

**170-13-BZ****CEQR #13-BSA-150Q**

APPLICANT – Venable LLP, for The Mount Sinai Hospital, owner.

SUBJECT – Application June 6, 2013 – Variance (§72-21) to allow the enlargement of Mount Sinai Hospital of Queens contrary to §24-52 (height & setback); §24-11(lot coverage); §24-36 (rear yard); and §§24-382 & 33-283 (rear yard equivalents). R6 & C1-3 zoning districts.

PREMISES AFFECTED – 25-10 30th Avenue, block bounded by 30th Avenue, 29th Street, 30th Road and Crescent street, Block 576, Lot 12; 9; 34; 35, Borough of Queens.

**COMMUNITY BOARD #1Q**

**ACTION OF THE BOARD** – Application granted on condition.

**THE VOTE TO GRANT –**

Affirmative: Chair Srinivasan, Vice Chair Collins, Commissioner Ottley-Brown, Commissioner Hinkson and Commissioner Montanez .....5  
Negative:.....0

**THE RESOLUTION –**

WHEREAS, the decision of the Department of Buildings' Executive Zoning Specialist, dated May 30, 2013, acting on Department of Buildings Application No. 420606053, reads in pertinent part:

1. Proposed lot coverage of corner lot in R6 portion exceeds maximum permitted; contrary to ZR section 24-11;
2. Proposed building exceeding 23' in height in the required rear yard within the interior lot of the R6 portion is not a permitted obstruction and thus contrary to ZR section 24-36;
3. Proposed rear yard at through lot portion in zoning districts R6 and C1-3/R6 is contrary to ZR sections 24-382 and 33-283 (Required Rear Yard Equivalents);
4. Height and setback limitations for the R6 district portion, above both wide (Crescent) and narrow streets (30th Road) are both contrary to ZR section 24-522; and

WHEREAS, this is an application under ZR § 72-21, to permit, partially within an R6 zoning district and partially within an R6 (C1-3) zoning district, the construction of a six-story addition, renovation and reconfiguration of existing hospital and administration buildings to create an integrated hospital building (Use Group 4) for The Mount Sinai Hospital and Icahn School of Medicine at Mount Sinai ("Mount Sinai") that does not comply with zoning regulations for lot coverage, rear yard, rear yard equivalents, and height and setback, contrary to ZR §§ 24-11, 24-36, 24-382, 24-522, and 33-283; and

WHEREAS, a public hearing was held on this

application on August 13, 2013, after due notice by publication in the *City Record*, and then to decision on September 10, 2013; and

WHEREAS, the site and surrounding area had site and neighborhood examinations by Chair Srinivasan, Commissioner Hinkson, and Commissioner Montanez; and

WHEREAS, Community Board 1, Queens, recommends approval of this application, subject to the following conditions: (1) all fencing, including masonry walls at the property line with adjacent property owners, is to be 100 percent opaque with shrubbery to screen the ambulance parking area from adjacent properties; (2) all lighting in ambulance parking, including access and egress areas, is to be directed away from neighboring residents' windows; (3) that contractors will coordinate with, and be considerate, to adjacent residences and business owners during the construction process, including the removal of graffiti as it appears; (4) that Mount Sinai will make every effort to seek, procure and provide adequate parking facilities for the existing and proposed expansion and should be provided with a multilevel parking garage, which should be built at the existing parking; and (5) that Mount Sinai will provide traffic control and mitigation at the ambulance access and egress locations of the property, where there is a high pedestrian traffic flow on the sidewalk; and

WHEREAS, the Queens Borough President recommends approval of this application, provided that the conditions expressed by Community Board 1 are satisfied; and

WHEREAS, the application is brought on behalf of Mount Sinai, a non-profit educational institution and hospital; and

WHEREAS, the subject site spans the west side of Crescent Street between 30th Avenue and 30th Road and is a single zoning lot that comprises Tax Lots 9, 12, 34, and 35; and

WHEREAS, the site has a lot area of 49,098 sq. ft. with 221.1 feet of frontage along 30th Avenue, 204.67 feet of frontage along Crescent Street, and 269.49 feet of frontage along 30th Road; and

WHEREAS, the site is partially located within an R6 zoning district and partially located within an R6 (C1-3) zoning district; and

WHEREAS, the site is currently occupied by a six-story, approximately 65,641 sq. ft. main hospital building (the "Main Building"), a two-story, approximately 9,951 sq. ft. administration building (the "Administration Building"), a three-story, approximately 16,720 sq. ft. annex building on Lot 12 (the "Annex"), a two-story, approximately 8,788 sq. ft. ambulatory surgery building on Lot 9 (the "Ambulatory Building"), and two two-story, approximately 3,740 sq. ft. vacant buildings on Lots 34 and 35; in addition, the site is occupied by

**170-13-BZ****CEQR #13-BSA-150Q**

several smaller structures that the applicant proposes to remove or relocate, including: a one-story brick storage building and two vinyl storage sheds on Lot 9, and an oxygen tank farm and an air conditioning unit that straddle Lots 9 and 12; and

WHEREAS, the applicant proposes to construct a six-story addition (the “New Building”), renovate the Main Building, renovate and integrate the Administration Building, and demolish the Annex, the Ambulatory Building, and the two-story buildings on Lots 34 and 35 (as well as various small storage structures) to create an access driveway and service yard to accommodate emergency and service vehicles (collectively, the “Project”); the fully-integrated building will have a total floor area of 176,707 sq. ft. (3.60 FAR); and

WHEREAS, the applicant states that the New Building will contain: (1) at the cellar level, mechanical space, a laboratory, a morgue, a sterile processing department, storage and an ambulatory care entrance pavilion; (2) at the first floor, a state-of-the-art emergency department capable of accommodating 36 treatment positions as well as an imaging scanner and x-ray for dedicated emergency use, a walk-in public entrance and an ambulance entrance; (3) at the second floor, outpatient ambulatory care services including an urgent care department, endoscopy department, pre-admission testing, and imaging department (with new MRI, CT Scan, x-ray, mammography, ultrasound and bone density imaging equipment and facilities); (4) at the third floor, seven operating rooms, pre-op holding beds, a post-anesthesia holding unit, isolation rooms, and required support space; and (5) at the fourth, fifth, and sixth floors, primary and preventive outpatient care facilities, with at least 40 examination rooms per floor and supporting spaces; and

WHEREAS, the applicant states that the Project includes the following renovations of existing buildings: (1) renovation of the existing emergency department on the first floor of the Main Building; (2) installation of a new HVAC system on the first through sixth floors of the Main Building; (3) replacement of existing windows on the first through sixth floors of the Main Building and the first and second floors of the Administration Building with new energy efficient windows; (4) renovation and expansion of the existing inpatient and visitor waiting area off 30th Avenue on the first floor of the Main Building; (5) elimination of dead-end corridors throughout the first through fifth floors of the Main Building; (6) the creation of connections between the Main Building and the New Building on the first through fifth floors; (7) demolition of egress stairs within the Administration Building and replacement with connections to the New Building at the cellar, first and second floors of the Administration Building; (8)

alignment and integration of the second floor of the existing buildings and fifth floor of the Main Building with the first and third floors of the New Building; and (9) stone cladding of the façade of all existing buildings; and

WHEREAS, the applicant states that the Project also includes the construction of a new driveway and ambulance entrance between 30th Avenue and 30th Road, which will provide a covered drop-off area and ambulance parking and maneuvering space for improved patient flow and access for emergency vehicles, an oxygen tank farm, required dumpsters and space for the dumpsters to be emptied without obstructing ambulance flow, and an enclosed bicycle shed with 18 spaces; and

WHEREAS, the applicant states, as noted above, that the Project will result in a total floor area of 176,707 sq. ft. (3.60 FAR), which is well below the maximum permitted FAR for a community facility at the site (4.80 FAR); and

WHEREAS, the applicant represents that the Project will create the following non-compliances on the site: (1) the New Building will have maximum street wall height of 97.34 feet and a maximum building height of 101.34 feet with no setback on Crescent Street (wide street) or on 30th Road (narrow street) (a maximum street wall height of 60 feet or 6 stories (whichever is less) is permitted, after which the initial setback is 15 feet on a wide street or 20 feet on a narrow street; there is no maximum building height), and penetrate the sky exposure plane (the required sky exposure plane from a height of 60 feet above the street line is 5.6:1 on a wide street or 2.7:1 on a narrow street); (2) the Project will result in a lot coverage of 99.7 percent on the corner lot portion in an R6 district (the maximum permitted lot coverage is 70 percent for a corner lot); (3) the portions of the site where a 30-foot rear yard is required (on the two interior lot portions of the site) contain a portion of the New Building and an oxygen tank farm, which are not permitted obstructions within a required rear yard; and (4) finally, where 20- and 30-foot rear yard equivalents are required (on the two through lot portions of the site), they are not provided; and

WHEREAS, the applicant notes that Mount Sinai is one of the country's oldest and largest voluntary teaching hospitals, and is internationally acclaimed for excellence in clinical care, education, and scientific research in nearly every aspect of medicine; Mount Sinai bought the 100-year-old hospital now known as Mount Sinai Queens in 1999, continuing a tradition of providing hospital services to the residents of western Queens; and

WHEREAS, the applicant states that Mount Sinai has done all it can to improve and expand Mount Sinai Queens' operations within the confines of the existing buildings, including expansion of the emergency department; expansion and upgrade of the imaging equipment; construction of a new endoscopy suite; and

implementation of an electronic health record system to enhance and integrate patient care across Mount Sinai hospital campuses and medical practices; nevertheless, the applicant states that Mount Sinai Queens must further expand in order to meet the needs of its growing patient population; and

WHEREAS, the applicant represents that since the time Mount Sinai acquired the facility, the borough of Queens has lost five hospitals, and Mount Sinai Queens is currently the only hospital and the leading provider of care in its primary service area, an area with a population of approximately a quarter of a million people; when combined with its secondary service area, which only includes one other hospital, Mount Sinai Queens services three-quarters of a million people; the applicant notes that the importance of a local hospital cannot be overstated as for many people the cost and difficulty of traveling to Manhattan, except for highly specialized care, is a barrier to treatment and can delay or forego timely diagnosis and treatment, resulting in otherwise unnecessary and expensive hospitalization; finally, the applicant represents that the community surrounding the site is made up of an ethnically and culturally diverse population, which suffers from several persistent health problems including increased heart disease, obesity, and diabetes; and

WHEREAS, as to the educational component of Mount Sinai, the applicant states that Mount Sinai Queens is a key training site for students of Mount Sinai's medical school, the Icahn School of Medicine at Mount Sinai; medical students do primary care and pediatrics rotations at the Family Health Center, emergency medicine rotation in the emergency department, are introduced to clinical medicine in the Medicine Department, and take elective training in obstetrics, gynecology and reproductive surgery; Mount Sinai Queens also provides resident training in podiatry in the hospital, the Emergency Department, and outpatient clinics; and

WHEREAS, in addition to training medical students, the applicant states that Mount Sinai Queens provides essential health education to the community through local faith-based organizations and community groups, and also, in partnership with its affiliates, holds lectures, health fairs, and open houses, which offer information and screenings on a wide variety of health care issues; and

WHEREAS, the applicant states that its existing facilities are extremely undersized given the need and size of the surrounding community (particularly due to the recent closure of health care providers in the Queens area) and outdated, in that the Main Building was built more than 60 years ago, and the Annex—the original hospital building—was built more than 100 years ago; and

WHEREAS, the applicant states that the proposed

expansion is critical to Mount Sinai's ability to provide high quality medical care and education in up-to-date medical facilities; the applicant asserts that the rapidly changing nature of health care delivery in New York, and around the country, necessitates building new program spaces and improving upon existing ones; the applicant also notes that with the adoption of the Affordable Care Act at the federal level and efforts at the State level around Medicaid Redesign, Mount Sinai Queens must redesign its programs in order to successfully deliver 21st Century medical care and medical education; further, improved facilities would allow an increase in the presence of medical students and faculty, and expand teaching opportunities; and

WHEREAS, the applicant states that the requested waivers are required so that it may construct a building that accommodates Mount Sinai's programmatic needs, which the applicant articulated as follows: (1) large, uniform floor plates to accommodate state-of-the-art equipment and maximize the efficiency of the space; and (2) adequate floor-to-floor heights to allow for alignment and integration with floors of the existing buildings to create a single facility; and

WHEREAS, thus, the applicant states that there is a direct nexus between the need for large, uniform floor plates and high ceilings, and the requested relief from compliance with the regulations regarding maximum street wall height, sky exposure plane, lot coverage, rear yards and rear yard equivalents, (which collectively result in smaller floor plates and lower floor-to-floor heights); and

WHEREAS, as to large, uniform floor plates, the applicant asserts that they will allow for the creation of: an integrated, state-of-the-art operating room floor with ten rooms spanning the entire third floor of the New Building and one wing of the Main Building, a sterile core between the third floor of the New Building and the fifth floor of the Main Building (which will allow safe movement of physicians, staff, and supplies) an expanded and highly efficient emergency department with a connection to inpatient imaging and patient rooms on the second floor of the Main Building, an outpatient ambulatory care floor with nearby complimentary services (which will allow the sharing of support services such as reception and waiting areas, thereby reducing redundancies), an integrated primary and preventive outpatient care space, grouped into practice area suites, with at least 40 exam rooms per floor to accommodate multi-specialty Mount Sinai clinical practical facilities, separation of inpatient and outpatient circulation, double-sided elevator and fire stairs that access all floors and connect the New Building with all other buildings by bridging the offset in elevation, minimizing of mechanical space; and

WHEREAS, as to adequate floor-to-floor heights, the applicant represents that they will allow for: alignment and integration of the first and third floors of

**170-13-BZ****CEQR #13-BSA-150Q**

the New Building with the second floor of the Administration Building and Main Building and fifth floor of the Main Building, respectively, which requires floor-to-floor heights of approximately 17 feet on the first and second floors of the New Building, space to accommodate the structure, ductwork, conduit, and plumbing required between floors, which requires floor-to-floor heights of at least 15 feet on the third through sixth floors of the New Building, and an entrance pavilion that is easily identifiable to patients approaching along 30th Avenue and which aligns with and leads into the cellar level of the remainder of the New Building; and

WHEREAS, the applicant states that through extensive programming studies and a multi-year planning process, Mount Sinai determined the need for expanded and improved state-of-the-art medical care and teaching facilities to fulfill the needs of the Queens community; further, the applicant represents that the design of the New Building is critically important to the fulfillment of Mount Sinai's mission and the provision of comprehensive and efficient medical services and medical education, as well as the recruitment of high-quality physicians, medical school faculty members, students, and residents; and

WHEREAS, the applicant represents that the proposed design represents the only possible place on the site to locate the approximately 18,891 sq. ft. floor plates of the New Building in an arrangement that achieves the required opportunities for integration of certain departments with existing facilities in the existing buildings, convenient access to shared laboratory and medical support facilities and other support services, effective and efficient staffing of the facility, distinct inpatient and outpatient circulation, efficient mechanical systems, and appropriate placement of loading and service functions; and

WHEREAS, the applicant also notes that the New Building design is constrained by the fact that Mount Sinai has a programmatic need to maintain services within the Ambulatory Building until the New Building is operational; accordingly, the New Building cellar cannot be expanded eastward to accommodate mechanical and support facilities; and

WHEREAS, in addition to the programmatic needs, the applicant states that the building design is constrained by the following unique conditions of the site: (1) irregular shape of the site; and (2) subsurface conditions; and

WHEREAS, the applicant states the site has an irregular shape due to the existence of three out-parcel lots along 30th Avenue, which limit the size and shape of the New Building and prevent an as-of-right design that provides large, uniform floor plates that are integrated with existing buildings; and

WHEREAS, as to subsurface conditions, the applicant submitted a report that indicates the existence of a high water table at the site, which increases the cost of construction and makes construction of multiple sub-cellars infeasible; and

WHEREAS, thus, the applicant states that the requested modifications of the lot coverage, rear yard, rear yard equivalents, and height and setback regulations are due in part to the irregular shape of the site and the subsurface conditions; and

WHEREAS, the applicant explored the feasibility of an alternative configuration of the New Building that would strictly comply with the applicable zoning requirements, and it found that the as-of-right building fails to satisfy its programmatic needs; and

WHEREAS, specifically, the applicant determined that the as-of-right building: (1) fails to provide the necessary floor plate size for all but one floor in the New Building; and (2) would need to rise to twelve stories in order to accommodate the programming in the proposed New Building, and include a sub-cellars to accommodate program area and mechanical equipment displaced from the upper floors due to the required setbacks; and

WHEREAS, the applicant represents that the smaller, non-uniform floor plates undercut the departmental layouts, efficiencies and adjacencies that drive the design of the proposed New Building, resulting in an inefficient use of space, inefficient patient circulation, duplication of programs and staffing, and higher operating costs, as well as a reduction in services and medical school training; and

WHEREAS, the applicant states that the smaller floor plates would force the operating rooms to be split between two floors in order to maintain the necessary operating room size, creating a tremendous loss of efficiency and duplication of program spaces and staffing and resulting in the loss of one of the proposed operating rooms; the additional operating room floor would not connect to the Main Building, and the primary connection of the primary operating room floor between the third floor of the New Building and the fifth floor of the Main Building would be lost due to the relocation of the fire stairs necessitated by the required setback and compliance with Building Code requirements; and

WHEREAS, the applicant also states that the changes necessitated by the as-of-right design would eliminate the proposed sterile core, causing physicians and staff to continually move between sterile and non-sterile areas, which would severely impact the efficiency of the operating rooms; further, the rear yard setbacks would force the relocation of the visitor elevators and adjacent fire stairs to the center of the emergency department, which would displace four treatment positions and compromise the functionality and operating efficiency of the emergency department

layout, representing a significant loss to a vital department which had already been compressed in the proposed New Building to the minimum space necessary; and

WHEREAS, additionally, the applicant represents that the progressively smaller floor plates starting on the second floor and the very small floor plates on the ninth through eleventh floors would also necessitate the following changes: relocation of the morgue, storage, sterile processing department and mechanical equipment from the cellar to an added sub-cellars; relocation of the urgent care department, pre-admission testing and imaging department to the cellar and endoscopy to the fourth floor, thereby splitting up the outpatient ambulatory care service and resulting in a loss of efficiency and redundancy of support services and staffing, and creating patient circulation issues as ambulatory care patients move between floors; and distribution of the outpatient care facilities over eight floors rather than three, making it impossible to provide the recommended 40 exam rooms per floor, to locate symbiotic practice groups in close proximity to one another, and to provide outpatient medical training in a model faculty practice setting; and

WHEREAS, the applicant notes that elevator service would suffer in the as-of-right building, because the five proposed elevators would need to serve six additional floors, and additional elevators could not be added due to the smaller upper floor plates; and

WHEREAS, the applicant also notes that an as-of-right building, with its narrow floor plates, limited space for mechanical equipment and shafts, and 15- to 17-foot floor-to-ceiling heights (a key programmatic requirement, as noted), would require the inclusion of a sub-cellars, which, as noted above, would be below the water table; as such, a double pressure slab, extensive waterproofing, and substantial additional support of excavation would be required, including sheeting and shoring at the perimeter of the site and underpinning of the existing buildings; and

WHEREAS, the applicant asserts that, overall, the as-of-right building would increase construction time by approximately five to six months and increase construction costs by approximately \$12,000,000 to \$13,500,000; and

WHEREAS, the Board acknowledges that Mount Sinai, as an educational institution, is entitled to significant deference under the law of the State of New York as to zoning and as to its ability to rely upon programmatic needs in support of the subject variance application; and

WHEREAS, specifically, as held in Cornell Univ. v. Bagnardi, 68 N.Y.2d 583 (1986), an educational institution's application is to be permitted unless it can be shown to have an adverse effect upon the health,

safety or welfare of the community, and general concerns about traffic, and disruption of the residential character of a neighborhood are insufficient grounds for the denial of an application; and

WHEREAS, accordingly, based upon the above, the Board finds that the limitations and inefficiencies of the site, when considered in conjunction with the programmatic needs of Mount Sinai, create unnecessary hardship and practical difficulty in developing the site in compliance with the applicable zoning regulations; and

WHEREAS, since Mount Sinai is a non-profit institution and the variance is needed to further its non-profit mission, the finding set forth at ZR § 72-21(b) does not have to be made in order to grant the variance requested in this application; and

WHEREAS, the applicant represents that the variance, if granted, will not alter the essential character of the neighborhood, will not substantially impair the appropriate use or development of adjacent property, and will not be detrimental to the public welfare; and

WHEREAS, the applicant states that the proposed building would be in keeping with the character of the surrounding neighborhood, which is defined by medium density residential neighborhood, light commercial uses, and numerous medical and other institutional uses; and

WHEREAS, the applicant states that the six-story New Building, with its street wall height of 97.34 feet and building height of 101.34 feet on Crescent Road, will be compatible with the directly-adjacent Main Building, which is also six stories and has a building height of 94.73 feet; in contrast, the 12-story, tiered as-of-right building (with a maximum street wall height of 60 feet and total building height of approximately 235 feet) would be out of context with the existing buildings at the site and the neighborhood in general; and

WHEREAS, further, the applicant states that the site comprises nearly half of the block, and the remainder of the block is fully developed with several medium density five- or six-story apartment buildings, many of which contain individual doctors' offices on the ground floors; and

WHEREAS, as to the nearby buildings on adjacent blocks, the applicant states that: (1) uniform three-story mixed residential and commercial buildings characterize the north side of 30th Avenue; (2) a mix of one- and three-story residential, community facility, and commercial uses, and open space are found on the west side of Crescent Street; and (3) across 30th Road are several six-story apartment buildings; and

WHEREAS, in support of its representations regarding the New Building's compatibility with the residential buildings along 30th Road, the applicant submitted a streetscape showing building heights ranging from 52 feet to 146 feet, with the majority of buildings being six stories and between 67 and 83 feet

**170-13-BZ  
CEQR #13-BSA-150Q**  
in height; and

WHEREAS, the applicant notes that the contemporary design of the New Building is compatible with newer residential and community facility buildings in the vicinity, including the steel-and-glass arched atrium of the tile-clad Astoria Medical Plaza located at 27-47 Crescent Street, the glass-and-steel façade of the six-story Olympic Open MRI building located at 23-08 30th Avenue, and the masonry-clad P.S. 234 with an abstract gable element at the roofline located at 30-15 29th Street; and

WHEREAS, the applicant states that the creation of a continuous street wall with new street trees, removal of existing chain link fencing and mechanical gates, and replacement of the vertically-oriented oxygen tank (with a height of 31 feet) with a horizontally-oriented oxygen tank (with a height of nine feet) improves the pedestrian experience along the frontages and reduce the site's impact on its residential neighbors; and

WHEREAS, the applicant notes that its proposal does not alter street orientation or street patterns, is designed to improve emergency and commercial vehicle traffic on 30th Avenue, Crescent Street, and 30th Road, and pedestrian and vehicular circulation, and will reduce the parking and idling of vehicles around the site; the applicant also represents that the proposed service yard will be substantially similar in terms of impact on the adjacent property as the as-of-right design, except that the proposed design will have a reduced visual impact due to the reorientation of the oxygen tank; and

WHEREAS, as to the impact of the Project on the low-rise mixed residential and commercial buildings along 30th Avenue, the applicant states that it will be minimal, because the New Building will be situated to the rear of the site, behind the existing Main Building and across 30th Avenue, which is a wide street; additionally, the as-of-right building would be much more visible to the 30th Avenue neighbors and cast significantly longer shadows than the New Building; and

WHEREAS, to address the concerns of Community Board 1, the applicant responds that it will: (1) appropriately screen the proposed service yard from the neighboring properties to the east by an opaque wall, which will match the appearance of the New Building, be eight feet tall along the southern portion of the project (near 30th Road) and four feet tall along the northern portion of the project site (near 30th Avenue), and be covered with plantings from planters on top or from plantings within the wall itself; (2) explore the possibility of an automatic gate at the ambulance exit on 30th Road to further screen the

service yard; (3) illuminate the service yard and ambulance driveway with lights installed low and directed away from the adjacent properties; (4) hold quarterly meetings with its neighbors during construction and post a 24-hour telephone number for reporting of concerns; (5) remove graffiti that appears at the site; (6) expand its off-site parking facilities at 23-11 30th Road from 46 parking spaces to 96; and (7) continue to investigate options for ensuring pedestrian safety at the site, particularly around the 30th Avenue vehicle entrance and 30th Road vehicle exit, including the placement of enhanced signage and other visual and tactile markings along the sidewalk; and

WHEREAS, at hearing, the Board raised concerns regarding the hours of deliveries and collection, hours of waste compacting, and the proposed screening, lighting, and landscaping of the service yard; in addition, the Board requested clearer depictions of the neighborhood character and bulk along 30th Road; and

WHEREAS, in response, the applicant submitted an amended statement, which indicated that deliveries, collection, and waste compacting will be limited to daily between the hours of 7:00 a.m. and 9:00 p.m.; in addition, the applicant submitted additional drawings showing adequate screening, lighting and landscaping along the perimeter of the service yard and streetscapes and photographs sufficiently depicting all frontages of the site in context; and

WHEREAS, accordingly, the Board finds that, consistent with ZR § 72-21(c), this action will not alter the essential character of the surrounding neighborhood nor impair the use or development of adjacent properties, nor will it be detrimental to the public welfare; and

WHEREAS, the applicant states that, in accordance with ZR § 72-21(d), the hardship was not self-created and that no development that would meet the programmatic needs of Mount Sinai could occur on the existing site; and

WHEREAS, accordingly, the Board finds that the hardship herein was not created by the owner or a predecessor in title; and

WHEREAS, the applicant represents that the requested waivers are the minimum relief necessary to accommodate the projected programmatic needs; and

WHEREAS, the Board has reviewed the applicant's program needs and assertions as to the insufficiency of a complying scenario and has determined that the requested relief is the minimum necessary to allow Mount Sinai to fulfill its programmatic needs, per ZR § 72-21(e); and

WHEREAS, accordingly, the Board has determined that the evidence in the record supports the findings required to be made under ZR § 72-21; and

WHEREAS, the project is classified as a Type I action pursuant to 6 NYCRR, Part 617.4; and

**170-13-BZ**

**CEQR #13-BSA-150Q**

WHEREAS, the Board conducted an environmental review of the proposed action and documented relevant information about the project in the Final Environmental Assessment Statement ("EAS") CEQR No. 13BSA150Q, dated June 27, 2013; and

WHEREAS, the EAS documents that the project as proposed would not have significant adverse impacts on Land Use, Zoning, and Public Policy; Socioeconomic Conditions; Community Facilities and Services; Open Space; Shadows; Historic Resources; Urban Design and Visual Resources; Neighborhood Character; Natural Resources; Waterfront Revitalization Program; Infrastructure; Hazardous Materials; Solid Waste and Sanitation Services; Energy; Traffic and Parking; Transit and Pedestrians; Air Quality; Noise; and Public Health; and

WHEREAS, the New York City Department of Environmental Protection's (DEP) Bureau of Environmental Planning and Analysis reviewed the project for potential hazardous materials; and

WHEREAS, DEP reviewed and accepted the July 2013 Remedial Action Work Plan and site-specific Construction Health and Safety Plan; and

WHEREAS, DEP requested that a Remedial Closure Report be submitted to DEP for review and approval upon completion of the proposed project; and

WHEREAS, no other significant effects upon the environment that would require an Environmental Impact Statement are foreseeable; and

WHEREAS, the Board has determined that the proposed action will not have a significant adverse impact on the environment.

*Therefore it is Resolved*, that the Board of Standards and Appeals issues a negative declaration, prepared in accordance with Article 8 of the New York State Environmental Conservation Law and 6 NYCRR Part 617, the Rules of Procedure for City Environmental Quality Review and Executive Order No. 91 of 1977, as amended, and the Board of Standards and Appeals makes each and every one of the required findings under ZR § 72-21 and grants a variance to permit, partially within an R6 zoning district and partially within an R6 (C1-3), the construction of a six-story addition, renovation and reconfiguration of existing hospital and administration buildings to create an integrated hospital building (Use Group 4) for Mount Sinai that does not comply with

**A true copy of resolution adopted by the Board of Standards and Appeals, September 10, 2013.  
Printed in Bulletin Nos. 35-37, Vol. 98.**

**Copies Sent**

**To Applicant**

**Fire Com'r.**

**Borough Com'r.**

zoning regulations for lot coverage, rear yard, rear yard equivalents, and height and setback, contrary to ZR §§ 24-11, 24-36, 24-382, 24-533, and 33-283, *on condition* that any and all work shall substantially conform to drawings as they apply to the objections above noted, filed with this application marked "Received August 27, 2013" – twenty-five (25) sheets; and *on further condition*:

THAT the bulk parameters of the New Building will be in accordance with the approved plans and be limited to 176,707 sq. ft. (3.60 FAR), a maximum street wall height of 97.34 feet, a maximum building height of 101.34 feet, and a maximum lot coverage of 99.7 percent on the corner lot portion in the R6 district, as reflected on the BSA-approved plans;

THAT the hours of delivery, collection, and waste compacting within the service yard will be as reflected in the BSA-approved plans and limited to daily, from 7:00 a.m. to 9:00 p.m.;

THAT lighting will be directed away from the adjacent residential buildings;

THAT the site will be maintained free of graffiti;

THAT traffic control and mitigation will be provided at the ambulance entrance and exit;

THAT landscaping and screening will be in accordance with the approved plans;

THAT this approval is limited to the relief granted by the Board in response to specifically cited and filed DOB/other jurisdiction objection(s) only;

THAT substantial construction will be completed pursuant to ZR § 72-23;

THAT DOB will not issue a Certificate of Occupancy until the applicant has provided them with DEP's approval of the Remedial Closure Report;

THAT the approved plans will be considered approved only for the portions related to the specific relief granted; and

THAT the Department of Buildings must ensure compliance with all other applicable provisions of the Zoning Resolution, the Administrative Code, and any other relevant laws under its jurisdiction irrespective of plan(s)/configuration(s) not related to the relief granted.

Adopted by the Board of Standards and Appeals, September 10, 2013.

**CERTIFIED RESOLUTION**

  
Chair/Commissioner of the Board