

**PLANNING COMMISSION
WORKSHOP
SOUTHAMPTON VILLAGE
JANUARY 25, 2019**

Due notice having been given, a workshop of the Planning Commission for the Village of Southampton was held in the Board room of the Municipal Building, 23 Main Street, Southampton, NY on Thursday, January 25, 2019 at 2:00PM.

Chair Paul Travis, Joseph McLaughlin, Edoardo Simioni and Eldon Scott were present. Marc Chiffert Edward F. Corrigan, Laura Devinney, Robert Essay and Jesse Warren were absent.

Chair opened the workshop.

Today, the Southampton Hospital Adaptive Reuse Comprehensive Plan is being discussed. Three firms are presenting. Also present with commission members were Susan Stevenson, Chairperson on the Southampton Architectural Review Board; Kimberley Allan, Village Trustee was present; Robert Ross, Vice-President of the Southampton Hospital Association was present as well.

AECOM will present first today. A Power Point presentation named Southampton Hospital Adaptive Reuse Comprehensive Plan, Zoning & Land Use Regulations Update was presented. Tom Scerbo, Shiela Shah-Gavnoudias, Daniel Windsor, Rebecca May, and Judy Wright were present for their presentation. Tom Scerbo began the presentation sharing that their job is to work hand in hand for an update in the comprehensive plan. They have unparallel depth of resources, they can draw upon experts in any field, ensure that their plan is feasible and implementable, they work to scale the effort. They are a large multi-disciplined fully integrated firm. They are experts in architecture and economic and market analysis.

Sheila Shah-Gaynoudias is the proposed project executive for this project and an engineer. AECOM is performing many projects on Long Island. Clients are DOT, LIRR, MacArthur Airport, Nassau and Suffolk County. This is project is a good fit for them because of their expertise. They develop housing and connectivity, including transportation, they cover all aspects of development in a project. This week is important with the passing of a Suffolk County referendum to strengthen infrastructure. They realize that the Village is a unique client and they are eager to work with them on this project.

Danny Windsor, project manager, noted that they have designated people for each of the core areas. They start by information gathering regarding reuse and new construction. They need to vet each one and fine tune it into a host of options and then put it in a framework. The idea is that they start broad and focus in. They do a continuous EIS. They wanted to show their design thinking, economic viability and solutions. They demonstrated work they had done in Glen Cove that was similar in nature to the Village project. The deal with how you take empty lots and where there is adaptive reuse and need to construct new. They need to put in a new vision. Kingston, NY Waterfront BOA 3 Implementation Strategy was a project that they presented, this area needed to be raised to deal with rising water and getting them out of the flood plain. The idea here is that the creative goes in to policy and code update as well. He presented a slide that had the Southampton Hospital area with buildings highlighted. They need to evaluate the building and look how each piece can be adaptively reused. They need to examine thoroughly the structure and how the surrounding medical uses building will be affected. Water and

sewage and traffic impact of new uses. What does it mean for the local neighborhood, they have historic architecture? Chair noted that there are vacant lots as well.

Robert Ross, Vice-President of the Southampton Hospital Association, stated that he wonders if they were not understanding the RFP they were requesting, they want to know what will happen economically to the Village when they leave and if they leave how will that affect zoning. They are not looking for them to analyze the building. Chair stated that they wanted to know the potential for the building for reuse. For example, could they use for senior citizen housing? R. Ross stated that hospital administration does not want people marching through the building to assess it. AECOM noted that they really do not need detailed physical inspections to determine if the buildings are feasible to reuse. R. Ross stated that the administration does not know whether they will sell, and they can't have people combing through the building.

Chair noted the Village asking in the RFP for the firms to analyze economic feasibility leading to zoning. Chair stated that they are trying to understand basic economics. They are not looking at making the buildings certain things. S. Stevenson said the Village needs to protect themselves and they want to shape development. E. Scott stated that they look at use, they don't want to specify. They want just to shape the overall plan. They don't need to be in there for weeks.

Rebecca May, economic real estate, they work toward defining new uses that are market supportable, physically doable, financially viable, and environmentally feasible. They look at market defining, project plan, financial analysis, marketing plan, marketing, deal structure and finally deal. An example of hospital reuse was presented, the Jersey City Medical Center. They studied the 1,000,000 square feet building complex and found the best use to be multi-family housing. It was converted to high end residential and has catalyzed development in the area.

Judy White, community outreach public relations expert, spoke next. This project is unique because Southampton has a reputation for valuing history and environment. Plan is to conduct meetings with established Village groups, visioning sessions where the community has an opportunity to direct input into possible uses. Door to door visits would be helpful since it is in residential area for input. Crowd sourcing on social media sites vs. person to person communication. Newsletters both electronic and traditional for periodic updated ad notices of upcoming events. Informational brochures, fact sheets will be used throughout the process. She works with LIRR/MTA and does a lot of door to door and personal conversation is important. You don't have to have the answer, but you must listen. The message must be consistent and managed. The year-round residents have such a stake in the Village, they have a real opportunity for solid outreach.

D. Windsor, the project manager noted they are working with a similar situation in Amsterdam, NY. There is a formal process and they are helping the community that ends in an update for a flexible redevelopment framework. This process leads to that. Chair asked about their historic preservation expertise, the south side has the Parrish Hall building. They have a dedicated historic preservation team, they file application to get things registered, also building forensics. S. Stevenson asked about condition of Parrish Hall? It is not designated historic. There are some potentially historic homes. Chair stated in a rezoning you look at all the resources and the viable uses. The Village have a historic district, that was created in the 1970's but has not been updated. Through environmental review they would identify those contributing structures.

E. Scott asked how they arrive at the economic reuse. R. May stated they take several steps to look at the economics. They study the existing use, drive time to the hospital, employment trends and industries. From real estate economics for the study the use must be more clearly defined. It can be specific plans, mixed use, sensitive analysis. They look at political feasibility, taking advantage of incentives, are they ensuring that their potential seller and buyer is correct. There are several assumptions that go into the proformas.

Chair noted that their concern is impact financially on the Village with the hospital leaving. Senior housing would affect the type of retail, they must look at it and be adaptive to the community. The highest and best use in the village has been singly family home as large as possible, however, that may not be the highest and best use for the Village as a whole. Are there enough people to support flexible office space? Those are just examples of what needs to be examined. They must look at the socio-economics of the Village.

S. Stevenson stated that she sees the winter population shrinking. The retail is shrinking substantially. For her senior housing is a positive. Eventually there will be one deli, but no one is there to be a customer. E Scott stated that they don't want conclusions yet, just capacities.

It was asked who owns the hospital? R. Ross stated the Southampton Hospital Association, they own all the 20 acres, its not owned by Stony Brook or the State. J. White, outreach point person, feels the surrounding office spaces around the periphery have a lot of options for possibly senior housing. Chair stated that zoning tends to be long term, they are assuming over time the doctors will not view Old Town Road as a desirable place. S. Stevenson feels that if there is increased density, the community will push back.

The second presentation was from BHC. Chair introduced the members of the Commission and those attending the workshop. On the BHC team are Todd Harvey, Sal Coco, Michael Meola - real estate expert, David Wortman – VHB environmental manager, and Marwah Fawaz – VHB project manager. Michael Meola was not able to attend because of a family emergency.

The presentation began with touching on their background and the work they are doing. Their process is what they'd like to share. Their team that has been working together for years and most, if not every, example is a project that two or three are working on actively. Their clients include Wyandanch for the form-based code, and they modified the plan. Westbury Village they are doing an overlay district. Babylon, they created an overlay district next to the train station. Central Islip the old Psychiatric building conversion to homes. That project is being developed by Farrell.

M. Fawaz, project manager, spoke about the Kings Park project regarding \$20 million dollar for sewers, the county wanted to make sure that the town had what was needed to accomplish the master plan. They focused on best use development and connectivity along Main Street, they want to manage the downtown walkability and maintaining the existing buildings. They contemplate zoning and then proceed to SEQRA. This is a small tight knit community that needs revitalization that will allow development and that make the Village friendlier. Adaptive reuse experience examples is a 1980's commercial use to a residential. An old school was utilized as a technology school and library. An old power plant was converted to a school for nursing. An old pier building was utilized as a boutique hotel. Danver State Hospital was shown as an example, also the SEQRA respects are important. Massachusetts has a wealth of hospitals that were older with beautiful architecture. In this case, multi-

family housing was utilized but in Village it may be more than just housing. This was a historic structure and they will be sensitive to the historic qualities of the areas. There is a financial aspect and goals for this neighborhood. This is not an architectural assignment, they want to bring a design sensibility to the project. One of the things they pride themselves on is the sensibility of a project and architecture is part of that. They worked on the Rogers Memorial Library project. Okemo Castle with the master plan that was approved by Cold Spring Harbor, it has since fell apart because of the contractor. They hope it will go forward. Their process is input, options, plan, document and tools.

Input/Tools, they do a definition of goals and look at the building. They look at stakeholder concerns, they examine the existing conditions and the market. The Village, Town, neighbors, etc. Todd Harvey noted that the big part is understanding the community ideals. Part of what they focus on is gathering data and baseline understanding. They look at environmental impact, traffic circulation, when you extract the hospital elements, what are you left with. Once they understand the goals and ideals it filters through any utilities, environmental, all are considerations. The infrastructure needs to be looked at, the sewage treatment that is existing must be looked at. Could it be utilized? One of the most valuable things is to present alternatives. There are multiple approaches and it comes down to different uses. They can explore as many as possible with everybody. They can look at different scales, heights and uses.

M. Fawaz stated that they would look at stakeholder outreach, public workshops and they use other forms. They have a program, Metro quest, to reach out publicly and have the program analyze the data. The community may enjoy the face to face approach as well. In Baldwin, they had a booth and showed what the options were and saw what the community desired. The market and fiscal analysis is an important part of any development plan. They need that to understand feasibility. Chair stated that the hospital owns the site and they need a fair return, the Village is concerned about losing the economics of hospital, also what is economically going on in the east end. What fits in with the context of a neighborhood.

T. Harvey stated that the layer of interest is unusual and a good thing, the landowner has a financial interest. The Southampton Hospital Association is part of the history of the area, they are still in the community. Eventually something will rise to the top as the right way to approach this. Whatever is developed needs flexibility to change with market conditions. One of the things that they bring is an intimate knowledge of markets. The plan needs to be flexible and they will create a conceptual use plan, define the zoning, prepare final design, SEQRA process and then present to the stakeholders.

Chair noted the Village Center master plan has design guidelines and zoning, it was to try to make it an easier time in the process for the applicant. Todd noted that in the Village of Westbury that is exactly what they are doing. Chair stated that they had a guide and then zoning for specifics. S. Stevenson feels that it may be sellable to the community if there are guidelines. M. Fawaz asked what are the concerns of the community? This is the beginning of the process. Chair stated that the hospital site is attractive financially, people will want large single-family homes, however, that may not be the best possible use. The open space being maintained may be important. There is a group that wants single acre zoning. The community needs support for retail and business.

They have worked on jobs that have strict coding and they have form-based codes, it's still in control to have ability to explore options. Walkability to the Village is very important. The tools that they use are site analysis, conceptual planning and community engagements. They had a slide of their community

outreach. With Rogers Memorial Library the original bond vote failed, they came up with a plan to engage the community for the answer. They had monthly meetings once the community was involved it went forward. Their role is partner in developing a plan. If people feel listened to it is a benefit. NYIT engaged them to help develop the Central Islip site and they evaluated the existing buildings and they determined what should be kept and what should be let go. They looked at creating links to the community. Options were offered in terms of use and density. They provided an example of how they develop a plan with a series of slides and that evolves into renderings. The streetscapes are important and can mean more than a mere site plan. Westbury overlay zoning was shown, the images showed concept. They looked at an idealized plan. They have been working on a master plan for the Harbor in Baltimore, they have been working on this for years as it changes but they are using 3D printing, it really helps to show the buildings. A 3D model of the neighborhood would be helpful. It helps to explore dozens of alternatives.

They showed examples of their renderings, they don't design the building, but they show potential. With that, they showed a map of the hospital area. Chair asked if they could talk about the East End economic change, they are losing retail nationally and locally. Tremendous demographic change and new sectors have influenced the way people shop. The Village he has very little real economic facts.

M. Meola, their expert, is not here but it is building on data that exists and look at household income information. It takes the expertise and taking the data and paint the picture of how the community works but looking at the deeper layer. Michael would be happy to get on a conference call with Commission members if they desired to speak with him. They need an economic point person on the team and Michael is that person, they look at the trends. Assisted or independent living is an emerging market. People don't want to retire to an old age home. There are plenty of programs that they use to examine all those markets. The plan must be implementable and that means it needs to meet the community needs. Bridging the gap between community and economics is very important. They would love to be part of this plan.

James Lima Planning + Development/FX Collaborative was last for presentation. Present were James Lima, Jack Robbins – architect FX Collaborative, Mark Strauss -FX Collaborative, David Worten - VHB and Marwah Fawaz - VHB. Introductions were made. Lima is partnering with FX Collaborative and they are the above team. James Lima began stating that he grew up in a similar community as ours. Southampton Village is part of his life since he had a second home on the East End. They will touch on project understanding, team organization, approach and questions. This is an important and significant place historically, culturally, economically and is internationally renowned. They see it as an opportunity to reflect the current context but tease out a process for change and preservation. There are remarkable assets and they want to amplify that. They want to do that in a way that reflects the economic aspects. They focus on economics, design and community in a private and public way. They need to focus on the return to the hospital and it is political and community driven. That insures reasonable use to the site.

They look at impact and local economy, distinct and diverse stakeholders, residential character, historic preservation, adaptive reuse and demolition and redevelopment. The local vs. visitor experience in Southampton is an important consideration. Legacy environmental challenges from medical use are part of this project. There is a tension between local and second home community. They see it as stakeholder engagement, establish and maintain representative and effective stakeholder consultation program. Reuse scenario planning and feasibility, they investigate and develop reuse scenarios. They

produce comparative analysis and determine a conceptual framework. Lastly, updating the planning, zoning and land use. They prepare documents and handle SEQRA. They use a process to provide flexibility to the seller. Their team is led by who those who are present, but they have other members. They have handled villages, town and private clients. Most of their work is larger and works with diverse stakeholders. They work with real estate analysis, urban design and comprehensive planning. They combine economics, land use and zoning and environmental planning to come up with a solution for Village Plan Update.

D. Worten, VHB, they have been analyzing medical use, they have worked on new contemporary buildings but sympathetic to the history of the site. For the Village of Westbury revitalization, they collaborated with FX Collaborative and BHC. Also, they have been involved in the repurposing of Psychiatric hospitals in Queens Village, NY.

James Lima noted that for Governors Island Preservation, he was appointed by Mayor Bloomberg, they reimagined the existing buildings into a successful reuse of the Island. Mark Strauss, architect and city planner, they worked on a reuse plan on Governor's Island, and he's continued working on 30 acres to rezone with the Governors Island Trust. From a historic perspective they have a lot of experience. They were involved with St. Vincent's reuse and developed the Residences at Greenwich Lane. They renovated a Doubleday printing plant and the West Side Armory, currently it is ESPN headquarters. Greenpoint Terminal Market converting to boutique hotel was also a project. In addition, they are redeveloping the Nassau Coliseum site for an innovation hub for Northwell Health Medical. They are leading the planning effort on the team.

M. Fawaz spoke about planning studies, they are working on a master plan for the Village of Old Westbury. There are issues of people being displaced because of high taxes, they want to have independent living and cluster development reduction to .5-acre zoning. They have developed a plan for Baldwin which was severely impacted by Hurricane Sandy, they worked closely with a government funding grant to do a Grand Avenue resiliency study. They look at forward thinking and building cognizant of technological change and climate change. D. Worten spoke about the Symmes Hospital redevelopment, the incorporated open spaces and a view of downtown Boston. Here it would be a connection to the Village that would be a focus. Peconic Bay Medical Center expansion project is another continuing initiative, this all shows their presence throughout Long Island. They are a local office even though they are a large firm, there are several who their career is here on Long Island. Each of these communities is unique and they all have unique needs and concerns, they work together to understand them and apply them to the principles of community planning. They are experts in SEQRA and planning. The plan is their narrative. They are discovering their concerns in the redevelopment.

James Lima continued, community engagement is integral to what they do, they really want to understand the community vision for the future. How do they put all those things together, how do they create diversity of venues so that everyone can be heard? They tailor to the transparency of the service. They adapt to the needs of the client. They start by understanding the fact base. It starts with gathering information regarding the neighborhood, market, existing buildings, existing regulations, and areas of concern. Identifying key stakeholders is essential. They broadly engage in clear communication with the public, lunchtime workshops, but they start with one on one meetings. They have a feedback loop to integrate ideas. M. Fawaz feels that a public involvement plan from the start is important and that is what they set up.

Jack Robbins, FX Collaborative, focused on understanding neighborhood character. He feels that they can learn from the hospital, how to be a good neighbor. From the aerial you can see the building matches the setbacks of residential. The scale is broken down into smaller pieces even though it is larger. The taller parts of the building are set way back, to be less intrusive. The hedges and landscape are a part of the Village and representative of the Village character. They can learn from that and then put it into guidelines and zoning. They have a lot of experience with that and see how those relate and go together. M. Strauss stated that they have a lot of experience working with NYC hospitals. They will develop and test their scenarios.

James Lima noted that the key is to have a screening process to understand the framework, how does that look and how does it line up with the values. As an example, he cited the Presidio Trust, they had never taken time to list their priorities. His firm conducted a process to come up with eight top things that they want as a national park. They need to have guideposts to work with. They need to create design guidelines, public amenities, they need to have a way to create a decision matrix, time money and policy are all looked at.

They assess different accommodation of uses. They have a process of comparative analysis that make it easier as a group to make their decisions. They have found that as a tool it has been enormously helpful to have a time imperative. They guide future decision making. They need to establish the major component of the Plan Update, reflect the adaptive reuse options. Develop specific approach to SEQRA review. Obtain all necessary assistance and documents for formal adoption of updates by the Board of Trustees.

Their timeframe is six months for analysis. They will have enough to feed into a SEQRA process. They could have something ready by Memorial Day. There are steps that would happen leading to the SEQRA so that by September they would start the next phase of SEQRA. D. Worten said there are elements that will begin, such as traffic impact, regulations dictate that SEQRA begin early. The reality is that it doesn't take shape on day 1, it is getting initial data collected. SEQRA process here will be a plan to meet hospital goals and community goals, from experience it is not the type of document that goes on for long periods of time.

James Lima concluded that they have lots of community stakeholder experience. They have governmental and private sector experience. Experts in land use and real estate development. Experience with institution medical related clients. Extensive SEQRA experience.

Chair asked if that timeframe covers the site and other medical buildings that are part. The use will change over time. One thing frustrating to the Village is they don't have market data. They assume the population is aging, but that is anecdotal. There is a hope to have technology companies, that hope is based on anecdotal assumptions too. There is an assumption that the hospital leaving will negatively affect the Village, that is anecdotal.

James Lima's firm handles that data, they look at national scale and they look at innovation economy. To some extent you can create and foster the infrastructure. The Village is in a unique position to capture it. They pull data for economics from many places. In some cases, it is about creating an artificial need, making it possible for a business to come and settle here.

S. Stevenson is concerned that there is a lack of younger entrepreneurs because of the cost of homes. It is sad, but she does not know that answer for it. It is very seasonal, it is terrible. The price of real estate makes it prohibitive. E. Simioni asked what the scope in relation to the RFP is, he's not sure if that is the scope of the RFP. Chair stated that the purpose is for a zoning framework for the hospital site with design guidelines. Zoning will have some economic use. E. Scott wants to know the biggest hurdle with soil contamination. D. Worten stated that their environmental planning is regarding contamination and remediation plan. They have had experience with health care providers all over the Island. They investigate issues, air quality with power generations. It is very unlikely to be a problem for residential use here, but they must investigate incinerators and ash debris. E. Scott asked how often is it a significant issue? Environmental condition has not stopped development. Great Neck had oil tank remediation, that was their largest remediation and it was expensive but ended up successful. There is a cost, yield equation. They remove hot spots, blend soils, cap hot spots. If there are known issues, those will come out. J. Robbins said it is very much in keeping with older hospitals to have wing developments and it becomes a chaotic mess. The challenge to look at the bones. James Lima is intrigued by the Village situation, it is not uncommon to create an assessment district. In parallel, you could create an innovation hub district. Anything developed in that district could pay dollars into a fund for work force housing, etc. Typically, you get value created but no one captures except the homeowner, they can construct it so that the Village would be a recipient of some of that value. The municipal government can be a part of that development.

Chair Travis closed the workshop.

Respectfully Submitted by:

JoLee Sanchez

File Date: _____

Village Clerk