

Visual resources, Open Space, aesthetics and community character

1. Character of the surrounding area and existing Hospital

The Hospital is situated in the Central Business District (CBD) of the Village of Bronxville. The CBD is in the midst of several notable residential properties many of which abut the hospital property directly to the north. As expressed in the Village of Bronxville Community Plan the aesthetic character of the CBD exemplifies successful suburban planning of early twentieth century planners. Much of the commercial district of the Village consists of a series of low-rise commercial and retail buildings of mixed architectural style. This is typical of the buildings along Palmer Avenue to the south of the Hospital. Most of these commercial buildings were erected in the early to middle decades of the twentieth century and are a conglomeration of neo-Tudor and neo-Classical design. (See attached pictures labeled 12, 13, 14, 16, 19, 20, 22, 28, 29, 31, 33, & 34) See attachment E.

Pondfield Road forms the northern boundary of the Hospital and across the street from the Hospital are several significant early twentieth century residential additions to the village. Directly to the north of the Hospital are the neo-Tudor Westbourne and Eastbourne apartment buildings and nearby are the Mission style Northgate and Southgate apartment buildings. (See attached pictures labeled 3, 4, 5, 6, 7, 9 and 10)

The Hospital was originally built in 1909 and over the years replaced with full masonry multistory structures some with punched and others with ribbon windows. The West Wing was completed in 1950, the South Wing in 1964 and finally the North Wing in 1980. (See attached pictures labeled 1,2, 5, 8, 11, 15, 17, 21, 25 and 35)

2. Potential impacts to open space and neighborhood aesthetics

The greatest potential impact will be the loss of an existing open space with mature trees at the corner of Pondfield and Parkway roads, located on the Hospital property.. The new addition will also create the loss of some visual sight lines from the Westbourne Apartment complex looking southeast toward the central traffic circle. The visual impact of seeing a building at this location will also be a change.

3. Mitigating factors to the potential impacts

The proposed addition is a three level addition that fills in the northeast corner of the hospital campus. In order to limit the visual impact of the height of the planned addition, the Radiation Oncology floor is a basement level completely below grade. The second level of the addition will be the first visible floor of the addition at grade. This level will be the Medical Oncology floor which is a floor that includes numerous windows to allow patients to see out, but also to make the grade level pedestrian friendly to pedestrians walking along Pondfield road. The second level above grade (third level of the addition) will be the Surgery suite. The function of this floor requires non-vision windows in order to protect the privacy of the patients in the operating rooms. There are punched windows on this level that match the aesthetics of the

punched windows along the existing Parkway Road side of the Hospital. These windows will have closed mini-blinds with enclosed window walls behind the glass. Therefore, the windows will look like vision windows from the exterior, but they will not allow visibility into the Operating Rooms. The third level above grade is actually an enclosed penthouse and roof garden area. There are also screened areas for the roof top chillers which are required to be open to the atmosphere for ventilation purposes. All of the chillers will be in one chiller yard at the northeast corner of the penthouse, and the northwest corner of the penthouse is pulled back from the Pondfield road façade. This allows the roof garden to wrap around the northwest corner of the penthouse with a guardrail along the perimeter of this wrap around roof garden area. This area will have planter boxes allowing vegetation to grow over the parapet through the guardrail down onto the masonry wall below. This serves the purpose of softening the look of this facade and recalls the greenery that exists in the current park area. The louvers into the penthouse and the chiller yard will be painted dark bronze, and recessed into 18" deep window pockets simulating the deep recessed windows in the north patient tower. This will create increased shading in these recessed areas and thus minimize the appearance of louvers by simulating the appearance of windows. All louvers into the penthouse are direct ducted (intake on the roof garden side, and exhaust on the Parkway Road side) to airhandlers inside the penthouse. This coupled with the fact that the penthouse is within the thermal envelope of the building mitigates sound transmission from penthouse equipment to the exterior. The addition will be completely connected to the existing hospital and share the existing elevators. The project will include adding two elevators adjacent to the existing elevator tower in order to supplement the overcapacity existing elevators. Aesthetically, the addition will fit in with the full masonry look of the hospital, but it will also complement the neighborhood aesthetics by using masonry colors evident in these surrounding buildings.

The desire to mitigate the loss of open green space figured prominently in the design of the building and landscaping. First the footprint of the addition was kept to the smallest possible area while still accommodating the required functional special requirements of the services provided. The building also steps back where possible along Pondfield road in order to alleviate the appearance of a large imposing elevation. In order to maintain the park-like look along Pondfield Road, the landscape design includes abundant thick layers of landscaping varying in height from street trees to low lying greenery along the building perimeter. This diffused layering of landscaping provides the visual effect of greater depth serving to give the appearance of a larger green zone. In order to mitigate the loss of the park-like atmosphere of the current space, another important feature of the new addition is the inclusion of a Roof garden. This will soften and beautify views of this addition from the upper floors of the Stoneleigh Plaza Residences as well as prove to be a wonderful healing environment for patients and their visitors. Green roofs have also been generously included in an attempt to replicate the green space lost as a result of this addition. The green roof and all planter boxes will be irrigated with an automatic drip irrigation system. The system will include rain sensors to economize the use of water and will be adjusted seasonally. Detailed information

regarding the design and plantings for this roof garden are included in the revised sheet L-3 (attached). A detailed Maintenance and Monitoring Plan has also been provided. See Attachment L.

In order to keep pedestrian and vehicular traffic to a minimum along Pondfield road, there are no public entrances on this elevation, only a required emergency exit. The entrance to the new Cancer Center entrance will be through the primary Hospital entrance. Thus vehicles will enter the Hospital site at the current entrance, and patients will be dropped off at the same plaza that hospital patients are dropped off.

Additionally, the area that is adjacent to the existing North tower and a brick exhaust vent system is currently a concrete patio area approximately 90 feet long by 18 feet wide. This area will be modified to provide an meandering emergency exit walkway. The remaining concrete patio area is being transformed into a manicured landscape area. The reduction of concrete patio and installation of landscape features will further reduce current visual impacts to adjacent properties.

Significant efforts to preserve existing trees where possible is another important effort to mitigate the loss of open space. Trees located within the limits of construction adjacent to or within the construction entrance/staging area will be protected from soil compaction caused by material storage or the movement of heavy construction equipment and trucks. Post-construction mitigation for damage to limbs and root systems of existing trees to remain within or adjacent to the limits of construction is part of landscape planning for the proposed addition. Existing trees to remain within or adjacent to the limits of construction will be monitored for two years after construction and cared for, or replaced, if necessary.

While the loss of open green space is undeniable, the significant efforts to minimize this loss in the architectural design of the building and the extensive use of greening techniques on the remaining green buffer, on the building itself, and on the roof elements, as well as additional ground level landscape features will greatly minimize the effect of this loss.

4. Lighting and Signage

Very minimal lighting is planned for this addition. Please review catalog cuts of the proposed fixtures (Attachment K), as well as a revised sheet A-13 showing a photometric studies of both the at-grade lighting and lighting for the roof garden.

At grade level, there is one exit door on the Pondfield Road side of the new addition, and two service doors for the electrical room and medical gas room facing east toward the valet drop off. The door on the Pondfield Road side is an emergency exit as all of the public will enter and exit through the main hospital entrance. The door facing Pondfield Road will have minimum lighting required by code for egress. As indicated in the photometric study, the fixture proposed has a cut-off to 0 foot candles at the property line. There are no light fixtures proposed on the Parkway Road side of the building.

The roof garden will primarily be lighted by a wall mounted light fixture mounted on the south side of the exit stairwell nearest to Pondfield Road. At this location the stairwell will block any direct view of this light source from the upper floors of the Stoneleigh Plaza residences. There are also two exit doors from the roof top penthouse that will require lighting at the doors per code. However, as the photometric study indicates, the light levels are reduced to 0 foot candles within the boundaries of the roof garden area and thus there is no light bleed over the perimeter guardrails. There will be minimal landscape lighting, seasonal lighting, and path lights at the surface to supplement the primary lights identified in the photometric study as required to light the egress paths. Path light locations and specification are detailed on Landscape Sheet L-3. The Roof Garden is primarily intended for daytime and early evening use only. The schedule will be to have the roof garden go dark after 9:00 pm every night so that glare from the lights do not disturb patients desiring to rest/sleep.

As a result of the functional requirements of this facility, vision privacy into the second floor operating rooms must be maintained. Therefore the windows on the second floor will have enclosed window walls behind the glass and thus no light leakage to the exterior. All of the vision windows on this addition will have mini blinds installed so that any light bleeding through these windows at night can be almost completely screened.