**Village of Ridgefield - Application for Development**

*This box for official use only*

**Date Received:** FEB 25 2013  **Block(s):** 3301  **Lot(s):** 51

**Address of Subject Property:** 223 No. Van Dien Avenue

**Applicant Name:** The Valley Hospital  **Application No.:** PB2013-03

**Planning Board**  **Zoning Board of Adjustment**

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<th>Type of Application(s)</th>
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<th>Escrow Deposit(s)</th>
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<td>Informal Review (§190-43) (PB Only)</td>
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<td>Site Plan Exemption (§190-37B(4), -37C)</td>
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<td>Preliminary Major Site Plan (§190-46)</td>
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<td>Final Major Site Plan (§190-47)</td>
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<td>&quot;C&quot; Variance (§190-33)</td>
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<td>Certification of Subdivision Approval (§190-59)</td>
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<td>Extension or Tolling of Approval Timeframes (§190-44F, -45H, -46C(3), -46D, -47D, -47E, -47J, -47K, -51 or -97E)</td>
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<td><strong>Amendment of Master Plan or Development Regulations (§190-143, -144) (PB or Council Only)</strong></td>
<td><strong>$500.00</strong></td>
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**Total:** **$500.00**  **$5,000.00**

Rev. 6/27/11
DEVELOPMENT APPLICATION/APPEAL FORM
VILLAGE OF RIDGEWOOD

Instructions to Applicants: All applicants are required to complete Parts I, II, III and IV. The various attachments must be completed if they apply to your application. If any parts of the form do not apply to your application, please state "not applicable", "none", etc. If you have any questions, please contact the Board Secretary.

PART I. APPLICANT AND OWNER INFORMATION

A. Applicant Name  THE VALLEY HOSPITAL

B. Applicant's Mailing Address  223 NO. VAN DIEN AVENUE, RIDGEWOOD, NJ 07450

C. Applicant Telephone No. 201-291-6184 If unlisted, check here □

D. Applicant Fax No. 201-291-6186

E. Applicant's Attorney Name  CHARLES C. COLLINS, JR., ESQ./ JONATHAN E. DRILL, ESQ.

F. Applicant's Attorney Address 135 PROSPECT STREET, RIDGEWOOD, NJ 07450

G. Attorney Telephone No. 201-444-4850 Fax Machine No. 201-444-1818

H. Property Owner's Name  THE VALLEY HOSPITAL

I. Property Owner's Mailing Address  223 NO. VAN DIEN AVENUE, RIDGEWOOD, NJ 07450

J. Applicant's interest in land, if not owner (e.g., contract purchaser, owner's agent, etc.)

NOT APPLICABLE

K. Applicant's Ownership. If the applicant is a corporation or partnership applying for permission to subdivide a parcel of land into six (6) or more lots, or applying for a variance to construct a multiple dwelling of twenty-five (25) or more family units or for approval of a site to be used for commercial purposes, a list of the names and addresses of all stockholders or individual partners owning at least 10% of its stock of any class must be identified in accordance with §190-

NOT APPLICABLE
PART II. PROPERTY INFORMATION

A. Address of Subject Property: 223 NO. VAN DIEN AVENUE

B. Current Tax Map Block Number(s) 3301 Lot(s) 51

C. Zone District(s) H HOSPITAL ZONE

D. Does the owner or applicant now own or have any interest in any other property that adjoins the premises which are the subject of this application? (check one) X Yes □ No
If yes, describe the adjacent property by block and lot numbers from the current tax map.

BLOCK 3215, LOTS 5, 10 & 12; BLOCK 3401, LOT 1

E. Are there any deed restrictions, protective covenants, easements, etc. affecting the subject proper (check one) X Yes □ No If yes, describe below or on a separate sheet.
ROAD WIDENING EASEMENTS AND DEEDED RIGHT-OF-WAY.

F. Has there been a previous application or appeal to the Board of Adjustment, Planning Board or Village Council involving these premises? X Yes □ No If yes, describe below and submit a copy of the resolution(s).
WAIVER REQUESTED; SEE PAGE 10

G. Has this property been the subject of a major retaining wall permit or a major soil permit? X Yes □ No If yes, describe below and attach a copy of the permit or resolution.
WAIVER REQUESTED; SEE PAGE 10

H. Describe the existing use and improvements on the property.
HOSPITAL FOR HUMANS WITH BUILDINGS AND IMPROVEMENTS DEVOTED TO THAT USE
PART III. DEVELOPMENT INFORMATION

A. Proposed Use (check all that apply).

☐ Single Family Residence.

☐ Other Use (Please explain, describing the nature of materials and/or services involved, the days and hours of operation, the number of operators and employees, etc.)

B. Describe the proposed improvements, including buildings, paving, utilities, storm drainage, lighting, signs, landscaping, fencing, etc. and any alterations to existing improvements.

C. Required approvals or reviews by other governmental agencies other than Planning Board or Board of Adjustment (check all that apply).

VILLAGE OF RIDGEWOOD

☐ Historic Preservation Commission
☐ Health Department
☐ Construction Code Official
☐ Soil Movement Permit
☐ Retaining Wall Permit
☐ Flood Hazard Area Construction Approval
☐ Other (describe) ____________________________________________________________________

☐ Road Opening Permit

BERGEN AND PASSAIC COUNTY AND ADJACENT MUNICIPALITIES

☒ Bergen County Planning Board
☐ Passaic County Planning Board
☐ Borough of Glen Rock
☐ Borough of Hawthorne
☐ Borough of Hohokus
☐ Borough of Midland Park
☐ Borough of Paramus
☐ Borough of Waldwick
☐ Township of Washington
☐ Township of Wyckoff
PART III. DEVELOPMENT INFORMATION (continued)

STATE AND FEDERAL AGENCIES (if approval required, state nature of approval)

☐ N.J. Department of Environmental Protection
  ☐ Freshwater wetlands permits/LOI
  ☐ Stream encroachment permit
  ☐ Sewer extension/treatment works approval
  ☐ Soil and/or groundwater contamination cleanup or determination
  ☐ Other (describe) __________________________

☐ N.J. Department of Transportation
  ☐ Highway access permit
  ☐ Other (describe) __________________________

☐ Bergen County Soil Conservation District
  ☐ Other (describe) __________________________

D. Persons and agencies for which notice of public hearing is required (check all that apply).

☐ None. Application is exempt from hearing and notice (see § 190-9 and 11).

☐ Property owners within 200 feet of subject property (see § 190-12B(1)).

☐ Public utility, cable television or local utility company (see § 190-12B(6)).

☐ Adjacent municipality (see § 190-12B(2)).

☐ Bergen County Planning Board (see § 190-12B(3)).

☐ Passaic County Planning Board (see § 190-12B(3)).

☐ N.J. Commissioner of Transportation (see § 190-12B(4)).

☐ N.J. State Planning Commission (see § 190-12B(5)).

E. If application is for minor subdivision approval, indicate manner of filing with County Recording Office:

☐ Plat
☐ Deed
PART IV. SIGNATURES AND AUTHORIZATIONS

A. Certification/Agreement by Applicant/Appellant.

The undersigned applicant does hereby certify that all the statements contained in this application are true to the best of my knowledge. The undersigned also agrees to keep current all escrow accounts for review of this application and to pay any outstanding balances. The undersigned also consents to the entering & inspection of the subject premises by the Board & its staff as necessary for the review of this application.

THE VALLEY HOSPITAL

By [Signature]  
Applicant/Appellant  
2/25/13  
Date

B. Owner Consent. If the applicant is not the property owner, the following consent must be signed by the property owner:

The undersigned owner(s) hereby affirm that this application is being made with my/our knowledge and consent and that the information contained herein is true and correct to the best of my/our knowledge. The undersigned also consents to the entering & inspection of the subject premises by the Board & its staff as necessary for the review of this application.

Owner  
Date

C. Authorization of Agent. If the applicant is not the property owner, contract purchaser or other person having a proprietary interest in the subject property, the following authorization must be signed by the property owner:

I/We, the undersigned, hereby affirm that the applicant named in Part I of this application form:

☐ is authorized to act as my/our agent in this matter, and I/we agree to any and all terms and conditions that may be imposed on the subject property as a result of this application, to the maximum extent permitted by law.

☐ is NOT authorized to act as my/our agent in this matter, and I/we or my/our legal representative agree to attend the public hearing(s) on this matter in order to represent our interest and express our consent, or lack thereof, to any and all terms and conditions that may be imposed on the subject property as a result of this application.

Owner  
Date

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PART IV. SIGNATURES AND AUTHORIZATIONS (continued)

D. Anticipated Changes in Application Information.

The undersigned owner and applicant affirm that there:

☒ ARE NOT now pending or planned any actions, transactions or other events that will change any of the certifications, consents, authorizations or other information presented in this application form, including but not limited to the identity of the applicant or owner and their contact information, other than those changes that may be required by the Board during the course of its review.

☐ ARE now pending or planned actions, transactions or other events that will change some or all of the certifications, consents, authorizations or other information presented in this application form, including but not limited to the identity of the applicant or owner and their contact information, in addition to those changes that may be required by the Board during the course of its review, as indicated on the attached sheet. (attach separate sheet)

In addition, I/we agree that if any presently unknown or unplanned actions, transactions or other events occur prior to the issuance of any permits by the Village for the subject application, which actions, transactions or other events change or will change any of the certifications, consents, authorizations or other information presented in this application form, including but not limited to the identity of the applicant or owner and their contact information, I/we will promptly notify the Board of such changes prior to the issuance of such permits.

THE VALLEY HOSPITAL

By Audrey Meyers
Applicant/Appellant

2/25/13
Date

THE VALLEY HOSPITAL

By Audrey Meyers
Owner

2/25/13
Date
ATTACHMENT
PROPOSED VIOLATIONS OF THE LAND USE ORDINANCE (Chapter 190)

This attachment must be completed and submitted if the application is seeking relief from requirements of the Village's development regulations in Chapter 190, Land Use and Development.

A. The following violations of Chapter 190 are proposed by this application (reference the proposed violations by section and paragraph number in the ordinance):

Violations of design standards (§190-77 through §190-95)

Violations of zoning regulations (§190-96 through §190-128)

Violations of official map regulations (§190-129 through §190-133)

B. On a separate sheet, indicate the reasons why you believe that the Board should grant relief of the above ordinance requirements, using the following criteria (check all that apply):

☐ Permit for Area on Official Map (see §190-31F(1) through (3))
☐ Permit for Lot not Abutting Street - Official Map (see §190-32F(1) and (2))
☐ "C" Variance (see §190-33G(1), (2) and (3))
☐ "D" Variance (see §190-34G(1)(a), (b) and (c))
☐ Exception from Design Standards - subdivisions and site plans only (see §190-60)
ATTACHMENT
REQUEST FOR WAIVER OF SUBMISSION REQUIREMENTS

This attachment must be completed and submitted if the application is seeking waivers from the requirement to submit information on the completeness checklists for development regulations. These checklists are set forth in § 190-67 through -76 of the Village Code.

A. Submission requirements for which a waiver is requested (see checklists for various applications)

WAIVER IS SOUGHT FOR COPIES OF PRIOR RESOLUTIONS OF DECISIONS ON APPLICATIONS FOR DEVELOPMENT, (PART II, F & G), AND SOIL REMOVAL PERMITS. PLANNING BOARD RESOLUTION DATED JUNE 21, 2010 AND COUNCIL RESOLUTION DATED NOVEMBER 29, 2011 ARE ATTACHED

B. Indicate the reasons why you believe that the above submission requirements are not relevant or necessary for the Board to take action on this application.

THIS IS NOT AN "APPLICATION FOR DEVELOPMENT" AS DEFINED BY LAW. IT IS AN APPLICATION FOR AMENDMENT OF THE MASTER PLAN. AS SUCH, PRIOR RESOLUTIONS BY THE PLANNING AND ZONING BOARDS DEALING WITH APPLICATIONS FOR DEVELOPMENT, i.e., MAJOR SITE PLANS WITH RELATED VARIANCES, ARE NOT RELEVANT TO THIS APPLICATION FOR A POLICY CHANGE. RESOLUTIONS THAT ARE RELEVANT TO THIS APPLICATION ARE ATTACHED HERETO.
ATTACHMENT - ZONING BOARD ONLY
CERTIFICATION OF NONCONFORMING USE/STRUCTURE

This attachment must be completed and submitted if the applicant is seeking a determination from the Board of Adjustment that an existing use or structure is legally nonconforming (i.e., "grandfathered"). In order for the Board to make such determination, the use and/or structure must have been permitted at the time it began or was first constructed, and the use and/or structure must not have been abandoned subsequently. The procedure for such application and determination is set forth in § 190-126G.

A. State the use(s) and/or structure(s) that legally existed prior to the ordinance which rendered such use(s) or structure(s) nonconforming.

B. For each use and structure, state the date the use began and the date the structure was

C. For each use and structure, state the section number(s) of the current development regulations that prohibit the use or structure.
ATTACHMENT - ZONING BOARD ONLY
APPEAL INFORMATION

Part A of this attachment must be completed and submitted if the applicant is seeking a determination from the Board of Adjustment that the Zoning Officer erred in making a determination while administering or enforcing the Village's zoning regulations. The procedure for such appeal is set forth in § 190-29 of the Village Code.

Part B of this attachment must be completed and submitted if the applicant is seeking a formal interpretation or a formal decision upon other special questions from the Board of Adjustment concerning the meaning and/or application of specific provisions in the Village's zoning regulations. The procedure for such appeal is set forth in § 190-30 of the Village Code.

A. If this application is an appeal from a decision of the Zoning Officer involving the zoning regulations, Article X of Chapter 190, state the nature of the decision and the reason(s) why you believe his/her decision is erroneous. If necessary, add additional pages to provide your opinion.

B. If this application is for an interpretation or other special question involving the zoning regulations, Article X of Chapter 190, state the section(s) for which an interpretation or decision on such question is requested. Also, provide your interpretation or position on such special question, if you have one. If necessary, add additional pages to provide your interpretation or
RESOLUTION NO. 11-293

WHEREAS, the Village Council of the Village of Ridgewood, County of Bergen, State of New Jersey, adopted Ordinance No. 3066 on or about July 18, 2007, authorizing interested parties to seek amendment(s) to the Village Master Plan on development regulations; and

WHEREAS, the first formal meeting to consider an amendment to the Land Use Element of the Village Master Plan was held on January 22, 2007, at which time the Planning Board of the Village was presented with a plan by Valley Hospital known as "Renewal" for consideration to amend the Land Use Element of the Master Plan, specifically the H-Hospital Zone District; and

WHEREAS, there were approximately 34 meetings of the Planning Board dedicated to considering the proposed amendment to the Master Plan as it pertained to the H-Hospital Zone, beginning on or about January 22, 2007 and concluding on or about June 14, 2010, during which such meetings sworn testimony was provided, public comment was permitted, documents were reviewed and discussion took place concerning the merits of the proposed amendment to the H-Hospital Zone; and

WHEREAS, on June 21, 2010, the Planning Board adopted an amendment to the Land Use Element of the Master Plan encompassing revised development regulations for the H-Hospital Zone District (hereinafter "Amendment"); and

WHEREAS, the adopted amendment to the H-Hospital Zone was more formally memorialized in a draft form of Ordinance that is attached to this Resolution as Exhibit 1, which was provided to the Village Council (hereinafter "Ordinance"); and

I hereby certify that this resolution, consisting of __6__ page(s), was adopted at a meeting of the Village Council of the Village of Ridgewood, held this __29th__ day of __November___, 2011.

Moved  Second  Ayes  Nays  Absent  Abstain

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<td>Aronsohn</td>
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Keith D. Killion
Mayor

Heather A. Mallander
Village Clerk
Res. No. 11-293

WHEREAS, the Village Council, understanding it had no legal obligation or requirement to take any action to adopt, amend or reject the amendment to the Ordinance, reviewed the Ordinance, read the transcripts of all the Planning Board hearings held in this matter, reviewed all exhibits presented to the Planning Board during the course of the Planning Board hearings; and

WHEREAS, the Village Council held public hearings in regard to concerns and questions of the Council regarding the Amendment, and held such meetings on the following dates:

September 13, 2011
September 19, 2011
October 13, 2011
October 24, 2011
November 3, 2011
November 22, 2011
November 29, 2011; and

WHEREAS, the Village Council requested several of the experts who testified at the Planning Board hearings attend the above public meetings to provide the Council with an overview of their respective work and presentations to the Planning Board and answer questions of the Village Council members; and

WHEREAS, the following expert witnesses appeared at separate public meetings held by the Village Council in regard to its consideration of the Amendment:

Blais Branchou - Village Planner
Joseph Staiger - Traffic Consultant
Raymond Skorupa - Hospital Planning Consultant
Lawrence Keller - Geotechnical Engineering Consultant.

Said experts answered questions posed by the Village Council members regarding their respective involvement in the Planning Board process and provided an overview of the purpose of their work and the testimony provided to the Planning Board; and

WHEREAS, at the public meeting on November 3, 2011, the Village Council was once again advised of its legal authority and obligations regarding the Amendment and the legal process that must be satisfied for any action or determination they were to make in deciding to approve, amend or reject the Ordinance; and

WHEREAS, at the public meeting of November 22, 2011, the Village Council unanimously decided not to introduce the Ordinance for approval pursuant to N.J.S.A. 40:49-2, rejecting same for the reasons stated on the record at the meeting; and
WHEREAS, N.J.S.A. 40:55D-62 requires that for the Council to adopt an Ordinance that is substantially inconsistent with the Land Use Element of the Master Plan, the Council must state the reasons for doing so which must be set forth in a Resolution and recorded in the minutes of the meetings; and

WHEREAS, the Ordinance as proposed amends the existing Village H-Zone Ordinance. By deciding not to introduce the Ordinance amending the Master Plan Land Use Element, the Village Council effectively determined the existing Ordinance shall remain in effect which is substantially inconsistent with the Amendment as adopted by the Planning Board, therefore requiring compliance with N.J.S.A. 40:55D-62(a) as stated above; and

WHEREAS, N.J.S.A. 40:49-2 sets forth the procedural requirements for the enactment of Ordinances in the Village by the governing body; and

WHEREAS, after careful consideration of the testimony, public comment, transcripts, exhibits and documents produced during the public hearings held before the Planning Board and the public hearings held before the Village Council, the Village Council, despite the recognition that it will be acting inconsistent with the Amendment to the Master Plan adopted by the Planning Board, based its decision upon the following facts and conclusions:

1. The Amendment to the Master Plan proposes significant expansion to the present hospital building square footage, from 545,000 square feet to 1,170,000 square feet, which are approximations;

2. There is also proposed an additional 200,000 square feet of parking proposed in the Amendment to that square footage of existing parking on the site;

3. The Valley Hospital is located on a 15 acre site which is bordered on the east, west and south sides by single family residences and on the north side by the Benjamin Franklin Middle School;

4. The 15 acre campus of the Hospital is also bordered by two intersecting streets, Linwood Avenue and North Van Dien Avenue, both of which are two lane roads, one travel lane in each direction, the intersection of which is located at the southwest corner of the hospital property;
5. The proposed Ordinance memorializing the Amendment sets forth criteria for setbacks for the front, rear and side yards, identifying Linwood Avenue as the front yard. In addition, it permits on the site maximum building heights of 70 feet for certain buildings and roof top mechanical heights of 24 feet above the building heights, maximum coverage requirements, maximum floor area of above grade structures and other regulations;

6. The members of the Village Council concluded that the permitted height of the structures in the Ordinance would interfere and detrimentally impact the light, air and open-space of the surrounding residences and the Middle School, contrary to one of the purposes of proper planning and zoning defined in the Municipal Land Use Law, particularly, N.J.S.A. 40:55D-2.

7. The Council found credible the testimony of Joseph Staiger, the traffic consultant that the traffic will increase in proportion to the increase of the permitted expansion allowed in the Ordinance. They found credible Staiger’s opinion that from a traffic perspective, the Hospital is already too large for the neighborhood in which it is located. This is further evidenced by the observed traffic backups on Linwood Avenue going west and north Van Dien Avenue going north and particularly south during school hours, especially before and after school.

8. Proposed improvements at the intersection of Linwood Avenue and North Van Dien Avenue have limitations and can only address certain issues pertaining to the vehicle backup at the intersection. Such improvements will only provide a greater distance of macadam for students at the middle school to walk across which will further delay traffic going through the intersection.

9. The expansion permitted by the Ordinance will also result in the traffic at the intersection of Linwood and North Van Dien Avenues to become classified at a level “F” according to National Traffic Standards, which is neither compatible with the area, nor desirable from a Planning and Zoning standpoint. This would not promote the defined purposes of Zoning and Planning as stated in N.J.S.A. 40:55D-2.

10. The Council concluded, based upon the testimony of Lawrence Keller, the Geotechnical Engineering expert, that in order to construct the expansion permitted by the Ordinance, the process would require disturbing the underground water table, disturbing it to the point that 500,000 gallons of water per day would be displaced and have to be redirected or “dewatered” during and after construction.
11. The construction process would also require penetrating the bedrock layer below grade by controlled blasting, pneumatic drilling or other form of excavation. The removal of all the subsurface materials from the site would require approximately 22,000 truckloads of material, compounding an already exacerbated traffic condition in and around the site.

12. Mr. Keller could not identify or accurately conclude what type of damage would be done to the surrounding properties from the displacement and dewatering of the 500,000 gallons per day ground water, but he estimated a potential zone of impact to extend to 1,500 linear feet from the boundaries of the Hospital property.

13. It was estimated on the record that over 400 residences and the Middle School would be subject to this potential impact of damage. The Council did not want to promote an Ordinance that could or would allow potential property damage to surrounding residences and the Middle School, particularly on a scale such as that opined by Mr. Keller.

14. The excavation process could also have a detrimental impact on the residences closest to the hospital property such as those on Steilin Avenue. This impact could also not be determined prior to excavation and that this was not a potential result the Council could promote.

15. The construction phase of the expansion has been estimated between 7 to 10 years, which is a significant time period for the immediate residential neighbors and school children to bear the impact. The impact will be increased truck traffic, air quality concerns from diesel fuel and dust from construction, oppressive noise and related construction interruptions, all of which will detrimentally impact the residents, school children and the Community in Ridgewood in the area of the hospital property.

16. Valley Hospital's need to "renew", upgrade its facilities, both technologically and physically, to provide single rooms for overnight patients and the facility to house the most recently advanced diagnostic and treatment equipment, will promote patient care and increase Valley's standing in the competition to attract new patients and the best medical professionals and personnel available. The extent to which the present 15 acre campus can accommodate an expansion to foster this purpose is over estimated by this Amendment to the Master Plan.
17. The Hospital Planner's testimony provided insight to the needs of the Hospital and gave credibility to the assertions of the Hospital proponents regarding the purpose behind the "Renewal" plan. He candidly admitted his approach to the project and his work was directed to make the expansion fit on the site and minimize the impact on the surrounding properties, assuming the expansion would occur. In that regard, his testimony was misguided to the ultimate issue before the Governing Body which was to decide whether that assumption should be approved.

18. The site is too small for the expansion permitted in this Amendment and makes the property unsuitable for the expansion contemplated by the Amendment. It is an aggressive over-expansion of the hospital causing significant detrimental impact to the surrounding residential properties, the adjacent middle school and the motor vehicle arteries in the northeast end of the Village.

19. The Village Council concluded that the Amendment to the Master Plan would permit an expansion of the hospital facilities at the site that will create unacceptable and incompatible traffic problems in the area of the hospital. Have the potential to cause serious damage to surrounding properties, and contradicts several of the purposes of Zoning and Planning as defined in the Municipal Land Use Law, N.J.S.A. 40:55D-2 (a), (c), (e), (g), (h) and (i).

20. The Village Council has determined the expansion of the Hospital permitted by the Amendment is an over intensification of the use on the limited site considering its size and the location of the property in the predominantly residential zone.

WHEREAS, for the reasons and conclusions stated above, and the reasons stated on the record by members of the Council on November 22, 2011, the Village Council has determined that the adopted Amendment to the Master Plan should not be introduced pursuant to N.J.S.A. 40:49-2 for a public hearing, and recognizes its action in doing so creates an inconsistency in the Land Use Element of the Master Plan of the Village of Ridgewood and find the Amendment to be detrimental to the Village of Ridgewood.

NOW THEREFORE, BE IT RESOLVED by the Village Council of the Village of Ridgewood, County of Bergen, State of New Jersey, that despite its inconsistency with the Land Use Element of the Master Plan and for the reasons set forth above in this Resolution, the Village Council shall not introduce the Ordinance amending the H-Hospital Zone regulations, leaving at present the existing H-Hospital Zone regulations in place as written.
VILLAGE OF RIDGEWOOD
PLANNING BOARD

IN THE MATTER OF THE )
AMENDMENT TO THE LAND USE )
ELEMENT OF THE VILLAGE OF )
RIDGEWOOD MASTER PLAN )
AS TO THE H-HOSPITAL ZONE )

RESOLUTION OF MEMORIALIZATION
MASTER PLAN AMENDMENT
"OFFICIAL ACTION"

WHEREAS, the Village of Ridgewood Planning Board (the "Board") has undertaken review of the Land Use Element of the Village of Ridgewood Master Plan (the "Master Plan") relevant to the H-Hospital Zone District (the "H-Zone"); and

WHEREAS, the H-Zone, located along the northerly side of Linwood Avenue and the easterly side of North Van Dien Avenue, is occupied by The Valley Hospital (hereinafter, "the Hospital"), a healthcare facility that serves much of northern Bergen County and adjacent areas; and

WHEREAS, in 2006, the Hospital formally requested that the Board consider an amendment to the Land Use Element of the Master Plan that would establish a policy permitting the renewal of the existing Hospital facility to allow for conversion of double bed rooms to single bed rooms and to increase the bed count from 451 to 454 patient beds, together with multiple other construction related site changes for a two (2) phase twenty (20+) plus year enhancement program known as the "Valley Renewal"; and

WHEREAS, the Village Code at §190-143 and 144 (Ordinance 3066) allows and establishes the procedure for an interested party to submit a request for consideration of a master
plan amendment, said request not to be confused with an application for development pursuant to Village Ordinances or the Municipal Land Use Law, N.J.S.A. 40:55D-1 et. seq.; and

WHEREAS, the Board agreed to undertake a review of the Hospital’s request for amendment to the H-Zone portion of the Land Use Element of the Master Plan and conducted a series of public meetings in connection therewith, all as further detailed herein; and

WHEREAS, the Board authorized and utilized its professional staff, including the Village Engineer, Village Planner and Board Attorney for assistance relative to chronological/historical background data, engineering matters (stormwater, construction vehicles, utilities, etc.), planning review (zoning and land use) and legal queries and development impacts; and

WHEREAS, on or about January 22, 2008, a second request for amendment to the H-Zone portion of the Land Use Element of the Master Plan was filed with the Board by a citizens group known as Concerned Residents of Ridgewood (“CRR”). The request, subsequently withdrawn by official notice on June 10, 2008 was submitted by Paul Gould, official spokesperson and representative for CRR at the time of filing and throughout all proceedings relating to the H-Zone; and

WHEREAS, the Board authorized its professionals to meet and work with CRR and its representatives as it had done with the Hospital; and

WHEREAS, the current Master Plan policies for the Hospital campus have not been substantially amended since at least 1978, a period of over thirty (30) years, despite continued development of the Hospital campus throughout that period; and
WHEREAS, the Hospital facility is currently not fully in conformance with the existing H-Zone District regulations. Rather, the current facility has been developed through the granting of a number of variances; and

WHEREAS, it is a longstanding maxim of New Jersey law that zoning and development policies are best established in the Master Plan and Zoning Ordinance, and not by way of approval of variances; and

WHEREAS, the Hospital is an existing use that must be given some development flexibility in order to adapt to changing healthcare needs and standards. This is so in light of the value and benefits provided by the Hospital, which are not limited to only the obvious healthcare benefits to the community and not limited to only the Village and its residents; and

WHEREAS, uses such as the Hospital require planning and zoning policies which reasonably recognize and accommodate the needs of the surrounding region and not only the needs of an individual municipality while at the same time balancing those needs with the interests of the community and its citizens; and

WHEREAS, the Board recognizes not only the Hospital’s benefits and needs, but also the negative impacts of certain of the Hospital’s operations and the interests and concerns voiced by members of the surrounding neighborhood with respect to same; and

WHEREAS, with historic growth experienced by the Hospital, concerns have been raised regarding increased vehicular traffic, visual and aesthetic impacts, noise levels, lighting, construction activity and related site operation issues affecting or potentially affecting public welfare and safety; and
WHEREAS, the Board determined it necessary to develop and adopt a Master Plan policy that reasonably balances the needs and concerns of the Hospital, area residents, and the larger community which is in the public interest; and

WHEREAS, after three and one-half (3½) years of meetings, thirty-six (36) work sessions and public hearings, and two (2) versions ("initial" and "amended") of the H-Zone Master Plan Amendment, the Board voted 6-1 on June 21, 2010 to an amendment to the Land Use Element of the Master Plan as to the H-Zone; and

WHEREAS, the vote came only after the record of the proceedings had been formally closed following receipt of 13 evenings of testimony and questions from Board professionals, including three (3) additional experts retained specifically for this matter (hospital planning, traffic engineering and geotechnical engineering), from representatives of the Hospital and from members of the public; and

WHEREAS, the Board now wishes to memorialize its action of June 21, 2010;

NOW, THEREFORE, BE IT RESOLVED by the Planning Board of the Village of Ridgewood as follows:

A. The Record. The record in this matter shall consist of:

1. Proposed Amendment to Land Use Plan Element of the Village of Ridgewood Master Plan, H-Hospital Zone District (undated, Exhibit B-2) (referred to herein as the Initial Master Plan Amendment), prepared by Blais L. Branchceau, Village Planner.

2. Proposed Amendment to Land Use Plan Element of the Village of Ridgewood Master Plan, H-Hospital Zone District (dated 4/21/10, Exhibit B-77) (referred to herein as the Amended Master Plan Amendment) prepared by Blais L. Branchceau,
3. All public and published notices prepared, filed and distributed by Planning Board secretary, Barbara K. Carlton in connection with the Board’s hearings on the proposed Master Plan Amendments, including but not limited to those public notices of May 9, 2009 and April 23, 2010 (Exhibits B-1 and B-76, respectively).

4. Planning Board Exhibits as follows: Board Exhibits 1-80, Objector Exhibits 1-37, Proponent Exhibits 1-7, CRR Exhibits 1-6, Board of Education Exhibit 1 and Hospital Exhibits 1-2, all submitted during and throughout the Master Plan Amendment process, inclusive of all Board professional, Hospital and CRR submissions, as well as those statements submitted by members of the public during the course of the public hearing process (copies of Exhibit list attached hereto and incorporated as if set forth at length herein).

5. Transcripts of all proceedings and public hearings of the Board relative to the Master Plan Amendment process over the period of January 22, 2007 through June 21, 2010.

6. All presentations, testimony and discussions made or introduced in connection with this Amendment; and

7. All other correspondence received from Village agencies and departments pertaining to the Amendment to the H-Zone element of the Master Plan and all other documents on file with the Planning Board Secretary. It is noted that the Board Secretary maintained a running file on this matter for purposes of retaining correspondence, inquiries and other information received outside the formal hearing(s) and which were not marked as exhibits, based upon hearsay grounds or otherwise.
B. **Findings and Conclusions.** The Board hereby makes the following findings of fact and conclusions of law based upon the record:

1. In accordance with law, board member conflicts of interests were properly and fully vetted as mandated. Board Members Barclay, Pucciarelli and Tsapatsaris recused themselves from participation, said recusal noted accordingly in the record of the proceedings.

2. The subject H-Zone District is located on the north side of Linwood Avenue between Van Dien Avenue to the west and John Street and is comprised of the Hospital and its related equipment and uses.

3. The H-Zone is surrounded on three sides by single-family residential homes located on Linwood Avenue, North Van Dien Avenue and Steilen Avenue and by the Benjamin Franklin Middle School to the north.

4. The Hospital currently contains 451 beds, an active diagnostic and treatment component (including such functions as surgery, cardiology, endoscopy and imaging) that serves both in-patients and short-term stay/out-patients, and support functions such as dietary, engineering and materials management services. The Hospital also operates a substantial network of services at other sites in the region, primarily out-patient services, cancer services and back office support functions. The Hospital also has a large on-site parking component consisting of on-grade parking lots and structured below-grade parking.

5. The healthcare industry has experienced and will continue to experience significant changes in standards, technologies and service needs. Currently, these changes include but are not limited to the demand for single bed in-patient rooms, larger patient
rooms, larger treatment and diagnostic rooms, and increased story heights to accommodate mechanical space needs.

6. The Hospital has relocated and continues to relocate certain aspects of its operation to other locations outside the H-Zone District and outside the Village, but there are reasonable limits to the Hospital’s ability to relocate operations while also maintaining a critical mass and range of healthcare functions at the existing campus.

7. The Hospital was initially developed in 1951 as a 108-bed facility, but over the intervening years, the Hospital has expanded its size and function in response to growth in the region and changing healthcare standards and technologies, as evidenced by the following series of Master Plan and Ordinance Amendments and development approvals involving the Hospital:

- In June of 1957, Ordinance 1172 was adopted, which exempted hospital uses (or other public and quasi-public uses such as houses of worship, schools, etc.) from the 30-foot height restrictions in the residential zones. At this time, hospitals were permitted in all zone districts; the Hospital was located in the R-1 residential zone district.

- In 1962, the West Wing building at the Hospital site was constructed, consisting of four stories. The new building had a height of 44'\(-2\)”, which height did not include any rooftop equipment.

- On September 16, 1965, Ordinance 1316 was adopted, which imposed a height limitation of 45 feet upon hospitals and other quasi-public uses. Ordinance 1316 also permitted institutional uses, including hospitals, in all zone districts.

- On October 17, 1966, the Board of Adjustment granted a height variance for construction of rooftop equipment on the West Wing building, constructed in 1962. The total building height, including the rooftop equipment penthouse, was 60'\(-2\)’.

- In December 1966, the Hospital requested an amendment to the existing 45 foot height restriction to permit a maximum 48-foot building height, plus up to 17 feet for rooftop equipment, in order to allow construction of the North Wing building, involving four floors above a basement, and
containing rooftop equipment. Each floor was to have a height of 12 feet. The North Wing was intended to accommodate an increase in the number of beds at the hospital in order to meet demand. The Hospital argued that the existing height restrictions in the ordinance would limit the North Wing to two or three stories. At this time, the Hospital contained 247 beds, but was planning on 325 beds short term and 535 beds long term. In 1966, the Hospital reported that emergency room admissions totaled almost 15,000 cases.

- In April 1967, after several months of meetings and extensive discussions involving the Board, Hospital representatives and members of the general public (many in opposition), the Board agreed to recommend that the Council amend the height regulations to permit buildings up to 48 feet high, with rooftop equipment permitted to be 17 feet high. On August 22, 1967, Ordinance No. 1348 was adopted, implementing the Board's recommendations. The ordinance also included requirements for coverage and setbacks of rooftop structures, total coverage by above-grade structures (16%), setbacks for buildings (3 times the height), and screening and setbacks of parking areas.

- In several approvals during 1971 and 1972, the Board and Board of Adjustment granted approval of variances and site plan for the proposed Bergen Wing, four stories in height, and including the construction of additional parking spaces, for a total of 933 spaces, including 63 future reserve spaces. Variances were granted for parking located in the front yard and for the total number of parking spaces. Conditions of approval were designed to prevent glare from headlights, provide adequate parking setbacks from Linwood Avenue, limit impacts from site access, minimize glare from site lighting.

- In 1976, the Board and Board of Adjustment granted approval for additions to the Hospital totaling 16,593 additional square feet of floor area and 22 additional parking spaces. The existing floor area of the Hospital was stated as 298,612 square feet. Variances were granted for building coverage and number of parking spaces.

- In 1978, following adoption of the New Jersey Municipal Land Use Law (MLUL) in 1976, the Board amended the master plan to recommend changing the zone district classification of the hospital property from R-1 residential to a new H-Hospital zone district, and to limit hospital uses only to the Hospital site. The regulations recommended for the new zone were the same as the existing special exception regulations for hospitals in the R-1 zone.

- In 1982-1983, the Board approved a preliminary site plan to demolish and construct buildings and make related improvements. The plan included
construction of a new “North Wing,” demolition of the “Linwood Wing” and a gift shop in the “Phillips Wing,” and construction of a two level underground parking garage. The net increase in floor area was 108,950 square feet. Subsequently, litigation ensued which eventually sustained the Board approval.

- On November 15, 1983, the Board adopted a report entitled, Reexamination and Comprehensive Revision of the Master Plan. This report contains the current land use plan element of the Village’s master plan. The plan made no policy changes to the H zone from those in the 1978 master plan.

- On March 26, 1997, the Board of Adjustment approved a site plan and variances for a fourth floor addition to Bergen Wing, an entrance canopy, an underground parking garage with appurtenances and a two-story MRI facility. A total of 1,800 parking spaces were proposed to result. The resulting floor area was 79.43% of the lot area.

- On February 26, 2002, the Board of Adjustment granted site plan and variance approval of an expansion of the hospital’s emergency room. The proposal was to result in 1,772 parking spaces and a floor area ratio of 80.4% of the lot area.

8. Given that the Hospital is an existing facility, any future development of the Hospital would be constrained to some extent by existing improvements and the need to maintain the Hospital functions during construction.

9. In its consideration and determination as to whether to amend the H-Zone District Element of the Master Plan, the Board considered the many facets of the Hospital, including its many benefits to the community, both within the Village and within the region, as well as the many impacts it creates and imposes, particularly to the immediate surrounding area.

10. The Board reviewed multiple drafts and versions of the Master Plan Amendment in an attempt to incorporate and address both the needs of the Hospital, as well as the concerns and interests of the residents of the Village who voiced opinions regarding the Amendment and issues related thereto. The Board reviewed various
documents, plans, and reports that were prepared and submitted by Village professionals and experts, representatives of the Hospital and CRR in connection with the potential for amendment to this element of the Master Plan.

11. The Board reviewed traffic engineering reports, various architectural plans detailing potential designs for the proposed Hospital expansion, fire safety reports prepared by officials of the Village Fire Department, charts detailing the existing and historical summary of the zoning ordinance and development regulations afforded in the H-Zone, and submissions prepared by CRR as to various aspects of the potential Master Plan language and Hospital expansion.


13. The initial public hearing of the Board held on June 2, 2009, upon proper notice (Exhibit B-1) pursuant to N.J.S.A. 40:55D-13, involved a review and introduction of the Proposed Amendment to Land Use Plan Element of the Village of Ridgewood Master Plan, H-Hospital Zone District (the Initial Master Plan Amendment, Exhibit B-2) by Village Planner, Blais L. Branchéau.
14. The Initial Master Plan Amendment set forth certain policy and guidelines for the Hospital to potentially “right-size”, specifically with respect to modifying all double bed rooms to single bed rooms, establishing guidelines for future development of a 454 single bed and setting forth provisions for the potential expansion of the Hospital to approximately one million square feet via the demolition of certain existing buildings and construction of new Hospital buildings, as well as allowance for additional parking via construction of a new parking garage on site, all over the course of two or more phases of construction and development, labeled Phase 1 and Phase 2 respectively.

15. The Initial Master Plan Amendment contemplated an expanded Hospital consisting of a four-story building configuration, plus mechanical penthouse for all buildings, building setbacks of 47’ from Van Dien Avenue for the North Building and 55’ for the West Building, modification to the existing Linwood parking deck (at two levels) with one level of structured parking and a one level parking deck, and construction of a new Phillips parking garage (in the existing Phillips building location) (two levels below grade and four above).

16. More specifically, the Initial Master Plan Amendment provided guidelines for the Hospital expansion to include three new buildings at the end of Phase 2 (North, West and South Buildings), an upgrade to the existing Cheel Building, a relocated central power plant and service area to the northeast zone of the site, approximately one million square feet of hospital clinical and support space, approximately 2,000 parking spaces (with approximately 30% of on-site parking to be located below ground), demolition of the existing North Garage to clear site for the new North Building, provision of off-site parking during construction to replace the loss of the North Garage, demolition of the
existing Phillips Building at the end of Phase 1, relocation of the Bergen Emergency Department (ED) to the Cheel Building in Phase 2 and demolition of the Bergen Building in Phase 2.

17. The Board reviewed and deliberated on the merits of the Initial Master Plan Amendment during the course of several public hearings held on June 2, 2009, June 8, 2009, June 17, 2009, and July 15, 2009 during which time testimony was proffered by Mr. Brancheau, as well as Village Engineer, Christopher Rutishauser, and Board traffic engineering consultant, Joseph Staiger. Mr. Staiger was retained as a consultant on behalf of the Board to render professional and expert testimony and opinion relative to on and off-site traffic conditions, traffic design elements, construction activity and other transportation related issues.

18. The Board also heard testimony and questions from representatives of CRR, the Hospital, as well as members of the public.

19. During the hearings, public attendance fluctuated in number from meeting to meeting. At each hearing, the Chairman announced clearly the procedures to be followed for participation, the order of presentation, and the anticipated agenda for the given evening and the next scheduled hearing date if one was known. To that end, the Board provided a sign up book for members of the public to sign up to provide their comments and questions in an orderly fashion and to alleviate the need for standing in line to speak. All persons who signed up to speak were given the opportunity to do so and those wishing the opportunity to speak on multiple occasions throughout the hearing process were allowed to do so.
20. During the course of the hearings conducted in June and July 2009, the Board determined it beneficial in its review and determination to engage the services of an expert hospital planner, as well as an expert geotechnical engineering consultant, to assist it in connection with review of all issues related to the proposed Amendment.

21. As result of the need for these consultants to be retained, to familiarize themselves with the materials in the record, as well as to prepare expert reports for the Board, the Board temporarily halted the public hearings on the Initial Master Plan Amendment for a period of several months.

22. The Board did engage the services of Raymond Skorupa of MPR International, Inc., as an expert in hospital planning, to provide opinion as to the appropriate size and services (and location of said services) for a 454 bed hospital, together with issues related to the Hospital campus. The Board also retained Laurence Keller, of Whitestone Engineering Associates, as an expert in geotechnical engineering, to opine as to various site design elements (in particular the amount and feasibility of underground parking and building space) and the impact same would have on construction (length of time and methods), including but not limited to shoring, dewatering, and use of tie-backs.

23. The Board finds that following their retainer, these experts worked diligently with the professional team already in place on behalf of the Board, as well as with representatives of the Hospital and of CRR to compile recommendations and expert reports which were extensive and comprehensive in nature. The reports addressed the feasibility of alternative guidelines and plan designs for the Board's consideration relative to a Master Plan Amendment, particularly responding to queries of the Board and
members of the public regarding height and setback of Hospital buildings, buffers, location of above and below ground parking and building space, overall intensity of use and general site layout.

24. In addition, the Board asked its professionals to address specific concerns raised by CRR and other members of the public, including the potential for increased traffic, noise, length and type of construction and overall intensity of use.

25. As a result of the review and analysis of numerous plans, reports and data related to the subject H-Zone, it was determined by the Board that revisions and modifications were appropriate to the language of the Initial Master Plan Amendment and that such revisions constituted sufficient change pursuant to law, specifically the MLUL, to warrant re-noticing of the hearings.

26. To that end, the record reflects that, prior to the reopening of the public hearing process on May 3, 2010, in accordance with N.J.S.A. 40:55D-13, the Board Secretary published and distributed notice (Exhibit B-76) indicating that the proposed amended Master Plan amendment was to be reviewed and considered by the Board; and

27. On May 3, 2010, the Village Planner testified to the contents of the Proposed Amendment to Land Use Plan Element of the Village of Ridgewood Master Plan, H-Hospital Zone District (dated April 21, 2010 and marked as Exhibit B-77) (the Amended Master Plan Amendment).

28. The Amended Master Plan Amendment provides recommendations and guidelines for intensity of use on the Hospital campus, i.e. the H-Zone, specifically recommending that the intensity of the use be limited to the same level of intensity that currently exists in 2010. The Board finds that this does not mean or equate with a
position that no increase in the size or change in the configuration of the Hospital facility should be permitted. To the contrary, reconfiguration, redevelopment and/or expansion should be permitted in order to improve the hospital operation and to respond to the changing health care standards. The plan does, however, recommend limitations on those reconfiguration or redevelopment options, specifically:

a. limiting the hospital to 454 inpatient beds;

b. limiting the amount of floor area devoted to shared inpatient/outpatient diagnostic treatment, clinical support, logistical support and administrative office areas not to exceed a range of 380,000 to 400,000 square feet, depending upon the definition of these areas and their method of calculation;

c. limiting the total hospital floor area to not more than 1,170,000 square feet of floor area, exclusive of floor area in parking decks and rooftop areas; and

d. limiting the quantity of on-site parking to approximately 2000 spaces.

29. Other changes recommended in the Amended Master Plan Amendment provide for and contemplate in part: a five-story (70') Hospital building, exclusive of the rooftop mechanical level which shall be limited to 24' in height and screened in a manner that is compatible with the design of the building facades, increased building setbacks of 120' along Van Dien Avenue for the North building and a 100' setback for the West Building, and 200' for the remainder; setbacks to buildings along Linwood Avenue of 200' measured from the existing road widening easements; construction of a new Phillips parking structure (with two underground levels, one at grade and three above grade); enhancement of the Phillips parking structure design to fully resemble a three story building (inclusive of a 7' parapet); reduction of parking on the roof of the existing
subsurface Linwood deck to create a green buffer along Van Dien Avenue; placement of approximately 25% of parking underground at the end of Phase 1 and 60% at the end of Phase 2; enhanced buffering (including sound barrier fencing/wall noise mitigation measures) along Steilen Avenue with removal of the existing row of parking spaces along the easterly property line abutting the residential rear yards; significant coverage of the service areas in the rear of the property; minimization of site illumination via fixture selection, shielding, building design, material selection; and the creation and utilization of green areas and roofs in certain areas around the property.

30. The Amended Master Plan Amendment language also addresses environmental and construction concerns (including recommended protective measures to be taken on behalf of surrounding property owners and required supervision by Village staff and/or consultants) and contemplated provision for one or multiple environmental impact studies to be conducted as necessary prior to and/or during the course of any site plan review process. The Board acknowledges and confirms the importance of an environmental impact study (EIS) for a project that is anticipated to be of the scope of the Valley Renewal. However, as stated numerous times on the public record, the Board finds it premature at the time of consideration of a master plan amendment and in the absence of governing ordinance provisions regulating same, to require the submission of an EIS prior to action on an amendment. Without the benefit of an engineered site plan, stormwater design and calculations, sanitary sewer layout and flow calculations, topography information, lighting plan, and other aspects of an application for development, the Board finds that its action in reviewing an EIS would be premature and speculative, and not in furtherance of the public good. It does find and strongly
recommends that the governing body include implementing language by ordinance requiring the completion of and submission of a thorough and extensive EIS as a condition precedent to a major site plan application for the Hospital property. This recommendation is bolstered by the information received by the Board during the course of the hearings from its consultants and others relative to underground water conditions, soil stability, the presence of school children on the adjacent property to the north and the sidewalks along the property's perimeter, the significant traffic improvements contemplated by any redevelopment and/or redesign of the site and other factors.

The EIS Ordinance should be carefully crafted by the Governing Body to be robust and include any essential and specific detail to protect our citizens and our children and to include controls over odors, dust, exhaust fumes, noise, and impact to groundwater, etc., many examples of which were articulated by the Village professionals and expert consultants.

31. The Board received testimony from its professionals, representatives of the Hospital, representatives of CRR, and members of the public regarding the Amended Master Plan Amendment over the course of several public hearing which were held on May 3, 2010, May 4, 2010, May 17, 2010, May 18, 2010, May 24, 2010, June 1, 2010, June 7, 2010, June 14, 2010 and June 21, 2010.

32. In addition to testimony, the Board received and responded to a number of questions posed to it and to its professionals relating to the Amendment. Responses were provided either during a given hearing or at a subsequent meeting if the expert was not in attendance or needed to obtain more information in order to answer sufficiently the particular query.
33. The record as constituted includes more than 125 exhibits, including extensive expert reports in the fields of engineering (civil, traffic and geotechnical), professional planning and hospital planning; and

34. Pursuant to N.J.S.A. 40:55D-10.2 prior to the Board’s vote, those members who were absent for one or more of the meetings at which the Amendment was discussed certified that they had either reviewed the transcripts of the subject hearing(s) or had listened to the tape of same.

35. In developing and considering the language of the proposed Amended Master Plan Amendment, the Board takes specific interest in ensuring that compromise is met between the needs of the Hospital, as well as the community’s need for quality medical care, and the impacts an expansion of the Hospital could potentially create, including increased visual impact, traffic-related concerns and greater intensity of use.

36. To that end, the Board is satisfied that it has conducted a sufficient and thorough investigation and review of documents and materials in the record to make an appropriate and informed decision as to the Amendment to the Land Use Element of the Master Plan for the H-Zone. It is further satisfied that its decision is not based on speculation but instead is grounded upon a thorough review of the testimony and exhibits proffered over the course of these proceedings.

37. The Board also finds that no modification of the language of the Amended Master Plan Amendment (B-77) is necessary and that the document as drafted reflects the entirety of the reasonable and valid policy guidelines for development of the property within the H-Zone.
38. The Board recognizes and underscores its role as prescribed under the MLUL, i.e. to consider the record established over the course of the hearing process and to determine whether adopting the Amended Master Plan Amendment represents sound planning principles and whether doing so will affect, impact or create detriment to the public health, safety and welfare.

39. In this regard, the Board also considers and expresses the many benefits that will result from such adoption and finds and determines that it is in the best interest of all parties, including the Hospital and, more significantly, the community at large to have Master Plan language which specifically guides the future development of the Hospital for years to come. Doing so will not only provide guidelines, limits and restrictions on any potential expansion and construction and development processes, but will allow for the Hospital to proceed with future expansion without continuing through a haphazard and piecemeal variance process and without any overriding controls in place.

40. The Board also expressly recognizes the substantial benefits that the Hospital provides to the Village and the region at large, and further notes that allowing the Hospital to “right-size”, including via the creation of single bed hospital rooms, and expansion with incorporation of state-of-the-art and modern equipment and medical services, will ensure that the Hospital will remain a viable part of the Village.

41. In that regard, the Board finds that the Hospital has been located within the Village for many years, co-existing with the residential neighborhood and middle school, and that it would be quite detrimental to the Village and the community at large if it were otherwise forced to relocate entirely or to shut down completely, potentially leaving the site abandoned and an eyesore.
42. The Board expressly recognizes the concerns raised by many members of the public and, in particular, those residents located within close proximity to the Hospital property. To that end, the Board notes that, while construction is certainly an issue of extreme importance that must be fully addressed at the time of any site plan application, it is not an issue that cannot be dealt with by way of proper ordinance controls and conditions of site plan approval, including requirements of a mandatory Developer's Agreement. Moreover, the Board emphasizes the need for oversight of any Hospital construction process by an independent Village consultant to be paid for from applicant escrow pursuant to law, as well as the imposition of conditions during any such period, including limitations on hours of construction, screening of the construction site, pre-and-post-construction surveying of neighboring homes and structures, and maintenance of certain construction barriers from the neighboring middle school while in session, all of which the Board desires to be incorporated and discussed in greater detail at the more appropriate time of ordinance adoption and site plan review. Said construction controls are referenced in the Amended Master Plan Amendment with indication that details of same are to be incorporated and imposed at the appropriate juncture.

The Board takes specific note of the statement received on the record from the Board of Education regarding a suggested list of measures to be implemented prior to or during any future site construction at the Hospital. The Board finds that careful attention should be provided to same by the Governing Body in the crafting of any ordinances relating to the H-Zone to the extent that provisions are appropriate for inclusion for the protection of the safety of school children, both on and off-site. It further
finds that the site plan review process will be critical to ensure that the requisite protections are put into place to mitigate potential negative impacts upon the middle school, the students and the variety of events which take place at the school property.

43. Further, the Board also underscores the need for one or multiple environmental impact studies to be performed during the time of site plan approval. It is critical that the provisions for same be incorporated by the Governing Body into an ordinance.

44. The Board also expresses its desire for the Village Governing Body to review the potential for implementation of a payment in lieu of taxes program with the Hospital to the extent that law permits same. This recommendation should in no way bear ultimate relevance to the findings contained herein on the Amended Master Plan Amendment and its adoption.

45. To the extent that issues relative to affordable housing were raised during this amendment process, the Board finds that the law currently does not allow the Village to require the Hospital to address an obligation to provide affordable housing resulting from additional development on the Hospital campus. In the event the laws of the State change to require the Hospital to address a future obligation, the Board hereby recommends that the Hospital be required to do so.

46. The Board also analyzes the specifics of the Amended Master Plan Amendment, finding that it creates a potential development plan, which provides for significantly increased setbacks along Van Dien Avenue (albeit in exchange for a slightly greater building height) and greater buffers along both the Steilen properties, as well as along Linwood Avenue, greater use of green roofs, and additional coverage of the service
areas than the initial Master Plan Amendment. The design of the proposed parking deck improved to resemble a typical three-story building is also seen as a beneficial improvement to the site. The Board also finds that the modification to provide for 60% underground parking (rather than 30% as provided for under the Initial Master Plan Amendment) is a significant enhancement to the site overall and from the original amendment.

47. This plan does not propose any change in the H-Zone District boundaries and recommends against any expansion of the Hospital operation and any uses accessory to the hospital operation into the surrounding residential neighborhood. Any development of Hospital facilities or ancillary uses elsewhere in the Village should be consistent with the Village’s land use policies in effect at the time of such development. Furthermore, heliports or heli-stops should not be a permitted accessory use for the hospital in view of its location in the midst of a single-family residential neighborhood.

48. This plan strikes a balance with respect to the length and method of construction and the overall site development benefits. While significant excavation and dewatering is necessary to pursue this plan, the duration and types of construction are not as significant, tedious or impactful when compared to other options where greater building and parking space areas are located underground. To that end, while the Board is cognizant of the impact construction could have, the Board finds that this particular option provides many long-term benefits without significantly increasing or intensifying the effects of the construction period.

49. Likewise, the Board also notes that the traffic improvements along Van Dien Avenue and Linwood Avenue in the plan will enhance the conditions along the
roadways and likely will improve safety and traffic levels along such streets. The need for and the specific design of these and/or other improvements that may be necessary will need to be finalized as part of any development application for the Hospital, recognizing that improvements within Linwood Avenue are under the jurisdiction of Bergen County and that all improvements within and affecting area streets will need to be adjusted based upon the specific nature of development proposed. In general, traffic and street improvements should be constructed prior to or early in the phasing of any major construction, so as to minimize construction-related traffic impacts, but the specific timing should be finalized during the site plan review of any development application.

50. The Board finds that the minimum number of required parking spaces should be sufficient to meet all of the Hospital’s parking needs on site without the need for parking on neighborhood streets. A minimum requirement of 4.25 spaces per bed should be required. Depending upon future bed counts and the amount of shared inpatient/outpatient floor areas and other space needs, alternative or additional parking standards that do not rely solely upon bed counts may need to be considered. Because vehicular traffic is directly linked to the intensity of activity, the quantity of on-site parking spaces should be limited to approximately 2,000 spaces. The hospital should be permitted and encouraged to utilize off-site parking, which should not be required to be in close proximity due to the residential nature of the surrounding area, provided an appropriate plan for the transfer for the users of off-site parking is approved.

51. The Board accepts the opinions set forth by Board professionals and consultants throughout the hearing process, including that of Mr. Skorupa, who opined that the proposed 1,170,000 square feet is an appropriate size for a 454 bed 21st century
hospital under both State and national standards and regulations, that of Mr. Keller, who opined as to the construction timing and geotechnical impacts that could occur and result from the Hospital expansion, and that of Mr. Staig, who opined as to traffic improvements and roadway safety both on-site and along neighboring roadways. The Board also acknowledges and accepts the expert opinions of Mr. Brancheau, who opined as to various elements of the Amended Master Plan Amendment and the appropriateness of the adoption of same, and Mr. Rutishauser, who opined as to various aspects of the Amendment, including those related to water capacity and flow, sewerage, traffic, construction procedures and other Village-engineering-related issues.

52. The Board thus finds and concludes that the Amended Master Plan Amendment, entitled H-Zone, Proposed Amendment to the Land Use Element of the Master Plan, Village of Ridgewood, April 21, 2010, represents sound planning principles and benefits the community and the general welfare without creation of substantial impact to the public health, safety or welfare, and further finds that the Amendment will successfully guide and restrict the future expansion of the Hospital in a manner consistent with the goals and principles set forth in the MLUL.

NOW, THEREFORE, BE IT RESOLVED, that the Planning Board of the Village of Ridgewood hereby memorializes its action of June 21, 2010, and approves the adoption of the Proposed Amendment to Land Use Plan Element of the Village of Ridgewood Master Plan, H-Hospital Zone District (dated 4/21/10), all as reviewed and voted upon by those members of the Board voting in the affirmative.

BE IT FURTHER RESOLVED, that the members of this Planning Board who voted in favor of said adoption and amendment to the H-Zone District of the Village
Master Plan at its official public meetings held on the 21st day of June do hereby MEMORIALIZE AND CONFIRM the foregoing findings of fact, determinations and decisions set forth in this Resolution of Memorialization as the "Official Action" taken by the Planning Board on said date in accordance with the provisions of N.J.S.A. 40:55D-10(g)(2) of the New Jersey Municipal Land Use Law this 3rd day of August, 2010.

A copy of this Resolution shall be transmitted to the Village Construction Code Official, the Village Engineer, the Village Clerk, the Fire Department, the Police Department, the Village Tax Assessor, and the Mayor and Council of the Village of Ridgewood.

PLANNING BOARD OF THE VILLAGE OF RIDGEWOOD

By: ______________________________

David Nicholson, Chairman

I certify that the foregoing is a true copy of a Resolution consisting of twenty-five (25) pages adopted at the August 3, 2010 Meeting of the Board, memorializing the Decision made at the June 21, 2010 Regular Meeting of the Village of Ridgewood Planning Board.

______________________________
Barbara K. Carlton
Planning Board Secretary, Village of Ridgewood

Public Meeting:
August 3, 2010
ATTACHMENT
REQUEST FOR AMENDMENT OF MASTER PLAN AND/OR DEVELOPMENT REGULATIONS

This attachment must be completed and submitted if the applicant is requesting that the Planning Board amend the Village's master plan or that the Village's development regulations be amended. The procedure for such requests is set forth in § 190-143 and -144 of the Village Code.

A. Specific portion(s) of the master plan to be amended and the nature of the proposed amendment(s) (describe).

SEE ATTACHED RIDER FOR DETAILS

B. Specific section(s) of the development regulations to be amended and the nature of the proposed amendment(s) (describe).

SEE ATTACHED RIDER FOR DETAILS
RIDER TO REQUEST FOR MASTER PLAN AMENDMENT

IN JUNE, 2010, THE PLANNING BOARD ADOPTED AN AMENDMENT TO THE LAND USE ELEMENT OF THE VILLAGE MASTER PLAN TO ADDRESS THE HOSPITAL’S NEED TO ADAPT TO CHANGING HEALTH CARE STANDARDS AND EVOLVING TECHNOLOGIES.

IN NOVEMBER, 2011, THE GOVERNING BODY CHOSE NOT TO INTRODUCE AND ORDINANCE DRAFTED TO IMPLEMENT THE MASTER PLAN AMENDMENT.

THE NEEDS IMPELLING THE HOSPITAL’S PLAN FOR RENEWAL MUST BE ADDRESSED IF THE HOSPITAL IS TO CONTINUE TO PROVIDE MODERN AND EFFECTIVE HEALTH CARE.

THE HOSPITAL HAS HEARD THE CONCERNS OF THE VILLAGE COUNCIL AND RESIDENTS AND HAS REVISED ITS PLAN TO RESPOND TO THE ISSUES THAT HAVE BEEN RAISED. SOME OF THESE REVISIONS ARE AS FOLLOWS:

- REDUCE THE MAXIMUM TOTAL HOSPITAL FLOOR AREA TO NOT MORE THAN 900,000 sq. ft. OF FLOOR AREA, EXCLUSIVE OF FLOOR AREA IN PARKING DECKS AND ENCLOSED ROOFTOP AREAS;

- CONTINUE TO LIMIT THE AMOUNT OF ENCLOSED FLOOR AREA OR ENCLOSED ROOF AREA LOCATED AT OR ABOVE GRADE TO 1,025,000 sq. ft., BUT AMEND THE ESTIMATES TO 683,000 sq. ft. FOR HOSPITAL BUILDINGS AND ATRIUMS, 97,000 sq. ft. FOR ENCLOSED ROOFTOP AREAS, and 245,000 sq. ft. FOR PARKING DECKS, INCLUDING THE TOP LEVEL OF DECKS;

- INCREASE THE PERMITTED NUMBER OF LEVELS IN A PARKING DECK TO FIVE LEVELS AT OR BELOW GRADE, AND ADDITIONAL HEIGHT FOR STAIR AND ELEVATOR PENTHOUSES UP TO A HEIGHT OF 24 FEET ABOVE THE TOP ROOF DECK;

- STRENGTHEN THE LANGUAGE PERTAINING TO MINIMUM SIDE AND REAR YARD SETBACKS, AS WELL AS MINIMUM FRONT YARD SETBACKS ALONG VAN DIEN AVENUE;
• INCREASE THE MAXIMUM IMPERVIOUS COVERAGE TO 70% OF LOT AREA, EXCLUDING GREEN ROOFS, SIDEWALKS, PATIOS, PLANTER BUFFERS AND OTHER LANDSCAPED AREAS;

• DEFINE A GREEN ROOF AREA AS A ROOF AREA WITH VEGETATION AND HARDSCAPE SURFACES THAT CAN BE LOCATED AT OR ABOVE GRADE, BUT IN ALL CASES THE PLANTS ARE NOT PLANTED ON THE GROUND BUT RATHER ABOVE PARKING AREAS OR ON ROOFS INCLUDING ON ROOFS OF BELOW GRADE STRUCTURES.

THE CONTEMPLATED HEARINGS ON THIS APPLICATION WILL DETAIL THE CHANGES PROPOSED. ATTACHED HERETO ARE A DRAFT REDLINE REVISED OF THE MASTER PLAN AMENDMENT FOR THE BOARD’S CONSIDERATION TOGETHER WITH RENDERINGS OF THE COMPLETED PROJECT IF THE REQUESTED CHANGES AND AN IMPLEMENTING ZONING ORDINANCE ARE ENACTED.
H - HOSPITAL ZONE

PROPOSED AMENDMENT TO LAND USE ELEMENT OF THE MASTER PLAN

VILLAGE OF RIDGEWOOD PLANNING BOARD


Introduction

This report presents a proposed amendment of the policies concerning the H-Hospital zone district in the land use plan element of the Village of Ridgewood’s master plan. The H zone, as shown on the existing land use map, contains the existing Valley Hospital facility. The current land use plan element, which was adopted on November 15, 1983, June 21, 2010, was prepared as an amendment to the Village’s 1983 land use plan in order to allow for greater development flexibility in the H zone, while also addressing the concerns of neighboring residents. This 2013 land use plan amendment is intended to incorporate changes to the Village’s planning policies, in a comprehensive integrated manner, which would facilitate the Hospital’s need to enhance its operations, while at the same time ensuring the concerns of the residents of the community are taken into consideration and affirmatively addressed. This is intended to result in the adoption of an ordinance implementing the land use policies set forth herein.

Identifies the existing Valley Hospital facility on the existing land use map and shows the hospital property in the H zone district. In the land use plan, the standards for the H zone are shown as follows, both on the proposed zoning map and in the chart of zoning regulations:

Primary intended use — Hospital
Maximum height — 48 feet
Minimum front yard — 40 feet
Minimum side and rear yard — varies

These standards are generally consistent with the zoning standards in existence at the time of the master plan and which exist today. The zoning regulations, however, contain additional details and standards besides those listed above.

The land-use plan also includes the following description of the H zone district:

“The H Zone was created from lands formerly zoned as R-1 when the Land Use Element of the Master Plan was implemented in 1978. Prior to that time, the Valley Hospital operation was permitted in the R-1 Zone as an institutional use subject to certain required conditions being complied with. This Master Plan Update envisions no change in either the H Zone District boundary line or the requirements regulating the zone.”

The proposed amendments to the 2010 plan, as incorporated herein, are summarized as follows:
• reduce the maximum total hospital floor area to not more than 910,000 sq. ft. of floor area, exclusive of floor area in parking decks and 85,000 square feet of enclosed rooftop areas and 4,000 square feet of unenclosed rooftop appurtenances;

• continue to limit the amount of enclosed floor area or enclosed roof area located at or above grade to 1,025,000 sq. ft., but amend the estimates to 695,000 sq. ft. for hospital buildings and atriums, 85,000 sq. ft. for enclosed rooftop areas, and 245,000 sq. ft. for parking decks, including the top level of decks;

• clarify language pertaining to enclosed rooftop mechanical equipment;

• increase the permitted number of levels in a parking deck to five levels at or above grade, and allow additional height for stair and elevator penthouses up to a height of 24 feet above the top roof deck;

• strengthen the language pertaining to minimum side and rear yard setbacks, as well as minimum front yard setbacks along Van Dien Avenue;

• increase the maximum impervious coverage to 70% of lot area, excluding green roofs, canopies, covered walkways, sidewalks, patios, planted buffers and other landscaped areas;

• define a green roof as a roof area with at least 50% each of vegetation and hardscape surfaces that can be located at or above grade, but in all cases the plants are not planted on the ground but rather above parking areas or on roofs including on roofs of below grade structures;

• include updated diagrams of conceptual site plan.

The following text is proposed to amend the existing 2010 master plan; although not specifically presented herein, the above-referenced Village’s zoning standards charts in the plan are also proposed to be amended to be consistent with the following text.

Background

The H zone district, located on the north side of Linwood Avenue between Van Dien Avenue and John Street, is occupied by The Valley Hospital, a health care facility that serves much of northern Bergen County and adjacent areas. The hospital was initially developed in 1951 as a 108-bed facility. Over the years, the hospital has expanded its size and function in response to growth in the region and changing health care standards and technologies. At the time of this writing (April 2010 February 2013), the hospital contains 451 beds, an active diagnostic and treatment component (including such functions as surgery, cardiology, endoscopy and imaging) that serves both the in-patients and short-term stay/out-patients, and support functions such as dietary, engineering and materials management services. The hospital also operates a substantial network of services at other sites in the region, primarily out-patient services, cancer services and
back office support functions. The hospital also has a large on-site parking component consisting of on-grade and structured parking.

At this time, the hospital facility is not fully in conformance with the existing H zone district regulations. Rather, the current facility has been developed through the granting of a number of variances. Recognizing these facts, the Village Planning Board adopted a master plan amendment in 2010 which sought to update the zoning and development policies for the H zone. This plan was intended to promote the longstanding policy of New Jersey law that zoning and development policies are best established in the master plan and zoning ordinance, and not by way of variances.

This 2010 plan recognizes that the hospital is an existing use that must be given some development flexibility in order to adapt to changing health care needs and standards. This is so in light of the value and benefits provided by the hospital, which are not limited to only the obvious health care benefits to the community and not limited to only the Village and its residents. Existing law and common sense both point to the need for the planning and zoning policies of all municipalities to reasonably recognize and accommodate the needs of the surrounding region. Also, the health care industry has experienced and will continue to experience significant changes in standards, technologies and service needs. Currently, these changes include the demand for single bed inpatient rooms, larger patient rooms, larger treatment and diagnostic rooms, and increased story heights to accommodate mechanical space needs. Finally, as noted above, Valley Hospital has relocated and continues to relocate certain aspects of its operation to other locations outside the H zone district and outside the Village; however, there are reasonable limits to the hospital’s ability to relocate operations outside the hospital district while maintaining a critical mass of in-patient functions at the site.

While recognizing the hospital’s benefits and needs, this 2010 plan also considers the negative impacts of the hospital operation. Since its inception, the hospital site has been surrounded on three sides by single family residential properties and on the fourth (north) side by Benjamin Franklin Middle School. With the historic growth experienced by the hospital, residents in the surrounding area have voiced concerns and have opposed further development of the zone based upon increased vehicular traffic, visual impacts, quality of life issues such as noise, and other concerns. Given this situation, it may be impossible to provide development flexibility for the hospital without any negative impacts to the residents of the surrounding area. This 2010 plan therefore seeks to promote a policy that reasonably balances the needs of the hospital, area residents, the larger community and the region.

This 2013 land use plan amendment reaffirms these goals, while presenting changes based on continued discussion with the hospital and neighboring residents. These changes are designed to accommodate the evolving interests and concerns of both the residents and the hospital in the context of a comprehensive, integrated approach to the hospital’s need to enhance its operations.

Future Development Policies and Standards

Given that the hospital is an existing facility, the future development of the hospital must necessarily recognize the constraints imposed by existing improvements and the need to maintain
the hospital functions during construction. The Planning Board has conducted an extensive study involving Valley Hospital, various experts, the general public and others. The Board’s study considered these constraints and other issues and examined various alternative development scenarios. Based upon this study, the Planning Board recommends a policy that would permit, as one example, development of the hospital facility in accordance with the following (plan courtesy of TRO Jung/Bramen, Boston, MA, consultants to Valley Hospital):
Note: This plan is only schematic in nature, is only one possible design and is not intended to limit the development of the H zone district in any manner other than stated in the text of the plan.

The remainder of the plan provides the detailed development policies and standards, which should be incorporated in revised development regulations for the H zone district:

**Zone District Boundaries**

This plan does not propose any change in the H zone district boundaries and recommends against any expansion of the hospital operation and any uses accessory to the hospital operation into the surrounding residential neighborhood. Any development of hospital facilities or ancillary uses elsewhere in the Village should be consistent with the Village’s land use policies in effect at the time of such development.

**Permitted Land Uses**

This plan does not anticipate or propose any significant change in land use for the H district; but expects Valley Hospital to continue as the sole or primary use in the zone, although there may be modifications to the form of the development. Principal uses should be limited to the following:
• Hospitals
• Child Care Centers (as required by State law at N.J.S.A. 40:55D-66.6 and -66.7)
• Municipal Uses (currently permitted in all zones)
• Rooftop Cellular Telecommunications Facilities (as a conditional use)
• Uses Accessory to the Above Principal Uses

Permitted accessory uses should include those normally associated with permitted principal uses; however, heliports or heli-stops should not be a permitted accessory use for the hospital in view of its location in the midst of a single-family residential neighborhood.

Lot Area

This plan anticipates that the entire area of the H zone district will continue to be devoted to the hospital facility, and does not anticipate any reduction in land area for the hospital operation, except possibly land to be used for potential roadway widening on Linwood Avenue and/or Van Dien Avenue. The area of the current hospital property is approximately 15.4 acres, including existing roadway widening easements. Future additional roadway easements or dedications should be permitted without the need for variance relief.

Intensity of Use

"Intensity of use" is a term that refers to the overall level of activity generated by a use. In the case of the hospital facility, this is reflected in the amount of vehicular and pedestrian traffic generated by employees, patients, visitors, delivery and service vehicles, and by various other site activities. Although intensity is frequently correlated with and regulated by the amount of floor area devoted to a use, such correlation is imprecise and depends upon various other factors. Thus, for example in the case of the hospital, a change in the size of inpatient bed rooms and a change in the number of beds per room will increase the floor area, but will not substantially increase the intensity of the use.

This plan recommends, as an overall policy, that the intensity of use for the hospital facility be limited to the same level of intensity that currently (20142013) exists. This does not mean that no increase in the size or change in configuration of the facility should be permitted. Rather, reconfiguration, redevelopment and/or expansion of the facility should be permitted in order to improve the hospital operation and respond to changing health care standards, as long as this does not result in a substantial increase in the intensity of use from that which currently exists.

In order to limit the intensity of use, this plan recommends:

• limiting the hospital to 454 inpatient beds;
• limiting the amount of floor area devoted to shared inpatient/outpatient diagnostic treatment, clinical support, logistical support and administrative office areas to not exceed a range of 380,000 to 400,000 sq. ft., depending upon the definition of these areas and their method of calculation;
limiting the total hospital floor area to not more than 910,000+170,000 sq. ft. of floor area, exclusive of floor area in parking decks and 85,000 square feet of enclosed rooftop areas and 4,000 square feet of unenclosed rooftop appurtenances; and

limiting the quantity of on-site parking to approximately 2,000 spaces.

The zoning standards should allow some flexibility in how the intensity of use is maintained. For example, an increased number of beds or increased floor area used for shared inpatient/outpatient diagnostic treatment facilities could be permitted if the hospital demonstrated a corresponding reduction in the intensity of its other operations, such as through off-site relocation of certain functions.

Building Mass and Coverage

Given the scale of the hospital buildings and the location of the site in a single-family residential neighborhood, the visual impact to the surrounding area resulting from the mass of the hospital buildings and parking decks should be minimized. For this reason, the plan recommends:

- limiting the amount of enclosed floor area or enclosed roof area located at or above grade to 1,025,000 sq. ft., based upon estimates of 695,000–734,000 sq. ft. for hospital buildings and atriums, 85,000–96,000 sq. ft. for enclosed rooftop areas, and 245,000 sq. ft.–495,000 for parking decks, including the top level of decks. This limitation should apply to all areas of buildings, parking decks, enclosed rooftop mechanical penthouses and other rooftop areas that are enclosed or screened by taller (at least 6 feet high or more) parapets, screening panels and the like. Excluded from these areas are covered service areas, covered canopies at entrances, covered walkways and similar features. This limitation should not apply to areas below-grade and areas enclosed by lower (below 6 feet high) parapets or screening panels.

- limiting the amount of coverage by principal buildings located above grade to 35% of the lot area, depending upon what is included in the coverage (e.g., principal building walls only or also covered service areas, covered walkways and entrance canopies, etc.); and

- limiting the amount of coverage by parking decks located above grade to 8% of the lot area.

Building Height

In order to allow for the increased story heights needed for current hospital design standards, and in order to accommodate increased setbacks from property lines, the following policies are recommended:

- Principal buildings should be permitted a maximum height of 70 feet and five stories, excluding enclosed rooftop mechanical penthouses and unenclosed equipment.
MASTER PLAN AMENDMENT – H ZONE DISTRICT

- **Rooftop-Enclosed rooftop** mechanical equipment on principal buildings should be limited to a height of 24 feet (excluding any federal regulatory provisions that may necessitate equipment or elements exceeding this or other local ordinance height limitations), and should be screened in a manner that is compatible with the design of building facades.

- Parking decks and accessory buildings should be limited to lower heights than principal buildings. In order to allow for sufficient parking for the hospital use, and in conjunction with the increased setback and buffer requirements called for in the plan, parking decks should be limited to a height of 45 feet, sufficient to accommodate five levels at or above grade, and including a 7-foot high parapet wall on the top level. Additional height for stair and elevator penthouses should also be permitted to a height of 24 feet above the top roof deck. Other accessory buildings should be limited to lower heights.

**Yards/Building Setbacks**

The building setback standards for the hospital should reduce the visual impact of the hospital buildings upon adjacent streets and properties, especially residential properties, and should provide adequate light, air and open space. The setback standards should also consider the fact that the hospital is an existing single use facility with various constraints imposed by the location of existing buildings and other features; for this reason, a single one-size-fits-all setback requirement is not practicable. The following minimum setbacks should apply to future hospital development; these setbacks may need to be reconsidered based upon future road widening plans for Linwood Avenue and Van Dien Avenue, provided that any such reconsideration should not reduce the distance between hospital buildings and residential properties located across either Linwood Avenue or Van Dien Avenue (Note – These standards are based upon the conceptual plan depicted above and below, and are measured to the closest point of buildings, but the locations and extent of these setback requirements may need to be adjusted slightly in the zoning regulations in order to provide for some design flexibility, as long as the overall amount of open space and yard area is maintained):

- **Linwood Avenue Front Yard** 200 feet for buildings. These setbacks are measured from the existing road widening easement for Linwood Avenue.

- **Van Dien Avenue Front Yard** 120 feet for north building, 100 feet for west building, 85 feet for parking deck, 200 feet for remainder.

- **Yard Abutting Steilen Avenue Properties** 60 feet for north building, 120 feet for Cheel building, 130 feet for south building, 80 feet for parking deck.

- **Yard Abutting Ben Franklin School Property** 40 feet.
(a) Minimum front yard, Linwood Avenue: 200 feet.

(b) Minimum front yard, Van Dien Avenue:

[1] A 120 foot minimum front yard setback shall apply within that portion of the front yard located between the northerly lot line and a line drawn perpendicular to the front lot line at a distance of 275 feet from the northwest corner of the property boundary in the H zone district, with said 275 feet measured along the Van Dien Avenue front lot line.

[2] A 100 foot minimum front yard setback shall apply within that portion of the front yard located between the perpendicular line described in subparagraph [1] above and a line drawn parallel to such line at a distance 275 feet therefrom.

[3] An 85 foot minimum front yard setback shall apply to buildings up to 45 feet high, and a 200 foot minimum front yard setback shall apply to buildings over 45 feet high, within that portion of the front yard located between the Linwood Avenue right-of-way, exclusive of any road widening easement, and a line drawn perpendicular to the Van Dien Avenue front lot line at a distance of 350 feet from the projection of the Linwood Avenue right-of-way, with said 350 feet measured along the Van Dien Avenue front lot line or projection thereof.
[4] A 200 foot minimum front yard setback shall apply within any portion of the front yard not described above.

(c) Minimum side yard:

[1] A 70 foot minimum side yard setback shall apply to all buildings or portions of buildings up to 45 feet high, and a 120 foot minimum average side yard setback shall apply to buildings or portions of buildings more than 45 feet above grade, for that portion of the side yard located between the northerly lot line and a line drawn perpendicular to the side lot line at a distance of 450 feet from the northeast corner of the property boundary in the H zone district, with said 450 feet measured along the side lot line.

[2] An 80 foot minimum side yard setback shall apply to buildings up to 45 feet high, and a 130 foot minimum side yard setback shall apply to buildings over 45 feet high, within that portion of the side yard located between the Linwood Avenue right-of-way, exclusive of any road widening easement, and a line drawn perpendicular to the side lot line at a distance of 400 feet from the Linwood Avenue light-of-way, with said 400 feet measure along the side lot line.

[3] A 130 foot minimum side yard setback shall apply within any portion of the side yard not described above.

(d) Minimum rear yard: A 40 feet minimum rear yard setback shall apply. In addition, a minimum average rear yard setback of 75 feet shall apply to principal buildings, or portions of buildings, with more than two stories or 30 feet above grade.

The foregoing setback requirements should not apply to subsurface buildings, or unroofed surface or subsurface parking areas, but only to buildings and parking decks.
**Improvement-Impervious Coverage**

The **improvement impervious** coverage limitation, along with the buffer requirements, is intended to help mitigate the visual and environmental effects of the buildings and paved areas at the hospital complex. Buildings and paved areas should not exceed 60-70% of lot area. This coverage should exclude green roofs, canopies, covered walkways, sidewalks, patios, planted buffers and other landscaped areas.

*For the purposes of this requirement, green roofs should be defined as a roof area with at least 50% each of vegetation and hardscape surfaces that can be located at or above grade, but in all cases the plants are not planted on the ground but rather above parking areas or on roofs including on roofs of below grade structures.*

**Buffers – Site Landscaping**

Due to the surrounding land uses, buffers and perimeter landscaping should be required on all sides of the hospital campus in order to reduce the visual impact of the hospital buildings and paved areas, to screen headlights and other lights and to reduce noise and other nuisance concerns for the neighborhood. Following are the recommended requirements:

- Buffers should be located adjacent to property lines and as much as possible should not be encroached upon by paved areas or other improvements that compromise the effectiveness of the buffers, except for necessary breaks for site driveways. The minimum buffer depths should be as follows:

  - Adjacent to Linwood Avenue — 20 feet.
  - Adjacent to Van Dien Avenue — 20 feet, with greater depths in location of taller buildings (above 45 feet high).
  - Adjacent to Steilen Avenue Properties — 20 feet.
  - Adjacent to Ben Franklin School Property — 12 feet.

- Landscaping within buffer areas should be of sufficient size, height, spacing and species to provide adequate screening of buildings, walls, parking areas and other features during all seasons of the year and to mitigate the visual impact of any high fencing or walls located within the buffer. The visual impact of any fence or wall as viewed from the street or adjacent properties should be mitigated by placing such fences or walls toward the hospital side of the buffer with landscaping between the fence or wall and the property line. As with the yard setbacks, however, the buffer and landscaping requirements must to some extent reflect the constraints imposed by the existing hospital facility.

- In addition to a landscaped buffer, a sound barrier fence/wall and other features, as appropriate, should also be required adjacent to the Steilen Avenue properties and the Ben Franklin School property in order to mitigate the noise from loading activities, truck traffic...
and other activities. Fences and/or walls should also be required in other buffer areas or locations, where necessary to provide adequate screening.

- Hospital and parking functions located below grade, but which have roof structures at grade, should be covered with "green roofs" having sufficient soil coverage to promote and sustain landscape plantings, including shrubs or trees where practical.

- Service area(s) shall be at least partially covered with green roof(s) to cover all loading dock functions such as compactors, garbage containers, medical waste containers, and general loading dock functions.

- If necessary to ensure reasonable mitigation of noise and other impacts, regular loading dock operations shall be limited to reasonable daytime and weekday hours.

- Emergency Department entrances for ambulance and walk-in traffic should be covered to contain noise and ED ambulance or police activity.

Parking and Access

The minimum number of required parking spaces should be sufficient to meet all of the hospital’s parking needs on site without the need for parking on neighborhood streets.

- A minimum requirement of 4.25 spaces per bed should be required. Depending upon future bed counts and the amount of shared in-patient/outpatient floor areas and other space needs, alternative or additional parking standards that do not rely solely upon bed counts may need to be considered.

- Because vehicular traffic is directly linked to the intensity of activity, the quantity of on-site parking spaces should be limited to approximately 2,000 spaces. The hospital should be permitted and encouraged to utilize off-site parking, which should not be required to be in close proximity due to the residential nature of the surrounding area, provided an appropriate plan for the transfer for the users of off-site parking is approved.

- Parking should be located, designed and operated in such a manner as to encourage use of all available parking and to discourage excessive competition for prime parking locations and inappropriate or illegal parking in areas not designated for parking.

- In order to avoid excessive congestion at site driveways and adjacent streets, convenient access to both Linwood Avenue and Van Dien Avenue driveways should be made available to all or most site users.

- Site driveways on North Van Dien Avenue should be designed with concrete aprons and concrete sidewalks at driveway crossings, in order to help to slow vehicles entering and leaving the hospital as they cross the sidewalk area, resulting in a safer condition for pedestrians.
Illumination

The impact to area residents resulting from site illumination at the hospital should be minimized through the following policies:

- Light fixture heights should be low and fixtures located as far as practicable from property lines.
- Light fixtures should be shielded and oriented downward.
- Buildings should be designed with curtains, blinds and glass that transmit less light through building windows.
- The illumination of parking decks, within both closed levels and top levels, should be adequately shielded to avoid glare or other nuisance lighting beyond the hospital property. If necessary to ensure adequate protection of surrounding residential areas, the top levels of decks should not be used during night-time hours and the illumination of such levels turned off.

Building Architecture

The architectural design of the hospital buildings and parking decks should be sensitive, to the extent that is reasonably feasible, to the residential neighborhood in which it is located, through the following policies:

- The materials and colors chosen for building facades should be compatible with the traditional materials commonly found within the Village.
- Building facades and roofs should contain projections, recesses, windows and a variety of materials so as to visually break up the mass of large buildings.
- New buildings should maintain design compatibility with existing buildings.

Signs

The following signage policies are recommended:

- Sign regulations for the hospital should permit sufficient signage to not only identify the hospital campus to passing traffic, but also to orient visitors and other site users to the various buildings, parking areas and other components of the hospital campus.
- Signs should be designed and located to respect the residential character of the neighborhood and to avoid excessive or inappropriate illumination, given the residential context of the site.

Traffic and Street Improvements
Various street and traffic improvements should be considered in the vicinity of the Hospital zone in order to provide for the safe and efficient flow of vehicular traffic, to provide for adequate access by service and emergency vehicles, to help ensure the safety of pedestrians at intersections and driveway crossings, and to avoid undue traffic impacts upon the surrounding residential neighborhoods. Improvements that should be considered as part of the site plan review for any major modification of the hospital site include but are not limited to the following:

- A dedicated right turn lane on Linwood Avenue westbound at the intersection with Van Dien Avenue.
- A dedicated left turn lane on Van Dien Avenue southbound at the intersection with Linwood Avenue.
- Traffic signal improvements at the intersection of Linwood Avenue and Van Dien Avenue.
- Synchronization of the signal timing at the intersections of Linwood Avenue and Van Dien Avenue and Linwood Avenue and North Pleasant Avenue.
- Installation of a traffic signal at the intersection of North Van Dien Avenue and East Glen Avenue.
- Improved crosswalks, pedestrian refuge islands and pedestrian crossing signalization at the intersection of Linwood Avenue and Van Dien Avenue.
- Improvements and controls to limit turning movements at the intersection of John Street at Linwood Avenue to a) right turns from Linwood Avenue onto John Street and b) right turns from John Street onto Linwood Avenue.

The need for and the specific design of these and/or other improvements that may be necessary will need to be finalized as part of any development application for the hospital, recognizing that improvements within Linwood Avenue are under the jurisdiction of Bergen County and that all improvements within and affecting area streets will need to be adjusted based upon the specific nature of development proposed. In general, traffic and street improvements should be constructed prior to or early in the phasing of any construction, so as to minimize construction-related traffic impacts, but the specific timing should also be finalized during the site plan review of any development application.

**Affordable Housing**

Under the current rules of the N.J. Council on Affordable Housing (COAH) and certain State legislation, additional development by the hospital will result in increased affordable housing obligations that must be addressed by the Village. The law currently does not allow the Village to require the hospital to address this obligation or pay money to have the Village or others address the obligation. Should the laws and rules of the State change so as to require or allow the
Village to require that the hospital address any obligation that their future development would impose upon the Village, this plan recommends that the hospital be required to do so.

Certain pending actions by the executive branch of State government, by the State legislature and by the courts may significantly alter the affordable housing policies in New Jersey. These should be monitored closely to determine the affect-effect of any policy changes upon the Village as it relates to future hospital zone development.

Construction-related Issues

In situations such as the hospital facility where construction is proposed on a large scale and/or over a long period of time, the potential for unusual and significant construction-related issues exists. In addition, it is anticipated that future development at the hospital site may occur in multiple phases. In view of these circumstances, the following policies towards construction-related issues are recommended:

- Phased development should be designed and constructed in a manner that ensures that each phase is consistent with the other policies in this plan. In the event that temporary conditions that are inconsistent with this plan are necessary due to construction constraints, such conditions should be limited in magnitude and duration.

- Due to the potential for extensive subsurface excavation, the hospital should be required to address potential concerns related to soil and rock excavation and removal, shoring and stabilization of soil and structures, dewatering (both quantity and quality), impact upon the subsurface water table and area wells, and stormwater detention. Such concerns should be required to be addressed as a condition of site plan approval.

- Any significant development approval should be made subject to a developer’s agreement between the hospital and the Village. Such agreement should include provisions to ensure that the construction activity is conducted in a safe and efficient manner and does not create hazardous conditions or undue nuisance impacts to the surrounding neighborhood. Such developer’s agreement should address at least the following issues:
  - Demolition and construction phasing, delivery, storage and removal of construction materials and equipment.
  - Access, travel routes and parking for contractors, employees, visitors, patients, ambulances and service and delivery vehicles during construction.
  - The need and potential for off-site parking by employees during construction, with shuttle bus service to and from remote parking areas.
  - Maintaining safe and efficient vehicular travel on area streets during construction, while avoiding undue impacts on residents through congestion and inappropriate route detours.
- Maintaining safe and efficient pedestrian travel on area sidewalks during construction, with a special emphasis on pedestrian travel to and from Ben Franklin School.

- Prevention of excessive construction related noise and vibration.

- Prevention of poor air quality resulting from construction activity, including but not limited to dust, odors, fumes and contaminants.

- Hours and days of construction.

- Prevention of nuisance issues related to construction illumination.

- Site security.

- Monitoring and enforcement of developer’s agreement conditions. This should include, when the extraordinary use of Village staff, police or consultants are needed, establishment of appropriate escrow accounts to compensate the Village for its costs.
ATTACHMENT - HISTORIC SITE OR DISTRICT ONLY
HISTORIC PRESERVATION COMMISSION REVIEW

This attachment must be completed and submitted with any development application to the Planning Board or Board of Adjustment when the property is located within a historic district or on a historic site. Historic districts and sites are designated in the historic preservation element of the Village master plan and/or by § 190-98B of the Village Code. In order to expedite their applications, applicants are encouraged to discuss their applications with the Historic Preservation Commission prior to submitting their application to the Board.

A. Historic Designation of Property (check all that apply).

☐ Historic district designated by Zoning Ordinance at §190-98B(1)
☐ Historic site designated by Zoning Ordinance at §190-98B(2)
☐ Historic district designated in the historic preservation element of the Ridgewood master plan
☐ Historic site designated in the historic preservation element of the Ridgewood master plan
☒ None; there is no historic designation of the property that is the subject of this application

B. Nature of proposed construction. In addition to the description in Part III.B of the application form, check all of the following that are proposed by this application.

☐ Demolition of building, structure or other improvement
☐ Relocation of building, structure or other improvement
☐ New building or addition to existing building
☐ Nonresidential alterations - Proposed work includes alterations to the walls/facades, roofs, windows and/or doors on the exterior of existing buildings
☐ Residential alterations - Proposed work includes alterations to the walls/facades, roofs, windows and/or doors on the exterior of existing buildings
☐ New awning - Proposed work includes installing new frame, mounting brackets and awning fabric.
☐ Replace awning fabric - Proposed work is only fabric replacement on the existing framework
☐ Signs - Proposed work includes installation of a sign(s), either new or replacement
☐ Install facade lighting - Proposed work includes exterior lighting of a building, parking or loading area, walkway, stairway, outdoor cafe or sign, either new or replacement
☐ Change paint color - Proposed work includes painting all or part of the exterior of a building with a paint color that is different than what exists
☐ Other (describe):