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May 13, 2010

Hon. Meenakshi Srinivisan, Chair
New York City Board of Standards and Appeals
40 Rector Street
New York, New York 10006

Re: NYU Langone Medical Center
Emergency Department Expansion
522-566 and 596-600 First Avenue a/k/a 400-424
East 34th Street and 423-437 East 30th Street
Block 962, Lots 80, 108, and 1001-1107
BSA Cal. No. 41-10-BZ, CEQR No. 10-BSA-055M

Dear Chair Srinivisan and Commissioners:

We are writing in response to your Board's Notice of Comments, dated April 19, 2010, in connection with the referenced application on behalf of NYU Langone Medical Center ("the Medical Center") for a variance to modify the rear yard and signage regulations of the Zoning Resolution in order to renovate and expand the Medical Center's Emergency Department. This letter is accompanied by a letter from NBBJ Architects (the "Supplementary Architect Letter") which responds to those comments that relate to the physical development of the property.

The Statement of Facts and Findings, the Architect Letter,[1] and Drawings Z-0.03, Z-1.03, and Z-1.11 have been revised to incorporate these responses. In addition, revisions have been made to Drawings Z-1.08 and Z-1.11 to show that the cellar of the Proposed Structure would not encroach upon the adjoining Amtrak property; to Drawing Z-1.01 to correct the floor area schedule with respect to the cellar of the Proposed Structure; to the Statement of Facts and Findings and Drawings Z-0.01 and Z-0.02 to clarify that the floor area of the Complying Structure would be 3,245 square feet, not 3,275 square feet; and to the Architect Letter and Drawing Z-1.07 to indicate that only Sign 7, as shown on that drawing, would be illuminated.

The attachments to this letter consist of eight (8) copies of the following:

- The Supplementary Architect Letter, dated May 12, 2010;
- A revised Statement of Facts and Findings;

[1] All capitalized terms not defined in this letter shall have the meaning given to them in the Statement of Facts and Findings.

- A revised Architect Letter, dated May 12, 2010;
- Revised Drawings Z-0.01, Z-0.02, Z-0.03, Z-1.01, Z-1.03, Z-1.07, Z-1.08, and Z-1.11, dated May 12, 2010;
- Copies of the Board's resolutions as requested by Comment 1; and
- Signage Analysis prepared by Two Twelve.

Statement of Facts and Findings

1. **Provide copies of the resolutions for all BSA cases cited.**

We have enclosed copies of the Board's resolutions cited in the Statement of Facts and Findings, with a cover sheet listing the resolutions.

2. **Discuss the size and height of the portion of the mechanicals which encroach within the rear yard.**

The rooftop mechanical equipment would be located behind a screen wall which surrounds the roof on all sides, and which would reach a height of 40.17 feet above mean curb level. The exact height and location of the mechanical equipment may change, but the equipment would not extend above the height of the screen wall and would in no case be visible from street level. The Supplementary Architect Letter describes the mechanical equipment and screen wall in greater detail.

3. **Discuss the adjoining use along the rear lot line. State what impact the enlargement into the rear yard has on the Amtrak building.**

The rear yard waiver would not impact the Amtrak building. The Amtrak building functions as a ventilation shaft for, and emergency exit stair from, the LIRR train tunnels, which are owned by Amtrak and run beneath the site. It contains mechanical equipment, is occupied only as needed by maintenance workers, and does not have windows. The portion of the enlargement in the rear yard would not limit access to, or egress from, any of the Amtrak building's doors, including the emergency exit on the east side of the Amtrak building, and would not be visible from inside the Amtrak building. The Supplementary Architect Letter describes the relationship between the Amtrak building and the portion of the enlargement in the rear yard in greater detail.

4. **The statements on page 10 and 11 of the nbbj letter referencing drawings ES-02 and ES-03 are unclear. The drawings seem to show separate entrances for walk in and ambulance patients.**

As shown on Figures ES-02 and ES-03, both the Proposed Expansion and Complying Expansion have separate entrances for walk-in patients and ambulance patients. The differing patient experiences would occur beyond the entry points, where the patient groups would become mixed in the Complying Expansion but would be fully separated in the Proposed Expansion. Figures ES-02 and ES-03 are described in greater detail in the Supplementary Architect Letter.

5. **Revise neighborhood character finding to discuss what impact if any the requested rear yard and signage waivers will have on the neighborhood.**

The character of the area in which the Development Site is located is defined by numerous health care facilities located between First Avenue and the FDR Drive and further south along the First Avenue medical corridor. First Avenue is a wide, heavily trafficked northbound thoroughfare which divides the major health care facilities on the east side of the Avenue from the neighborhood to the west, which has a mix of residential and institutional uses. The project site is located on a superblock largely occupied by the many mid-rise and high-rise buildings of the Medical Center. There are also two unoccupied Amtrak ventilation buildings on the northwest portion of the superblock, and the Office of the New York City Medical Examiner on the southwest portion of the superblock, distant from the Development Site. As such, there are no uses adjacent to the Development Site or on the superblock that would be affected by the requested waiver of rear yard requirements. The waiver of rear yard requirements would have no discernable impact on the surrounding neighborhood, as the Development Site would continue to be utilized as part of the Medical Center complex, which is composed of structures of various shapes, sizes, orientations, and designs.

The signage waivers would not adversely impact the surrounding neighborhood. The Development Site is located in an urban area which is defined primarily by the hospital and other institutional uses on superblocks along the First Avenue medical corridor. The 197-a Plan for the Eastern Section of Community District 6 (ULURP No. N 060273 NPM) recommended that the area including the Medical Center be rezoned from residential to a Special Hospital Use District. While this proposal has not been implemented by the City, it confirms that the community recognizes this area as an appropriate location for specialized hospital uses, which by definition require atypical bulk, use, and signage arrangements. First Avenue in the vicinity of the Medical Center campus does not have a residential character, and in fact, the closest residential use to the Development Site is located diagonally across First Avenue, at least 150 feet away. The signage waivers allow signage which is appropriate to the medical corridor and which will not interfere with residential uses in the neighborhood.

6. **On page 11, provide more detail of signage waiver under the 'A' finding. What is permitted? What is proposed? What is the programmatic need for the waiver and what is the uniqueness about the site as it related to the sign waiver? While this is discussed on page 6, it should be restated here.**

For community facilities in R8 zoning districts, the maximum allowable area for signage is 25 square feet or 15 percent of the street frontage in feet, whichever is less. Zoning Resolution § 22-331. Signs are not permitted to extend above the ground floor ceiling or more than 20 feet above curb level, whichever is less. Zoning Resolution § 22-342. As shown on Drawing Z-0.06, the maximum allowable signage would be 25 square feet and would not be permitted to extend above the ground floor ceiling. The Proposed Structure would include a vertical panel sign that is integrated into the building's south façade, perpendicular to First Avenue, as well as other signage at the Proposed Structure's entrances and on the Proposed Structure's façade. The total area of the signage would be 354.2 square feet, and the vertical panel sign and certain façade signage would extend above the height of the Proposed Structure's ground floor ceiling.

The signage program for the Proposed Structure is designed to satisfy the Medical Center's programmatic needs and to respond to the conditions surrounding the site. As described in the Architect Letter submitted with the application and in the signage analysis prepared by Two Twelve (the "Signage Analysis"), submitted with this letter, the signage must satisfy basic standards for visibility and legibility in order to provide effective way-finding for Emergency Department patients, and must be sensitive to the Emergency Department's location and surrounding conditions. The Emergency Department is one of three emergency departments located along the First Avenue medical corridor, and it is situated among a number of other buildings on the Medical Center campus. The lack of signage distinguishing the Emergency Department from other facilities causes confusion for visitors, who often are drawn into the wrong building and lose critical time in urgent situations. The Emergency Department entrances must therefore be clearly identified as part of the Medical Center, rather than other hospitals along First Avenue, and must be clearly distinguished from other Medical Center entrances. In addition, the Emergency Department signage must be visible to northbound motorists on First Avenue well before they must enter the emergency drop-off lane. The signage should be visible to northbound motorists from a distance of approximately 650 feet (approximately East 30th Street) to give drivers sufficient maneuvering distance as they are approaching the drop-off lane. Because traffic back-up at the East 33rd Street intersection often includes buses, delivery vans, and other tall vehicles, signs for motorists must also be located at a sufficient height so as to remain visually unobscured by these vehicles.

7. **Explain why the expansion cannot occur by allowing for full expansion, but locating the mechanical equipment elsewhere on site where it does not trigger the rear yard objection.**

The mechanical equipment must be located as close as possible to the existing air ventilation shaft in the Tisch Hospital building, which is shown in Figure ASK.1.41 attached to the Supplementary Architect Letter. The roof of the Proposed Structure is the only available location for the mechanical equipment that is proximate to the ventilation shaft. The mechanical equipment cannot be located in the Tisch Hospital building to the south because there are no

available locations in that building. It cannot be located on the property to the east because that property is owned by Amtrak, and it cannot be located in the area to the north because the Amtrak access easement (described below) prohibits permanent obstructions in that area. The Supplementary Architect Letter describes the reasons for the location of the proposed mechanical equipment in greater detail.

8. Explain how the Amtrak easements relate to the requested variances.

The northern portion of the Development Site, consisting of a portion of the bed of former East 33rd Street, is subject to an access easement in favor of Amtrak (see Drawings Z-0.03 and Z-1.03). A significant portion of this area is also subject to a sewer easement. The sewer easement was created in connection with a 1949 indenture between the City of New York and New York University by which portions of East 30th, East 31st, East 32nd, and East 33rd Streets were demapped to create the superblock on which the Medical Center campus is located. The access easement was granted to Amtrak over the bed of former East 33rd Street from First Avenue to the Amtrak property located to the east of the Development Site. Permanent obstructions are not permitted within the easement area. This prevents expansion of the Emergency Department into the area to the north of the Proposed Structure.

The proposed location and configuration of the enlargement on the Development Site would provide the most appropriate solution to the Medical Center's programmatic needs even absent the Amtrak easement. The northern portion of the Development Site is needed for ambulance drop-off and parking and is not close enough to Tisch Hospital to offer a suitable location for mechanical equipment.

The rear yard waiver would allow mechanical equipment to be placed on the rear yard portion of the Proposed Structure's roof, which in turn would allow the removal of the existing ventilation shaft on the Development Site. With the existing ventilation shaft removed, the enlargement could be developed with floorplates of sufficient dimensions and size to satisfy the Medical Center's programmatic needs for an efficient layout and more space.

Plan Sheets

9. Provide a site plan which clearly outlines the zoning lot and the portion of the lot [in] which the enlargement is taking place. Show area of Amtrak access easement.

We have enclosed Drawings Z-0.03 and Z-1.03, which have been revised to clearly indicate the zoning lot boundary, the portion of the lot in which the enlargement is taking place, and the area of the Amtrak access easement.

10. Provide the signage/view corridor power point analysis.

We have enclosed the Signage Analysis prepared by Two Twelve, which describes the rationale for the signage plan.

11. Label the rooms on sheet Z-1.11.

We have enclosed Drawing Z-1.11, which has been revised to indicate the rooms within the Proposed Structure.

Respectfully submitted,

Kramer Levin Naftalis & Frankel LLP

By: Elise Wagner
Elise Wagner

Enclosures

cc: Community Board 6
City Councilmember Daniel R. Garodnick
Manhattan Borough President Scott Stringer
Department of Buildings Manhattan Borough Commissioner Derek Lee
Department of City Planning – Edith Hsu-Chen, Director, Manhattan Office
Department of City Planning – Christopher Holme

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SUPPLEMENTARY ARCHITECT LETTER

May 12, 2010

Hon. Meenakshi Srinivasan, Chair
New York City Board of Standards and Appeals
40 Rector Street, 5th Floor
New York, New York 10006

Re: New York University Langone Medical Center
Emergency Department Expansion
522-566 and 596-600 First Avenue, a/k/a 400-424 East 34th Street and 423-437 East 30th Street
Block 962, Lots 80, 108 and 1001 through 1107
BSA Cal. No. 41-10-BZ, CEQR No. 10-BSA-055M

Dear Chair Srinivisan and Commissioners,

We are writing to respond to your Board's Notice of Comments, dated April 19, 2010, regarding the above-referenced application. This letter responds to those comments which are related to the physical development of the property.

Comment 2. Discuss the size and height of the portion of the mechanicals which encroach within the rear yard.

The mechanical equipment located on the roof of the proposed enlargement, including the equipment that encroaches within the required rear yard, is surrounded by a screen wall. The screen wall reaches a height of 40.17' above mean curb level (see Drawing Z-1.04). The screen wall is a design element of the building and serves to hide the equipment from all vantage points when the building is viewed from street level. As indicated on the drawings submitted with the application, the height and location of the mechanical equipment may vary, but the equipment will not extend above the height of the screen wall. Because the volume created by the screen wall includes the volume of the mechanical equipment, the effect of the requested variance on the surrounding neighborhood is more appropriately determined by reference to the height of the screen wall. As discussed in the Statement of Facts and Findings and in our letter dated March 18, 2010, submitted with the application, the screen wall is part of an integrated design for the enlargement that would be in keeping with and contribute to the surrounding context.

Comment 3. Discuss the adjoining use along the rear lot line. State what impact the enlargement into the rear yard has on the Amtrak building.

The existing Amtrak building which adjoins the rear lot line serves as a ventilation shaft for, and emergency exit stair from, the LIRR train tunnels, which are owned by Amtrak and run beneath the site. We understand that the building contains mechanical equipment and, except for periodic visits by workers, is unoccupied. There are exhaust louvers located primarily at the top of the shaft structure. Because this is not an occupied building, the rear yard waiver would not create any impact on this building.

We understand that the above-grade portion of the Amtrak building is made up of ventilation shaft space and machine rooms that house the equipment needed to operate the ventilation system. Maintenance access to these spaces is provided by three at grade doors on the east side of the building and one at grade door on the west side of the building (see Drawing Z-1.11). In the event of an emergency, passengers would exit the train tunnels through stairs which extend up to grade level and then discharge through emergency egress doors on the east side of the Amtrak building, away from the proposed enlargement. As shown on Drawing Z-1.11, the proposed enlargement would not limit access to any of these doors.

The exhaust louvers at the top of the shaft structure extend from a height of 86.005' above mean curb level to the top of the building at 104.380' above curb level. These louvers are well above the screen wall that would be located within the required rear yard, the top of which would reach a height of 40.17' above mean curb level. (As noted in our response to Comment 1 above, mechanical equipment located within the rear yard would not extend above the top of the screen wall.) There are several other louvers which serve the various machine rooms in the lower portion of the shaft building, but they are relatively small. None of the exhaust louvers would be impacted by the portion of the proposed enlargement located within the rear yard.

Comment 4. The statements on page 10 and 11 of the NBBJ letter referencing the drawings ES-02 and ES-03 are unclear. The drawings seem to show separate entrances for walk in and ambulance.

Both the complying scheme and the proposed scheme, as shown in Figures ES-02 and ES-03, have separate entrances for walk-in patients and ambulance patients. However, the entrances in the complying scheme are constricted, resulting in a mixing of patients within the entry area. Pediatric walk-in patients must pass through the adult waiting and triage rooms, and adult walk-in patients mix with ambulance patients in the corridor leading to adult emergency care services. The increased width of the enlargement in the proposed scheme allows separate entry paths to be provided for each of these patient groups after they enter the building.

Comment 7. Explain why the expansion cannot occur by allowing the full expansion, but locating the mechanical equipment elsewhere on the site where it does not trigger the rear yard objection.

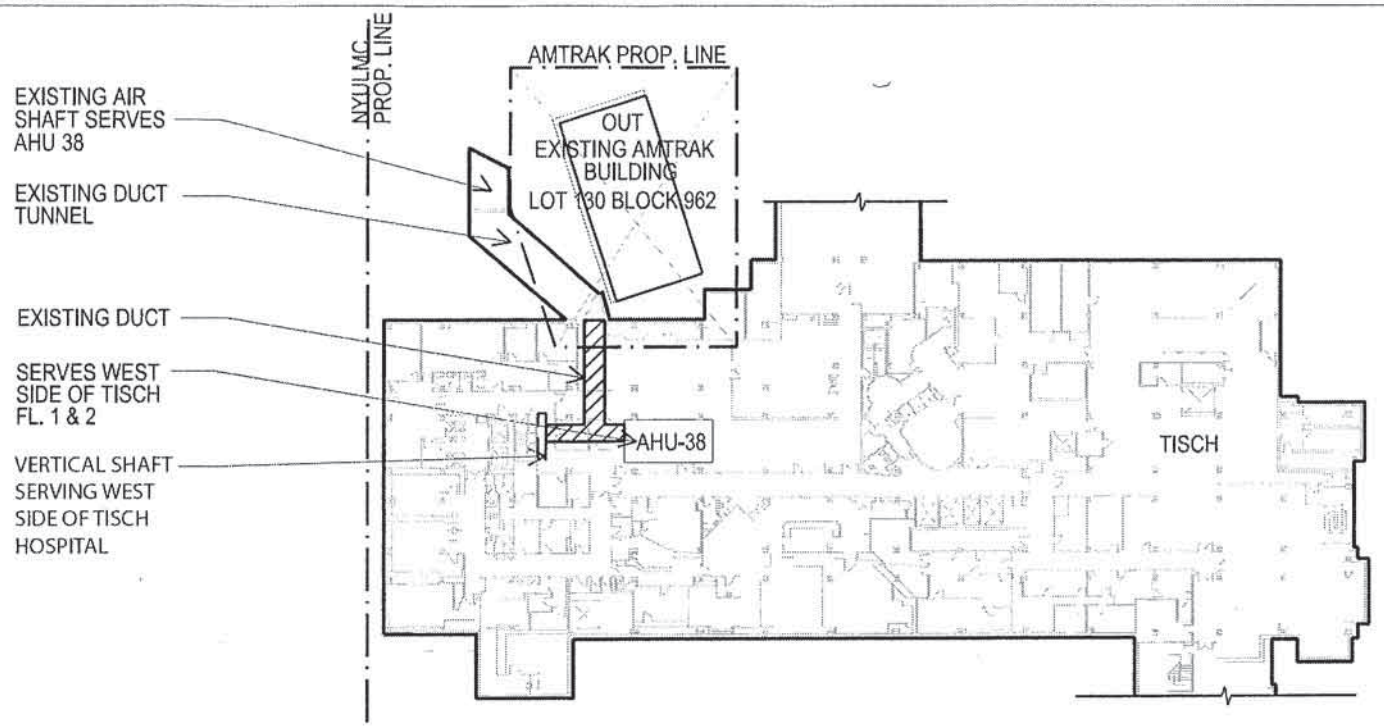
The rooftop mechanical equipment would replace certain existing equipment located in the cellar of the Tisch Hospital building (see Figure ASK.1.41, attached to this letter). The

existing equipment distributes air throughout the west portion of Tisch Hospital through a vertical shaft located at that end of the building. As shown in Figure ASK.1.41, this vertical shaft leads to an air handling unit (AHU-38) located within the Tisch Hospital cellar and to the existing air shaft on the Development Site to the north of Tisch Hospital. The new equipment, which would replace the above air handling unit and air shaft, must be located as close as possible to the existing vertical shaft located within Tisch Hospital so that it can continue to serve Tisch Hospital efficiently.

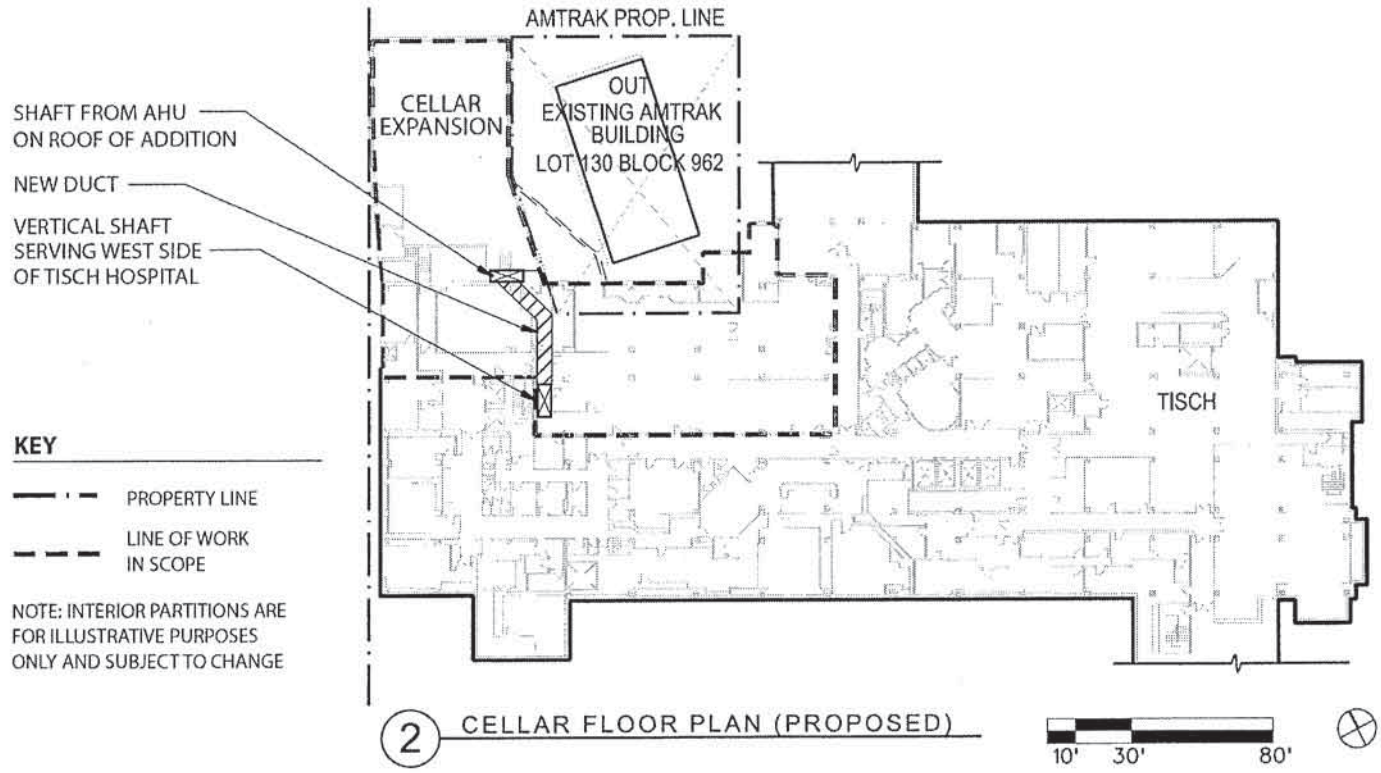
The roof of the proposed enlargement is the only feasible location for the mechanical equipment that is within a reasonable distance of the existing ventilation shaft. There is no space available within Tisch Hospital to the south that can accommodate the mechanical equipment and provide access to the ventilation shaft. The mechanical equipment cannot be located to the east of the proposed enlargement because that property is owned by Amtrak. The equipment cannot be located to the north of the proposed enlargement because that area is too remote from the ventilation shaft and, under the terms of an access easement benefitting Amtrak, must remain clear of permanent obstructions (see Drawing Z-1.03). Therefore, the mechanical equipment must be located on the roof of the proposed enlargement, partly within the required rear yard area.

Very truly yours,

Mark Lippi, AIA
Principal



1 CELLAR FLOOR PLAN (EXISTING)



2 CELLAR FLOOR PLAN (PROPOSED)

NBBJ

2 RECTOR STREET,
25TH FL.
NEW YORK, NY 10006
PHONE 212 924 9000,
FAX 212 924 9292

NYU LANGONE MEDICAL CENTER EMERGENCY DEPT. EXPANSION

461 1ST AVENUE, NEW YORK, NY 10016

SCALE:	
DRAWN BY:	NBBJ
PROJECT NO:	100410.04
ISSUE/REV:	MAY 05, 2010
REF. DWG.:	

DATE: MAY 05, 2010

TITLE: FLOOR PLANS- CELLAR OVERALL

ASK #: **ASK.1.41**

NYU LANGONE MEDICAL CENTER

EMERGENCY DEPARTMENT EXPANSION

STATEMENT OF FACTS AND FINDINGS

IN SUPPORT OF AN APPLICATION FOR A VARIANCE

AFFECTED PREMISES:

522-566 and 596-600 First Avenue,
a/k/a 400-424 East 34th Street and 423-437 East 30th Street

(Block 962, Lots 80, 108, and 1001-1107)

Community District No. 6, Manhattan.

Kramer Levin Naftalis & Frankel LLP

1177 Avenue of the Americas

New York, New York 10036

May 12, 2010

I. Introduction

This is an application ("Application") under Section 72-21 of the Zoning Resolution of the City of New York (the "Zoning Resolution") and Section 666 of the New York City Charter to allow the renovation and expansion of the New York University Langone Medical Center (the "Medical Center") Emergency Department (the "ED") on a zoning lot generally bounded by East 34th Street, Franklin D. Roosevelt (FDR) Drive, East 30th Street, and First Avenue in Manhattan (the "Zoning Lot"). The existing ED is located within the ground floor of the Medical Center's Tisch Hospital building. The proposed renovation and expansion (the "Proposed Expansion") would include the reconfiguration of the existing ED space, the expansion of the ED within the Tisch Hospital building, and the construction of a one-story enlargement on First Avenue immediately north of the existing ED (the "Proposed Structure") (see attached Emergency Department Expansion diagram). An area to the north of the Proposed Structure would be improved as an ambulance drop-off and parking area. These improvements would enhance the ED's patient care capabilities so as to meet current and projected demand at the facility. They would provide separate entrances and corridors for walk-in patients and ambulance patients, dedicated areas for children and adults, improved ease of access among all areas of the ED, and upgrades to the ED's mechanical and electrical systems.

The Proposed Structure would comply with applicable floor area and height and setback regulations but would require modification of the rear yard and signage regulations of the Zoning Resolution in order to meet the programmatic requirements of the Medical Center. This Application is necessary because the irregular configuration and shallow dimensions of the Development Site are such that the construction of floorplates of sufficient size and dimensions to satisfy the Medical Center's programmatic needs requires the relocation of existing mechanical equipment on the Development Site to a portion of the Proposed Structure's rooftop located in the required rear yard area. Additionally, the ED's location on First Avenue, among an array of hospital uses, requires way-finding signage which, to be visible to pedestrians and drivers, must be of an appropriate size and located at an appropriate height. The requested modifications would allow a more flexible and efficient physical layout and environment for the delivery of emergency care to adults and children in the ED. The Proposed Structure has been designed to harmonize with the surrounding context and to require the minimum variance necessary to satisfy the NYU Langone Medical Center's programmatic needs.

II. Statement of Facts

A. The Zoning Lot and Development Site

The Zoning Lot consists of Block 962, Lots 80, 108, and 1001 through 1107 in Manhattan and is located on the superblock bounded by East 34th Street, Franklin D. Roosevelt Drive, East 30th Street, and First Avenue. It has a lot area of 408,511 square feet. The Proposed Structure would be located on a northwest portion of the Zoning Lot, bounded by First Avenue to the west, the Medical Center's Perelman Building to the north, an Amtrak ventilation tower to the east, and the Medical Center's Tisch Hospital to the south (the "Development Site"). The Zoning Lot, including the Development Site, is located in an R8 zoning district.

The Zoning Lot is occupied by multiple mid-rise and high-rise buildings associated with the Medical Center. These buildings are between six and 27 stories in height and are typically connected by smaller one- and two-story structures. The buildings are mostly clad in glass, metal, and brick and are of modern design. The structures immediately surrounding the Development Site include the 10-story Perelman Building to the north, the two-story Amtrak ventilation tower to the east, and the 21-story Tisch Hospital building located to the south. South of Tisch Hospital is the 25-story Skirball Institute, which is oriented parallel to the Zoning Lot's First Avenue frontage. The Joan and Joel Smilow Research Center, located on the southeast portion of the Zoning Lot along FDR Drive, was constructed pursuant to a BSA special permit issued on November 20, 2001 (BSA Cal. No. 121-01-BZ).

The Development Site is an irregular parcel with approximately 138 feet of frontage on First Avenue and a depth that varies from approximately 50 feet to 125.5 feet. A paved area for ambulance unloading and pedestrian access, serving the existing ED, occupies the western portion of the Development Site, and an air intake shaft serving mechanical equipment in the cellar of Tisch Hospital occupies the eastern portion of the Development Site. The Development Site's irregular dimensions and existing air intake shaft significantly restrict the ability to construct a complying development that achieves the Medical Center's programmatic needs.

The Amtrak property which adjoins the rear lot line of the Development Site contains a building housing a ventilation shaft for, and emergency exit stair from, the LIRR train tunnels which are owned by Amtrak and run beneath the site. We understand that the above-grade portion of the Amtrak building is made up of ventilation shaft space and machine rooms that house the equipment needed to operate the ventilation system. Maintenance access to these spaces is provided by three at grade doors on the east side of the building and one at grade door on the west side of the building. See Drawing Z-1.11. In the event of an emergency, passengers would exit the train tunnels through stairs which extend up to grade level and then discharge through emergency egress doors on the east side of the Amtrak building. There are exhaust louvers at the top of the shaft structure that extend from a height of 86.005' above mean curb level to the top of the building at 104.380' above mean curb level. There are several other, smaller louvers which serve the various machine rooms in the lower portion of the building. We understand that, except for periodic visits by workers, the ventilation tower is unoccupied.

The northern portion of the Development Site, consisting of a portion of the bed of former East 33rd Street, is subject to an access easement in favor of Amtrak. See Drawings Z-0.03 and Z-1.03. A significant portion of this area is also subject to a sewer easement. The sewer easement was created in connection with a 1949 indenture between the City of New York and New York University by which portions of East 30th, East 31st, East 32nd, and East 33rd Streets were demapped to create the superblock on which the Medical Center campus is located. The access easement was granted to Amtrak over the bed of former East 33rd Street from First Avenue to the Amtrak property located to the east of the Development Site. Permanent obstructions are not permitted within the easement area.

The accompanying printout and records of the Department of Buildings show five open violations for 540-560 First Avenue. The Medical Center's code consultant is investigating these violations. These violations will be resolved prior to the issuance of a certificate of occupancy for the Proposed Expansion.