

VILLAGE OF RIDGEWOOD  
 PLANNING BOARD  
 TUESDAY, MAY 4, 2010  
 COMMENCING AT 7:52 P.M.

.....  
 IN THE MATTER OF: :  
 VALLEY HOSPITAL : TRANSCRIPT OF  
 PRESENTATION ON H-ZONE : PROCEEDINGS  
 .....

**B E F O R E:**

VILLAGE OF RIDGEWOOD PLANNING BOARD  
 THERE BEING PRESENT:

- DAVID NICHOLSON, CHAIRMAN
- MORGAN HURLEY, MEMBER
- ANNE WARD, MEMBER
- CHARLES NALBANTIAN, MEMBER
- NANCY BIGOS, MEMBER

**LAURA A. CARUCCI, C.S.R., R.P.R., L.L.C.**  
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**1 A L S O P R E S E N T:**

- BLAIS BRANCHEAU, PP, VILLAGE PLANNER
- CHRIS RUTISHAUSER, PE, VILLAGE ENGINEER
- BARBARA CARLTON, RECORDING SECRETARY
- LAWRENCE KELLER,
- RAY SKORUPA, MPRI
- JOSEPH STAIGAR

**8 A P P E A R A N C E S:**

PRICE, MEESE, SHULMAN & D'ARMINIO, P.C.  
 BY: KATIE RAZIN, ESQ.  
 50 Tice Boulevard  
 Woodcliff Lake, New Jersey 07677  
 Counsel for the Planning Board

CHARLES C. COLLINS, JR., ESQ.  
 135 Prospect Street  
 Ridgewood, NJ 07450  
 Counsel for The Valley Hospital

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00:49 1 CHAIRMAN NICHOLSON: I would like to  
 00:46 2 call this regular meeting of the Ridgewood Planning  
 00:46 3 Board to order.  
 00:54 4 In accordance with the provisions of  
 00:54 5 Section 10-4-8D of the Open Public Meetings Act, the  
 00:54 6 date, location and time of the commencement of this  
 00:54 7 meeting is reflected in a meeting notice, a copy of  
 00:54 8 which schedule has been filed with the Village  
 00:54 9 Manager and the Village Clerk and a copy of which  
 00:54 10 schedule was mailed to The Ridgewood News and The  
 00:54 11 Record, newspapers of general circulation throughout  
 00:54 12 the Village of Ridgewood. And a copy of which  
 00:54 13 schedule was prominently posted on the bulletin board  
 00:54 14 in the entry lobby of the Village Municipal Offices  
 00:54 15 at 131 North Maple Avenue and on the Village website.  
 00:53 16 All of the foregoing notice procedures  
 00:53 17 having been accomplished in accordance with the  
 00:53 18 provisions of the Act.  
 00:53 19 Please rise for the flag salute.  
 00:53 20 (Whereupon, everyone stands for a  
 00:53 21 recitation of the Pledge of Allegiance.)  
 00:45 22 CHAIRMAN NICHOLSON: Barbara, would you  
 00:45 23 take the roll please.  
 24 MS. CARLTON: Mayor Pfund? (NO  
 25 RESPONSE.)

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1 MS. CARLTON: Councilwoman Zusy? (NO  
 2 RESPONSE.)  
 3 MS. CARLTON: Ms. Bigos?  
 00:-53 4 MS. BIGOS: Here.  
 00:-53 5 MS. CARLTON: Chairman Nicholson?  
 00:-53 6 CHAIRMAN NICHOLSON: Here.  
 00:-53 7 MS. CARLTON: Mr. Nalbantian?  
 00:-53 8 MR. NALBANTIAN: Here.  
 00:-53 9 MS. CARLTON: Mr. Hurley?  
 00:-53 10 MR. HURLEY: Here.  
 00:-53 11 MS. CARLTON: Ms. Ward?  
 00:-53 12 MS. WARD: Here.  
 00:-53 13 MS. CARLTON: Mr. Pucciarelli?  
 00:-53 14 (NO RESPONSE.)  
 00:-53 15 MS. CARLTON: Mr. Tsapatsaris?  
 00:-53 16 (NO RESPONSE.)  
 00:-53 17 MS. CARLTON: Mr. Riche?  
 00:-53 18 (NO RESPONSE.)  
 00:-53 19 CHAIRMAN NICHOLSON: Thank you,  
 00:-53 20 Barbara.  
 00:-45 21 Just to note for the record, that  
 00:-45 22 members Pucciarelli and Tsapatsaris have recused  
 00:-45 23 themselves from this matter and are not in attendance  
 00:-45 24 tonight.  
 00:-45 25 As we always do, I will ask for  
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00:-45 1 comments from the public on items not listed on  
 00:-44 2 tonight's agenda.  
 00:-44 3 Is there anyone here for that purpose?  
 00:-44 4 (NO RESPONSE.)  
 00:-44 5 CHAIRMAN NICHOLSON: Seeing no one,  
 00:-44 6 we'll move on.  
 00:-44 7 The Board has one small bit of business  
 00:-44 8 to conduct before we start the H-Zone process, please  
 00:-44 9 bear with us.  
 00:-44 10 Members, a resolution concerning the  
 00:-44 11 Board of Education soil movement permit was  
 00:-44 12 distributed earlier today to the members. I trust  
 00:-44 13 you've all had an opportunity to review it.  
 00:-44 14 Were there any comments or corrections  
 00:-44 15 noted?  
 00:-53 16 (NO RESPONSE.)  
 00:-44 17 CHAIRMAN NICHOLSON: None?  
 00:-44 18 Then I would move that the resolution  
 00:-44 19 be accepted.  
 00:-44 20 Do I have a second?  
 00:-44 21 MR. NALBANTIAN: Second.  
 00:-44 22 CHAIRMAN NICHOLSON: Second.  
 00:-44 23 Thank you, Charles.  
 00:-44 24 Barbara, why don't you take the roll,  
 00:-44 25 please?  
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00:-44 1 MS. CARLTON: Ms. Bigos?  
 00:-44 2 MS. BIGOS: Yes.  
 00:-44 3 MS. CARLTON: Chairman Nicholson?  
 00:-44 4 CHAIRMAN NICHOLSON: Yes.  
 00:-44 5 MS. CARLTON: Mr. Nalbantian?  
 00:-44 6 MR. NALBANTIAN: Yes.  
 00:-44 7 CHAIRMAN NICHOLSON: Thank you,  
 00:-44 8 Barbara.  
 00:-44 9 Tonight is a continuation of the public  
 00:-44 10 hearing that we left off with last night.  
 00:-43 11 We have heard from the Board's experts,  
 00:-43 12 the Village Planner. And tonight we are going to  
 00:-43 13 start off with a report and presentation by the  
 00:-43 14 Village Engineer.  
 00:-43 15 After the Village Engineer and  
 00:-43 16 questions by the Board on his report, we will move on  
 00:-43 17 to a commentary by the Valley Hospital  
 00:-43 18 representatives, with an opportunity for the Board to  
 00:-43 19 ask questions.  
 00:-43 20 And then to a presentation by Mr. Gould  
 00:-43 21 of the Concerned Residents of Ridgewood. And also  
 00:-43 22 Board questions following.  
 00:-43 23 That will be the end of the agenda for  
 00:-43 24 tonight.  
 00:-43 25 I will, at the break between the  
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00:-43 1 Hospital presentation and the Concerned Residents of  
 00:-43 2 Ridgewood presentation, discuss the procedures at our  
 00:-42 3 next meeting.  
 00:-42 4 I'd like to advise everyone where we  
 00:-42 5 are with respect to the list of residents who wish to  
 00:-42 6 make comment, with those who are likely to be heard  
 00:-42 7 on the 17th know that they're up. And then move on  
 00:-42 8 and reconvene on the 17th at Benjamin Franklin.  
 00:-42 9 Chris, having said that, I'll turn it  
 00:-42 10 over to you.  
 00:-42 11 MR. RUTISHAUSER: Good evening, Mr.  
 00:-42 12 Chairman, members of the Planning Board.  
 00:-42 13 MS. RAZIN: Chris, do you swear that  
 14 the testimony you're about to give will be the truth,  
 15 the whole truth and nothing but the truth?  
 16 MR. RUTISHAUSER: Yes, I do.  
 17 C H R I S R U T I S H A U S E R,  
 18 Having been duly sworn, testifies as follows:  
 19 MS. RAZIN: And can you state your  
 20 position with the Village please?  
 21 MR. RUTISHAUSER: I'm Village Engineer  
 22 and Director of Public Works.  
 23 MS. RAZIN: And you previously  
 00:-42 24 testifies in connection with the Master Plan  
 00:-42 25 Amendment, correct?  
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00:-42 1 MR. RUTISHAUSER: That is correct.  
 00:-42 2 MS. RAZIN: And you have reviewed the  
 00:-42 3 current revised Master Plan Amendment; is that  
 00:-42 4 correct?  
 00:-42 5 MR. RUTISHAUSER: Yes, I have.  
 00:-42 6 MS. RAZIN: And do you have an exhibit  
 00:-42 7 that you'd like to enter into the record for this  
 00:-41 8 evening?  
 00:-41 9 MR. RUTISHAUSER: Yes, I do.  
 00:-41 10 I prepared a memorandum on my review of  
 00:-41 11 the Master Plan change which I will read to the Board  
 00:-41 12 for it to be in the record.  
 00:-41 13 MS. RAZIN: That will be B-81.  
 00:-41 14 (Whereupon, Engineer Memorandum is  
 00:-41 15 received and marked as Exhibit B-81 for  
 00:-41 16 Identification.)  
 00:-41 17 MS. RAZIN: Would you like to review  
 00:-41 18 that report?  
 00:-41 19 MR. RUTISHAUSER: Yes, if I may.  
 00:-41 20 Okay. I've examined the proposed  
 00:-41 21 changes to the Village of Ridgewood Master Plan  
 00:-41 22 concerning the H Hospital District prepared by the  
 00:-41 23 Village Planner as assisted by the Planning Board's  
 00:-41 24 various consultants and the Village staff.  
 00:-41 25 The proposed amendment, which is based  
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00:-40 1 trees in the winter. Conifer and deciduous trees  
 00:-40 2 should be used as a mix.  
 00:-40 3 The H-Zone proposals has issues of  
 00:-40 4 sanitary sewerage. We have reviewed them and there  
 00:-40 5 are no problems with the Village wastewater treatment  
 00:-39 6 plant for any additional sanitary sewer flow  
 00:-39 7 generated by the Hospital Renewal, if approved. The  
 00:-39 8 plant was recently upgraded approximately five years  
 00:-39 9 ago and we anticipate any flow from Valley's proposal  
 00:-39 10 to not cause any issues with our conveyance  
 00:-39 11 capacities and the collection system from the  
 00:-39 12 hospital to the treatment plant.  
 00:-39 13 So the pipes would not need to be  
 00:-39 14 upgraded for any additional flow of the Hospital end  
 00:-39 15 use would create.  
 00:-39 16 It should also be noted the Valley  
 00:-39 17 Hospital currently pays the Village for wastewater  
 00:-39 18 treatment service. They are you billed for every  
 00:-39 19 gallon that they discharge to our plant.  
 00:-39 20 The proposal will have issues of  
 00:-39 21 stormwater management. The H-Zone area generally  
 00:-39 22 contains well draining sandy soils. The scope of the  
 00:-39 23 Renewal may require Valley to install and maintain  
 00:-39 24 some element of stormwater treatment system, on-site  
 00:-39 25 treatment, prior to that stormwater discharge to  
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00:-41 1 upon option six that has been presented to the Board  
 00:-41 2 previously, would update the land use and development  
 00:-41 3 policies in the plan, and would serve as the basis  
 00:-41 4 for amended zoning regulations within which the  
 00:-41 5 Valley Hospital will be permitted to provide a modern  
 00:-41 6 medical center in a residential neighborhood.  
 00:-41 7 There are a number of issues that the  
 00:-41 8 proposal raises that I would like to present to the  
 00:-40 9 Board for their consideration.  
 00:-40 10 I'll go through them as chapters, first  
 00:-40 11 one would be the zoning issues. The proposal that's  
 00:-40 12 before the Board would result in a denser use of the  
 00:-40 13 referenced property when the project is fully  
 00:-40 14 developed.  
 00:-40 15 This additional density is being  
 00:-40 16 addressed through greater setbacks, taller structures  
 00:-40 17 and more of the site being underground so as not to  
 00:-40 18 be visible to the residents.  
 00:-40 19 The proposed landscaping buffer  
 00:-40 20 language in any ordinance in the Master Plan should  
 00:-40 21 incorporate the minimum height of the landscaping. I  
 00:-40 22 should also provide language on the density of the  
 00:-40 23 buffer with the intent being that the buffer provide  
 00:-40 24 all season screening for the Hospital. The buffer  
 00:-40 25 should not just be deciduous trees and then have bare  
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00:-38 1 groundwater or to an off-site body of water. We will  
 00:-38 2 have to look very carefully as to how stormwater is  
 00:-38 3 managed. The drainage area of Valley goes generally  
 00:-38 4 the HoHoKus Brook a river body that floods very  
 00:-38 5 quickly and has disastrous effect on Village hall.  
 00:-38 6 We have to see where the stormwater goes and make  
 00:-38 7 sure it's continued so it has no negative effect on  
 00:-38 8 anyone downstream.  
 00:-38 9 All stormwater management for the site  
 00:-38 10 will have to adhere to the requirements of the  
 00:-38 11 Village Ordinance 30-35. That is the ordinance that  
 00:-38 12 the Planning Board helped develop which was reviewed  
 00:-38 13 by the Mayor and Council and approved by them that  
 00:-38 14 establishes the procedures for applicants to follow  
 00:-38 15 with regards to stormwater management.  
 00:-38 16 The Valley Hospital Renewal will have  
 00:-38 17 impacts on traffic. The project will generate  
 00:-38 18 additional traffic loading in the Village.  
 00:-37 19 Traffic has been a major concern of  
 00:-37 20 residents.  
 00:-37 21 I believe that with careful planning  
 00:-37 22 with a directed base with the Village Planning Board  
 00:-37 23 and Valley Hospital with traffic impact of  
 00:-37 24 construction at the site can be minimized. Not  
 00:-37 25 eliminated, but minimized in their impact to the  
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00:-37 1 residents.

00:-37 2 The proposed option six provides

00:-37 3 additional parking to the site in an unobtrusive

00:-37 4 manner, mostly being underground. We are limiting it

00:-37 5 to about 2,000 spaces as has been presented to the

00:-37 6 Board.

00:-37 7 One of the things with traffic is the

00:-37 8 Linwood Avenue/North Van Dien intersection has to be

00:-37 9 upgraded. We also would recommend that the North Van

00:-37 10 Dien/Glen Avenue intersection right by Benjamin

00:-37 11 Franklin middle school also should be upgraded. Both

00:-37 12 of those intersections, I recommend, be upgraded

00:-37 13 before any construction work starts.

00:-37 14 The upgrades would be a key in managing

00:-37 15 construction traffic from the Hospital site and help

00:-36 16 make it smoother and lessen the impact.

00:-36 17 There are a number of construction

00:-36 18 staging and practices that I recommend the Board

00:-36 19 consider, possibly not right now in the H-Zone

00:-36 20 amendment, but in subsequent any site developer's

00:-36 21 agreement or site plan approval. A couple of those

00:-36 22 things would be consideration of establishing a

00:-36 23 rigorous set of work conditions to minimize the

00:-36 24 impact of the neighborhood from the construction

00:-36 25 activity. Conditions such as hours of work, noise

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00:-35 1 Valley Hospital should be required to stage a

00:-35 2 majority of the materials off-site. The Village has

00:-35 3 some experience in requiring this for major projects,

00:-35 4 such as New Jersey Transit upgrade of the train

00:-35 5 station. New Jersey Transit was required to stage

00:-34 6 their materials off-site only bringing in what they

00:-34 7 need within a day's use. They had occasionally had

00:-34 8 the shut down some streets and parking areas to

00:-34 9 install things, but they have not needed a very large

00:-34 10 area to stage anything.

00:-34 11 In the discussions on option six the

00:-34 12 major issue that developed was the groundwater. The

00:-34 13 Planning Board's geotechnical investigation and

00:-34 14 Valley's indicated groundwater will be an issue

00:-34 15 during construction at greater depths. We felt it

00:-34 16 was more likely water will be the problem there. The

00:-34 17 groundwater during construction can be managed

00:-34 18 several ways. One is to diverge the Village's

00:-34 19 wastewater treatment plant with Valley paying the

00:-34 20 established rate for the discharge.

00:-34 21 Another way is for the groundwater to

00:-34 22 be reinjected to the site separately with the

00:-34 23 appropriate permits from DEP. Discharge of any

00:-33 24 groundwater to near by streams and the rivers will be

00:-33 25 examined carefully for water quality issues and

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00:-36 1 level at the property line, vehicle idling, vehicle

00:-36 2 staging, material deliveries. One of the things, we

00:-36 3 noticed in the Village elsewhere is that the backup

00:-36 4 alarms on heavy vehicles can be downright annoying.

00:-36 5 We would like to see that perhaps vehicles could be

00:-36 6 routed so they only drive in and not have to back up

00:-36 7 where they may need the back up alarm, that at night

00:-36 8 is particularly annoying.

00:-35 9 Dust control methods during demolition,

00:-35 10 recommend requirements for a formulated response plan

00:-35 11 and a project construction manager integrated with

00:-35 12 the Village.

00:-35 13 As I said, these items generally are

00:-35 14 best addressed in a developer's agreement, but are

00:-35 15 presented to the Board for its consideration in its

00:-35 16 deliberation.

00:-35 17 The developer's agreement can also

00:-35 18 require the Hospital to fund, through an escrow

00:-35 19 account, an independent construction inspector

00:-35 20 retained by the Village and answerable to the Village

00:-35 21 Planning Board. That independent inspector or site

00:-35 22 observers may be able to hopefully address site

00:-35 23 issues that could be of annoyance to the neighbors

00:-35 24 before they get too bad.

00:-35 25 If and when any construction occurs,

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00:-33 1 quantity issues that I had mentioned earlier related

00:-33 2 to flooding.

00:-33 3 Groundwater was also going to have to

00:-33 4 be observed carefully, its withdrawal that is, with

00:-33 5 regard to the Ridgewood Water Company potable wells.

00:-33 6 There's a couple of wells within approximately

00:-33 7 2200 feet of the Hospital.

00:-33 8 If the construction has extensive

00:-33 9 de-watering required, we may -- the Board may --

00:-33 10 would be advised to require of Valley to do an

00:-33 11 hydraulic assessment on potable wells, so that there

00:-33 12 is no negative impact.

00:-33 13 There are environmental issues. The

00:-33 14 magnitude and duration of the proposed Valley

00:-33 15 Hospital Renewal project presents an excellent

00:-33 16 opportunity to the Village to see the best in

00:-33 17 environmental practices used for the benefit of the

00:-33 18 residents.

00:-33 19 There are a number of things that I'm

00:-33 20 going to suggest and may be so considered by the

00:-33 21 Board to be included in any zone change.

00:-33 22 Items such as including noise abatement

00:-32 23 technologies during all construction activity which

00:-32 24 is a buffer from the residents or buildings,

00:-32 25 buildings being the BF middle school.

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00:-32 1 I initially put a 200-foot range. The  
 00:-32 2 Board may decide to expand that anyhow it views it.  
 00:-32 3 This technology is to include the use  
 00:-32 4 of noise cancelling technology, buffers and dampers.  
 00:-32 5 Noise control should be extended to post-construction  
 00:-32 6 also.

00:-32 7 There are air quality issues related to  
 00:-32 8 the construction. I recommend that as part of the  
 00:-32 9 developer's agreement the site be prohibited from  
 00:-32 10 vehicle idling, possibly including ambulances after  
 00:-32 11 they deliver patients.

00:-32 12 I don't see any reason why they should  
 00:-32 13 idle if they're not running life support systems for  
 00:-32 14 a patient.

00:-32 15 Dust control will be critical, includes  
 00:-32 16 dust from construction activities.

00:-32 17 And the other thing I would recommend  
 00:-32 18 is that all land used during construction meet the  
 00:-32 19 most stringent air quality and noise reduction  
 00:-32 20 standards of the US EPA including those for particle  
 00:-31 21 emissions.

00:-31 22 In summary, the Planning Board has  
 00:-31 23 before it option six which is the best case  
 00:-31 24 compromise in permitting Valley Hospital to modernize  
 00:-31 25 in a manner to stay current with the medical practice

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00:-30 1 MR. NALBANTIAN: Yesterday, Mr. Keller  
 00:-30 2 from Whitestone Associates suggested that the Village  
 00:-30 3 retrain a construction oversight consultant to  
 00:-30 4 observe changes to the related areas during  
 00:-30 5 construction.

00:-30 6 Would you suggest these wells also be  
 00:-30 7 included in that oversight?

00:-30 8 MR. RUTISHAUSER: They can be used. We  
 00:-30 9 can -- the existing wells could possibly be used as a  
 00:-30 10 means of monitoring groundwater levels or they could  
 00:-30 11 be used as a means of drawing down the water levels  
 00:-30 12 even to assist in the construction process. That  
 00:-30 13 would be up to Valley's construction manager.

00:-30 14 MR. NALBANTIAN: Thank you.

00:-30 15 CHAIRMAN NICHOLSON: Chris -- Anne.

00:-30 16 MS. WARD: Yes, I have one.

00:-30 17 Chris, would you please describe some  
 00:-30 18 of the methods that are available for dust control?  
 00:-30 19 And are those methods that we anticipate should be  
 00:-29 20 used here or will be used?

00:-29 21 MR. RUTISHAUSER: Rigorous sweeping of  
 00:-29 22 any construction roadways with like a wet vac  
 00:-29 23 sweeper, instead of just merely a road sweeper.

00:-29 24 Rigorous employment of soil erosion sediment control  
 00:-29 25 methods, make sure the silt fences are up, make sure

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00:-31 1 while minimizing the impact to residents.  
 00:-31 2 As I said earlier, oversight of all  
 00:-31 3 construction activities proposed under option six  
 00:-31 4 should be by qualified individuals answerable to the  
 00:-31 5 Village only.

00:-31 6 If there's any questions the Board may  
 00:-31 7 have, I would be happy to answer them.

00:-31 8 CHAIRMAN NICHOLSON: Thank you, Chris.

00:-31 9 Any members of the Board have questions  
 00:-31 10 of Chris?

00:-31 11 MS. BIGOS: No.

00:-31 12 MR. HURLEY: No questions at this time.

00:-31 13 CHAIRMAN NICHOLSON: Charles?

00:-31 14 MR. NALBANTIAN: Yes.

00:-31 15 Chris, you indicated that there were  
 00:-31 16 some private potable wells in the neighborhood of  
 00:-31 17 these residents that do not hook into the Village  
 00:-31 18 water? Did I hear you correctly?

00:-31 19 MR. RUTISHAUSER: No. There are two  
 00:-31 20 wells on the Valley campus, we got the well logs  
 00:-31 21 through Valley Hospital for those. There's also  
 00:-31 22 three potable wells of the Ridgewood Water Company  
 00:-30 23 that range from approximately 2200 to maybe 2600 feet  
 00:-30 24 from the hospital campus. I'm not aware of any  
 00:-30 25 individual potable wells for homeowners.

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00:-29 1 the traction pads stay fresh. If soil drops off a  
 00:-29 2 vehicle, have it cleaned up before it's ground and  
 00:-29 3 pulverized by the construction traffic and has an  
 00:-29 4 opportunity to become airborne.

00:-29 5 In a lot of demolition work you can wet  
 00:-29 6 the demolition area involved to keep dust down, that  
 00:-29 7 water would then have to be collected and treated.

00:-29 8 MS. WARD: Thank you.

00:-29 9 CHAIRMAN NICHOLSON: Chris, to the best  
 00:-29 10 of your knowledge does the Hospital's existing  
 00:-29 11 stormwater management system include any special  
 00:-29 12 detention or cleaning features?

00:-29 13 MR. RUTISHAUSER: Not to my knowledge.  
 00:-29 14 Their system predates our Stormwater Management  
 00:-28 15 Ordinance that was required by the DEP.

00:-28 16 CHAIRMAN NICHOLSON: And I know you  
 00:-28 17 were not with us last night and you didn't hear the  
 00:-28 18 testimony of Mr. Keller. But I know you're familiar  
 00:-28 19 with the data that he presented in some of our work  
 00:-28 20 sessions. Is that right?

00:-28 21 MR. RUTISHAUSER: That's correct.

00:-28 22 CHAIRMAN NICHOLSON: The volume of the  
 00:-28 23 water, de-watering, that would appear to be necessary  
 00:-28 24 to accomplish option six or option --

00:-28 25 MR. RUTISHAUSER: You mean further

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00:-28 **1** de-watering.  
 00:-28 **2** CHAIRMAN NICHOLSON: De-watering Option  
 00:-28 **3** one, rather, does that volume of water, in your  
 00:-28 **4** opinion, pose a very serious problem? Or is it one  
 00:-28 **5** that could be solved in a variety of ways?  
 00:-28 **6** MR. RUTISHAUSER: From a construction  
 00:-28 **7** perspective, in my experience, it is a difficult  
 00:-28 **8** problem, but it is a surmountable problem. It will  
 00:-28 **9** require careful thought, careful engineering and  
 00:-28 **10** certain discussion with the Village.  
 00:-28 **11** I'm not sure yet in what direction  
 00:-27 **12** Valley would like to dispose that excess groundwater.  
 00:-27 **13** If they want to seek to reinject it into the ground  
 00:-27 **14** or if they want to seek to have it discharged into  
 00:-27 **15** the Village's sanitary sewer.  
 00:-27 **16** I hesitate in having it discharge into  
 00:-27 **17** the stormwater system because of the volume issues  
 00:-27 **18** with the receiving body of water the HoHoKus Brook.  
 00:-27 **19** CHAIRMAN NICHOLSON: Is the stormwater  
 00:-27 **20** system that delivers water in that part of town with  
 00:-27 **21** the brook under both Linwood and Glen or just the  
 00:-27 **22** one?  
 00:-27 **23** MR. RUTISHAUSER: I believe the largest  
 00:-27 **24** pipe runs down Meadowbrook.  
 00:-27 **25** CHAIRMAN NICHOLSON: Down Meadowbrook?

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00:-26 **1** back to the Village or the Board with what they  
 00:-26 **2** recommend to control dust. Let their experts attest  
 00:-26 **3** to the safety and the possibility of particle  
 00:-26 **4** migration.  
 00:-26 **5** MS. WARD: Thank you.  
 00:-26 **6** CHAIRMAN NICHOLSON: Thank you, Chris.  
 00:-26 **7** Any other questions?  
 00:-26 **8** (NO RESPONSE.)  
 00:-26 **9** CHAIRMAN NICHOLSON: No?  
 00:-26 **10** Thank you, Chris, for your report.  
 00:-25 **11** Oh, Charles?  
 00:-25 **12** MR. NALBANTIAN: Yes. Valley's failure  
 00:-25 **13** of dust control or the air handling system could be  
 00:-25 **14** incapable of filtering an excessive amount of dust  
 00:-25 **15** then the excessive dust then may actually pass  
 00:-25 **16** through the air?  
 00:-25 **17** MR. RUTISHAUSER: Yes. That's one of  
 00:-25 **18** the reasons we would recommend that there be  
 00:-25 **19** independent site observers, site inspector, site  
 00:-25 **20** engineer, whatever term you would like to use,  
 00:-25 **21** answerable to the Village.  
 00:-25 **22** Among that individual's duties would be  
 00:-25 **23** monitoring of dust control systems, site conditions,  
 00:-25 **24** primarily with the intent to make sure there' no  
 00:-25 **25** impact or the least impact to our residents.

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00:-27 **1** Okay.  
 00:-27 **2** MR. RUTISHAUSER: Valley is just near  
 00:-27 **3** the ridge where it breaks into the HoHoKus Brook and  
 00:-27 **4** the Saddle River.  
 00:-27 **5** CHAIRMAN NICHOLSON: Thank you, Chris.  
 00:-27 **6** MS. WARD: Mr. Chairman?  
 00:-27 **7** CHAIRMAN NICHOLSON: Anne?  
 00:-27 **8** MS. WARD: I have some more.  
 00:-27 **9** CHAIRMAN NICHOLSON: Yes, please.  
 00:-27 **10** MS. WARD: We've heard a lot of  
 00:-27 **11** testimony from the neighborhood people, a great deal  
 00:-26 **12** of concern, particularly since there is a school  
 00:-26 **13** right next.  
 00:-26 **14** The methods that you described in  
 00:-26 **15** response to my previous question about dust control,  
 00:-26 **16** are you of the opinion that those methods, if they're  
 00:-26 **17** used consistently and the way they're supposed to be  
 00:-26 **18** used that that will effectively prevent any health  
 00:-26 **19** problems?  
 00:-26 **20** MR. RUTISHAUSER: Those methods are  
 00:-26 **21** just --  
 00:-26 **22** MS. WARD: Sorry.  
 00:-26 **23** MR. RUTISHAUSER: Those methods are  
 00:-26 **24** just two of many. There's also like a stacking. If  
 00:-26 **25** we make it a requirement of Valley, by sending it

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00:-25 **1** MR. NALBANTIAN: Thank you.  
 00:-25 **2** CHAIRMAN NICHOLSON: Thank you, Chris,  
 00:-25 **3** you did good work. All right.  
 00:-25 **4** With that, we will move on to the  
 00:-25 **5** presentation by the Hospital.  
 00:-25 **6** Mr. Collins?  
 00:-25 **7** MR. COLLINS: Good evening, Mr.  
 00:-24 **8** Chairman, ladies and gentlemen, for the record my  
 00:-24 **9** name is Charles Collins. I'm an attorney with  
 00:-24 **10** offices at 135 Prospect Street here in Ridgewood.  
 00:-24 **11** And for the last 17 years I have been the land use  
 00:-24 **12** attorney for Valley Hospital with respect to its  
 00:-24 **13** issues in the Village of Ridgewood.  
 00:-24 **14** I thought I might make some opening  
 00:-24 **15** remarks and then I'm going to ask Steve Evers who is  
 00:-24 **16** our principal to make comments with respect to the  
 00:-24 **17** proposal that is before the Board. Some issues of  
 00:-24 **18** clarification we'd like to get out on the table.  
 00:-24 **19** We have submitted his memorandum on  
 00:-23 **20** that issue to the Board. It is included in the  
 00:-23 **21** exhibits. And I would ask Katie Razin to mark it H-1  
 00:-23 **22** for purposes of the exhibits.  
 00:-23 **23** MS. RAZIN: That's fine. We'll mark  
 00:-23 **24** it.  
 00:-23 **25** MR. COLLINS: Thank you.

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00:-23 1 (Whereupon, Memorandum of Stephen Evers  
 00:-23 2 is received and marked as Exhibit H-1 for  
 00:-23 3 Identification.)  
 00:-23 4 MR. COLLINS: I thought it might be a  
 00:-23 5 good idea this evening to revisit where we were, how  
 00:-23 6 long we've come and where we are this evening.  
 00:-23 7 If you will remember in September of  
 00:-23 8 2006, the Hospital appeared before the governing body  
 00:-23 9 the introduce its plan to review. It was a courtesy  
 00:-23 10 call, the intention was to advise the governing body  
 00:-23 11 that it would be taking advantage of an opportunity  
 00:-23 12 to seek amendment to the Master Plan from the  
 00:-23 13 Planning Board.  
 00:-23 14 And, indeed, in January of 2007, at two  
 00:-22 15 separate meetings, the Hospital presented its  
 00:-22 16 proposal and a plan. The plan was submitted on  
 00:-22 17 January 27, 2007. And I want to comment just a  
 00:-22 18 little bit about that plan.  
 00:-22 19 At the time I pointed out that the  
 00:-22 20 regulations governing the Hospital, which actually  
 00:-22 21 continue to this very night as we sit here, stand  
 00:-22 22 here, discussing it, effectively freeze the Hospital  
 00:-22 23 as of 1967.  
 00:-22 24 And an example I want to offer you is  
 00:-22 25 the lot coverage limitation in our code of

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00:-22 1 16 percent, which still exists, but which at the time  
 00:-22 2 it was enacted in 1967 did not reflect the fact that  
 00:-22 3 the Hospital indeed at that time had a lot coverage  
 00:-22 4 of 17.65 percent. So it established immediately a  
 00:-21 5 stranglehold on the Hospital with respect to lot  
 00:-21 6 coverage.  
 00:-21 7 There are other examples, but I don't  
 00:-21 8 need to go into them. I have given you an idea of  
 00:-21 9 one of the reasons we came before you.  
 00:-21 10 What we really wanted to convince you  
 00:-21 11 of and what we tried that night and have tried over  
 00:-21 12 the course of the series of meetings we've had, is  
 00:-21 13 that Valley is not equipped for modern technology as  
 00:-21 14 it stands now. Its infrastructure is outdated:  
 00:-21 15 Floor to ceiling heights; distance between columns;  
 00:-21 16 and the current zoning regulations to which I just  
 00:-21 17 made reference, are preventing the introduction of  
 00:-21 18 modern technology Valley's rooms are undersized  
 00:-21 19 according to current standards. New construction,  
 00:-21 20 mandates single bedded rooms because they promote  
 00:-20 21 shorter lengths of the stay, reduced medication  
 00:-20 22 errors, lower rates of infection, and they promote  
 00:-20 23 greater family participation.  
 00:-20 24 Indeed we also sought to impress upon  
 00:-20 25 you that Valley suffers from space deficiencies for

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00:-20 1 its diagnostic and therapeutic functions.  
 00:-20 2 The proposal we offered on the night of  
 00:-20 3 January 27th, was keyed closely to the then existing  
 00:-20 4 zoning regulation. It didn't depart dramatically  
 00:-20 5 from those zoning regulations. An example of that  
 00:-20 6 was the Van Dien setbacks. That proposal continued  
 00:-20 7 the existing regulation of 40 feet from Van Dien to  
 00:-20 8 the new building.  
 00:-20 9 A little later on that changed from  
 00:-20 10 40 feet along Van Dien to 40 feet for 35 percent of  
 00:-19 11 that frontage and the balance at 60 feet. Then a  
 00:-19 12 little later on it was changed from 40 feet at Van  
 00:-19 13 Dien to the North Building to 47 feet.  
 00:-19 14 And the Hospital was called upon, in  
 00:-19 15 order to move the matter forward, to create a site  
 00:-19 16 plan so that the minutest detail and its impact on  
 00:-19 17 the neighborhood could be seen. Even down to the  
 00:-19 18 projected shadow studies for different seasons of the  
 00:-19 19 year for the buildings that are proposed.  
 00:-19 20 Now comes the time when the Board  
 00:-19 21 decided that it needed some outside help of its own.  
 00:-19 22 It needed to retain consultants to give it some input  
 00:-19 23 because all it had heard at that point was our  
 00:-19 24 experts and, indeed, the very cogent comments of the  
 00:-18 25 planner, the attorney and the Village Engineer.

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00:-18 1 So it retained a traffic expert, a  
 00:-18 2 noted hospital planner, a geotechnical expert, all  
 00:-18 3 with the notion of reviewing Valley's responses to  
 00:-18 4 the requested changes that were being made.  
 00:-18 5 The Hospital planner confirmed the  
 00:-18 6 Hospital's need the renew. He endorsed the move to  
 00:-18 7 private one-bed rooms and applauded Valley's process  
 00:-18 8 of decanting non-critical activities.  
 00:-18 9 This was done in response to a question  
 00:-18 10 from you, Mr. Nicholson, on the night of October 5th,  
 00:-18 11 2009.  
 00:-18 12 But Mr. Skorupa also said we had to  
 00:-18 13 recognize and address the legitimate concerns of both  
 00:-18 14 the Valley Hospital and the community. And in  
 00:-18 15 particular the community that's directly adjacent to  
 00:-17 16 the Valley Hospital.  
 00:-17 17 Over a period of months, these experts  
 00:-17 18 met with Valley's representatives to analyze and  
 00:-17 19 evolve the proposed draft.  
 00:-17 20 It has been suggested elsewhere that  
 00:-17 21 you, as a Planning Board, I'm not sure where I saw  
 00:-17 22 this, whether it was in a blog or somebody's letter,  
 00:-17 23 but that you as the Planning Board were apparently  
 00:-17 24 complicit with the Hospital in moving in the  
 00:-17 25 direction of allowing the changes.

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00:-17 1 I want to say tonight, and I'm sure  
 00:-17 2 it's going on the record, that I reject that notion  
 00:-17 3 emphatically.  
 00:-17 4 From Valley's side of the table at all  
 00:-17 5 of the meetings I can report to you that the Board's  
 00:-17 6 representatives aggressively presented and defended  
 00:-17 7 concerns of Valleys neighbors throughout.  
 00:-17 8 In the end, it came down to the three  
 00:-17 9 options you heard last night. And, finally, the one  
 00:-17 10 before you tonight was chosen.  
 00:-16 11 Again, Mr. Nicholson, I'm citing you,  
 00:-16 12 because you're very articulate on this issue, option  
 00:-16 13 six represents an excellent melding of a wide variety  
 00:-16 14 of concerns, requirements, issues and needs that have  
 00:-16 15 been expressed to this Board by both the Hospital and  
 00:-16 16 by the neighbors and other members of the community.  
 00:-16 17 The net result is that from its  
 00:-16 18 original proposal in January of 2007, to this  
 00:-16 19 evening, Valley has conceded on setbacks, screening,  
 00:-16 20 building coverage, parking and traffic.  
 00:-16 21 But acknowledges to you this evening,  
 00:-16 22 as I stand here, that these concessions have made the  
 00:-16 23 project better.  
 00:-16 24 If there is one point I want to leave  
 00:-16 25 you with it's that Valley's not a burden to the

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00:-16 1 Village. It's a benefit.  
 00:-15 2 It must be recognized as an important,  
 00:-15 3 if not critical, component of Village life.  
 00:-15 4 Now, what I'd like to do is I'd to call  
 00:-15 5 Mr. Steve Evers to make comments addressed to that  
 00:-15 6 exhibit.  
 00:-15 7 And I thank you for your listening and  
 00:-15 8 your understanding.  
 00:-15 9 Steve, if you'd go over there please to  
 00:-15 10 that chair.  
 00:-15 11 MR. EVERS: Sure.  
 00:-15 12 MR. COLLINS: You want to stand?  
 00:-15 13 MS. RAZIN: Mr. Evers, could you just  
 00:-15 14 state your full name and business address please?  
 00:-15 15 MR. EVERS: It's Stephen, with a p-h,  
 00:-15 16 Evers, E-v-e-r-s, TRO Jung Brannen, 22 Boston Wharf  
 00:-15 17 Road, in Boston, Massachusetts.  
 00:-15 18 MS. RAZIN: Do you swear the testimony  
 00:-15 19 you're about to give will be the truth, the whole  
 00:-15 20 truth and nothing but the truth?  
 00:-15 21 MR. EVERS: I do.  
 00:-15 22 S T E P H E N E V E R S,  
 00:-15 23 22 Boston Wharf Road, in Boston, Massachusetts,  
 00:-15 24 having been duly sworn, testifies as follows:  
 00:-15 25 MS. RAZIN: And you prepared an

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00:-15 1 exhibit that was entered as H-1.  
 00:-15 2 MR. EVERS: Yes, I did.  
 00:-15 3 MS. RAZIN: Can you just provide the  
 00:-15 4 date of that report?  
 00:-14 5 MR. EVERS: I believe it was May 3rd.  
 00:-14 6 MS. RAZIN: Thank you.  
 00:-14 7 MR. COLLINS: You may sit down, but  
 00:-14 8 please pull the microphone close to you.  
 00:-14 9 MR. EVERS: Thank you.  
 00:-14 10 MR. COLLINS: You mentioned that you're  
 00:-14 11 employed by TRO Jung Brannen, would you tell the  
 00:-14 12 Board just what that firm is?  
 00:-14 13 MR. EVERS: Yes. We're a healthcare  
 00:-14 14 firm that is celebrating a hundred years of existence  
 00:-14 15 in Boston. I have been practicing healthcare in that  
 00:-14 16 firm for 37 years of my career. It is a firm that  
 00:-14 17 has ranked consistently in the top ten Modern  
 00:-14 18 Healthcare Magazine. And, in fact, the last two  
 00:-14 19 years we've been number eight, ranked number eight in  
 00:-14 20 terms of our healthcare work in the country.  
 00:-14 21 MR. COLLINS: Was that firm employed by  
 00:-14 22 Valley Hospital for purposes of this application and  
 00:-14 23 the procedures before this Board?  
 00:-14 24 MR. EVERS: That's correct,  
 00:-14 25 approximately --

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00:-14 1 MR. COLLINS: And have you --  
 00:-14 2 MR. EVERS: Go ahead.  
 00:-14 3 MR. COLLINS: And have you personally  
 00:-14 4 been involved in the activities of the Hospital and  
 00:-14 5 the meetings and the give and take between the  
 00:-13 6 Planning Board's representatives and the Hospital's  
 00:-13 7 representatives from the very outset?  
 00:-13 8 MR. EVERS: Yes, I have.  
 00:-13 9 MR. COLLIN: And are you familiar with  
 00:-13 10 the proposal that is before the Board this evening?  
 00:-13 11 MR. EVERS: Yes, I am.  
 00:-13 12 MR. COLLIN: And have you had an  
 00:-13 13 opportunity to review that and reach certain  
 00:-13 14 conclusions as to issues that may involve the  
 00:-13 15 interpretation of that plan as it proceeds to  
 00:-13 16 fulfillment in the future?  
 00:-13 17 MR. EVERS: I have.  
 00:-13 18 MR. COLLIN: Would you give the Board  
 00:-13 19 the benefit of that analysis?  
 00:-13 20 MR. EVERS: I'd be very grateful if I  
 00:-13 21 can.  
 00:-13 22 I think last night's summary of the  
 00:-13 23 recommendations for this new Master Plan Amendment  
 00:-13 24 very much reflect a lot of the concerns that we have  
 00:-13 25 had in the past in terms of resolution between the

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00:-13 1 neighborhood issues and the Hospital's need for  
 00:-13 2 modernization.  
 00:-13 3 So as Chuck has indicated, we've come  
 00:-13 4 an awful long way, especially in the last six months.  
 00:-12 5 And I think in a very positive manner.  
 00:-12 6 Blais, last night, presented caveats to  
 00:-12 7 some of the estimates that are provided in the Master  
 00:-12 8 Plan Amendment and indicated that many of these  
 00:-12 9 items, and specifically called out percentages,  
 00:-12 10 square foot of the like, are really estimates at this  
 00:-12 11 point and do deserve some flexibility for future  
 00:-12 12 administration in both the ordinance and execution  
 00:-12 13 and site plan review.  
 00:-12 14 And I think it would be important to  
 00:-12 15 point some of those out to you tonight, because we  
 00:-12 16 do, in fact, have some specifics to clarify. And we  
 00:-12 17 also have some concerns about some of the numbers  
 00:-12 18 that are being carried forward.  
 00:-12 19 And I'd like to use the same exhibits  
 00:-12 20 that were used last night for the Phase I/Phase II  
 00:-12 21 Master Plan Renewal program, as well as introduce  
 00:-12 22 something to the public that has been presented to  
 00:-12 23 your Board before and that is our Phase I  
 00:-12 24 construction schedule. And talk to some of the  
 00:-12 25 issues that were deliberated in the past few sessions

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00:-11 1 that you had.  
 00:-11 2 So I'd like to begin with the Master  
 00:-11 3 Plan Amendment. First item that has received  
 00:-11 4 attention most recently last night was rooftop  
 00:-11 5 mechanicals. And when we began this Master Plan  
 00:-11 6 project, the North Building is the first to be  
 00:-11 7 constructed on campus. And it must bear the burden  
 00:-11 8 of replacing an inordinate amount of infrastructure  
 00:-11 9 for the campus because the Phillips Building  
 00:-11 10 currently has a central plant in it. That's the  
 00:-11 11 boilers, the chillers, all of the electrical switch  
 00:-11 12 gear. And, again, as the modernization includes not  
 00:-11 13 just hospital programs, it also includes the  
 00:-11 14 infrastructure that supports the building components  
 00:-11 15 that -- that serve those programs.  
 00:-11 16 So the North Building is encumbered  
 00:-11 17 with that and provides an underground utility plant  
 00:-11 18 in which are able to house boilers, chillers and  
 00:-11 19 other pumps and devices below grade, but we've also  
 00:-10 20 to require relocation or major electrical equipment  
 00:-10 21 and major air handling equipment for probably the  
 00:-10 22 most intense components that are being replaced and  
 00:-10 23 modernized in the Hospital Renewal, operating suites,  
 00:-10 24 diagnostic imaging suites, inpatient bed units, and  
 00:-10 25 the like.

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00:-10 1 So the North Building has always had,  
 00:-10 2 and you've seen it in our original proposal, a fairly  
 00:-10 3 large amount of infrastructure it will serve not only  
 00:-10 4 its occupants but also future buildings on campus.  
 00:-10 5 For example, electrical distribution and emergency  
 00:-10 6 generation power, for example.  
 00:-10 7 As we improve the setbacks from the  
 00:-10 8 edge of the property, we add a floor and actually  
 00:-10 9 shrunk the overall floor plate of the upper stories.  
 00:-10 10 So the interpretations that I heard  
 00:-10 11 last night about the need to have mechanical  
 00:-10 12 penthouse that is the full size of the upper level of  
 00:-10 13 this building is, in fact, very much correct.  
 00:-10 14 Because while the footprint of the upper levels  
 00:-09 15 decreased, the infrastructure needs did not decrease.  
 00:-09 16 So we maintain that an architectural resolution to  
 00:-09 17 the appearance of those penthouse is the right way to  
 00:-09 18 proceed for the North Building moving forward.  
 00:-09 19 The second -- a couple of items and  
 00:-09 20 I'll refer to the graphics if we can see the Master  
 00:-09 21 Plan now.  
 00:-09 22 One of the setbacks is a requirement  
 00:-09 23 for 80 feet from Van Dien to the face of the proposed  
 00:-09 24 four story level garage. And the numbers that we had  
 00:-09 25 submitted earlier were for 80 feet. And, again,

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00:-09 1 we're looking for a little bit more flexibility, we  
 00:-09 2 might be able to measure at exactly 85 feet to the  
 00:-09 3 edge of that garage right now, but we're concerned  
 00:-09 4 about the stair locations, other mechanical  
 00:-09 5 ventilation requirements for the underground  
 00:-09 6 portions. We'd like to refer that back to an 80 foot  
 00:-09 7 dimension whether you could make that change in this  
 00:-09 8 amendment or not it is, in fact, I think a little of  
 00:-08 9 bit of leeway that we are looking for.  
 00:-08 10 Another dimensional requirement for  
 00:-08 11 existing --for structures in the long range plan, is  
 00:-08 12 articulated at 120 feet, 100 feet respectively for  
 00:-08 13 the North and West wings was appropriate. We concur  
 00:-08 14 with that.  
 00:-08 15 But along Van Dien it was noted that  
 00:-08 16 the future buildings, the South in particular, would  
 00:-08 17 be 200 feet from the property line.  
 00:-08 18 And I think it's referred to as any  
 00:-08 19 additional structures in the draft amendment. If you  
 00:-08 20 go to Phase I. If phase I was implemented the  
 00:-08 21 existing Bergen Building is only 120 feet at this  
 00:-08 22 point in time. We'd prefer that language be added to  
 00:-08 23 the amendment that says existing buildings could  
 00:-08 24 remain at that dimensional setback, since we do not  
 00:-08 25 know, you know, the time period for its existence.

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00:-08 1 We don't know when the next phase would occur. So  
 00:-08 2 we're a little bit concerned that the language is a  
 00:-08 3 little too restrictive for existing conditions.  
 00:-07 4 Regarding the improvement coverage, we  
 00:-07 5 are basing most of what we're projecting in terms of  
 00:-07 6 improvement coverages, Blais, has put in the Master  
 00:-07 7 Plan Amendment a 60 percent maximum improvement  
 00:-07 8 coverage. Our concern about that is that we are able  
 00:-07 9 the measure existing conditions. And existing  
 00:-07 10 conditions are about 87, 88 percent when you look at  
 00:-07 11 the existing improvement coverage over the lot that  
 00:-07 12 is now reduced in size by the easements that are  
 00:-07 13 being proposed for roadway improvement. We know that  
 00:-07 14 in the deliberations we've had looking at green  
 00:-07 15 roofs, increasing buffers, reducing the footprint of  
 00:-07 16 the building, impact on the site, has basically been  
 00:-07 17 about a 10 percent reduction from where we were  
 00:-07 18 before.

00:-07 19 So in Phase I, we believe that the  
 00:-07 20 overall improvement coverage will need to be in the  
 00:-07 21 range of 80 percent, just based on the fact that  
 00:-07 22 that's the amount of improvements. It's about an  
 00:-07 23 acre-and-a-half of additional open space provided on  
 00:-06 24 the campus, while it's providing tremendous relief in  
 00:-06 25 terms of setbacks, it's not going to get us to 60

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00:-06 1 percent maximum coverage.  
 00:-06 2 And, in fact, when you look at Phase  
 00:-06 3 II, which does in fact involve additional underground  
 00:-06 4 parking construction, we estimate another 10, 12  
 00:-06 5 percent of improvement coverage that would reduce us  
 00:-06 6 to about or reduce the amount to about 70 percent  
 00:-06 7 coverage.

00:-06 8 We think the 60 percent again is not  
 00:-06 9 giving us enough latitude, especially when we haven't  
 00:-06 10 designed all the specifics that would be required for  
 00:-06 11 improvement coverage. And we have considered the  
 00:-06 12 percentage of that amount going towards the things  
 00:-06 13 that he admitted he hasn't been able to calculate  
 00:-06 14 such as sidewalks, covered walkways, canopies, things  
 00:-06 15 that we know as hospital architects are going to be  
 00:-06 16 employed on the campus that are not visually shown in  
 00:-06 17 the diagrams that have been presented to date.

00:-06 18 So we're concerned about that 60  
 00:-06 19 percent figure as being unachievable in the long run,  
 00:-06 20 given all the constraint we have with the site and  
 00:-06 21 all the improvements we believe necessary in the long  
 00:-05 22 term plan.

00:-05 23 Plus, again, I make reference to the  
 00:-05 24 fact that in Phase I it's sort of a march towards  
 00:-05 25 that possible 70 percent, but I think it's going to be

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00:-05 1 in 10 percent increments.  
 00:-05 2 Some additional clarifications we'd  
 00:-05 3 like to make regarding the deliberations have been  
 00:-05 4 ongoing by your professionals with your Board include  
 00:-05 5 some things such as last night, the discussion about  
 00:-05 6 the interconnections between garages and exits and  
 00:-05 7 entrances on the site.

00:-05 8 I just wanted to assure you that the  
 00:-05 9 entrances on this side of the site and the exit on  
 00:-05 10 this side of the site, the two levels below grade in  
 00:-05 11 the Linwood garage and the proposed Phillips garage  
 00:-05 12 are all interconnected. There's only one ramp system  
 00:-05 13 that connects all the levels from above grade and  
 00:-05 14 below grade parking on this configuration.

00:-05 15 Therefore, the choices are extremely  
 00:-05 16 limited to those coming into the site and exiting the  
 00:-05 17 site for the two entrances or the two major driveways  
 00:-05 18 into the campus.

00:-05 19 One other clarification, might not be  
 00:-05 20 shown accurately in this diagram, but this diagram it  
 00:-04 21 does, is one of the concerns is the entrance to the  
 00:-04 22 existing Linwood garage in close proximity to the Van  
 00:-04 23 Dien and Linwood intersection (indicating).

00:-04 24 In the long range plan you can see it's  
 00:-04 25 moved much further down the block and even that short

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00:-04 1 range plan it's going to be moved an additional maybe  
 00:-04 2 40 to 60 feet away from that intersection which,  
 00:-04 3 again, should support Mr. Staigar's recommendations  
 00:-04 4 about that particular concern.

00:-04 5 Mr. Keller talked about last night the  
 00:-04 6 means and methods used for tie backs to support earth  
 00:-04 7 on the perimeter of the site. And we've worked real  
 00:-04 8 hard the avoid any of that. In fact, we can make a  
 00:-04 9 statement we will not encroach on any of the  
 00:-04 10 neighborhood properties, nor would we encroach on any  
 00:-04 11 of the street ways surrounding the property. We are  
 00:-04 12 working to create distances for any retention of  
 00:-04 13 retaining walls away from the site so that we do not  
 00:-04 14 have to underpin anybody's properties.

00:-03 15 I want to be sure the public understood  
 00:-03 16 that we are not moving in the direction that was  
 00:-03 17 proposed.

00:-03 18 And another instance to Mr. Keller's  
 00:-03 19 testimony, he talked about the two methods of  
 00:-03 20 de-watering. One was waterproofing the under stories  
 00:-03 21 of the building, below grade elements, below the  
 00:-03 22 water table. The other was to provide a continuous  
 00:-03 23 de-watering program.

00:-03 24 Our de-watering program is only going  
 00:-03 25 to be employed during the excavation and construction

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00:-03 1 of the basement levels. The permanent program is to  
 00:-03 2 waterproof those levels to prevent water  
 00:-03 3 infiltration. And we do not plan on permanent  
 00:-03 4 de-watering to campus. So I wanted to allay that  
 00:-03 5 fear that we would constantly be pumping water off  
 00:-03 6 campus. That is not the case.  
 00:-03 7 Finally, thee's been talk about the  
 00:-03 8 overall duration of the Phase I construction. And,  
 00:-03 9 again, I only refer to Phase I because we don't know  
 00:-03 10 when and how extensive the second phase of this  
 00:-03 11 development will be.  
 00:-03 12 But we have a graphic that shows the  
 00:-02 13 time line. And the colors may be a little difficult  
 00:-02 14 to see, but the green is exterior construction, that  
 00:-02 15 is building the shell of the building, the outside of  
 00:-02 16 the building, the off-site improvements. The white  
 00:-02 17 areas are work interior to the buildings, including  
 00:-02 18 renovations of existing building. And, again, this  
 00:-02 19 two periods of red and -- green, I'm sorry, reds also  
 00:-02 20 the green allocation (indicating), and what they  
 00:-02 21 represent is about 25 months of exterior construction  
 00:-02 22 to shell up the building. That also includes doing  
 00:-02 23 the improvements associated with the North Building  
 00:-02 24 for barriers, acoustical and visual barriers  
 00:-02 25 surrounding it, making those improvements

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00:-01 1 So it's not continuous exterior  
 00:-01 2 development.  
 00:-01 3 Finally, I think what's important to --  
 00:-01 4 that we understand is since the Hospital has been  
 00:00 5 through this before, that the issues that Blais has  
 00:00 6 itemized as site plan review, development agreement  
 00:00 7 items, we are completely in tune with. We agree need  
 00:00 8 to be developed.  
 00:00 9 The environmental impact statements,  
 00:00 10 the hydrological studies are necessary.  
 00:00 11 And the issue that Chris raised this  
 00:00 12 evening as well, we would plan to address during the  
 00:00 13 site plan review and incorporate as part of the  
 00:00 14 developer's agreement.  
 00:00 15 So we just want to be sure that we  
 00:00 16 reiterated we're absolutely prepared to do that as  
 00:00 17 well.  
 00:00 18 MR. COLLIN: Do you have a graphic that  
 00:00 19 represents what we see up there on the screen?  
 00:00 20 MR. EVERS: Yes, I believe it was  
 00:00 21 submitted to the Planning Board. I'm not quite sure  
 00:00 22 when.  
 00:00 23 MR. COLLINS: Well, what I'm going to  
 00:00 24 ask you to do is provide the Board another copy.  
 00:00 25 MR. EVERS: Yes.

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00:-02 1 simultaneously so that when workers go in to  
 00:-02 2 completed the interior of the building that exterior  
 00:-02 3 is stabilized in as stabilized a manner that I think  
 00:-02 4 is helping to mitigate any concerns about the  
 00:-02 5 neighborhood during construction.  
 00:-02 6 Then there's a period of 32 months in  
 00:-01 7 which interior construction or fit out of that  
 00:-01 8 building is occurring, so most of the activity is all  
 00:-01 9 on the -- it's in the interior other than deliveries,  
 00:-01 10 of course, of the materials to the site.  
 00:-01 11 We then go back when that is completed,  
 00:-01 12 and -- and build the parking garage for a period of  
 00:-01 13 about 19 months. So again another period of exterior  
 00:-01 14 construction where, you know, the major development  
 00:-01 15 rises out of the ground, with a final period of about  
 00:-01 16 six months for interior construction of the garage.  
 00:-01 17 And that's fitting out the sprinkler systems and all  
 00:-01 18 the mechanicals that are necessary to outfit that  
 00:-01 19 garage for occupancy.  
 00:-01 20 So the 6 point -- or 6 years and  
 00:-01 21 10 months is less about is -- use the phrase "in your  
 00:-01 22 face construction" and more about a period that  
 00:-01 23 involves certain period of exterior construction and  
 00:-01 24 a longer period of interior. And an updated  
 00:-01 25 exterior.

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00:00 1 MR. COLLIN: And I'm going to ask,  
 00:00 2 Katie, if you would mark that H-2, dated today, as  
 00:00 3 being a part of the Hospital exhibits.  
 00:00 4 MS. RAZIN: Yes.  
 00:00 5 (Whereupon, Graphic entitled "Option  
 00:00 6 Six: Five Story Scheme is received and marked as  
 00:00 7 Exhibit H-2 for Identification.)  
 00:00 8 MR. COLLINS: So we're ready for any  
 00:00 9 questions you might have of Mr. Evers.  
 00:00 10 Don't ask me because I don't know any  
 00:00 11 answers.  
 00:00 12 CHAIRMAN NICHOLSON: Thank you, Mr.  
 00:00 13 Collins.  
 00:00 14 Anybody questions?  
 00:00 15 I have a couple.  
 00:00 16 MS. WARD: No.  
 00:00 17 CHAIRMAN NICHOLSON: No?  
 00:00 18 MS. BIGOS: No.  
 00:00 19 CHAIRMAN NICHOLSON: If you can flip  
 00:00 20 the time schedule back up.  
 00:00 21 It's a little hard for me to read from  
 00:00 22 this location, the time scale that is illustrated is  
 00:00 23 there is what exactly? Each square represents?  
 00:00 24 MR. EVERS: Each one of these  
 00:00 25 (indicating) are years. So you can see year 1, 2, 3,

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00:00 1 4, 5, 6. And this is 6 years and 10 months  
 00:00 2 (indicating).  
 00:00 3 That's the duration we are anticipated  
 00:00 4 for the Phase I project.  
 00:00 5 CHAIRMAN NICHOLSON: Okay.  
 00:00 6 MR. EVERS: The green (indicating) is  
 00:00 7 exterior construction of the North Building and the  
 00:00 8 atrium.  
 00:01 9 This gray (indicating) is the interior  
 00:01 10 construction of the fit out of the North Building and  
 00:01 11 atrium and the renovations to the Cheel Building.  
 00:01 12 What that does is enable the  
 00:01 13 demolition, again, green (indicating), exterior  
 00:01 14 demolition of the Phillips Building and the  
 00:01 15 construction of the Phillips garage in green  
 00:01 16 (indicating).  
 00:01 17 And then a short six-month period of  
 00:01 18 fit out of the garage interiors for various  
 00:01 19 mechanicals, sprinkler systems and the like.  
 00:01 20 CHAIRMAN NICHOLSON: Thank you.  
 00:01 21 MR. EVERS: You're welcome.  
 00:01 22 CHAIRMAN NICHOLSON: Board questions?  
 00:01 23 Blais?  
 00:01 24 MR. BRANCHEAU: Mr. Evers, one of your  
 00:01 25 statements on the setback on Van Dien related to the

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00:01 1 Bergen Building.  
 00:01 2 And if I might recount that, the Master  
 00:01 3 Plan currently suggesting or recommending a 200-foot  
 00:02 4 setback from Van Dien and you note that the Bergen  
 00:02 5 Building is only 120 feet. Is your request to reduce  
 00:02 6 the setback requirement to 120 feet only related to  
 00:02 7 the Bergen building or is related to any other  
 00:02 8 structures?  
 00:02 9 MR. EVERS: Just the Bergen Building.  
 00:02 10 If you wish to say "for existing buildings the  
 00:02 11 setback shall be", for example.  
 00:02 12 MR. BRANCHEAU: All right.  
 00:02 13 My understanding is that any existing  
 00:02 14 buildings would be grandfathered if there were any  
 00:02 15 change in the zone.  
 00:02 16 So I think it would go without saying  
 00:02 17 whether, you know -- the only issue is -- that I  
 00:02 18 think might come up and we certainly could address  
 00:02 19 that in the ordinance as I said in my testimony last  
 00:02 20 night, if at the completion of Phase I there are  
 00:02 21 conditions that do not comply, the Board should place  
 00:03 22 some time limit upon that condition being eliminated.  
 00:03 23 I did not intend that in my statement  
 00:03 24 to apply to nonconforming grandfathered structures  
 00:03 25 that are already there, only to apply to new

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00:03 1 conditions that were created by the Phase I.  
 00:03 2 So I don't know if that answers your  
 00:03 3 issue at all or not. But that's really where I was  
 00:03 4 going with that question.  
 00:03 5 MR. EVERS: That sounds fair.  
 00:03 6 MR. BRANCHEAU: Okay.  
 00:03 7 CHAIRMAN NICHOLSON: I guess the --  
 00:03 8 actually, Blais, you addressed last night a lot of  
 00:03 9 the issues about Phase I and the conditions that  
 00:03 10 would exist after Phase I, and how it might vary from  
 00:03 11 the letter of the ordinance or words in the Master  
 00:03 12 Plan would wrapped it up.  
 00:03 13 But I guess the one thing that Stephen  
 00:03 14 has mentioned tonight that appears to be significant  
 00:03 15 discrepancy is the issue of lot coverage.  
 00:04 16 Can you comment on that?  
 00:04 17 MR. BRANCHEAU: Yes. On the coverage  
 00:04 18 issue the 60 percent in the plan, I think as I  
 00:04 19 indicated in my testimony last night, including  
 00:04 20 coverage for buildings, surface parking, parking  
 00:04 21 decks, driveways, loading areas, that sort of thing.  
 00:04 22 It does not include sidewalks, covered walkways, the  
 00:04 23 fire lane which, again, as I said last night so far  
 00:04 24 we've understood to be a grass paver type of  
 00:04 25 improvement.

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00:04 1 And I did acknowledge last night that  
 00:04 2 that 60 percent might need to go up by some increment  
 00:04 3 to accommodate the additional, I believe, relatively  
 00:04 4 minor areas of improvements. That 60 percent came  
 00:05 5 from a measurement of the option six plan driveway,  
 00:05 6 parking and stability.  
 00:05 7 I don't, at this time, know the basis  
 00:05 8 for the 70 percent ultimate Phase II because on a 15  
 00:05 9 acre site an additional 10 percent is an  
 00:05 10 acre-and-a-half of additional coverage. And the 80  
 00:05 11 percent -- the Phase I that could be more. Again,  
 00:05 12 the whole plan is based upon the build out of Phase  
 00:05 13 II. The Phase I or the Phase II built out going 70  
 00:05 14 though, it seems -- again, based on what I know,  
 00:05 15 that's all I can base the plan on, it seems that an  
 00:05 16 acre-and-a-half of sidewalks and other incidental  
 00:05 17 areas seems a bit high to me. But, you know, I'm  
 00:05 18 willing to be shown how it could be otherwise.  
 00:05 19 So if this was not just a conjectural  
 00:06 20 number thrown out and we actually measured, we  
 00:06 21 calculated, we came up with 58 and a half percent so  
 00:06 22 we threw in one-and-a-half percent higher percentage  
 00:06 23 to come to the 60 percent.  
 00:06 24 But, again, without our -- look, I  
 00:06 25 don't understand how it's 70 at the completion of

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00:06 1 Phase II. I understand the need for flexibility and  
 00:06 2 I could see maybe a couple of percentage points going  
 00:06 3 over the 60. That could be handled in a couple of  
 00:06 4 ways, to provide reasonable flexibility.  
 00:06 5 The 60 percent standard could be  
 00:06 6 retained. But could only be applied to buildings,  
 00:06 7 driveways, parking and parking decks. Anything else  
 00:06 8 could be excluded from that limitation when we write  
 00:06 9 this in an ordinance.  
 00:06 10 We would probably want to put some cap  
 00:06 11 on those other incidental features.  
 00:06 12 Again, I don't know what that number  
 00:06 13 should be at this point in time without further  
 00:07 14 study.  
 00:07 15 But that's how the 60 percent is  
 00:07 16 arrived at.  
 00:07 17 CHAIRMAN NICHOLSON: What I'd like to  
 00:07 18 suggest, Mr. Collins, and to the professionals that  
 00:07 19 in the intervening two weeks that we meet again, we  
 00:07 20 have an opportunity to discuss the measurement with  
 00:07 21 one another to come to an understanding of why we're  
 00:07 22 10 percent apart.  
 00:07 23 MR. COLLINS: We'll certainly take  
 00:07 24 advantage of the opportunity. It would seem that it  
 00:07 25 could definitely be reconciled and -- and it's just a  
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00:07 1 matter of everybody making sure they're on the same  
 00:07 2 page when they're talking about what's included and  
 00:07 3 what isn't.  
 00:07 4 CHAIRMAN NICHOLSON: I'm confident that  
 00:07 5 that's the issue as well.  
 00:07 6 Any other questions? No?  
 00:07 7 MS. WARD: No, Mr. Chair.  
 00:07 8 CHAIRMAN NICHOLSON: Mr. Collins, thank  
 00:07 9 you.  
 00:07 10 MR. COLLINS: I want to thank you for  
 00:07 11 your attention this evening and for listening to us.  
 00:07 12 And, in conclusion, the Hospital  
 00:08 13 supports this amendment and asks the Board to adopt  
 00:08 14 it.  
 00:08 15 Thank you.  
 00:08 16 CHAIRMAN NICHOLSON: Thank you.  
 00:08 17 MR. HURLEY: Thank you, Mr. Collins.  
 00:08 18 CHAIRMAN NICHOLSON: All right.  
 00:08 19 Mr. Gould needs, I imagine, a few moments to set up  
 00:08 20 his electronic displays. I'm going to take the  
 00:08 21 opportunity to remind everyone who wishes to ask  
 00:08 22 questions and make comments on the Master Plan  
 00:08 23 Amendment that you will be following the same  
 00:08 24 procedures more or less that we established at the  
 00:08 25 earlier part of this public hearing, people had an  
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00:08 1 opportunity to ask questions. I'm going to ask you  
 00:08 2 to limit your questions to one or two and a three  
 00:08 3 minute period for comments. The list for sign-up for  
 00:08 4 additional comments will be available on Monday and  
 00:09 5 Tuesday of that week, that's the 17th and the 18th of  
 00:09 6 May.  
 00:09 7 But at the end of the evening of the  
 00:09 8 18th we're going to close the list. The people who  
 00:09 9 are next on the list, and forgive me if I  
 00:09 10 mispronounce names, and who should therefore be  
 00:09 11 prepared to speak on the 17th are: James Sutherland  
 00:09 12 of Graydon Terrace; Maureen Meyer of Grove Street;  
 00:09 13 Edward Daly of Ponfield Place; Elaine James, Linwood  
 00:09 14 Avenue; Tom Rakowski of Clinton, I believe; R. Herink  
 00:09 15 of Bingham Road; R. Gennekan of Arbor Drive; J. Rogan  
 00:09 16 of Fairfield; Diane Palacios of North Van Dien; Anne  
 00:10 17 Posner of Walthery; L. Potterfield of Newcomb Road;  
 00:10 18 R. McNamara of Graydon Terrace; K. Gioia of Fairway  
 00:10 19 Road; and Stephen Eraes -- and I'm sorry I can't read  
 00:10 20 the road.  
 00:10 21 If you're here tonight please be ready  
 00:10 22 to be called on your turn on the 17th.  
 00:10 23 If anyone in the audience knows that  
 00:10 24 those folks aren't here, but you know them, I would  
 00:10 25 ask you then to remind them that their turn has  
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00:10 1 finally come around ten months later.  
 00:11 2 Are you ready, Mr. Gould?  
 00:11 3 MR. GOULD: Good evening, everyone.  
 00:11 4 Good evening Members of the Planning  
 00:11 5 Board and public. I have three exhibits, just so you  
 00:11 6 can take them before -- and let's swear me in first.  
 00:11 7 MS. RAZIN: Yes. Can you state your  
 00:11 8 full name and your address, please?  
 00:11 9 MR. GOULD: Yes. My name is Paul  
 00:11 10 Gould, 516 Linwood Avenue, Ridgewood.  
 00:11 11 MS. RAZIN: Do you swear or affirm that  
 00:11 12 the testimony that you are about to give will be the  
 00:11 13 truth, the whole truth and nothing but the truth?  
 00:11 14 MR. GOULD: I do.  
 00:11 15 P A U L G O U L D,  
 00:11 16 516 Linwood Avenue, Ridgewood, having been duly  
 00:11 17 sworn, testifies as follows:  
 00:11 18 MS. RAZIN: Thank you. And you have  
 00:11 19 three exhibits.  
 00:11 20 MR. GOULD: That's correct.  
 00:11 21 MS. RAZIN: So, there will be CR-3, 4  
 00:11 22 and 5. I believe there were two exhibits entered in  
 00:11 23 the prior hearings so we're on CR-3, 4 and 5.  
 00:11 24 MR. GOULD: Okay.  
 00:11 25  
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00:11 1 (Whereupon Three Document are received  
 00:11 2 and marked as Exhibits CRR-3, CRR-4 and CRR-5  
 00:12 3 for Identification.)  
 00:12 4 MR. GOULD: Well, good evening  
 00:12 5 everyone. I've spoken before you before. And you're  
 00:12 6 aware that the Concerned Residents of Ridgewood is a  
 00:12 7 group that represents some 1,000 members.  
 00:12 8 And I wanted to speak to you this  
 00:12 9 evening to provide you with some response from the  
 00:12 10 Concerned Residents of Ridgewood. We've been  
 00:12 11 monitoring, as these procedures have gone on, the  
 00:12 12 feedback from the community through personal contact,  
 00:12 13 through letters and through e-mails to our  
 00:12 14 stopvalley.com website.

00:12 15 And so as I said, on behalf of the  
 00:12 16 Concerned Residents of Ridgewood, I'll be presenting  
 00:12 17 to you this evening examination of the proposed  
 00:12 18 amendment to the H-Zone. And also give you some  
 00:12 19 feedback on the process that's been followed these  
 00:12 20 now, three-and-a-half years.

00:12 21 The first thing I want to talk to you  
 00:12 22 about was the positives that we received back  
 00:12 23 regarding the presentation that was made over the  
 00:13 24 last -- yesterday, and also some of the changes that  
 00:13 25 are being made to the second round of this amendment.

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00:14 1 of the parking underground so it's not making a  
 00:14 2 strong visual impact.  
 00:14 3 They appreciate the attempt to limit  
 00:14 4 future development. And, also, to put a cap on  
 00:14 5 intensity of use by limiting the floor area used for  
 00:14 6 shared in-patient and out-patient services.  
 00:14 7 The last point I'd like to make on this  
 00:14 8 slide is that Concerned Residents of Ridgewood does  
 00:14 9 want Valley to stay within Ridgewood, also to  
 00:14 10 modernize. But, importantly, not to overburden the  
 00:15 11 community in doing so.

00:15 12 The first thing that I wanted to deal  
 00:15 13 with next concerns the basis for the proceedings  
 00:15 14 which Mr. Collins did allude to in his opening  
 00:15 15 remarks. I wanted to talk a little bit about it at  
 00:15 16 this time.

00:15 17 The perception within the community is  
 00:15 18 that Valley has asked for a 454 single bed facility,  
 00:15 19 and the basis for the proceedings that have gone on  
 00:15 20 over the last three-and-a-half years is how can this  
 00:15 21 be accommodated in the H-Zone with the minimum impact  
 00:15 22 of the neighborhood.

00:15 23 And I've heard words that, in fact,  
 00:15 24 echoed that particular conclusion this evening.

00:15 25 However, the residents feel that that  
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00:13 1 First is the project is not rushed.  
 00:13 2 Some may argue, of course, the process has taken too  
 00:13 3 long to get to the point. But as these structures  
 00:13 4 will last 50 years or more it is very important to  
 00:13 5 get it right.

00:13 6 Residents also appreciate the proposals  
 00:13 7 use of natural vegetation and the setbacks that have  
 00:13 8 been significantly increased.

00:13 9 Green roofs and increased buffers to  
 00:13 10 give greater noise protection and water management.

00:13 11 The residents agree with Blais and the  
 00:13 12 Planning Board, the exists wording of the Master Plan  
 00:13 13 should be changed. That lighting and lighting  
 00:13 14 controls should be in place. There should be better  
 00:13 15 traffic management and mitigation. There should be  
 00:13 16 more comprehensive wording in the Master Plan,  
 00:14 17 because the current Master Plan wording is very  
 00:14 18 light.

00:14 19 And, unfortunately, when the Council or  
 00:14 20 the Planning Board is looking at changes that might  
 00:14 21 by brought to the boards, it is very difficult  
 00:14 22 without a solid Master Plan to try and resist against  
 00:14 23 those.

00:14 24 The residents also appreciate the idea  
 00:14 25 that was brought to the Board of placing the majority

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00:15 1 has being the wrong tact. This question, that first  
 00:15 2 question needed to be asked, and it has be answered  
 00:16 3 to some extent. And, again, you'll see why we think  
 00:16 4 there should be limitations here.

00:16 5 But, the residents believe that the  
 00:16 6 question that should have been asked and addressed  
 00:16 7 all throughout these proceedings is given the fact  
 00:16 8 that the H-Zone is surrounded by well-kept single  
 00:16 9 family homes on three sides, and a middle school on  
 00:16 10 the rear side, what is the maximum lot coverage,  
 00:16 11 building density and intensity of use that should be  
 00:16 12 allowed. That should be first and foremost, rather  
 00:16 13 than, how can we make this fit into this small space.

00:16 14 Now, we of course do acknowledge the  
 00:16 15 work that was done by the professionals who did an  
 00:16 16 outstanding job of answering those questions.

00:16 17 Mr. Skorupa particularly found very  
 00:16 18 creative ways in which to place more buildings on the  
 00:16 19 ground and handle the visual impact. But, I come  
 00:17 20 back to the fact that the general perception within  
 00:17 21 the community is -- the basis upon which the whole  
 00:17 22 study was conducted was wrong.

00:17 23 And the other thing that I wanted to  
 00:17 24 bring to your attention, which I think is  
 00:17 25 significant, is that in someway the actions probably

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00:17 1 unintentionally, that have been taken by the Planning  
00:17 2 Board, have seemed to reinforce a perception of bias.  
00:17 3 It seems that through the testimony, the Planning  
00:17 4 Board was very concerned with if Valley agrees to  
00:17 5 every proposed change. And, therefore, appeared as  
00:17 6 being Valley's advocate.

00:17 7 I know it's very hard for you, perhaps,  
00:17 8 to think about this sitting there on the Planning  
00:17 9 Board. After all you're all members of the community  
00:17 10 who volunteer your time freely, in order to do this  
00:18 11 important work.

00:18 12 But, I think you should be aware of  
00:18 13 some at the perceptions that are projected out there.

00:18 14 For example, Mr. Skorupa stated very  
00:18 15 early in his testimony that as an expert in the field  
00:18 16 of hospital design, he recommended that all or most  
00:18 17 of the rooftop equipment be taken off the roofs and  
00:18 18 placed in the basement of the hospital buildings.

00:18 19 Valley apparently was consulted,  
00:18 20 according to the transcript and said no. And this  
00:18 21 was taken off the table in the next meeting. And  
00:18 22 everything proceeded along the lines that, okay,  
00:18 23 Valley has said no, so we'll try another solution.

00:18 24 Rightly or wrongly the perception is  
00:18 25 that therefore, Valley was ruling the shots.

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00:18 1 Not the same level of investigation was  
00:18 2 taken to see if the neighborhood agrees, as was taken  
00:18 3 to see whether Valley agreed.

00:18 4 There was a statement made,  
00:18 5 unfortunately, by Mayor Pfund, very early in the  
00:19 6 proceedings which was heard by many, when he was  
00:19 7 asked by one of the Valley team, "could you please  
00:19 8 expedite this quickly".

00:19 9 And he answered, "I don't see a problem  
00:19 10 with that". It was most unhelpful.

00:19 11 Repeatedly, calling the opposition --  
00:19 12 the residents, I should say "the opposition". Now, I  
00:19 13 must thank our Chairman, because he's removed that  
00:19 14 word from his lexicon. But during the first two  
00:19 15 years, many Members of the Board and the  
00:19 16 professionals particularly, used, the word  
00:19 17 "opposition". It seemed to imply that the Planning  
00:19 18 Board was on the side of the Hospital and its  
00:19 19 demands.

00:19 20 Again, rightly or wrongly this is the  
00:19 21 perception.

00:19 22 Not directing experts to challenge the  
00:19 23 chosen renewal option, it was put before the Board  
00:19 24 that there were three: Relocate, split campus and  
00:19 25 what is called the "Renewal".

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00:19 1 It was taken on face value that the  
00:20 2 Renewal was it. And, therefore, all the examination  
00:20 3 was done on this.

00:20 4 Hiring experts to improve Valley's  
00:20 5 proposal and not an independent planning expert to  
00:20 6 look at the H-Zone from a perspective of the  
00:20 7 neighborhood.

00:20 8 I had the opportunity to talk to Mr.  
00:20 9 Quentin Weist the II, who was a Ridgewood Counselor  
00:20 10 in the critical years between 1980 and 1984. And he  
00:20 11 said that I could use his name this evening. He  
00:20 12 stated the Council's intention in putting the H-Zone  
00:20 13 together was to put an envelop around it. So as to  
00:20 14 force Valley to make full justification for any  
00:20 15 variances they were seeking in the future.

00:20 16 I also spoke to past members of the  
00:20 17 Board of Adjustment. And it was their opinion that  
00:20 18 this end round exercise of going to the Master Plan  
00:20 19 first, was something that was never envisioned when  
00:20 20 the H-Zone was put together. It was always expected  
00:20 21 that Valley would seek change through variance and  
00:21 22 developmental application and not through Master Plan  
00:21 23 change.

00:21 24 None of this history is reflected in  
00:21 25 the introduction or the background to the amendment,

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00:21 1 just some general discussion and a short history of  
00:21 2 the Hospital.

00:21 3 We think it's very important that that  
00:21 4 history, which is part of the Village record, be put  
00:21 5 into the Master Plan document so there's a full  
00:21 6 balance.

00:21 7 Now, investigation of previous  
00:21 8 determinations of Council.

00:21 9 Next, the impact of nearby property  
00:21 10 values seems to be cursory and not independent.

00:21 11 You recall in 2007 the Hospital's  
00:21 12 realtor Mr. Gilsimmons (phonetic) made a very short  
00:21 13 presentation about the possible effects on the nearby  
00:21 14 properties of the Renewal.

00:21 15 As far as Mr. Gilsimmons being Valley's  
00:21 16 rep for many years, but he continues to manage  
00:21 17 residential properties owned by Valley.

00:21 18 The whole episode, his presentation and  
00:22 19 questions from the Board took about 30 minutes of the  
00:22 20 three years of public hearings or three hearings that  
00:22 21 have been devoted to this subject. It was only  
00:22 22 Valley's witness. He didn't even consider the effect  
00:22 23 of values of homes during the construction period.

00:22 24 Yet the Board hired an independent geo  
00:22 25 expert who spent weeks and months at his task. And

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00:22 1 it gave the impression, which I perceived back  
 00:22 2 through members, that the Planning Board is far more  
 00:22 3 interested in digging holes and construction than in  
 00:22 4 the effects on the neighborhood and home values.  
 00:22 5 There just didn't seem to be a balance.  
 00:22 6 The last one is a deeper probing of the  
 00:22 7 traffic projection. I'm going to have a slide about  
 00:22 8 that in a few minutes.  
 00:22 9 So, let's just see very briefly about  
 00:22 10 what the residents feel is still missing from the  
 00:22 11 Master Plan that's been presented.  
 00:23 12 The first one is the hydrology studies  
 13 to determine the effect of groundwater on the Village  
 14 wells. It's very gratifying to hear this evening  
 15 that it was the intent of the architect to use  
 16 recycle methods. And, in fact, we recommend that  
 17 recycle methods be used.  
 18 However, we think this should be  
 19 enshrined within the wording of the Master Plan. And  
 00:23 20 just so everyone's aware, there was a statement made  
 00:23 21 here during the presentation last month that possibly  
 00:23 22 1500 feet around the radius of the Hospital could be  
 00:23 23 effected by water as far as pump out is concerned.  
 00:23 24 So, de-watering is a big issue.  
 00:23 25 And this particular diagram

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00:25 1 hired to see what the full effect is on the  
 00:25 2 community.  
 00:25 3 Things like noise and dust and also  
 00:25 4 diesel exhaust emitted from those 27,000 trucks  
 00:25 5 involved in just the excavation on the site.  
 00:25 6 Reanalyze the traffic growth rates.  
 00:25 7 The rooftop setback remain a major  
 00:25 8 issue for us because instead of having five story  
 00:25 9 buildings, we now have the appearance of seven.  
 00:25 10 Stronger definitions around outpatient  
 00:25 11 limits, for we believe that effects traffic directly.  
 00:25 12 And then remove all consideration of  
 00:25 13 Phase II.  
 00:25 14 I bring the Board's attention to the  
 00:26 15 meeting that was held on November the 3rd, 2008, one  
 00:26 16 of the Planning Board Members stated, what we see  
 00:26 17 presented in Phase II, really isn't the best thing  
 00:26 18 for the Hospital to do. And I certainly don't expect  
 00:26 19 the Hospital, faced with the challenges that they  
 00:26 20 have in their industry to go ahead and build Phase II  
 00:26 21 as they presented it. It really isn't the right  
 00:05 22 thing to spend, you know, \$58 million in 2018 because  
 00:05 23 nobody knows. I've seen a lot of examples in my  
 00:05 24 career of projects that there are regulations and  
 00:05 25 technical issues which certainly are quite different

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00:23 1 (indicating) shows you that boundary.  
 00:23 2 Of course, the other area if recycled  
 00:24 3 is used, of course, is what happens to the noise of  
 00:24 4 those pumps possibly running 24/7 during that  
 00:24 5 de-watering exercise. Large pumps make a lot of  
 00:24 6 large noise.  
 00:24 7 There also seems to have been no  
 00:24 8 independent expert on the release of the effects of  
 00:24 9 homes of -- downturn on home prices during  
 00:24 10 construction.  
 00:24 11 And we just remind the Board, of  
 00:24 12 course, of the ordinance which says that new  
 00:24 13 development should avoid adversely affecting the  
 00:24 14 value of adjacent or nearby properties.  
 00:24 15 The need to obtain independent planning  
 00:24 16 advice. I am going to speak to this in a little  
 00:24 17 while, but throughout the testimony Blais has given  
 00:24 18 very detailed testimony but has not taken a personal  
 00:24 19 position whether this is the beyond the tipping point  
 00:24 20 or not. And we're going to talk about that in a few  
 00:25 21 slides off.  
 00:25 22 If he is not prepared to, then perhaps  
 00:25 23 the Planning Board should hire an independent planner  
 00:25 24 who will be able to take a position.  
 00:25 25 Environmental impact expert should be

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00:05 1 than what the Planning Board anticipated.  
 00:26 2 The residents agree with this sentiment  
 00:26 3 that, in fact, Phase I should only be considered.  
 00:26 4 And the last one that really concerns  
 00:26 5 everyone, and it should be in this particular  
 00:26 6 fiscally challenging time for the Village, is the  
 00:26 7 issue of COAH. A solid plan to deal with the COAH  
 00:27 8 requirements, perhaps eight units, needs to be put in  
 00:27 9 place.  
 00:27 10 We can't just say there's a pending  
 00:27 11 solution because this is really a significant  
 00:27 12 liability. It needs a firm taxpayer neutral plan  
 00:27 13 before proceeding, not just wishes and dreams.  
 00:27 14 So, let's talk about the intensity of  
 00:27 15 use.  
 00:27 16 CRR fully agrees with Blais and the  
 00:27 17 Planning Board in the limiting of the intensity of  
 00:27 18 use is a key protection for Ridgewood because it  
 00:27 19 really is all about traffic.  
 00:27 20 Traffic is what intensity of use can  
 00:27 21 help to ameliorate.  
 00:27 22 And then when we talk about traffic,  
 00:27 23 it's no really parking, it's really about talking  
 00:27 24 about turnover. And turnover, in most cases, is  
 00:27 25 effected directly by outpatients.

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00:28 1 Mr. Staigar, in his presentation on  
00:28 2 January 12th, 2009, said the following: The Village  
00:28 3 Board should place the appropriate conditions before  
00:28 4 granting approval to ensure that the number of  
00:28 5 patients and employees will not increase beyond the  
00:28 6 existing levels resulting -- in resulting substantial  
00:28 7 increases in trip generation.

00:28 8 So, his advice was that, in fact, there  
00:28 9 should be limits placed in the Master Plan, in the  
00:28 10 filing of the ordinances, to limit the number of  
00:28 11 patients and employees, if you really want to control  
00:28 12 the traffic.

00:28 13 So, we believe that that should be  
00:28 14 added to the Master Plan as a guideline.

00:28 15 The other thing to know that about  
00:28 16 intensity of use is that the Hospital really has no  
00:28 17 intention of keeping the current intensity of use.

00:28 18 I'm going to quote here from one of the  
00:28 19 exhibits that I will leave with the Planning Board.

00:29 20 And this is taken from a transcript of the Superior  
00:29 21 Court of New Jersey, Law Division. And it's talking  
00:29 22 about the joint venture agreement between the Fitness  
00:29 23 Development Consulting Group, a subsidiary of Valley  
00:29 24 Health. And in that particular location in Mahwah,  
00:29 25 Valley was going into this agreement of taking out a

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00:29 1 55 percent capitalization. And just to -- just to  
00:29 2 brief you very quickly on this, it was to be a  
00:29 3 15 percent rehabilitation services and 30 to 40  
00:29 4 percent for conference rooms and educational space.  
00:29 5 And in that testimony, Jeffrey Lieto (phonetic) said  
00:29 6 and he's the hospital administrator reporting  
00:29 7 directly to Audry Meyers that the benefit that the  
00:29 8 health group would have is the owner would have  
00:29 9 access to and operate, I should say, programs to  
00:29 10 perform neurosurgery, heart surgery, cancer care,  
00:29 11 provided, you know, 60 million a year in healthcare  
00:30 12 related services and admit 50,000 patients and does  
00:30 13 about a million outpatient visits.

00:30 14 And the quotes, I am mentioning, are  
00:30 15 from the transcript. They're in the hand-out.

00:30 16 Also stated in that transcript were  
00:30 17 that the projected membership of the health club  
00:30 18 would be between six and 8,000 members.

00:30 19 And the main purpose, he said, was to  
00:30 20 integrate the many, many programs that only a  
00:30 21 hospital can offer such an access to cardiology care,  
00:30 22 oncology, neurology care, orthopedic, as intake and  
00:30 23 outreach programs.

00:30 24 So the conclusion basically from all of  
00:30 25 that in 2009, while this process was going on, is

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00:30 1 that Valley Health wanted to gain access to projected  
00:30 2 8,000 members of the Mahwah Health Club in order to  
00:30 3 funnel them through Valley Hospital.

00:30 4 Ridgewood needs to protect its  
00:31 5 residents. The Master Plan needs to be more  
00:31 6 precisely and narrowly limit intensity of use because  
00:31 7 history shows, and this shows that, of course, Valley  
00:31 8 wants to continue to grow its market share in this  
00:31 9 area.

00:31 10 There was a lot of discussion, as  
00:31 11 you'll recall in the last public hearing, about the  
00:31 12 tipping point.

00:31 13 And during the last public hearing our  
00:31 14 planner Blais was asked several times by myself and  
00:31 15 members of the public on what would he consider the  
00:31 16 maximum density of the H-Zone to be, considering its  
00:31 17 location in the residential neighborhood.

00:31 18 And as you recall Blais gave detailed  
00:31 19 answers about how to determine the tipping point.

00:31 20 But in the end he wouldn't be drawn to  
00:31 21 provide his own opinion to the point of whether it  
00:31 22 had been reached or not. And said the decision would  
00:31 23 need to be decided by "the Planning Board".

00:31 24 He also offered, as an example, in his  
00:31 25 testimony, the case of Somerset Medical Center which

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00:32 1 decided to locate future development off-site when  
00:32 2 faced with a zone -- correct me if I am wrong, that  
00:32 3 in fact was less dense than the one facing Valley  
00:32 4 today.

00:32 5 Blais, I put it to you rhetorically,  
00:32 6 that while the members of the Planning Board have all  
00:32 7 the decision to make, this decision on the final  
00:32 8 wording of the Master Plan, by virtue of your  
00:32 9 professional planner's license 4272, you are well  
00:32 10 qualified to offer a position on this matter.

00:32 11 And I'm hoping that in the future you  
00:32 12 may, in fact, take advantage of that.

00:32 13 I also put it to you this evening that  
00:32 14 the tipping point has, in fact, been reached.

00:32 15 Mr. Collins, in his introductory  
00:32 16 remarks stated the beginning of the H-Zone and what  
00:32 17 the ordinances are that are currently in the H-Zone.

00:33 18 This tipping point was tested, in fact,  
00:33 19 in 1983. And also as one of the transcripts that  
00:33 20 I'll be providing is the transcript of the  
00:33 21 proceedings of the Council back in December the 13th,  
00:33 22 1983.

00:33 23 Let me just quote a few items from that  
00:33 24 particular meeting or that particular determination,  
00:33 25 I should say.

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00:33 1 In findings of fact and conclusions the  
 00:33 2 Council of Ridgewood stated what their particular  
 00:33 3 position was. And it's saying that the Hospital here  
 00:33 4 -- that the Applicant's desire to modernize is  
 00:33 5 admirable and applauded. The Council's  
 00:33 6 responsibility, however, in this instance, is to  
 00:33 7 weigh the effect of the construction of the buildings  
 00:33 8 proposed on the site to determine the traffic both on  
 00:34 9 and off, that it will generate, to determine whether  
 00:34 10 it will promote a desirable and harmonious visual  
 00:34 11 environment, which will not be incongruous with the  
 00:34 12 adjoining residential areas of the Village or the  
 00:34 13 character of the neighborhood to determine whether  
 00:34 14 the proposal will materially adversely affect the  
 00:34 15 value of adjacent or nearby property.

00:34 16 And those words echo through to us  
 00:34 17 today, some 30 years later, exactly the same issues  
 00:34 18 were dealt with by that Council at that time.

00:34 19 The Council is concerned with the  
 00:34 20 massive scale of the proposed project, an overall  
 00:34 21 increase of 25 percent in the square footage,  
 00:34 22 including a large underground facility extending  
 00:34 23 beyond the footprint of the building.

00:34 24 The Council is concerned that in its  
 00:34 25 need to modernize, Valley Hospital has exceeded its

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00:35 1 plan, a realistic modernization on the site, in which  
 00:35 2 -- Valley Hospital has exceeded, I think that this is  
 00:35 3 an example of how the ordinances that currently exist  
 00:35 4 have been tested and found by the Council back in  
 00:35 5 1983 to be the ultimate tipping point.

00:35 6 Furthermore, the Council said: As  
 00:35 7 sympathetic as the Council is to the Hospital's  
 00:35 8 desire to modernize, we conclude that there is a no  
 00:35 9 evidence in the record to support a variance. The  
 00:35 10 determination of the Planning Board in this regard is  
 00:35 11 reversed.

00:35 12 The Council further finds, however, if  
 00:35 13 a variance is not required purely as a site plan  
 00:35 14 consideration alone, as they're enumerated, the  
 00:35 15 proposed plan without the change in the hospital  
 00:35 16 footprint would unduly burden site contrary to the  
 00:36 17 aforementioned purpose of the Village code.

00:36 18 If a multistory building is to be  
 00:36 19 constructed on the premises up to the North wing, the  
 00:36 20 overall footprint of the Hospital must not exceed the  
 00:36 21 16 percent limit in the code.

00:36 22 A little bit of background here. The  
 00:36 23 current ordinances, which again Mr. Collins referred  
 00:36 24 to, calls for 16 percent building coverage at a  
 00:36 25 maximum. And the current floor area of the Hospital

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00:36 1 is 530,000 square feet.

00:36 2 In 1983, which is where I quoted from,  
 00:36 3 Valley obtained a State Certificate of Need to  
 00:36 4 increase its beds and the comment from people at the  
 00:36 5 time was this was another end round move, Valley made  
 00:36 6 a successful development application to the Planning  
 00:36 7 Board, which was overturned by the Council.

00:36 8 In '85, the matter was settled in  
 00:36 9 court.

00:36 10 And in '88, development approval was  
 00:37 11 given. But it was, in fact, a compromise reached and  
 00:37 12 the final compromise after the final site plan was  
 00:37 13 approved in 1993 was for 17.1 percent coverage, a  
 00:37 14 change of 1.1 percent.

00:37 15 Also during that particular period  
 00:37 16 there was a restriction put on the underground garage  
 00:37 17 which should be closed 7:00 p.m. to 6:00 a.m. on  
 00:37 18 weekdays and all day and all night on Saturdays and  
 00:37 19 Sundays.

00:37 20 Again, very striking similarities to  
 00:37 21 the position we are faced with today.

00:37 22 Since then the neighborhood has not  
 00:37 23 changed. If anything, the ordinances have become  
 00:37 24 more restrictive for residents. The so-called  
 00:37 25 McMansion Law Ordinance 30-83, in fact, further

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00:37 1 restricted residents' ability to increase coverage.

00:38 2 In 1983, the Council was concerned with  
 00:38 3 the proposed impact of a 25 percent increase in  
 00:38 4 coverage.

00:38 5 The current amendment that is being  
 00:38 6 proposed is asking for a 200 percent increase in  
 00:38 7 coverage and square footage.

00:38 8 As I said, the neighborhood has not  
 00:38 9 changed since 1983. The surrounding area has no  
 00:38 10 added traffic. The surrounding area has not  
 00:38 11 increased in bulk. It's not increased in building  
 00:38 12 density. It's not increased the intensity of use.  
 00:38 13 It's not increased in stormwater usage. And it's not  
 00:38 14 increased in its use of free services like the  
 00:38 15 Village of Ridgewood Police and other services.

00:38 16 The 1983 Council accurately represented  
 00:38 17 the residents' views then and now.

00:38 18 Why should the residents be penalized  
 00:38 19 just because Valley has asked, again, for yet another  
 00:39 20 bigger structure?

00:39 21 So, let's look at comparisons.

00:39 22 The as-built, I believe, is 17.1. And  
 00:39 23 the proposed amendment is to go to 30 to 35 percent  
 00:39 24 of the main building coverage.

00:39 25 Floor area, 530,000 square feet today,

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00:39 1 1.17 million square feet. And you can see the  
 00:39 2 increase there on the column on the right  
 00:39 3 (indicating).  
 00:39 4 The Ridgewood Council in 1983 was  
 00:39 5 alarmed with a 25 percent increase and the resulting  
 00:39 6 compromise, underlined, was a 1.1 percent increase  
 00:39 7 (indicating).  
 00:39 8 It is incongruous and absurd that the  
 00:39 9 Master Plan Amendment should be proposed today is  
 00:39 10 200 percent more.  
 00:39 11 Not only that, it's not an exact  
 00:39 12 figure. It's somewhere between 30 and 35 percent.  
 00:40 13 The Council members worried about a small amount,  
 00:40 14 smaller amount, 30 to 35 percent is a very vague  
 00:40 15 number.  
 00:40 16 What the residents are asking for is  
 00:40 17 something solid.  
 00:40 18 So, let's look for an example of a true  
 00:40 19 compromise.  
 00:40 20 Last time that the public hearing last  
 00:40 21 summer, we spoke about Princeton Medical Center. It  
 00:40 22 will open its doors in 2011, a new state-of-the-art  
 00:40 23 hospital will be a dynamic center of medicine and  
 00:40 24 technology, comfort and compassion, disease  
 00:40 25 prevention and education and be profitable.

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00:42 1 Valley's original proposal, as  
 00:42 2 Mr. Collins conceded, was a crude plan to achieve  
 00:42 3 this as an change of the Ridgewood Ordinances, but  
 00:42 4 the fundamentals are still the same.  
 00:42 5 There was an expression that was used  
 00:42 6 during the election about "lipstick on a pig". I  
 00:42 7 don't think I need to go any further.  
 00:42 8 Our conclusion is that the amendment  
 00:42 9 needs another amendment. What will the H-Zone  
 00:42 10 support? Not a hospital floor area of 1.17 million  
 00:42 11 square feet and a general number of 30 to 35 percent  
 00:42 12 coverage, up from 17 percent.  
 00:42 13 We believe that the total floor area  
 00:42 14 should be limited to 650,000 square feet and then  
 00:42 15 allow Valley to decide how many beds it can fit into  
 00:43 16 that space.  
 00:43 17 During the lengthy debate of the  
 00:43 18 reopening of the 120 beds at Pascack Valley Hospital,  
 00:43 19 Valley Hospital representatives stated on numerous  
 00:43 20 public hearings and submissions to the New Jersey  
 00:43 21 Health Commissioner, and statements to the press, and  
 00:43 22 to the bankruptcy judge, they believed there are too  
 00:43 23 many hospital beds in Bergen County to the tune of  
 00:43 24 800.

This might be an ideal for Valley  
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00:40 1 Something we also want for Valley, by  
 00:40 2 the way.  
 00:40 3 It will be 636,000 square feet on 50  
 00:40 4 acres of parkland and have 238 private patient rooms.  
 00:41 5 The final design was the result of more  
 00:41 6 than 70 community group meetings.  
 00:41 7 Unfortunately, it's not the same  
 00:41 8 process that happens in Ridgewood.  
 00:41 9 There was a DVD sent out. There were  
 00:41 10 multiple HSA meetings. The meetings with th BOE and  
 00:41 11 the Council Members. Some that Mr. Collins  
 00:41 12 referenced. But nothing like the intensity of  
 00:41 13 engagement with the critics of the proposal which  
 00:41 14 happened down there in Princeton.  
 00:41 15 I don't think they're any better than  
 00:41 16 us. I just think they went through a different  
 00:41 17 process.  
 00:41 18 The residents believe the proposal is  
 00:41 19 not a compromise or a balance.  
 00:41 20 What has the Village gained or will the  
 00:41 21 Village gain from accepting this? What has Valley  
 00:41 22 conceded? They wanted a 454 bed hospital with over a  
 00:41 23 million square feet crammed into a tiny 15.4 acre in  
 00:41 24 the H-Zone. And to me, that's exactly what is being  
 00:41 25 planned.

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00:43 1 Hospital to act on its convictions and develop a  
 00:43 2 state-of-the-art modern single patient room,  
 00:43 3 inpatient facility, right sized for 15.4 acres in the  
 00:43 4 H-Zone.  
 00:43 5 It would be best for Valley, for Valley  
 00:43 6 Hospital if the Master Plan perhaps didn't specify  
 00:43 7 even the number of beds, because we believe that  
 00:43 8 intensity of use is all about out-patients.  
 00:43 9 And that, in fact, the Master Plan  
 00:43 10 specified very sharply a gross floor area, and let  
 00:43 11 the Hospital decide how many beds it would fit into  
 00:44 12 that space.  
 00:44 13 What would the Hospital do without the  
 00:44 14 beds.  
 00:44 15 Well, perhaps they should come to  
 00:44 16 terms -- come to a deal with Hackensack University  
 00:44 17 Medical Center, who doesn't have an open hospital up  
 00:44 18 in Pascack Valley and reopen the missing beds up  
 00:44 19 there. This would be better for Ridgewood. It would  
 00:44 20 be better, because we would have a modern, private  
 00:44 21 room hospital in the H-Zone. And better for Bergen  
 00:44 22 County because the beds would be distributed more to  
 00:44 23 where they're needed, rather than having all the  
 00:44 24 traffic that was generated in the last few years,  
 00:44 25 since Pascack Valley closed, descending on Ridgewood

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00:44 1 through Ridgewood streets.  
 00:44 2 Not only would limiting on the floor  
 00:44 3 area reduce the mass of the buildings. It would also  
 00:44 4 reduce the length of construction time and, of  
 00:44 5 course, the effects on the neighborhood, as well as  
 00:44 6 providing Ridgewood, as I stated, with a  
 00:44 7 state-of-the-art hospital, certainly to meet our  
 00:44 8 local needs and beyond.  
 00:44 9 So, my final slide is the  
 00:44 10 recommendations the Concerned Residents of Ridgewood  
 00:45 11 put before the Board.  
 00:45 12 Firstly, that you accept your expert's  
 00:45 13 advice. And the rooftop mechanical should, in fact,  
 00:45 14 go on the ground to limit height.  
 00:45 15 There's been a lot of discussion, even  
 00:45 16 some more tonight, about why or why that can't be  
 00:45 17 done. But you know what, this is 2010. There are  
 00:45 18 some amazing constructions, I personally have seen  
 00:45 19 around the world, doing all sorts of things. And  
 00:45 20 it's all a matter of cost.  
 00:45 21 There should also be a limit on  
 00:45 22 patients and employee numbers as stated by the  
 00:45 23 traffic engineer. Complete the hydrological study,  
 00:45 24 make sure the aquifer's protected. Relook at the  
 00:45 25 traffic growth projections. And talk to the people  
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00:47 1 data is that we had a look at the predictions that  
 00:47 2 were made during the 1995 expansion to Valley.  
 00:47 3 And there was a study done at that time  
 00:47 4 and there were predictions made about what the  
 00:47 5 traffic increase would be at the time of that  
 00:47 6 particular approval.  
 00:47 7 And what we found, if you look at the  
 00:47 8 data that was generated in 1995, and compare that  
 00:48 9 with the data that came out of the most recent study,  
 00:48 10 it, in fact, shows that there was 3.5, four times  
 00:48 11 more growth in traffic than was predicted back in  
 00:48 12 1995 (indicating).  
 00:48 13 This is a really serious issue. We  
 00:48 14 need to know this information. We've got a situation  
 00:48 15 right now where we've got the number of intersections  
 00:48 16 that are at "D".  
 00:48 17 And if the implication, in fact, is to  
 00:48 18 get more and more traffic then we need to know about  
 00:48 19 it and we need to plan for it.  
 00:48 20 Right now, according to that study, the  
 00:48 21 recent study there are -- there is one car leaving  
 00:48 22 the campus at Valley every six seconds of peak.  
 00:48 23 During the critical hours of 2:45 to 3:45 p.m.  
 00:48 24 Mr. Collins, himself, stated tonight  
 00:48 25 that single patient rooms promote shorter patient  
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00:45 1 who were in the previous expansions, talk to those  
 00:45 2 counsellors, talk to those members of the Board of  
 00:45 3 Adjustment who were around at the time, talk to those  
 00:45 4 -- talk to those members of the engineering staff who  
 00:45 5 had to oversee this situation; talk to those members  
 00:46 6 of the public who had to stomach what went on.  
 00:46 7 Add text to the Master Plan covering  
 00:46 8 previous rulings and its predictions. Hire an  
 00:46 9 independent planning consultant, if we're not going  
 00:46 10 get an opinion from our own. Hire an independent  
 00:46 11 environmental consultant to see what the effects are  
 00:46 12 on the neighborhood. Ensure no adverse effects on  
 00:46 13 home prices during and after the construction or  
 00:46 14 provide a remedy for such. Add stronger limits to  
 00:46 15 outpatient services because we believe that is the  
 00:46 16 main effect of the intensity of use and traffic.  
 00:46 17 Ensure that a solid taxpayer neutral COAH plan is in  
 00:46 18 place. Limit building coverage to 20 percent. And  
 00:46 19 that the total building area should be no more than  
 00:46 20 650,000 square feet.  
 00:47 21 I just want to go back to one slide,  
 00:47 22 just briefly.  
 00:47 23 As I mentioned earlier, a lot of this  
 00:47 24 is about traffic. And the reason we've been asked --  
 00:47 25 or we're asking for a reevaluation of the traffic  
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00:49 1 stays. What he didn't go on to say is that of course  
 00:49 2 if you've got shorter patient stays, you can make  
 00:49 3 that bed available for other patients.  
 00:49 4 And, therefore, increase patient  
 00:49 5 turnover and generate more traffic.  
 00:49 6 How do we know today that history isn't  
 00:49 7 going to be followed and, in fact, our predictions  
 00:49 8 are wrong?  
 00:49 9 Mr. Staigar also was very convinced  
 00:49 10 early on that he should be using the guidelines of  
 00:49 11 the Transportation -- the Institute of Transportation  
 00:49 12 Engineers in the floor area being a good indicator of  
 00:49 13 the traffic generation.  
 00:49 14 We should get to the later point that  
 00:49 15 perhaps that should be discounted because there's  
 00:49 16 only three beds being added and a small increase in  
 00:49 17 staff.  
 00:49 18 But I just put it to the Board, how do  
 00:49 19 we know? History shows that this is an inexact  
 00:49 20 science. And we really need to take a closer look at  
 00:49 21 this.  
 00:49 22 So, I thank the Board for its  
 00:50 23 attention. And I look forward to answering any  
 00:50 24 questions if you have them.  
 00:50 25 CHAIRMAN NICHOLSON: Thank you,  
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00:50 1 Mr. Gould.  
 00:50 2 Any Board Members have any questions  
 00:50 3 for Paul?  
 00:50 4 MR. HURLEY: No questions at this time.  
 00:50 5 CHAIRMAN NICHOLSON: I do have one,  
 00:50 6 Paul.  
 00:50 7 I'd like to understand the numbers on  
 00:50 8 the graph. A traffic study that was done in 1995  
 00:50 9 projected the traffic in 2010 would be 58 units or  
 00:50 10 whatever that graph represents, but the current  
 00:50 11 traffic study indicated 180; is that correct?  
 00:50 12 MR. GOULD: This is the growth rate  
 00:50 13 over the existing base rate.  
 00:50 14 CHAIRMAN NICHOLSON: That's a  
 00:50 15 percentage?  
 00:50 16 MR. GOULD: Yes.  
 00:50 17 And really the point is; it's not an  
 00:50 18 exact science. And we would suggest that we, in  
 00:51 19 fact, get more information on that, before its  
 00:51 20 utilized.  
 00:51 21 CHAIRMAN NICHOLSON: Any other  
 00:51 22 questions?  
 00:51 23 Anne?  
 00:51 24 MS. WARD: Yes, I've got a question.  
 00:51 25 You asked for language limiting the

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00:52 1 it's a very difficult thing as Blais pointed out in  
 00:52 2 his presentations, how this Board needs to limit  
 00:52 3 intensity of use.  
 00:52 4 We also strongly agree with the  
 00:52 5 Planning Board and Blais that intensity of use really  
 00:52 6 is the key here. And the question is: How do you  
 00:52 7 limit intensity of use?  
 00:52 8 Perhaps beds aren't the best way.  
 00:52 9 Because you can reconfigure areas of the hospital,  
 00:52 10 for instance, to take more outpatients. The  
 00:52 11 outpatients take a much smaller space than inpatient  
 00:52 12 services.  
 00:52 13 So, we were suggesting other ways in  
 00:52 14 which you could limit intensity of use.  
 00:52 15 MS. WARD: Okay.  
 00:52 16 I don't have any other questions.  
 00:52 17 Thank you.  
 00:52 18 MR. GOULD: Thank you.  
 00:52 19 CHAIRMAN NICHOLSON: Charles, any  
 00:52 20 questions?  
 00:52 21 MR. NALBANTIAN: No questions.  
 00:52 22 CHAIRMAN NICHOLSON: Mr. Gould, thank  
 00:52 23 you very much.  
 00:52 24 MR. BRANCHEAU: I have a question.  
 00:52 25 MR. GOULD: Yes, Blais.

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00:51 1 number of patients and employees. I'm looking at the  
 00:51 2 proposal now, it's limiting the Hospital to 454  
 00:51 3 inpatient beds.  
 00:51 4 MR. GOULD: Yes, but that's only beds.  
 00:51 5 What you do with them is a different  
 00:51 6 story.  
 00:51 7 MS. WARD: Well, how do you limit --  
 00:51 8 how many patients you can put in a bed?  
 00:51 9 MR. GOULD: Well, you see -- yes, but  
 00:51 10 if you have a shorter stay, you can rather than --  
 00:51 11 say each operation lasts or each patient stays an  
 00:51 12 average an of two or three days. Okay? You can use  
 00:51 13 that one to two days, therefore, you can have more  
 00:51 14 patients per week. And, therefore, you can increase  
 00:51 15 the amount of turnover. Therefore, more traffic.  
 00:51 16 The other -- the other thing that I am  
 00:51 17 talking about --  
 00:51 18 MS. WARD: Excuse me, I have another  
 00:51 19 question.  
 00:51 20 So you're suggesting that the Planning  
 00:51 21 Board also provide for the time period of a patient  
 00:52 22 stay?  
 00:52 23 MR. GOULD: Absolutely not, that's a  
 00:52 24 medical decision which needs to be taken by a doctor.  
 00:52 25 What we're suggesting is intensity --

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00:52 1 CHAIRMAN NICHOLSON: Blais, sorry.  
 00:53 2 MR. BRANCHEAU: I would like to follow  
 00:53 3 up with Anne's question.  
 00:53 4 How would you suggest administering a  
 00:53 5 regulation that limits the number of patients and  
 00:53 6 employees? What would you require a registration?  
 00:53 7 What would you suggest being done? Would that apply  
 00:53 8 to full-time patients -- full-time employees,  
 00:53 9 part-time employees, volunteers? What would you do  
 00:53 10 about visitors and the traffic that they bring?  
 00:53 11 MR. GOULD: Right. I think the key  
 00:53 12 there is that you have to measure what you can  
 00:53 13 measure. Full-time employees is certainly on public  
 00:53 14 record for hospitals you can -- you can get that  
 00:53 15 information.  
 00:53 16 So, full-time employees you can get.  
 00:53 17 As far as patients are concerned,  
 00:53 18 that's -- there are admission rates, which are kept,  
 00:53 19 which we have copies of, in fact, we were able to get  
 00:53 20 them from various government agencies. They're done  
 00:54 21 on an annual basis. So I believe the ambulance  
 00:54 22 services, in fact, update those every quarter.  
 00:54 23 So, there are ways in which you can get  
 00:54 24 that information. And I would suggest that that be  
 00:54 25 explored. And there's ways in which you can limit

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00:54 1 intensity of use.  
 00:54 2 MR. BRANCHEAU: How would you -- okay,  
 00:54 3 let me just follow-up with that then. If -- I mean  
 00:54 4 you would agree that the number of patients and the  
 00:54 5 number of employees is a variable thing?  
 00:54 6 MR. GOULD: Correct.  
 00:54 7 MR. BRANCHEAU: By time of year, by  
 00:54 8 various trends and things like that.  
 00:54 9 MR. GOULD: Absolutely. And we would  
 00:54 10 also acknowledge that, of course, Valley is a  
 00:54 11 business. And, therefore, they have the right to  
 00:54 12 control their own business.  
 00:54 13 But by the same token, we don't want  
 00:54 14 that business to swallow the neighborhood.  
 00:54 15 So, it's a matter of balance, we were  
 00:54 16 talking about earlier. And we believe that's the  
 00:54 17 language you can achieve some balance.  
 00:54 18 MR. BRANCHEAU: I guess what my point  
 00:54 19 was is that even assuming that you can get accurate  
 00:54 20 employee figures for each shift over time, the number  
 00:55 21 of employees will vary, will change, will go up or  
 00:55 22 down. The number of patient will go up and down.  
 00:55 23 The number of visitors will go up and down. It would  
 00:55 24 take fairly regular monitoring and --  
 00:55 25 MR. GOULD: Well, I don't believe so.

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00:55 1 I think you can do this on an annual basis. There  
 00:55 2 are, of course, financial reports and other things  
 00:55 3 generated on an annual basis. This is something that  
 00:55 4 you would monitor retrospectively, if you'd like.  
 00:55 5 MR. BRANCHEAU: Well, let's just say,  
 00:55 6 for example, that we were to impose a  
 00:55 7 patient/employee limitation. And let's say that at a  
 00:55 8 one year period that it exceeded the number of  
 00:55 9 patients and employees.  
 00:55 10 The difficulty I'm having and I'm just  
 00:55 11 -- that you suggest that as a method, because I did  
 00:55 12 consider that and rejected it as unworkable because  
 00:55 13 of various problems with it.  
 00:56 14 First of all, the Hospital could argue  
 00:56 15 there was a spike in patient load, but they expect it  
 00:56 16 to go back down.  
 00:56 17 Secondly, what would you do --  
 00:56 18 MR. GOULD: Well, I would --  
 00:56 19 MR. BRANCHEAU: -- if there was, would  
 00:56 20 you say to the Hospital, you have to turn people  
 00:56 21 away? How would the Hospital prevent patients from  
 00:56 22 coming to the Hospital to comply with that kind of a  
 00:56 23 limitation?  
 00:56 24 I find it's difficult to administer.  
 00:56 25 That's why something like that wasn't considered and

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00:56 1 --  
 00:56 2 MR. GOULD: That is true in other  
 00:56 3 places. And I'm talking in other jurisdictions where  
 00:56 4 there is, in fact, like a COAH -- sorry -- a PILOT in  
 00:56 5 place.  
 00:56 6 It could be amended that that would be  
 00:56 7 policed you would pay more if you have more services.  
 00:56 8 And, therefore, the Village is compensated.  
 00:56 9 I didn't speak about the PILOT, but if  
 00:57 10 you would like me to, I would.  
 00:57 11 MR. BRANCHEAU: Well, you know I -- you  
 00:57 12 didn't speak about it so I'm not going to ask you any  
 00:57 13 questions about it.  
 00:57 14 I think that's all I have at this  
 00:57 15 moment.  
 00:57 16 CHAIRMAN NICHOLSON: Thank you, Blais.  
 00:57 17 Mr. Gould, thank you.  
 00:57 18 MR. GOULD: Thank you.  
 00:57 19 CHAIRMAN NICHOLSON: We have accepted  
 00:57 20 things in the record.  
 00:57 21 MS. RAZIN: B-81, H-1, H-2, then CRR-3,  
 00:57 22 4 and 5.  
 00:57 23 CHAIRMAN NICHOLSON: So, I'd ask for a  
 00:57 24 motion from the Members of the Board to officially  
 00:57 25 adopt them for the record and publish -- presented to

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00:57 1 the public.  
 00:57 2 In fact, I'll make the motion. And I  
 00:57 3 need a second.  
 00:57 4 MS. WARD: I second the motion.  
 00:57 5 CHAIRMAN NICHOLSON: All in favor?  
 00:57 6 (Whereupon the motion is passed by a  
 00:57 7 unanimous vote in favor.)  
 00:57 8 (Whereupon, Exhibits B-81, H-1, H-2,  
 00:57 9 CRR-3, CRR-4 and CRR-5 are moved into  
 00:57 10 Evidence.)  
 00:57 11 CHAIRMAN NICHOLSON: Ladies and  
 00:57 12 gentlemen, that concludes our process for this  
 00:57 13 evening.  
 00:57 14 This hearing is carried until May 17th.  
 00:58 15 We will start at 7:30 at the Ben Franklin auditorium.  
 00:58 16 Thank you, very much for joining us  
 00:58 17 tonight.  
 00:58 18 Motion to adjourn?  
 00:58 19 MR. HURLEY: So moved.  
 00:58 20 MS. WARD: Second.  
 00:58 21 CHAIRMAN NICHOLSON: All in favor?  
 00:58 22 (Whereupon the motion is passed by a  
 00:58 23 unanimous vote in favor.)  
 00:58 24 CHAIRMAN NICHOLSON: Thank you, and  
 00:58 25 good evening.

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00:58 1 (Whereupon, this matter is continuing  
 00:58 2 at a future date. Time note 9:37 p.m.)  
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00:58 1  
 2 C E R T I F I C A T E  
 3  
 4  
 5 I, LAURA A. CARUCCI, C.C.R., R.P.R., a Notary  
 6 Public of the State of New Jersey, Notary ID. #15855,  
 7 and a Registered Professional Reporter, hereby  
 8 certify that the foregoing is a verbatim record of  
 9 the testimony provided under oath before any court,  
 10 referee, board, commission or other body created by  
 11 statute of the State of New Jersey.  
 12 I am not related to the parties  
 13 involved in this action; I have no financial  
 14 interest, nor am I related to an agent of or employed  
 15 by anyone with a financial interest in the outcome of  
 16 this action.  
 17 This transcript complies with  
 18 regulation 13:43-5.9 of the New Jersey Administrative  
 19 Code.  
 20  
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 22  
 23  
 24  
 25

-----  
 LAURA A. CARUCCI, C.C.R., R.P.R.  
 License #XI02050, and Notary Public  
 of New Jersey #15855, Notary  
 Expiration Date March 1, 2014

Dated: \_\_\_\_\_

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