



## **The Center for Community Health Frequently Asked Questions**

### **Why does New York Methodist Hospital 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 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 new building 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 that would include both radiation oncology and chemotherapy;
- diagnostic radiology services;
- physician practice offices;
- Institutes for Neurosciences, Orthopedic Medicine and Surgery, Women's Health and Cancer Care;
- 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 building expected to generate?**

The new building would employ 282 medical staff, of which 175 would be relocated from the existing NYM building across 6th Street, and 107 would be new or relocated from offsite locations as compared to existing (2013) conditions. In addition, there would be approximately 45 new building support staff (totaling 152 new employees). The support staff include mostly cleaners, parking attendants, security guards, etc., many of which would be evening positions.

## **How large is the proposed building?**

In addition to the clinical services identified above, the building will include the following support services:

- mechanical spaces
- elevators, stairs and other related support services
- below grade parking

These needs translate to a gross building area of 495,500 square feet, divided between healthcare and support functions (365,667 SF) and parking (132,833). The applicable zoning floor area, which excludes mechanical spaces and below grade spaces, is 311,035 square feet.

### **Will the Hospital require any variances for the project?**

The majority of the building's footprint is located on the southern half of the block in an R6 zoning district, in which there is no maximum building height. There is an applicable sky exposure plane in the R6 district from which we are seeking relief. The height of the proposed building is comparable to what is allowed on an as-of-right basis. However, the difference is in the width of the upper floors of the proposed building. The northwest and northeast corners of the development site, which front on Fifth Street, are located in R6B and R7B zoning districts, in which there are maximum building heights of, respectively, 50 feet and 75 feet. The massing of these portions of the building has been modified to respond to community input. The Hospital's proposal requires several variances from the NYC Board of Standards and Appeals. These variances involve changes from what zoning would allow in five categories:

1. Distribution of floor area
2. Lot coverage
3. Rear yards
4. Height and setback
5. Number and surface area of signs

**The Hospital has designed an "as of right" (or complying) building that the Hospital could build without BSA approval of the variances.** 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. **Nevertheless, because NYM already owns the site, which is located across the street from the main Hospital, it would build a complying building if the requested variances are not granted.**

### **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 consistent 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 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 5<sup>th</sup> Street and east of 8<sup>th</sup> 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 7<sup>th</sup> 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 would be relocated 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. Only one of the homeowners responded with an offer to sell. The offering price was significantly higher than current market rates and NYM decided not to accept the offer.

**Will the building negatively impact values of existing homes?**

Institutional development occurs 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 – New York-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” or “complying building” (i.e., the building that the Hospital could build without BSA approval of the variances) **would involve the use of the parking deck.** In order to construct a new 10-story structure above the parking deck, the existing concrete columns would need to be reinforced, the existing footings would need to be reinforced, and a structural transfer would need to be required to change the location of the column grid in the new structure. There would be a fundamental change to the existing garage structure, which would require that the garage be fully vacated to comply with code, provide safe access for workers, and to prevent damage to vehicles.

Further, a building with a footprint constrained to the area of the parking deck would not come anywhere near to meeting the Hospital's need for space. A building solely on the parking deck with floor space equivalent to the proposed structure would need to be over 20 stories high, and (to accommodate required parking) go about six stories below ground. And, it still would not provide large enough floor plates to accommodate state-of-the-art medical care.

### **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 new Center for Community Health.

### **Why can't this building be placed in a remote location? Specifically, why doesn't NYM buy the Long Island College Hospital or Interfaith 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.

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, New York-Presbyterian Hospital, New York-Presbyterian Hospital/Downtown and Montefiore Medical Center.

Furthermore, the buildings of the two suggested hospitals were built many years ago for inpatient use. It would be prohibitively expensive to acquire these buildings and convert them for outpatient use.

The Hospital already maintains outpatient satellite facilities and physician offices, providing primary and secondary medical care in nearly every Brooklyn neighborhood, including those served by Interfaith and LICH.

Finally, and perhaps most important, NYM has been successful because its administration has focused on building the program and fulfilling the needs of a single institution. Diverting and dissipating focus is unlikely to benefit New York Methodist Hospital or improve the situation of other institutions.

**What about increased traffic on Eighth Avenue, Fifth Street and Sixth Street? Why can't 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 at meetings in July, patient drop off traffic would be limited to on Sixth Street and would not occur on Fifth Street and Eighth Avenue. While service deliveries would be accessed from Fifth Street, truck maneuvering would 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.

**How will the Hospital handle increased ambulance traffic?**

This project will **NOT** generate ANY increase in ambulance traffic. It is an outpatient care center and therefore ambulances would 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 Task Force set up by Councilmember Brad Lander.

No changes to the current curbside parking regulations are anticipated. Applicable zoning regulations, along with replacement of the spaces in the original garage and the physicians' parking lot that would be lost through construction would require that the garage addition to provide approximately 520 parking spaces. This number exceeds the forecast parking demand. Therefore to discourage additional staff and patients from driving rather than taking public transportation, the Hospital intends to apply to reduce the parking spaces in the current garage.

### **Can all entrances be placed on Sixth Street?**

In response to community concerns, the current plans now call for an entrance lobby located on the southern portion of the block, on Sixth Street, and a second pedestrian entrance provided near the corner of Eighth Avenue and Sixth Street. This pedestrian entrance would be available for staff only during normal business hours but would be open to patients of the urgent care center during evening hours.

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

HVAC equipment would 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 would 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 new building would 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 would 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 would be accessed from Sixth Street, with minimal activity on Eighth Avenue and Fifth Street. The tower cranes and material/personnel hoists would be located on the Sixth Street side of the building, which would place most of the construction related traffic on that street.

### **What will be the hours and days of construction?**

In general, construction work would 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 would run past 3:30 p.m. in order to meet the construction schedule or to complete certain critical tasks. Any extended workday would generally last until 6:00 p.m. and would not include all construction workers on site, but



only those involved in the specific task requiring additional work time. On these occasions, advance notice will be provided to the DOB and adjacent neighbors.

Weekend work would 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 and Department of Transportation (DOT) would be obtained. Similar to an extended workday, the numbers of workers and pieces of equipment in operation would 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 on Saturdays from 9:00 a.m. to 5:00 p.m. Any necessary weekend work would 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., early 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 would 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 would be preferred over diesel-powered versions of equipment to the extent practicable.

- Ultra-low sulfur diesel would 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 [hp] or greater) would utilize the best available tailpipe technology for reducing diesel particulate matter emissions and be installed with diesel particle filters. This would reduce air pollution dramatically.
- Construction would utilize newer equipment that meet EPA's emissions standards.
- In addition to adhering to the local law restricting unnecessary idling on roadways, on-site vehicle idle time would 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 will 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. (It will be up to the block residents to decide how the garage spaces are allocated.)
- Rarely, but on occasion, there would 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 would be subject to permitting and coordination with DOB and DOT. Residents of the affected blocks will be informed of any such short-term closure, one to two weeks in advance. We expect to maintain a 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 would 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 email messages or 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? What happens if NYM is unable to get the variances to build?**

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 21<sup>st</sup> century.

If NYM is unable to obtain the requested variances, it would pursue the “**as of right**” (or **complying**) building that the Hospital could build without BSA approval. The complying building would not be the most desirable development for the Hospital, as it would not permit the same comprehensive, coordinated caregiving, efficient provision of services, or future programming flexibility as the proposed development. Nevertheless, because NYM already owns the site, which is located across the street from the main Hospital and on the NYM campus, NYM would build a complying building in the absence of the requested waivers.

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

Because it is requesting 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, 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 Eight 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](mailto:build@nym.org) was established and we received a number of 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. Our 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 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 is being provided at the January 6 meeting of the Landmarks/Land Use Committee.

### **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.
- Relocated off-street vehicular queuing off Sixth Street; it 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 set-back of ten feet (not required by zoning) 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 facade 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 facade 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.

In addition, NYM is involved in continuing dialogue with the Park Slope Civic Council's Landmarks Preservation 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.

###