Chapter 1: Project Description

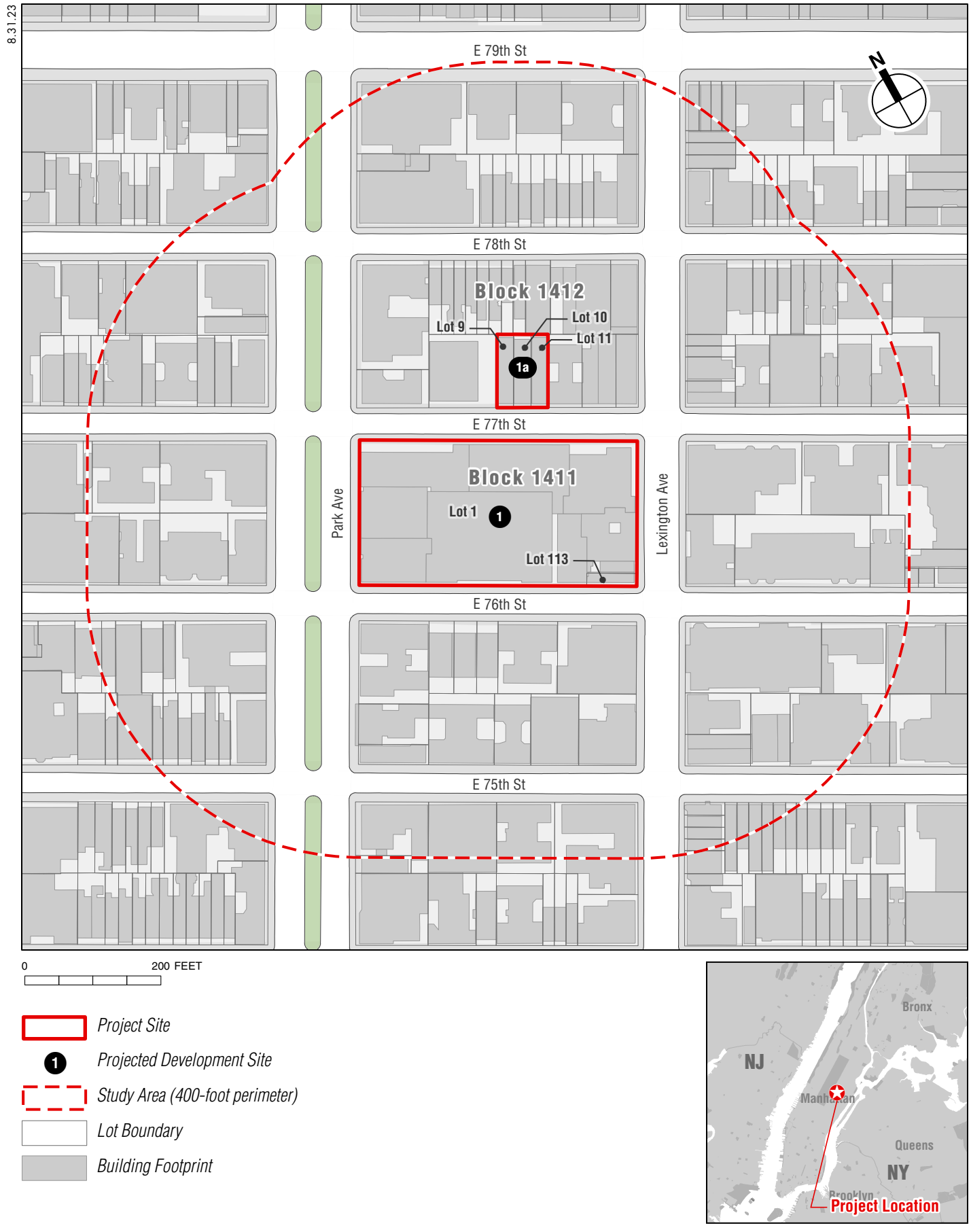
A. INTRODUCTION

This Draft Environmental Impact Statement (DEIS) considers the potential environmental impacts of the proposed Lenox Hill Hospital (LHH) Redevelopment project. Lenox Hill Hospital (the Applicant) is requesting a series of discretionary actions from the City Planning Commission (CPC), including a zoning map amendment to rezone from a C1-8X district to a C1-9 district and from an R8B district to a C1-8 district; zoning text amendments; special permits; and a zoning authorization (collectively, the Proposed Actions). The Proposed Actions would allow the enlargement and modernization of the existing LHH and the creation of a purpose-built hospital complex (the Proposed Project) to address critical infrastructure challenges and space needs. The proposed hospital building would permit LHH to meet current standards of healthcare delivery, including single-bedded patient rooms, as well as address projected future needs for an expanded emergency department (ED), new and larger state-of-the-art surgical suites (ORs), and other essential clinical and support spaces. As described in this chapter, the COVID-19 pandemic illustrated to LHH and other hospitals the need to have appropriate capacity, efficiency, and state-of-the-art facilities. The additional knowledge gained during the pandemic has been incorporated into the design to better address current pressing healthcare needs and respond to future crises.

The Proposed Project would be built on Block 1411, Lots 1 and 113 (Projected Development Site 1), bounded by Park and Lexington Avenues and East 76th and East 77th Streets in Manhattan (see **Figure 1-1**). The Proposed Project would include a new building on Lexington Avenue and additions and modifications to the existing hospital; the new building would include an ED, operating suites (including ORs and support space), and patient rooms (see **Figure 1-2**). Portions of the existing hospital complex would be renovated to accommodate connections to the new hospital building and create four new truck docks and a new ambulance bay for six ambulances inside the structure (see **Figure 1-3**). The Proposed Project would also provide a new entrance and lobby for the Mother-Baby Hospital on Park Avenue, as well as a new emergency stairway on the Park Avenue frontage.

Two building envelopes are proposed, each of which would accommodate the Proposed Project's program. Envelope 1 would include a new approximately 771,000-gross-square-foot (gsf) building on Lexington Avenue and 56,000 gsf of additions to the existing hospital. Envelope 2 would include a new approximately 867,000-gsf building and 8,000 gsf of additions to the existing hospital. With the existing buildings to remain, the overall gross floor area of the Proposed Project on Projected Development Site 1 would be approximately 1.4 million gsf with either Envelope 1 or Envelope 2.

Under Envelope 1, the portion of the new hospital building within 180 feet of Lexington Avenue would rise to a total height of up to 436 feet, inclusive of screened mechanical bulkheads (see **Figures 1-4a and 1-4b**). This portion of the new hospital building would contain eight floors of patient rooms and several mechanical floors. Under Envelope 1, the portion of the new hospital building at the midblock (180 feet west of Lexington Avenue) could rise to a height of

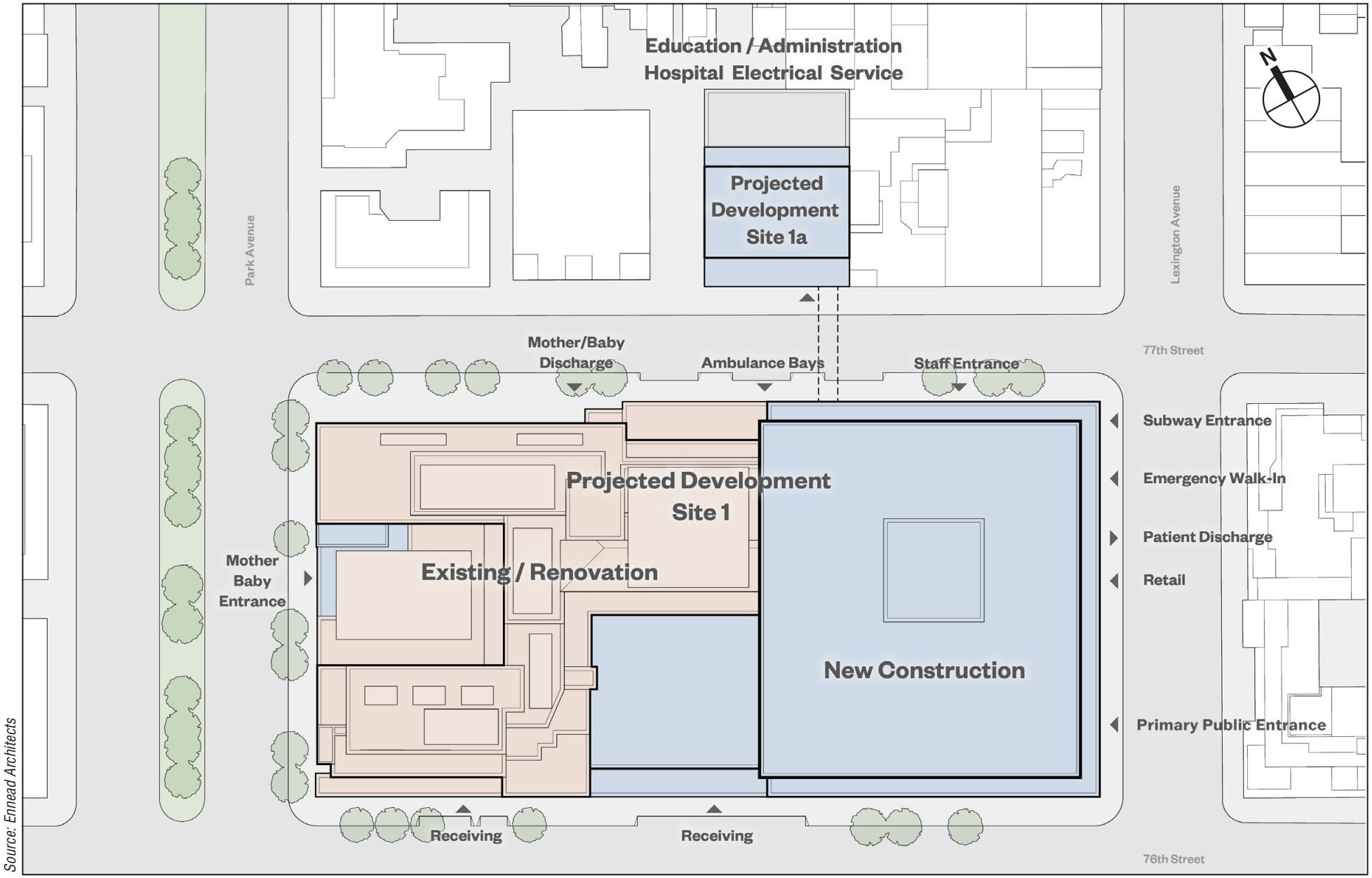


Project Location

LENOX HILL HOSPITAL REDEVELOPMENT

Figure 1-1

8.7.24



Source: Ennead Architects

New Construction

Existing / Renovation

NOTE: FOR ILLUSTRATIVE PURPOSES ONLY

Proposed Site Plan—(Envelope 1 and Envelope 2)

LENOX HILL HOSPITAL REDEVELOPMENT

Figure 1-2

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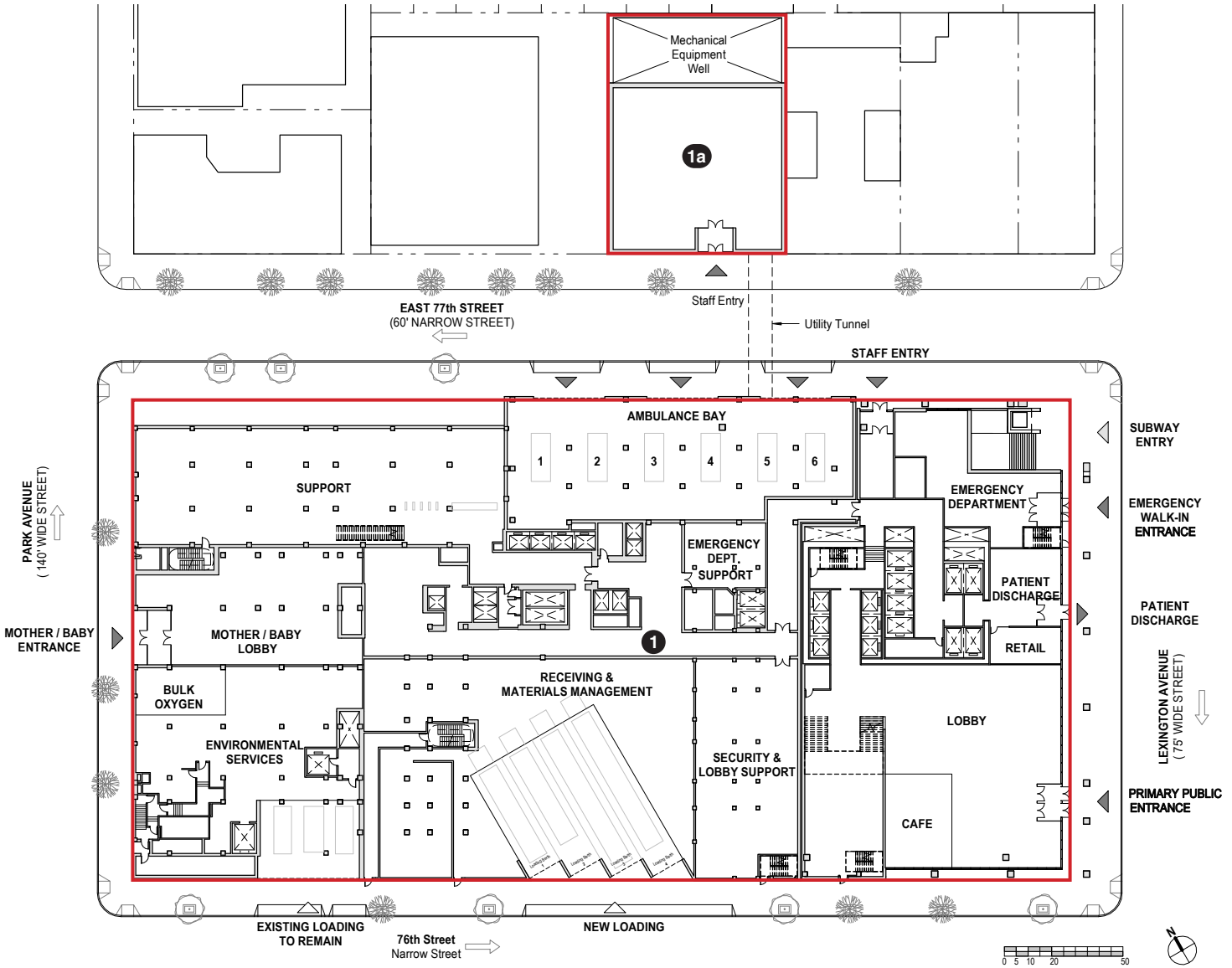

Source: Ennead Architects

NOTE: FOR ILLUSTRATIVE PURPOSES ONLY

1 *Projected Development Site*

Proposed Ground Floor Plan—(Envelope 1 and Envelope 2)

LENOX HILL HOSPITAL REDEVELOPMENT

Figure 1-3

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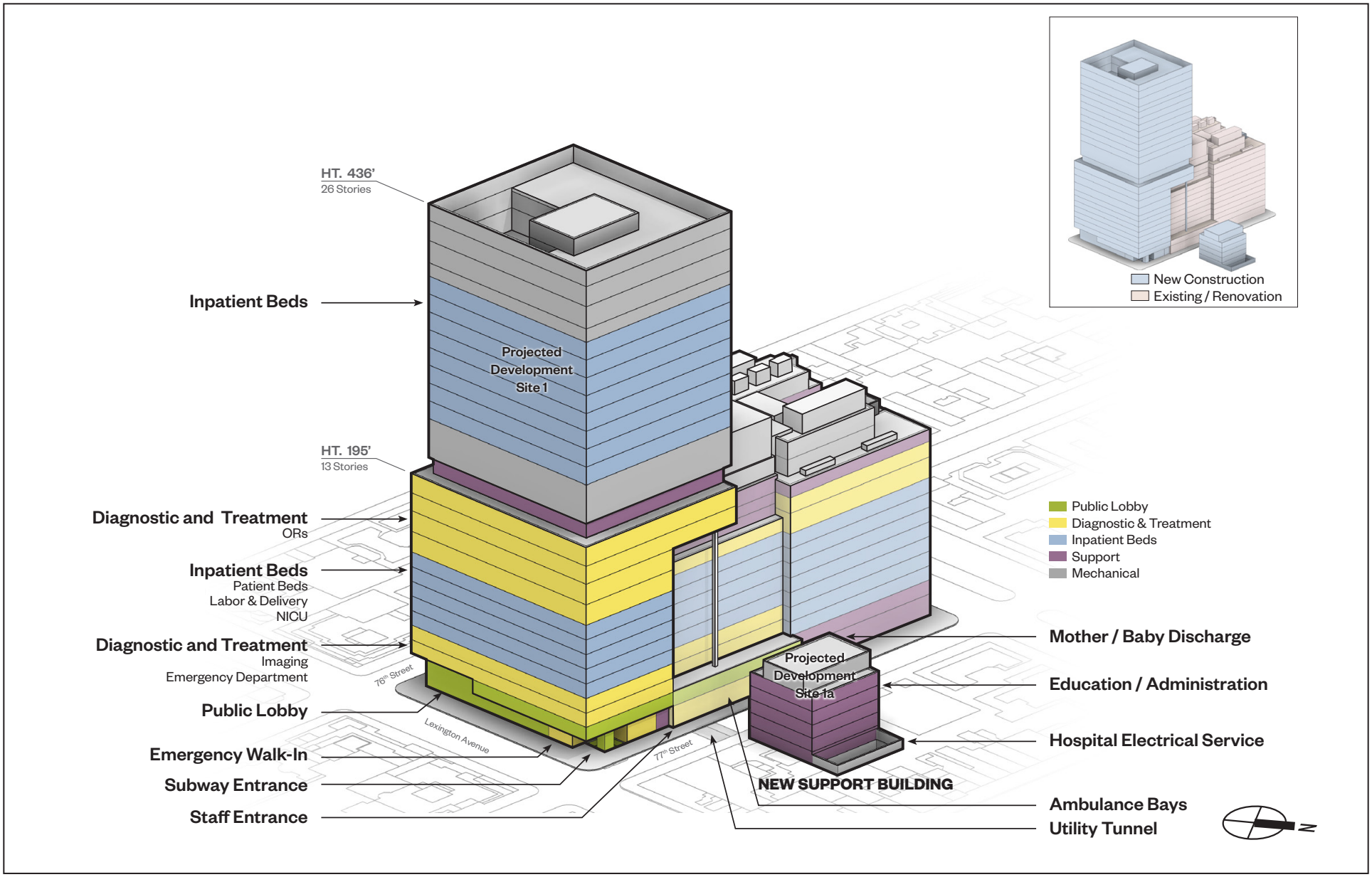

Source: Ennead Architects

NOTE: FOR ILLUSTRATIVE PURPOSES ONLY

Envelope 1 Massing (stacking)

LENOX HILL HOSPITAL REDEVELOPMENT

Figure 1-4a

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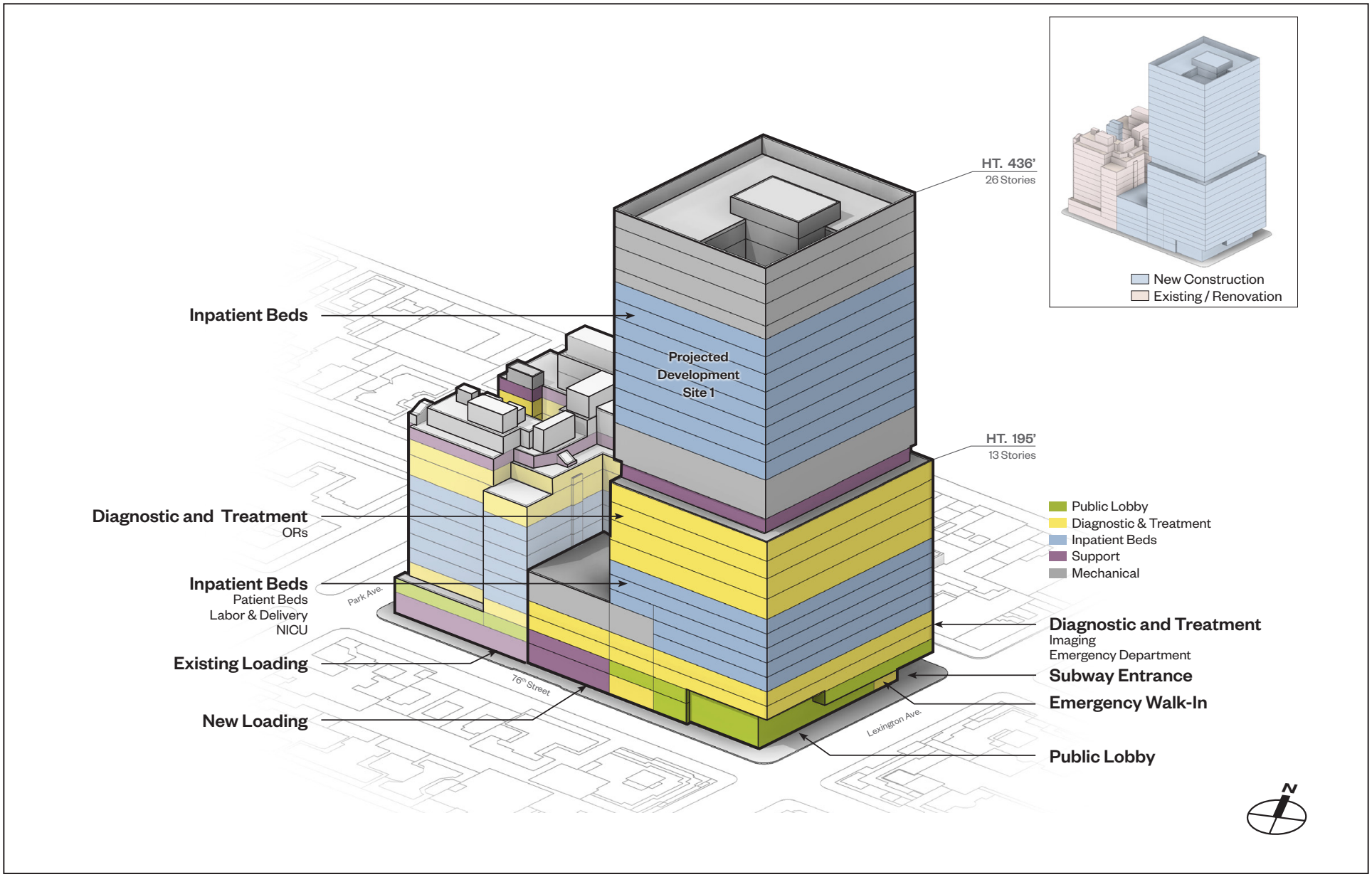

Source: Ennead Architects

NOTE: FOR ILLUSTRATIVE PURPOSES ONLY

Envelope 1 Massing (view from south)

LENOX HILL HOSPITAL REDEVELOPMENT

Figure 1-4b

approximately 210 feet, consistent with the highest floors currently existing in the midblock portion of Projected Development Site 1.

Under Envelope 2, the new hospital building would be reduced in height along the Lexington Avenue frontage, but the midblock portion would be taller than under Envelope 1 (see **Figures 1-4c and 1-4d**). In particular, the portion of the new hospital building within 180 feet of Lexington Avenue would be reduced from the height of Envelope 1 by 41 feet, to a total height of up to 395 feet, inclusive of screened mechanical bulkheads (see **Figure 1-3)**. Under Envelope 2, there would be six floors of patient rooms above the podium (the approximately 195-foot-tall base of the building), in addition to mechanical floors. To accommodate the hospital's programmatic needs, the midblock would be taller than under Envelope 1, rising to a height of 360 feet. With either envelope, the overall gross floor area of the Proposed Project on Projected Development Site 1 would be approximately 1.4 million gsf. The program, project population (staff, patients, visitors), site access, zoning actions, and construction duration would be the same for both Envelope 1 and Envelope 2.

The Reasonable Worst Case Development Scenario (RWCDS) for the EIS also considers the as-of-right development of 111-115 East 77th Street between Lexington and Park Avenues (Block 1412, Lots 9, 10, and 11) (Projected Development Site 1a) as part of the Proposed Project. Projected Development Site 1a would be redeveloped with an approximately 46,000-gsf, six-story, 75-foot-tall building to house hospital support functions. It would be connected to Projected Development Site 1 by a utility tunnel under East 77th Street.

In addition, the Applicant proposes to provide improvements to the 77th Street subway station of the Lexington Avenue (No. 6) line, providing Americans with Disabilities Act (ADA) access to the downtown platform and improving sidewalk conditions in the immediate area.

The New York City Department of City Planning (DCP), acting on behalf of the CPC, is the lead agency for environmental review. Based on the Environmental Assessment Statement (EAS) that was prepared, the lead agency determined that the Proposed Project has the potential to result in significant adverse environmental impacts, requiring that an EIS be prepared. This chapter includes a description of the Proposed Project and the actions necessary for its implementation, presents the framework for the EIS analysis, and discusses the procedures to be followed in the preparation of the DEIS. The 2021 *City Environmental Quality Review (CEQR) Technical Manual* served as a general guide on the methodologies and impact criteria for evaluating the Proposed Project's effects on the various areas of environmental analysis.

B. PROJECT DESCRIPTION

PROPOSED ACTIONS NECESSARY TO FACILITATE THE PROPOSED PROJECT

In order to accomplish the project, the Applicant is requesting the following zoning actions, which would be required for either massing envelope:

1. **Zoning Map Amendments (see Figure 1-5)**

   a. Rezone the Lexington Avenue frontage of Projected Development Site 1 from a C1-8X district to a C1-9 (R10 equivalent) district; and

   b. Rezone the midblock portion of Projected Development Site 1 from an R8B district to a C1-8 (R9 equivalent) district.

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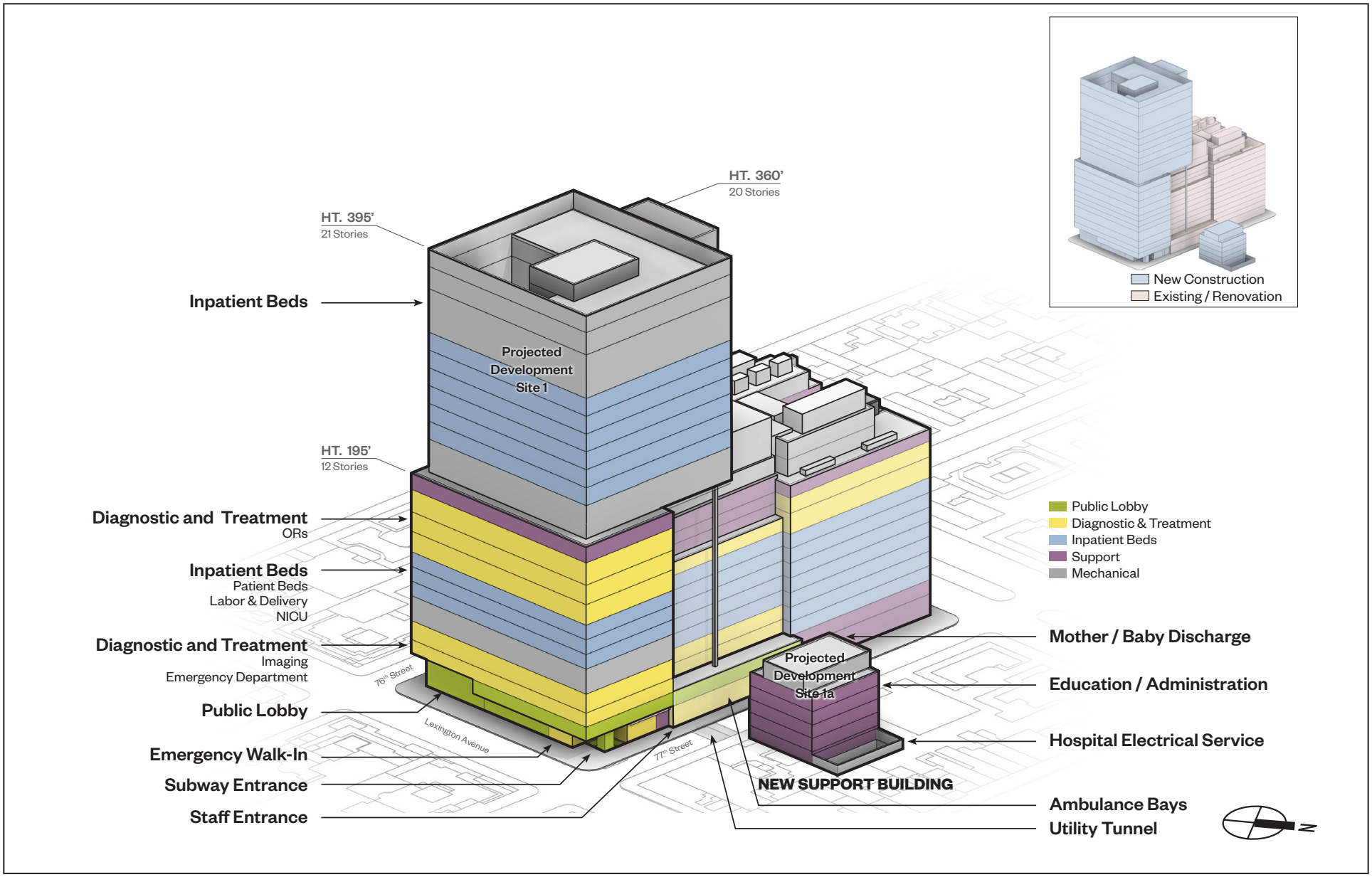

Source: Ennead Architects

NOTE: FOR ILLUSTRATIVE PURPOSES ONLY

Envelope 2 Massing (stacking)

LENOX HILL HOSPITAL REDEVELOPMENT

Figure 1-4c

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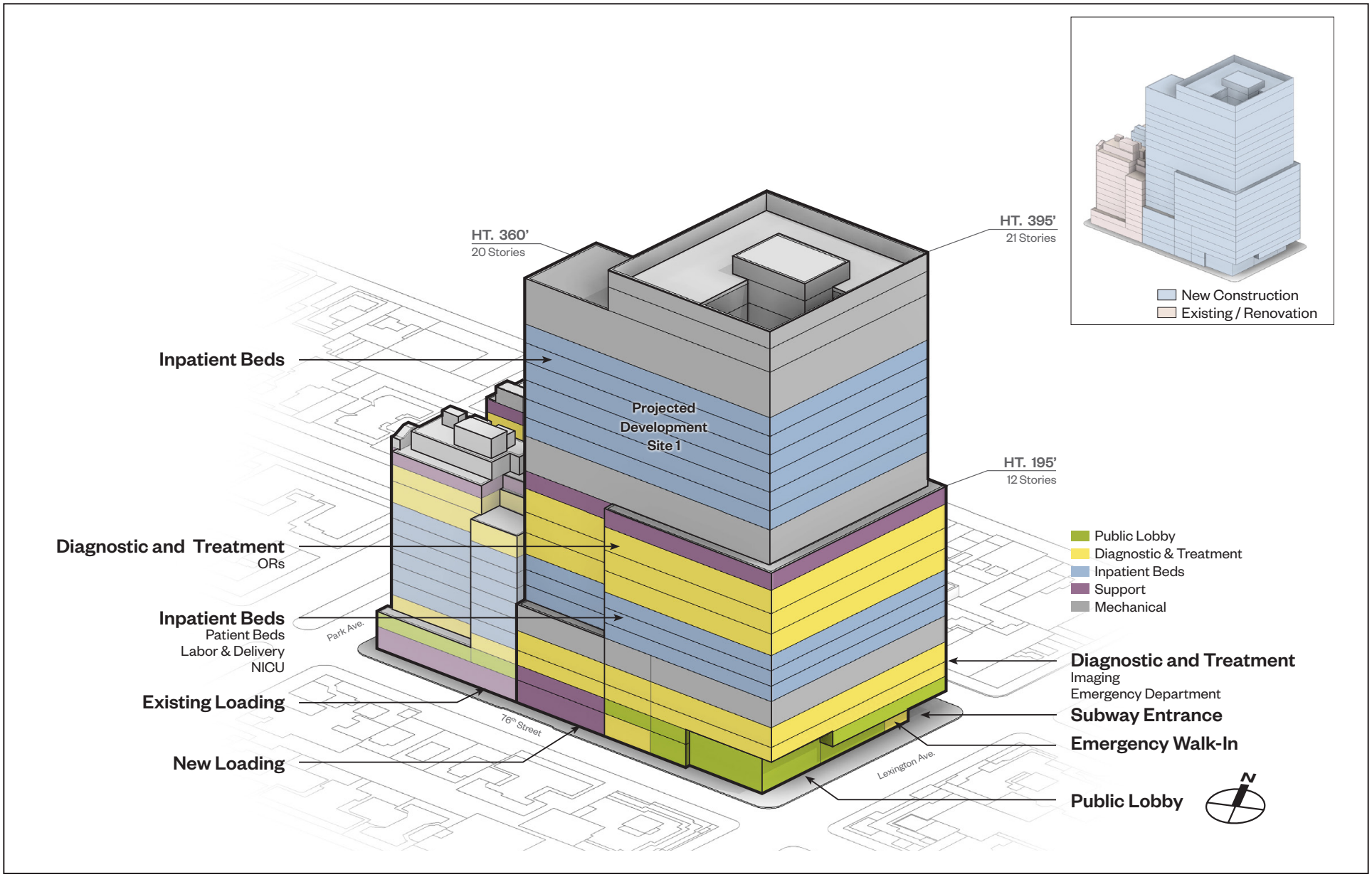

Source: Ennead Architects

NOTE: FOR ILLUSTRATIVE PURPOSES ONLY

Envelope 2 Massing (view from south)

LENOX HILL HOSPITAL REDEVELOPMENT

Figure 1-4d

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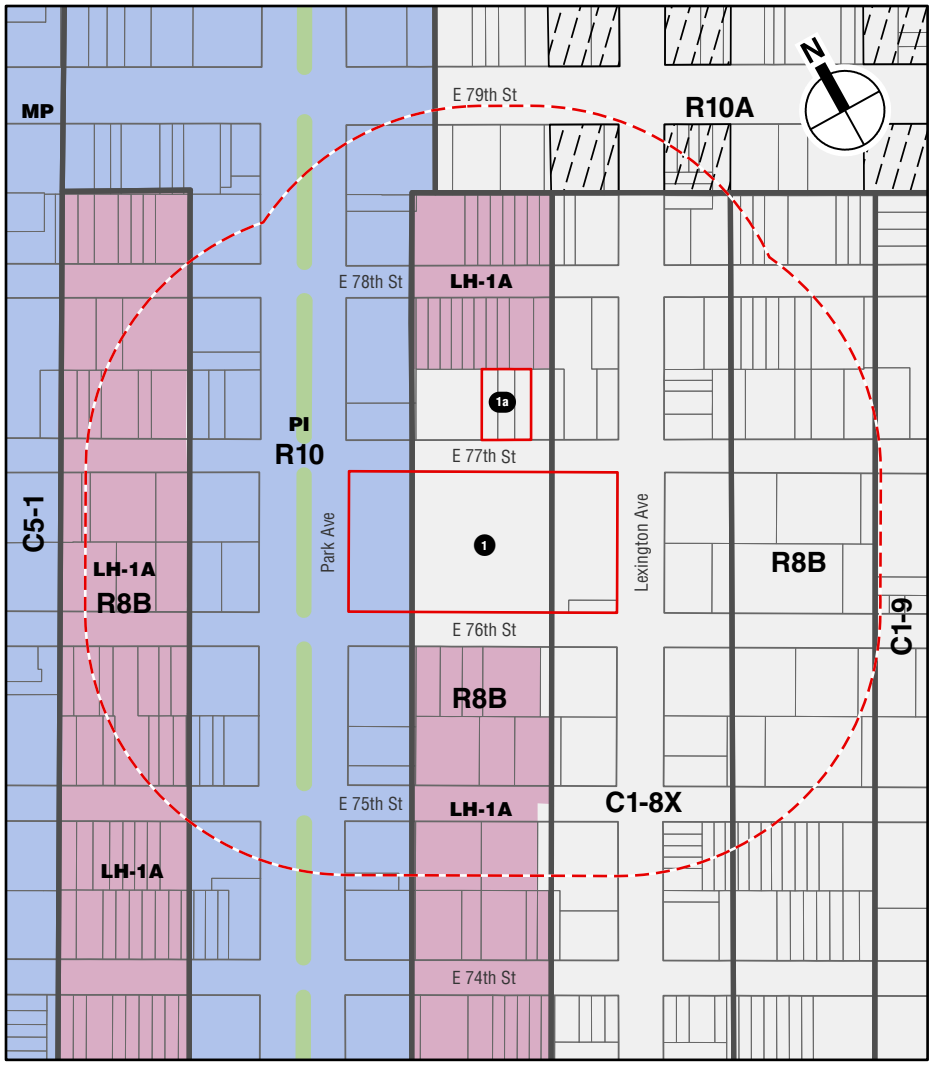

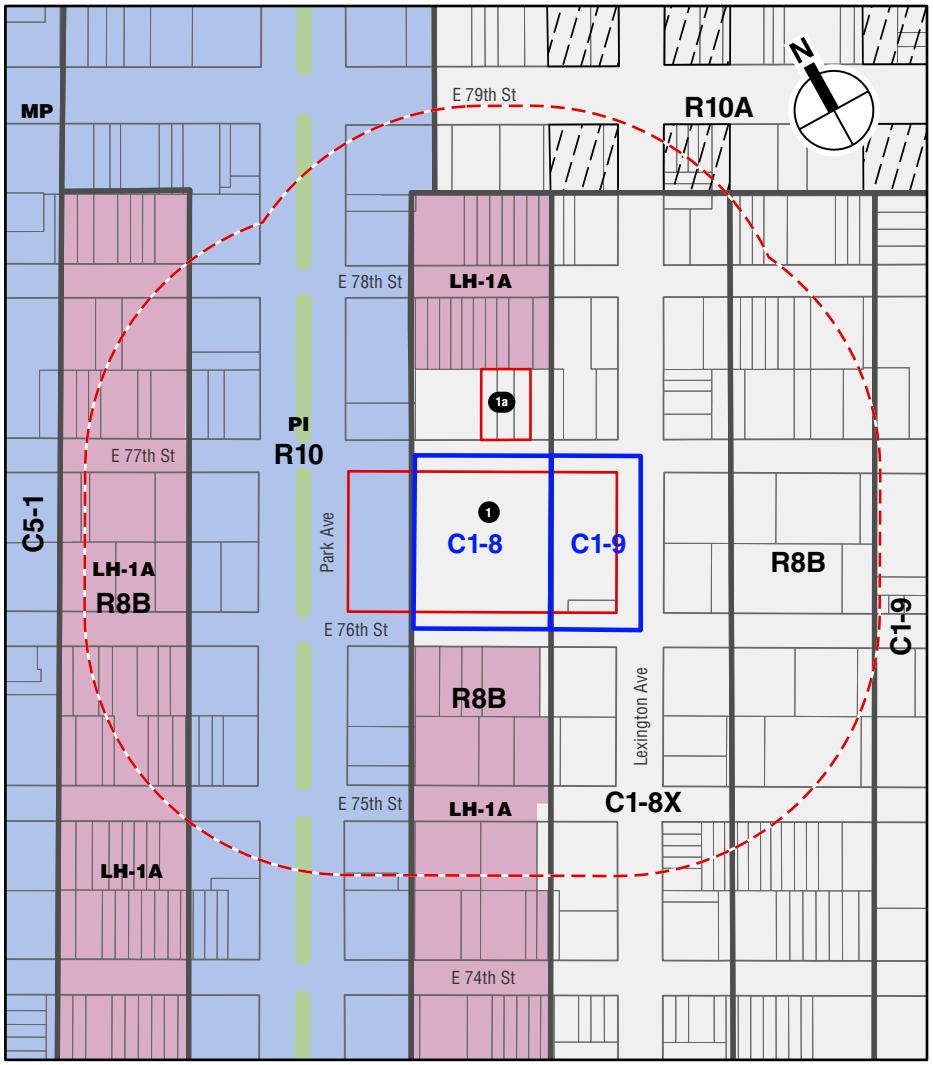

0 400 FEET

Project Site

Projected Development Site

Study Area (400-foot perimeter)

Zoning District Boundaries

C1-5 Commercial Overlay District

Park Avenue Malls

Limited Height District (LH-1A)

Special Park Improvement District (PI)

Special Madison Avenue Preservation District (MP)

Proposed Zoning

LENOX HILL HOSPITAL REDEVELOPMENT

Existing and Proposed Zoning

Figure 1-5

2. Zoning Text Amendments (see Appendix A)

a. Map a Mandatory Inclusionary Housing area over the rezoned portions of Projected Development Site 1;

b. Modify Zoning Resolution (ZR) Section 66-513(a)(2) to allow a floor area bonus for transit improvements in combination with other floor area bonuses where explicitly permitted by a CPC special permit.

c. Modify the Special Park Improvement District regulations (ZR Section 92-21) to allow for a community facility bonus pursuant to ZR Section 74-904.

d. Create a new special permit under ZR Section 74-904 to allow:

i. A floor area increase of up to 12.0 floor area ratio (FAR) for a project predominantly dedicated to Use Group III(B) hospital use;

ii. A further floor area increase in connection with an authorization or special permit pursuant to ZR Section 66-51 for transit improvements; and

iii. Modifications of applicable bulk regulations.

3. Special Permits

Obtain a special permit pursuant to new ZR Section 74-904 to facilitate the proposed redevelopment by:

a. Permitting a floor area bonus of 2.0 FAR for a community facility project;

b. Incorporating a further floor area bonus of 0.5 FAR in connection with an authorization pursuant to ZR Section 66-511 for transit improvements; and

c. Modifying street wall, height, and setback and other bulk regulations.

4. Authorization

Obtain an authorization pursuant to ZR Section 66-511 to allow a floor area bonus of 0.5 FAR in connection with a major improvement to a mass transit station.

The maximum zoning envelopes allowed by these discretionary actions are shown in **Figures 1-6a and 1-6b**.

In addition, the Applicant would seek a Chairperson's certification of a transit easement volume pursuant to ZR Section 66-21, a non-discretionary, ministerial action through the CPC. The Applicant would request a revocable consent from the New York City Department of Transportation (DOT) and any other permits required for the proposed tunnel under East 77th Street. The Applicant would also seek a Certificate of Need from the New York State Department of Health (NYSDOH) and may seek tax-exempt financing of project costs through the Dormitory Authority of the State of New York.

DESCRIPTION OF THE PROJECT SITE AND REZONING AREA

The Project Site includes the approximately 82,760-square-foot hospital block (Block 1411, Lots 1 and 113) (Projected Development Site 1) and one ancillary site (Block 1412, Lots 9, 10, and 11) (Projected Development Site 1a). The area affected by the proposed rezoning and other approvals is limited to Projected Development Site 1. LHH occupies the Project Site, located in the Upper East Side neighborhood of Manhattan, Community District 8.

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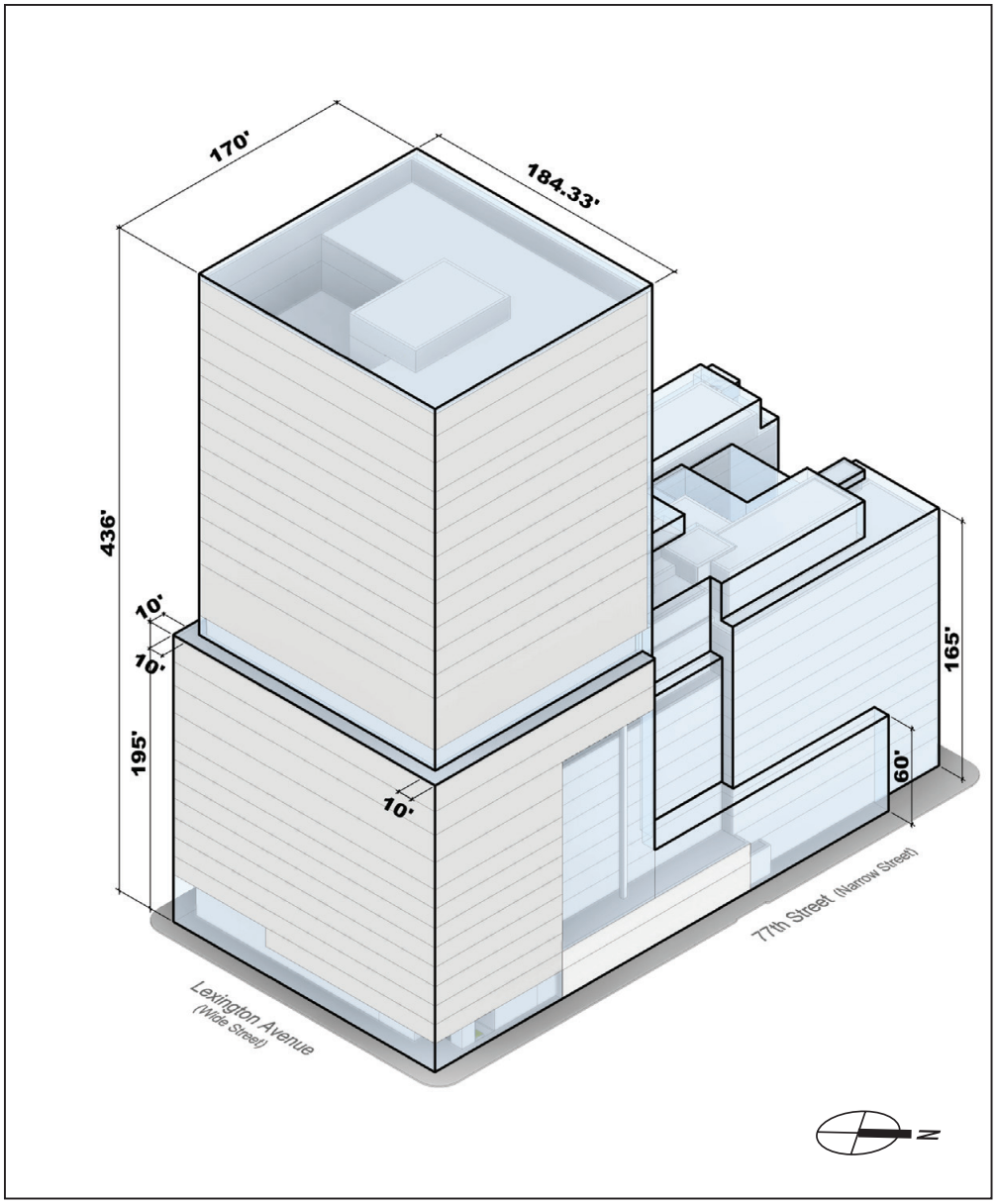

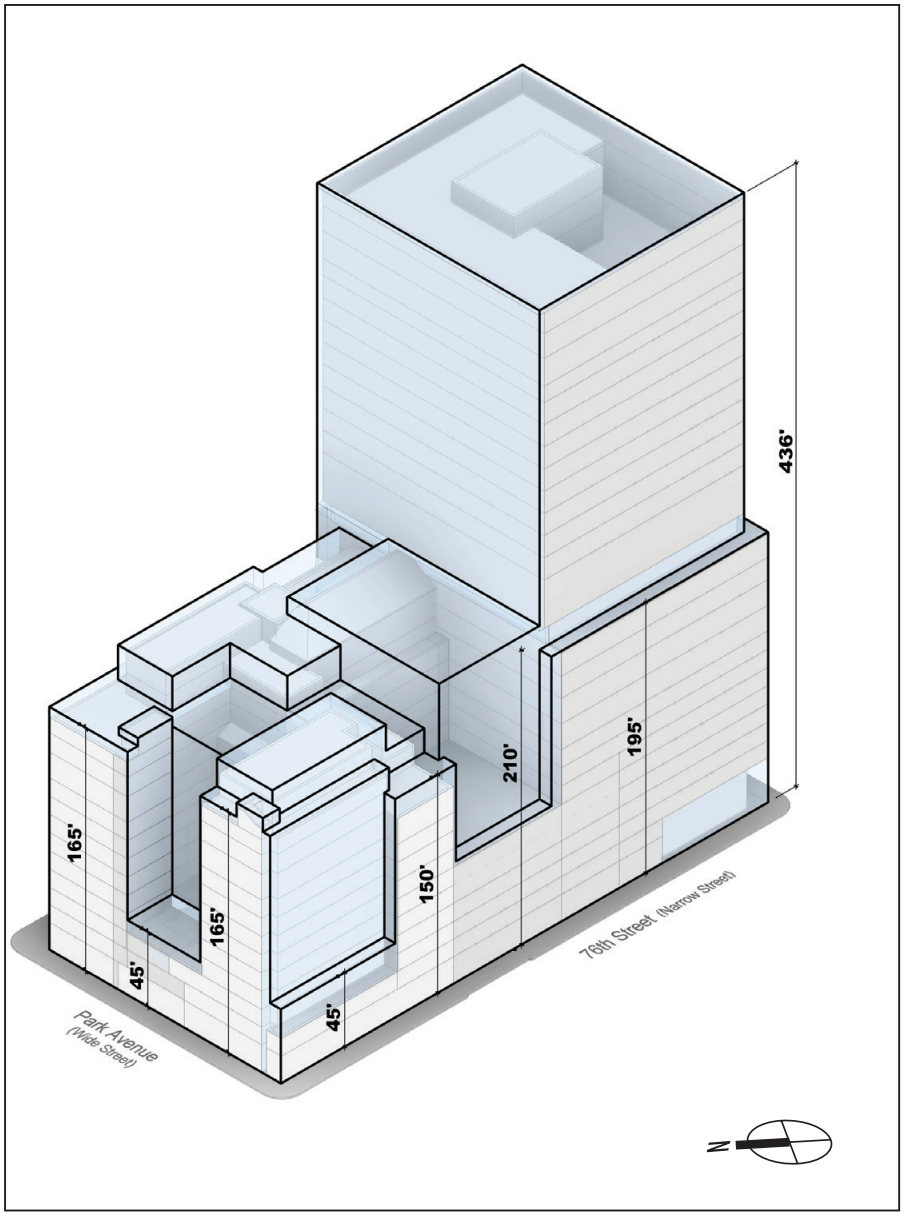

Source: Ennead Architects

NOTE: FOR ILLUSTRATIVE PURPOSES ONLY

Maximum Zoning Envelope

Proposed Maximum Zoning Envelope 1

LENOX HILL HOSPITAL REDEVELOPMENT

Figure 1-6a

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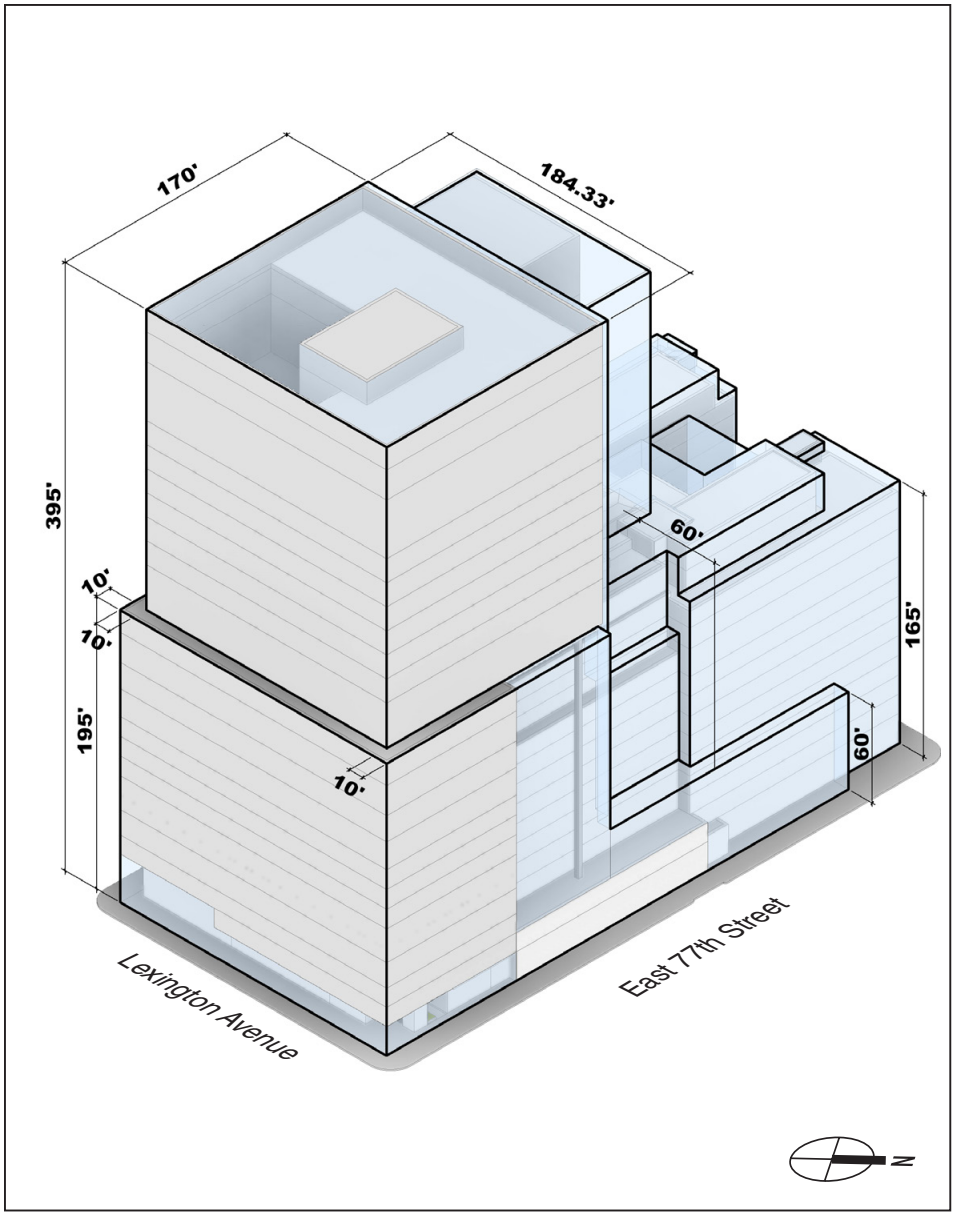

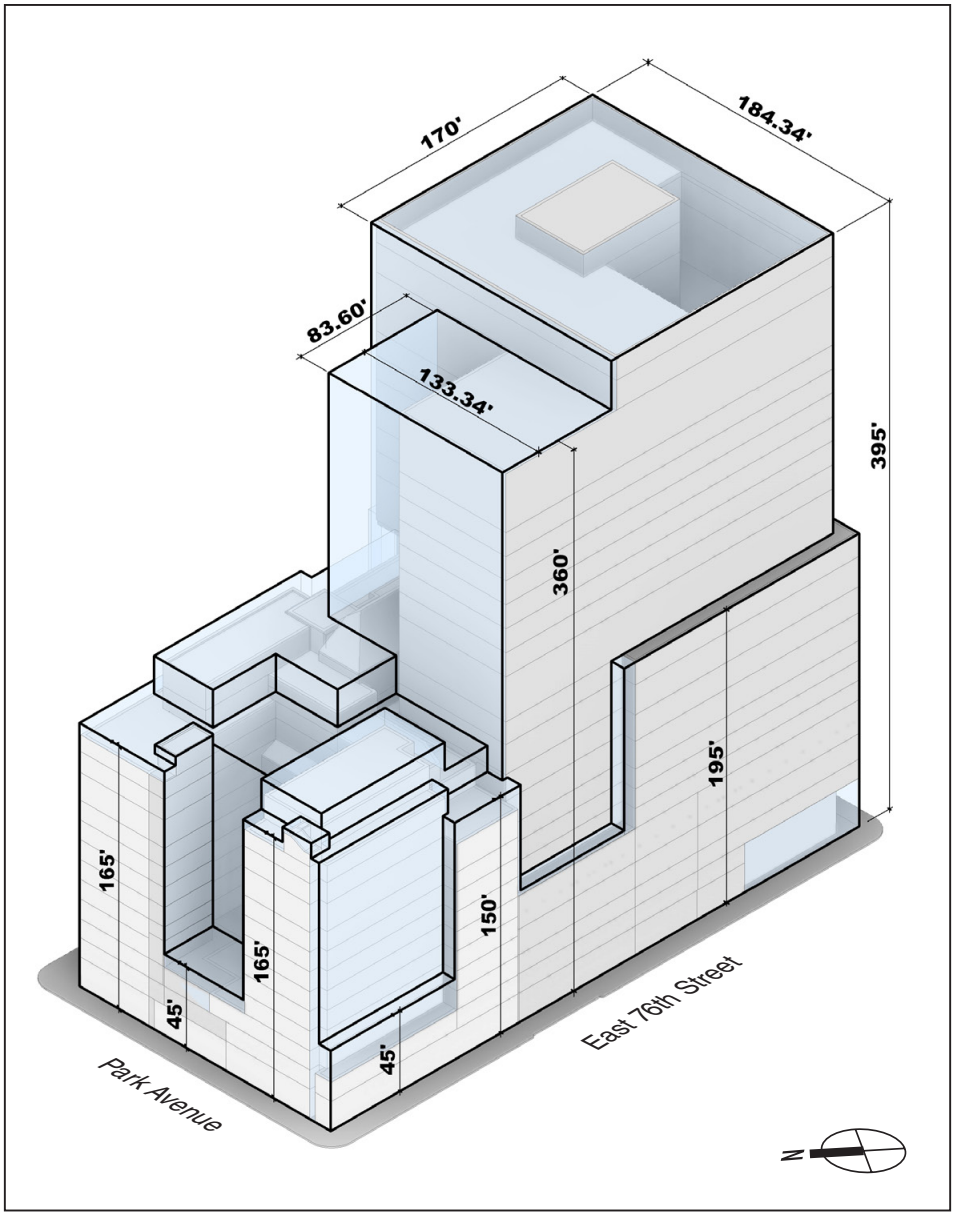

Source: Ennead Architects

NOTE: FOR ILLUSTRATIVE PURPOSES ONLY

Maximum Zoning Envelope

Proposed Maximum Zoning Envelope 2

LENOX HILL HOSPITAL REDEVELOPMENT

Figure 1-6b

Ten buildings ranging in height from 4 to 14 stories (40 to 200 feet high) and developed separately between the late 1880s and 1972 currently occupy Projected Development Site 1 (see **Figure 1-7**). Except for two rowhouses on the southeast corner of the site, the buildings have been renovated, improved, and interconnected to function, to the extent possible, as a single hospital facility. In total, Projected Development Site 1 contains approximately 781,500 gsf of development and 620,500 zoning square feet (zsf) of floor area, for a FAR of approximately 7.5. The hospital complex currently contains 450 beds (about a third of which are in single-bedded rooms), 25 ORs, an ED, and other diagnostic treatment facilities. There is one curb cut on East 76th Street that provides service access to the existing hospital.

Projected Development Site 1 spans three zoning districts (see **Figure 1-5**, above). The western portion of the block is in an R10 residential district, the middle portion is in an R8B residential district, and the eastern portion is in a C1-8X (R9X equivalent) commercial district. The R10 portion of Projected Development Site 1 is also in the Special Park Improvement District.

Projected Development Site 1a is occupied by three three-story buildings (approximately 23,200 gsf total) containing hospital support and clinical space. It is located in the R8B zoning district.

DESCRIPTION OF SURROUNDING AREA

The area surrounding LHH is a mix of institutional, residential, and retail uses. Institutional uses include churches (e.g., Eglise St. Jean Baptiste, Eighth Church of Christ, Scientist) and schools (e.g., Allen-Stevenson, Ramaz Upper School, the Hewitt School, and St. Jean Baptiste High School), as well as LHH and LHH-affiliated medical facilities. There are also residential uses (including multifamily elevator buildings and townhouses) and mixed-use commercial/community facility buildings in the area. Neighborhood retail uses line much of Lexington Avenue. In this area, Park Avenue is characterized by large apartment buildings rising without setback to heights of 120 to 150 feet, with heights above the setback ranging from 160 to 210 feet. Lexington Avenue is characterized by a mix of both older and newer, large 11- to 16-story buildings that have large footprints and wide street frontages, with many buildings occupying wide portions of a single blockfront, and older 2- to 7-story buildings. Many of the larger and taller buildings have a 9- to 12-story base built to the sidewalk, with setbacks above the base. Older buildings with smaller footprints and narrower street frontages are also located on Lexington Avenue among larger buildings. Smaller buildings are generally located between East 77th and East 79th Streets and on the east side of Lexington Avenue. Buildings on Lexington Avenue are built to the sidewalk and faced in masonry; most buildings have ground floor retail. The east-west streets are developed with a variety of brick- and stone-clad buildings, including 7- to 15-story apartment buildings and institutional buildings located among low-rise, 3- to 7-story rowhouses and small apartment buildings, with larger high-rise buildings at the block ends. Most buildings are built to the sidewalk or are slightly recessed from the sidewalk beyond planted and paved yard areas with metal railings. Public open space in the surrounding area consists of a church yard, the Park Avenue Malls, and Central Park, which is located two blocks west of the Project Site.

As shown on **Figure 1-5** above, the area is zoned with high-density districts along the avenues and major cross-town thoroughfares: Fifth Avenue and Park Avenue are in R10 (10.0 FAR) districts within the Special Park Improvement District; Madison Avenue is in a C5-1 (10.0 FAR) district in the Special Madison Avenue Preservation District; Lexington Avenue is in a C1-8X (9.0 FAR) district; Third Avenue is in a C1-9 (up to 12.0 FAR) district; and East 72nd Street and East 79th Street are in R10A (up to 12.0 FAR) districts with the exception of East 79th Street between Park Avenue and Fifth Avenue, which is in either an R10 or C5-1 district (10.0 FAR in

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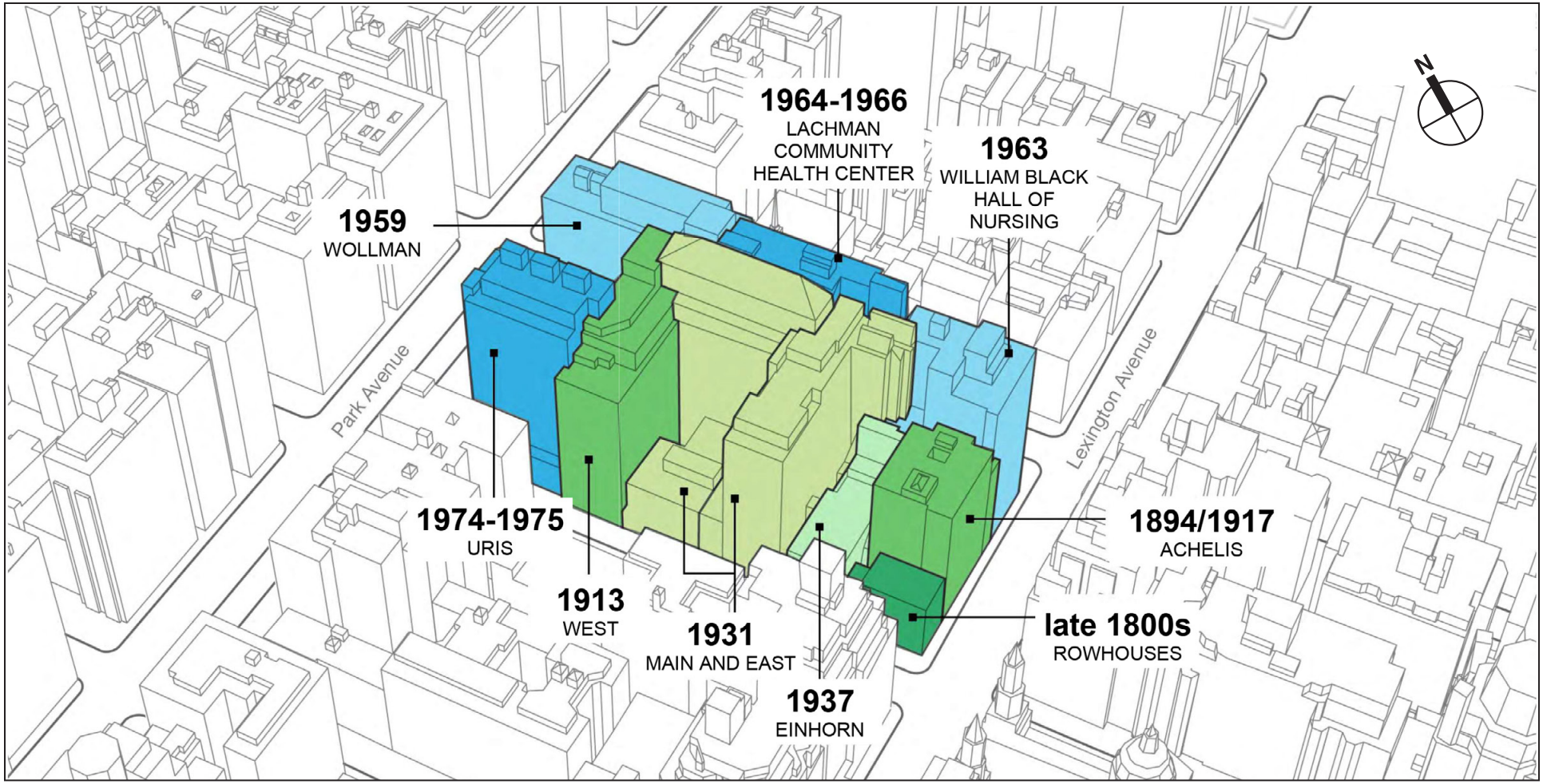

Source: Northwell Health

Existing Lenox Hill Hospital

LENOX HILL HOSPITAL REDEVELOPMENT

Figure 1-7

each). The midblocks in the area are generally mapped as R8B districts (5.1 FAR for community facility or 4.0 FAR for residential). Portions of the surrounding area are also located within the Upper East Side Historic District, including portions or the entirety of the blocks immediately north, south, and west of the Project Site; the Project Site itself is not within a historic district.

The study area is served by the Lexington Avenue subway line, which has a No. 6 train station adjacent to the Project Site at the intersection of Lexington Avenue and East 77th Street; Metropolitan Transportation Authority (MTA) bus service along Lexington Avenue (M101, M102, and M103), East 79th Street (M79-SBS), and East 72nd Street (M72); and Citi Bike, which has bike sharing stations at the southwest corner of the intersection of Park Avenue and East 76th Street and at the northwest corner of the intersection of Third Avenue and East 77th Street.

DESCRIPTION OF THE PROPOSED PROJECT

The Applicant proposes to construct a 21st century, state-of-the-art hospital complex with single-bedded patient rooms, new and improved operating suites, and an expanded ED on Projected Development Site 1. As noted above, two building envelopes are proposed, each of which would accommodate the Proposed Project's program.

Envelope 1 and Envelope 2 would have the same ground floor, entrances, and access points. They each would have a podium (base) containing the ED, operating suites, and patient rooms which would rise to a height of approximately 195 feet (see **Figures 1-6a and 1-6b**). The primary public entrance and lobby would be on Lexington Avenue, with a small retail (pharmacy) space near the discharge area (see **Figures 1-8a and 1-8b**). In addition to the new primary public entrance, the new hospital building would provide an anticipated arcade and widened sidewalks on Lexington Avenue, glazing (glass façade) for transparency at the ground floor on Lexington Avenue and a portion of East 76th Street, and an improved ADA-accessible subway entrance at the corner of Lexington Avenue and East 77th Street (see **Figure 1-9**). The ED walk-in entrance would be located just south of the subway entrance along the Lexington Avenue sidewalk. The podium for Envelope 1 would contain five floors of inpatient beds, while the podium for Envelope 2 would contain three floors of inpatient beds (see **Figures 1-4a through 1-4d**, above). Above the podium, Envelope 1 would have eight additional stories of patient rooms and reach a total of 26 stories, including mechanical floors. The midblock portion of the new building under Envelope 1 could be approximately 210 feet tall, consistent with the highest floors currently existing in the midblock portion of Projected Development Site 1. The new building under Envelope 1 would create 771,000 gsf of new construction.

Envelope 2 would have six floors of patient rooms above the podium and would reach a total of 21 stories (395 feet). Envelope 2 would necessarily increase the bulk of new construction in the midblock in order to provide the same program as Envelope 1; its midblock height would reach 360 feet as compared to up to 210 feet for the maximum zoning envelope in the midblock with Envelope 1. The new building under Envelope 2 would create 867,000 gsf of new construction.

The Proposed Project would also include additions and renovations to portions of the existing hospital complex on Projected Development Site 1 (56,000 gsf with Envelope 1 and 8,000 gsf with Envelope 2) and connections between the new hospital building and the existing adjacent buildings.

To satisfy the Proposed Project's purpose and need, the Proposed Project with either envelope would increase the total number of patient beds by approximately 25 beds (from 450 to 475) and would convert all existing double-bedded rooms to single-bedded rooms. The Proposed Project

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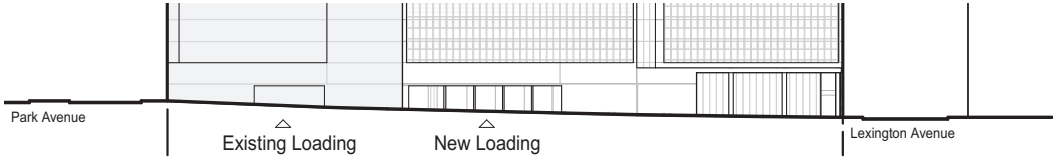
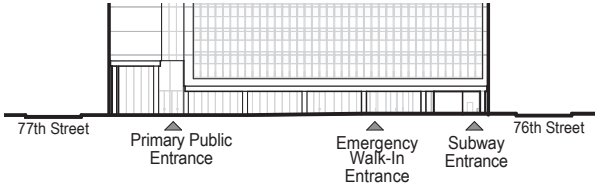
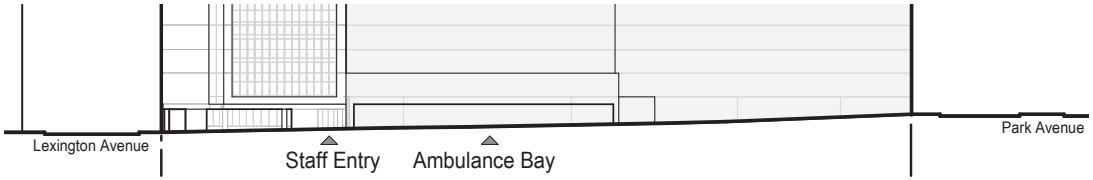


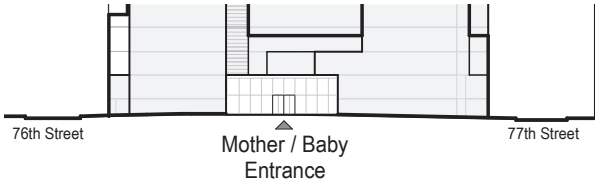
South Elevation - 76th Street



East Elevation - Lexington Avenue



North Elevation - 77th Street



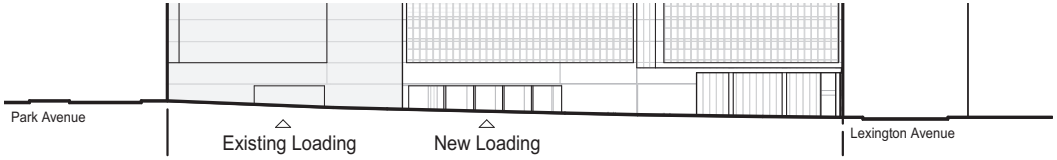
West Elevation - Park Avenue



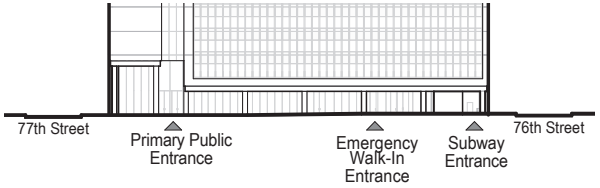
Source: Ennead Architects

NOTES:
- For Illustrative Purposes Only
- Elevations are cropped from the overall elevations

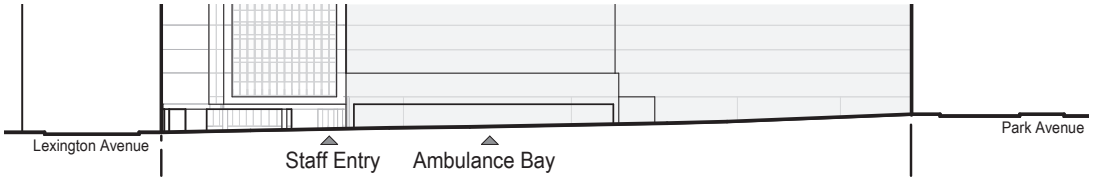
Proposed Corner of Lexington Avenue and East 76th Street – New Entrance Envelope 1



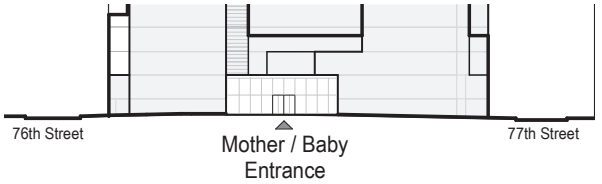
South Elevation - 76th Street



East Elevation - Lexington Avenue



North Elevation - 77th Street



West Elevation - Park Avenue



Source: Ennead Architects

NOTES:
- For Illustrative Purposes Only
- Elevations are cropped from the overall elevations

Proposed Corner of Lexington Avenue and East 76th Street – New Entrance Envelope 2

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Source: Ennead Architects

NOTE: FOR ILLUSTRATIVE PURPOSES ONLY

Proposed Corner of Lexington Avenue and East 77th Street –Subway Entry
Envelope 1 or 2

would also increase the number of ED treatment positions by 14 (from 34 to 48); all of these positions would be hard-walled rather than curtained positions. The number of ORs would increase by five (from 25 to 30), and all of the new ORs would be sized for state-of-the art surgical equipment and procedures and larger surgical teams.

An additional labor and delivery room (increasing the total number from 12 to 13) would be provided in the proposed Mother-Baby Hospital. A new entrance and lobby would be provided on Park Avenue for the Mother-Baby Hospital, along with a new emergency stairway.

An off-street ambulance bay with six berths would be provided off East 77th Street. Four new and longer truck loading bays would be provided on East 76th Street. Overall, the hospital complex on Projected Development Site 1 would have a gross floor area of approximately 1,398,000 square feet (sf), including below grade space, and a zoning floor area of approximately 1,034,500 sf for an FAR of 12.5. Patient rooms would comprise approximately 415,500 sf, the ED would comprise approximately 41,500 sf, and ORs would comprise approximately 132,000 sf.

Projected Development Site 1a would be redeveloped with an approximately 46,000-gsf, 75-foot-tall building to house hospital support functions, including educational and administrative space and below grade utility/mechanical functions. A utility tunnel under East 77th Street would connect it to the main hospital on Projected Development Site 1. While the tunnel would require a revocable consent from DOT, the building itself would be as-of-right under existing zoning. This related project may occur independent of the Proposed Project; however, it is analyzed as part of the Proposed Project.

The Applicant also proposes improvements to the Lexington Avenue 77th Street subway station, specifically improving access to the downtown platform of the station on the southwest corner of Lexington Avenue and East 77th Street by moving that access into Projected Development Site 1 (see **Figure 1-9**, above). Working with the MTA, the Applicant would replace the two existing 5-foot wide stairways on the sidewalk adjacent to the Development Site with a new 15-foot-wide stairway located within Projected Development Site 1, increasing stair capacity by approximately 50 percent; install an elevator to provide ADA access between the street level and the mezzanine and a ramp from the mezzanine to the southbound platform level of the subway station; and improve lighting and security systems within the station. The setback of the proposed subway stairs and ADA elevator would increase the sidewalk area by approximately 725 sf of open area adjacent to the new stairway and elevator, and the removal of the existing stairways on the sidewalk would further increase the open area by approximately 175 sf. These improvements would provide ADA access to the downtown platform of the station and increase street level circulation space at the street corner adjacent to the station's nearest access point to LHH.

C. PURPOSE AND NEED

BACKGROUND AND NEED FOR THE PROPOSED PROJECT

LHH was originally founded over 160 years ago, in 1857, as The German Dispensary of the City of New York. The first hospital building on Projected Development Site 1 opened in the late 1860s, and over the next century, the hospital complex grew to encompass the entire block. Between 1872 and 1972, the 10 existing buildings were built on the site (see **Figure 1-7**, above). Over the years there were renovations, improvements, and interconnections among the buildings.

In 2010, LHH became part of the Northwell Health network as its New York City (NYC) flagship to provide world-class service to patients of all income levels from the local Upper East Side

community and from across the five boroughs. While more than $275 million have been invested in capital improvements at the hospital since 2010, many of LHH's older buildings (the newest hospital building housing patient room is over 50 years old) are not structurally configured to accommodate current needs or to adapt to anticipated future requirements and innovations in healthcare delivery. Medical care and technology have evolved, requiring changes in patient care areas to reduce the potential for transmission of infections and to improve patient satisfaction, as well as changes to increase space for equipment for the monitoring and treatment of complex medical issues. These factors, coupled with the long-term piecemeal nature of the hospital's development, have meant that, even after costly and extensive renovations, existing hospital facilities remain unable to accommodate necessary upgrades or future technologies and are expensive to maintain. For example, the buildings to be demolished (William Black 1963, Achelis 1894/1917, Einhorn 1937, and four late 1800s rowhouses) cannot currently be used for inpatient care because their structures cannot accommodate necessary heating, ventilation, and air conditioning (HVAC) infrastructure, sensitive modern imaging equipment, or patient transport between buildings. The six other buildings were designed independent of each other; they lack the appropriate space and structural elements needed to create the modern- hospital compliant with the 2018 Facility Guidelines Institute's (FGI's) *Guidelines for Design and Construction of Health Care Facilities* (FGI Guidelines) that LHH is seeking to provide with the Proposed Project. (For more information about the existing use of and constraints associated with the existing buildings, please see Attachment 1 to the Final Scope of Work provided in **Appendix A**.)

In recent years, the national healthcare landscape has changed drastically, and the ongoing operations of many urban hospitals have become increasingly challenging. The purpose and need for the Proposed Project are grounded in improving health outcomes for patients and ensuring that LHH will remain a resource for the community and NYC for years to come. The current facility, parts of which date back to the 1800s, is not sustainable for the clinical demands of future generations. A revitalized hospital complex would allow LHH to continue providing top-tier care to all of its patients.

LHH has served NYC residents for over 160 years and patients rely on this hospital and its care providers for a broad range of services. With more than 144,000 annual patient visits, including over 50,000 emergency room visits, LHH is a vital component of the healthcare delivery system in NYC and is dedicated to meeting the needs of patients who rely on the hospital for all levels of inpatient and emergency services. While LHH receives patients from all five boroughs of NYC and beyond, its "service area" is comprised of Manhattan, parts of western Queens, and parts of southern Brooklyn. This service area represents the geography from which the highest volume of the hospital's patients originates. There are currently 3.5 million people residing in this service area, and the average age of the population is expected to increase over the next two decades. As the service area population gets older, higher volumes of chronic disease and complexity of hospitalized patients are expected. The patient population is also expected to increase with programmatic growth; LHH continues to grow and invest in services including cardiac surgery, neurosurgery, orthopedics, and cancer services.

Further, the COVID-19 pandemic highlighted LHH's constraints and affirmed the need for upgrades to their physical plant to ensure that it can continue to provide world-class healthcare over the next century. Specifically, the pandemic highlighted the need to provide intensive care units, to have flexible facilities for multiple uses, and to isolate infectious patients in rooms separated by walls, rather than in curtained bays or in hallways.

LHH's specific needs are described in more detail below:

PATIENT ROOMS

There are currently 311 patient rooms, including 172 single-bedded rooms. Of the current 450 patient beds, 278 are in 139 double-bedded rooms (each double-bedded room is approximately 230 to 250 sf). In August 2019, NYSDOH announced its plans to adopt the FGI Guidelines, which generally require single-bedded rooms for all types of inpatient beds in new hospital buildings [except for Neonatal Intensive Care Unit (NICU) patient rooms]. The industry standard for patient rooms has changed to single-bedded rooms of approximately 250 to 375 sf to reduce transmission of infectious diseases, to provide space for modern hospital equipment to be brought into the rooms when needed, to provide sufficient space for family members and other visitors, and to enhance patients' privacy. Single-bedded patient rooms have been the industry standard for over a decade. To the Applicant's knowledge, since 2010, all major hospital new construction projects in New York State, including several such projects in NYC, have contained all single-bedded patient rooms.

OPERATING ROOMS

The existing LHH campus does not have sufficient floor area or a configuration that accommodates a transition to optimally sized operating suites. Since the 1970s, the nationwide standard size of surgical suites, including ORs as well as critical support space, has effectively tripled, both to support modern equipment needs and to ensure sterile movement of supplies.

At an average size of 400 sf, the existing ORs do not have adequate space for modern monitoring, imaging, and robotic equipment. Modern ORs are sized universally so that multiple surgical specialties can operate interchangeably. The FGI Guidelines require a minimum OR size of 600 sf for specialty ORs.

Many of LHH's existing ORs have ceiling heights of 9 feet 5 inches to 10 feet 5 inches, which limit the use of newer, larger equipment. Unlike walls that can be moved, ceiling heights are more difficult, if not impossible, to change.

EMERGENCY DEPARTMENT

The existing LHH complex has an ED that, at approximately 14,000 sf, is undersized relative to the needs of the community and current demand. There are too few ED positions, there is not adequate space to provide separate areas for infectious and non-infectious patients, and too little privacy is afforded to the patients. Of the 34 existing ED positions, 15 beds are located in the hallway. The patients positioned in the hallway bays are separated from one another by a curtain, offering minimal privacy, with little room to accommodate support persons. Industry-standard practices for EDs, including individual patient rooms and adequate space for the clinical team to collaborate most effectively, are essential to meet the growing need for emergency services and deliver superior outcomes for the approximately 50,000 annual ED visits received at LHH.

MOTHER-BABY HOSPITAL

The existing mother-baby services at LHH are spread disparately across six different units throughout the hospital; there is no consolidated zone for mothers and newborns. Two postpartum units are adjacent to a regional medicine unit, and expectant mothers enter the hospital through the same lobby as all other patients. Over half of the postpartum rooms at Lenox Hill Hospital are currently double-bedded. At full capacity, 70 percent of mothers and newborns share a room. From

a post-pandemic standpoint, there is an expectation for hospitals to provide contained, infection-free areas for healthy patients.

OTHER NEEDED IMPROVEMENTS

Ambulance Arrivals

Ambulances delivering patients to LHH must currently park along the sidewalk on East 77th Street. Arriving patients are taken across the sidewalk into the hospital, exposing patients to inclement weather and everyday street and sidewalk traffic. This results in an unpleasant experience for the patients, as well as pedestrian conflicts on the sidewalk. Further, the existing limitation in ambulance parking results in some ambulances having to double-park to deliver patients, consequently causing traffic congestion.

Truck Docks

On East 76th Street, the hospital's three existing loading bays are too short for many of the trucks that come to the hospital. As a result, trucks frequently park on or across the sidewalk, and sometimes reach into the street. Further, the current hospital configuration does not provide for the separation of clean and soiled materials. Loading activities taking place on the street and sidewalk interfere with pedestrian and vehicular movement.

Subway Station Access and Sidewalk Improvements

The 77th Street subway station of the Lexington Avenue No. 6 train is outdated, does not provide ADA access, and was originally designed with the token booths on mezzanine levels multiple steps above the subway platforms. The existing subway access stairway takes a significant amount of space (approximately 175 sf) from the sidewalk.

BENEFITS OF THE PROPOSED PROJECT

As described above, the Proposed Project would create an enlarged and modernized healthcare facility. Buildings on the east end of the hospital block that are the oldest in the complex would be demolished and replaced by a new hospital building. To the west of the new building, other existing buildings would be demolished and reconstructed or renovated and upgraded to current standards and connected to the new structure.

PATIENT ROOMS

The current hospital operates 450 beds in 311 rooms, including 172 beds in single-bedded rooms and 278 beds in double-bedded rooms. The Proposed Project would provide a total of 475 single-bedded patient rooms, a net increase of 25 beds and 164 patient rooms.

As stated above, these single-bedded rooms would reduce transmission of infectious diseases, provide space for modern hospital equipment to be brought into the rooms when needed, provide sufficient space for family members and other visitors, and enhance patients' privacy. The proposed single-bedded rooms would be consistent with the FGI Guidelines and this industry standard.

The Proposed Project would provide an additional 25 beds compared to the existing hospital (6 percent increase). This incremental need is the result of multiple factors. While the New York Region, like the nation overall, has seen a shift to ambulatory settings for less acute cases,

population growth and the aging population are driving the need for additional inpatient beds. Over the next five years alone, the 65+ population is projected to grow 8.5 percent; growth in this population is anticipated to continue over the next two decades. The Census Bureau projects that by 2030, all baby boomers will be 65 or older; by 2040 they will all be 75 or older. The aging of this significant population group will have a profound impact on healthcare. The older population is hospitalized at a significantly higher rate than the younger population due to increased incidence of diseases that are often exacerbated by chronic conditions such as heart disease, chronic obstructive pulmonary disease, diabetes, and dementia. In addition to an increase in the number of inpatient cases, average length of stay is also expected to increase. Inpatient discharges nationwide are projected to grow 2 percent over the next 10 years, and length of stay is expected to grow 8 percent due to the increased complexity of cases.[1] Lastly, the increment of 25 beds assumes additional investment in cardiac and neurosurgery programs, programs for which LHH is historically well known, which will result in continued inpatient growth.

OPERATING ROOMS

The Proposed Project would include a total of 30 ORs, the majority of which would be located in the new building. This would result in a net increase of 5 ORs compared to existing conditions.

The ORs would be sized for advanced equipment, technology, surgical procedures, and larger surgical teams. The FGI Guidelines require a minimum OR size of 600 sf for specialty ORs. The Proposed Project would provide a variety of OR sizes based on the types of procedures to be performed. As surgical practices and healthcare delivery continue to advance, the OR environment has adapted to accommodate these developments. Accounting for sufficient space in the OR for the patient, larger surgical teams, mobile and image-guided equipment, ceiling booms, cameras, high-definition monitors, and at times robotic technology is critical in appropriately sizing the OR. Further, each of these components must be located in the appropriate zone proximal to the sterile field. In particular, the new ORs would have minimum ceiling heights of 10 feet with floor-to-floor heights of approximately 18 feet to accommodate newer and larger equipment.

State-of-the-art hospitals today allow for maximum flexibility across their surgical platforms. Using the specialty OR as the baseline design for the Proposed Project facilitates improved patient access to procedures, reduced turn-over time, and increased overall efficiency throughout the hospital. Hybrid ORs have also become commonplace in new hospitals as interoperative imaging is seen as a critical technology for many procedures today. This type of OR permanently integrates imaging technology (e.g., CT, MRI, or vascular imaging technologies) into the OR. Often times, these technologies move in and out of the OR while the patient remains in the same place throughout the duration of the surgery. Hybrid ORs must be sized to accommodate in-room imaging and other equipment, which is driven by manufacturer requirements. These rooms typically range in size from 825 to 1,000 sf, require a dedicated control room, and also may require a systems component room outside of the Hybrid OR dependent on the imaging equipment to be

[1] As part of the planning for the Proposed Project, the Applicant consulted with Sg2 on projected future trends in healthcare. Sg2 is a division of Vizient, a healthcare performance improvement company that specializes in providing healthcare intelligence and strategic advisory services by leveraging data, analytics, and industry expertise in making informed decisions about growth, innovation, and resource optimization.

used. The Proposed Project would create a mix of ORs ranging from 600 to 1,000 sf to accommodate state-of-the-art equipment.

EMERGENCY DEPARTMENT

The Proposed Project would increase the number of ED treatment positions from 34 to 48; all of these 150-sf positions would be hard-walled rather than curtained positions. Overall, the proposed ED would be approximately 41,500 sf. The proposed expansion of the ED would create space to isolate infectious or immuno-compromised patients and would offer patients more comfort and privacy. A walk-in entrance would be provided from the Lexington Avenue sidewalk just south of the subway entrance. Ambulance access is described below.

MOTHER-BABY HOSPITAL

The Proposed Project would create a Mother-Baby Hospital, designed to separate non-infectious patients from all other services provided at LHH and to improve the experience of expectant families. A new entrance on Park Avenue and a new lobby would be created specifically for the Mother-Baby Hospital. The Proposed Project would provide all mothers with single-bedded rooms, with the goal of improving the experience of the families that choose to give birth at LHH while continuing the clinical excellence of LHH's maternal child services. Single-bedded rooms are required to provide adequate space for mothers to be joined by their families and ensure a better quality of sleep while recovering from childbirth. Additionally, the Proposed Project would provide an additional labor and delivery room (increasing the number from 12 to 13) and expand LHH's state of the art neonatal intensive care unit to comply with industry standards and afford families and neonates adequate levels of privacy and quiet.

OTHER IMPROVEMENTS

Ambulance Arrivals

The new ambulance bay on East 77th Street would allow six ambulances to park and discharge patients under the building in a weather-protected space off the street. This would greatly improve both the patient experience arriving to the hospital and the flow of traffic on the street.

Truck Docks

The new truck docks would allow four additional trucks to be accommodated at the same time. They would be long enough and angled to allow all the trucks using them to be off the street and off the sidewalk such that they would no longer interfere with pedestrian and vehicular movement on East 76th Street. The new docks would also provide for the separation of clean and soiled materials.

Subway Station Access and Sidewalk Improvements

As described above, the Proposed Project would replace the two existing 5-foot-wide stairways on the sidewalk adjacent to Projected Development Site 1 with a new approximately 15-foot-wide stairway located within Projected Development Site 1, increasing space on the sidewalk by approximately 175 sf as well as increasing stair width by approximately 50 percent. The Proposed Project would also install an elevator between the street level and the mezzanine and a ramp from the mezzanine to the southbound platform level of the subway station to provide ADA access. Further, it would improve lighting and security systems within the station. The proposed subway stairway and elevator access would be set back from the property line, increasing the sidewalk by

approximately 725 sf of open area adjacent to the new stairway and ADA elevator (see **Figure 1-9**). These improvements would provide ADA access to the downtown side of the station and increase street level circulation space at the busy street corner adjacent to the station's nearest access point to LHH.

With the new building on the east end of the hospital block, the primary public entrance would be moved from the midpoint of the East 77th Street frontage to a more accessible location on Lexington Avenue near East 76th Street (see **Figures 1-8a and 1-8b**), convenient to buses travelling on Lexington Avenue as well as the subway entrances. The setback of the ground floor of the building under an anticipated arcade would also provide pedestrians with more sidewalk space and more protection from inclement weather.

D. ANALYSIS FRAMEWORK

The Proposed Actions would change the regulatory controls governing land use and development at Projected Development Site 1. The *CEQR Technical Manual* serves as the general guide on the methodologies and impact criteria for evaluating the Proposed Actions' potential effects on the various environmental areas of analysis.

During a CEQR review, the lead agency is required to take a "hard look" at the environmental impacts of proposed actions and, to the maximum extent practicable, avoid or mitigate potentially significant adverse impacts on the environment, consistent with social, economic, and other essential considerations. An EIS is a comprehensive document used to systematically consider environmental effects, evaluate reasonable alternatives, and identify and mitigate, to the maximum extent practicable, any potentially significant adverse environmental impacts. The EIS provides a means for the lead and involved agencies to consider environmental factors and choose among alternatives in their decision-making processes related to a proposed action.

The Draft Scope of Work for this EIS only considered the Proposed Project with what is now known as Envelope 1. As noted above in this chapter, in response to comments regarding the height of the new hospital building on Lexington Avenue, the Applicant developed a second building massing (Envelope 2) that would reduce the height along the Lexington Avenue frontage to 395 feet and, to accommodate the program, would have a taller midblock that would rise to a height of 360 feet. The program, population, site access, zoning actions, and construction duration would be the same for both envelopes. Envelope 1 and Envelope 2 are both analyzed in this EIS.

This section outlines the conditions examined in the EIS.

BUILD YEAR

Construction is expected to commence in March 2027 when design of the facility is complete, NYSDOH approval has been acquired, and most outpatient services have been relocated to other Manhattan-based Northwell facilities. The Proposed Project would then be constructed in a single phase over the course of approximately nine years, of which approximately three years would be interior work only under Envelope 1 and approximately two and a half years would be interior work only under Envelope 2. The Proposed Project would be completed and fully operational by 2036.

LHH must maintain hospital operations during construction of the Proposed Project. Closing a hospital in New York State is a highly regulated process, would result in a significant disruption in care, and is only be undertaken when there are significant financial strains.

As noted above, LHH has served NYC residents for over 160 years and patients rely on this hospital and its care providers for a broad range of services. With more than 144,000 annual patient visits, including over 50,000 emergency room visits, LHH is a vital component of the healthcare delivery system in NYC. The hospital employs over 4,000 team members who rely on the hospital for their livelihood. Further, many of the patients treated at LHH are part of a care continuum; they see primary care physicians and specialists that are in the LHH/Northwell network of care, and LHH is an important part of this system.

However, maintaining hospital operations affects the length of the construction period. While much of the construction period would focus on the new tower, there would still be a large part of the work taking place west of the Lexington Avenue building, where existing hospital buildings would remain. This portion of the construction would have to be phased to allow hospital operations to continue, and the phasing takes more time.

REASONABLE WORST CASE DEVELOPMENT SCENARIO

In order to assess the possible effects of the Proposed Project, an RWCDS was developed to account for existing conditions, the Future without the Proposed Project (No Action condition), and the Future with the Proposed Project (With Action condition). The incremental difference between the future No Action condition and future With Action condition serves as the basis for identifying potential environmental impacts, as described below.

IDENTIFICATION OF THE PROJECT SITE

The first step in establishing the development scenario for the Proposed Project is to identify those sites where new development could be reasonably expected to occur. As identified above, the Project Site is larger than the proposed rezoning area. The rezoning area would cover only the portion of Block 1411 (Projected Development Site 1) from Lexington Avenue to 100 feet east of Park Avenue. The Park Avenue frontage of Block 1411 and Lots 9, 10, and 11 of Block 1412 would not be rezoned. Additionally, Block 1412, Lots 9, 10, and 11 (Projected Development Site 1a) are considered part of the Project Site but would not be subject to the other proposed discretionary actions other than the revocable consent for the utility tunnel under East 77th Street to connect with the main hospital on Projected Development Site 1.

THE FUTURE WITHOUT THE PROPOSED PROJECT (NO ACTION CONDITION)

Absent the Proposed Project, the main hospital complex on Projected Development Site 1 will remain in its current form, with most ambulatory (outpatient) uses on the main hospital block relocating to other facilities (including Projected Development Site 1a). Approximately 650 daily outpatients, 944 daily visitors (associated with those outpatients), and 257 staff members will be relocated (see **Table 1-1**) to off-site facilities, including Northwell's as-of-right Third Avenue project, which is currently in construction. In the No Action condition, these relocations will make approximately 13,500 sf within the existing hospital available to convert a limited number of double-bedded rooms to single-bedded rooms without any effect on the total number of beds, and will allow for reconfiguration of certain suboptimal spaces.

Under the No Action condition, the Applicant may redevelop Projected Development Site 1a. However, the No Action condition conservatively assumes that buildings on Projected Development Site 1a will continue to be used as-is. The above-mentioned relocations from the main hospital complex pertain to Projected Development Site 1.

Table 1-1
Project Population – Typical Average Weekday Daily Persons

Population	Existing	No Action	With Action	Project Increment
Projected Development Site 1 (Hospital Block)				
Staff*	**2,990**	**2,733**	**3,070**	**337**
Inpatient	*2,558*	*2,582*	*2,930*	*348*
Ambulatory	*432*	*151*	*140*	*-11*
Patients	**1,262**	**612**	**633**	**21**
Inpatient	*450*	*450*	*475*	*25*
Ambulatory	*812*	*162*	*158*	*-4*
Visitors	**2,191**	**1,247**	**1,298**	**51**
Inpatient	*1,013*	*1,012*	*1,069*	*57*
Ambulatory	*1,178*	*235*	*229*	*-6*
Projected Development Site 1a (East 77th Street Site)				
Staff*	**108**	**108**	**110**	**2**
Inpatient	*33*	*33*	*35*	*2*
Ambulatory	*75*	*75*	*75*	*0*
Patients	**4**	**4**	**0**	**-4**
Inpatient	*0*	*0*	*0*	*0*
Ambulatory	*4*	*4*	*0*	*-4*
Visitors	**6**	**6**	**0**	**-6**
Inpatient	*0*	*0*	*0*	*0*
Ambulatory	*6*	*6*	*0*	*-6*
Total – Projected Development Sites 1 and 1a				
Staff*	**3,098**	**2,841**	**3,180**	**339**
Inpatient	*2,591*	*2,615*	*2,965*	*350*
Ambulatory	*507*	*226*	*215*	*-11*
Patients	**1,266**	**616**	**633**	**17**
Inpatient	*450*	*450*	*475*	*25*
Ambulatory	*816*	*166*	*158*	*-8*
Visitors	**2,197**	**1,253**	**1,298**	**45**
Inpatient	*1,013*	*1,012*	*1,069*	*57*
Ambulatory	*1,184*	*241*	*229*	*-12*

Note: * Staff includes physicians (employed and voluntary), nurses, other clinical, administrative, and building operations employees, students, and volunteers.

THE FUTURE WITH THE PROPOSED PROJECT (WITH ACTION CONDITION)

As described above, the Proposed Project would create a new state-of-the-art hospital complex on Projected Development Site 1 that would include 475 single-bedded patient rooms, 30 operating suites, and an enlarged and updated ED. As discussed above, a new building would be constructed on Lexington Avenue and would include an ED, operating suites, and patient rooms in the podium, which would rise to a height of approximately 195 feet before a setback (see **Figures 1-4a through 1-4d**). Envelope 1 would have 8 additional stories of patient rooms above the podium and would rise to a height of 26 stories (436 feet including mechanical floors). The midblock section of the new building under Envelope 1 could be approximately 210 feet tall, consistent with the highest floors currently existing in the midblock portion of Projected Development Site 1. Envelope 2 would have 6 stories of patient rooms above the podium and rise to a total of 21 floors (395 feet including mechanical floors). In order to accommodate the Proposed Project's program, the midblock section of Envelope 2 would rise to a height of 360 feet. With either envelope, the ground floor of the new hospital building would have a primary entrance and a public lobby at the Lexington Avenue frontage.

The Proposed Project would also include additions and modifications to portions of the existing hospital complex on Projected Development Site 1 to accommodate connections to the new hospital building's podium. A new lobby and emergency stairway to the Mother-Baby Hospital would be provided on Park Avenue. Off-street parking for up to six ambulances would be provided on East 77th Street to alleviate the existing street congestion and allow the enclosed transfer of patients into the hospital. The Proposed Project would also provide new, longer truck docks inside the building configured to reduce sidewalk and street congestion on East 76th Street, as shown in **Figure 1-3**. Overall, the hospital complex with Envelope 1 would have a gross floor area of approximately 1,398,000 sf and a zoning floor area of 1,034,471 sf for an FAR of 12.5. Overall, the hospital complex with Envelope 2 would have a gross floor area of approximately 1,390,000 sf and a zoning floor area of 1,034,471 sf for an FAR of 12.5. As a result of the Proposed Project, there would be 17 additional patients, 45 additional visitors, and 339 additional workers (see **Table 1-1**). This change accounts for the relocation of the limited remaining ambulatory programs on the main hospital block to facilities outside of the Project Site.

The zoning approvals would allow for a slightly larger building envelope to provide flexibility in the building massing; therefore, to account for the RWCDS in terms of bulk and height, the maximum zoning envelope will conservatively be used to represent the With Action condition in the environmental analysis. As shown in **Figures 1-6a and 1-6b**, the Proposed Project's podium and building heights are slightly shorter than the maximum heights allowed in the zoning envelope; therefore, an approximately 195-foot podium height is assumed for the purpose of the EIS. For Envelope 1, the new building on Lexington Avenue would reach a total height of 436 feet (26 stories) and the midblock portion could reach a height of 210 feet. For Envelope 2, the new building on Lexington Avenue would reach a total height of 395 feet (21 stories) and the midblock portion would reach a total height of 360 feet (20 stories). The zoning approvals would restrict the maximum floor area to 12.5 FAR under either Envelope 1 or Envelope 2; therefore, the Proposed Project's gross and zoning floor areas represent the RWCDS for the With Action condition.

Projected Development Site 1a, directly across East 77th Street, would be redeveloped with an approximately 46,000-gsf, 75-foot-tall (six-story) building, including support space for LHH. There would also be a utility tunnel under East 77th Street connecting to the main hospital. As noted, this related project may occur independent of the Proposed Project to support overall LHH growth; however, for a conservative analysis, it is being analyzed as part of the Proposed Project.

As shown in **Table 1-2**, the Proposed Project would result in an overall development increment of approximately 631,300 gsf (Envelope 2) to 639,300 gsf (Envelope 1) of hospital/community facility uses and 25 additional hospital beds under the With Action condition as compared to the No Action condition.

The Applicant also proposes to provide improved access to the Lexington Avenue 77th Street subway station, at the southwest corner of Lexington Avenue and East 77th Street within the LHH property. The new stairway and elevator from the street level to the mezzanine would not only improve station access, but would also increase sidewalk space for pedestrians. This improvement would provide ADA access to the downtown side of the station and increase street level circulation space at the street corner adjacent to the station's nearest access point to LHH.

Table 1-2
Development Program Summary

Components	Existing/No Action Condition	With Action Condition (Envelope 1)	With Action Condition (Envelope 2)	Increment (Envelope 1)	Increment (Envelope 2)
Projected Development Site 1/ Hospital Block (gsf)	781,500	1,398,000	1,390,000	616,500	608,500
Projected Development Site 1/ Hospital Block (beds)	450	475	475	25	25
Projected Development Site 1a/ East 77th Street Site (gsf)	23,200	46,000	46,000	22,800	22,800
Project Site Total (gsf)	**804,700**	**1,444,000**	**1,436,000**	**639,300**	**631,300**

Notes: gsf = gross square feet; Square footages shown are approximate and include mechanical/utility space and below-grade space.
Source: Northwell/LHH

The analysis of the impacts of the Proposed Project encompasses Envelope 1 and Envelope 2. Because the program, project population (staff, patients, visitors), site access, zoning actions, and construction duration would be the same for both Envelope 1 and Envelope 2, there are no differences in impacts for most CEQR technical areas including Land Use, Zoning, and Public Policy, Community Facilities and Services, Historic and Cultural Resources, Hazardous Materials, Water and Sewer Infrastructure, Transportation, Greenhouse Gas Emissions and Climate Change, and Noise. In other technical areas such as Shadows, Urban Design and Visual Resources, Air Quality, and Construction, both Envelope 1 and Envelope 2 are analyzed.

E. PUBLIC REVIEW PROCESS

The Proposed Actions are subject to the City's Uniform Land Use Review Procedure (ULURP) and CEQR. These review processes are described below.

UNIFORM LAND USE REVIEW PROCEDURE

ULURP, mandated by Sections 197-c and 197-d of the City Charter, is a process especially designed to allow public review of a proposed project at four levels: the Community Board, the Borough President and (if applicable) Borough Board, the CPC, and the City Council. The procedure sets time limits for review at each stage to ensure a maximum total review period of approximately seven months.

The ULURP process begins with a certification by the CPC that the ULURP application is complete, which includes satisfying CEQR requirements (see the discussion below). If the particular application is subject to environmental review (see below), a negative declaration, conditional negative declaration, or a notice of completion of a DEIS must be issued before an application can be certified.

The application is then forwarded to the Community Board (in this case, Community Board 8), which typically has 60 days to review and discuss the proposal[2], hold public hearings, and adopt recommendations regarding the application. Once this step is complete, the Borough President

[2] Instead of 60 days, where an application has been certified during the month of June, the Community Board has up to 90 days, or if certified in between July 1 and July 15, the Community Board has up to 75 days.

reviews the application for up to 30 days. The CPC then has 60 days to review the application, during which time a ULURP/CEQR public hearing is held. Comments made at the DEIS public hearing and made in writing within 10 days after the hearing are incorporated into a Final Environmental Impact Statement (FEIS); the FEIS must be completed at least 10 days before the CPC makes its decision on the application. The CPC may approve, approve with modifications, or deny the application.

If the ULURP application is approved, or approved with modifications, it moves to the City Council for review. The City Council does not automatically review all ULURP actions that are approved by the CPC. Zoning map changes and zoning text changes (not subject to ULURP) nevertheless must be reviewed by the City Council, and the Council may elect to review certain other actions. The City Council, through the Land Use Committee, has 50 days to review the application and, during this time, will hold a public hearing on the proposed project. The Council may approve, approve with modifications, or deny the application. If the Council proposes a modification to the proposed project, the ULURP review process stops for up to 15 days, providing time for a CPC determination on whether the modification is within the scope of the environmental review and ULURP review. If it is, then the Council may proceed with the modification; if it is not, then the Council may only vote on the project as approved by the CPC. Following the Council's vote, the Mayor has five days in which to veto the Council's actions if different from the CPC's. The City Council may override a Mayoral veto within 10 days.

CITY ENVIRONMENTAL QUALITY REVIEW

The Proposed Actions are classified as Type 1 as defined under 6 New York Codes, Rules, and Regulations (NYCRR) 617.4 and NYC Executive Order 91 of 1977, as amended, and are subject to environmental review in accordance with CEQR guidelines. An EAS considering the Proposed Project (under Envelope 1, since there was no second building envelope at the time) was completed on January 30, 2023. The EAS analyzed the Proposed Project's potential to generate significant adverse environmental impacts. A Positive Declaration, issued on January 30, 2023, established that the Proposed Project may have a significant adverse impact on the environment, thus warranting the preparation of an EIS.

The CEQR scoping process is intended to focus the EIS on those issues that are most pertinent to the Proposed Project. The process allows other agencies and the public a voice in framing the scope of the EIS. The scoping document sets forth the analyses and methodologies to be utilized in the preparation of the EIS. During the period for scoping, those interested in reviewing the Draft Scope may do so and give their comments to the lead agency. The public, interested agencies, Community Board 8, and elected officials were invited to comment on the Draft Scope, either in writing or orally, at a public scoping meeting held on March 2, 2023. To continue to allow for broad public participation options, DCP conducted the public scoping meeting remotely. Comments received during the Draft Scope's public meeting and written comments received by March 13, 2023, were considered and incorporated as appropriate into the Final Scope of Work (the "Final Scope"). The lead agency oversaw preparation of the Final Scope, which incorporates all relevant comments on the Draft Scope and revises the extent or methodologies of the studies, as appropriate, in response to comments made during scoping. In response to comments, the Applicant is proposing a second building envelope, Envelope 2, in addition to the envelope described in the EAS and Draft Scope, Envelope 1, in order to reduce the height of the new building along Lexington Avenue.

The DEIS has been prepared in accordance with the Final Scope and in conformance with all applicable laws and regulations, including State Environmental Quality Review Act (SEQRA) (Article 8 of the New York State Environmental Conservation Law) and its implementing regulations found at 6 NYCRR Part 617, NYC Executive Order No. 91 of 1977, as amended, and the Rules of Procedure for CEQR, found at Title 62, Chapter 5 of the Rules of the City of New York.

The DEIS is available for public review and comment. A public hearing will be held on the DEIS in conjunction with the CPC hearing on the land use applications to afford all interested parties the opportunity to submit oral and written comments. The record will remain open for 10 days after the public hearing to allow additional written comments on the DEIS. An FEIS will be prepared that will respond to all substantive comments on the DEIS, along with any revisions to the technical analyses necessary to respond to those comments. The FEIS will then be used by decision makers to evaluate CEQR findings, which will address project impacts and proposed mitigation measures, and decide whether to approve the requested discretionary actions with or without modifications. ✷