

PROJECT NARRATIVE

Lawrence Hospital Center Cancer Center and Operating Room Relocation Project

Introduction

The Lawrence Hospital Center proposes construction of a three (3) story addition to its existing facilities to accommodate modernization of facilities and to provide enhanced cancer treatment services to its patients. The **Cancer Center and Operating Room Relocation Project** includes a total of 40,451± SF addition to the existing Lawrence Center Hospital Facility. The addition includes medical care facilities on three levels (basement, 1st and 2nd floors) and a 3rd floor to accommodate mechanicals and roof garden. The project also includes a double elevator bay connecting the building expansion to the existing facilities.

Lawrence Hospital Center will own and operate the new addition. LHS Facilities Development Group, Inc. will serve as project manager/developer of the project. LHS Facilities Development Group is a division of Lillibridge, a nationally recognized organization that specializes in the acquisition, design, construction and property management of healthcare facilities.

Lawrence Hospital Center History

The Lawrence Hospital Center celebrated its 100th anniversary in 2009. Advances in medicine, changes in delivery of medical treatment, and the growing use of technology require changes to the hospital's infrastructure. The original building donated by William Van Duzer Lawrence in 1929 has been replaced by a series of building construction projects (West Wing (1950), South Wing (1964), and the North Wing (1980)). As facilities on the campus became inadequate to provide quality patient care, they have been changed or replaced on the Hospital's 3.54 acres campus. Most recently the Hospital completed improvements to its Emergency Department (2007). The challenge of addressing the needs of 21st century medicine and working within a limited space puts Lawrence in a unique and challenging situation.

Mr. Lawrence built the hospital in response to the needs of our community at the start of the 20th century. His son's emergency appendicitis attack was a wakeup call personally and for the community. They shared a common belief that quality care should be available close to home, a sentiment shared by today's hospital Board of Governors. Over the last several years, Lawrence continued to make improvements through the modernization of facilities and through the recruitment of high quality staff of doctors and nurses. Lawrence Hospital Center's proposed addition marks another chapter in its evolution so that it can better meet the needs of the surrounding community.

Project Purpose & Need

The Lawrence Center Hospital proposes a modest addition of its building footprint to accommodate centralization of current in-house cancer treatment facilities, addition of state of the art cancer treatment technology and modernization of existing operating room facilities. This project is essential to maintain required standard of care and to provide cancer treatment essential to maintain the Hospital's mission.

The proposed addition will allow for a comprehensive, single-destination cancer treatment center in our community. Because cancer care is inherently fragmented and dispersed, it is increasingly difficult for patients to navigate the numerous cancer care services and decide what

type of treatment options are best for them. The goal of Lawrence's Cancer Center will be to pull together disparate services with a focus, not just on the disease, but on the person.

The new facility will provide an integrated, multidisciplinary treatment center for all cancer patients. A principal goal of Lawrence's Cancer Center is to create an environment in which a primary care doctor along with a team of surgeons, oncologists, radiation oncologists, nurses, technologists and numerous support staff are able to collaborate in order to develop the best treatment course for that particular cancer and provide advice and support throughout care and after treatment. The expansion is required to achieve this goal.

Another goal of the proposed expansion is to provide sufficient space for the creation of modern, state of the art operating rooms; replacing antiquated facilities. The majority of Lawrence Hospital Center's current operating rooms, although functional and well-equipped, were built in the 1950's for surgeons and surgical techniques available at the time. Due to physical limitations in the existing Hospital, it is not possible to enlarge the current operating rooms. In order to attract and retain top surgeons that are so critical to high-quality cancer care, it is necessary to provide them with the facilities and resources they need.

Project Description

1. Summary of Project Program

The Cancer Center and Operating Room Relocation Project proposes a 3 story addition to the existing Lawrence Center Hospital Facility. The project also includes an elevator bay connecting the addition to the existing facilities..

The basement and first floor of the proposed addition will consolidate all of the cancer treatment services currently provided throughout the Hospital into one space and introduce Radiation Therapy as a new service line. Patients currently receive oncology care at the hospital are now traveling into the New York City metropolis for treatment.

The second floor of the proposed addition will be dedicated to providing new operating rooms (replacing the older facilities) that are larger in area with higher ceilings to accommodate all of the equipment and technology needed today and what we can envision in the future. Further, these modernized operating rooms will better accommodate today's larger surgical teams.

Lawrence Hospital Center currently has six (6) operating rooms and is proposing to house an identical number of operating rooms on the second floor of the proposed addition. Consequently, there will be no "expansion" of the hospital surgical facilities, but rather the proposed addition will allow a modernization of the current operating rooms.

The proposed addition will include a third floor roof garden (Green Roof) implementing intensive and extensive green roof concepts and an enclosed mechanical room.

The project includes a total of two new elevators and associated elevator lobbies. These new public elevators will be adjacent to the existing public elevators serving all six floors of the hospital. This added capacity will reduce the wait times for patients, visitors and staff, improving the experience of our patients and visitors to the Hospital. These new elevators will also have back door access to all three levels of the new addition as well as to provide access to the roof garden.

Those areas of the hospital currently utilized as operating rooms and cancer treatment facilities will be reprogrammed for use by current hospital staff/operations. The precise reprogramming of the vacated areas has not yet been determined and is contingent upon a number of factors

including funding. Nonetheless, all of the space will be converted and occupied by operations that are currently undersized. As an example it is possible that some existing semi-private patient rooms may be converted into private single rooms or administrative space be expanded into these areas. Further, already existing but limited supportive care administrative spaces may be expanded into these areas. No new operations or additional employees are projected as a result of this reprogramming of space. And the reprogramming of such spaces with already existing uses will not add to any additional need for parking or other services.

To clarify the reutilization of spaces within the Hospital, and the new spaces in the addition, please see Attachment O, a Table labeled "Lawrence Hospital Area Analysis" and the associated color coded plans. This table clearly indicates that existing services in the Hospital will be upgraded and enlarged in the proposed expansion and future Hospital renovation, but vacated spaces will primarily be re-worked or re-adapted for already existing primary Hospital uses. While the physical spaces housing functional elements for Surgery and Medical Oncology are increased in area, the number of patients served will not increase. On the other hand, Radiation Oncology will be a new offering on this campus and thus will add 22 new patient visits a day, and seven new employees.

The Cancer Center and Operating Room Relocation Project includes a total of 40,451± SF addition to the existing Lawrence Center Hospital Facility. The addition includes medical care facilities on three levels (basement, 1st and 2nd floors) and a 3rd floor to accommodate mechanicals and roof garden. The project includes an elevator bay connecting the addition to the existing facilities and minor site improvements.

The expansion will include:

- Basement of 10,596 SF,
- First Floor of 10,844 SF
- Second Floor of 10,834 SF
- Third Floor (enclosed mechanical room and stairwell of 4,416 SF)
- Two public elevators & elevator lobby (additional lobby area of 3,761 SF)

Lawrence Hospital proposes investing approximately \$24,760,000 in this construction project. This investment will generate approximately 114 construction related jobs and 7 permanent Cancer Center staff positions; a positive benefit to the local economy.

As detailed in the letter dated February 3, 2011 from Lawrence Hospital Center's President and CEO Edward Dinan and the Chairman of the Board of Governors Dennis E. Glazer (a copy of which is attached as Attachment A), although the foundation is being built to support up to six-stories, there is no master plan for expanding beyond the three-stories being proposed nor is there a plan for phases (neither long term nor short term) of development beyond what is being proposed. Rather, given Lawrence Hospital Center site's very small area of 3.54 acres and the challenges it has faced and continues to face of addressing the needs of 21st century medicine within the confines of its limited space, the proposed addition is being designed so that future stewards of Lawrence Hospital Center may potentially have options if the need arises, if at all, for future expansion.

Before any such future expansion plan could be presented it would first be necessary to identify a medical need that is unmet and which the Hospital has the ability to address. Then, the Hospital would have to locate a source of funding for such a project. The reality is that the project presented is all that the Hospital is contemplating.

It is not even possible at this time to formulate a scenario for an expansion beyond the current application for consideration by the Planning Board as any such scenario would be speculation of the highest order. Engineering the proposed structure to support additional stories is simply a hedge against what is merely the possibility that at some future time the Hospital might consider additional expansion and represents a very small percentage of the proposed budget for the addition.

If such future expansion is ever proposed, the potential environmental impacts from expanding beyond the proposed addition would have to be addressed at that time. It would be futile to address such potential impacts during the course of reviewing the proposed addition, because such vertical expansion may never even be undertaken and in any event, it would be impossible to predict today the conditions that may be in place that would necessarily impact environmental review at some indeterminate future time. Not addressing the impacts from a development that is purely speculative and that may never even occur does not constitute segmentation under SEQRA. Segmentation is defined as the "division of the environmental review of an action such that various activities or stages are addressed under this Part as though they were independent, unrelated activities, needing individual determinations of significance." 6 NYCRR § 617.2(ag). But where actions "' ... are independent of each other and are not part of an integrated or cumulative development plan' and 'their only common element is their general location,' 'the projects may be reviewed separately and are not subject to a claim of improper segmentation,' nor is 'cumulative analysis' of the two projects required." *Settco, LLC v. New York State Urban Development Corporation*, 305 A.D.2d 1026, 759 N.Y.S.2d 833 (4th Dep't 2003), citing *Forman v. Trustees of the State University of New York*, 303 A.D.2d 1019, 1020, 757 N.Y.S.2d 180 (4th Dep't 2003); *Long Island Pine Barrens Society v. Planning Board of the Town of Brookhaven*, 80 N.Y.2d 500, 513 N.Y.S.2d 591, 592, 593, 594, 595, 596, 597, 598, 599, 600, 601, 602, 603, 604, 605, 606, 607, 608, 609, 610, 611, 612, 613, 614, 615, 616, 617, 618, 619, 620, 621, 622, 623, 624, 625, 626, 627, 628, 629, 630, 631, 632, 633, 634, 635, 636, 637, 638, 639, 640, 641, 642, 643, 644, 645, 646, 647, 648, 649, 650, 651, 652, 653, 654, 655, 656, 657, 658, 659, 660, 661, 662, 663, 664, 665, 666, 667, 668, 669, 670, 671, 672, 673, 674, 675, 676, 677, 678, 679, 680, 681, 682, 683, 684, 685, 686, 687, 688, 689, 690, 691, 692, 693, 694, 695, 696, 697, 698, 699, 700, 701, 702, 703, 704, 705, 706, 707, 708, 709, 710, 711, 712, 713, 714, 715, 716, 717, 718, 719, 720, 721, 722, 723, 724, 725, 726, 727, 728, 729, 730, 731, 732, 733, 734, 735, 736, 737, 738, 739, 740, 741, 742, 743, 744, 745, 746, 747, 748, 749, 750, 751, 752, 753, 754, 755, 756, 757, 758, 759, 760, 761, 762, 763, 764, 765, 766, 767, 768, 769, 770, 771, 772, 773, 774, 775, 776, 777, 778, 779, 780, 781, 782, 783, 784, 785, 786, 787, 788, 789, 790, 791, 792, 793, 794, 795, 796, 797, 798, 799, 800, 801, 802, 803, 804, 805, 806, 807, 808, 809, 810, 811, 812, 813, 814, 815, 816, 817, 818, 819, 820, 821, 822, 823, 824, 825, 826, 827, 828, 829, 830, 831, 832, 833, 834, 835, 836, 837, 838, 839, 840, 841, 842, 843, 844, 845, 846, 847, 848, 849, 850, 851, 852, 853, 854, 855, 856, 857, 858, 859, 860, 861, 862, 863, 864, 865, 866, 867, 868, 869, 870, 871, 872, 873, 874, 875, 876, 877, 878, 879, 880, 881, 882, 883, 884, 885, 886, 887, 888, 889, 890, 891, 892, 893, 894, 895, 896, 897, 898, 899, 900, 901, 902, 903, 904, 905, 906, 907, 908, 909, 910, 911, 912, 913, 914, 915, 916, 917, 918, 919, 920, 921, 922, 923, 924, 925, 926, 927, 928, 929, 930, 931, 932, 933, 934, 935, 936, 937, 938, 939, 940, 941, 942, 943, 944, 945, 946, 947, 948, 949, 950, 951, 952, 953, 954, 955, 956, 957, 958, 959, 960, 961, 962, 963, 964, 965, 966, 967, 968, 969, 970, 971, 972, 973, 974, 975, 976, 977, 978, 979, 980, 981, 982, 983, 984, 985, 986, 987, 988, 989, 990, 991, 992, 993, 994, 995, 996, 997, 998, 999, 1000. Further, courts have found no segmentation where "projects were planned separately, have unique sources of funding, and are no way interdependent." *Forman supra*.

2. List of Required Project Approvals

The following Project Approvals will be required before Construction can begin:

- 1) Village Planning Board – Site Plan & Special Use Permit
- 2) Village Zoning Board – Variances listed in the 'Land Use & Zoning' section
- 3) County Health Department – Water/Sewer Approval
- 4) County Planning – GML 239m review
- 5) NY Department of Health – Certificate of Need
- 6) Village Building Dept. – Building Permit

3. Significant Adverse Impacts

The only significant adverse impact identified is the loss of open space at the corner of Pondfield and Parkway Roads. Significant efforts to minimize this loss include the generous use of greening techniques such as roof planters, extensive roof garden, green roofs, and a thick green buffer along the street frontage. Further detail and enumeration of the mitigating elements in the building design can be found in the section on 'Visual resources, Open Space, aesthetics and community character'.

4. Alternatives

At the September 13, 2011 Planning Board meeting there were questions raised by the public and by the Planning Board as to whether Lawrence Hospital considered alternative locations for the proposed addition. To be clear, the Lawrence Hospital did not come to its decision lightly as the location proposed for the addition is the culmination of years of thought, analysis and review. Accordingly, the Hospital submitted a memorandum from Edward M. Dinan, President/CEO of Lawrence Hospital, detailing the many alternatives Lawrence Hospital considered (see Attachment N). But these alternatives either had the potential for greater impacts and/or did not allow for a project that would address all of Lawrence Hospital's programmatic needs – namely, the need to renovate and modernize its six (6) operating rooms, the need to renovate and provide greater space for its current chemotherapy and cancer treatment services, the need to provide the new service of radiation therapy and the need to enhance the patient and physician experience through the institution. As is clear from the detailed memorandum, the currently proposed alternative will have the least impacts on the community and will best serve the needs of Lawrence Hospital.

Land Use & Zoning

The existing hospital is located on a 3.54 site that consists of two tax parcels identified as Section 2 Block 5 Lots 4 and 5 on the Village of Bronxville official tax map. The proposed addition is located in the northeastern portion of the tax parcel identified as Section 2 Block 5 Lot 5. For the purpose of the Environmental Assessment Form, the project area consists of the 0.73 acre area of disturbance for construction of the proposed addition.

The project site is situated in the Central Business A zoning district as designated by Village of Bronxville Zoning Map. A hospital is a specially permitted use in the Central Business-A district. The proposed project requires site plan approval and issuance of a Special Use Permit from the Planning Board.

Lawrence Hospital is located in the northwest corner of the Village's central business district. Pondfield Road forms the northern limits of the campus, Palmer Avenue the southern boundary, the Bronx River/Bronx River Parkway form the western boundary of the project site. Parkway Road and the central village traffic circle are located east of the project site.

The majority of the buildings located adjacent to the southern property line (Palmer Ave) are retail in use. Buildings located adjacent to the northern property line (Pondfield Road) are mostly residential in use. The area of land to the west of the Hospital parcel includes the Bronx River Park and parkway managed by the Bronx River Parkway Conservancy.

The hospital campus has limited opportunities when exploring expansion; infill and vertical expansion are typical means to address this constraint. The proposed addition will require certain area variances from the Village of Bronxville Zoning Board of Appeals. The Village has identified five variances relevant to this project. Two of these required variances relate to Section 310-14.D, which are the area, bulk and height controls for the Central A Business District. Two of these variances relate to Section 310-310-42.I, which are specific requirements for a specially permitted hospital use, and one required variance relates to Section 310-25, *Non-Conforming Buildings and Uses*.

1. Code Section 310-14.D(2) Floor area. *No single use shall occupy more than 3,500 gross square feet of floor area on the principal street level. Such limit may be increased by special permit of the Planning Board in accordance with standards of Article VII of this chapter to a gross square footage not exceeding 5,000 square feet.*

The existing first floor building footprint is 47,905 SF. The proposed addition has a footprint of 10,844 SF, resulting in a total footprint of 58,794 SF, which will require an area variance to allow an additional 53,794 SF over the maximum of 5,000 SF that the Planning Board can allow for a specially permitted use.

2. Code Section 310-42.I(3) Floor area ratio [for a hospital use]. *The floor area ratio of all buildings on any lot occupied by a hospital and its customary accessory uses shall not exceed 1.5. Floor area calculations shall include all basement areas.*

The existing hospital has a floor area of 309,570 SF, which results in a Floor Area Ratio (FAR) of 2.01. With the proposed addition, the hospital floor area becomes 350,021, which results in a FAR of 2.27, which will require an area variance to allow additional FAR of 0.77 over the maximum permitted FAR of 1.5 for a specially permitted hospital use. The proposed addition will increase the 1.5 ratio by 17%.

3. Code Section 310-25.C. *Any building (other than a sign), the use of which is in conformity with the regulations set forth in this chapter, but which building does not conform to one or more of the requirements hereof other than the use requirements, may be altered, enlarged or rebuilt, provided that such building shall not be altered, enlarged or rebuilt so as to increase the degree of nonconformity thereof.*

4. Code Section 310-14.D.(4). Street frontage. *Principal permitted uses shall occupy no more than 35 linear feet of street frontage along any street measured at the street level. Such limit may be increased by special permit of the Planning Board in accordance with the standards of Article VII of this chapter to a street frontage not to exceed 50 linear feet.*

5. Code Section 310-42.I(4)(b) *For any such building exceeding 42 feet in height, the walls of which made an angle of less than 45° with a street line, shall be distant from such street line an average distance of 19 feet and no part of such building shall be nearer than six feet to a street line.*

The proposed project increases some existing non-conformities, including the maximum floor area at street level, floor frontage and the maximum FAR for a hospital use in addition to yard setbacks based upon maximum building height limits. Therefore, the applicant requests a variance to allow these increases in nonconformities. As detailed in the separate letter from Silverberg Zalantis LLP addressed to the ZBA, dated October 4, 2011 and for the reasons set forth therein variances may not be required with respect to items 1, 2, and 5 above. It will, however, be ultimately up to the Village of Bronxville Zoning Board of Appeals to determine if such variances are required.

In the alternative, it would be appropriate to grant variances for these as well as the remaining requested variances. LHC has designed the proposed addition to the minimum footprint necessary to still achieve its stated goals. In addition to the requirements of the

radiation vaults, the driving force behind the proposed addition's footprint is the design guidelines and constraints of the operating rooms. LHC's current operating rooms were constructed in the 1950's and have served the hospital well for over 50 years. But these operating rooms do not meet the current standards. It is critical for LHC's continued viability to be able to update its facilities to accommodate not only today's needs but reasonably anticipated future needs. Attachment I is a summary prepared by LHC's architects detailing the accepted New York standards for the design and construction of Health Care Facilities and as set forth in that summary, an operating room designed in 2011 would look very different from its 1950's counterpart. Further, as depicted in two diagrams prepared by Chazen Associates (see Attachment J) the proposed addition is in keeping with the character of the neighborhood and the proposed addition will be sited further away from the sidewalk and street lines than many of the buildings in the surrounding neighborhood.

A copy of the Site Development Application is provided as Attachment B.

Traffic and Parking

Lawrence Hospital Center is currently providing cancer treatment services to patients. The proposed addition will allow the hospital to consolidate all cancer treatment services in a single location, improving patient care and allow the addition of radiation therapy as a part of this improvement in services. The relocation of the surgical facilities will not create any new operating rooms, six state of the art rooms will replace and retire the hospitals existing six rooms. Any reprogrammed space will be occupied by programs or operations currently housed in undersized space. No new patient beds are proposed.

As a result of the new radiation treatment facilities the Hospital anticipates an increase of 22 new patients visits a day plus seven (7) new employees in the Cancer Center for the delivery of radiation therapy.

Parking at the hospital is provided at four locations: the hospital's parking garage, and three surface lots located south of the campus. Employee Lots 1 and 2 are located on Milburn and Paxton Streets and Lot 3 is located at Milburn Street/Stone Place for a total of 683 spaces.

Parking at the garage is reserved for visitors on two levels and the hospital employ's valets to maximize efficiency of the garage. The balance of the garage is dedicated to physicians and employees. The three (3) off-site surface lots dedicated for employee use also utilize valet service.

Lawrence Hospital has already taken several proactive measures to manage parking and reduce traffic at the hospital campus. Changes to operations at the campus over the last several years include the following measures:

- Leased off-site parking for 230 employees
- Re-located all out-patient rehab service to a new location in Eastchester moving 20 employees and an average of 100 patient visits daily
- Established off-site stations for blood draws and testing, thereby reducing traffic to the hospital

- Implemented valet parking for all patients and visitors
- All employees are required to use the Palmer Avenue gate, alleviating congestion on the Pondfield Road West main entrance.

Most recently the Hospital commissioned a parking study to identify current and long term needs. A copy of the study entitled "Lawrence Hospital Center Campus-wide Parking Study" prepared by Desmond Associates is provided as Attachment C. The parking study concluded that there currently is adequate parking capacity and that on average 65 parking spaces are available during peak demand periods. The study further concludes that the proposed expansion project may create demand for 17 additional spaces which can be accommodated given the current reserve capacity. We do note that the proposed generator and fuel tank may reduce 3 parking spaces, which will not have a significant impact on overall parking capacities.

During construction, parking will be provided for construction workers offsite and the general contractor will run a shuttle service to and from the remote parking site.

The above mentioned parking modifications and current parking capacities will continue to allow for ample parking.

Utilities

Municipal water and sewer service currently serve the Hospital. The purpose of the proposed addition is to consolidate current services, provide improved patient care and modernized facilities; as a result, only a small increase in employees and visitors to the facility is anticipated. Therefore, the project is not expected to result in any significant increases in water usage, wastewater generation, or solid waste generation.

The sanitary sewer will flow to an existing 8" main in the hospital north tower mechanical room, which ultimately flows to an existing connection on Palmer Road. A new water service and meter will be installed adjacent to Pondfield Road West. The electrical and gas service will be provided from a point as determined by Consolidated Edison.

Ground and Surface Water Quality & Quantity

The Westerly boundary of the Hospital property is adjacent to the Bronx River and located within the FEMA flood zone. However, the proposed addition overlay is not located in the 100-year flood zone or floodway.

Borings have been performed in the vicinity of the proposed addition. Groundwater was observed at approximately 26 ft in depth. The depth to groundwater is approximately 14 feet below the lowest proposed grade. It is not anticipated that groundwater will be encountered during construction.

Typically, stormwater runoff can require permit coverage under the New York State General Permit (GP-0-10-001). Coverage under the General Permit would be obtained from the New York State Department of Environmental Conservation (NYSDEC). However, this project does not require coverage, as the disturbance is less than one acre in area.

However, the Village of Bronxville has more restrictive requirements for stormwater. The Village of Bronxville requires any project that is tributary to a water body included on the New York State 303(d) list must adhere to the design requirements of the New York State

Stormwater Management Design Manual (NYSSMDM). The NYSSMDM provides design guidelines for properly selecting and designing stormwater practices that will treat the stormwater runoff.

This project is proposing the use of Green Infrastructure Practices for treating stormwater runoff. Green Infrastructure Practices are an encouraged use of treatment for redevelopment projects. In following the NYSSMDM design guidelines, the proposed building addition will not have an adverse impact to the receiving water body, the Bronx River.

A complete drainage study has been prepared for this project. See Attachment H.

Noise

The project includes installation of roof mounted HVAC equipment (chillers). These chillers will be screened with masonry sound deadening screen walls and thus not visible from the street or the Stoneleigh Plaza Residences. All other air handling equipment and pumps will be housed within an enclosed and insulated mechanical room on the roof and thus greatly minimizing a noise affect on the outside of the room. There are intake and exhaust louvers, but these are directly ducted to the air handlers, so no ambient noise within the mechanical room has a direct path to the exterior. The proposed exterior equipment (chillers, emergency generators) are expected equipment uses in the Central Business A district for the support of the Hospital functionality.

Special attention has been given to any noise producing elements of the new addition. In order to determine existing ambient sound levels along Pondfield Road and to determine future noise conditions on the site and surrounding receptor locations, Cerami and Associates have prepared an Existing Ambient Sound Level Evaluation, and a Mechanical Equipment Sound Analysis (these reports are included in Attachment D). The Existing Ambient Sound Level Evaluation concludes that the hospital contribution to existing background noise in the neighborhood does not represent a significant contribution and does not indicate the hospital noise levels are unreasonable and thus does not violate the Bronxville sound ordinance. The Mechanical Equipment Sound Analysis involved analyzing all new equipment in the proposed addition with special consideration being given to the roof mounted chillers and the intake and exhaust louvers in regard to the affect they might have on the Stoneliagh Plaza Residences. The report recommends achieving a sound level of 45 dBA, which is in the 'Quiet' to 'Just Audible' range of human hearing. To achieve this level the report recommends that Chiller #1 be rotated such that the end opposite the control box faces Pondfield Road. This change has been made on sheet A-5. The report also recommends specifying a chiller with a comprehensive acoustical package and acoustical louvers. Both of these recommendations will be included into the project by specification. Additionally, a final sound study will be performed to verify that the recommended noise levels are achieved.

The Hospital is also upgrading its emergency (back up) generator system. A new generator is planned to be located at the southwest end of the existing parking garage near the existing Hospital generator and loading dock area. This location is approximately 450 feet south of the closest corner of the Stoneleigh Plaza residences. In addition to this distance, there are multiple buildings between the two locations making any noise from the generator virtually inaudible at the residences. While the generator will generate perceptible noise at much closer distances, it will only operate in very limited circumstances. Emergency generators are typically used when the primary power supply is no longer available. Power outages typically occur during an

emergency. Therefore, during an emergency situation, the hospital will continue to maintain the operation of providing vital community benefits. This generator will be tested once a month at the same time the existing hospital generator is tested. That current schedule is the first Tuesday of every month, at 5:00AM, for two hours.

Attachment D has been included to provide basic manufacturer information of the chillers and generator as well as the Mechanical Equipment sound analysis. The described best management practices of noise control have been incorporated into the proposed design plan addressing any noise related impacts.

Air Quality

The proposed addition is not anticipated to have any impacts on air quality. Air quality impacts for any project may be affected by increase in number of vehicles (mobile sources) or new heating/energy producing sources (stationary sources). As stated previously the project is not anticipated to increase traffic volumes and therefore no new mobile source emissions are anticipated. The project does include the installation of a new heating/air conditioning equipment. The project will comply with the New York State Ambient Air Quality Standards (NAAQS) for these potential new emission sources.

Historic Resources

The Bronx River Parkway Reservation (91NR03356) is listed on the National Register of Historic Places. The Bronx River Parkway Reservation is a linear park located immediately west of the project site that parallels the Bronx River. The linear park includes a paved path, natural areas, and the Bronx River Parkway (highway). The park is Westchester County's oldest park. The proposed addition is located on the northeast side of the existing Lawrence Hospital facilities. The addition will not be visible from the park/historic site and therefore no direct or indirect impacts are proposed.

The New York State Office of Parks, Recreation and Historic Preservation reviewed the project as it relates to Historic/Cultural resources and found that this project will have No Impact. See letter dated February 25, 2011, in Attachment P.

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 mechanical room 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 mechanical room, and the northwest corner of the mechanical room is pulled back from the Pondfield road façade. This allows the roof garden to wrap around the northwest corner of the mechanical room 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 mechanical room 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 mechanical room are direct ducted (intake on the roof garden side, and exhaust on the Parkway Road side) to airhandlers inside the mechanical room. This coupled with the fact that the mechanical room is within the thermal envelope of the building mitigates sound transmission from mechanical room 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 enclosed 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 it is feasible 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. Village of Bronxville Community Plan

The proposed addition is consistent with the Village of Bronxville Comprehensive Plan or Village of Bronxville Community Plan.

The Community Plan was approved by the Planning Board on October 8, 2008 and subsequently adopted by the Village of Bronxville Board of Trustees on March 9, 2009. As stated in the Community Plan, said plan “fulfills the requirement that the Planning Board prepare a Comprehensive Plan and at least, every five years, review the plan and report the finding to the Board of Trustees. Rather than rendering a report, the Planning Board has elected to prepare this updated plan, using the same format as the 1992, 1997 and 2002 plans.”¹

The Community Plan recognizes and specifically lists Lawrence Hospital as a “Village asset.”² The Community Plan provides that the “Village is particularly well endowed with high quality services, programs and institutions” and further provides that that “specialized institutions” such as “Lawrence Hospital provide a rich range of educational, health, social and cultural services for the community.”³ The Community Plan further provides that it is these Village assets (which necessarily include Lawrence Hospital) that will maintain the Village of Bronxville’s reputation: “[t]hese assets will continue to maintain and foster Bronxville’s reputation as a highly desirable residential community.”⁴

The Community Plan documents Lawrence Hospital’s importance to the community. The Plan notes that Lawrence Hospital provides emergency care to approximately 35,000 individuals and acute care to more than 9,000 patients every year and states that Lawrence Hospital treats the range of patients as it cares for approximately 4,000 seniors per year in its inpatient acute care environment and it has delivered over 1,600 babies in 2000.⁵ The Plan also notes that the patient base is drawn from Bronxville, as well as, nearby communities and that Lawrence Hospital is the “Village’s largest single employer, with approximately 800 full-time equivalent employees.”⁶ The Community Plan outlines Lawrence Hospital’s importance to the community as it states that:

The hospital offers the following health and promotion activities to the community: screening, education and care for the prevention of prostate and skin cancer, heart attacks and strokes; wellness services such as aerobics classes, yoga and nutrition lectures; and CPR class (500 per year).⁷

The Community Plan also provides that the Lawrence Hospital provides “leading edge cardiac care”; that Lawrence Hospital “passed the requisite set of standards to qualify as a New York State-sanctioned Stroke Center” and the Community Plan even notes that “Lawrence Hospital has filed a certificate of need with the State for a cancer center.”⁸

¹ See Community Plan, Foreword and Section 1.1.

² See Community Plan, Section 4.1.

³ See Community Plan, Section 4.1

⁴ See Community Plan, Section 4.1

⁵ See Community Plan, Section 2.9 (p. 45).

⁶ See Community Plan, Section 2.9 (p. 45).

⁷ See Community Plan, Section 2.9 (p. 45).

⁸ See Community Plan, Section 2.9 (p. 45).

In terms of its physical presence in the community, the Community Plan states that “the business and residential district west of the railroad right-of-way is dominated by the presence of Lawrence Hospital.”⁹ The Community Plan notes that this area is “surrounded by older multi-use buildings along Palmer Avenue and Parkway Road, and includes a limited residential area on the southern end of the Parkway Road, and the Alger Court complex north of the hospital.”¹⁰ Included in the Community Plan is Figure 2.10, which is a map that contains that outline of the boundary for the Central Business District, in which Lawrence Hospital is located in.

The Community Plan speaks of open space more in terms of “public” areas and not specifically undeveloped areas of existing private property such as Lawrence Hospital. An example of this is the Community Plans stated goals with respect to “Open Space and Recreation” is to: (i) “[p]reserve and enhance existing **public** open space with special attention to landscape improvements of Village streets, parking lots, and Station Plaza area”; (ii) “[e]ncourage continued use of landscape elements within existing development; and (iii) [e]nsure high quality maintenance of existing recreation facilities.”¹¹ Similarly, in the 2009 recommendations sections, the Community Plan includes “[p]rotecting and enhancing the high quality of Bronxville’s open space areas, including its parks and landscaped public areas, is a priority of the Village.”¹²

There is no recommendation with respect to open space areas of **private** property, except for the three single-family residential districts. With respect to those areas and as its 2009 recommendation, the Community Plan recommended an open space restriction in the three residential districts as it provided that “the Village may wish to consider adopting an open space requirement whereby a specified percentage of each site within Bronxville’s three single-family residential districts would need to be landscaped area or permeable surfaces open to the air.”¹³ In contrast, in the Central Business District, while the Community Plan recommended upkeep and maintenance of streets and sideways in the Central Business District, the Community Plan emphasized development in this district and specifically identified certain parcels as redevelopment sites all located in the Central Business District.¹⁴

Nonetheless, the proposed addition will be in keeping with the stated goals of the Community Plan to enhance public open space as the proposed development will allow for landscaping and potentially some passive recreation (benches, etc.) in the public right of way areas and a replacement of the sidewalk. This public area will be continued to be maintained by Lawrence Hospital. We note, also, that although the site of the proposed addition is a courtyard area that is currently being used for cafeteria seating and for an open area, this courtyard area was the former location of the original four-story north wing of the Hospital, which was removed in the 1970s after construction of the current north wing was completed.

Moreover, in line with the stated goal of the continued use of landscape elements within existing development, Lawrence Hospital is providing extensive landscaping as well as an

⁹ See Community Plan, Section 2.8.

¹⁰ See Community Plan, Section 2.8.

¹¹ See Community Plan, Section 3.1 (p. 58).

¹² See Community Plan, Section 5.4 (p. 77).

¹³ See Community Plan, Section 5.4 (p. 74).

¹⁴ See Community Plan, Section 4.2.

extensive and intensive "green roof" as part of both the third floor and at ground level in areas that are currently covered with concrete.

5. Westchester County Planning Board

The County Planning Board reviewed the project and submitted a letter dated March 21, 2011, to the Village Planning Board with their findings. See Attachment P. Their letter indicates that the proposed expansion is at an appropriate location, and that it is consistent with the County Planning Board's long-range planning policies and strategies set forth in Westchester 2025 planning guide adopted by that board on May 6, 2008, and amended in January 5, 2010.

This letter also recommended green construction technology and the provision of a bicycle rack. Both of these recommendations have been incorporated into the design of this project.

6. 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 mechanical room 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.

Community Services

The addition to the Hospital is in direct response to community need for quality medical care. As discussed previously it is anticipated that the project will provide for increased opportunity for employment, an additional 7 professionals will be employed in the Cancer Center. As a result of the proposed addition, the hospital will be able to consolidate its cancer treatment services and offer radiation therapy to patients currently seeking care at the hospital. Very modest increases in patient visits (approximately 22 new patient visits) are anticipated as a result of this improvement in care.

The project is not anticipated to increase the demand for community services. This modest increase in employment and patient visitation will not increase the demand for fire, police, or emergency response services. The proposed addition will be fully sprinkled and comply with current NYS Uniform Fire Protection and Building Code standards. The Hospital itself has a long history of providing community services in the form of community education, cancer screenings, wellness clinics and other educational opportunities.

Chief of Police Christopher Satriale of the Village of Bronxville Police Department submitted a letter dated December 1, 2011, in which the Police made suggestions in connection with the construction management. See Attachment P. All of the Police Department's suggestions will be incorporated into the construction management plan. In addition, Chief of Police Satriale stated that he did not anticipate any concerns regarding site distances for vehicles traveling from Pondfield Road West into the traffic circle.

Fire Prevention Officer Thomas Pintavalle from Eastchester Fire Department submitted a letter dated December 12, 2011, in which the Fire Department made suggestion in connection with the planting of trees along Pondfield West in front of the proposed addition, and other requirements for building fire protection. See Attachment P. All of Mr. Pintavalle's requirements for building fire protection are in line with the requirements of the International Building Code and will be completely complied with. Verification of inclusions of these items will be confirmed during the final building review process. Additionally, Mr. Pintavalle's recommendations regarding street trees have been discussed with the Village Design Review Committee, who has authority to make final determinations regarding size and type of trees and all tree locations. All of their recommendations will be reflected in the final landscaping drawings to be submitted and approved by that committee.

Hazardous Materials and Operations

1. Hazardous Materials and Medical Waste

Lawrence Hospital has a comprehensive Health & Safety (H&S) program to address the health and safety of its employees and patients as well as to ensure compliance with the complex regulatory environment. Additionally, NYSDOH regulates medical procedures, treatment regimes, material handling, medical waste handling, and proper equipment protocols. Lawrence Hospital has developed a Hazardous Material policy as one element of its H&S program. The Hazardous Material policy includes proper procedure and protocols for regulated medical waste, municipal solid waste, recyclable waste, universal waste, and hazardous waste. See attachment

F for further policy and procedures. Lawrence Hospital's Cancer Care program is accredited by the American College of Surgeons with Commendation.

The elevator tower adjacent the proposed addition provides structural support for panel antennas operated by Verizon Wireless, Nextel, and Sprint. These antennas are approximately 50' above the proposed roof garden above the second floor of the proposed addition. However, this proximity to the roof garden does not pose a health risk or hazard as indicated in the report prepared by Pinnacle Telecom Group, LLC . See Attachment M.

2. Radiation Therapy

The Lawrence Hospital Cancer Center plans include the addition of Radiation Oncology services and the installation of two linear accelerator vaults.

Radiation oncology, also called radiation therapy, is one of the most common treatments for cancer with over 60% of patients receiving a course of radiation therapy as either their primary therapy or in combination with a regimen of chemotherapy. Radiation therapy is most commonly delivered by special equipment, called linear accelerators. This type of treatment is also known as "external beam radiation therapy" (EBRT) and, as the name implies, treatments are delivered using a high-energy beam of ionizing radiation.

Radiation therapy can be given alone or in combination with other treatments, such as surgery or chemotherapy. Unlike chemotherapy, which exposes the entire body to cancer-fighting drugs, radiation therapy is usually localized to a precise area in the body, and only affects that area. Thus, the cancer cells are damaged and unable to grow, while there is minimal harm to nearby healthy tissue.

Services at Lawrence Hospital currently include diagnostic radiology equipment including general radiography (X-ray), mammography and CT-scanners, in addition to nuclear medicine diagnostic imaging (PET). Diagnostic imaging provides a means for identifying and monitoring diseases or injuries. While there is ionizing radiation emitted in obtaining these images, the amount of radiation the patients receives is a fraction of what a patient receives in radiation therapy. The doses of radiation produced by a linear accelerator for external beam radiation therapy are approximately 3-5 times higher than that in CT-Scans and several thousands times that of plain X-rays.

The linear accelerator uses microwave technology (similar to that used for radar and microwave ovens) to generate a beam of high-energy electrons which are "accelerated" through a series of magnets called a "wave guide". This electron beam is then directed into a tungsten, or other heavy metal, target to produce a high-energy beam of ionizing (photon) radiation that is shaped and directed to treat the targeted tumor site.

The linear accelerator includes computer controlled device called a multi-leaf collimator to precisely shape the photon beam to match the target as prescribed by the Radiation Oncologist. The treatment beam can be directed to the tumor from multiple locations as the machine rotated around the patient, allowing the delivery of radiation from multiple directions and at

varying energy levels, all specifically designed to deliver the maximum dose to the tumor site, while limiting the radiation dose to sensitive organs and healthy tissue.

The “radiation” beam produced by the linear accelerator does not involve any radioactive materials or radioactive waste products and when power to machine is switched off, the treatment beam stops immediately, just as a microwave oven does.

The linear accelerator is located inside a shielded room or “vault” which is designed to protect the treatment staff and patients in the facility, as well as any pedestrians outside the facility, from any exposure to the x-ray beam. For the Lawrence facility the treatment vault shielding is composed of a combination of concrete walls that are four (4’) feet thick at the secondary shields, and eight (8’) feet thick at the primary shields. The roof of the vaults are comprised of four and a half (4 ½’) feet thick concrete ceilings with additional lead sheets varying from 1 to 6 inches in thickness. In order to keep the basement footprint as small as possible, the width of the floor is a result of two vaults side by side with no additional ancillary space between the vaults.

The treatment vault shielding is designed by a specially licensed medical physicist to limit the exposure to staff, patients and visitors to safe levels as defined by the National Council on Radiation Protection (NCRP Standard 151) and the United States Nuclear Regulatory Commission (CFR Title 10). The shielding design addresses all areas of potential exposure and the final design is tested and certified by the on-site radiation physicist prior to the final licensing of the machine. In addition, the current Physicist's Report will be made available to the Area Office staff of the NYS Department of Health during final inspection of the facility, and will be maintained on site as a permanent record.

The licensing and ongoing operations of the linear accelerator are governed by the State of New York Department of Health and the New York State Department of Labor and include daily, monthly and annual machine calibration and radiation safety checks.

3. Chemotherapy

The Lawrence Hospital Cancer Center will also continue to offer chemotherapy treatments. Chemotherapy, like radiation therapy may be used as the primary treatment or in combination with surgery and radiation therapy.

Chemotherapy uses a wide variety of drugs in many combinations depending on the exact nature of the disease being treated. Many, although not all, chemotherapy drugs are classified as “cytotoxic” and can be harmful if exposure levels are high enough. To safeguard non-patients and staff, and to ensure that chemotherapy drugs are not contaminated during handling and mixing, there are stringent requirements placed on the handling, mixing and dispensing of chemotherapy drugs.

These regulations are published by the U.S. Pharmacopeia (USP) and are considered the “best practice” for compounding sterile preparations, including chemotherapy drugs. While the State of New York has not formally adopted the USP guidelines, the Lawrence Cancer Center chemotherapy mixing pharmacy will be constructed to comply with this standard.

The USP standards (USP Chapter 797) for chemotherapy drug mixing require that all drugs be mixed in specially filtered bio-safety cabinets, often referred to as "hoods", which must be located in special clean rooms. The mixing hoods and the clean rooms are pressurized and include HEPA filtration for all airflow entering and leaving the room. These filters are designed to remove airborne organisms and particulates (0.3 micrometers (μm) in diameter) with an efficiency of 99.99% to maintain a sterile environment within room where the mixing hoods are located. In addition, all airflow entering and leaving the mixing hood passes through an additional set of HEPA filters to maintain the sterile environment within the mixing hood, and to filter the exhaust air.

It should be noted that Lawrence Hospital currently provides chemotherapy treatments, and drug mixing, on-site.

Air Quality

The proposed addition is not anticipated to have any impacts on air quality. Air quality impacts for any project may be affected by increase in number of vehicles (mobile sources) or new heating/energy producing sources (stationary sources). As stated previously the project is not anticipated to increase traffic volumes and therefore no new mobile source emissions are anticipated. The project does include the installation of new boilers and an emergency generator. The project will comply with the New York State Ambient Air Quality Standards (NAAQS) for these potential new emission sources. Total facility emissions shall be below the major source threshold. Details regarding these systems are as follows:

1) Boiler System

The boiler system for the proposed project would provide heat and hot water. The system will consist of two, 275 gallon gas fired condensing boilers with 3,000 MBTUH input. See Attachment D for technical data that indicates that these are certified low NOx performance.

2) Emergency Power System

One (1) - 750 KW, diesel fuel-fired emergency generator to provide emergency power for the new facility will be installed. See Attachment D for technical data that indicates this generator meets the requirements of Tier 2 Standby Engine.

Construction Related Issues

Coordination of construction is an important issue when work is performed in urbanized settings. A Construction Management Plan and associated Logistics Plans have been developed by Hunter Roberts Construction Group, and are included in Attachment G.

During construction the Contactor will utilize drilled / poured concrete piers in lieu of the typical "pounded" systems, in order to minimize noise. The site will be fenced in accordance with village requirements and screened from sight as required. Public safety is paramount. Some temporary road and sidewalk closures will be required for safety and access.

The Construction Management Plan identifies access into the proposed construction staging and lay-down area. The plan proposes an entrance only gate for trucks that would arrive at the site

via Palmer Road (eastbound) or Pondfield Road (northbound) and would access the site directly off of the north loop of the traffic circle (this is the south entrance). A second exit and entrance gate is proposed approximately 40 yards north on Parkway Road just north of the traffic circle (north entrance). Due to proximity to the existing hospital, a large flat bed or semi-trailer truck that enters the south entrance can not turn north. Therefore, a large truck would need to turn south and back-up through the northern exit gate to leave the site. Flag men will be posted to stop traffic turning south on Parkway Road to allow the truck to back up and then proceed forward into the traffic circle. Note that no construction vehicle traffic will back up onto the traffic circle which would effectively stop traffic on the circle. This large truck entrance and exit maneuver is detailed in the Construction Logistics report on sheet A104A.

Closing

Lawrence Hospital Center is a valuable asset to the Village of Bronxville both in helping to sustain the Village's economic well being, but more importantly in addressing the healthcare needs of the community. This expansion is another necessary step along the road toward keeping up with advancing medical technology and treatment methods, and will help to attract and retain top physicians and surgeons that are so critical to the highest quality cancer care. Cancer care/treatment is a critical component of delivery of quality health care services.

Lawrence Hospital is very concerned about being a good neighbor and therefore spent significant time to devise a plan to minimize the impact on environment, its neighbors, and the community during construction and after completion of the new addition. This addition will allow for advancements in the quality of services rendered, it will not negatively impact the community character or environment.

The building will be constructed in a style to conform to the local context. Streetscape and landscaping improvements will further improve the aesthetics of the central business district. The large roof garden system allows the most benefit from an open space located on a structure.

Lawrence Hospital recognizes the importance of managing parking proactively and will continue to do so. Increases to parking demand and traffic are negligible as very few new patient visits or employees are proposed.

The project will also include one new service not currently on the campus. That service is Radiation Therapy, which includes space for two linear accelerators and associated equipment and support space. Radiation Therapy is expected to generate only 22 new daily patients and requires 7 new employees. Patients will utilize valet services and the estimated impact during peak demand times is 10 spaces. Employees will be required to park off-site.

There will be no significant increases in water usage, wastewater or solid waste generation as a result of the new addition.

This project offers significant benefits to the community, both in the short term and long term. It is important for significant community benefits, such as the Lawrence Hospital, to continue and provide sustainable facilities and services. Lawrence Hospital continues to be a good neighbor and positive impact to the Village of Bronxville. The proposed addition will have minimal impacts, while providing large benefits to the community.

Attachments

- Attachment A – February 3, 2011, Letter.
- Attachment B – Site Development Application
- Attachment C – “Lawrence Hospital Center Campus-wide Parking Study”
- Attachment D – Acoustical Studies and Manufacturer information of the Chillers, Generator and Boilers
- Attachment E – Neighborhood Building Photo Plan
- Attachment F – Lawrence Hospital policy and procedures for Hazardous Materials
- Attachment G - Construction Management and Logistics Plan
- Attachment H – FEMA Floodplain Map
- Attachment I – Design Criteria Narrative
- Attachment J – Exhibits ‘A’ and ‘C’
- Attachment K – Exterior Lighting Fixture Cuts
- Attachment L – Green Roof maintenance and Monitoring Plan
- Attachment M – Wireless Antennas report
- Attachment N – Alternatives
- Attachment O – Area Analysis and color coded plans
- Attachment P – Letters from Interested/Involved Agencies

ADDENDUM "A"
EXPANDED EAF PROCESS

The Village of Bronxville Planning Board held a meeting on February 9, 2011 where it declared its intent to be lead agency, made a preliminary classification of the proposed action as a Type I action under SEQRA and directed that the expanded EAF be circulated to Interested and Involved agencies. A public hearing was duly noticed for the March 9, 2011 Planning Board meeting and this public hearing has been continued for several months (April 13, 2011, May 11, 2011, June 8, 2011, July 13, 2011, September 13, 2011 (special meeting that was duly noticed), October 12, 2011, November 9, 2011 and December 14, 2011). The next Planning Board meeting is scheduled for January 11, 2011.

During these public hearings where there has been extensive opportunity for public review, input and discussion, Lawrence Hospital heard input from both the Planning Board members and the public and Lawrence Hospital has modified its proposal in response to concerns raised by the Planning Board and the public, as well as, Interested/Involved agencies. In addition, comments and input were given to Lawrence Hospital by the Village's consultants. Generally, prior to or during the scheduled meetings, the Village's consultants would review Lawrence Hospital's submission and advise when additional material was requested. These reports issued by the Village's consultants were presented at the Planning Board's public hearings and presentations were often made during the public hearings by the Village's consultants.

Near the start of the review process, the Planning Board requested information on specific topics and the scope of these topics and even the topics themselves have expanded over the course of the review process. As reflected in the minutes of each of the subsequent public hearings, various topics were discussed at the public hearings and for ease of review and to allow for an in-depth review of each of the topics, certain public hearings were devoted to specific topics and there was an understanding that the remaining topics would be discussed at subsequent public hearings. Consequently, Lawrence Hospital's responses consisted of oral presentation made during the various public hearings where there was an opportunity for public input and review and of submissions to the Planning Board, as well as, the supplemental materials submitted to the Planning Board.

Addendum "B" details and sets forth the various submittals by Lawrence Hospital and responses from the Planning Board's consultants, as well as, responses and comments received from the public and Interested/Involved agencies that are all part of the record before the Planning Board.

Accordingly, for ease of review, the purpose of this Addendum "A" is to summarize the comments and review by specific topic heading as follows:

I. Scope of Proposed Action

A. The Project

Through the course of this process, the scope of the project has changed in response to concerns and input from the Planning Board, the public and from Interested/Involved agencies. While Lawrence Hospital's original application sought approval in connection with 41,923 square foot addition, the addition now proposed is 40,451 square feet. More important than simply the size, there have been significant changes and modifications made to the project.

As set forth in the attached Addendum B that details the numerous submission and responses, the County of Westchester Planning Department in its March 21, 2011 comments to the Planning Board suggested that the Village and the applicant consider the use of "green or sustainable building methods." As detailed in Addendum B, over the course of the review process, Lawrence Hospital has expanded its use of green technologies from its original submission as Lawrence Hospital proposed to incorporate both intensive and extensive green roof elements. In addition, Lawrence Hospital further expanded its use of green technologies as part of what is referred to below as its Modified Plan.

At its July 2011 meeting, the Planning Board made it clear that it would like Lawrence Hospital to consider removing the proposed second entrance corridor that would offer cancer patients their own private entry into Lawrence Hospital and to consider incorporating design elements, such as windows, into the proposed addition. The Planning Board's comments echoed the concerns and comments identified by the public both during the public hearings and in written submissions to this Board. Specifically, in a letter from a Westbourne resident, the resident questioned the need for a separate corridor entrance and raised the potential elimination of the second entrance to allow for additional screening so as to mitigate potential visual impacts (see March 24, 2011 letter from John Corry). In addition, in petitions that were represented to have a total of 205 signatures (see letter of Fran M. Schramm dated June 8, 2011), these petitions provided in capital and underlined wording that "the most important reason for our opposition is that this massive windowless, institutional brick building will have a negative impact on our property values" (see petitions submitted to the Planning Board).

Given these concerns identified by both this Board and the public, Lawrence Hospital (as part of its August 25, 2011 submission) submitted revised Submittal Drawings dated August 18, 2011, which reflected a modified project plan ("Modified Plan"). The Modified Plan eliminated the proposed second entrance corridor and incorporated significant design elements into the proposed addition to more closely match the architectural articulation of the existing hospital. In addition, the setback was increased between the proposed building and Pondfield Road. Further, the Modified Plan's proposed addition matches existing window patterns and windows have been added to the second floor of the proposed addition and the proposed louvers have been recessed 18 inches into deep shadow pockets to simulate windows.

In addition, the Modified Plan reflects significant modifications to the third floor/roof. As reflected in the Modified Plan, all of the chillers have now been moved to the northeast corner of the building and the mechanical room itself steps back from the Pondfield Road façade. Further, the green roof now wraps around the northwest corner of the mechanical room. All of this will serve to reduce the visibility of chillers and move them further away from the Westbourne residents and add a green element closer to the neighbors thereby further mitigating visual and noise impacts.

In addition, in its March 21, 2011 letter, the County of Westchester, as an Interested Agency noted that based upon its review of the proposed site plan, the County could not “identify any accommodation for bicycles” and further noted that “[p]roviding a bicycle rack is a low cost way to promote this form non-motorized transportation, particularly for employees who may live nearby or along the Bronx River Parkway Reservation which is a popular biking route” (see letter from County of Westchester dated March 21, 2011). Given the County of Westchester’s concern, the Modified Plan reflected the location of a bicycle rack.

Further, as mentioned above, in further response to the County of Westchester’s suggestion that the Village and Lawrence Hospital consider the use of green or sustainable building methods and technologies, Lawrence Hospital expanded its use of green technologies as in the area where the second entrance corridor was originally proposed but has been eliminated in the Modified Plan, the Modified Plan now depicts green roof technology over the hospital basement at the northern edge of the north tower between the existing façade and the elevated ventilation grate. The modifications already made by Lawrence Hospital, as well as, the modifications reflected in the Modified Plan negate the continued potentiality of adverse effects of the proposed action.

B. Project Scope

The January 25, 2011 Memorandum from the Village’s consultant, Frederick P. Clark Associates, Inc. (“FPC”) requested clarification about the scope of the project and specifically whether the currently proposed project was part of a larger project. In response, Lawrence Hospital revised the EAF narrative and provided as an addendum to the EAF a letter from Mr. Edward M Dinan, President/CEO of Lawrence Hospital Center providing that there is no intention of any future vertical expansion beyond what it being currently proposed. These submissions made clear that although the foundation is being engineered to support up to six-stories, there is no master plan for expanding beyond the three-stories being proposed nor is there any planned phased development. Rather, given Lawrence Hospital site’s very small area of 3.54 acres and the challenges it has faced and continues to face of addressing the needs of 21st century medicine within the confines of its limited space, the proposed addition is being designed so that future stewards of Lawrence Hospital may potentially have options if the need arises, if at all, for future expansion. Incorporating this design option is cost-effective as the actual cost of increasing the foundation and columns to accept future vertical expansion represents only a small percentage of the projected total cost (or 2.5%).

But before any future expansion could proceed, Lawrence Hospital would have to: (1) identify a medical need that is unmet and which Lawrence Hospital has the ability to address; (2) locate a source of funding; (3) submit to a new extensive and exhaustive land use and environmental review; and (4) obtain all new approvals from the Village. As stated by Lawrence Hospital's Chairman and CEO/President: "[t]he reality is that the project presented is all that the Hospital is contemplating (and there is no funding for anything beyond the proposed addition)." To be clear, it is not even possible at this time to formulate a scenario for an expansion beyond the current application as any such scenario would be speculation of the highest order.

There has some comments made at the public meetings that submissions to the New York State Department of Health ("DOH") somehow indicate an intention for vertical expansion. As an initial matter, the Certificate of Need ("CON") process has spanned many years and the process has evolved and Lawrence Hospital has sought various amendments and as detailed in the Addendum B, the Hospital has submitted information explaining the process. Nonetheless, so that nothing can be misconstrued or taken out of context, the Hospital recently submitted a revised architectural narrative to the DOH clarifying the intention for the building's foundation to support six stories is only so future stewards of the hospital can have potential options in the event a future need arises. Nonetheless, the Hospital has made clear to the DOH (as it has to this Board) that there are no current or future plans for expansion beyond the three stories in the current application. Further, on December 8, 2011, the DOH granted the CON for the project currently proposed with the usual contingencies.

C. Alternatives

At the September 13, 2011 Planning Board meeting there were questions raised by the public and by the Planning Board as to whether Lawrence Hospital considered alternative locations for the proposed addition. To be clear, the Lawrence Hospital did not come to its decision lightly as the location proposed for the addition is the culmination of years of thought, analysis and review. Accordingly, the Hospital submitted a memorandum from Edward M. Dinan, President/CEO of Lawrence Hospital, detailing the many alternatives Lawrence Hospital considered (which was incorporated into the Expanded EAF as attachment N). But these alternatives either had the potential for greater impacts and/or did not allow for a project that would address all of Lawrence Hospital's programmatic needs – namely, the need to renovate and modernize its six (6) operating rooms, the need to renovate and provide greater space for its current chemotherapy and cancer treatment services, the need to provide the new service of radiation therapy and the need to enhance the patient and physician experience through the institution. As is clear from the detailed memorandum, the currently proposed alternative will have the least impacts on the community and will best serve the needs of Lawrence Hospital.

II. Description of Proposed Action

As detailed in Addendum B, over the course of the review process a more comprehensive and detailed description of the proposed action has been provided. Specifically, FPC noted in its March 4, 2011 Memorandum that “[t]he project narrative and site development application were revised [and] identify Lawrence Hospital Center as the applicant, and the owner the operator of the new Cancer Center. LHS Facilities Development Group is the project manager/developer of the project.”

In response to the request for further information made in the January 25, 2011 and March 4, 2011 memoranda for the spatial and operational programs, Lawrence Hospital submitted (as part of its March 30, 2011 submission): (1) a revised section of the EAF setting forth the Project Description, which includes a detailed discussion on the new and vacated space; (2) a table prepared by the Lawrence Hospital’s consultants quantifying and comparing the spatial and operational programs for the new space as well as the vacated space; and (3) Color-Coded Plans (1 through 5) depicting the current functions that will be relocated into the proposed addition and existing hospital space. As part of its April 7, 2011 memorandum, FPC confirmed that “[t]he project narrative was revised, and additional graphic material provided that includes a detailed description of the spatial and operational programs for the new space and vacated existing space, quantification of additional operations, treatments, etc., equipment to be installed, and proposed locations of such equipment.” Further, FPC stated in same memorandum that these submissions regarding the planned use of the new and existing space “indicate the size of the individual uses, which shows larger footprints to serve the same use.”

In response to the request in FPC’s April 7, 2011 memorandum for a list of required approvals and significant adverse impacts that cannot be avoided, as detailed in the Addendum B, Lawrence Hospital provided this information as part of its April 28, 2011 submission. FPC confirmed in its May 6, 2011 memorandum that “[a] revised description of the Proposed Action that includes a list of required approvals and significant adverse impacts that cannot be avoided was provided, as requested.

III. Zoning

The scope of the requested variances has also been reduced over the course of review – specifically, as a result of the Modified Site Plan submitted by Lawrence Hospital with a new, smaller footprint, the scope of certain variances were reduced (and in fact, the need for certain other variances was eliminated) and the Superintendent of Buildings issued a new zoning determination based upon this Modified Plan dated October 3, 2011. Although FPC noted in its November 4, 2011 Memorandum that there was “an organizational error” in the Expanded EAF narrative section and Attachment B “Variance Descriptions” that should be corrected, this was subsequently corrected as part of Lawrence Hospital’s December 2, 2011 submission. FPC’s memorandum dated December 6, 2011 confirmed that the revised documents correct this organizational error. Lawrence Hospital is currently before the Zoning Board of Appeals as it seeks an interpretation that

three of the identified variances are not required (or in the alternative seeks variance) and seeks variances on the remaining two identified variances.

IV. Traffic and Parking

As part of the expanded EAF, Lawrence Hospital submitted a Campus-wide Parking Study (final) by Desman Associates dated November 11, 2011. In its January 25, 2011 and March 4, 2011 Memoranda, FPC requested additional information and clarification to determine the potential need for an update to the parking study and the need for a traffic study and Addendum B details Lawrence Hospital's responses to these requests, including but not limited to, providing more information regarding of the off-campus lots utilized by Lawrence Hospital and providing more information with respect to the spatial and operational programs for the new space. Based upon what was provided, there was no need for an updated parking study or a traffic study.

FPC's April 7, 2011 memorandum states that the "parking analysis indicates a limited number of additional spaces will be needed to accommodate new patients." Nonetheless, FPC states that "[i]t is recommended, however, that if the application is approved, a parking monitoring program should be implemented and in place for a minimum of one year after construction to determine if parking is adequate."

With respect to traffic, the FPC's April 7, 2011 memorandum concludes that "increase in traffic related to the expansion should be insignificant. There is already traffic congestion in the area. The new and expanded use will have minimum impact based on data provided by the Applicant for parking and traffic data."

In addition, there were some concerns raised by members of the public about sight distances for vehicles traveling toward the traffic circle. As part of the review process, the Village of Bronxville Police Department reviewed the proposed project and issued a letter from Chief of Police Christopher Satriale of the Village of Bronxville Police Department dated December 1, 2011. Chief of Police Satriale stated that he did not anticipate any concerns regarding site distances for vehicles traveling from Pondfield Road West into the traffic circle. At the December 14, 2011 Planning Board meeting, FPC's representative Marilyn Timpone-Mohammed confirmed that the Chief of Police's determination was consistent with FPC's determination.

V. Ground and surface water quality and quantity

Addendum B details the various submissions from Lawrence Hospital and responses from FPC's technical consultant, John Meyer Consulting ("JMC"). As set forth in the Addendum, with respect to stormwater management, JMC advised FPC in a November 2011 communication that "[o]ur drainage/stormwater engineer, David Lombardi, PE has reviewed the information submitted to date and can support a statement that drainage/stormwater will not have a significant impact with regards to SEQRA." This was further confirmed in FPC's December 6, 2011 Memorandum.

Likewise, Addendum B details the various submissions from Lawrence Hospital and the responses from JMC in connection with the utilities review. With respect to the utilities review, Addendum B details that the majority of the comments and requests for clarification were “satisfactorily addressed” with the exception of one technical comment that will be addressed before the January Planning Board meeting.

VI. Air quality

As set forth in Addendum B, FPC requested over various months information and analysis regarding current conditions and new airborne emissions from emergency generators and other new equipment proposed on the site and Lawrence Hospital provided this information. FPC’s May 6, 2011 Memorandum states that the “Applicant provided a revised air quality section of the project narrative and technical data regarding new heating equipment and generator emissions to identify potential air quality impacts related to the operation of such equipment. The revised narrative section and technical data were reviewed by John Meyer Consulting who are satisfied with the information provided and the conclusions in the narrative.”

VII. Noise

As set forth in Addendum B, Lawrence Hospital was requested to provide information about the new proposed equipment so that noise issues and potential mitigation measures could be reviewed by FPC’s technical consultant. As set forth in Addendum B, Lawrence Hospital’s consultant, Cerami & Associates (“Cerami”) performed an acoustical evaluation of proposed new mechanical equipment as part of a proposed hospital expansion and had submitted an original report and revised report that was reviewed by JMC who was satisfied with the revision and additions to the plan, the revised report and the information and conclusions in the revised narrative (see JMC report dated May 5, 2011 and FPC Memorandum dated May 6, 2011).

Subsequently, Lawrence Hospital was asked to provide additional field collected data (taken from the nearby residents) even though it is accepted and customary practice in Westchester County to take data readings from ground level (which accepted and customary practice Lawrence Hospital’s consultants have conformed to) and to provide additional information beyond what is typically required. In this regard, Cerami worked closely with the Village’s consultant, Mack Associates, to set forth a protocol for this additional testing from nearby residences across Pondfield Road and these tests were conducted on August 17, 2011. Representative from both Cerami and Mack Associates were present during the testing and data collection. Cerami’s August 24, 2011 letter sets forth the findings in connection with the existing ambient sound level condition and concludes that the ambient conditions are created by the surrounding ambient environment and not by Lawrence Hospital’s mechanical equipment.

In addition, Addendum B documents the additional submission and reports by both Cerami and Mack Associates. Following these submissions, Mack Associates submitted a report dated December 6, 2011 that concluded that there would be no noise impact from the proposed addition – “[a]ssuming that the 45 dBA design criterion is met or exceeded, the noise level in the community are estimated to increase a maximum of 1 dBA. This is an increase that will be imperceptible.”

VIII. Historic resource

Lawrence Hospital was asked to provide information about the proximity to the Bronx River Parkway reservation, which is listed on the National Register of Historic Places as well as any other properties of historic significance near the site. The Hospital responded to this request and it was noted in FPC’s March 4, 2011 that “[t]he discussion indicates that the new addition would not be visible from the Bronx River Reservation, limiting visual impacts to the reservation associated with the new addition.”

In addition, by letter dated February 25, 2011 to Donald Henderson, Chairman of the Planning Board from the New York State Office of Parks, Recreation and Historic Preservation (“OPRHP”), OPRHP provided that it has reviewed the “project in accordance with New York State Historic Preservation Action of 1980 (Section 14.09 of the New York Parks, Recreation and Historic Preservation Law) and concluded that “[b]ased upon this review, it is OPRHP’s opinion that your project will have No Impact upon cultural resources in or [be] eligible for inclusion in the State and National Register of Historic Places.”

IX. Visual resources, open space, aesthetics and community character

Attachment B documents the requests for information and the responses from Lawrence Hospital with respect to this category. The desire to mitigate the loss of open green space figured prominently in the design of building and landscaping. The footprint of the addition was kept to the smallest possible area and the building also steps back along Pondfield Road in order to alleviate the appearance of a large imposing elevation. Further, there is extensive landscaping of varying height from street trees to low lying greenery along the building perimeter and Attachment B documents all the various landscape submissions and responses. In addition, Lawrence Hospital has incorporated and expanded the use of green roof technology. Further, as set forth in Attachment B, there has been extensive project design changes made by the Hospital in response to input and suggestions from the Planning Board, the public and from Interested/Involved agencies.

X. Community services

Lawrence Hospital was asked to obtain input from the Village of Bronxville Police Department and the Town of Eastchester Fire Department. Chief of Police Christopher Satriale of the Village of Bronxville Police Department submitted a letter dated December 1, 2011 in which the

Police made suggestions in connection with the construction management. Lawrence Hospital represented that they would incorporate all of the Police Department's suggestions into its construction management plan. In addition, Chief of Police Satriale stated that he did not anticipate any concerns regarding site distances for vehicles traveling from Pondfield Road West into the traffic circle.

Further, Lawrence Hospital obtained input and comments from the Town of Eastchester Fire Department, which comments were submitted to the Planning Board on January 4, 2012.

XI. Hazardous materials and operations

Lawrence Hospital was asked to provide information about the health and safety aspects of the treatment equipment and operation of the new proposed treatment suite. As set forth in Addendum B, the hazardous materials policy for the Hospital was provided. When more information was requested, a revised hazardous material and operations section of the expanded EAF was provided, which was subsequently reviewed by JMC. As noted in FPC's June 2, 2011, JMC issued a memorandum dated May 18, 2011 providing that it was satisfied with the information provided, the hazardous materials handling procedures of the hospital and the safety of the installation and maintenance of the new radiation therapy machines.

During the Planning Board's review process, the Planning Board raised a health and safety concern regarding the potential proximity of people using the roof garden to existing cell tower installations on the adjacent existing roof of the hospital and the Hospital submitted a report prepared by Pinnacle Telecom Group, LLC that concluded that the proximity to the roof garden does not pose a health risk or hazard. JMC reviewed this report and issued a Memorandum dated November 9, 2011 entitled "Review of Pinnacle Telecom Group, LLC Analysis on Effects of Roof Deck from Existing Cellular Antennas," that provided "we agree with the conclusion in the analysis which is the maximum potential radio frequency exposure along the proposed roof garden is well below the FCC limit for safe, continuous exposure of the general public."

XII. Construction

Addendum B details the various submissions from Lawrence Hospital and the review and responses from both JMC and FPC. Addendum B details that the majority of the comments and requests for clarification were "satisfactorily addressed" with the exception of one additional minor request for clarification, which was addressed in a memorandum to Marilyn Timpone-Mohamed dated December 28, 2011.

ADDENDUM "B"
LIST OF SUBMITTALS AND RESPONSES

On November 15, 2010, Lawrence Hospital submitted a pre-submission package consisting only of a Site Development Application and submittal drawings.

On December 24, 2010, Lawrence Hospital submitted its preliminary submission, which consisted of: (i) an Environmental Assessment Form ("EAF") Part I with Site Development Application; (ii) Drainage Report dated December 14, 2010; (iii) Campus-Wide Parking Study (final) by Desman Associates dated November 11, 2010; and (iv) Submittal Drawings dated December 14, 2010.

On January 13, 2011, Lawrence Hospital's consultants had a meeting with the Village of Bronxville's staff and consultants to discuss additional information and clarification that would be needed to essentially allow the environmental, special permit and site plan reviews to proceed. In addition, the Village's consultant, Frederick P. Clark ("FPC") issued a Memorandum dated January 25, 2011, which memorialized the additional information and clarification that would be required to continue the environmental, special permit and site plan review, which requests were organized by the following topics: (1) Scope of Proposed Action; (2) Description of Proposed Action; (3) Zoning; (4) Traffic and parking; (5) Ground and surface water quality and quantity; (6) Noise; (7) Air quality; (8) Historic resources; (9) Visual resources, open space, aesthetics and community character; (10) Community services; (11) Hazardous materials and operations; and (12) Construction. In addition, FPC issued a section Memorandum dated January 25, 2011 that proposed various topics that should be addressed or covered at the Planning Board meetings.

On February 4, 2011, Lawrence Hospital submitted an expanded EAF dated February 4, 2011 with Explanatory Narrative, Part 1 EAF and Part 2 EAF and the following attachments:

- A. Letter from Edward M. Dinan, President/CEO of Lawrence Hospital;
- B. Revised Site Development Application (seeking site plan and special permit approvals);
- C. Campus-Wide Parking Study (final) by Desman Associates dated November 11, 2010;
- D. Manufacturers Cut Sheets;
- E. Neighborhood Photos;
- F. Hazardous Material Information; and
- G. Construction Coordination Plan

In addition, Lawrence Hospital submitted DQFAA Emissions, EPA Compliant and Sound Data Sheet (3 total) and revised Submittal Drawings dated February 4, 2011.

The Village of Bronxville Planning Board held a meeting on February 9, 2011 where it declared its intent to be lead agency, made a preliminary classification of the proposed action as a Type I action under SEQRA and directed that the expanded EAF be circulated to Interested and Involved agencies. As detailed in Addendum A, a public hearing was duly noticed for the March 9, 2011 and continued for various meetings and during these public hearings, there has been

extensive opportunity for public review, input and discussion, Lawrence Hospital heard input from both the Planning Board members and the public and Lawrence Hospital has modified its proposal in response to concerns raised by the Planning Board and the public, as well as, Interested/Involved agencies. Also, Lawrence Hospital received comments and input from the Village's consultants. Lawrence Hospital's responses consisted of oral presentation made during the various public hearings where there was an opportunity for public input and review and of submissions to the Planning Board, as well as, the supplemental materials outlined in depth below

By letter dated February 25, 2011 to Donald Henderson, Chairman of the Planning Board from the New York State Office of Parks, Recreation and Historic Preservation ("OPRHP"), OPRHP provided that it has reviewed the "project in accordance with New York State Historic Preservation Act of 1980 (Section 14.09 of the New York Parks, Recreation and Historic Preservation Law) and concluded that "[b]ased upon this review, it is OPRHP's opinion that your project will have No Impact upon cultural resources in or [be] eligible for inclusion in the State and National Register of Historic Places."

After the February 9, 2011 Planning Board meeting, FPC issued a Memorandum dated March 4, 2011 ("March FPC Memo") requesting additional information on several topics including: Description of Proposed Action; Zoning; Traffic and parking; Visual resources, open space, aesthetics and community character; Hazardous material and operation; and Construction. The March FPC Memo noted that the submissions relating to the remaining topics were still being reviewed.

By letter dated March 21, 2011 to Donald Henderson, Chairman of the Planning Board from Edward Burroughs, AICP, Commission of the Westchester County Planning Board, the County Planning Board stated that it had no objection to the Village of Bronxville assuming Lead Agency status. Further, the County Planning Board stated that "[w]e have reviewed this matter under the provisions of Section 239 L, M and N of the General Municipal Law and Section 277.61 of the County Administrative Code" and based upon the County offered the following comments:

- "Westchester 2025. As an expansion of an existing facility at an appropriate location, we find the proposed development to be consistent with the County Planning Board's long-range planning policies and strategies set forth in Westchester 2025 – Context for County and Municipal Planning Policies to Guide County Planning, adopted by the County Planning Board on May 6, 2008 and amended January 5, 2010"
- "Green construction technology. We suggest that the Village and applicant consider the use of green or sustainable building methods and technologies. Such efforts promote resulting spaces that are environmentally responsible, profitable and healthy places to live and work through reduced site disturbance, alternative transportation opportunities, energy and water efficiencies, environmentally sensitive building techniques and materials and improved indoor environmental quality. We note that the Village recently amended the Village Zoning Ordinance

to permit and regulate the installation and operation of solar energy and other renewable energy systems and equipment within residential and business districts”

- “Bicycle parking. While the proposed site plan identifies provision for car parking spaces, we could not identify and accommodation for bicycles. Providing a bicycle rack is a low cost way to promote this form of non-motorized transportation, particularly for employees who may live nearby or along the Bronx River Parkway Reservation which is a popular biking route.”

In Lawrence Hospital’s next submission (submitted March 30, 2011), to address the request in the March FPC Memo (item 2 under “Description of Proposed Action”) for further information with respect to the spatial and operational programs for the new space and existing vacated space, Lawrence Hospital submitted: (1) a revised section of the EAF setting forth the Project Description, which includes a detailed discussion on the new and vacated space; (2) a table prepared by the Lawrence Hospital’s consultants quantifying and comparing the spatial and operational programs for the new space as well as the vacated space; and (3) Color-Coded Plans (1 through 5) depicting the current functions that will be relocated into the proposed addition and existing hospital space. In addition, to address land use and zoning comments (per the March FPC Memo, item 3), Lawrence Hospital revised the section of the EAF dealing with Land Use and Zoning. In line with the comments in the March FPC Memo, this section was revised to clarify some confusion in the narrative. Lawrence Hospital also revised the EAF dealing with visual resources, open space, aesthetics and community character to reflect information presented to the Board at the March Planning Board meeting and LHC submitted a revised Rendering (2 pages) for the Green Roof that specifies the planting and ground coverage in response FPC’s request. Finally, in furtherance of the Lawrence Hospital Center Campus-Wide Parking Study (Final Report) by Desman Associated dated November 11, 2010 and in response to the request by FPC for more information regarding of the off-campus lots utilized by Lawrence Hospital Center (per FPC Memo, item 4), Lawrence Hospital clarified the existing off-site parking situation.

On April 5, 2011, the Village’s consultant John Meyer Consulting, PC (“JMC”) issued its review of the surface water quality and quantity submission and in this memorandum provided JMC’s review comments and requests for further information and/or clarification on some items.

In addition, FPC issued a Memorandum dated April 7, 2011 (“April FPC Memo”) reviewing Lawrence Hospital’s March submission and the April FPC Memo requested additional information under the topic headings: Description of Proposed Action; Noise; Air Quality; Hazardous materials and operations and Construction.

In response, Lawrence Hospital’s April 28, 2011 submission responded to the request for additional information outlined in the April FPC Memo. To address the request to provide a “list of required approvals and significant adverse impacts that cannot be avoided” (per April FPC Memo, item 1), Lawrence Hospital provided revised section of the explanatory narrative in the Expanded EAF (addressing the “Project Description”) that set forth the list of required approvals and outlined significant adverse impacts. With respect to the request in the April FPC Memo

(item 5) for an analysis of existing and future noise conditions on the site and surrounding receptor sites, Lawrence Hospital submitted a report prepared by Cerami & Associates dated April 27, 2011, as well as, a revised section of the explanatory narrative in the Expanded EAF discussing Noise. With respect to the request for additional information regarding current air quality conditions and potential airborne emissions (per April FPC Memo, item 7) and regarding hazardous material and operations (per April FPC Memo, item 19), Lawrence Hospital submitted a revised section of explanatory narrative in the Expanded EAF discussing Air Quality with attachments and revised section of the EAF dealing with Hazardous Materials and Operations. Further, as requested in April FPC Memo (item 10), Lawrence Hospital submitted comprehensive and detailed Construction Management Plan with attached drawings prepared by Hunter Roberts Construction Group, including plans A101 (Cover Sheet); A102 (Material Deliveries Route Plan); A103 (Foundations Phase – Logistics); A104 (Superstructure Phase – Logistics); A105 (Interiors Phase – Logistics) and A106 (Partial Staging Views) and a revised section of the narrative addressing construction.

In addition, as referenced in the April FPC Memo (item 4) and as discussed above, FPC's technical consultant, JMC reviewed the stormwater management plan and issued a memorandum dated April 5, 2011 and Lawrence Hospital submitted a memorandum from The Chazen Companies dated April 28, 2011 responding to JMC's comments and request for further information, as well as, a revised section of the EAF addressing Ground and Surface water quality and quantity. Finally, Lawrence Hospital submitted a green roof landscape plan (sheets L-2, L-3, L-4 and L-5).

FPC issued a Memorandum dated May 6, 2011 ("May FPC Memo") providing comments on the revised/additional information submitted by Lawrence Hospital. Further, as referenced in the May FPC Memo, JMC issued a memorandum providing comments and requests for additional information with respect to the "Mechanical Equipment Analysis" by Cerami Associates dated April 27, 2011 and providing that it had no comments on the air quality submissions.

On May 25, 2011, Lawrence Hospital submitted the following revised sections of the explanatory narrative in the Environmental Narrative concerning: (1) land use and zoning, which was revised to include further analysis and the additional supporting attachments ("Attachment I" and "Attachment J"); (2) visual resources, open space, aesthetics and community character, which refers to the following attachments: (a) "Attachment K" -- lighting cut out sheets; (b) "Attachment L" -- Green Roof maintenance plan; and (c) a Revised Sheet A-13, which also includes a photometric plan for the roof garden; and (3) noise, which refers to a revised noise study (originally included as "Attachment D"). The revised visual resources section with attachments responded to the request for additional information outlined in the FPC April Memo (item 8 (visual resources, etc.) and the revised noise narrative and noise study ("Mechanical Equipment Analysis" prepared by Cerami Associates with revision date May 24, 2011) responded to comments received from JMC's Memorandum dated May 5, 2011. Also included in this submission was a more detailed discussion of the zoning variances and additional information about the State Certificate of Need ("CON") process. In addition, at the May 11, 2011 Planning Board meeting, Lawrence Hospital handed up a letter from Timothy J.

Hughes, VP Business Development, Lawrence Hospital Center dated May 10, 2011 discussing the CON process. In addition, Lawrence Hospital submitted a revised Construction Management Plan and Construction Logistics Plans (plans A101, A102, A103, A104, A105 and A106) prepared by Hunter Roberts Construction Group (revised May 17, 2011).

Next, JMC issued a Memorandum dated May 26, 2011 regarding the Notice Re-Submission Review as JMC provided comments on the revised materials submitted on May 25, 2011. In addition, JMC issued another Memorandum dated May 27, 2011 regarding the Construction Management and Utility Plan Submission Review. Additionally, FPC issued a Memorandum dated June 2, 2011 ("FPC June Memo") providing comments and requesting additional information with respect to Lawrence Hospital's May submission.

In its next submission (submitted June 21, 2011), Lawrence Hospital submitted a letter from The Chazen Companies dated June 23, 2011 addressing comments in the JMC Memorandum dated May 27, 2011 (concerning the Utility Plan review), revised Submittal Drawings dated June 21, 2011 and LiteForm™ photometric data.

FPC issued a memorandum dated July 8, 2011 providing that certain comments from the May FPC Memorandum regarding lighting were not addressed and further noting that there were several plan and technical comments and requests for additional information that still remained outstanding. In that regard, on July 20, 2011, a conference call was held between the Lawrence Hospital's consultants and the Village's consultants to discuss what items still remained outstanding and required additional information from Lawrence Hospital. In addition, FPC memorialized their list of items that still required additional information in their memorandum dated July 29, 2011.

In addition, JMC issued two memoranda (both also dated July 29, 2011) regarding "Second Review of Surface Water and Quantity" (which provides a technical review of the "Drainage Report" prepared by The Chazen Companies last revised April 28, 2011 and supporting plans and other documents) and regarding "Second Utility Plan Submission Review" (which provides a second review of Drawing C-06 "Utility Plan" by The Chazen Companies dated March 22, 2011 and letter from The Chazen Companies dated June 23, 2011).

As part of its August 25, 2011 submission, the Hospital submitted revised Submittal Drawings dated August 18, 2011, which reflected a modified project plan ("Modified Plan") that accommodated and addressed the concerns of the Planning Board, the Involved/Interested agencies and the public, which changes are detailed in Addendum A. In addition, as part of the August 25, 2011 submission and in response to the July 29, 2011 Memorandum from FPC memorializing the list of items that still needed additional attention, Lawrence Hospital responded to these items as follows: (1) Lighting and signage plan -- the Hospital submitted a modified lighting plan (Sheet A-13 dated August 18, 2011) and revised the lighting and signage section of the explanatory Narrative of the expanded EAF (under "Visual resources, Open space, aesthetics and community character", item 3); (2) Noise -- Lawrence Hospital had been asked to provide additional field collected data (taken from the nearby residents) even though it is accepted and customary practice in Westchester County to take data readings from ground level

(which accepted and customary practice Lawrence Hospital's consultants have conformed to) and to provide additional information beyond what is typically required. In this regard, Lawrence Hospital's consultants, Cerami Associates worked closely with the Village's consultant, Mack Associates, to set forth a protocol for this additional testing from nearby residences across Pondfield Road and these tests were conducted on August 17, 2011. Representative from both Cerami Associates and Mack Associates were present during the testing and data collection. (and the Hospital provided a letter dated August 24, 2011 from Cerami Associates that sets forth the findings in connection with the existing ambient sound level condition and concluded that the ambient conditions are controlled by the surrounding ambient environment and not by Lawrence Hospital's mechanical equipment); (3) Site Plan and Zoning – a revised attached B was submitted; (4) Landscape plan, Green Roof plan and Construction Plan: with respect to the comments in the FPC July Memo concerning landscape plan (item 4); green roof plan (item 5) and construction management plan (item 6), the Hospital submitted revised Sheet L-1, L-2, L-3, L-4 and L-5 (all dated August 18, 2011) and a revised construction logistics plan dated August 25, 2011.

In response to the two memoranda issued by JMC (both also dated July 29, 2011) regarding "Second Review of Surface Water and Quantity" (which provided a technical review of the "Drainage Report" prepared by The Chazen Companies last revised April 28, 2011 and supporting plans and other documents) and regarding "Second Utility Plan Submission Review" (which provided a second review of Drawing C-06 "Utility Plan" by The Chazen Companies dated March 22, 2011 and letter from The Chazen Companies dated June 23, 2011), the Hospital submitted a letter dated August 18, 2011 from The Chazen Companies responding to the JMC Memo concerning the Second Utility Plan Submission Review.

On September 8, 2011, Lawrence Hospital submitted a revised Existing Ambient Sound Level Evaluation (revised August 30, 2011) from Cerami & Associates. On or about September 9, 2011, the Village's consultant, Mack Associates, LLC submitted a report dated September 9, 2011.

In addition, FPC issued a memorandum dated September 12, 2011 providing the following with respect to: (1) lighting and signage plan – that the EAF narrative was revised to include the information requested, but requested that all landscape and path lighting proposed for existing grade level areas should be indicated on the lighting plan and/or the landscape plan; (2) noise – noting that the aforementioned reports were submitted to the Planning Board; (3) site plan and zoning – noting that Lawrence Hospital submitted a modified plan requiring the Superintendent of Buildings to render a new zoning determination; (4) landscape plan – noting that the comments remain unchanged, but that they expect that the landscape plan will be revised when the Planning Board determines if the Modified Plan is acceptable; (5) Green roof plan— noting that the plan provided the prior information requested; (6) Construction management plan – stating that additional information is needed; and (7) community services – stating that the plans need to be reviewed by the local fire and police departments.

In its September 28, 2011 submission, Lawrence Hospital submitted revised plans representing modifications to the third floor (Sheet A-5, Sheet C-04, Sheet C-05, Sheet C-06 and Sheet C-07).

Further, at the September 13, 2011 Planning Board meeting there were questions raised by the public and by the Planning Board as to whether Lawrence Hospital considered alternative locations for the proposed addition. Accordingly, the Hospital submitted a memorandum from Edward M. Dinan, President/CEO of Lawrence Hospital, detailing the many alternatives Lawrence Hospital considered. In addition, the Hospital responded to certain claims raised by Carter Ledyard & Milburn LLP (“CLM”) in two letters (dated September 13, 2011 and September 22, 2011).

In its October 28, 2011 submission, Lawrence Hospital provided additional information as referred to in both the September 12, 2011 FPC Memorandum addressed to the Planning Board and in the October 21, 2011 FPC Memorandum addressed to the Zoning Board of Appeals (but cc:ed to the Planning Board), which summarized the outstanding comments from the Planning Board with respect to the following items discussed below:

(1) Lighting plan: to address the comment that “all landscape and path lighting proposed for exterior grade-level areas should be indicated on the lighting plan and/or the landscape plan,” (as indicated in both memoranda, item 1) the path light locations and specifications, including specifications for the fixtures, Revised Landscape L-3 Plan was submitted along with a revised EAF narrative, under the section “Visual Resources, Open Space, aesthetics and community character” (under subsection 4, “Lighting and Signage”) has likewise been revised to reflect that “Path light locations and specification are detailed on Landscape Sheet L-3”); (2) Site plan and zoning: as a result of the Modified Site Plan submitted by Lawrence Hospital with a new, smaller footprint, the scope of certain variances were reduced (and in fact, the need for certain other variances was eliminated) and the Superintendent of Buildings issued a zoning determination based upon this Modified Plan dated October 3, 2011. Accordingly, Lawrence Hospital submitted a revised section of the EAF entitled “Land Use & Zoning” and a revised Attachment B (variance descriptions) listing the five variances identified by Mr. Pici in his October 3, 2011 letter; (3) Landscape: to address the comment that the “the landscape plan should be revised to indicate the locations of the property line” this was clearly depicted (in bold) on revised Sheet L-1 and to address the comment concerning preservation of existing trees, the EAF narrative, under the section “Visual Resources, Open Space, aesthetics and community character” (under subsection 3, “Mitigating Factors to the potential impacts”) was revised to detail pre- and post- construction tree preservation efforts as this section was additionally revised to note that this section now reflects that “[e]xisting 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.” In addition, both revised Sheet L-1 and L-4 detail the ground cover and perennial plants proposed; (4) Construction Plan: to address the comments raised as part of FPC’s review of the traffic and parking that the Hospital include a discussion regarding how the workers would be transported to the site and potential routes for the transportation for all potential construction worker parking not in walking distance to the site, attached is a revised Construction Management Plan with drawings A100, A101, A102, A103, A104, A104A, A105, A106, A107, A107A, A108. Please note that new diagram A107A sets forth the potential parking routes; (5) roof garden (cellular service) – as noted in the October FPC Memorandum, the Planning Board during its October meeting, raised a health and safety concern regarding the potential proximity of people using the roof garden to existing cell tower installations on the adjacent existing roof of the hospital and the Hospital submitted a report prepared by Pinnacle

Telecom Group, LLC (that is included in the EAF as Attachment M) that concludes that the proximity to the roof garden does not pose a health risk or hazard. Likewise, the EAF section entitled "Hazardous Material and Operations" was revised. This submission noted that that Lawrence Hospital's and the Village's noise consultants were still working to update and finalize the noise consultants JMC was still reviewing the draft construction plan, utilities and stormwater submissions. Finally, this submission noted that Lawrence Hospital's representative met with the Town of Eastchester Fire Department on November 2, 2011 to review the plans and obtain input

FPC issued a memorandum dated November 4, 2011 providing the following under the relevant topics: (1) lighting and signage plan – FPC stated "our comments are resolved"; (2) noise – FPC noted that the revised noise report is still under review; (3) site plan and zoning – FPC noted that the Superintendent of Buildings identified five variances and the zoning board is conducting its review and further noted that there was "an organizational error" in the Expanded EAF narrative section and Attachment B "Variance Descriptions" that should be corrected; (4) landscape plan – FPC noted that the landscape plan was revised as requested satisfying their comments; and (5) construction management plan – FPC requested additional information concerning the construction routes; and (6) community services – FPC noted that its comments remained unchanged (as reports had not yet issued from the Fire Department and Police Department). In addition, FPC noted that there were separate memoranda issued by JMC concerning utilities, stormwater management, existing cell tower installation and construction management plan.

To the point, JMC issued a Memorandum dated November 2, 2011 entitled "Third Utility Plan Submission Review" providing that two of its comments had been "satisfactorily addressed" and requesting additional input or clarification with respect to other points. In addition, with respect to stormwater management, JMC advised FPC that "[o]ur drainage/stormwater engineer, David Lombardi, PE has reviewed the information submitted to date and can support a statement that drainage/stormwater will not have a significant impact with regards to SEQRA." Further in their Memorandum dated November 9, 2011 entitled "Review of Pinnacle Telecom Group, LLC Analysis on Effects of Roof Deck from Existing Cellular Antennas," JMC after providing its analysis stated "we agree with the conclusion in the analysis which is the maximum potential radio frequency exposure along the proposed roof garden is well below the FCC limit for safe, continuous exposure of the general public." In addition, in a Memorandum dated November 15, 2011 entitled "Construction Management Submission Report," JMC requested additional information.

In its December 2, 2011 submission, Lawrence Hospital provided additional information as referred to in the November 4, 2011 FPC Memorandum, the November 2, 2011 JMC memorandum entitled "Third Utility Plan Submission Review" ("JMC Utilities Memo") and the November 15, 2011 JMC memorandum entitled "Construction Management Submission Review" ("JMC Construction Memo"). Specifically, Lawrence Hospital provided additional information with respect to the following topics: (1) Noise-- as noted in the FPC Memo (item 2), the noise consultants have been working together to develop a protocol for additional noise investigations and Lawrence Hospital provided two additional reports by Cerami & Associates: (a) dated April 27, 2011 (revised November 18, 2011) entitled Lawrence Hospital Mechanical

Equipment Analysis; and (b) dated August 25, 2011 (revised December 1, 2011) entitled Lawrence Hospital Existing Ambient Sound Level Evaluation; (2) site plan and zoning – to address the comment that there is was organizational error in the Expanded EAF narrative section regarding zoning and in the Attachment B “Variance Descriptions” (as referenced in the FPC Memorandum, item 3) Lawrence Hospital have revised these documents to address this error and re-submitted these documents; (3) utilities – to address the two additional technical issues raised by the JMC Utilities Memo and referenced in the FPC Memorandum, Lawrence Hospital submitted a report from George Cronk, III, P.E. of The Chazen Companies dated December 2, 2011 entitled “Response to John Meyer Consulting Comment Memo of 11-2-2011.”; (4) construction management plan – to address the comments raised in both the FPC Memo and the JMC Construction Memo, Lawrence Hospital submitted a revised Construction Management Plan with revised drawings A101, A102, A103 and A104 and a new diagram A108 (entitled potential parking Option A), as well as a memorandum from Timothy Fecker of Lillibridge Healthcare Services, Inc. to Marilyn Timpone-Mohamed, ASLA, AICP of FPC dated December 2, 2011 responding to the JMC Construction Memo; (4) community services – Lawrence Hospital submitted a letter from Chief of Police Christopher Satriale of the Village of Bronxville Police Department dated December 1, 2011.

FPC issued a memorandum dated December 6, 2011 that addressed the following topics: (1) noise – FPC noted that both consultants’ report would be submitted to the Board; (2) site plan and zoning – FPC noted that the revised documents correct the organizational error; (3) existing cell tower installation – FPC noted that JMC agrees with the conclusion that “the maximum potential radiofrequency exposure along the proposed roof garden is well below the FCC limit for safe, continuous exposure of the general public”; (4) stormwater management – FPC noted that “sufficient reliable information has been submitted from JMC to opine that the proposed project will not cause significant drainage of stormwater impacts based on the stormwater management plans and information reviewed”; (5) community services – FPC noted the receipt of the comments from the Bronxville Police Department; (6) traffic – FPC noted that the Bronxville Chief of Police stated that he did not anticipate any concerns regarding site distances for vehicles traveling from Pondfield Road West into the traffic circle; (6) aesthetics and community character – FPC noted that revised facades for the new wing were submitted to the Design Review Committee. Finally, FPC noted that JMC was reviewing the utilities and construction management plan submissions.

The Village’s noise consultant Mack Associates submitted a report dated December 6, 2011 that concluded that there would be no noise impact from the proposed addition – “[a]ssuming that the 45 dBA design criterion is met or exceeded, the noise level in the community are estimated to increase a maximum of 1 dBA. This is an increase that will be imperceptible.”

JMC issued a Memorandum dated December 14, 2011 entitled “Fourth Utility Plan Submission Review” in which they provided that one of their comments was satisfactorily addressed but requested further clarification on their other comment. JMC also issued another memorandum dated December 14, 2011 entitled “Construction Management Submission Review” in which they stated that three of their four comments were satisfactorily addressed and

requested further clarification on their fourth comment. Further clarification on this item was provided in a memorandum to Marilyn Timpone-Mohamed dated December 28, 2011.

Finally, by cover letter dated December 28, 2011, Lawrence Hospital forwarded the comments issued by the Town of Eastchester Fire Department.