accommodations are provided.

HEALTH-RELATED FACILITY (HRF) - A structure or combination of structures whose purpose is to provide medical diagnosis and/or treatment either in a residential or nonresidential setting, including but not limited to:

1. A hospital as defined in Article 28, 2801 of the New York State Public Health Law.
2. A nursing home as defined in Article 28, 2801 of the New York State Public Health Law.
3. A clinical laboratory as defined in Article 5, 571 of the New York State Public Health Law.
4. A blood bank as defined in Article 5, §571 of the New York State Public Health Law.
5. Outpatient diagnostic and/or treatment and surgical facilities including an Ambulatory Health-Care Facility.
6. A hospice, respite care facility and other uses accessory to the Health-Related Facility.

7. A facility (in-patient and/or out-patient) that provide services for the treatment and recovery of persons who suffer from behavioral health related issues with an operating certificate (license) issued by the Office of Mental Health (OMH).
8. Those services and uses related to, incidental to and ancillary to the foregoing permitted uses.

MAINTENANCE FACILITY - ~~A Maintenance Facility is~~ A building or facility intended for the storage and distribution of manufactured products, inventory, supplies, and equipment, and/or the general repair, rebuilding, or reconditioning of such products, inventory, supplies, and equipment, including engines, motor vehicles, power equipment, or trailers, body repair and painting.

MEDICAL EDUCATION - ~~Medical Education consists of~~ Educational activities which serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a physician or clinical staff member uses to provide services for patients, the public, or the profession. Medical education activities can consist of providing information and activities to the public in order to improve the health of communities and to decrease the burden of illness and disease.

MEDICAL OFFICE - ~~A medical office is~~ A structure where medical care is provided to persons on an out-patient basis by one or more members of the medical profession, dentists, chiropractors, osteopaths, therapists, or other licensed professionals.

ON-CALL LIVING ACCOMMODATIONS - On-Call Living Accommodations are single dwelling units or rooms in a building for the rooming and/or boarding of hospital physicians and staff ~~for periods of time intended for physicians and staff to rest in~~ while they are on-call or due to be on-call. They are not intended to be permanent residences for physicians and staff.

PARKING GARAGE - A multi-level structure for the parking of vehicles conducted as a business or servicing a business or district

PRE-EXISTING HEALTH CARE USES - ~~Pre-existing health care uses shall be~~ Those uses currently provided by a facility that is a permitted use under 120-~~37.7~~, and ~~those ancillary uses as of the date of this amendment that have been in existence on the adoption date of the HM District, including~~ a permitted use, permitted as a nonconforming use, or a permitted use granted pursuant to a special use permit, use variance or area variance.

Discussion:

Motion: Mayor Bassett: To exit executive session, return to regular session and to adjourn the regular meeting.

Second: Deputy Mayor Lewit

Mayor Bassett: Yes

Deputy Mayor Lewit: Yes

Trustee Korczak: Yes

Trustee Neuneker: Yes

Trustee Rossi: Yes

Respectfully Submitted,

Patricia D. Coon, CMC, RMC
Village Clerk

