Why does New York Methodist Hospital (NYM) need a new building?

NYM has a programmatic need for adequate and appropriate space for ambulatory care facilities located on its main campus. As the nation’s healthcare system has evolved over the past two decades—with advances in technology, an aging population, and shifting economic forces—medical treatment has transitioned increasingly from inpatient to outpatient care. The shift toward outpatient care is being experienced throughout the healthcare industry. Our government and private insurers are encouraging providers to offer services that can safely be done on an outpatient basis. The new healthcare delivery system assumes such centers will be incorporated into hospitals.

Currently, NYM lacks the amount and type of space it needs to provide state-of-the-art ambulatory care to its growing patient population. If New York Methodist Hospital is to remain a successful institution, it is important that it be able to adapt to change. That is why the Hospital needs to build a new building to house a state-of-the-art outpatient care center. Further, while many hospitals have seen inpatient volume go down in recent years, NYM’s patient volume has grown, necessitating the development of a separate outpatient care center so that inpatients can be better accommodated within the existing Hospital building.

Where will the building be located?

The proposed new ambulatory care building would be located within the NYM campus, which occupies two adjacent blocks bounded by Fifth Street and Seventh Street, and Seventh Avenue and Eighth Avenue at a site that is across the street from the existing Hospital. Locating the new outpatient building on the NYM campus is critical to allow physicians and other medical providers to move freely and easily between the outpatient and inpatient settings and also allow patients to access shared services in a seamless and convenient manner.

The site for the proposed footprint currently consists of a physician parking lot at the corner of Eighth Avenue and Sixth Street, buildings on Eighth Avenue between Fifth and Sixth Streets and on Sixth Street, between Seventh And Eighth Avenues, owned by NYM which are either vacant or primarily occupied by NYM staff and offices and three row houses on Fifth Street, between Seventh and Eighth Avenues, owned by NYM and partially occupied by non-Hospital related occupants.
What services would be placed in the Center for Community Health?

The proposed new building is expected to house:
- an outpatient surgery center, with 12 operating rooms for same-day surgery;
- a new endoscopy suite with six special procedure rooms;
- a cancer center of excellence
- diagnostic radiology services:
- Institutes for Neurosciences, Orthopedics and Women’s Health;
- an after-hours urgent care center
- support spaces (central sterile, patient waiting areas, etc.)

Some of these specific programs could change as plans are finalized, because healthcare is continually changing. But the central idea—to develop a modern healthcare facility that meets the needs of our borough and that fits within the context of the Park Slope neighborhood—will remain the goal.

How many more outpatients are expected to be seen at the Hospital when the new building is completed?

Currently, there are approximately 119,072 annual outpatient visits occurring in existing departments in buildings on the Hospital campus. An additional 40,284 annual outpatient visits would be relocated to the new building from offsite locations where services like wound care, urology and ambulatory infusion are now offered. Expansion of programs and facilities would result in growth of 61,961 outpatient visits so that a total of 102,245 additional outpatient visits per year would be seen on the Hospital campus.

How many additional jobs is the new facility expected to generate?

The new building will employ 282 medical staff, of which 175 will be relocated from the existing NYM building across Sixth Street, and 107 will be new or relocated from offsite locations, as compared to existing (2013) conditions. In addition, there will be approximately 45 new building support staff (totaling 152 new employees). The support staff includes cleaners, parking attendants, security guards, etc., many of these will work during the evening shift.

Does the Hospital require any variances for the project?

The Center will be built within the existing permissible zoning square footage. However, the Hospital asked for and received approval for variances from the City’s Board of Standards and Appeals (BSA) to modify the distribution of floor area, lot coverage, height, setback, rear yard and number and surface area of signs for the building to allow the Center to have the efficient floor plates required for a modern facility of this type.

It should be noted that these variances are **variances from the “as of right” (or complying) building that the Hospital could build without BSA approval. The complying building would be a less efficient healthcare facility, as the floor plates would not be as large. It would also be less likely to satisfy near neighbors of the**
project as it would necessitate vehicular and pedestrian entrances on the previously residential portion of Fifth Street between Seventh and Eighth Avenues and would involve a longer construction period.

**Why does the Hospital need to replace the current low-rise buildings with a building that is over four stories high?**

The existing low-rise buildings cannot be used, even for physician office space, as part of the new building. NYM, like other major hospitals has an increased demand for more advanced specialty care and a need for additional state-of-the-art comprehensive care institutes containing offices, examination rooms, and treatment/procedure rooms for faculty physicians and other doctors. These institutes must be consolidated in a location that is proximate to NYM’s other medical care facilities so that faculty physicians have efficient access to needed equipment and enhanced opportunities for collaboration. Other major hospitals are creating these state-of-the-art comprehensive physician practices and NYM must do the same.

Further, clusters of offices and interconnected exam rooms must comply with the requirements of the New York State Public Health Law applicable to hospitals and health care facilities (Article 28), which include criteria such as certain fire-rated construction, minimum area requirements for exam and treatment functions, certain corridor widths, vibration criteria (which the older structures do not meet) and enhanced MEP systems (requiring increased floor-to-floor height). The existing low-rise buildings have bearing walls that cannot be incorporated into the larger building and, if they were kept, the dimensions of the space would not be sufficient to construct the needed programs.

In addition, the services to be housed in the new building require more space than is available in four stories. Although the current zoning permits taller buildings the Hospital is not utilizing all of the available zoning floor area. However, it is not cost-effective or efficient to construct a building that does not fully meet the Hospital’s or the community’s healthcare needs.

**Is the height of the proposed building inappropriate for this site? Will it destroy the character of the neighborhood?**

Opponents of the project describe it as “massive” and “overly huge.” Support for these adjectives is offered with distorted, photo-shopped renderings showing the new building dwarfing the buildings that surround it. In fact, while the building is taller than the current buildings on the site, its six to eight story height (the height varies for different sections of the building) is not out of context with many of the surrounding buildings in the area. The building that the Hospital could build “as of right” is equally high.

Park Slope already has numerous historic pre-war buildings that are six to eight stories and higher along Eighth Avenue and Prospect Park West. These buildings offer variety and options for apartment living for those who cannot or choose not to live in smaller houses.
All of the current Hospital buildings are over four stories. The oldest of these, the six-story Kirkwood Pavilion, was built in 1924. The nine-story Buckley Pavilion was completed in 1942, the eight-story Miner Pavilion in 1956 and the eight-story Carrington Pavilion in 1985.

**How will the new building fit into this brownstone community?**

New York Methodist Hospital has been located in Park Slope and has served all of Brooklyn since its founding in 1881. The Hospital adds great value to the community, not only through the medical services it provides, but also as the economic anchor of Park Slope’s main commercial strip.

While it is sometimes referred to as a “small town,” Park Slope is a city neighborhood that derives its energy and its character from the juxtaposition of homes, commercial establishments and institutions like schools, churches and a hospital. That synergy is, in large part, what results in the “character of the neighborhood.”

**Why is the proposed site of construction not in the extended Park Slope Landmark District?**

The Park Slope Historic District was designated by the Landmarks Preservation Commission [LPC] in 1973; the original Historic District boundaries, which are irregular and specifically exclude portions of certain blocks on the perimeter of the district, are located north of Fifth Street and east of Eighth Avenue, and do not extend south and west to include any portion of the NYM campus. An extension to the Historic District, proposed by the Park Slope Civic Council, was designated by LPC in 2012. The Historic District Extension boundaries were located south of Seventh Street and also did not include any portion of the NYM campus. Although the NYM campus, or some portion of it, may have been reviewed and considered for inclusion within the Historic District and/or the Extension informally, it was not included in the Park Slope Civic Council’s proposed extension area, or in the extension that was formally calendared for review by LPC. The NYM campus has never been included in official LPC materials relating to the designated Historic District and Extension.

**Is NYM using eminent domain to evict current tenants from their homes?**

No. Eminent domain occurs when a government acquires private property for public use. In this case, all property proposed for the construction site is owned by the Hospital.

**Are any current NYM tenants being evicted as a result of the new building?**

There are residential tenants with statutory rights in three of the buildings; these tenants have been informed of the planned project and offered relocation into equal or improved rental units at no cost to them, with no change in their rental arrangements going forward.
Has the Hospital offered to buy out any of the property-owners most immediately impacted by this structure?

Yes. All of the property owners on the south side of Fifth Street between Seventh and Eighth Avenues were contacted with regard to the possibility of selling their houses to the Hospital.

Will the building negatively impact values of existing homes?

Institutional development has occurred throughout New York City, Brooklyn and within Park Slope. Housing values have steadily increased over time. On the Upper East Side, where a number of Hospitals – NewYork-Presbyterian, Memorial Sloan Kettering and Mount Sinai Hospital—have recently built additions to their campuses, there has been no negative impact on the value of nearby residential properties despite earlier concerns.

Why can’t the parking deck be used as the building site?

The “as of right” solution would involve the use of the parking deck. The structure’s constrained depth of 70’ to accommodate for a rear yard equivalent required by zoning would result in floor plates that do not allow for efficient state-of-the-art medical care, and would result in a degradation of patient experience and delivery of care.

Moreover, this solution would require pedestrian and vehicular entrances on Fifth Street, which community members have overwhelmingly opposed.

It is also true that any construction including the parking deck as part of the site would require significant restructuring of the existing parking garage structure. This is necessary to not only support the additional medical floors above, but to transfer the existing column grid to a more appropriate one for medical use. These structural changes would require the closure of the existing garage for a significant period of the construction. This would present a significant disruption to daily operations and access, requiring alternate locations for vehicle parking and access. In addition, crane and other construction logistics would be located on Fifth Street, would require periodic closings of Fifth Street and would intermittently create short-term congestion.

Why can’t the physician’s parking lot be used for the building?

The current physician's parking lot is, in fact, incorporated into the site, but it does not offer sufficient floor space to accommodate all of the facilities needed in the Outpatient Center.

Why can’t this building be placed in a remote location? Specifically, why didn’t NYM buy the Long Island College Hospital campus and place outpatient services there?

For a hospital outpatient center to function efficiently and appropriately, it must be on or immediately adjacent to the Hospital campus. This allows physicians and
other medical providers to move freely and easily between the outpatient and inpatient settings and also allows patients to access shared services at both sites in a seamless and convenient manner.

Furthermore, the LICH buildings were built many years ago for inpatient use. It would have been prohibitively expensive to acquire these buildings and convert them for outpatient use.

Other local hospitals with outpatient centers across from or adjacent to their main campuses include: Memorial Sloan-Kettering Cancer Center, Mt. Sinai Hospital, North Shore/LIJ [opposite Long Island Jewish Medical Center], Maimonides Medical Center, NewYork-Presbyterian Hospital, NewYork-Presbyterian Hospital/Downtown and Montefiore Medical Center.

The Hospital already maintains outpatient satellite facilities and physician offices, providing primary and secondary medical care in nearly every Brooklyn neighborhood.

**What about increased traffic on Eighth Avenue, Fifth Street and Sixth Street? Can all drop off and delivery traffic be kept on Sixth Street? What impact will traffic have on the school and the church?**

In response to comments and concerns expressed by members of the community, patient drop off and delivery traffic will be kept on Sixth Street and off Fifth Street and Eighth Avenue. While service deliveries will be accessed from Fifth Street, truck maneuvering will be contained onsite.

Traffic studies show that traffic generated by the new building is not anticipated to have a significant impact on the school or the church.

**What about increased ambulance traffic?**

This project will **NOT** generate ANY increase in ambulance traffic. It is an outpatient care center and therefore ambulances will not bring patients for treatment. Drop off space next to the building, accessible from Sixth Street, is being included for ambulettes that may deliver some patients for radiation therapy or other services.

**Will the Hospital have subsidized parking for patients or staff members? Will the Hospital promise not to attempt to reclassify any spaces on Fifth Street or Eighth Avenue as “no parking?” Why is it necessary to introduce additional parking? How many parking spaces will be added with the new garage?**

The Hospital is studying the question of whether to offer subsidized parking for any groups. There are two sides to this issue; on the one hand NYM does not wish to encourage additional drivers to come into the area, on the other the Hospital does not wish to add to on-street parking problems. This is a question that will be further reviewed with the community.
No changes to the current curbside parking regulations are anticipated.

The proposed garage, which will be connected to the existing garage on the block, will contain a total of 830 parking spaces, representing the replacement of spaces in the original garage and the physicians’ parking lot that will be lost through construction, plus the additional parking spaces required by zoning. At the request of community members, the Hospital requested and received a variance to reduce the number of spaces in the current garage, resulting in a net increase of about 350 Hospital parking spaces.

Can all pedestrian entrances be placed on Sixth Street?

The plans call for an entrance lobby located on the southern portion of the Sixth Street block and a second pedestrian entrance provided near the corner of Eighth Avenue and Sixth Street. This second pedestrian entrance will be available for staff only during normal business hours but will be open to patients of the urgent care center in during evening hours.

Can HVAC units be placed in spots where they won't be heard on the street?

HVAC equipment will be located on the roof of the building, furthest removed from pedestrians and set back from adjacent residential buildings, thereby minimizing any acoustic impact. In addition, the rooftop equipment will be visually and acoustically screened and/or enclosed, further minimizing any potential for noise.

Will the facilities and equipment installed in the new building emit radiation, toxic chemicals or other pollutants?

As is the case with the current Hospital buildings, the facility will comply with all applicable codes and standards, including those of the New York State Department of Health and the Fire Department of New York City, with respect to the use, storage, and disposal of any regulated hazardous materials. Fume hoods, exhaust flues, air intakes and other rooftop mechanical equipment will be coordinated in terms of size, orientation and location to ensure that all requirements are met per prescriptive codes and standards and per dispersion studies to determine required flue heights and fan capacities.

Hospital personnel responsible for the use and storage of chemicals and other regulated materials will have agency-required training and credentials. Laboratory, treatment and storage facilities will be designed with the required containment, shielding and treatment infrastructure and furnishings.

Where will construction staging be? How disruptive will it be to Fifth Street? Eighth Avenue?

Most of the construction activities will be accessed from Sixth Street, with minimal activity on Eighth Avenue and Fifth Street. The tower cranes and material/personnel hoists will be located on the Sixth Street side of the building, which will place most of the construction related traffic on that street.
What will be the hours and days of construction?

In general, construction work will take place between the hours of 7:00 a.m. and 3:30 p.m., Monday to Friday, even though the Department of Buildings (DOB) allows work to go to 6:00 p.m. On rare occasions, work will run past 3:30 p.m. in order to finish an activity that cannot be completed within the normal workday. On these occasions, advance notice will be provided to the DOB and adjacent neighbors.

Weekend work will not be regularly scheduled, but may occasionally occur to make up for weather delays, perform an activity that requires a street closure or other unforeseen circumstances. In such cases, appropriate work permits from DOB will be obtained. As is the case on an extended workday, the numbers of workers and pieces of equipment in operation will be limited to those needed to complete the particular task at hand. For weekend work, the level of activity will be reduced from the normal workday. The typical weekend workday would be from 9:00 a.m. to 5:00 p.m. Any necessary weekend work will also involve prior notification of the residents of the block involved.

What will be done to limit dust, air pollution, noise, street closures, etc. during the construction period? What will NYM do about the loss of parking during and after construction?

Noise Reduction

- Noise barriers would be utilized to provide shielding (e.g., the construction sites would have a minimum 10-foot cantilevered barrier and, where logistics allow, truck deliveries would take place behind these barriers once building foundations are completed).
- Path noise control measures (i.e., portable noise barriers, sound attenuation curtains, panels, enclosures, and acoustical tents, where feasible) would be used for certain dominant noise equipment to the extent feasible and practical (i.e., asphalt pavers, drill rigs, and hoists).
- Equipment that meets the sound level standards specified the New York City Noise Control Code would be used from the start of construction.
- As early in the construction period as logistics will allow, diesel- or gas-powered equipment would be replaced with electrical-powered equipment such as welders, water pumps, bench saws, and table saws (i.e., electrification) to the extent feasible and practicable.
- Where feasible and practical, the construction site would be configured to minimize back-up alarm noise. In addition, all trucks would not be allowed to idle more than three minutes at the construction site based upon New York City Local Law.
- Contractors and subcontractors would be required to properly maintain their equipment and mufflers.
- Where logistics allow, noisy equipment, such as cranes, concrete pumps, concrete trucks, and delivery trucks, would be located away from sensitive receptor locations.

Air Quality (Pollution/Dust)

- NYM will apply for a grid power connection early on so as to ensure the availability of grid power, reducing the need for on-site generators. Electrically powered
equipment will be preferred over diesel-powered versions of equipment to the extent practicable.

- Ultra-low sulfur diesel will be used exclusively for all diesel engines throughout the construction site.
- All major equipment (non-road diesel engines with a power rating of 50 horsepower or greater) will utilize the best available tailpipe technology for reducing diesel particulate matter emissions and be installed with diesel particle filters. This will reduce air pollution dramatically.
- Construction will utilize newer equipment that meets EPA’s emissions standards.
- In addition to adhering to the local law restricting unnecessary idling on roadways, onsite vehicle idle time will also be restricted to three minutes for all equipment and vehicles that are not using their engines to operate a loading, unloading or processing device (e.g. concrete mixing trucks) or otherwise required for the proper operation of the engine.

**Dust Control**

- During demolition, scaffolding will be installed around the buildings to be demolished with special netting to help contain dust.
- Fugitive dust control plans will be required as part of contract specifications. Stabilized truck exit areas will be established for washing off the wheels of all trucks that exit the construction site. Truck routes within the sites will be watered as needed or, in cases where such routes remain in the same place for an extended duration, the routes will be stabilized, covered with gravel, or temporarily paved to avoid the re-suspension of dust. All trucks hauling loose material will be equipped with tight-fitting tailgates and their loads securely covered prior to leaving the sites.
- Chutes may be used for material drops during demolition. Water sprays will be used for all excavation, demolition, and transfer of materials leaving the site to ensure that they are dampened as necessary to avoid the suspension of dust into the air. Loose materials will be watered, stabilized with a biodegradable suppressing agent, or covered. In addition, all necessary measures will be implemented to ensure that the New York City Air Pollution Control Code regulating construction-related dust emissions is followed.

**Street Closures**

- NYM will offer residents of the Fifth Street and Eighth Avenue blocks a number of garage parking spaces equal to the number taken for this purpose during the period that the street parking spaces are unavailable.
- Rarely, but on occasion, there will be a need to close a street to perform a special function like rigging a major piece of equipment. These closures usually occur on the weekends and will be subject to permitting and coordination with the Department of Buildings and NYCDOT. Residents of the affected blocks will be informed of any such short-term closure, one to two weeks in advance. We expect to maintain the number of moving lanes of traffic at all times. As is the case with many other construction projects in New York City, temporary curb-lane and sidewalk closures are likely to be required adjacent to the project site, which will have dedicated gates, driveways, or ramps for delivery vehicle access and sidewalk fencing and overhead scaffolding will be erected to protect pedestrians passing by the construction site. It is expected that traffic and pedestrian flow along all surrounding
streets will be maintained throughout the entire construction period. Flag-persons will be present at active driveways, where needed, to manage the access and movement of trucks and to ensure the safety of pedestrians. Some of the site deliveries may also occur along the perimeters of the construction site within delineated closed-off areas as will be the case for concrete or steel deliveries.

**Communication**
- A regular newsletter [and corresponding web page] will be published and delivered to residents of Fifth Street, between Seventh and Eighth Avenues and Eighth Avenue between Fifth and Sixth Streets, detailing the construction activities and providing information about any scheduled events that would cause disruption. Residents of other surrounding blocks will also have access to this information.
- All residents will also be provided with a Hospital email address to which questions and concerns can be addressed.

Will construction workers drive into the neighborhood and take parking spots?
Off-site parking will be established for and made available to the construction workers. The construction company, LendLease, will insist that workers park off-site and will include the necessary provisions to ensure this in the individual subcontracts.

Will the Hospital be able to finance this project? So many hospitals are in financial trouble. How do we know the community will not be left with a half-finished construction site?

New York Methodist Hospital is one of the most financially stable and healthy hospitals in New York City. Along with support from the community, the board of trustees’ fiscally sound policies have resulted in a Hospital that is in a strong financial position.

Does the Hospital really NEED (rather than WANT) a new building?

New York Methodist Hospital is a non-profit, voluntary teaching hospital. The board and the administration are charged with the responsibility of planning for the Hospital’s future and for doing everything possible to keep the Hospital on a course that allows it to continue providing excellent care to the people who live and work in Brooklyn. Nearly every major medical center in Manhattan has recently or is currently adding an outpatient facility, similar to the one we propose. The Center for Community Health is a necessary addition to the New York Methodist Hospital that will allow it to remain a healthy institution into the 21st century.

How did NYM solicit community input? Has the Hospital engaged in a community process?

Because it requested variances from the “as of right” building it could build on the site, the Hospital was required to engage in a community process beginning at the time the application for variances was filed, October 16, 2013. In fact, NYM initiated a community process at a much earlier date.
In late June 2013, Hospital representatives began explaining the need and presenting very preliminary plans for the new building to community leaders and to various community groups, for example the residents of Fifth Street, between Seventh and Eighth Avenues and the residents of Eighth Avenue, between Fifth and Sixth Street. The plan was to allow those most impacted by the plans to have the earliest opportunity to provide input. In mid-July, the Park Slope Civic Council Trustees and the CB6 Landmarks/Land Use Committee held a larger joint meeting that was open to the public and at which further and broader community input was solicited. A special email address: build@nym.org was established and the Hospital received messages about the project throughout the summer, some with very detailed comments and suggestions as well as questions and expressions of concern.

Every one of these messages, as well as a compilation of the comments and questions heard at the earlier meetings, was read and considered. The development team then worked to accommodate community concerns in each of these categories. A revised plan was presented at two public meetings in September, with opportunity for additional community input.

During the next six weeks, many additional email messages were received and considered. Meetings were also held with CB6 and Park Slope Civic Council leadership and additional changes to the proposed plan were made.

Community Board 6’s Land Use/Landmarks Committee held a public hearing as part of the Board of Standards and Appeals process on November 21, during which the Hospital, as requested, made only a brief presentation focusing on the requested variances. Following the hearing the committee requested additional information about the project, which was provided at the January 6 meeting of the Landmarks/Land Use Committee. At the conclusion of that meeting, the Committee voted to recommend approval of the requested variances to the BSA—with a list of 11 conditions related to the building size, shape and bulk distribution, design, construction, traffic and parking management, etc. The Hospital subsequently agreed to all of the conditions and the recommendation for approval was voted on and passed by the full board at its January meeting.

What has been the impact of community comments on the final plan?

Since initiating the community process, the Hospital has made over 20 changes to the preliminary plans presented last summer. These include:

- Revised vehicular circulation for patients and staff arriving at and departing from the building to eliminate traffic discharge onto Fifth Street from the new drop off area.
- Off-street vehicular queuing, accessed from Sixth Street is now confined within the site.
- Moved the loading and service dock away from the Fifth Street property line into the interior of the site.
- Moved the majority of the building mass from Eighth Avenue and from Fifth Street to Sixth Street, opposite the existing Hospital, reducing the height along Eighth Avenue and Fifth Street.
• Articulated and revised architectural treatments of the western façade, as seen from Fifth Street to reduce the overall mass of the building. Added a rear yard at grade setback of ten feet opposite the homes on Fifth Street to provide more light air and green space behind these buildings.
• Created a property line setback along the entire length of the Fifth Street façade to provide greater prominence to the facades and porches of the existing adjacent residential buildings.
• Modified building façade palette to incorporate community concerns about contextual issues.
• Selected building façade materials and jointing patterns with increased visual reference to the neighborhood.
• Modified building massing and design composition to read as multiple buildings.
• Modified base of the building to introduce a stepped base expression reflective of the slope and scale of the community.
• Modulated façade design with the introduction of distinct base, middle, and top expressions, reflective of other buildings in the community.
• Modified façade materials of the uppermost floors to introduce masonry accents within the glazed areas.
• Pulled back and articulated the building corner at Eighth Avenue and Sixth Street with a glazed accent feature interrupting the masonry.
• Modified the plan of the building and the street front facades to introduce deep articulating reveals similar to many Park Slope buildings.
• Stepped down the building mass in the R7B district adjacent to the easternmost residence to two stories, approximately 30 feet.
• Reduced the building program and removed appropriate massing from the sixth floor in the R7B district, at the intersection of Eighth Avenue and Fifth Street, to come closer to compliance with height and setback regulations applicable within this portion of the site.
• Reduced the building program and appropriate massing from upper floors in the R6B district, at the western edge of the site along Fifth Street, to more closely reflect zoning restrictions within this portion of the site.
• Relocated rooftop mechanical equipment from the high roof to a lower roof, just above the loading dock area to reduce the building mass.
• Limited access to and use of previously proposed building entrance at Eighth Avenue and Sixth Street, thereby limiting vehicular drop-offs at this location.
• Reduced number of parking spaces in the garage.
• Reduced the massing within the R6B and R7B (adjacent to Eighth Avenue) zoning lots. In the western wing on Fifth Street (R6B) the fourth floor was stepped back by 15 feet and the fifth, sixth and seventh floors were stepped back by an additional 10 feet each. In the eastern wing, on Fifth Street the sixth floor protrusion into the R7B zoning lot was eliminated by stepping it back 21 feet, bringing this portion of the building into full compliance with current zoning.

In addition, NYM is involved in continuing dialogue with the representatives from the Park Slope Civic Council’s Landmarks Preservation Committee and the Community Board Six Landmarks/Land Use Committee with regard to further refinements in the building’s design and with Councilman Brad Lander’s Traffic
Task Force with regard to current and future traffic impact resulting from Hospital operations.

What are the Hospital's next steps?

The Hospital expects to file an application for a Certificate of Need for the project with the State Department of Health in July 2014. Construction is slated to begin before the end of 2014 and a community advisory construction task force, hosted by Community Board 6 and that includes representatives of neighbors and institutions that immediately surround the project will be formed.