

**Village of Sleepy Hollow
Zoning Board Meeting - APPROVED
November 14, 2012**

Peter Koffler, Chairman, called the meeting to order at 8:00pm. The Chair noted that a quorum was present.

Present: Peter Koffler, Chairman
Timothy Judge
Michael Wernick
Sherry Bishko
Maria Gorete-Crowe
Linda Moiron

Absent: Tom Capossela

Also Present: Sean McCarthy (Village of Sleepy Hollow/Building Department)
Janet Gandolfo (Village Attorney)
Mary Gerlanc (Recording Secretary)

Agenda:

1) Michael & Janet Pietsch	9 Birch Close	Public Hearing
2) Salvation Army	90 Valley Street	Continued Public Hearing
2) Open Door Family Medical	1 New Broadway	Public Hearing

Announcements - There were no announcements.

<u>1) Michael & Janet Pietsch</u>	<u>9 Birch Close</u>	<u>Public Hearing</u>
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KOFFLER: **PLEASE TAKE NOTE**, that the Zoning Board of Appeals of the Village of Sleepy Hollow will hold a public hearing on Wednesday, November 14, 2012 at 8:00 p.m. in the Municipal Building, 28 Beekman Avenue, Sleepy Hollow, New York to hear and consider the application of Michael & Janet Pietsch, requesting a variance from the Chapter 62 of Village Zoning Code, to add to and alter an existing single family residence, where the following variance is required:

Article IV, Section 62-7.B.:	Application of regulations.	
	Minimum one side yard set-back	10.0 ft
	Existing on side yard set-back	7.9 ft.

The property involved in the application is located at 9 Birch Close, is situated in the R-2A zoning district, and is shown on Town tax assessment maps as Section 110.11, Block 1, Lot 23. All people are invited to attend the hearing and will be heard.

KOFFLER: Sean – are the returns in?

McCarthy: Yes.

KOFFLER: I have an application received October 17th and some surveys and maps received October 17th. Is the applicant here? Please come up.

COLE: Good evening, my name is Peter Cole. I am the architect for Janet and Michael Pietsch who are moving to this house and proposing to build an extension off the existing bedroom and a new portico out front. The house was built probably around 30 years ago and in 1999 previous owners got a variance from the Zoning Board to construct a deck on the property with a variance of two feet in the corner of it. We are not planning on making any changes at all to that end of that property. The proposed addition that we are going to build is at the center of the lot far away from all the setbacks, but because of the existing non-conforming situation, we have to come back to the Zoning Board to show that work is being done on the property so to speak.

The actual amount that is the 2-foot variance is a very small triangular sliver at the corner of the deck. If you look on the site plan you'll see that its only in the front corner, well screened from neighboring properties, which is really just the corner of the Phelps Hospital property. There really isn't a whole lot more to present. If there are questions I would be happy to answer them.

KOFFLER: Is the new addition visible from the street?

COLE: No. Well, yes and no. There is a portico in the front that's visible and the extension in the back and that's the little corner that went before the Board in 1999.

KOFFLER: I see.

(The Board reviewed the plans)

KOFFLER: I have no particular questions. Anyone from the Board have any questions? I make a motion to open the public portion of this hearing.

JUDGE: I second.

KOFFLER: Would anyone from the public like to speak with respect to this application? Okay, from the silence that's a no. I make a motion to close the public hearing.

JUDGE: Seconded.

KOFFLER: Based on what I have reviewed in the application, and from what I'm hearing and the lack of opposition from the public, I would make a motion to approve the variance as requested...

WERNICK: Seconded.

KOFFLER: ...(Inaudible) I don't think it changes the nature or has an adverse effect on the neighborhood. I think it's minimal variance and I make a motion to approve. All in favor?

The Board voted in favor to approve this variance.

COLE: Thank you very much. Good night.

KOFFLER: The next item on the agenda – actually we are going to switch the order to #3, which is Open Door Family Medical Center. I'll begin by reading the public notice:

PLEASE TAKE NOTICE, that the Zoning Board of Appeals of the Village of Sleepy Hollow will hold a public hearing on Wednesday, November 14, 2012 at 8:00 p.m. in the Municipal Building, 28 Beekman Avenue, Sleepy Hollow, New York to hear and consider the application by the Open Door Medical Centers, requesting variances from Chapter 62 of the Village Zoning Code, where the following is required:

1. Article IV, 62-7.B. Application of regulations.
Adding to and altering an existing non-conforming building.

Front yard (New Broadway) required	10.0 ft.
Front yard (New Broadway) existing	0.5 ft.
Front yard (North Broadway) required	20.0 ft.
Front yard (North Broadway) existing	0.5 ft.
Rear yard required	20.0 ft.
Rear yard existing	8.8 ft.
Side yard required	10.0 ft.
Side yard existing	5.4 ft.

2. Article IV, Section 62-8.: Schedule of regulations.

Side yard required	10.0 ft.
Side yard proposed	5.4 ft.

3. Article V, Section 62-9.C. (1): Buffer area.

Required buffer width is	5 ft.
Proposed buffer width is	0 ft.

4. Article V, Section 62-14.A. (2): Off-street loading.

Minimum required loading space	1
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	Proposed loading space	0
5.	Article V, Section 62-14.A. (3): Nontransient parking.	
	Permitted spaces are	0
	Proposed space is	1
6.	Article V, Section 62-14.A. (4): Compact cars.	
	Permitted spaces are	0
	Proposed spaces are	5
7.	Article V, Section 62-14.E.: Off-street parking and loading spaces.	
	Required parking spaces are	40
	Proposed parking spaces are	4
8.	Article VI, Section 62-14.B. (1) Parking location.	
	Required parking spaces shall be provided on the same lot.	
	Required parking is proposed off-site.	

The applicant is seeking an interpretation in alleging that no variances are needed from the requirements of Chapter 62-14.B. (1) and 62-21.A. & B., or in the alternative, the following variances are required:

9. Article VI, Section 62-21.A. Off-site parking.
 An off-site parking area shall be located on the land in the same ownership or leasehold as that of the land on which is located the use to which it is appurtenant.
 The proposed off-site parking area is not located on the land in the same ownership or leasehold as that of the land on which is located the use to which it is appurtenant.
10. Article VI, Section 62-21.B. Off-site parking.
 An off-site parking area shall be so located that its pedestrian access shall be within two hundred fifty (250) feet from the effective entrance to the use which it serves.
 The proposed off-site parking area is greater than two hundred fifty (250) feet away from the effective entrance to the use which it serves.

The property involved in the application is located at 1 New Broadway, is situated in the C-1 zoning district and is shown on Town tax assessment maps as Section 115.11, Block 4, Lot 27. All people are invited to attend the hearing and will be heard.

KOFFLER: I have the notice. I have a number of things. I have – is this is part of the record – your October 15th memo?

McCARTHY: It is tonight.

KOFFLER: I have a memo from Sean McCarthy, Building Inspector, dated October 15, 2012 to Chairman Koffler and members of the Zoning Board of Appeals. I have a letter from Jennifer Lobato-Church dated October 17, 2012 to members of the Zoning Board of Appeals, received October 17, 2012, various exhibits. I have a vellum-bound book received October 14th from Hockerman, Tortorella & Weckstein. And I have a letter... actually that's it, that's all I have. Are these full application materials?

GERALDINE TORTORELLA: They are as far as our submission. I think you mentioned other things that are not ours as well Mr. Chairman.

KOFFLER: Really? Okay.

TORTORELLA: Good evening. For the record, Geraldine Tortorella of Hockerman Tortorella & Weckstein, and when I mentioned that there were items that were referenced that we did not submit I was referring to some of the Ms. Lobato-Church's letters not in connection with us but that certainly pertains to this application.

I'd like this evening to note that we have a stenographer here who will be making a verbatim transcript of the proceedings this evening. Again, my name is Geraldine Tortorella and I am co-app—I am co-attorney or co-counsel with Kyle McGovern from Lyons McGovern who's in the audience.

We also have with us this evening, Gary Gianfrancesco who is the architect on the project, from Arconics Architecture, Bernie Adler who is a professional engineer with the traffic engineering and consulting firm of Adler Consulting and Lindsay Farrell who is the Chief Executive Officer of Open Door Family Medical Center.

We are all here this evening to answer any questions or comments but I would like to see if I could do a lot of the presentation this evening supplemented by Mr. Adler, and also Ms. Farrell.

We are proposing in this instance for Open Door to relocate it's existing medical office that's currently located at 80 Beekman Avenue to 300 North Broadway which is right around the corner. I have up here an aerial photograph – the existing location of Open Door's present offices on Beekman Avenue and we are looking to relocate to the area that's shaded here, again at 300 North Broadway.

We've appeared before the Planning Board for many, many months and there have been a number of public hearing proceedings that occurred before the Planning Board. In July of this year the Planning Board closed the Public Hearing and in essence referred us to this Board because we have some deficiencies that require variances for. A number of them have been identified by the Building Inspector. We agree with some of the ones that have been identified. We don't agree with certain of the others and we would like to discuss those and that's what the subject of this Public Hearing is about this evening.

Open Door is a federally qualified, not-for-profit health center that receives federal grants for its' operation to provide medical and dental services to people in the community who otherwise cannot obtain them where there are not private for-profit medical providers who are able and willing to provide these services. It is open to everyone. It is not exclusively for under-privileged people, but it is the only provider of medical services in the Sleepy Hollow and surrounding area that provides services on a sliding fee scale basis based on financial need. It provides a very important service to this community and the area immediately surrounding it to a very broad segment of the population.

Open Door as I mentioned, is currently located at 80 Beekman Avenue. It provides medical services currently. When it relocated and is involved in the Women's, Infants Nutritional program which is a program that provides nutritional counseling and financial assistance to pregnant women and children under the age of five.

When it moves to 300 North Broadway, its' proposal is to expand its' services to include dental services as well as to engage in a joint family practice residency program which you'll hear more about this evening in collaboration with Phelps Hospital and New York Medical College.

The reason Open Door needs to move from its current location is because the current location will not serve the needs of its program as expanded to include the residency program itself on a long-term basis. It is a building that has two floors but during the time that Open Door needed to investigate relocating that building was not usable on the second floor. There was structural integrity issues and Open Door could not economically and reasonably renovate that space to make it usable for its' purposes. But note that that space does not have any parking that accommodates it and what brings us here this evening and is the main focus of this application.

The property is located on – the proposed property is located on North Broadway and is in a C-1 commercial district. And the area along it, on North Broadway is heavily developed with commercial operations and mixed commercial uses. We've got a limousine service right next door. We've got a landscaping business right across the street. There are other medical offices in that area. There are an auto body shop and other commercial activities. The property also has frontage on New Broadway, which is a residential district, as the Board well knows. The current approval for this site and the current physical conditions of this site have access from the frontage on North Broadway – on New Broadway out to New Broadway. Part of our proposal and the Open Door application is to eliminate that and in essence to focus all of the activity related to our operation onto the North Broadway frontage. Meaning all our parking will be there, all of our access – vehicular and pedestrian access will be in that area. We will be converting the doors that are on New Broadway to windows except to the extent we are required to have emergency egress and in that instance we will be converting those doors and I believe the number of them is two – to panic bar type emergency egress doors. What that means is that no activity will be allowed – no ingress or egress will be directed to or be allowed from New Broadway except in those limited circumstances of emergencies and that's because the Building Code requires us to do that.

The building was – the site actually was historically been used, as you know as a car dealership. It was – had remained vacant and become deteriorated probably for over a period of 20 years of

non-use. In 2008, the Planning Board granted an approval to renovate the facility for office purposes. The applicant in that instance had a plumbing business and that was going to be one of the offices allowed in the building and he was going to have parking in the building for his vehicles and his trucks etc. The renovations were substantially completed but the space has never been occupied. And what's happened and what I see from reviewing the record is from the time that 300 North Broadway was separated from ownership from the site across the street, long ago and years before Open Door was ever involved, this site has struggled to find a use that would be able, that would generate a parking demand that the site could actually sustain. And what we have this evening is information that we provided to the Board and want to discuss with the Board to demonstrate that the Open Door use, is such a type of use because of its' unique characteristics, its' unconventional program, and its' atypical operation; that it has a special and unique fit to this site. Where we can use it as a medical office without creating an adverse impact that other types of uses are expected or worried about having impact on the neighborhood.

As I mentioned, access to the site would strictly be from North Broadway. We have 10 parking spaces on the site. We have one loading space that's indicated
On the drawing I just put up, this is the site plan that was submitted with the package as one of the exhibits. We have New Broadway on top and we have North Broadway on the bottom. As I mentioned, all the doors along New Broadway that are not required for emergency egress will be converted to windows and the only exterior renovation we're proposing besides that is the construction of a new entrance off of the North Broadway driveway so that all ingress and egress to the building will be in that location. And that will accommodate an entrance and a stair bringing you up to the upper level. This building also has an elevator within it so it is also handicap accessible. What makes the office work in this location – the medical office for Open Door – is because Open Door has been able to reach an agreement in principle which we expect to reduce to writing, with Phelps Hospital to allow all of Open Door's staff, employees and the residents who will be working at Open Door to park at Phelps on its' site and to be shuttled from the Phelps location to Open Door. It's not an option; it will be a requirement of employment. All of the employees, staff, residents, whatever category you might want to refer to that group as, will be required to utilize this parking arrangement.

Secondly, we have a situation where the patient population that's served by Open Door have been demonstrated to be a walking population. Surveys were done; the information is in the record and will be discussed further tonight. At least 70% of the patients that arrive at Open Door arrive there by foot. This is an underprivileged population and a population that does not own cars or have access to a car. What we find is that less than 30% arrive other than by walking to the facility. This is a community-centered facility. There is a sufficient patient population in the immediate area that requires the services and frankly the people who require the services understand and have a lifestyle that requires they travel to the facility largely on foot. We have studied with Phelps the availability of its' parking and that also will be addressed this evening. It has more than 490 extra parking spaces on its' site and when I refer to them as extra, it's in terms of accommodating the existing uses on the Phelps site. Its sufficient parking in that and the 490 is extra. it's not required parking for the existing improvements on the Phelps site. So there's certainly enough parking on the Phelps site to accommodate the employees, the staff, the residents as well as the shuttle that will go back and forth.

There are 8 categories of variances by my count that have been identified as being required. One through three in my own mind, I call them; I refer to as the old variances. They're variances that relate to the setback of the building on New Broadway in two locations. In this section, there's one setback that's applicable and in this section there's another setback that's applicable. It relates to the setback of the building along North Broadway. It relates to a buffer along the side property line. We are not proposing any modifications of the building in the area along New Broadway or North Broadway where it's referred to. The only modification of the building we are proposing is the new entrance. And if you can see it on the site plan and I'll point to it here, this very, very, very, small triangle is part of the new entrance. It's within this required side-yard setback, no closer to the side yard than the existing building. We're simply extending the building down and creating a feature so that the site exit is readily identifiable. But a small section of it clips the required setback of 10 feet and in that instance that is the only new construction for which a variance is required. This is on the commercial side of the property. It is not really visible. It won't have any impact on any residential community. It actually is a nice feature for this site. This is the entrance. I am talking about this little, little corner back here has a very, very small section that goes into the required setback.

We believe, that as to those areas where we are not modifying the building whatsoever, those variances have already been granted. We don't believe they are required but if the Board believes they are required, there's really no basis not to continue to reaffirm those, with respect to not making any changes to this and as for this little small section that I referred to, for the main entrance, I think it stands for itself – there's really very small impact if any in that location.

The parking layout on this site was really brought forward from the prior approved applications, commonly known as the Grotto application for this site. When Open Door purchased it, its' architect simply used the same layout because that layout had previously been approved. What happened was that there was also parking on the interior, bottom level of the building, which we are not providing because that's being converted to medical office space and other accessory activities related to the medical office. Some of these spaces meet the full size requirements, others are compact and I believe one is deemed a transient space per your code. But we are providing 10 spaces. They are similar to what was on the Grotto application as to the outside spaces.

KOFFLER: Can you just be clear when you say you are providing 10 spaces? Can you explain those spaces – they're full size, compact, transient – what are those 10 spaces you say you are providing?

TORTORELLA: There are 3 full size spaces, 5 compact spaces, 1 transient space and a handicapped space which we believe meets the code but it's not your traditional full size or regular cars, it's a handicapped parking space.

KOFFLER: I assume you'll get to this but also I don't hear anything about buffers.

TORTORELLA: Perfect. We also have 1 loading space, which is 10 by 35 feet – 10 feet wide by 35 feet in length. It's in this location here. It meets the size requirements. My understanding is that the Building Inspector believes it doesn't qualify or conform to the building requirements or

ordinances because it intrudes into the travel area or parking aisle in which cars come in and out. And by the way this entrance is wide, it's a two-way entrance. One-way in, one-way out. Sean, is that a fair characterization?

McCARTHY: Yes.

TORTORELLA: I will tell you that on the Grotto application, the loading area was generally in the area where our entrance is proposed and it was not 350 square feet. It was approved at a smaller dimension. I'm not suggesting that is any sort of basis for us to claim that we're allowed this parking, this loading space but I do want you to understand that we utilized the parking layout that was previously approved and we're providing a loading space.

I'd like to turn to the interpretation that we'll require a variance for the parking that's being required at Phelps Hospital for staff and employees and residents. Under Section 62-41.E of the village ordinance we're required to provide one space for every 300 square feet of gross floor area. By our calculations that means 40 spaces are required. We are providing 10 and I understand they are not all full-size, we'll get into that discussion, but clearly it's less than what's required.

As mitigation for the number of parking spaces, which we are deficient, we've reached an arrangement with Phelps for the off-site parking. Under section 62-14.B and 62.53.A and B of the Zoning ordinance, the ordinance says where there are practical difficulties providing parking on site, an applicant can propose with the approval of your Board, to take care of its' parking and to provide off street parking on another site in common ownership that's within 250 feet of the site and that's conveniently available for use.

There's two different ways we can meet the parking requirement under the zoning ordinance. One is to provide all of our parking on site. The alternative is to provide it off site under that section. The parking at Phelps is mitigation. The provisions of the zoning ordinance pose an either or situation. If I get my parking variance to have my parking at Phelps, I really am not required to put any parking on this site if I provide my requisite number over at Phelps. Conversely if I provide the requisite number on my site or get a variance for the number that is required on my site, I'm not required to get a variance because I'm trying to provide mitigation off site. The variance for the off site parking would be in lieu of the variance for the on site parking. Our parking at Phelps is mitigation. It is not the way we are proposing to meet the requirements of the zoning ordinance to provide off-street parking.

We believe therefore that that variance is not required. If the Board disagrees and adopts the interpretation of the Building Inspector the information we're providing tonight is equally applicable and relevant to the standards that you apply to that variance as well in terms of balancing the benefit to the applicant and the burden on the community. And frankly, the largest portion or segment of the demand for parking for this use comes from the staff and the employees and the residents. We are taking that demand and burden and we are putting it elsewhere and in essence compelling those people to park elsewhere and frankly, which I would suggest to you reduces the potential impact of traffic in the area rather than complicates it.

How do we address it? We address it by way of a written agreement with Phelps which we would expect the Board would require and we address it by ensuring that Open Door makes it a requirement of employment that everyone uses that method of parking if you are an employee, a staff member or otherwise a resident at this facility.

Variances 4 through 8 are really the heart of what we're here about this evening; the parking and I guess the loading variance, but really the parking variance. It's really the matter of concern before the Board. Before turning to looking at the criteria that you have to balance in examining this application, I'd like to have Ms. Farrell and Mr. Adler speak to the Board on a couple of different issues. I'd like you to understand what Open Door's program is, how the residency program works, the due diligence that Open Door employed before they purchased this site, the enforcement process Open Door will apply here to ensure that the parking at Phelps works and makes the office work and the reasons why when Open Door looked at this site, the number of parking spaces that were provided it was not a matter of concern to it. It wasn't that it ignored it – Open Door has a very specific and detailed experience with having to deal with parking issues and its' operations and I want the Board to understand what its' prior experiences have been.

Traffic and pedestrian safety and utilization of neighborhood resources is going to be a matter of concern. Adler Consulting was hired to evaluate the increase in traffic as a result of the increase in size of the medical office, the impact of that on area intersections. They looked at accidents in the area, the condition of pedestrian facilities, the adequacy of pedestrian facilities, the availability of parking in the neighborhood, on street parking should it become necessary to utilize any of it by Open Door's patients and a number of other issues related to traffic safety, parking and pedestrian safety. Before we talk about the balancing test I would like to be able to have that information discussed with the Board.

KOFFLER: That's fine. Just in the interest of time, you made a very comprehensive presentation, so obviously we're eager to hear what they have to add to it but I urge them not to repeat a lot of what you've already said if that's part of it. Thank you.

LINDSAY FARRELL: Thank you and I am going to read a statement.

What is Open Door? We are a federally qualified health center. We've operated in Ossining since 1972...

JUDGE: Can you please introduce yourself for the record?

FARRELL: Oh yes. I'm Lindsay Farrell. I'm the President and CEO of Open Door Family Medical Center. We've operated in Sleepy Hollow since 1985. We're also in Mount Kisco and Port Chester. We are the family doctor and dentist to thousands of local people in the area who are (inaudible) and are covered by government-subsidized insurance. We're a non-profit organization that receives government grant from the federal Department of Health and Human Services to operate medical and dental practices in communities where private physicians and dentists can't or won't serve. We also operate a women's, infants and children's nutrition program. We serve (inaudible) patients in our Sleepy Hollow facility in 2011; we expect to serve close to 5,000 in 2012. The census and HUD data shows that there are more than 9,000 low and

moderate-income people in the zip code of 10591 in Sleepy Hollow and Tarrytown. We have won national awards for our use of innovative health centered technology and we have some of the highest quality scores in the nation as recorded recently in the Journal News and in the USA Today. We are a finalist in the 2012 New York Non-Profit Excellence Award. We are accredited by the joint commission and we are recognized by the National Committee on Quality Assurance as a Level 3 patient qualified medical home and for our superior diabetes care. Yesterday, Crain's New York reported that we were one of the State's top three patient centered medical homes. Open Door sites our practices where our patients live. Our patients are low income and typically don't own their own homes or automobiles. The majority of our patients, 70% of them, walk to their appointments. Open Door's staff and patients have been very successfully accommodated in each of our communities for 40 years – for 27 years in the case of Sleepy Hollow.

In addition to preventing disease and treating illness, we generate economic activity that helps local merchants. (inaudible) about the residency program. In early 2009, Open Door was approached by Phelps and New York Medical College about a new family medical residency program. There is a terrible shortage of primary medical care physicians nationally and Phelps primary care physicians are aging, so this collaboration seemed like a natural fit. There is fierce competition among hospitals for the limited pool of primary medical care physicians. So Phelps Board of Directors adopted this residency program as part of its' strategic plan as a way to ensure the future viability of the hospital.

Open Door's Board adopted the residency program as well as one of its' strategic objectives.

Residency programs require accreditation by the American Council on Graduate Medical Education, which entails an extensive preparation process and an application. Residency training programs have to meet minimum square footage and space configuration requirements as well. ACGME reviewed the Beekman Avenue site and told us it was inadequate to meet the physical space requirements of the program. New York Medical in particular wanted to ensure that the facility be adequate to accommodate the full number of residents.

Why are residency programs different from standard medical practices? Residency programs have strict guidelines about how they must be staffed and operated. Residents must be supervised by physician faculty and they are limited in their scope of practice and as a result they work very slowly and deliberately. In their first year they are only in the health center one half day a week. They spend the rest of their time at the hospital or in class. They pick up some speed in their second year, when they are at the health center one day a week and in their third year they are in the health center a day and a half. Their patient volumes are well below experienced physicians. They see about one patient per hour. The supervising faculty physicians must be totally available to support the residents. And they cannot see their own patients when they are supervising. One faculty cannot supervise more than four residents. This places capacity restrictions on the practice reducing the volume of patients that can be seen as compared to a more typical physician office or health center. Most private practices are unable to accommodate residency training because of the impact it has on the practicing physician's compensation. This is why Phelps reached out to Open Door rather than other private practicing physicians in the community.

And now I'll talk about our due diligence. Open Door was approached in the fall of 2010 by representatives of the Sleepy Hollow Downtown Revitalization Committee about possibly relocating from 80 Beekman Avenue. There was an interest in reclaiming what was the old Strand Theater and potentially returning it to the theater that it once was. Because Open Door for years had problems with getting our landlord to properly maintain the building, we were considering relocation. In early 2009 we had concerns about the structural integrity of the roof, having done some demolition, we were thinking about installing an elevator so that we could use the second floor. These elevator plans had to be scrapped and we had to actually shore up the roof with temporary jacks. As a result, although we've been paying rent on the whole building, we've been unable to use the second floor of 80 Beekman Avenue. It stands vacant today. We set out to look at other locations and we considered 144 Valley, 149 Cortlandt, Frank's Chevrolet and 300 North Broadway. We considered each facility, its' structural and site concerns, environmental issues, price and location. Thanks to the connection with the Sleepy Hollow Downtown Revitalization Committee, I also spoke to Ms. Callas about her apartment building on the corner of Beekman Avenue and Broadway as well as the vacant lot where the fire was on Beekman Avenue. It burned down all the stores and the apartments. Ultimately we determined that 300 North Broadway was best suited to our long-term needs. I communicated with a representative from the Downtown Revitalization Committee and also to the Mayor about that location prior to purchase.

Our other locations. We own facilities in Ossining and Port Chester and we've rented in Mount Kisco since 2005 and we've rented in Sleepy Hollow since 1985. For 10 years in Sleepy Hollow we were located at a smaller facility at 46 Beekman. We've owned Ossining since 1975 and we've owned Port Chester since 2003. We're regarded by owners as a very good neighbor and an asset to the community.

Why didn't the lack of parking concern us? The number of parking spaces at 300 North Broadway didn't seem like an insurmountable concern as it's typical of our operating conditions in our other communities in Westchester. In Ossining, Sleepy Hollow and Port Chester we have no patient parking whatsoever. In Mount Kisco we have 16 spaces adjacent to our building. In Ossining, Port Chester and Mount Kisco we have Village tags purchased for our staff. We had purchased tags for staff in Sleepy Hollow, but we later learned that we were not permitted to renew them. We thought this was very unfortunate given the fact that we spend \$100,000 in property and school taxes in Sleepy Hollow. Because we've never had problems in Sleepy Hollow, we didn't anticipate the opposition we are now facing.

Phelps commitment: Phelps has made a commitment to give Open Door a long term irrevocable license to permit parking and the operation of a shuttle bus to and from the hospital to 300 North Broadway. We would enforce staff parking at Phelps through our staff parking and disciplinary policies, which are of course required for employment. Base on our track record, Open Door believes we're a really good neighbor and a good occupant for a building that has been virtually unoccupied for decades. Thank you.

KOFFLER: Can I ask you a question?

FARRELL: Yeah.

KOFFLER: You cited that some national statistics or global statistics and then you said that 70% of the patients walk. Is that a Sleepy Hollow statistic or a global statistic?

FARRELL: Oh gosh... I didn't I mean we studied it from Mount Kisco and off the top of my head I don't if that 70% is related to the traffic studies that we did here in Sleepy Hollow.

KOFFLER: Okay.

FARRELL: I think it's probably consistent with our other locations but the formal traffic studies we did many years ago.

TORTORELLA: To clarify – I don't want there to be misunderstanding – the survey that was done that Mr. Adler will speak about was at Sleepy Hollow and the 70% number relates to the Sleepy Hollow population so we're not trying to borrow from another community and transfer (inaudible)

KOFFLER: Okay.

TORTORELLA: There was a variance required for parking in Mount Kisco, which was granted. The number of parking spaces was less than what was required under the code and that building is about 10,000 square feet in an area that is along and within a residential community as well.

JANET GANDOLFO: Mr. Chairman, just so the record is clear and we're talking about the same application, the address for the premises is 1 New Broadway not 300 North Broadway.

KOFFLER: Thanks.

TORTORELLA: Just to clarify, if you use the GIS system it comes up as...

GANDOLFO: But in our Village official records, the tax assessment records, it's 1 New Broadway. It's never been changed. I don't know where 300 North Broadway came into...

KOFFLER: Well we know it's that building.

GANDOLFO: That's correct.

BERNARD ADLER: For the record, my name is Bernard Adler. I am a registered, professional engineer in the State of New York. I have been practicing traffic engineering for almost 50 years, maybe more. We have been retained by Open Door Family Medical Center to look at a number of issues related to the application and the very first issue that we addressed happens to be related to that 70% number. So what did we do? We went to 80 Beekman, which is down on the bottom of the facility, down on Beekman Avenue, where we actually interviewed everybody who came into the facility between 8:00am and 7:00pm. We had multilingual staff that was able to communicate with everybody. We asked everybody who came how they arrived, whether they arrived by foot, whether they arrived by private car, were they dropped off or did they use public

transportation. And in fact we asked the same question when they left. So we got a very good feel for how this worked.

In addition, the first time we did it, we were having our anniversary, we did it November of last year and then we repeated the study in March of 2012 and what we found was almost identical results. 70% of all the clients, patients that came into the facility arrived by foot. 25% drove and then a combination of 2% and 3% using mass transit or were dropped off. It could have been taxi or something else. Traditionally, a traffic study, tries to find how a new facility works so what we did was we took the numbers that we derived from the counts at 80 Beekman and we extrapolated because we have about 5,000 square feet at Beekman and we're going to 1 New Broadway or 300 South Broadway and that facility is 12,300 square feet, approximately two and a half times or a little less than 2 and a half times. So to be very conservative, we took all the numbers of arrivals and we multiplied it by two and a half to take those numbers and assign them to the new facility. And that included staff. It included all the medical people who came in, all the doctors, the nurses, technicians. It included all the clerical people as well. Now, as was pointed out so far, twice, we have another ability to reduce that number because all the staff is going to be coming in by shuttle from Phelps. But in order to be very conservative, to prepare a conservative analysis, we took the higher number and extrapolated onto the street system and looked at the intersection of Broadway and Beekman, Hudson, Bedford, New Broadway and we also looked at Lawrence and Gordon.

KOFFLER: Can you go back over this extrapolation concept? You take the existing patient base – 70% of whom apparently walk – you're in a different building, in a different location. How did you calculate how many patients you're going to have and how many are going to walk? And versus drive?

ADLER: It's based on the same type of population. The type of population that we're serving currently on Beekman will be the same type of population that we're serving at the intersection of North Broadway and New Broadway.

KOFFLER: So be clear, even though the building's in a different location you expect the same 70% of the people that walk now to walk...

ADLER: Absolutely.

KOFFLER: Okay.

ADLER: That's based on what the numbers showed and based on the history of provided to us by Open Door and all the other facilities that have been there. So basically the existing shows that there are 11 cars entering and five... the equivalent of 11 cars entering and five cars exiting in the morning peak, five cars entering and six cars exiting in the pm peak. Extrapolating that by multiplying it by the 2.3 factor, we've got 27 cars entering and 12 exiting and that was all documented in a large traffic study, which I'm sure everybody has read. The point of course is because the staff will no longer be driving to the facility; those numbers are very conservative and very, very high. What we found was, based on the analysis of those intersections we had addressed; there would not be a traffic impact. The total delay would be increase by eight tenths

of a second and the worst-case scenario and they remain at the levels of service C and D. We have looked at the two facilities, 80 Beekman and the one to its' west and it was our feeling along with staff that the impact of the new facility would not be a detriment to the New Broadway/Webber park neighborhood. It is our professional judgment that case. There is a minimal amount of traffic to be generated by Open Door because all of its' staff will be coming from Phelps and because only 25% of the population, the patient/client population will be driving. We anticipate no travel on New Broadway because as was pointed out there is no access on New Broadway. There is no ability to get into the facility or if you go out the panic door you'll set off alarms, so its' not intended to have somebody pick you up on New Broadway or to drop you off on New Broadway because all you'll have to do is walk around the block to travel into the facility through the parking lot as shown and the main entrance at the lower level.

And the last component of that is because it's important to Open Door, they have prepared and will be disseminating to all its' staff, to all its' clients, to all the taxi operators, a circular, which is in both English and Spanish, how we anticipate the people who walk to the facility which will be as shown in our document. And as shown on this graph, we expect everybody to walk along Beekman and then travel north on Broadway and then cross over opposite the facility at North Broadway. We will... I need to address a number of other things.... but let me get to those right away.

The second thing we did was do a parking analysis. The question where people can park if there is no parking available is commonly used by traffic engineers looking at from a demand perspective, a quarter of a mile from the end point. So if you take a radius of a quarter of a mile and you look at all the vacant facilities, vacant parking facilities that are in the area, you can then determine how large a supply is available. So what we did was, even though we recognized there are 40 spaces required, we looked at Beekman Avenue, Lawrence, the municipal lot on Beekman, Hudson Terrace, New Broadway and Pine Close. And what we found was that there was an inventory of 743 spaces that are available, not on a full-time basis, but that if you look at the size, the dimension, about 25 feet, parallel to a curb, that's defined as a parking space. And what we found is that of those 743 spaces, during the morning peak time frame, between 8:00am and noon, there was an average of 103 spaces available in the area. Between noon and 4pm there were 98 spaces available and between 4:00pm and 7:00pm when the facility closes, there was an average of 70 spaces available.

In addition to our traffic study, which we did in November, we repeated this study and we did the exact same study in parking and lo and behold the numbers are replicated. In our considered professional opinion, these numbers are valid and they are representative of the number of spaces that could be available for overflow. Now how does that relate to the actual demand for the operation? Open Door Medical projects that in the morning peak, when its' full residency, as described not in the first year but after the third year of residency, they expect to have 18 patients per hour between 8:00am and noon, 27 patients per hour between noon and 4:00pm, and 17 patients per hour between 4:00 and 7:00pm. Taking into demand of 70% of all patients who walk, there will be a demand –subtracting that and- applying 30% and saying all of those are cars, we find that we will need 7 spaces during the peak time frame. That's 30% of the 27, that's 6.3 rounded upwards to 7.

In addition, we said perhaps there'll be an overlap because some people come in early, some people come in late, so we took 50% of that number, which is another common practice, so we said what if there were four extra spaces that were necessary, so what we then say is that even though we're requiring seven spaces during the peak time frame, we said we would need eleven spaces during that peak time frame. Accordingly, for the 10-space facility, we would be short one on the demand basis.

MICHAEL WERNICK: Mr. Adler, what is the current volume of patients being seen on Beekman Avenue location compared to the figures you just cited?

ADLER: This is the projection based on the new program so maybe I'll let Lindsay explain that.

KOFFLER: So these numbers all take into account this projected extrapolated patient base?

ADLER: No the numbers that I quoted, the 18, 27, 17 in the three time frames, were based on the number of patients that can be seen by the number of residents in the program, by the number of supervising attending physicians that will be supervising them and based on the program that has been adopted between Phelps and Open Door.

KOFFLER: Well let me ask it another way. You have this existing patient base, a regular place, it's been around and in operation and you know how many patients you have. There must be a projection of how many patients you want to have, you expect to have or expect to end up with without backing into it by how many people you've actually serviced. Is there a projection for how many patients you expect to have versus how many patients you have now? Is that what was used for this study?

TORTORELLA: The answer is there is a projection and I don't have a number for you as to what the delta is. That changes from existing to proposed. Because it's not based on the square footage increase, it's based on the number of medical providers that will be in the facility and that's the numbers that Mr. Adler has used for the calculations. So we can – do you have the number of current patients – we can give you that number although I just want to make sure it's clear that the projected numbers we are talking about are really dictated by the number of people who can be served by the number of medical providers.

KOFFLER: Understood. But none of the math means anything unless we are starting with the right numbers. So it's important to understand that the math is based on a baseline of not just the patients today but what is realistically, if this were to go forward, the patient base you expect to have.

FARRELL: So it's about 16 per hour and that 16 number is if everybody is in the facility. That doesn't take into account someone who might be out because they have a sick child or someone who might be out because you know.... that's, that's full tilt and all of the analysis we did is based on full tilt per year based on the number of residents and faculty that would be in the facility and the support staff.

MARIA GORETE-CROWE: My question would be (inaudible) 16 per hour, that's 16 providers...

FARRELL: No, no, no that's patients.

GORETE-CROWE: Just patients. How many providers for the 16?

FARRELL: 4.15

GORETE-CROWE: Now my other question was, you are definitely increasing things like dental. Was that projection also for how many patients are going to be seen dental? How many providers are going to be there? Do we have an estimate on that?

FARRELL: I don't have that. There's a social worker also.

GORETE-CROWE: Okay so...

WERNICK: Do the dental and social programs fall under the same conditions as the residency program, meaning as far as staff to patient ratio?

FARRELL: Well dentists are slower because they are doing procedures.

GORETE-CROWE: So there's going to be a hygienist also?

FARRELL: Of course.

GORETE-CROWE: But not as slow.

FARRELL: (Laughs) Half an hour. (Inaudible) the occasion half an hour.

TIM JUDGE: One other question for you, this survey that you did where you interviewed the patients, at the Beekman Avenue facility. When was that conducted?

ADLER: In November, November 2011 and then again in February, I think or May.

JUDGE: And then again in the spring.

ADLER: And then in spring, in March. It was November 2011 and March of 2012.

LINDA MOIRON: And then did you consider if there was a mother and two children, would that be three patients?

ADLER: We asked what, how many patients there were so if they came in in three, it was one patient. If the mother brought a toddler with her while she brought one patient, it was still one patient.

MOIRON: So you only counted the actual patient?

ADLER: That's correct. It's equivalent to one care for three people.

WERNICK: Are patients seen only by appointment?

FARRELL: We will see walk-ins but we encourage appointments.

KOFFLER: What is the walk-in distance to the new location from the old location? Not straight line but actual walking distance?

ADLER: It's a quarter of a mile.

(Inaudible speakers)

KOFFLER: And how long does it take to walk a quarter mile?

ADLER: Fifteen minutes.

KOFFLER: Do you think it's realistic that somebody who's seeing a doctor, if he's sick, and infirm ...

ADLER: You have to remember not everybody is sick.

KOFFLER: I understand that, but I'm just asking it's realistic to expect that somebody to see a doctor is going to walk a quarter of a mile – that's your realistic expectation?

ADLER: Yes.

TORTORELLA: In this facility with this patient population what I want to emphasize is that a lot of the conventional wisdom that we bring to applications like this needs to be put aside because this is not a conventional use, it's not a conventional application. So, while you and I who if we have a fever, probably wouldn't walk a quarter of a mile, we don't have to because we have the ability to drive (inaudible). It is not that kind of an operation, which is what makes this a unique use in this location. I also just want to clarify that the number of patients we refer to, that we use for projection purposes, includes everyone getting services. They may be in there for counseling for women's, infants and children. Your mind may not think of them as patients but they were included in that count as well— people who were obtaining services at the facility.

KOFFLER: I'm just trying to get my mind around it. Because if somebody lived between the old facility and the new one, it's a quarter mile less but if they lived on the other side, now you're talking significantly further. Granted maybe some people will make that walk but it's not, it's, if the existing 70% in the quarter mile radius of Beekman – that could be up to a half mile away from the new facility.

GORETE-CROWE: I have another question and this is in regard... I wanted to know if you have statistics.... do you know how many times emergency vehicles have to go to Open Door in Beekman Avenue?

FARRELL: It's not all that common and I don't know off the top of my head. We were asked the same thing in Mount Kisco and it was five for the year.

GORETE-CROWE: I'm only asking because an ambulance would have to make a turn into that facility.

FARRELL: Right.

GORETE-CROWE: And my biggest concern is the turn there because that's such a busy intersection. My question would be would you be the possibility of having a security person to make sure that the car can get in properly because getting in and out of that area – I remember what it was like when it was a car facility and you couldn't get out sometimes.

FARRELL: We've got a crossing guard that we appropriate.

GORETE-CROWE: Who's going to provide it?

FARRELL: Us. Well we would have to pay the Village.

KOFFLER: A crossing guard? You mean someone for pedestrians or cars?

GORETE-CROWE: For cars and pedestrians. There should be someone there to like to monitor...

KOFFLER: There's a couple different things. If it's pedestrians coming...

GORETE-CROWE: She's talking pedestrians but I'm talking about the cars, which is so hard to get out in that area.

KOFFLER: Right well there are a few issues. One is getting in and out of the area. There are cars coming north having to turn left across traffic into the site.

GORETE-CROWE: Right.

KOFFLER: And then the cars exiting and then coming south; having to turn east into across traffic. There's a few different things, there's no turning lane on this road. And also to be clear, the proposal's for a pedestrian traffic guard? Or somebody to actually stop cars, let cars in and out?

ADLER: It's pedestrian and I'll get to that when I get to that.

KOFFLER: Okay.

JUDGE: One last question if I may here. Your projection on numbers where you were basing it on patient load, by the maximum number of patients the provider can see, that's for the residency

program. How many patients are you including in your projections for the social worker, for women's infants and children...

FARRELL: That's all included. It's the whole practice.

JUDGE: Then how do you arrive at those figures? Because those aren't provider based?

FARRELL: For example, a social worker sees one patient every 45 minutes and so then they chart so it's one patient per hour. That's all factored in.

ADLER: That's part of the 27...

FARRELL: It's part of the analysis.

ADLER: ...that we did.

KOFFLER: So there's no group therapy?

FARRELL: New York State doesn't like that.

JUDGE: Women's Infants Children that's a very different program rather than provider specific so how many (inaudible).

FARRELL: Again, there are nutritionists who see patients face to face.

GORETE-CROWE: So it's not like a group?

FARRELL: No we don't do groups.

JUDGE: Okay so there are nutritionists but there are also other aspects to the weight program other than just nutritionists.

FARRELL: And that's all (inaudible)

JUDGE: That's all?

WERNICK: Does that mean that the number of patients that can be seen due to the residency constraints can't get larger? Can't change- they can't get bigger?

FARRELL: No the ACGME has specific requirements on their volumes and the number of supervising faculty that must be there.

WERNICK: Right.

MOIRON: But what happens if you don't have that residency program. When we give a variance, we give it to a building, not in three years. What happens in five years, 10 years? The

residency program doesn't work so they find a better solution. Do you have numbers for maximum (inaudible) without the residency program?

FARRELL: I have not calculated that.

GORETE-CROWE: One other question. Are you also providing any elder care?

FARRELL: We see the whole family. We are a family practice, so family physicians can deliver babies. They see children, they see teenagers, they see adults. Yes they do see the elderly.

GORETE-CROWE: How many...do you know how many are walking in and how many are brought in by wheelchair?

FARRELL: No, no I don't. I don't have that estimate.

KOFFLER: Yes it would be interesting to breakdown seniors...the elderly.

FARRELL: Elderly is only around 4% of our business. I suspect that as the case here in Sleepy, most elderly people have Medicare and most doctors accept Medicare and so they have a lot of choices.

KOFFLER: Yeah the only reason I'm asking is obviously (inaudible) walk-in.

FARRELL: Our practice is largely young families.

TORTORELLA: Lindsay if you could just comment-because it goes to trying to figure out the number of people who will be on the site at any given time- just comment on the fact that people package their appointments together.

FARRELL: Sure. I mean just like you would not like to make multiple trips, you'd want to do as much as you possibly can you know when you're on your way to the facility so it's not uncommon for a patient to be seen by a physician and a social worker for example or to pick up their WIC checks and have an immunization would be another example.

MOIRON: How much of the business is well care and how much is (inaudible).

FARRELL: We would love it all to be well care because that's what we're all about. I mean that's why we think walking is a really great thing, but of course people indeed get sick and our job is to prevent them from getting sicker. To prevent people from having diabetes that's uncontrolled. To prevent people from winding up in the emergency room with their asthma attack.

MOIRON: I guess what I'm asking is do you have numbers saying what percentage of the business is more seeing people on well care as opposed to (inaudible).

FARRELL: Yes. I wish I knew that off the top of my head.

TORTORELLA: I'm making a list of these questions.

WERNICK: What's the number of employees currently at the Beekman location and what's the proposed number of staff at the Broadway location?

FARRELL: Right now with residents in the facility and support staff we have 17 and next year it's 24 and the following year it's 31.

WERNICK: So the 17 employees currently have to drive and park at the current facility?

FARRELL: Yes on the street...

WERNICK: And the 24 employees will not be allowed to drive to the facility. Is that correct?

FARRELL: Correct.

TORTORELLA: And 31 is anticipated to be the maximum operation. Year three is when that residency program in the new space is expected to be fully operational.

ADLER: So let me talk a little bit about pedestrians now. First of all, I did a quick calculation of how long it takes to walk. The average walking speed is about three and a half, four feet per second. So based on the 1200, 1300 hundred feet which is a quarter mile, it would take approximately five to six minutes to walk a quarter of a mile. Not a mile. A mile would be 15, 20 minutes. I guess very conservative in that number but based on the number – if we say it takes ten minutes – that would probably be a good number.

So we did a pedestrian study also and what is that pedestrian study? We counted in addition to all the cars that go through the intersection; we studied all pedestrians that cross every light of all the intersections that we addressed. The Beekman, Hudson, Lawrence etc. and what we found was that in the morning, between 8:00 and 9:00, which is the peak highway hour, there were 270 people who actually crossed today. In the noon hour there are 230 pedestrians and between 4:00 and 5:00pm there are 115 pedestrians. And just to put that in perspective, based on the number, the 70% who are going to walk, we anticipate there will be an additional 13 pedestrians per hour between 8:00 and noon, 19 between noon and 4:00pm and 12 between 4:00 and 7:00pm.

MOIRON: Excuse me; is that just the intersection, the one that you want them to cross or all five?

ADLER: We will anticipate and we will hope and we will instruct them that they will all cross at that one intersection.

MOIRON: Right, but your numbers today. Where were they from?

ADLER: (Pointing to drawing) They are at this intersection, this intersection and that intersection. They're (inaudible).

WERNICK: I'm a little bit concerned about those numbers you just stated because I think based on the other figures you gave about how many patients were going to be seen during those periods, those would all be in addition to any current traffic that's being done now.

ADLER: That's correct...

WERNICK: So you said that between 12:00 and 4:00 there'll only be 13 additional pedestrians?

ADLER: 13 additional pedestrians per hour.

WERNICK: Oh per hour.

ADLER: Per hour.

WERNICK: But you didn't give the other figures on a per hour basis?

ADLER: I did. 19 per hour between noon and 4:00, 12 per hour between 4:00 and 7:00. Each hour.

WERNICK: Yeah but the other figures you gave were 200....

ADLER: 270. That's correct. We calculated the peak hour when we did the analysis. And in fact what we did in order to determine how well the intersection works, we also did a sensitivity analysis by saying let's assume I have 200 pedestrians cross each and every leg of every intersection and it changed nothing. So from an analysis from a traffic impact, adding an additional 200 pedestrians as compared to only 13, and again that was the peak hour that I'm addressing,

1:14:06

KOFFLER: So I'm particularly concerned about Route 9. How many pedestrians did you project initially during these three segments would cross Route 9?

ADLER: I expect 13 per hour....

KOFFLER: This is just the Route 9 crossing?

ADLER: Just the Route 9 crossing. They could cross Beekman but they will stay along the west side of Broadway until they get to the auto parts store and that's where they will cross in this crosswalk.

WERNICK: So for the 10 hours it would be an approximate 130 additional pedestrians. Correct?

ADLER: It could be. I don't want to inflate the numbers...it's, it's...they're not...if you look at 13 per hour and you divide that over the hour, it's like one every couple of minutes. (inaudible)

WERNICK: So if it's 13 per hour and you multiply it by 10 hours it's still 130 additional pedestrians.

ADLER: Right... it could be 130 but you don't want it to be inflammatory to assume that all 130 are coming at one second.

KOFFLER: No. Understood that. But to put it another way every three minutes someone's going to cross the road.

ADLER: That's, that's the way I'd like you to look at it. Every three minutes one person will cross the road.

MOIRON: And your study was done on a school day?

ADLER: Yes. Both times.

WERNICK: So are a lot of those pedestrians students as far as you know or was there no way to determine that?

ADLER: I'd have to check with our counters. And I'm not sure I'd know what they did for a living.

TORTORELLA: People always look younger as you age.

WERNICK: I know.

ADLER: I have relatively young counters so they might have got a better feel, but it would have been good if I'd been asked that question last March. I could have said hey, they would have told me right away.

KOFFLER: But the crosswalk at the top of the hill there...there's a walk, don't walk sign at the crosswalk?

ADLER: Yes. There is a crosswalk. There are pedestrian displays on the east and the west of North Broadway. Yes. Let me get to adequacy of pedestrians and then I want to talk about accidents.

GORETE-CROWE: One of my concerns is there's an auto shop there and there's cars coming out of that area. Right across the street there's an auto body and there's cars coming out of that area all the time and there's also pedestrians going. And I find I as a driver I am totally scared when I get to that area because I use Mickey's and I, I always have to worry. You'd be surprised how many times I have to stop my car so I wouldn't hit someone.

ADLER: I wouldn't be surprised at all.

GORETE-CROWE: So I have to be concerned there.

ADLER: You have to be careful as a driver. You should always be careful as a driver....

GORETE-CROWE: I understand...because there is no light for the (inaudible) so it's a blind sight coming out there.

ADLER: It's a little bit away from...but you get your cues from the motorists that are driving...but if you see traffic on Broadway, you know that they have the green.

GORETE-CROWE: I'm well aware of that. But I'm just saying actually it's the pedestrians that I worry more.

ADLER: Okay but pedestrians, pedestrians always have to be careful of curb cuts in the middle of a block. And the motorists who are coming out of the driveway in the middle of the block have to be careful of pedestrians.

BISHKO: Can I ask a question? Have you looked at the combination of these increased pedestrians who will presumably pushing a light, stopping traffic at the intersection, cars that are coming down that road, extra seven that will be making the cut in either left or right, and the impact that it has up Broadway into Tarrytown and down? I mean when you're commuting at 8:00am, the line of traffic leads down. Have you looked at the impact of the excessive traffic both in Tarrytown and in Sleepy Hollow?

ADLER: That's why I've tried to emphasize how many people are actually walking today.

BISHKO: Not just walking but the cars also turning.

ADLER: But the cars are counted as part of this. These people, these 230.

BISHKO: But the cars are turning now

ADLER: I know but the pedestrians are walking now. The 230 pedestrians that we talked about between 8:00 and 9:00am are currently on the street crossing there. They're crossing Broadway. They're crossing Beekman. They're crossing Bedford. They're crossing right now. They're walking in the middle of the block and there are cars because they're walking in the, in the...

BISHKO: And the traffic...

ADLER:...and the traffic...

BISHKO: ...down Route 9 and up Route 9 is really difficult at that hour.

ADLER: The same...but they're there today.

BISHKO: Is there...have you looked at that impact?

ADLER: I have and what I said was in addition to worrying about only 13 cars, we looked at it if we had 200 cars... I'm sorry... pedestrians.

BISHKO: And what was the impact to traffic?

ADLER: It was minimal. It was like a tenth of a second change. Because you're walking only when you have the WALK sign.

KOFFLER: As a traffic expert and a pedestrian expert, what do you think the percentage of people are that actually don't jaywalk, who actually wait for the light to change, who wait for it to turn (inaudible) across the street? Just statistically.

ADLER: Well I couldn't give you the statistics but I would agree there are a lot of pedestrians who look at the traffic north and south and they think that they could cross and it's common and they try to cross. I discourage it. When I walk with my grandchildren, I tell them that they have to wait for the upright hand-don't walk and the walking man they should walk.

KOFFLER: Understand. I just want to question the assumption that every single person waits until the light to change to cross the street.

ADLER: That is not my assumption and that was not counted when I counted the 230 pedestrians.

JUDGE: Do we know what the pedestrian load is coming off of Lawrence? If the facility is moved a quarter of a mile further away from essentially the center of the population it serves in the Village, it has moved further out, and your entranceway is not on New Broadway but it's in fact on North Broadway – human nature will probably carry people down Lawrence and across Broadway where there is no crosswalk.

ADLER: There is no crosswalk, no traffic signal and that's why we have said we are going to encourage everybody and our people, if you ask Lindsay, and the operators, right here as well as all over, they're very receptive to our instructions. If we tell them that we need them to walk at this location, that's where they should walk.

KOFFLER: What are the hours of operation?

TORTORELLA: Monday through Thursday 8:30 to 7:00. Friday, 8:00am to 5:00pm. And we're anticipating eventually we'd like to be able to have Saturday hours 8:30 to 2:30.

ADLER: Which is not part of the study yet. So in addition to the counting of the pedestrians and the projected pedestrians, we also looked at every pedestrian facility. All of the crosswalks, the width of the crosswalk. The ability to have the pedestrian display – Walk/Don't Walk – or the upright hand and the walking man. We looked at the (inaudible) pads for the drop curbs where the pedestrians cross the intersection. And we found there is sufficient width, they're generally good condition of the walking services and the time for crossing is sufficient for the pedestrian to

cross at the rate we quoted which is the national rate of 3.5 feet per second which is what traffic engineers throughout the United States. The next thing we did was an accident study.

KOFFLER: I'm sorry... maybe we just back up?

ADLER: Yes.

KOFFLER: Is there a... has it been considered the lighting on the pedestrian walkways? I mean I don't know the area that well but are the sidewalks well lit? Are the streets where they are crossing lit enough? Is sit going from Route 9 towards Beekman Avenue, I think the streets are actually pretty dark?

ADLER: I don't have an answer to that.

WERNICK: I live on Lawrence and there are lights on the street. And there's lights between Lawrence and the top of the hill, streetlights, so my observation is that's pretty well lit at night.

ADLER: So we did an accident study. What we did was collected five years of data from 2006 inclusive through 2011 to determine how many accidents actually occur because there is a perception and as it turned out there's a reality that some of these intersections are really not as safe as we'd like them to be. We found that there are 98 accidents over the three years and that at North Broadway and Beekman, which is Beekman/Hudson, that that had the worst accident rate. 40 accidents total or 8 accidents per year. At Bedford there were an average of 4 per year. At North Broadway/Gordon/Lawrence there were 4 per year and at the intersection of North Broadway/New Broadway there's an accident rate of 1 per year. I want to emphasize that during the entire 5-year period there was not one pedestrian accident.

In addition, we were asked by Open Door gratuitously, to look at what is the accident picture? So in addition to looking at how many they are and what the critical rates of accidents and whether they conform to State standards or not, we actually did... we laid out the accident picture of the causative relationship between the type of accidents and the location. Sideswipes, rear-ends, that type of thing and the location. And what we found is that as you're heading north on North Broadway, there is a turn and a lane drop and that's where there were 17 accidents over the period.

In addition, there were additional accidents as you approach Beekman and that also is very wide, open intersection, not clearly defined in terms of lanes. It's just a wide intersection that should really be more carefully planned out. We recognize that it is a State road. It should be done by New York State. We would hope that the Village would contact the State and say this is the accident picture, this is what we have is a problem here, we would like your approval to either letting us put up signs to show that there are land drops, to put up additional pavement markings which are rubbing out on the road, which are erasing with the traffic and to find any other measure that would help ameliorate the accident picture and to improve it.

The last two additional points that I would like to make is concerning the crossing guard. One is that Open Door has volunteered or will volunteer to employ through the Village, and we did check

this with New York State DOT and they said that that would perfectly, would be in in line with like a crossing guard, that would be okay to help the pedestrians to cross the intersection opposite our facility in this crosswalk and they would only do it during the walk cycle. They wouldn't stop cars. They would be there to alert cars that are turning that there are pedestrians in the crosswalk but that when we add these pedestrians we would hope that the addition of the crossing guard would be another method to provide some more security to continue a good accident picture at that location.

KOFFLER: Excuse me. What does it mean to employ them "through the Village"?

ADLER: Well it appears that we can't assign somebody to go work in the middle of the street.

KOFFLER: Right.

ADLER: But the Village can. So that just like a crossing guard at the school, at the high school down on Broadway....

KOFFLER: Right.

ADLER: So the Village or in that case it could be the school district or the Village would be paying another crossing guard.

GANDOLFO: But you understand that this Board doesn't have that jurisdiction to approve that. It's the Board of Trustees.

ADLER: I'm just explaining what our approach is.

KOFFLER: I just want to understand so it's not a....

ADLER: It's a total picture so while the ZBA has certain parts, I just want them to understand what we're trying to do.

GORETE-CROWE: That was my question then in the beginning you said you would provide it, so who's going to be paying? The Village or....

ADLER: We would pay the bill to the Village who pays the bill who pays the crossing guard.

TORTORELLA: It's offered in the nature of mitigation to facilitate the movement of pedestrians across that intersection.

KOFFLER: Let's see if we can pace ourselves because we have another thing on here. Tell me just what other things you have planned for the rest of the presentation?

ADLER: I just have one more point and I hope it's quick. One of the comments raised at the last meeting, at the Planning Board meeting, about the ability to be able to drop off either a van or an ambulance in the presence of all the cars that are parked. We did turning movement diagrams

simulating that larger vehicle to be able to come in and go out and it does work. There are no left turns coming out of the driveway. It's a left turn prohibition. We intend to keep that left turn prohibition; so all cars exiting onto Broadway will be heading north.

KOFFLER: So one less...for somebody that's going south, how are they going to go?

ADLER: They'd have to go through Lawrence, turn left and come back.

TORTORELLA: That's a restriction under the current approval for this site – no left turns.

KOFFLER: I understand – just trying to think of the practical applications if someone needs to go the other way.

TORTORELLA: Right.

GORETE-CROWE: I'm thinking of an ambulance, if they need to go farther than Phelps because....

KOFFLER: Okay...just, just again.... just so you...if we could get a sense of what is on your agenda for the rest of the presentation.

TORTORELLA: I had a couple of things to address in terms of the balancing. I think you've heard largely the reasons we believe that the parking variances won't result in any adverse traffic impact either in the community, in the residential neighborhood. We don't think pedestrian traffic will. But there are the other variances that are out here that are being discussed. The distance separation, the distance of the Phelps parking form the site which we have, we have talked about not so much in terms of the impact but really it comes down to the fact that those cars won't be coming to this site. Those people will be transported in a van and so to me there's really no traffic impact that's associated with that.

KOFFLER: Can I ask you another question on that? You said something about Phelps is going to give an irrevocable license? What is that? There's no such thing as an irrevocable license.

TORTORELLA: Its' a contract.

KOFFLER: Right.

TORTORELLA: That will... a binding contract that will allow Open Door to be able to have the cars parked on the site and to operate the shuttle service. It is not a recorded legal instrument in the sense of an easement, which is one of the mechanisms that's provided for in your code if you are seeking to provide all your parking off site. It is a binding agreement. We call it a license because it touches the real estate but it's not an easement. There will be terms to it obviously. We've talked to Phelps, you know it's not, it's not, has not been completed yet so I can't provide you a copy. I can't represent to you the final terms but we are anticipating it to be, the term of it to be a long term, multi-year kind of agreement that will automatically renew itself unless certain

events occur, such as Open Door no longer operates its' facility. You know obviously they (inaudible).

KOFFLER: So it sounds more like a lease than anything.

TORTORELLA: You could...you could call it a lease. You could call it a lease.

GORETE-CROWE: Where's that van bringing in employees? Where's it going to drop them off?

TORORELLA: It will drop them off in the parking lot and Bernie one thing that I was going to ask you to address are the turning movements within the parking lot for taxis because there's a concern about taxis being able to maneuver in the parking lot, emergency vehicles such as ambulances and then the larger vans that are associated with the handicapped parking if someone were to come in a handicapped van.

ADLER: Basically it was that the...we did some turning movements for larger vehicles. For example, a van, the van that Open Door will be operating twice an hour from Phelps to this facility. They will drop off the staff at this location, back up and be able to go out in this facility. The plans...the turning movements have been presented. They are documented. That goes for taxis, ambulances and vans. So we did it for a large size vehicle. It's not an SU30 truck but it is a large vehicle.

JUDGE: You're looking at about a 20-foot vehicle based on your scale of number 1-10 on your...figure 13 in your report. How do you address the issue of because it's a very tight turn radius and there are, there are three movements to getting a vehicle to come back out – how to you deal with it when you have a vehicle that's about to move backwards after having discharged its' passengers and another vehicle enters into the parking lot? What's to prevent traffic from starting to queue up out on the roadway itself?

ADLER: It's like any parking lot. A motorist has to be careful of the cars entering. He has to let the car entering to do his movement first, then you back out.

KOFFLER: Wait but there's not, there's not an in lane and an out lane. It's just a one lane.

ADLER: No. No. There's an in lane and an out lane.

KOFFLER: There is? Okay.

ADLER: There are two lanes.

JUDGE: But effectively, but effectively you're locking off the two entrances when one vehicle is making the three point turn to back up....

ADLER: Nope. No they don't block the entrance because they come in and go around. They're stopped somewhere near this cross hatch area, which is where the entrance is and it doesn't

make sense to drop them off any other place. A standard car is typically 16 feet. 20 feet would be a large size vehicle. The Cadillac Escalade, which we're not going to use.

JUDGE: The issue though is that you have a relatively confined driveway. I realize you can get two cars there. You have the correct space, but you don't have a lot of forward space to the building. The vehicles have to make a turn and so the vehicles that are making the turn in that then need to back around are necessarily cutting off the entrance way again during their three point turn maneuver. And that's when you're going to have vehicles starting to queue up. As much as I would like to say drivers need to be cautious, I'm never amazed when I get into a parking lot like or local shopping or local grocery store on Route 9, C-Town, and how people stop and they just don't move forward and how quickly traffic becomes an issue as it backs up and how unsafe that is. So...

ADLER: So it could be interpreted as being unsafe but it tends not to deal and lead to property damage accidents. People will honk your car, will honk their horn and somebody will back up and there is a lot of....I've been in this business a long time and while people look at me askance when I say this, there is a lot of common courtesy afforded to motorists especially in parking.

BISHKO: Right. But if they are waiting to make that turn, this is a Have you driven on this intersection?

ADLER: Of course.

BISHKO: I'm there 15 times a day dropping kids in and out. The traffic backs up very quickly and C-Town is a perfect example of that, waiting for people in and out of the lot. People don't drive well. I would hesitate to make that right into the parking lot and that's my question to you. Have you looked into if that does happen, how quickly that traffic builds up into Tarrytown?

ADLER: What we said is that we really do not anticipate a lot of cars coming into the driveway. There are seven cars that are coming in every 20 minutes for their appointment. That's seven cars. It's not 100 cars.

BISHKO: But the van's coming in an hour...

ADLER: An hour. That's once every 30 minutes. There's a lot of time between cars approaching and vans leaving and turnover.

GORETE-CROWE: My other question and this I don't recall....I know I passed by it and I was trying...on the road itself is there a break-way on the yellow line to make that turn? There isn't yet, right? So they would be making an illegal turn? If they were going south? For they making a left to get in.

KOFFLER: It's a yellow line

GORETE-CROWE: So it's not....

KOFFLER: You can't make a left turn going south legally.

GORETE-CROWE: But you know that's what I'm anticipating people are going to do.

ADLER: First of all that's not true. You're allowed to make a left turn over a double yellow line into a driveway. Perfectly legal. The New York State Vehicle Code allows it. You're not allowed to cross a median. You're not allowed to cross a protection zone. But if you're on a street and you want to cross over a double yellow to go into a driveway on the opposite side of the street, it is permissible.

KOFFLER: Good to know.

ADLER: It's just the law. So you're allowed to do that. Especially if you're coming south and want to make that left turn in. But we are prohibited from making left turns out to go north... I mean to go south. We can only make right turns out.

MOIRON: Same as C-Town.

GORETE-CROWE: That would be (inaudible)

TORTORELLA: But that's not a Vehicle and Traffic Code requirement, it is a condition of the site plan, which we would anticipate carrying forward with this use.

JUDGE: Which at C-Town probably obeyed no more than 80% of the time,

KOFFLER: Anyway is that your presentation? Any questions before we move on?

TORTORELLA: We could talk all night. There's one other issue I really do want to address with the Board and that is the question of alternatives and you have heard testimony about the alternative sites that were evaluated and why they were not suitable. A location needs to be in an area that people can access it and our pedestrian... our patient population is largely pedestrian, so we believe this location meets that requirement. And we have certain size requirements, which we really can't deviate from because of the context of which we're talking about our application. I want to address one of the rooms within the building because there's been a lot of concern about that and implications for traffic. And that is the conference room in this facility, which has an occupancy of 50 people. It's marked on the architectural plans as having an occupancy for 50 people because there's an occupancy limitation based on the size of it. It's not anticipated to be used for 50 people. It's not anticipated to be used for outside purposes or outside users. It's a room that will be used for the professionals and para-professionals to be able to meet and have discussions. It's not anticipated to offer seminars or conferences where people will come in and speak to a group of 49 people if it's a one-person program, speaking program. I want to clarify that. It was an issue that came up at the Planning Board and I think it's important for you to understand we are certainly willing to agree to conditions and limitations on use of that space. It kind of... it grew a life of its' own as an issue. It was never intended for that purpose and it wasn't meant to identify the fact that we would have 50 visitors coming for any sort of program.

The other issue I wanted to talk about is alternatives to our non-conforming parking. Because we can modify our parking and our loading to conform to the Code. We did look at how that would happen. This was an issue that was raised at the end of the Planning Board proceedings, so this is not a plan that was seen by the Planning Board and it has not been submitted to this Board but it will be. But we didn't want to not address this. There is a way to redesign the parking field if you will to provide for full size parking and a conforming loading space. What it does though is reduces the number of parking spaces on the site from the 10 that we're showing to seven full size, one of which is a conforming handicap spot. But for the reasons that Mr. Adler already discussed, based on kind of the anticipated need of the project and the patients for on-street parking, we're talking about going from one or two during the peak hour to three or four during the peak hour. Meaning that patients during our peak period which now is currently Mondays 12:00 to 4:00 and we anticipate that that will continue because we have a long track record with that. Patients coming to the site, driving to the site may need 13 to 14 spaces instead of 11 to 12. But based on the number of available parking spaces, that Mr. Adler's firm calculated and counted, based on the field survey, there's certainly enough parking in the area to be able to support that.

The other thing that this plan does is that it addresses a concern that the Building Inspector raised with us at the end of the Planning Board proceeding about how you move pedestrians from the street into the site. Because currently as shown those pedestrians would be walking from the sidewalk around and through the parking lot, much like if you'd be parked in a parking lot, you'd be walking. What this revised site plan allows us to do is create a dedicated pedestrian path from the sidewalk on North Broadway and come up along the front of the building and then into the new main entrance. This is a plan Open Door's prepared to pursue if it's able to get the approvals for it. It's a modification to our existing plan. It's the same building, same size of entrance, same location of improvements, except for the reconfiguration of the parking field, the reconfiguration of the loading space and the creation of that dedicated pedestrian access-way.

The last item I just want to point out to you has to do with the loading space. Open Door is not... does not have a lot of tractor-trailer type deliveries that come to its' site. It, the large trucks that would be coming to the site, mainly for waste removal, trash removal and occasionally to deliver heavy equipment and furniture, things of that nature. Other deliveries that come to Open Door are really in panel size trucks, which could adequately and safely make deliveries in a much smaller loading area. So we can comply with the loading requirement in this way out but I would just remind you that on the Grotto application, that was previously approved by this Board and the Planning Board, there was a smaller loading area, and we're certainly amenable and feel we could function adequately with a smaller loading area at this site. We have provided you with a tractor study to hear testimony on tonight, we have analyzed the criteria. It's getting late and I won't go through all of it in terms of the balancing test. Final thing that I'd like you to have in your mind as you consider the balancing is that this... the benefit we believe you have to weigh is not just a direct benefit to Open Door, in terms of being able to provide services to its' clients and to have the residency program, but rather the benefit that also (inaudible) inures to the community by virtue of the fact that we are promoting family practitioners and family practice in the community and we are facilitating that with Phelps Memorial Hospital and that Phelps Memorial Hospital as you know, provides services and benefits to a much broader section of the population. We're also taking a building that was vacant for a very long time, that looks beautiful

now, but has been vacant since 2008, 2009 or 2010 when the renovations were completed and putting it to use by an owner who's got an investment and vested interest in making sure it continues to look nice and making sure that it's an active member of the community. That is a benefit that the community realizes. We believe you have to look at both the indirect and direct benefits when you're weighing that.

KOFFLER: Thank you. What I'm going to do is go to the public portion of the hearing and hear what the public has to say and then come back and just talk... this is not going to be decided tonight... talk about a to-do list of what information you need to be thinking about and what we need to be thinking about too. So with that said, I make a motion to open up the public portion of the hearing.

WERNICK: Seconded.

KOFFLER: All in favor?

BOARD: Aye.

KOFFLER: Anyone from the public like to speak with respect to this application please rise, state your name and address, and say what you have to say.

EDNA ROBINSON: My name is Edna Robinson. 65 New Broadway. I'd like to express my concern regarding the numbers here tonight. Decisions municipalities make impact communities for many years. As obviously the Board is aware of this and (inaudible). As the recent storm shows us the potential for change is considered at its' greatest. The greatest number of cars, the greatest number of patients, the numbers of people with cars must be expected to increase. Office hours can increase. After hours meetings can increase or occur. The number of attending doctors, dentists, nurses and assistants can increase. Salesmen, lab specimen pickups – the list can go on to include multiple possibilities for this proposed clinic location. Lastly, I have a question. Are there any disclaimers to the binding agreement with the long-term parking or the shuttle? And the reason it would be for both.

KOFFLER: Is that a question for us?

ROBINSON: I guess.

KOFFLER: We'll get into the particulars. That's one of our questions as well – is to actually see what kind of agreements there are regarding this off site arrangement. We'll be looking at that.

ROBINSON: Thank you.

KEITH SAFIAN: Hi, I'm Keith Safian, the President and CEO of Phelps Memorial Hospital, which I've served for 23 years in that capacity. So the answer is there will be no exceptions. If there's a need for parking, Phelps will accommodate it. Remember that the residents belong to Phelps and I think I wanted to take this opportunity to set a context. National Health reform. President Obama was just reelected by a very wide margin. One of the major accomplishments of his

presidency was national health reform, which is focused substantially on primary care. Those of you who live in this community know a lot of our physicians are mature—we don't like the word aging. But our medical staff is maturing. We have found in our strategic planning process, we need to take very positive, proactive steps at Phelps to make sure this community has the right number of primary care physicians. Three years from now, five years from now and 20 years from now. That's one of the reasons this residency program was developed. Fortunately for us there's a confluence of interest from New York Medical College and Open Door to develop what is the first new family medicine residency program in 15 years. We are the exemplar of the future of how to serve the people who are newly insured under National health reform and there are many, many of us who are waking up to the fact that wellness is a very important focus. Every individual has to focus on their wellness and need to go for their preventative visits and get their inoculations. Just this evening the County Health Commissioner was presenting at Phelps about public health and how the responsibility of the individual patients is increasing. People are more aware of that. That means we need more primary care physicians, family medicine doctors. So we have some of our residents sitting here this evening. These are going to be your doctors. When your children get older and are able to cross the street by themselves, they're going to need a doctor, who are one of our residents who will then become an attending physician. So Phelps becoming a teaching hospital, I would say it is the most significant change at Phelps. And again, I've been there for 23 years. I guess since I signed the contract with Memorial Sloan Kettering to come to Sleepy Hollow in 1995. There we brought the world's best cancer treatment to Sleepy Hollow, New York. Now we're bringing a teaching hospital to Sleepy Hollow, New York to meet the future needs of this entire community. Why the confluence is even more remarkable—we've had a 100 of our physicians volunteer to be faculty for six residents. We've received grants from the federal and state governments that add up to millions of dollars. We just got another grant a few weeks ago for \$300,000. Again, jointly issued to Phelps, Open Door and New York Medical College to support family-focused healthcare. And you're right in the middle of the exact right place for the future of healthcare. And it's important, it would be a tragedy if this parking is what brought this down. This residency program cannot succeed without Open Door having this new facility. You have six residents now. We'll be recruiting the next six for July 2013. We have 1,075 applicants for six positions for next July at Phelps. That's 180 doctors choosing to apply for a residency for each slot we have at Phelps, Sleepy Hollow, New York, in a brand new residency program. So having this many applicants, the applications will continue to come in through the end of December. So in six more weeks, my guess is we'll have 1,200 or 1,300 medical students who are applying to become a resident at Phelps. So this is really the most significant opportunity this community has to really do something for national health reform for ensuring the health care delivery in this community and I would urge the Zoning Board to find a way to make sure that parking doesn't do what's really essential for the future of health care in this region. Thank you.

KOFFLER: Thank you.

JENNIFER LOBATO-CHURCH: Hi. Jennifer Lobato-Church. I live at 85 New Broadway. I also would like to disclose I am a previous member of the Zoning Board of Appeals and a current Trustee of the Village of Sleepy Hollow. I do not come before you in that capacity at all. I come before you as a homeowner and a resident of Webber Park. I did submit a very lengthy letter to this Board. I know all of you well enough to know you either have read it or will read it, so I don't

want to go over everything that's in it. A lot of the read letter does refute, contradict and challenge some of the arguments and statements made by both counsel and Mr. Adler's (inaudible) traffic study.

A few things I do feel I need to point out though. My understanding is the residency program is already operational. It's operating out of Sleepy Hollow so I don't know why it's so critical that this residency program exists at 1 New Broadway. Maybe somebody can elaborate on that, at a later time but my understanding is it is already operating out of Phelps Memorial Hospital.

The crossing guard – the issue of placing a crossing guard- my understanding is that or my belief is that Open Door has not engaged the Village on this. I have not heard any discussions either way with the Board of Trustees about employing a crossing guard for this intersection for the benefit of Open Door's operations.

I also want to point out that Route 9 is a State owned and controlled road. We cannot post any signs on it. We cannot control sign turns, crossing guards, etc. We need permission from the State to do any of that. So the idea of engaging the Village to put these types of measures in place on Route 9 is impossible. We have no control over it.

Part of the letter that I sent to you included police statistics over a 10-year period for the accidents on this section of New Broadway but that is (inaudible) the section that is of issue here. It also included memorandum to the Board of Trustees that I wrote on behalf of Webber Park regarding traffic and safety and speeding issues on New Broadway and addendum to that memorandum. If you see when you drive by that Webber Park sign, at the entrance of New Broadway, that was a result of the neighborhood coming together and pointing out to the Board of Trustees that we really had a significant traffic volume and speeding issue on New Broadway and we needed some mitigation to reduce the amount of traffic on that road and the Board of Trustees agreed and erected that sign to let people know they were entering a residential neighborhood.

Also included with that letter were I believe two letters, that I drafted on behalf of the Police Advisory Committee, when I was Chair of the Police Advisory Committee to the State Department of Transportation discussing the safety concerns of that intersection and asking the State to intercede at that intersection. I think that letter was written maybe close to two years ago and we still have not heard back. The Village has engaged the State on many occasions to try and get them to come in and study the safety of that intersection, the timing of the traffic lights, etc. etc. and we still have not heard back from the State. So clearly things do not move quickly with the State when it comes to coming in and looking at traffic impact and assessment on Route 9.

I don't know if those additional documents were posted on the website but I do know that the letter that I submitted to you is on the website for anybody who wants to read some of the arguments that I made.

With regards to the variance requested for offsite parking, I also went in to lengthy detail in my letter to you regarding my interpretation of the Code and I would argue that it's not an either or, it is an and- this variance request- and the offsite parking at Phelps would be a condition to a variance, not in lieu of a variance. And that condition you know from precedence is going to be incredibly unenforceable from the Village's perspective – unenforceable.

And then one thing I do want to contradict that counsel ceded was that this location is impossible to fill given the parking restrictions on this location. For those of you who were not on the Board at the time and I was not on the Board at the time, that the Grotto application was before the Zoning Board, if you look at the minutes of the Planning Board or the Zoning Board for the previous owner's application, he didn't ultimately need a variance for parking. He was able to configure the parking lot to fulfill all of his parking requirements. He abandoned the property for other reasons unrelated to parking. What did occur though as part of that variance, was the condition that medical offices and dental offices not be put in that location. And a lot of the discussion around that condition of the variance was due to the Board's belief that we needed to reduce the amount of pedestrian vehicular traffic in the Webber Park neighborhood and specifically on New Broadway. So there was a condition on the variance that no medical or dental office be placed in that building.

So those are just the really big points I want to highlight to you. Again, more detail in the letter, more detail around the deficiencies in the parking and the traffic study. The numbers around how they're counting patients crossing the street; are they taking into account a patient plus three children, who may be in strollers and toddlers whose hands you have to hold as you cross Route 9. Also if the projected numbers of increased patients attending this facility, maybe they're going to be out-of-towners – where is this projected number coming from? I don't know if Sleepy Hollow's numbers actually support those projections, so I would argue those would be out-of-towners who would have to (inaudible).

Finally I want to raise something that's not in the letter and it's of concern to me and I'm wavering on whether to bring it up to you because I see that Mr. Capossela isn't here and I know he wasn't here last month and I don't know for obvious reasons if I can come next month or the month thereafter, so I want to bring up the idea that Mr. Capossela- I'm assuming he's still on the Board?

KOFFLER: Correct.

LOBATO-CHURCH: Okay. I'd like to bring up the idea I don't personally feel that Mr. Capossela is going to objectively impartially hear the application before the Board and I hesitate to proceed because he's not here to speak on his behalf but I would urge the Board to discuss this issue with him and get some sort of assurance that he is impartially hearing the application and not pre-deciding where he wants it to come out. And I say that because I personally have been stopped on the street by him and told I am wrong about Open Door and that they're a great organization. I have heard from many people and I realize it's hearsay but I've heard from many people that he is on Beekman Avenue, in J&G Deli speaking to neighbors saying what a great organization Open Door is and he's just going to pass this through. I've heard that he has made statements to members of the Planning Board saying he fully intends on passing this application through and it was before this application was before this Board so there was no application for him to be discussing. And so I would just ask that you speak with him and ask him if he can really truly impartially sit and listen to the application with an open mind and not pre-determine where his vote is going to go. I also have first-hand information that leads me to believe as Ms. Farrell has stated on several occasions, Village officials in the past have made reassurances to Open Door

that this location is great and that they're going to get to move in there and I have first-hand information that leads me to believe that Mr. Capossela, when he was Trustee, was one of those Village officials who had that conversation. I cannot verify it. Again, I would ask that you have that conversation with him. I have no further comments. Thank you.

KOFFLER. Thank you.

ROSEMARIE McMANUS: Rosemarie McManus. 31 New Broadway. I'm a resident of this Village since 1968 and in my present house for the last 40 years. I am a community nurse and I can vouch for the integrity and the care doctors give to patients because I take care. I need to notify the doctors and I work with them. That is not the question here. The question here is safety. Sorry Mr. CEO it is an important issue. It really truly is. We cannot as she said; we cannot change the laws of New York State. It is already documented years ago that that five point area is one of the most dangerous in New York State. This Village cannot afford to pass this building to be an Open Door, which is a good facility, in lieu of safety and the possibility of being sued because you knew this knowledge before it was granted, by any person was hurt by a car in that area. Now we have bad weather, rain, snow; I don't think a lot of crossing guards should be standing outside for seven hours or eight hours a day directing people. It's just not realistic. You said we have directions to tell people how to cross the street safely. I observed seven or eight Open Door people this past week, crossing at the corner of New Broadway and Route 9 against the traffic – up, down, dash across the street. These are the doctors and nurses and other people that I saw do this. And these are the professional people who know better and you're going to tell me that a mother with two or three kids in hand, stroller, is going to be able to cross that street? It's not going to happen. Now there's talk about the traffic going into the area and out of the area. Well we can't make coming out of the project- we can't make a left hand turn. That's New York State law. They can make a right and it's a very good point to mention that going north, coming south they can't make a left into it either because it's double yellow line, which I know they can get a variance on that- but to block that traffic-I just think it's too busy. It's just too dangerous. I want to remind the Board that as this lady presented to you, the original variances were for totally different reasons. A small handful of businesses, which were going to utilize their garages, is now remaining to office space. So you cannot judge the previous variances under the new condition. It has to be taken by itself, in its' own entity on what they'll be used for. They say that all these people walk, all these projected figures. Well you know we can (inaudible) on figures. Anybody can (inaudible) on figures. But the real issue is from Mickey's place to across the street, is very, very dangerous. There'll be roughly 400 – 500 people crossing that on a weekly basis now. I don't have to be a mathematician to figure this out, alright; I don't care what they say they project. It's nice to have a projection but don't we have facts? People will cross when they want to, where they have to and will do what they have to do. The van, guaranteed, will probably come Gory Brook Avenue to Van Tassel and come up New Broadway to go down Route 9 to make a right hand turn. That's going to happen. Okay it's going to happen. That little island that we have now at the top of New Broadway was really to prevent trucks, who by accident, didn't follow the route to Route 9 but came up to New Broadway. Now it doesn't happen although it's been knocked down once already the sign, so we'll see what happens. It's important that Mr. CEO and everybody else realize that the life of a person is at stake here. We're talking and I'm not even exaggerating, you're talking about figures based on the small amount of people crossing the Avenue and now I'm talking about 400-500 hundred a

week, which magnifies the potential of an accident with a car. I have a solution. White Plains Hospital, Westchester Medical Center, St. Joe's down in Yonkers- all have their clinic hospital-based. And if you're worried about your people getting to you, provide them with the bus service. I'm sure the Village doesn't mind giving them a space where they could park their van and you take them right into Phelps. You can utilize all of Tarrytown and Ossining. Get rid of that. Utilize one area. These hospitals have successful clinics. You could do the exact same thing without jeopardizing a potential problem. I don't want my Village sued. That's my taxes and it could easily happen. Not too long ago there was an accident here. I won't mention her name. She tripped over the raised sidewalks due to the roots of the trees, okay pretty seriously. She's trying to save her four teeth, okay, among other things. Now I don't know what she's going to do personally. Within days, the Village went through those sidewalks and redid them all so no one would trip again. I can't replace a life or part of a life if we continue to let this program go on. That building has always been a white elephant and the bottom line has always been parking. With Grotto, it was workable. It's not under this condition.

KOFFLER: Thank you.

BAIBA RUDZITIS-PINNIS: Good evening. My name is Baiba Rudzitis-Pinnis. I reside at 148 New Broadway. I know the hour's late but I would like to raise four issues. My first issue is zoning law should apply to all equally, whether for an entrepreneur, small business owner or a non-profit. Political influence in whom you know should not determine whether zoning laws should be ignored. The rule of law should apply equally to all parties. When I invested in the community, it was with the understanding that all would be treated the same under the law.

Number two: Currently Phelps Memorial and Open Door have made arrangements to have its' employees shuttled from Phelps Memorial to Open Door. What guarantee do the residents of Webber Park, especially New Broadway have, that this arrangement will be forever? Managements change and conditions change. If there is a budget constraint and gas prices skyrocket, there's no guarantee that the shuttle service will continue. What will be the consequences if any? Will the Village be able to revoke the certificate of occupancy? In dealing with Phelps Memorial, the Village has already noticed a change in direction. Originally plans for Kendal-on-Hudson called for a walkway between the Manors and Kendal. To this day the plans have not been implemented for whatever reasons.

Number three: In reviewing the petitions, supporting Open Door's relocation to 1 New Broadway, I noticed that many of the signatures, signatories did not write down their address. At a quick glance, approximately 205 signatures were collected, but 93, which is approximately 45%, did not have addresses listed. The signatures that listed their address at 95 Beekman Ave., the great majority did not include apartment numbers. As we all know, 95 Beekman Ave. is a large complex. As a result of incomplete information, the validity of at least 45% of signatures in support of Open Door is questionable.

And my final issue is-as the discussion about Open Door's facility at 1 New Broadway continues-I urge for transparency in all discussions. In the application, Open Door states the following and I'm quoting, and this is on page 15:

“In the summer of 2010, prior to purchasing the property, Open Door actually met with Village leaders to discuss the relocation of its’ clinic to the property. Village leaders expressed support for the Open Door’s proposed use of the property.”

Now my question is-the resident in issue- is the residents, the taxpayers of Sleepy Hollow should be informed about any commitments that were made on behalf of the Village for a project, which flagrantly violates zoning laws without approval from the Zoning Board and without the chance for a commentary. I know for a fact that Karin Wompa did discuss relocation, but it wasn’t to the 1 New Broadway facility.

My question to Ms. Farrell is who else was this issue discussed with-the Downtown Revitalization Corporation and who gave any guarantees? Also I would like to know, who from the Village Board or also gave any guarantees to Open Door? We, as taxpayers and residents of this community, should be informed. Thank you.

KOFFLER: Thank you. Anybody else?

JOHN WINDAS: Thank you Board and everybody for speaking. My name is John Windas. I live at 6 Katrina Avenue. I’ve lived here 36 years I’ve owned that house. I’m born and raised in this Village. Open Door is a great organization. I have a lot of friends and valuable services from there. But I just want to give you some history as to what the residents of Webber Park and Katrina Avenue have gone through with variances in parking that this Village has passed.

There was a variance for the automotive shop on Lawrence and Broadway. To this day, every mechanic there parks on my street. To this day, two mechanics have these huge pickup trucks that have commercial plows that have commercial salters, that park on Katrina Avenue. By the way, Katrina Avenue is a dead-end street.

Let’s talk about Enterprise, another variance granted. I come home one day, there’s eight parking spaces on Katrina Avenue for the five houses that pay taxes on them. There’s four Econoline vans from Enterprise on the street. They’re there all weekend. Another variance.

Granted you folks do a lot of good work. You’re going to bring a tremendous amount of vehicular traffic that’s not there now. Whether it’s 40 parking spaces that’s required. Whether it’s 10 parking spaces that’s required. You’re bringing in a lot of vehicles. You’re bringing in – I want to see a doctor from Phelps take the bus. I want to see that. That’ll last all of about three months.

The gentleman right here said you’re going to increase the vehicular traffic 25% in that area. Not 5%, nor 10%. 25% that’s what he just said. Parking doesn’t comply with the use of the building that wants to get done. Ms. McManus said it (inaudible). All those hospitals have their training facilities on their property. That would solve everything. Bus the people from here to Phelps. End of conversation. Plenty of parking spaces, plenty of service, plenty of benefits for the Village. I just don’t see how it’s absolutely feasible not to believe that this is going to cause a tremendous impact to the Webber Park area. I just can’t. Both for people, traffic, safety issues, vehicular issues, parking spaces. There are no parking. 66 years in this Village-there are no parking

spaces in this Village during the daytime. They're not. And at 5:00 this is a parking lot up here and you're going to have people crossing Broadway. I can't believe that.

The last thing I'm going to say is- General Motors is putting a lot of people in here. That's going to increase vehicular traffic even more on Route 9. When that occurs, that's going to be another problem in this Village. I like the idea of the Open Door. I think it's a tremendous organization. I just don't see that facility being able to utilize and preserve the quality of life that the residents of this Village should have. Thank you very much. I appreciate it.

KOFFLER: Thank you.

JEREMY ZIFCHOK: Jeremy Zifchok, 15 Pine Street. We've spent a lot of time over the past several meetings, both through the Planning Board and here, hearing Open Door and the residents talk about what a valuable program this is and how important it is to the community. I said it before and I'll say it again. I don't think there is anybody in this room that has question as to whether or not the program is good and it's valuable and it's great for the community. What's at issue here, however, is, is this the right place for this facility? And the answer as everyone else has pointed out is no.

I have a few questions not to the Board but rather to the presenters today. You mentioned that there would be a split of the crossing guards – I'm not exactly sure what the words that you used- but I'm curious as to who pays the pension and benefits of these guards? What happens if one of those guards gets hit by a car? And is the Village saddled with that debt? How many parking guards would be required? Okay?

Next, the five-point turn that was pointed out by Mr. Adler comes extremely close to a compact parking spot. If a full size vehicle is in that spot or based on the newly proposed parking plan, how can that turnaround happen? It's not absolutely clear.

Next, you had mentioned... sorry... that the, that the lawyer had mentioned that large vehicles would only happen during garbage pickups, etc. at limited times. I'm curious as to how often that would actually be and at what times?

Now the ADA recommends that a greater number of handicapped spaces are provided for medical facilities. The supposition that since Open Door is not providing more than 10 spaces, that they only need one handicapped parking space. For a medical facility that's going to be having that many people, I feel is a little bit irresponsible. And I hope that that's passed along to the Board that you know, I mean, there's...if you need handicapped people to come to your facility and granted you said there aren't very many people who are mobility-impaired-that's today. What's to say what's going to happen tomorrow or next year, whatever, you know. So I think that that seriously needs to be considered given that the limited spaces that are being provided. The next handicapped spot is a quarter mile away. So that's just for consideration.

It was mentioned that it's not uncommon for patients to stay for multiple reasons. If each hour sees three new vehicles, 20 minutes out to see each reason and time for the waiting room, which anybody who's been to the hospital or a doctor's appointment, knows that you are going to spend

a lot of time in the waiting room. It's not hard to see how quickly those three new vehicles every 20 minutes are going to get backed up. Okay. You know, with 10 spots, it's going happen extremely quickly. As the day progresses, that time in the waiting room, those things are going to get backed up. It happens everyday at doctors...you know they get backed up. And so, with that is going to come additional parking requirement. So if they had quite a few more, if they were closer to that 40 number, I think it would be easier to overlook that. But, I think given the numbers they provided, that that leads it into serious question.

Some of the other people that have spoken tonight came to the same conclusion that I did. And that is – sell the building, use the money and the money you're not paying the crossing guards to supplement a shuttle to go to Phelps every half an hour or more. It could easily be paid for by just the crossing guards. Thank you.

KOFFLER: Thank you. Anybody else?

ED OLIVEIRA: Oh yeah. Ed Oliveira. I'm in Webber Park as well – 117 Van Tassel Avenue. I, as others, and there's a few that can't be here just because they have young kids, and the time and the hour of course, ask this Board to protect the character, health, safety, welfare of our neighbors and our neighborhood in regards to the Open Door variances.

The proposed change of use and requested variances would be an undesirable change to the character of our neighborhood. The change would create the following and more, which have been discussed. Use of neighborhood parking which now happens by adjacent businesses as it is. I've witnessed that. Excessive, dangerous traffic patterns, which have been discussed, which obviously cannot be controlled. We'd have to have our police department policing that on a consistent basis (inaudible) and it would just be impossible.

Evening hours of operation, which is a little bit inconsistent with the previous owner's use. These are going to be a bit extended and that's going to compound the issue. This type of use also would be a detriment to nearby properties, meaning likely decrease in home values would occur. Definitely they would not go up. Very similar to what's going on in the Tappan Zee Bridge construction down at the Cay and Tappan Landing.

Alternative cures could be sought by having residents (inaudible) another time instead and having doctors practice at the hospital and have the patients shipped up. Shuttling patients to Phelps and not the staff would be the reasonable course of action. The proposed change in use variance is not only substantial but it's actually excessively in extreme when it comes to the amount of parking needed. It's just ridiculous. And, in addition too, the previous owner, this is also would be adding to not to a, also a non-conforming use, which was already banned too by the previous owner.

In closing, I would say, that especially such an excessive parking variance should not be entertained by any method other than on-site parking, meaning a lease. I have witnessed a lease agreement, leases agreements that failed in this Village. One of them actually came to court action and they're just not enforceable. Three years, five years, we all know that- I won't go on about that- and but and they will fail. This facility has been proposed in our neighborhood just will

not work and is extreme. It is best suited at its' current location or Frank Chevrolet or wherever the other people propose as well. It's just not a good fit for our, for that part of the Village. Thank you for your time.

KOFFLER: Thank you.

CAROLINE HARGREAVES: I am Caroline Hargreaves, a homeowner at 73 New Broadway. Like everyone else has said, Open Door provides a valuable service to the community and I've been coming to Planning Board meetings and listening to their presentations. When I first heard that they purchased the building, I was shocked. I had no idea. They came to our door and said we just bought this building, come to a breakfast or something. I thought oh something's happening I should pay attention. It turns out they bought this building and now that I'm looking at the parking lot, it just takes common sense to see this is so tiny with a five point turn for anyone coming in, dropping off to have to do, and share that driveway with all the patients, parents with children, strollers, everybody that would plan on walking across Route 9? 200 people a day? It's just shocking that a large agency could purchase a building and plan for such a huge parking and traffic and safety issue. I have been listening and reading the Adler report and I want to make sure that, you know, as residents our response to their conclusion that there's going to be no safety impact and no problem with this? Just look at their own numbers. The critical accident rates on Table 9. Five are above State average. Three exceed critical accident rates. Their on-street parking chart didn't account for alternate side parking. They corrected it in a later letter just on New Broadway. But there's also some alternate side parking two days a week on Lawrence. That's not accounted for. I'm not sure about some of these other streets but these are residential streets that they included that are maxed out. Residents need these spaces to park their cars. And the extended hours from 8:00 – 7:00 is just really going to go into you know people coming home from work not being able to find spaces.

The other point in their own study – they say people could easily take a right turn out of the parking lot and then turn left onto Lawrence to go back towards Beekman. Well the level of service for Lawrence is out already so it can't decrease. According to their chart it's already an out so there's no further (inaudible) for it to worsen, but check it out. It's in their own- and they're asking us to ignore this. If they're planning for traffic to go either left onto Lawrence and down onto Beekman-take a drive, try that out. Take a drive up right instead of – take a right out of the parking lot and try to turn right onto Gordon and Rice and then up Broadway - see how many cars you have to avoid in those with the on street parking on a two-way. If there's too much cars, the volume of cars is already maxed out. And this recommendation of the Adler study just doesn't make common sense. It makes no common sense. Just take a look and you'll see. Thank you.

KOFFLER: Thank you.

MICHAEL KAMPEN: My name is Michael Kampen and I am a homeowner at 12 Gory Brook Road, also in Webber Park. First, I wanted to say to the Adler traffic study, as many people pointed out, not just at this meeting and previous meetings too, but we think many people are unable to (inaudible) that we stated already repeatedly that the basic conclusion of this traffic study is not reasonable. And I think that the only, for me at least, possible way to feel at ease with the traffic study, maybe believe rather than science, in common sense and daily own

experiences, would be if the Village orders their own traffic study. And I don't know if the Village can afford it or if Open Door could actually as (inaudible) effort with money, but frankly we have pointed out many, many times and it was mentioned again and again this current Adler traffic study still not correct. It very easy to see that it's not correct and we've pointed it out several times in writing and in letters.

One thing I just want to mention, Mr. Adler just mentioned today. He said because our common belief in the neighborhood is that the only viable section of this whole area around the new proposed location is in the New Broadway, Webber Park area. And but Mr. Adler just said today – no, no that would not happen because people would drive on New Broadway- would park there or drop off people and they would have to walk around the block to go to the entrance. But the whole basis of his traffic study is that they can walk a quarter mile, no problem or even one-half mile, no problem. But they will not park on New Broadway because they would have to walk-how much- 30 feet around the block? It's just something that came up today and I found it rather interesting.

The other thing that I didn't understand and I wanted to ask Ms. Farrell. If I understood this correctly you said, we will only treat 16 patients per hour as a max for forever because that's even State law or whatever (inaudible). Is that correct?

KOFFLER: We're not going to do this as a dialog.

KAMPEN: Okay that's okay. Then I just wanted to say how I understood it. Okay. I understood that you said 16 patients, approximately 10 hours of open hours would be 160 patients a day? There would be less patients then they serve now, which I think is 270. So does that mean that by moving into this location Open Door would actually be serving less patients? I did not really understand that. But if that is true then obviously moving to that location is a disservice to the clientele that Open Door promises to serve and I wouldn't understand that just because of that I would say that's not a good move.

So we talked about the traffic impact, parking very shortly. Then I want to talk about the dangerous intersection, also very shortly because it was mentioned. But recently we had this water main break down Broadway and there was a report in the Patch that said it's already hectic and possibly is the most dangerous intersection of the Village is now rendered chaotic and it goes further a little bit. And then it says "DPW Foreman, Richard Gross, who is only partially kidding when he said that the water wasn't stopping cars from going 90 miles per hour and splashing the workers and breaking our stuff. He added that cars getting too close to construction cone drove over a set of sound-deafening headphones."

So this is just, you know, we are not making this up. This is a very dangerous intersection as documented in many areas. And just recently it is, it is intersection where any kind of decrees of traffic I think needs to be very careful observed and only when there is really absolute need that it has to happen should we approve. Meaning if the Village would approve the very significant variance and due to that variance foot traffic, car traffic through that intersection increases, accidents may happen. I hope they will not happen. But if they happen, I think the Village will be in big trouble with this suit for any kind of personal litigation, personal injury lawyer. And I think

again, as a resident of this Village, I would feel only comfortable if actually Open Door and Phelps together would like one of sign a contract or whatever legal document that would be to say they that would indemnify the Village or hold the Village harmless for any Open Door related accidents at that crossing for the time of the operation of Open Door. I don't know if Open Door and Phelps would do that but at least I would feel comfortable that the Village would not be sued by anybody who experienced an accident after the Village approved this kind of variance.

Lastly, very shortly also, we have said already many times there's the likely event of backing up traffic, just because this traffic lot is very small. I think, you know, we could create a field study- park seven cars in there and then just drive in and out at the same time as the passenger van and then see what happens. I think there would be a tremendous backup on Route 9 and I just wondered, as a question to the Board, of how we possibly, the Village need to get approval or comment from the DOT actually, because by creating, by approving a variance it would allow affecting the traffic on the State road. I somehow would think it's common sense the DOT would need to approve that or need at least to be involved in that and need to know about it and need to give a statement because you always say we can not even put a stop sign or anything on Route 9- we have no control over Route 9- but how come if that's true that we can allow a variance that would very significantly increase backup on a State road. So I think, for me, that makes sense. I think I would like to know if the DOT needs to approve it or in any way get comment to that.

But my last, my very last comment is actually... I would like to speak directly to Open Door and Phelps. I'm not expecting an answer, just addressing it. I would like to ask Open Door to actually reconsider Open Door's current decision to do whatever it can to push this application through. Ms. Tortorella's office specializes in among other things, litigation against municipalities on behalf of developers if these developers and business owners cannot obtain the permits and approvals they seek. Instead of hiring lawyers like Ms. Tortorella, I ask Open door to actually step back and reconsider the current application. I ask Open Door now realizes there's very strong opposition from hundreds of people in the residential neighborhood directly adjacent to the proposed new Open Door location. I have actually friends who know you personally. They think you are a very nice person. I think that nobody wants to admit that one's previous decisions might not have been the best. But Ms. Farrell said Open Door prides itself to be a very good neighbor and that they did not anticipate this opposition from the neighborhood. So please re-think your position. Open Door and Phelps have other options. Phelps, if I read that correctly and I remember correctly, had a profit of \$9,000,000 dollars in the last two years. We also heard just today that Open Door and Phelps got another mini-grants, one of the smaller grants, just \$300,000 dollars. So one of the possibilities that was mentioned already was actually creating a shuttle service from the community, from the community that needs to be served in Sleepy Hollow to Phelps. Ample parking, ample facilities. And obviously, Open Door and Phelps, they do have the money, they can do that option. And they can do other options, there are many other options mentioned from residents in Webber Park and other areas already to the various Boards.

So basically I really want to strengthen, you know, we do not have other options. We live in that neighborhood. Many of us, for many years, like myself- many of us for decades. We can't move, we won't move. We want to live there. We don't have any other options but you do. So I want really to ask you personally to step back. I know it's difficult. You are going on this track and you want to push this through. (inaudible)and you hire more (inaudible). Just step back. Maybe

there's another possibility and I think I would ask you to do that and I'd be very happy if you could do that and we'd have Open Door as a very good neighbor somewhere else in the (inaudible).

KOFFLER: Thank you.

CAROL JANE HANSHAW: Hello. My name is Carol Jane Hanshaw and I am a physician and a new resident at Phelps Memorial Hospital. I'm very proud to be here. I am so blessed by all of the support we've received from members of the community. I feel that this is a very warm and embracing community and I don't feel I have to defend the residency because I know that you fully support it. I know that you fully support Open Door and I know that if an emergency were to happen you would go to Phelps.

I just wanted to clarify some points about our residency and how it functions. I'm currently doing my medicine rotation and I'm at Phelps six days of the week... Monday... well six days of the week. Saturday and Sunday we rotate. I spend four hours of every week so that's 80 hours total at Phelps minus four hours at Open Door. And this is how all of the residents function. We only spend four hours a week at Open Door. Our residency is a three-year program. Currently we only have six members because we're a new program. Next year we will have 12. After that we will have 18. We don't plan on this residency (inaudible) or support (inaudible). We're supported by the State of New York. We're supported by the US Government. We're supported by Open Door. We're supported by New York Medical College. Which supports – I don't know- 30, 50 so many residencies and fellowship programs. We're all very successful and not planning on going anywhere so we anticipate having 18 residents every single year starting in 2015. So again, in a week there will be three residents at the most, on a given day, for four hours a day only, which is actually eight hours and we're only allowed to see one patient per hour so that's only eight times three, 12 patients. But we're not there at the same time. Some will come in the morning. Some will come at night. A Day. So that's 12 at the most but we'll say four to 12. And that's per hour for only four hours to be eight hours a day. That's only two patients an hour so - or three at the most so it's not very many.

Again, at Phelps I see 85% private patients. I only in a given week, maybe I'll have two Open Door patients. Really when I am at Phelps I am supporting you. I am supporting the community. All the residents live on-site in Sleepy Hollow, pay taxes to Sleepy Hollow not anywhere else. I don't want to be up here forever. Again, very happy to be here. And I just hope you'll understand where we're coming from. We're here really to support the community. The road's definitely are an issue, but I believe they are being addressed. I also have a letter that I am reading on behalf of another resident who couldn't be here today. Dr. Sarah Paul.

(LETTER READ BY DR. HANSHAW)

Dear Mr. Chairman and members of the Zoning Committee Board of Sleepy Hollow. Unfortunately I am unable to attend the meeting in person but I will trust that this letter finds you well. My name is Dr. Sarah Paul. I am one of the new family medicine residents training at Phelps Memorial Hospital Center and Open Door. I have been a resident of Sleepy Hollow since June 18, 2012. I knew on the day of my residency interview in December of 2011 that Sleepy Hollow was a community that I wanted to be a part of both personally and professionally. Over

the past several months since the inauguration of this program, I have had the extraordinary privilege of training at Phelps and Open Door, which is only for a (inaudible) what I realized on my interview day. The patient population I have had the opportunity to serve at Open Door is a constant reminder of why I became a doctor. These patients are gracious, deserving and an absolute pleasure to serve. The new clinic site is critical to their healthcare and the education of the future physicians in Sleepy Hollow. With this clinic we will be able to see more patients, offer more services and make it better equipped to address their medical needs in conjunction with training future doctors of this community. Beyond that, the clinic presents a special and unique opportunity for the Village of Sleepy Hollow. The New York Medical College Phelps Family Residency Program is the first family medicine program that's (inaudible) in 15 years and with that brings an exceptional amount of recognition to Sleepy Hollow. Recognition for being progressive, supportive of the future of healthcare and supportive of the training and education of the future doctors of the State of New York. I have been to several Planning Board meetings and heard the issues that are concerning the resident members of Sleepy Hollow. I've the upmost respect for everyone who stands up and expresses their concerns and think it a genuine expression of passion and dedication the residents have for their community. That being said, Open Door has addressed every issue that has surfaced. Although it may not be the answer some people are seeking, it is nonetheless a proposed solution, a compromise, an attempt to work together for the greater good of the Sleepy Hollow physicians of the Sleepy Hollow oh (inaudible) sorry... Sleepy Hollow patient... okay... and the future physicians of Sleepy Hollow. I hope the bigger picture will shine through and everyone will work together to support our vision and purpose.

Sincerely, Sarah M. Paul, M.D. One Phelps Lane, Apt. 316, Sleepy Hollow, NY 10591

HANSHAW: Thank you.

KOFFLER: Thank you.

(INAUDIBLE NAME/NEW MEDICAL RESIDENT): One Phelps Lane. I also am one of the family medicine residents in the program. I'd like to thank everybody for coming out and speaking about your concerns and the presentations that were made. As a new resident and a new member of the community and a new physician to the community, I chose this program for one reason. The demand and need in this community for family practitioners for the future. We apply to 50 to 100 programs across the United States when we are looking for a residency program. We go to 30 to 50 interviews at a time. We pick one place and that one place picks us. The six of us have been chosen by Phelps. We chose Phelps as the place we would get our family medicine training. Having said that, a lot of good points were raised today and just to clarify, the new site is not only going to be the new home for Open Door, it's going to be a new site for our training, for our future. Having said that, we do need space for our training and the ACGME, which, is our regulating body, does require a certain amount of square footage for us to get properly trained. Like Dr. Choi had outlined, we do need space and our program is expanding. And we want to be in the center of the community to be there for the center-to be in the middle of the community for a long time. This isn't something that's going to be temporary. This is going to be for years and years and years. We are one of the newest family medicine training programs in the United States, in New York State as well. And the future of medicine is primary care. I can't stress that enough to

you. We see all the patients in the hospital. I'm doing OBGYN right now so I'm delivering babies on the floor and I do spend four hours in the clinic on Beekman. Space is tight. We want to expand. We want to expand our facilities. If we can all work together beyond the six of us- we're young, we're affluent, we're looking for a new home to stay in, to serve the community as well. So, again, thank everyone for coming and hope to see your support.

KOFFLER: Thank you.

GRACE BELTRAN: Good evening. I'm Grace Beltran. I'm the Director of Marketing and Community Relations for all the Open Door Family Medical Centers. That's a huge privilege for me because what that means is that I get to know each of the communities in which we're located really well and I know the residents and I know the programs we're able to offer at each of our sites to those patients.

Something that I just really want to address is the fact that the arguments for the opposition in regards to our bigger location are pretty much the same. Everybody who came out here opposing our relocation the arguments are the same. It's parking and safety. Open Door has gone above and beyond addressing those issues in making sure that we've done the appropriate studies and that we've, you know, we're putting together our case as to why we're relocating. And so we do that for one very simple reason. Open Door's priority and what our mission is, what our values are, what our vision is, is creating healthy communities. Communities, that are able to be safe, whether that's through their health or out in the streets. So our education, we do along with just providing healthcare day to day. What we do is above and beyond just a normal doctor's appointment at a private practice where you guys might go to. So for anybody, I invite you to come and take a look at what we do. And we handle everything responsibly. Just the way you handle the relocation of Open Door. Responsibly and with the appropriate studies. If there were something that we truly found would compromise the safety and the wellness of the community at large, I assure you that we would immediately back out because our intention is to build healthier, stronger communities, not the opposite. And in regards to, and we've had opposition in other communities and every time we've been able to deal with those issues and then the community gets to see what we're really about and the fact that we approach everything responsibly, they're really happy to have us there. And so we've been able to deal at each of the communities. We have some similarities and some differences in the other communities, but we're thriving and we're doing well in each of those communities.

In regards to something one of the other speaker's said previously, which is for you guys, please the Board to take into account the feelings and the cases being made by hundreds of residents that are being personally affected. I ask you to take into consideration the feelings and sentiments of the thousands of people, people that are affected and that are benefiting from the services that we provide by being able to have accessible healthcare right in the middle of the communities in which we're located. And that's what we're really about. It's about affordable, quality healthcare being accessible to the community at large. Thank you.

KOFFLER: Thank you.

SHANTIE HARKISOON, MD: Good evening. My name is Shantie Harkisoon. I'm a physician at Phelps. I'm also the Program Director of the residency program and as someone who's lived in congested areas for over 10 years, (Inaudible) and Forest Hills, New York, I really feel your sentiment about not wanting to lose your parking rights as a citizen and as a taxpaying person. Excuse me. Being at Open Door all the time, I see the patients all the time. They walk miles to come to Open Door. They don't just walk a quarter mile; they come from wherever they can come because they can't get care anywhere else. And from some of the places that these people come from; they walk even more, they walk days. Or they would have to spend overnight before they can see a doctor, if they at all can see a doctor. So this is a whole another world that you, you can't (Inaudible) what it's like. Wonderful conveniences when we have insurance and can see doctors at will in our vehicles. These are not the kinds of patients that we take care of. I come all the way from Forest Hills because these are the patients I love to take care of because they're immensely grateful. They love getting any kind of care and which it's really an honor and privilege to take care of them. And, also affords a wonderful opportunity to train future doctors because they have to be very keen diagnosticians. They can't send you for a cat scan or send you for an x-ray at will. They have to do all their diagnostic skills. They have to know their interviewing skills. It just creates a wonderful environment to train doctors. (Inaudible) it would be really great at getting a history. I don't know how much time your doctor spends with you, but these doctors they get an hour. They have to have an hour because they have to do a complete history and physical on each patient so that they do it well. So by the time they only have five minutes to do the history and physical, they know exactly what to ask you. That's why we're here. That's why I come a long way to work here with Phelps and Open Door. What these wonderful CEO's haven't told you is that they've invested millions of dollars in this program. That's why there aren't very many new programs every year. We're lucky if there's one new family medicine residency program opened every year. That's lucky because usually there's none. And that's because it's taken over \$2,000,000 dollars of Phelps and several, I don't know how much it's taken from Open Door, but certainly that building we're talking about, possibly \$3,000,000 dollars in grant money that we wouldn't get, we wouldn't get it. We'd just have to give it right back if we gave away this building. It's not like we can just put it in the bank and buy a new building. So I urge you to look at the future. You're going to need doctors. Many more people are going to need doctors next year and we're training them for you. We're training them right here in Sleepy Hollow. We're training them at Phelps. We're training them to know the community. We take them on tours. Let me just take a breath. I'm a little nervous here. We train them at Open Door so that they know the area. We take them for kayaking on the river so they love the Hudson. We take them to the cemetery so that they know the history of this community. We're really are training doctors to take care in Sleepy Hollow and we're training them so they take really good care of all of you. Because in the hospital we don't know who's going to come. Like Dr. (Inaudible) aptly described to you, they take care of all of the community, not just (inaudible) patients. I'm looking at my team because they always tell me anything else I'm missing. Anything I'm missing?

Ah yes, the shuttle. Guess who gets to make sure the residents are on the shuttle? I'm the boss. I don't plan on going anywhere. I asked my boss to buy me a house in Webber Park so I can be your neighbor. In medical school I was in Kentucky. It's even more rural than here, I promise you and we took a shuttle every day. As a university, a big university, we had to take a shuttle, a 15-minute shuttle. It was worse than what we have now and we didn't have a choice. So I can

assure you personally that our residents and our faculty and our physicians would be happy to ride that shuttle because it would be to provide excellent care for Open Door members and for our Open Door patients. And we do it with all the joy in the world. I come all the way from Forest Hills right now. What's another five-minute shuttle ride? Not a big deal. Thank you.

KOFFLER: Thank you.

MARIS PIANO: Hi my name is Maris Piano and I am a doctor at Open Door and I just want to take a moment to tell you why I'm not a doctor at Phelps. I'm not a doctor at Phelps because my people, my patients can barely get to Phelps when I order the x-ray. They don't have the transportation so the idea that we take all the patients and herd them into a shuttle and shuttle them out- it doesn't address a community that you guys also are responsible to. That Sleepy Hollow community that we serve. That community needs a community health center and that's the (inaudible) where we are. We have to be in the community and not in the hospital. This is why we are a new program because people have seen the St. Joseph's program. These residents didn't pick to be part of the St. Joseph's residency program because they don't want to be part of the hospital. They understand that the people that they serve – you need to go into the home. We are a patient center (inaudible) home and for that to be possible you have to be in the community where the people live. This is half a mile maybe, away because most of our patients do live on 95 Beekman. I mean you guys think we are making this up. They mostly live on 95 Beekman. That's our patient population. They will continue to walk a half a block more because nobody else will see them. It is we that see them and that is our community. They are more than willing to walk that block. Our staff members also walk the walk. The ones that we have who live in the community walk the walk. And as community members, we are used to, many of us live in (inaudible) places. So we're not Phelps doctors so the idea that a Phelps doctor won't take a shuttle, maybe, but an Open Door doctor will. An Open Door doctor will work all hours to serve the patient population and I think that should also be noted.

KOFFLER: Okay. Thank you.

SAFIAN: (Inaudible) two quick follow-ups?

KOFFLER: Is this additional or are you responding?

SAFIAN: No. I'm responding. My point (inaudible)

KOFFLER: Hang on. You've already spoken once and next month, this will go over to next month, you'll have an opportunity to speak again. Just based on the hour, I don't want to deprive you of your opportunity to speak, but we've also, you've also had an opportunity once this evening so if you could hold that thought until next month, I would appreciate it.

SAFIAN: Okay.

LENA MUSE: Hi. I'm Dr. Lena Muse. I'm one of the new resident physicians here at Phelps and Open Door. I went to New York Medical College so I've been around for a while. One of the reasons I chose to stay, even though I'm from Iowa originally, is I love the community. I love the

feel of Phelps and I love the feel of both the clinics and I've had the chance to visit this new clinic site. And when I stepped in there, I could just envision the patients in our medical home that we all speak of. Where we're all working together. Where the patients can come and see everyone they need to see in one sitting. So they don't need to wait an hour each time they see a physician. And what this all comes down to is teamwork. I just urge that we all work together as a team, just as the patients in our medical home works together as a team. It's much more efficient. We'll get things done and we'll make many more people happy. Thank you and I live at One Phelps Lane in Sleepy Hollow.

KOFFLER: Thank you. Anyone else here to speak? I make a motion to close the public portion of the hearing.

GANDOLFO: Just keep it open. Adjourn it to the next meeting. Don't close it. Unless you're going to...

KOFFLER: Well I want to go back to the applicant now before we can reopen it next meeting.

GANDOLFO: I would suggest you just adjourn the public hearing portion if you're intending to listen to other public comments.

KOFFLER: I am.

GANDOLFO: Okay, then I would suggest you just adjourn that portion. You can go to the applicant but just adjourn it rather than close it.

KOFFLER: On advice of counsel...

GANDOLFO: We don't want to re-notice again.

KOFFLER: I got it. Adjourn the public portion. What I'd like to do only because it's getting late and I know you probably have a lot of responses, a lot of (inaudible), a lot of concerns, a lot of questions this evening is have you... I think we could adjourn... push over to next month but have you... you have questions as to question we can talk about it, but I think I saw you taking a lot of notes. I think you probably have a good idea of what the questions and concerns were. I have a couple, one or two that I'd like you to specifically address but in general I'm guessing of your own (inaudible) and asking people and things I'd like you to address for next month. But just because of the time, I'm not sure if it makes sense for you to specifically start responding to the various concerns.

TORTORELLA: I don't propose to respond to everything in that fashion. What I'd like to do is take our notes back and we have a transcript and anything else you want to supplement your questions about. I'd like to put together our responses in a written format so that it will be beneficial to the Board. You can review it in advance and hopefully we'll have an opportunity to digest some of that information. There are a number of things we've been asked to clarify. Happy to do that and if there's anything else you wanted to add to that list, please do so. If there's a way to convey it after if you think of it after and there's a reasonable way to convey it, if

Counsel is comfortable with that we're happy to take those questions and address them as well. We appreciate that opportunity.

KOFFLER: One question I had is –it wasn't really a question but I'd like to hear more about it- a number of members of the public questioned the idea of a shuttle bringing the patients to the facility, versus the reverse. Maybe you could perhaps explain a little bit if that was considered, what's involved with that. Why it does work or why it doesn't work. That would be helpful.

TORTORELLA: That's one of the items that we intend to address and I suspect that's one of the items Mr. Safian was going to address, but we will do that in writing.

KOFFLER: Do you have anything in particular other than...?

McCARTHY: (Inaudible) I think we've covered a lot of ground.

KOFFLER: Alright. I would like first before we adjourn to thank everyone- a lot of people left- but thank everyone from the public who came out tonight. I know it's a long meeting.

JUDGE: I have one quick question. You mentioned due diligence that your client had done. My one quick question I have, when was your client aware of the pre-conditions that existed on the property relative to the variances granted? In other words, was your client aware of those restrictions and conditions of the variance at the time of purchase?

TORTORELLA: The variances that were granted for Grotto?

JUDGE: That's correct.

TORTORELLA: Or of the need for variances?

JUDGE: Variances that were granted on the property prior on the Grotto application.

WERNICK: I'll do that one question. It was brought up on one of the public comments. I don't know if you planned on responding to it. What would be the position of Open Door to do a second independent traffic study directed by the Village and whether or not there would be any fiscal support to do that?

TORTORELLA: We will address that. There's actually has been a review of the traffic analysis by the Village's traffic consultant but we will expound upon that.

BISHKO: Is that available to the public?

GANDOLFO: Not to the extent that they've studied it. They may have addressed certain points but there hasn't been a traffic study.

TORTORELLA: We did the traffic study. The study was reviewed by Mr. Canning of VHB and he issued comments.

GANDOLFO: Yes he issued comments but there was not...he didn't do an independent study.

TORTORELLA: Well in my experience that's not a typical and I don't think I suggested that he did an independent study.

GANDOLFO: Okay.

TORTORELLA: I didn't intend to if that's the message I conveyed. In my experience, a traffic study is done by an applicant's consultant, and it's reviewed and clarified and supplemented at the request of the Village's consultant.

GANDOLFO: And we will we will have that done for this Board. If he wants to submit the same thing, same report he submitted to the Planning Board or to supplement it, it will be done for this Board.

TORTORELLA: As a procedural matter, I just want to clarify that the referrals that are required to be made have been taken care of. Has that been done or if not can we just make sure that that gets done in advance of the next meeting?

GANDOLFO: I think also...did you want to address the site plan for the parking at this point?

McCARTHY: (inaudible) in a list.

GANDOLFO: We'll put it in a list. I think staff has a list of questions as well that we will get to after and we'll copy the Board.

KOFFLER: And anything you submit, obviously as you reference anything further in advance the better so we get a chance to fully digest it, especially during the holiday season.

TORTORELLA: We would try very hard to do that and I would... Sean do we anticipate having comments and questions for us shortly so it's something we can address as....

McCARTHY: Absolutely.

TORTORELLA: Very good.

KOFFLER: Thank you very much and thank you everyone from the public who came out this evening and the applicant. May I make a motion to I guess we formally adjourn to next month on this application?

BOARD: (check video)

TORTORELLA: Have a good holiday.

GANDOLFO: He wasn't here. And Mr. Chairman, I think the meeting, the meeting is noticed for 8:00 or as soon thereafter as the Board can get to it. I think that's an understanding so....

KOFFLER: Well we're all here so....

GANDOLFO: I think you can proceed.

NULL: Thank you.

KOFFLER: And just to pick up...I'll let you speak in a minute....but where we left off last as I recall was among other things you were going to submit backup for the precedential citations you had about other municipalities. Number two, perhaps formulate some of those conditions that would be applicable to this unique situation.

NULL: I think I needed your guidance on -related to why some of the cases I presented to you not just the sample, for example, the resolutions indicated it's fairly common practice that those, those members of the congregation attend service in the sanctuary and then go and occupy the social hall and we had been talking about how to limit what would take place. It's not typical to limit a church so...we're comfortable having the limitations I mentioned to you and not having catered events. That's not a problem. I don't know-I'm really not aware of

KOFFLER: I understand. We really don't have to focus on that right away. Just...

NULL: But the reason I didn't submit conditions is I'm not really clear what are the particular concerns.

KOFFLER: Okay. I also received as part of the package, a letter dated November 8th from Cuddy & Feder. And I have - is that November 8th or...?

GANDOLFO: November 7th. Mr. Chairman...

NULL: There's two letters.

KOFFLER: One of (inaudible)

NULL: There's a two-page letter on the 8th..

KOFFLER: And November 6th?

NULL: And the letter enclosing the sample-example resolutions- is the one on the 7th.

KOFFLER: Right. The 2nd letter's dated November 7th. (Inaudible) We seem to be missing (inaudible).

NULL: The one that's clipped is the 7th.

JUDGE: Right. I'm missing the 8th.

MORION: Yeah me too.

GANDOLFO: Yeah.

McCARTHY: I have extra copies

BISHKO: I have 7.

JUDGE: Thank you Sean.

GANDOLFO: It was omitted, it must have been omitted from some of the packets. Mr. McCarthy has extras.

KOFFLER: There's a lot of material. It's quite a comprehensive presentation last month. I've taken a look and I think the other members have as well at materials you submitted particularly the municipalities of Briarcliff, New Castle and whatnot. I've asked the Village Attorney to prepare a brief or really a memo, a legal memo that we can look at addressing the matters you raised which haven't occurred yet, to get a second set of eyes looking at it. Although it seems like you covered the topic pretty comprehensively. Is there anything in particular you'd like to add to last month's presentation at this point?

NULL: We're welcoming and inviting comments so that we can have the next installment on a dialog, construct a dialog on this. I recognize the hour but we've been waiting also. We're hoping that perhaps you'd give us some enlightenment on what, what may be concerns of yours so that you're telling me that next month we'll be back here. With a dialog we'll be able in the meantime to get the responses that help advance things.

KOFFLER: Well, but part of the....some of my questions definitely relate to the idea of, again, this idea of practical use versus permitted use and how that's going to work and that's something that I've certainly been ...

NULL: Could you, could you explain that for me?

KOFFLER: The idea that you need a certain number of parking spaces based on the- I mean permitted use based on the space. You're telling us it's a practical matter. You don't ever need that many spaces because the multi-purpose room is used at different times than the sanctuary is used and so even though while you may need on paper a certain number of spaces, as a matter of practicality you don't really use or need that many spaces. So that's something that I know I've been considering in reading materials you've submitted. Certain of those cases and minutes are on point and a lot of it wasn't on point but still was important concepts. And you did provide backup for the discussion regarding different deference to religious-based organizations and functions and you know, one of the things we're considering is how much deference is appropriate and what that really means. And so, at this point I'm not sure I have so many

questions as I still- I, personally need to digest this a little bit more, and I also want to get some guidance from the Village Attorney as to some of the courts and case law you raised.

NULL: One of the key components of any of those decisions, whether it's White Plains or New Castle, frankly a number of different religious institutions I've represented in any number of municipalities throughout Westchester, is that just like the, any applicant for a variance, you consider the particulars of a situation and recognize the usage of the institution. But unlike most other uses, religious institutions have special standing and therefore there's a certain deference that's involved, to be given to them. And what we're saying is, when we've got a population of people who walk, many of whom are in downtown Sleepy Hollow, we've got data that shows that they don't drive their cars and don't park and we don't have a meaningful demand. The reason I submitted those other resolutions, is because each of those instances, there was similar consideration when you might need parking, when you wouldn't need parking. And the purpose of it was to show on a case-by-case basis, the deference to the religious institution. These Boards each, for different reasons, granted the relief and permitted them to go ahead and build the addition, whether it was an addition that was twice the size or whatever any number of other religious institutions in other communities. So I'm sure in that case...

KOFFLER: In that case...what the point though is that it's a little hard to gauge that deference without looking at the facts behind the particular variance at hand because some of the variances were not so substantial, some of them were substantial and others this has its' own degree of substantiality. I'm not weighing in on it, I'm just simply sharing my observation.

NULL: Yeah, Congregation Sons of Israel, there was no variance at all. What was recognized though is that the highest demand was on the high holidays and for that there could be flow parking on other streets. In otherwise, flexible parking on the site so the flexible parking is similar to what I was talking about Salvation Army- we could stack the rear parking lot and probably add another 15 parking spaces by stacking both lots, which could be a good part of what we're talking about here. And we don't think we're ever going to get there. As the need the, the...I think there's only one variance actually in the mix, Cavalry Baptist Church, ended up providing satellite parking. We have about 56 parking spaces on site. They'd acquired, not to connect myself necessarily with other applications you have before you, but they had bought an auto dealership, that was immediately adjacent to their church and the church was a freestanding building that had no parking on it at all. So the question was converting the auto dealership to a church-how much parking did they need? And the recognition there also was that new building was going to be primarily for your entry space and classroom space, gymnasium space. None of which was going to be active at the time of the church. Be active in the sanctuary.

KOFFLER: I know we covered this last month but you have an existing clientele, however you want to-a group that visits and uses the facility, and you expect that to expand? This isn't just to accommodate those existing members. It's actually to attract a broader base?

NULL: Major Foley?

MAJOR FOLEY: Because the building would become larger, the goal would be to expand the ministry hopefully to the community that is surrounding the community center that is there.

NULL: But the primary purpose of the sanctuary being larger is that on high holidays, Christmas, Easter, whatever, the full congregation is attending at various times, numbers around 200 and you can't put them in the sanctuary so we wanted the sanctuary large enough to accommodate them. So a sanctuary of 200 where we already have 200 at these holidays is not a meaningful expansion for the neighborhood. It's just recognizing the current demands are such that the building can't provide for.

KOFFLER: But as an example, the Temple Beth-El matter that you put before us. That was the situation where the congregation was static. This was simply to expand, to better accommodate the existing...

NULL: What Temple Beth-El had was a building where everything flowed through the sanctuary in order to get to different classrooms. So they were expanding the sanctuary but they were adding classrooms, they were adding the social hall separately and we were arguing that we didn't really need much more parking. The similarity-maybe I know this stuff too well because I lived through it-but the purpose from my perspective was to say here again they were adding sanct, a social hall that was going to (inaudible) be used, they weren't adding parking. And because it was recognized that the social hall was not going to be occupied, except perhaps on high holidays, when the sanctuary was occupied. And therefore the actual demand, peak demand, the way it's measured in most land use matters wasn't really going to change.

KOFFLER: Who else has any questions? I'm not sure, I mean I'm not certainly in a position to make a motion tonight. I would like to hear from Village Counsel on some of the legal particulars that have been raised only recently and relatively speaking, I've not had a chance or she's had a chance to go through.

So I will push this to next month as well. Does anyone have any specific questions we should be focusing on for next month?

WERNICK: I was convinced about the argument for practicality in the first presentation. I don't know if he was going to reaffirm that when we come back next month.

KOFFLE: Listen, if it's a specific question of one of confirming it but two is the practical. How do you enforce it and monitor it and police it? Is it self-policing versus just a natural function of the way it operates? I mean these are all things we need to consider and may be folded in to conditions if ultimately if we go down that road.

NULL: I'm more than willing to discuss possible conditions.

KOFFLER: Understood.

NULL: If there are issues that your mission can mitigate in some way. Otherwise..

KOFFLER: Yeah, but that's part..

MICHAEL STEIN: We would have to know what those conditions are.

KOFFLER: Understood. We'll come up with them.

STEIN: That's where we're struggling. We could have had them prepared now but...

KOFFLER: Understood and I'm not holding it against you that you don't have them. It was just simply more to discuss so the idea that if you're saying look we never used the- we don't do, we don't rent out the multi-purpose room for bar mitzvahs and we don't, you know, it's really just for- there's certain things that would be helpful. We'll come up with them ourselves but I think you know what we're thinking which is that it's one thing to say we don't do this but it's another that what could actually happen. Maybe there's an opportunity where this multi-purpose room could be a moneymaker where someone will rent it out for....

STEIN: How do we start that dialog though because this came up last time. I don't want it to come up again next time. How do we start that dialogue...

KOFFLER: I don't think there's much of a dialog. I think it's...we, we...I was hoping, maybe unrealistically, that you would come to us with something. But I understand, I understand what you're saying. You can't unilaterally

NULL: Let me put this on the table Mr. Chairman. I'm willing to say that we will not rent the social hall for outside activities and that we will not have catering events at the social. Does that address sufficiently?

KOFFLER: It's the right path. I mean but I ...

NULL: I need to know if there's something more but that seems to me to be the key generator of traffic beyond what we're...

GANDOLFO: Can I just say, what other events would you anticipate, other than catering, that would draw a large crowd?

NULL: We're not anticipating any activities that would draw a large crowd. That's why I'm challenged here.

GANDOLFO: Okay.

JUDGE: Well let me just ask this. If you had two congregants who decided they were going to get married and they're members of the community that uses the sanctuary, attend services there and they wanted to have their family come in and they wanted to use the multi-family room. Would that be, you know...where do you draw that line I guess between...

NULL: We have had, we have had weddings in other Salvation Army churches. They're not large events and...,,

JUDGE: I understand and I guess to this gentleman's point is, and what the Chairman says is where do you, where do you draw that line between what are essentially church functions and then something that would be outside of the church, like a catering function. Where do you draw that distinction? I think maybe I'm wrong in this, but I think that's what we were kind of what we were hoping..

KOFFLER: But I think we can draw it out and we can work together, and as you put it, have a dialogue about it in more detail. And the other issue just for us to really get our head is enforcing that, you know. No one's going to sit and come and visit every weekend. How do you ever really know and maybe that's baked into the way, you know it's inherent that the way this institution functions. They all function the same way is how it's always functioned, this is how it's going to continue to function. There's a history, there's a track record. That kind of stuff is helpful as opposed to here's our plan today, it doesn't work we'll change our plan next year.

NULL: I'm a firm believer that no matter how well I can draft any contract, that someone's not going to abide by it. It doesn't really matter. Conversely, this is the way this congregation functions. They're not looking to change it. We're looking to describe it accurately to you so you can get the variances and we can get the building built to serve the congregation. So if there, if there are representations that would be that you want to put in conditions, I think we can work with that to make that clear and enforceable.

GANDOLFO: Perhaps it would help the Board to have a list of all the functions and types of events that you have? Would that be of any assistance?

NULL : We could do that.

GANDOLFO: And then maybe they would sort of get an idea what questions to ask.

STEIN: I think the main distinction here is the Salvation Army is using the building. They are not renting it to other organizations or private people. It's for the congregants. So they may have a wedding there or they may have a soup kitchen there but it's all geared toward the function of the Army. They're not...it's not a revenue generator for other groups.

JUDGE: Right. But if we put catering events on the table and say no catering events, does that preclude a wedding and we don't... I don't personally want to preclude something nor give carte blanche. I think that's where..

STEIN: That boils down to the verbiage of how the bill was constructed in saying okay that it's events held by the Army not for revenue generating purposes.

JUDGE: My point exactly. Where do we draw that demarcation.

KOFFLER: I think that's right and so we want to look at that, consider that and we also want to just consider because there's a lot of legal nuances that you introduced with the precedents. We're not, I think I said this last time, this is I think the first time I think we've been asked to consider an application, a variance based on, as I put it before, the practical use versus technical

permitted use. And so, in particular, I'd like to confer with the Village Counsel on it and then we can also just address some of the finer points in the application. About esthetics, about setbacks and some of the other areas and things introduced which are always part of the discussion.

NULL: The setbacks are no different than what now exists. With the lot being fully paved and the building location significantly closer to the property line than the new building so we're actually improving existing conditions from what, improving over existing conditions. But I could take all the concerns you have with regard to the setbacks because I hadn't seen that that was the key concern. It seemed like the key concern was the parking.

KOFFLER: It's all...there's a lot that you have to consider. You seem a little frustrated there we're not having a more substantive dialogue.

NULL: Well only because we waited three hours so, you know, we thought we were #2 and we're #3 and we're looking to make sure that next time when we come back, given that Open Door's going to be on the agenda again, and that we have a constructive advanced discussion. That's the only frustration I have.

KOFFLER: I understand. Well let me point out it's highly unusual for a meeting to go this late. This is not the norm.

NULL: And we appreciate you're still going. We know how difficult it is.

JUDGE: Where is your application with regard to Zoning and Planning and the Village of Tarrytown?

NULL: We cannot go forward until we get the variances here. We don't have a real project unless we get the variances here.

STEIN: In order to actually make submissions to the Village of Tarrytown, the Village of Sleepy Hollow first needs to make a determination that the parking is adequate, that the parking layout so that the Village of Sleepy Hollow Planning Board needs to determine that the usage for the site and then it will go before the Village of Tarrytown Planning Board to determine the layout and how it impacts the Village of Tarrytown.

NULL: What we anticipated doing was when this Board acts and hopefully favorably we will simultaneously submit to the Planning Board in Sleepy Hollow and Tarrytown both. Our hope is that we won't need variances in Tarrytown. If we need variances in Tarrytown, then we're going to bounce back and forth a little bit. Hopefully not.

GANDOLFO: I think you do need variances in Tarrytown. I've had discussions with Tarrytown. I think you do.

NULL: I understand that there are some questions about it. I have certain concerns about the way those interpretations would be and I'm going to sit down with Tarrytown's Building Department also just to discuss it because it's one of those unusual situations where with the

Village line being where it is, the boundary being where it is, the question what setbacks govern the area in the next community.

KOFFLER: But I think you're right. The key issue- at least the key for- not the only issue, the real focal issue is the whole parking. The letter we got was November 8th, November 7th and even today it's, we, we, it's timely. I'm just simply saying it's a relatively different issue than we've dealt with before. And it's a legal issue that we're not accustomed to dealing with. We've asked advice of Village Counsel which we'll hopefully have well in advance of the next meeting. And I would expect the next meeting to be more substantive.

NULL: Janet if there's a way I can speak to you in the next few days. We'll see where we're going, what more can be developed. I'd appreciate it.

GANDOLFO: Sure.

NULL: Every week if there's something to say further, I can get back to you...

KOFFLER: You know we're not looking to extend this any more than you are. To the extent that we are, make a rolling, have you fully heard as expeditiously as possible, we're on (inaudible).

NULL: Okay. Thank you very much for your time and consideration.

GANDOLFO: You are consenting to the adjournment and waiving any code requirements with regard to the time that the ZBA has to make a decision within the 60 days of closing the public hearing.

NULL: We'll consent to an adjournment till next month and not anytime, next month. I'd like a decision in 2012 if possible.

GANDOLFO: No, but the Board has 60 days after the public hearing is closed. I just don't want to run into issues

NULL: I understand, I understand. The hearing's been closed and our understanding is that you want more time and we look forward to seeing you in December and we wish you a Happy Thanksgiving in the meantime.

GANDOLFO: So you'll waive that time requirement?

NULL: To decide.

GANDOLFO: At least until December?

NULL: Yeah.

GANDOLFO: Okay.

NULL: Okay. Thank you very much.

KOFFLER: Based on the hour, I don't think anyone has an appetite for looking at the minutes.

GANDOLFO: No.

KOFFLER: I make a motion to adjourn.

GORETE-CROWE: Seconded.

KOFFLER: Meeting adjourned. Thank you all.

The meeting was adjourned by the Chair at 11:32pm.